



WOMEN ENGAGED IN SEX WORK & TRANSACTIONAL SEX IN TANZANIA

A FORMATIVE ASSESSMENT OF THE
CONTEXT AND CULTURE

April 2009





WOMEN ENGAGED IN
SEX WORK & TRANSACTIONAL SEX
IN TANZANIA

A FORMATIVE ASSESSMENT OF THE
CONTEXT AND CULTURE

REPORT FINDINGS

April, 2009

Prepared for T-MARC Company
By
Research International

This study was conducted by Research International for the Tanzania Marketing and Communications for AIDS, Reproductive Health, Child Survival and Infectious Diseases (T-MARC) project, a five-year USAID Private Sector Program (PSP) initiative managed by the Academy for Educational Development (AED). The objective of this formative assessment was to understand the context and culture in which sex work and informal transactional sex is taking place in order to identify opportunities for HIV prevention interventions.

About AED/T-MARC

T-MARC project is a five-year initiative with a mission to contribute to improvements in the health status of Tanzanian families and reduce the transmission and impact of HIV/AIDS managed by AED. T-MARC is forming public-partnerships in order to develop and expand consumer markets for a broad range of health products (e.g., condoms, contraceptives, diarrheal treatment products, malaria prevention and treatment products, etc) and promote behavior change that will improve public health. On April 1, 2007, the independent Tanzanian-led and controlled T-MARC Company Ltd (Tanzania Marketing and Communications) took over implementation of the T-MARC project under the supervision of AED. T-MARC Company Ltd. is an independent Tanzanian owned and run organization registered in Tanzania as a not-for-profit business.

AED is a non-profit organization working globally to improve education, health, civil society and economic development-the foundation of thriving societies. In collaboration with local and national partners, AED fosters sustainable results through practical, comprehensive approaches to social and economic challenges. AED implements more than 250 programs serving people in all 50 U.S. states and more than 150 countries.

About Research International

Research International is the world's largest custom market research agency, with offices in 50 countries worldwide drawing on 30 years of expertise.

This study is made possible by the generous support of the American people through the United States Agency for International Development (USAID), through the T-MARC Project under the terms of the USAID Contract GPO-I-00-04-00012-00. The contents are the responsibility of the Academy for Educational Development's T-MARC Project and do not necessarily reflect the views of USAID or the United States Government.

Contents

Summary	1
1. Definitions	4
2. Introduction	4
2.1 Methodology	5
2.1.1 Literature review	6
2.1.2 Key informant interviews	6
2.1.3 Scouts/ participant researchers	6
2.1.4 Ethnography- “A day in the life”	6
2.1.5 Quantitative survey (face to face interviews).....	6
2.1.6 Sample design, determination, and size	6
2.1.7 Study limitations	7
3. Literature Review.....	8
3.1 Introduction	8
3.2 Background on HIV/AIDS in Tanzania	8
3.3 Groups at high risk of HIV/AIDS	8
3.4 HIV Prevention	8
3.5 Transactional sex	9
3.6 Sex work	9
4. Women Engaged in Transactional Sex: Survey Findings.....	11
4.1 Introduction	11
4.2 Segments of women engaged in transactional sex.....	13
4.2.1 Lifestyle of WETS.....	14
4.2.2 Aspirations.....	15
4.2.3 Names given to WETS	16
4.2.4 Reasons for engaging in transactional sex.....	16
4.2.5 The women admired most.....	17
4.2.6 Who are their friends?.....	17
4.3 Sexual history and behaviour.....	18
4.3.1 Sex partners	18
4.3.2 Gifts and favours offered in exchange for sex	21
4.3.3 Venues.....	22
4.3.4 Condom use	24
4.3.5. Sex practices.....	26
4.3.6 HIV/AIDS knowledge.....	27
4.3.7 Stigmatization	28
4.3.8 Alcohol and drug use	28
4.3.9 Coercion and violence.....	29
4.3.10 Support systems and management of money.....	29
4.3.11 Opportunities to reach the women	30

5. Sex Workers: Survey Findings	34
5.1 Introduction	34
5.2 Segments of sex workers	37
5.2.1 Lifestyle of sex workers	39
5.2.2 Sex workers' aspirations.....	39
5.2.3 Names given to sex worker	42
5.2.4 Reasons why sex workers engage in such high risk behaviour	42
5.2.5 People admired by the women	42
5.3 Sexual history and behaviour	43
5.3.1 Operations of sex work.....	43
5.3.2 Venues sex worker operate from.....	45
5.3.3 Sex partners	47
5.3.4 Condom use	49
5.3.5 Rivalry between sex workers	52
5.3.6 Knowledge about HIV/AIDS and level of exposure to interventions	53
5.3.7 Stigmatization	56
5.3.8 Alcohol and drug use	56
5.3.9 Coercion and violence.....	57
5.3.10 Support systems and management of money.....	58
5.3.11 Opportunities to reach the women.....	58
6. Conclusion and Recommendations.....	61
6.1 Women who engage in transactional sex	61
6.1.1 Possible interventions.....	61
6.2 Sex workers	62
6.2.1 Possible Interventions.....	62
7. References	63

The objective of this formative assessment was to understand the context and culture in which sex work and informal transactional sex is taking place in order to identify opportunities for HIV prevention interventions. Information collected on the behaviour of these two high risk groups can be used to design strategies, messages and materials for prevention programs targeting these populations. The research was conducted between June and November 2008. A summary of the study's key findings are below:

Women engaged in transactional sex (WETS)

Most (99%) of the respondents in the study were Tanzanians from the Nyamwezi and Msukuma ethnic groups. Fifty-two percent of the women had never been married and 56% had attained a primary level of education; their average age was 27 years. More than half of the cohabiting women and a third of the married women were not living with their partners/spouses. Forty percent of the women who were co-habiting were sure that their partners had other sexual partners while 37% reported that they did not know. These findings underscore the complexity of the women's lives whereby they were involved in multiple sexual partnerships with different types of relationships including:

- Long-term relationships with boyfriends/husbands with whom there is perceived relationship of trust
- Convenient or casual sex partners mainly for sexual pleasure and with whom there is no economic exchange
- Transactional relationships with older married men who satisfied the security needs of the women.

The women were involved in various occupations. These included sales and service work (23%), hair stylists (18%), students (10%), manual workers (8%), housewives (6%), bar maids or attendants (6%), business (5%), and professional, managerial (4%). The women

identified themselves more with their occupation and less by their ethnic group, nationality, or marital status. For the purposes of this study the groups of women were organized by marital status (married, single, divorced, separated, or widowed). The type of favours or gifts received from sex partners varied:

- Married women tended to receive material gifts such as jewellery, clothes, and career related favours
- Single women received mainly favours such as school fees, good grades, and upkeep (clothes, shoes, hair styling, food, transportation, etc)
- Widowed and divorced or separated women received upkeep and school fees for their children.

WETS are often mistaken for commercial sex workers because they have multiple partners. *Nyumba ndogo* (small home) is one of the common names used to refer to WETS which complicates the understanding of these women since in the African culture a man is "allowed" to have more than one relationship with women.

Although transactional sex can be linked to poverty, there are other underlying factors that fuel the behaviour despite the known risks such as:

- lack of feeling appreciated by their socially recognized partners (husbands, long term live in boyfriends);
- parental pressure—typically when a parent implicitly seeks to obtain funds to finance siblings' educational expenses and household necessities.
- peer pressure—a feeling of autonomy on the part of the women to exploit their sexuality to be like other women in terms of dress, cars, homes, cell phones, and education for their children.

The study findings suggest that WETS tended to have sex at an older age than the sex workers. Most (85%) were not forced or coerced into having sex the first time. The women cohabiting had the highest average number of current sex

partners (five), followed by married women who had four, single women averaged three, divorced/separated also averaged three, and the lowest was widowed women with two. This finding suggests that intervention efforts should be concentrated among women who cohabit or are married.

The average age of sex partners was 36 years; most were businessmen. The women categorized their sex partners according to sex skills and gifts/favours offered. Bars or nightclubs were the most popular meeting points/venues where the women met their sex partners. Family gatherings such as funerals and weddings and friend's houses were also popular meeting places. This indicates the important role families and friends play in the lives of the women. The singles (i.e. women who are cohabiting and divorced/separated women) had sex with the partners in boarding and lodging and in their homes. Married women had sex with partners in their marital homes/houses and inside night clubs.

Although condom use was relatively high, negotiating their use was challenging particularly in long-term relationships. Long-term relationships implied a high level of trust between the couple which influenced condom use. Condoms were used amongst married couples only in cases where the HIV status was known. There was also a geographic variation in condom use in the study areas. WETS in Iringa and Shinyanga tended to have difficulty persuading their sex partners to use condoms compared to women from Mwanza and Pwani regions. This difference can possibly be attributed to the HIV prevalence in these areas (i.e. Mwanza once had a high HIV prevalence which led to intervention programmes. The interventions seem to have yielded positive results because the HIV prevalence rates dropped). There was also a difference in condom use between the segments. The widowed women did not have any difficulties; a significant percentage of the divorced/separated women (70%) said the same. This could be because the women are the 'breadwinners' of their homes so they are more careful about their sexual interactions.

The use of illicit drugs was low (2%) among the WETS. Of those who used drugs, bhang (marijuana) smoking was common. Women did not conceive of themselves as passive or coerced

victims of the transactional sex relationships or any other sexual relationship. The only violence reported was when the women were confronted by their sex partners' wives or other partners. HIV awareness was high amongst the WETS although there are misconceptions (e.g. more than half of the respondents said that HIV/AIDS could be spread through witchcraft). The WETS network thrived under secrecy – married and cohabiting women would not like their partners/spouses to know about their lifestyle. It is highly likely that the partners/spouses are not aware of the women's lifestyle which causes a challenge when designing appropriate interventions.

Sex workers

Nearly all of the sex workers interviewed were Tanzanian and belonged to the Haya, Nyamwezi, Ngoni, and Hehe ethnic communities. The similarities between the sex workers and WETS were in marital status (single), average age (27 years), education level (primary school) and language.

The respondents categorised sex workers mainly in terms of the amount they charge the clients and where they operate from e.g. streets, sex houses, etc. The main segments that were identified were based on the amount the women charge clients (upmarket and low market). This was further divided into those who operate in sex houses or brothels and sex workers who had other occupations (hairdressing, bar attendants, massage attendants, etc.). Most of the women (42%) identified more with their occupation than anything else especially women from the Mdaula area.

The primary reason for engaging in such high risk behaviour is lack of alternative source of income. There seemed to be a continuum between sex work and transactional sex. The women tended to be involved in transactional sex work before they became sex workers. This was especially evident in cases where the parents of the respondents were not providing basic needs. The venues where the sex workers met or targeted their clients were bars (50%), nightclubs (30%), and on the street (23%). The respondents highlighted some concerns in as far as their security was concerned. The respondents

disclosed that there were some places designated for certain sex workers or controlled by certain people.

The study revealed that sex workers have less complex sexual networks than WETS since their main sex partners were either clients or their spouses. The complexity in sex work is mainly that they had more sex partners with whom they did not have any relations—their involvement with these partners was purely on a monetary basis and an understanding or agreement between the parties involved. The women had a higher number of sex partners than WETS, an average of 40 sex partners in the past 12 months. The average amount the sex workers were paid was between Tshs 12,000-15000 while the lowest amount was between Tshs 2000-5000. The amount depended on the sex act and condom use.

Condom use amongst the sex workers was high and was used as a contraceptive and HIV preventive measure. However, respondents did not always use condoms. Some clients preferred not to use condoms when having sex. Condom use did not depend on whether the respondent knew the sex partners or not but on the amount the client was willing to pay. The level of awareness

of HIV/AIDS was generally high among the sex workers. Information was mainly received from mass media (TV, radio, magazines, newspapers, etc). However, the respondent's knowledge was not always accurate (more than half believed that people can get AIDS through witchcraft).

Alcohol use was higher than drugs. A considerable percentage of the sex workers took illicit drugs with their partners. The main drugs used were bhang, cocaine, and heroin. Sex workers were subjected to abuse by their sex partners. This is probably from clients who were not willing to pay for services rendered or jealous husbands/ partners. The police also subjected the women to violence. They would be arrested for prostitution but the police would not charge them—instead the police have sex with the women without paying. Most (72%) cases of violence were not reported for fear of further victimization. Unlike the WETS network, the sex workers were more open – demonstrated by the fact they openly referred to themselves as sex workers. Because of this openness in their lifestyle, it is more highly likely that the women's partners/spouses are aware of the women's lifestyle.

1. Definition and Introduction

1. Definitions

Sex work involves the exchange of sexual services for money, whether regularly or occasionally, for the purpose of generating income.

Transactional sex can be defined as the exchange of gifts or favours for sex. In transactional sexual relationships the giving of gifts or services is an important factor. For example a woman living in extreme poverty who is unable to pay her rent one month might have sex with her landlord.

Influencers in this context refer to people who persuade, encourage, or contribute to the women's decision to live their lifestyles. Influencers include family members and friends. For example a friend who introduced the woman to sex work or transactional sex.

2. Introduction

Sub-Saharan Africa is the global epicentre of the HIV/AIDS epidemic, accounting for more than one-third of HIV infections worldwide. Tanzania, with a population of 35 million, has approximately 1.6 million people infected with the HIV virus. The national adult prevalence is 7%. Women bear the greatest burden of the disease. Organisations have responded to this problem by developing HIV programmes targeting women especially those who are at high risk such as sex workers. Transactional sex has also been associated with high risk of HIV infection in a number of Sub-Saharan studies, (Hawkins et al., 2005) and there are indications it is prevalent in Tanzania.

The Tanzania Marketing and Communications (T-MARC) is a Tanzanian owned agency involved in developing or expanding markets for health products for HIV/AIDS prevention and care, family planning, child survival, and infectious diseases to achieve demonstrable and sustainable health impact. T-MARC intends to reach out to women engaged in sex work and transactional sex. Research International was commissioned by T-MARC to conduct a study amongst a

sample of sex workers and women engaged in transactional sex (WETS).

The main objective of the study is to understand the context and culture in which sex work and informal transactional sex are taking place. The study also seeks to identify opportunities for HIV prevention and interventions and ideas for strategies, messages, and materials. The main target respondents for the study are sex workers and WETS. Other respondents are clients, influencers, and bar managers/ owners. Specific objectives include understanding the population's demographics and characteristics, clients' perceptions, and sexual behaviour including use of condoms, typical sexual partners, working places, and conditions. The study seeks to better understand the women's influencers, access to health services, support services, and financial management of income. The study will seek to understand any violence and/or coercion that women may have experienced and finally, to identify opportunities to reach sex workers and WETS.

Special issues with regards to this research include effective targeting of special interest groups. These target groups are exposed to high risk of HIV transmission in terms of number of sexual partners and low or non-use of condoms. The study examines the increased prominence of A and B in the ABC approach which leads to conflicting and confusing messages, particularly about condom use. It also examines the religious, social, economic, and cultural objections to behaviour change communication (BCC) on improving sexual health, information, materials, sharing of information learned and strengthening of networking channels with other stakeholders and implementing partners to ensure quality and avoid duplication. A study in 12 sub Saharan African countries suggested that affiliation to certain religions reduced the risks of transactional sex among women.

The study was conducted in Dar es Salaam (Ilala, Kinondoni, and Temeke), Mdaula, Makambako,

and Geita and Shinyanga mining areas.

2.1 Methodology

The study employed both qualitative and quantitative methodologies. The data collection methods included review of reports and documents, key informant interviews, ethnography, and friendship groups to validate the intervention and face to face interviews.

Qualitative research answers the question - ‘why’ (why do people behave in certain manner, etc).

With the use of projective techniques, qualitative research is very valuable for exploring an issue and probing below the surface for affective drives and subconscious motivations. However, given the small sample sizes involved, the findings from qualitative research cannot be used to generalize to the whole population. Findings are narrative in nature thus providing rich in-depth information using the respondents own language (which could be very useful to design or refine communication messages).

Table 2.1: Number of qualitative interviews

	Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
	Makambako	Geita Mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
KEY INFORMANT INTERVIEWS							
Sex workers	2	2	2	2	2	2	2
Women involved in transactional sex	2	2	2	2	2	2	2
Clients	2	2	2	2	2	2	2
Bar owners/ managers	2	2	2	2	2	2	2
Influencers	12	12	12	12	12	12	12
SCOUTS/ PARTICIPANT RESEARCHERS							
Sex workers	1	1	1	1	1	1	1
Women involved in transactional sex	1	1	1	1	1	1	1
“DAY IN THE LIFE” ETHNOGRAPHY							
Sex workers	1	1	1	1	1	1	1
Women involved in transactional sex	1	1	1	1	1	1	1
FRIENDSHIP GROUPS (VALIDATION OF INTERVENTION IDEAS)							
Sex workers					1	1	1
Women involved in transactional sex					1	1	1

2.1.1 Literature review

Relevant reports and documents were reviewed for the research study. These included articles and studies conducted in various countries (e.g. UNAIDs report).

2.1.2 Key informant interviews

The primary respondents were sex workers and WETS. The respondents were identified using a screening questionnaire that qualified them as sex workers and WETS respondents. RI also interviewed the social network in which the women are embedded so as to fully understand the women's history, life, motivations, and potential interventions. The social network included influencers, bartenders, and clients. The sex workers recommended their regular clients to be interviewed as well as other sex workers. A total of 140 key informant interviews were conducted as indicated in Table 1. The key informant interviews provided insightful information that focused on two main areas: demographics and characteristics of sex workers and WETS and understanding their sexual behaviour.

2.1.3 Scouts/ participant researchers

To be able to uncover more insights about the groups being studied, scouts or participant researchers were used. The scouts were sex workers and WETS who were recruited as researchers within the group under study. They were trained in research techniques and became part of the research team, enabling an inside view of the specific group. After training, the scouts conducted research both on their own and in conjunction with RI field supervisors. The scouts spent five days exploring different subjects with their peers according to a structured and easy to follow discussion guide. After data collection the scouts reported back to the RI research team in an informal environment where they were comfortable to conduct the discussions.

2.1.4 Ethnography- "A day in the life"

The study also employed a qualitative approach- the ethnographic interviews. The researchers spent time with the respondents (sex workers and WETS) to observe their daily activities. After spending the day with the respondents the researchers conducted in-depth interviews to explore what had happened earlier during the observation.

2.1.5 Quantitative survey (face to face interviews)

Individual interviews were conducted with the target respondents in study areas. A total of 700 interviews were conducted with sex workers and WETS using a 45 minute structured questionnaire. This survey was intended to explore information on various segments of the target population to understand the context and culture in which sex work and informal transactional sex are taking place and identify opportunities for HIV prevention and ideas for strategies, messages, and materials.

2.1.6 Sample design, determination, and size

The sampling design was probability and non-probability based on the target population of the study. For WETS, random sampling was used with a bias towards higher risk groups identified in the qualitative stage. Respondent driven sampling (RDS) was used for sex workers. RDS is a non-probability sampling technique which is similar to the "snow balling" type of sampling. Many persons at risk of HIV infection are members of "hidden populations" because no sampling frame exists and public acknowledgment of membership in the population would be potentially threatening. Since standard probability sampling methods are inapplicable, a snowball type of method (getting respondent/ individuals to refer those they know and so on) was deemed more suitable for this group.

Table 2.2: Proposed sample for evaluation

		Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
		Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
1	Sex workers	50	50	50	50	50	50	50
2	Women engaged in transactional sex	50	50	50	50	50	50	50

2.1.7 Study limitations

Due to the sensitive nature of the study, some respondents were not willing to be interviewed. The sex workers were very sceptical about the study because the field interviews occurred during a

period when there was a police crack down on sex workers. During the ethnographic interviews some respondents were conscious that they were being observed which affected how they conducted their daily activities.

3. Literature Review

3.1 Introduction

In Sub-Saharan countries the HIV epidemic is more concentrated in subgroups of the population who are exposed to a high risk of acquiring HIV infection. These subgroups include injecting drug users, men who have sex with men, and sex workers—female and male. Numerous studies have documented significantly higher rates of HIV infection in women involved in sex work, when compared to women in the general population (Ghys P, Jenkins C, Pisani E. 2001).

3.2 Background on HIV/AIDS in Tanzania

The first cases of HIV/AIDS in Tanzania were reported in 1983, although for Sub-Saharan Africa as a whole the problem began to surface in the late 1970s. The epidemic has evolved from being a rare and new disease to a common household problem, which has affected most Tanzanian families. The development of the HIV/AIDS epidemic has had a clear impact on all sectors of the economy and society through pressure on patient care and management of resources, and also on the debilitation and depletion of economically active populations especially young women and men.

3.3 Groups at high risk of HIV/AIDS

Early in the HIV/AIDS epidemic, economic status was positively associated with infection. A key explanation was that wealthier men could afford multiple sexual partners—particularly commercial sex workers—and therefore faced greater risk of infection. At present, economic status is generally found to be negatively associated with HIV infection, particularly among women. It is believed that many women are motivated by poor economic conditions to engage in “transactional sex” to meet their basic needs.

Several groups have been identified that are at higher risk¹ of HIV/AIDS:

- **Women and youth:** According to a UNDP survey youth and women particularly in refugee camps, villages, work places, fishing, and mining centres are vulnerable groups for HIV/AIDS. Several reasons may explain this observation including early marriage and sexual initiation, intergenerational sex, peer pressure for high-risk behaviour, and biological and anatomical predisposition. In addition, women may fail to protect themselves from HIV infections due to economic hardships, customary laws, beliefs, and polygamy.
- **The poor:** This group is more likely to have lower levels of literacy and/or be unemployed; as a result they may use sex as a means of earning a living. Women are more likely to be involved than men, for lack of alternative means of survival.
- **Mobile populations:** This includes those who work and stay away from home for varied lengths of time during a year. These include sex workers, petty traders, migrant workers, military personnel, and long distance truck drivers. The sex workers’ inability to negotiate for safer sex with their clients puts them at a high risk.
- **Health workers:** These people may inadvertently handle infected material in the course of their work. They often lack the necessary protective gear and education to prevent them from coming into contact with infected materials.

3.4 HIV Prevention

Since the 1980s several approaches for preventing the spread of HIV/AIDS have been developed. HIV prevention involves a wide range of activities including prevention of mother-to-child

¹ PSI defines high risk groups principally in terms of number of sexual partners and low or non-use of condoms (Chatterji, et al 2004)

transmission, behaviour change for individuals, harm reduction for injecting drug users, and precautions for health care workers. One of the most common prevention measures is the 'ABC approach' (abstinence, be faithful, use a condom).



A roadside sign in Botswana - late 1990s

For UNAIDS, ABC means:

Abstinence or delaying first sex

Being safer by being faithful to one partner or by reducing the number of sexual partners

Correct and consistent use of condoms for sexually active young people, couples in which one partner is HIV-positive, sex workers and their clients, and anyone engaging in sexual activity with partners who may have been at risk of HIV exposure.

3.5 Transactional sex

Women who have little negotiating power with their partners to insist on use of condoms experience a higher risk of becoming pregnant and contracting sexually transmitted infections (STIs), including HIV/AIDS (Gregson et al., 2002; Longfield et al., 2002). This compounded with multiple sex partners has led to the perception that transactional sex is a factor involved in the spread of AIDS in Africa. Transactional sex is distinct from other kinds of commercial sex work in that the transactional sex provides only a portion of the income for the person providing the sex and usually occurs in the context of relationships. In transactional

sex women exchange sex for favours or gifts. For these women, sex work is not the first source of income. Those offering sex may or may not feel affection for their patrons. Transactional sex work can be thought of as 'indirect' because it is clandestine and/or informal. The women engaged in transactional sex may also work as waitresses, hairdressers, tailors, massage girls, street vendors, or beer promotion girls and supplement their income by selling sex on a regular basis or occasionally. They do not consider themselves as sex workers and often work outside of known venues for sex work. Therefore they are even more difficult to reach than women known as 'direct sex workers' (UNAIDS 2002).

3.6 Sex work

Sex work is one of the oldest 'trades' in the world though not always easy to identify; it has many faces with considerable differences between populations, how it is organised, visibility, and risk. Sex work can be defined as the exchange of sexual services for money, goods, or other benefits, whether regularly or occasionally, for the purpose of generating income. Most sex work has a strong economic basis with motivations ranging from survival, debt alleviation, drug dependency, coercion, or a desire for wealth. Unlike transactional sex, sex work can be classified as "direct" (open or formalized). Sex work can be found both in urban and rural areas especially where there is an economic activity that can support it. In urban areas sex work is concentrated in public places such as on streets, brothels, or specific venues. In rural areas it thrives in less-well identified areas, such as on highways, in rural truck stops, and at bars and restaurants.

Many studies have shown that poverty, war, and economic dislocation force many people to engage in sex work. If the women are underage and exploitation and/or coercion are involved they are not referred to as sex workers; these are referred to as trafficked persons or victims of human trafficking.

There have been many prevention efforts targeting high risk populations over the

years. Developing appropriate interventions for sex workers require an understanding of the different types of sex work, reasons why people engage in high risk behaviour, and their working conditions (specific practices, regional variations, and venues). However, these efforts are frustrated by the fact that in many countries female sex workers are a marginal and stigmatised, hard-to-reach sub-population. Sex work is also

illegal in most countries and many women prefer not to disclose their sex work activities. Another limiting factor in HIV prevention is the lack of information about the size of high risk populations. Data is therefore required not only for monitoring the HIV epidemic but also for planning, implementing, and evaluating interventions that target sex workers.

4. Women Engaged in Transactional Sex

4.1 Introduction

This section presents results of the study on transactional sex. Most (99%) of the respondents in the study were Tanzanians,

mainly from the Msukuma (12%) and Nyamwezi (10%) ethnic groups.

Table 4.1: Ethnic groups of the WETS

		Area [q.4b]							
		Base: total sample	Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
			Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
Ethnic group [q.7]	Base: total sample	349	50	50	50	49	50	50	50
	Msukuma	12%	-	32%	48%	-	-	-	2%
	Nyamwezi	10%	4%	18%	10%	-	14%	16%	10%
	Zinga	10%	4%	18%	10%	-	14%	16%	10%
	Zaramo	7%	4%	-	-	6%	16%	18%	6%
	Haya	7%	2%	16%	8%	-	10%	6%	10%
	Nyaturu	6%	2%	18%	4%	2%	8%	2%	8%
	Ngoni	5%	8%	-	-	8%	8%	8%	6%
	Mukwere	5%	-	-	4%	33%	-	-	-
	Hehe	4%	20%	-	-	-	4%	-	6%
	Bondei	3%	-	-	-	2%	4%	14%	2%
	Sambaa	3%	-	-	-	-	4%	12%	8%
	Mpare	3%	2%	-	-	10%	6%	6%	-
	Mnyakiusa	3%	14%	-	-	-	4%	-	2%
	Mkinga	3%	16%	-	-	2%	-	-	-
	Gogo	2%	2%	2%	2%	2%	-	2%	6%
	Mrena	2%	14%	-	-	-	2%	-	-
	Mkwale	2%	-	-	2%	12%	-	-	2%
	Jita	2%	-	2%	8%	-	2%	-	-
Others:	15%	10%	6%	14%	22%	12%	14%	32%	

Although anecdotal evidence and several qualitative studies suggest that transactional sex is common among adolescents throughout Africa (Bledsoe, 1990, Castle and Konate, 1999), a majority (76%) in the study were between 20-34

years. The average age of the respondents was 27 years old. A majority (56%) of the respondents had attained primary level of education and 30% had completed secondary education.

Table 4.2: Demographic characteristics of WETS

		Area [q.4b]							
		Base: total sample	Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
			Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
Marital status. [q.24]	Base: Total sample	349	50	50	50	49	50	50	50
	Married	15%	4%	-	-	18%	40%	26%	16%
	Co-habiting but not married	20%	6%	12%	8%	31%	16%	22%	44%
	Single	52%	90%	48%	78%	39%	34%	48%	26%
	Divorced/separated	13%	-	38%	12%	12%	10%	4%	12%
	Widowed	1%	-	2%	2%	-	-	-	2%
	Sample size	349	50	50	50	49	50	50	50
Highest level of school [q.3]	Madrasa	3%	2%	-	-	6%	8%	2%	2%
	Primary	56%	76%	74%	68%	73%	30%	34%	36%
	Secondary	30%	20%	26%	22%	18%	28%	56%	42%
	Higher	8%	-	-	-	-	30%	8%	20%
	Not mentioned	3%	2%	-	10%	2%	4%	-	-
Age of the respondent [age]	14-19	9%	20%	6%	12%	14%	4%	6%	4%
	20-24	26%	48%	18%	32%	29%	8%	24%	24%
	25-29	30%	22%	44%	28%	29%	28%	24%	34%
	30-34	20%	8%	30%	22%	14%	22%	26%	20%
	35-39	10%	2%	2%	6%	12%	20%	16%	12%
	40+	4%	-	-	-	2%	18%	4%	6%
	Mean	27.3	22.9	27.3	25.5	26.4	32.2	28.4	28.8

Fifty-two percent of the women were single (never married), 13% were married at one point and were currently divorced/ separated or widowed and 35% were either married or co-habiting with a man. The married women (15%) and those co-habiting (20%) were asked whether they were living with their spouses or partners. The responses revealed that most of the cohabitating women (53%) were not living with their partners while most (67%) the married women were living together with their spouses. Forty percent of the women who were cohabiting were sure that their sex partners had other partners while 37% reported that they did not know. These findings

indicate the complexity of the women’s lives whereby they were involved in multiple sexual partnerships with different types of relationships including:

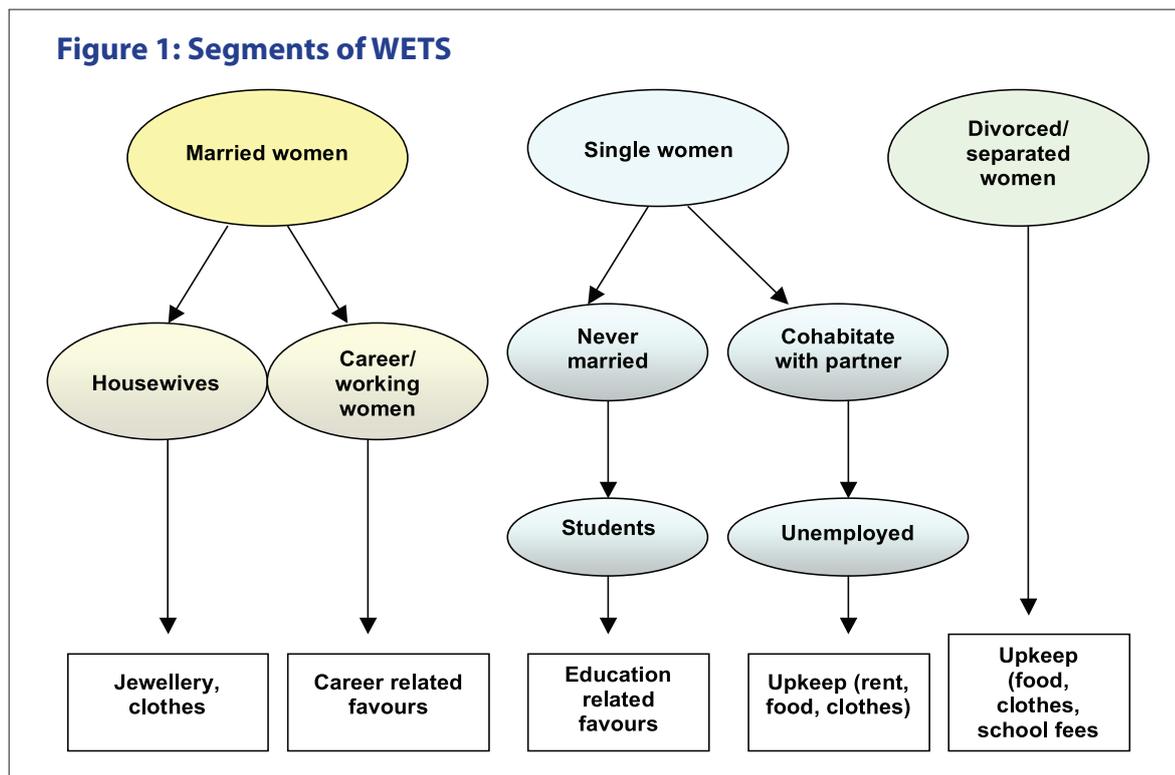
- Long-term relationships with boyfriends/ husbands with whom there is perceived relationship of trust
- Convenient or casual acquaintance with sex partners mainly for sexual pleasure and with whom there is no economic exchange
- Older married men who satisfied the economic stability needs of the women.

Table 4.3: Husbands / Partners information

		Married	Cohabiting but not married
	Base: Total sample	52	68
Whether husband/partner lives with respondent [q.25]	With respondent	67%	43%
	Somewhere else	19%	53%
	Both	13%	4%
Does the husband/ live in partner have other wives or lives with other partners [q.27]	Yes	37%	40%
	No	29%	24%
	Don't know	35%	37%

4.2 Segments of women engaged in transactional sex

The main segments that were identified were based on the marital status of the women. The segments identified include:



4.2.1 Lifestyle of WETS

On a daily basis the women were involved in various activities which included income generating activities such as business and other activities such as household chores. In their spare time, the women tended to relax (46%), visit with friends (19%), or go out drinking with friends (9%). The women were involved in

various income generating activities as employed and self employed workers. Four percent of the women were unemployed. The main occupations of the women included sales and service work (23%), hair stylists (18%), students (10%), manual workers (8%), housewives (6%), bar maids or attendants (6%), business (5%), and professional/ managerial (4%).

Table 4.4: Segments of WETS

	Segments	Further sub divisions	Favours/ gifts received from sex partners
Marital Status	Married women	Housewives	Jewellery, clothes
		Working/ career women	Career-related
	Single (never married)	Students	Education related: school fees or good grades
		Unemployed	Upkeep: rent, clothes and food
Divorced/ separated women		Upkeep: rent clothes, food, school fees for children	

Table 4.5: Occupation of WETS

		Area [q.4]							
		Base: total sample	Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
			Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
Respondent's usual occupation [q.19]	Base: Total sample	349	50	50	50	49	50	50	50
	Sales, service workers	23%	16%	20%	62%	27%	12%	16%	10%
	Hair stylist	18%	12%	28%	10%	6%	18%	24%	26%
	Student	10%	2%	-	4%	10%	16%	18%	18%
	Manual work	8%	10%	12%	8%	2%	12%	8%	2%
	Housewife	6%	2%	2%	-	16%	8%	4%	10%
	Bar owner attendant	6%	26%	8%	6%	-	-	-	-
	Professional, managerial	4%	-	-	-	-	14%	10%	6%
	Business woman	4%	12%	-	2%	6%	4%	2%	4%
	Unemployed	4%	6%	12%	-	6%	-	-	6%
	Mama lische/ nitilie (women who cook and sell street food)	4%	2%	-	2%	6%	4%	6%	4%
	Farmer	*	-	-	-	2%	-	-	-
	Soldier	2%	2%	-	-	-	2%	6%	2%
	Housework/ domestic	2%	2%	2%	2%	2%	2%	-	2%
	Grocery	2%	4%	2%	2%	6%	-	-	2%
Hotelier	2%	-	6%	-	4%	-	-	2%	
Clerical	1%	-	-	-	2%	-	4%	2%	

When asked for one characteristic to describe themselves, the respondents did so in terms of their occupation (39%) and religious group (15%). This finding should be taken into consideration when developing interventions since these are characteristics that attract their interest or passion and indicate their values. A

qualitative study on transactional sex conducted in 12 Sub-Saharan countries revealed that Muslim women in eight of the countries were less likely to be involved in sexual exchange than women practicing other religions. In our sample 55% professed Christian faith while 44% were Muslims.

Table 4.6: One characteristic that WETS describe themselves

		Area [q.4]							
		Base: total sample	Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
			Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
One characteristic that respondent used to describe themselves [q.29]	Base: total sample	349	50	50	50	49	50	50	50
	Occupation	39%	48%	30%	36%	27%	34%	46%	54%
	Religious group	15%	16%	2%	2%	18%	26%	24%	16%
	Ethnic group	8%	10%	-	10%	16%	16%	2%	-
	Nationality	7%	6%	-	-	20%	4%	8%	14%
	Marital status	6%	6%	18%	6%	6%	4%	-	2%
	They are all equal	13%	8%	36%	20%	12%	4%	8%	6%
	None of the above	3%	-	-	8%	-	2%	4%	6%
	Not mentioned	8%	6%	14%	18%	-	10%	8%	2%

4.2.2 Aspirations

Aspirations expressed by the women were to own homes and have financial security (through owning successful businesses). The women

were asked about their aspirations- how they pictured themselves in the next five and ten years. The qualitative responses were as follows:

Next five years	Next ten years
<ul style="list-style-type: none"> ➤ 'Have a nice job (like yours; a researcher) with a nice and sustainable income' ➤ 'Be a successful business person (have wholesale shops, buy goods from other regions and bring them to Dar es Salaam)' ➤ 'Became a professional teacher' 	<ul style="list-style-type: none"> ➤ I would like to achieve/ fulfil my purpose in life ➤ I would like to build my own house ➤ I would like to have started my businesses, have my own house and transport

Profiles of WETS²

Maggie

Maggie is a 28 year old married woman with one child who lives in Magomeni. She completed form four education and is a Christian. During the day she conducts household chores such as preparing breakfast for her family. She says life is tough and she has to find other means of surviving. Her husband's income is not enough to meet the family needs such as house rent, food, and medical costs.

She could not remember the first time she had sex with a man. She currently has about three sexual partners who provide her gifts and money to buy food for her family. She says that she does not look for sex partners but they tend to find her somehow. She prefers sex partners who are about 30 years and older.

Maureen

Maureen is a 24 year old divorced woman who lives in Makambako. She has lived in the same place for two years now. She previously lived in Tabora before with her husband. She moved from Tabora after marital problems with her husband. She has two children.

Maureen's future aspiration 'is to make sure she provides education to her kids'. She wanted to be a nurse before she got married. Her future career aspiration is to get capital and start a business. She has four sexual partners who assist her in providing the daily needs, house rent, medication, etc.

Generally the women's main goal in life was to have children. Other goals mentioned by the different segments included:

- single women (35%) wanted to improve their education or pay for their education,
- married (37%) and widowed (67%) women aspired to make more money while
- divorced/ separated women (51%) wanted to have more children.

The qualitative findings identified HIV/AIDS as the main obstacle to realizing these goals/plans. One woman put it this way in an in-depth interview: "once you are sick with a disease like HIV/AIDS you cannot do anything else (to realize your goal in life)."

4.2.3 Names given to WETS

Some of the names that people use to refer to WETS are:

- 'Nyumba ndogo'-this name is a bit complicated because in the African culture, a man is "allowed" to have more than one woman. In such cases, other than the official/formal wife, the man keeps another woman and caters for her needs and wants. From the point of view of some of these women, some are in it not because they love the men (*Kidumu* - masculine) but because the men meet their needs. Their behaviour

then becomes high-risk because some, on top of being kept, have extra partners.

- loose women (*milupo*)
- 'mbeya beans'- Mbeya beans take a very short time to be ready when cooking. According to respondents, WETS are compared to these beans because they are perceived as 'easy women'.
- *Nungayembe*- refers to an unmarried woman
- *changudoa/ malaya* - refers to a prostitute or sex worker
- *Shangingi*- This means a big/ heavy woman, the size of the woman is perceived as wealthy. Four wheel cars such as Land Cruisers are also referred to as *Shangingi*.
- *Mama poa*- This could refer to a good or nice looking woman.
- *Nyambizi*- refers to a submarine. In this context it means a woman who conducts her activities in secrecy or undercover.

4.2.4 Reasons for engaging in transactional sex

All the women were explicit that the primary motive for transactional sex is economic, although the women had emotional attachment or expectations beyond exchange of sex for favours, gifts and other economic benefits.

² Please note that all the names used have been changed to safeguard confidentiality of the respondents

Although transactional sex is easily linked to poverty, there are other underlying factors that fuel the behaviour despite the known risks:

- Lack of feeling appreciated by their socially recognized partners (husbands, long term live in boyfriends): ‘...he gives me very nice things as compared to my husband’ WETS, in-depth interview
- Parental pressure: (more implicit than explicit) when a parent seeks to obtain funds to finance siblings’ educational expenses and household necessities. “The family members/ parents depends on me and my husband financially is not good so it forced me to have someone who provides those needs like paying the school fees to my young sister.” WETS in-depth interview
- Peer pressure: The feeling of autonomy on the part of the women to exploit their sexuality~ to be like other women in terms of how they dress, drive cars, own houses, cell phones and provide good education for their children.

Jane

Jane is a 27 year old separated woman who lives in Kawe with her family. She has attended secondary school (form four). She has one child.

She had a sex partner who paid school fees for her children and upkeep in terms of buying food, household goods etc.

Several studies (e.g. Chatterji et al 2004) have attempted to explore factors which influence transactional sex and concur with the above findings regarding economic gain and parental pressure. Another factors suggested is similar to what was identified in this study: peer pressure to obtain luxury items such as expensive clothing, jewellery, fashionable hair styles, accessories, and makeup.

4.2.5 The women admired most

In both the qualitative and quantitative studies, mothers seem to be the most admired persons. The women were asked about one woman they respect, admire, and honour in their lives and they said that they admired their mothers,

sisters, and friends. The reason why they admire their mothers was because they struggled to raise them: “she struggled a lot to raise me. My father abandoned her.” Sisters and friends were also admired for giving the respondents good advice.

4.2.6 Who are their friends?

A significant percentage (73%) of the women reported that their friends and peers encourage them in their sex life. It is therefore important to understand these friends who influence or shape the lives of the women. The qualitative data revealed that the WETS’ friends tend to be women who depend on their male friends for gifts and money also.

“My friend always has been given all what she need to provide to her parents and relatives when she need to go to her rural area.”

“Yes (I have a friend who depend on male friends). She has a male friend who gave her the capital to do business.”

“My friend has been given money to pay for the rent by his male friend.”

“My close friend has been sent to India for higher education by her male friend and now she is working with NSSF [National Social Security Fund]”.

“I have a friend who is always given a lot of money by her friend whenever they do sex.”

The qualitative data further revealed that the WETS knew other women who also engage in transactional sex. The respondents were able to identify other WETS by their dressing style and looks. Some of their responses were as follows:

“They usually do not have good progress in life.”

“I knew them after seeing them.”

“Their dresses identifies them.”

“I can identify one by the way she talks- usually very friendly.”

“By owning something which you can’t afford.”

4.3 Sexual history and behaviour

The results of the qualitative data indicated that the women’s first sexual experience was at 16 years which was close to the average age in the quantitative data of 16.5 year old. There was no significant variation in the regions as indicated in the table below. This finding

suggests that WETS tended to have sex at an older age than the sex workers who were sexually active at a younger age (nine years old). Respondents from Makambako tended to start having sex at the youngest age (average 15 years) in the sample.

Table 4.7: Age of first sex

		Area [q.4b]						
		Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
		Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
Age at first sex encounter [q2.1]	Base: total sample	50	50	50	49	50	50	50
	10-14	34%	9%	10%	19%	10%	7%	10%
	15-19	10%	17%	15%	12%	15%	17%	14%
	20-24	9%	-	17%	26%	17%	9%	22%
	Mean	15.3	16.1	16.4	16.6	17	16.8	16.9

Most (85%) were not forced or coerced into having sex the first time although there was an isolated case of coercion in the qualitative interviews. “The man tricked me. He called me and told me he loves me. He took me by force and forced me into his bedroom and thereafter I became pregnant.” WETS in-depth interview

4.3.1 Sex partners

The study revealed that women who engage in transactional sex have complex sexual networks involving multiple partners - including both transactional and non-transactional relationships. The women cohabiting had the highest average number of current sex partners- 4.9, followed by married women who had an average of 3.7 sex partners, single women averaged 3.2, divorced/ separated women had 3.1 and the lowest was widowed women with 1.7. This finding points to the segments where more intervention efforts should be concentrated i.e. among women who cohabit and the married.

The qualitative data revealed further complexity of the WETS sexual network: the sex partners

were also involved with multiple partners. The sex partners tended to be married men or had other partners creating a web of multiple partners. The complexity of this network is compounded by the fact that the women tend to operate in secrecy. It is likely the women’s husband or family do not know about their sex lives.

“...We just communicate and make an appointment. Thereafter, I make a story to tell my husband and he lets me go. We (the respondent and her sex partner) meet where we agreed and talk and do whatever...” WETS in-depth interview

The majority of the respondents (81%) had 1-5 sex partners in the last 12 months. The average number of sex partners the respondents had was four. Women in Temeke and co-habiting respondents had the highest number (five) of average partners in the last 12 months. Respondents from Geita mining area and divorced/ separated women had the lowest at three. All the sex partners were male.

Table 4.8: Number of sex partners the WETS had in the last 12 months

		Area [q4]						
		Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
		Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
Number of sex partners	Base: total sample	50	50	50	49	50	50	50
	1-5	15%	12%	11%	16%	17%	14%	15%
	6-10	20%	14%	17%	11%	3%	20%	14%
	11+	-	-	-	-	33%	33%	33%
	Mean	3.6	3.1	3.4	3.4	3.3	4.6	3.7
	Marital status [q24]							
		Married	Co-habiting not married	Single	Divorced / separated	Widowed		
	1-5	17%	19%	54%	30%	-		
	6-10	11%	26%	54%	2%	3%		
	11+	33%	67%	-	-	-		
Mean	3.5	4.8	3.3	3.2	3.5			

Winnie

Winnie is a 21 year old married woman who lives in Mdaula with her family (husband and two children). She is a food vendor.

Her aspiration is to educate her children to the highest level possible. She would rather stay home to take care of her family. In the next five years she expects her life to have improved from what it is today and even better in the next ten years.

She has five sex partners; three of them give her gifts and favours.

The sex partners are a very important part of the WETS network and to be able to understand the context in which transactional sex thrives it is important to know something about them. We asked the women about their current sex partners (limited to three partners) including

their relationship with the sex partners, the length of time they have known each other, and the occupation and age of the sex partner. The table below shows the responses to these questions.

Table 4.9: WETS relationships with current sex partners

		Partner 1	Partner 2	Partner 3
Relationship with the sex partner	Base: total sample	349	349	349
	Husband	14%	1%	1%
	Live in partner	11%	6%	6%
	Boyfriend not living with you	40%	23%	17%
	Someone who paid you cash for sex	6%	16%	14%
	Someone who paid you in kind for sex	26%	44%	32%
	Casual acquaintance	2%	6%	5%
	Not mentioned	-	5%	26%
Length of time have known the sex partner	Less than 1 day	3%	2%	3%
	1-4 Weeks	9%	15%	13%
	2- 6 months	17%	25%	24%
	7- 12 months	17%	29%	17%
	2- 5 years	39%	19%	15%
	6 - 10 years	11%	4%	3%
	Over 10 years	4%	1%	1%
Sex partners' occupation	Police/ soldier	6%	3%	4%
	Mining worker	11%	7%	7%
	Truck driver	12%	9%	8%
	Professional e.g. managers, lawyers	10%	8%	5%
	Business man	37%	42%	28%
	Bar owner	3%	2%	1%
	Farmer	3%	4%	25
	Tourist	1%	1%	1%
	Student	4%	3%	35
	Hawker	1%	3%	1%
	Drug peddler	-	1%	-
	Unemployed	2%	3%	1%
	Taxi driver	n	-	1%
	Jua Kali artisans e.g. mechanic, welding, electrician	3%	n	-
	Teacher	n	-	1%
	Petrol station attendant	n	-	-
	Garage owner	1%	-	-
Small scale businessmen e.g. barber, shopkeeper	n	n	-	
Age of the sex partners	Mean age	35	35.6	36.8

The sex partners were either boyfriends or men who pay the women in kind for sex. The women seemed to have known these men for longer periods (two months to five years) because transactional sex tends to take place in the context of relationships. The mean age of the sex partners was about 36 years. This is the age when men start “climbing the corporate ladder” or their income increases to be able to support the women. Most of the sex partners were businessmen. The qualitative data showed that the women categorized their sex partners according to the following attributes:

- Sex skills: “according to their expertise and skills of making love. Some are very creative and they satisfy you; especially the secret ones” WETS in-depth interview
- Gifts/ favours offered: “I have three lovers. One is very rich, he bought me a plot but he is not very good in sexing. The other one has no money but he is excellent in making love and that is why I am still dating with him. The last is the one I am staying with. He gives me some money and we make love (not an expert too) but he cares about me and my parents and relatives know him. I am staying at his house.” WETS in-depth interview

- Other: sometime the men offer advice or promise the women marriage: “the one who works at *** (a large parastatal in Dar es Salaam) is very important to me since he gives me very nice advices. He promised to marry me. The other one buys me a lot of gifts.” WETS in-depth interview

4.3.2 Gifts and favours offered in exchange for sex

The women were asked in the interview about the types of gifts and favours they had received from their current partners. Table 3.10 below shows the various gifts and favours received from partners. These varied from rent and school fees (for children as well as for the women’s education), job security/ promotion, passing exam grades, land or plot for building a house, healthcare and, transportation. The qualitative data revealed that the gifts and favours were usually discussed before or after having sex:

“It depends. Sometimes you make love first and then you tell him your needs there after.” WETS in-depth interview

“Yes (we discuss about gifts before making love). You have to express your needs/wants.” WETS in-depth interview

Table 4.10: Gifts/ favours partners of ered

		Partner 1	Partner 2	Partner 3
Gifts/ favours of ered [q2.20]	Base: All who are paid	119	224	173
	Pays education fees	3%	8%	7%
	Pays rent	30%	21%	19%
	Pays for my children’s education	13%	10%	11%
	Buys jewelry/ clothes	52%	53%	45%
	To keep job/ promotion	17%	19%	21%
	For security/ protection	5%	2%	5%
	Business related	2%	1%	2%
	Household necessities e.g. food etc	5%	2%	3%
	Personal upkeep- e.g. clothes, hairdressing, shoes	1%	n	-
	To purchase land/ plot	-	n	-
	To pass exams	-	n	-
	Transportation- maintain car, bus fare	-	n	1%
	Communication related- cell phone, air time	1%	n	2%
	Health care	-	n	-
Gifts	-	n	-	

4.3.3 Venues

Most of the women met their sex partners in a bar or night/club. Family gatherings such as funerals and weddings and friend's houses were

also popular meeting places. This reinforces the important role families and friends play in the lives of the women.

Table 4.11: Place or event WETS met the partner

		Partner 1	Partner 2	Partner 3
Place or event WET met with partners [q2.27]	Base: Total sample	349	349	349
	Own friend's house	14%	8%	9%
	Church	5%	3%	2%
	School	8%	5%	4%
	Work /of ce	11%	17%	11%
	Wedding, funeral/ other family event	17%	13%	8%
	Sporting event	4%	3%	2%
	Bar/ night club	33%	36%	32%
	Same residential area/ home	3%	3%	2%
	On street	3%	3%	3%
	On journey/ in a car	1%	1%	-
	Along the streets/ bus stop	1%	1%	n
	Shopping area/ market	-	1%	1%
	Hotel/ guest house	-	1%	1%
	Could not remember/ refused to answer/ Not mentioned	n	4%	25%

After the meeting, the women made arrangements to meet with the men in other venues preferably far from their homes. This finding demonstrates the myriad possible venues where the women meet with their sex partners in order to maintain secrecy. This can expose the women to higher risks such as violence/ coercion or reduce the woman's ability to negotiate for safer sex especially when they are unable to decide the timing and condition of sex.

"After my businesses, I just tell my mom that I am visiting a friend and meet (him) somewhere since he is married. We usually meet at Boko [a peri-urban area near Dar es Salaam] since it is far from home". WETS in-depth interview

Other possible meeting venues are guest houses/ hotels, bars, or night clubs:

"We normally meet at ***** Hotel (a 5 star hotel)." WETS in-depth interview

"We meet in Mwanza as he works with Geita mining." WETS in-depth interview

"We meet at his house only when his wife and children away." WETS in-depth interview

The quantitative interviews asked about the different kinds of places or venues where the women and their partners engage in sex. The data revealed that the women had sex with the partners in hotels or the same place where they meet. The married women tended to have sex with their partners at their marital homes either when the husband is away at work. Night clubs were also popular spots.

Table 4.12: Places/ venues where women have sex with partners

	Region [q.4b]										Marital status. [q.24]				
	Base: total sample	Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam			Married	Co-habiting (not married)	Single	Divorced/separated	Widowed		
		Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni							
Base: total sample	349	50	50	50	49	50	50	50	52	69	181	44	3		
Boarding and lodging	34%	34%	54%	44%	18%	30%	32%	26%	25%	39%	35%	32%	67%		
3 star (and above) hotels	15%	4%	-	6%	10%	32%	14%	36%	19%	16%	14%	9%	33%		
At home/ house	38%	24%	68%	26%	63%	22%	30%	30%	27%	42%	36%	48%	33%		
In the bush	3%	6%	2%	2%	10%	4%	-	-	2%	3%	3%	5%	33%		
Inside night club	30%	58%	24%	34%	24%	24%	20%	22%	27%	22%	33%	30%	33%		
In partner's house if do not live together	19%	16%	22%	18%	24%	14%	14%	26%	23%	22%	18%	16%	33%		
In partner's car near place of meeting	5%	-	2%	-	18%	4%	2%	10%	4%	6%	6%	2%	-		
In partner's car away from the place of meeting	6%	-	12%	2%	10%	2%	2%	16%	10%	6%	4%	11%	33%		
In a taxi	9%	-	12%	-	12%	10%	22%	8%	17%	12%	7%	7%	-		
Night club washroom	6%	-	4%	16%	4%	10%	4%	6%	4%	9%	7%	5%	-		
Guest and lodge	1%	-	-	-	2%	2%	-	2%	-	1%	1%	-	-		
Guest house	3%	4%	-	-	6%	-	4%	6%	2%	1%	3%	5%	-		
Road	1%	-	2%	-	4%	4%	-	-	-	1%	1%	5%	-		
Bar	3%	4%	-	4%	6%	2%	2%	2%	4%	3%	3%	-	-		
Job	*	-	-	-	-	2%	-	-	-	-	-	2%	-		
Café	*	-	-	-	-	-	-	2%	-	-	1%	-	-		
Shop	*	-	2%	-	-	-	-	-	-	-	-	2%	-		

Places where women engage in sex either as part of work or even apart from sex work [q3.5]

4.3.4 Condom use

Although condom use was high among the women, married women did not use condoms with their husbands or long term boyfriends generally to avoid mistrust between them. Condoms were used amongst married couples in cases of HIV discordant couples. Some responses from the in-depth interviews were:

“I do not use condom with my man with whom we have a child. We did a test and we are both ok.” WETS in-depth interviews

“I always use condoms with everyone; I have them here even now.” WETS in-depth interviews

“I use condom with my husband since I am HIV positive and he is negative.” WETS in-depth interview

“I do not use condom with my husband but I use it whenever I sleep with someone else.” WETS in-depth interview

“I don’t use condom since we have a long time relationship, I normally trust them.” WETS in-depth interview

How the women determined when to trust the sex partner was based on the length of time they had known each other and marital status. This finding seemed to suggest that the women exposed themselves to HIV infection because a significant percentage of the sex partners had other partners. When asked whether their current partners had other sex partners, a significant percentage confirmed that they did as shown in Table 5.13 below.

Table 4.13: Whether the partners had other partners

		Partner 1	Partner 2	Partner 3
Whether WETS’ partners have other sex partners	Base: total sample	349	349	349
	Yes	36%	40%	33%
	No	64%	60%	67%

The quantitative data revealed that condom use was not only as an HIV preventive measure but

also as a contraceptive.

Table 4.14: Condom use

		Partner 1	Partner 2	Partner 3
Whether used anything to delay/avoid getting pregnancy [q2.39]	Base: total sample	349	349	349
	Yes	77%	85%	66%
	No	23%	15%	34%
Method of avoiding pregnancy [q2.40]	Base: all who avoided pregnancy	266	293	226
	Used condoms	82%	91%	91%
	Pill	5%	2%	2%
	IUD	1%	N	N
	Injection	9%	5%	5%
	Self or partner is sterile	3%	2%	1%
	Not mentioned	1%	-	N
Whether used anything to avoid HIV/STDs [q2.41]	Sample size	349	349	349
	Yes	68%	83%	66%
	No	32%	17%	34%
Frequency of condom use when having sex with the partners [q2.49]	Base: all who used condoms	268	294	232
	Always	65%	78%	75%
	Sometimes	24%	16%	16%
	Never	12%	6%	9%
Reason for not using condoms with sex partner [q2.50]	Base: all who didn’t use condoms	76	37	32
	<i>Trusted partner (had long term relationship)</i>	76%	30%	41%
	<i>Partner refused</i>	12%	43%	28%
	<i>Did not have condoms</i>	5%	3%	3%
	<i>Not mentioned</i>	9%	24%	28%

As shown in table 4.14, the frequency of condom use was 65% for partner one, 78% for partner two and 75% for partner three always used condoms. These percentages could be interpreted to indicate the level of trust between the women and their partners. Of respondents who did not use condoms with partner one, seventy-six percent said it was because they perceived them as trusted partners. The qualitative data revealed that the women carry the condoms especially when they are meeting with their sex partners or going out for drinks. Some of the reasons they gave for carrying condoms include receiving a negative HIV test result and during pregnancy. Although the women seemed confident about their condom negotiation skills, demonstrated by their confidence in the qualitative response,

the quantitative results revealed otherwise:

“You can tell him; we have not made a test, there are several diseases, there is a chance of conceiving. You have to please him not force him.”

“I just plead him to use it since there is always a chance of getting pregnant.”

“I tell him to use it due to the diseases.”

“I tell him we do not know each other so I please him to use it.”

The respondents were asked whether they have difficulty in persuading their sex partners to use condoms when having sex and a considerable percentage (43%) said yes.

Table 4.15: Persuading sex partners to use condoms

		Area [q4]						
		Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
		Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
Whether has difficulty in persuading sex partners to use condoms when having sex [q2.14]	Base: Total sample	50	50	50	49	50	50	50
	Yes	18%	7%	18%	9%	18%	16%	15%
	No	11%	20%	12%	18%	12%	13%	14%
	Marital status [q24]							
		Married	Co-habiting not married	Single	Divorced/separated	Widowed		
	Yes	19%	16%	56%	9%	-		
	No	12%	22%	49%	16%	2%		

Women in Makambako and Shinyanga tended to have difficulties in persuading their sex partners to use condoms compared to women from Geita mining area and Mdaula. A majority (81%) of women from Geita mining area had no problem in condom use negotiation. This may be because the HIV prevalence in this area was once high which led to intervention programmes to address the problem. There was also a difference

between the segments. All the widowed women did not report any difficulties. A significant percentage of the divorced/ separated women (70%) also said the same. This could be probably because the women are the ‘breadwinners’ of their homes so they are more careful about their sexual interactions.

Table 4.16: Brands of condoms

		Partner 1	Partner 2	Partner 3
Brand of condom used with each partner [q2.44]	Base: All who used condoms	234	284	225
	Dume	38%	33%	35%
	Salaama	52%	58%	59%
	Rough Rider	4%	1%	1%
	Lady Pepeta	1%	2%	3%
	Life Guard	6%	5%	2%
	Raha	3%	3%	2%
	Tatu Pomba	1%	-	N
	Care	-	N	-
	Familia	-	-	N
Where purchased the condom [q2.45]	Pharmacy / chemist	26%	24%	26%
	Shop	69%	73%	72%
	Guest	3%	1%	1%
	Do not know- partner bought the condom	1%	-	-
	Hotel	N	1%	N
	Promotion	N	N	-
	Bar	-	1%	1%

The brand of condoms commonly used by the women was *Dume* because it was perceived as the strongest condoms. *Raha* and *Salaama* condoms were preferred because of availability.

4.3.5. Sex practices

In the qualitative interviews the women were asked about the sex practices they were aware of. Anal and what the women termed as ‘normal sex’ (i.e. vaginal penetration) were mentioned as some of the known sex practices. Others include:

- *swala tano* (a woman bends on her knees and a man comes from the rear but normal sex),
- *kichuma mboga* (a woman just bends and a man comes from the rear),
- *samba* (a man sits in a chair and a woman sits on the penis),

- *gogo* (a woman sleeps and a man comes on top),
- ‘there is that which a man sleeps on his back and a woman sits on the male organ.’

The sexual acts that the WETS had with the partners were mainly oral, anal, and vaginal sex. Condom use was high when the women were involved in vaginal penetration sex, the common sex act. This could imply that the women believed that HIV/AIDS transmission was higher in vaginal penetration sex or to avoid pregnancy. Condom use was less in anal and oral sex, suggesting that the women perceived a lower risk in HIV infection through these sexual acts. It is probable that anal and oral sex was used as a HIV preventive measure.

Table 4.17: Sexual acts with partners and condom use

		Partner 1	Partner 2	Partner 3
Sexual acts with each partners [q2.47]	Base: total sample	349	349	349
	Oral sex	20%	15%	15%
	Anal sex	3%	6%	5%
	Vaginal penetration sex	100%	94%	76%
	None	-	4%	23%
For each sexual act, whether condom was used [q2.48]	Base: all who had oral sex	69	52	53
	Yes	13%	33%	25%
	No	87%	67%	75%
For each sexual act, whether condom was used [q2.48]	Base: all who had anal sex	12	19	16
	Yes	17%	53%	44%
	No	83%	47%	56%
For each sexual act, whether condom was used [q2.48]	Base: all who had vaginal penetration sex	344	324	261
	Yes	78%	89%	87%
	No	22%	11%	13%

4.3.6 HIV/AIDS knowledge

Respondents' knowledge about HIV/AIDS was tested using standard true/ false statements. The results show that ninety-seven percent (97%) of the respondents felt that HIV/AIDS is a dangerous disease and that infected people may die from it. A large proportion (98%) of the respondents thought that that sexual HIV/AIDS transmission was easy, and 2% felt that it was not easy. A large majority (92%) believed that using condoms when having sex is an effective method to prevent HIV transmission. A large percentage (93%) of the women also believed that people can reduce their chance of getting the AIDS virus by using a condom correctly every time they have sex. Thirteen percent thought that

a person can get infected with the AIDS virus through mosquito bites. Eighty-seven percent did not share the same belief. More than half of the respondents (56%) said that HIV/AIDS could be spread through witchcraft. Fifty-five percent of the respondents believed that HIV/AIDS could be transmitted to a baby during pregnancy. Thus, although knowledge was relatively high, a considerable proportion of respondents still had incorrect or incomplete information about HIV/AIDS. This is a clear indication that accurate information is an issue that needs to be addressed when developing interventions targeting WETS.

Table 4.18: HIV/AIDS knowledge

		True	False
Statements read to the respondents [q6.11]	HIV/AIDS is a dangerous disease and that infected people may die of it	97%	3%
	The possibility of HIV/AIDS sexual transmission is easy	98%	2%
	The possibility of HIV/AIDS sexual transmission is difficult	10%	90%
	The possibility of HIV/AIDS sexual transmission is impossible	12%	88%
	Using condoms when having sex is an effective method to prevent HIV/AIDS transmission	92%	8%
	A person who looks healthy can be infected with AIDS virus	93%	7%
	People can reduce their chance of getting the AIDS virus by using a condom correctly every time they have sex	93%	7%
	A person can get infected with the AIDS virus through mosquito bites	13%	87%
	People can reduce their chances of getting the AIDS virus by having only one sex partner who has no other partners	91%	9%
	A person can get infected with AIDS virus by sharing a meal with a person who has HIV/AIDS	24%	76%
	A person can get infected with AIDS virus by sharing a needle with an infected person	98%	2%
	People can get AIDS because of witchcraft	56%	44%
	The AIDS virus can be transmitted from mother to a child during pregnancy	55%	45%
	The AIDS virus can be transmitted from mother to child during delivery	87%	13%
	The AIDS virus can be transmitted from mother to child through breast milk	94%	6%
A mother who is infected with AIDS virus can avoid transmission to the baby	85%	15%	

The qualitative results indicated that the WETS trusted mothers, sisters, counsellors, and doctors to tell them about HIV/AIDS.

4.3.7 Stigmatization

The types of stigmatization faced by the WETS include:

- Friends and relatives treat them like commercial sex workers. Sometimes the friends and relatives ask for money and when the women decline, they call them names.
 - Family members call them ‘whores’ when they see them with several partners
- “Sometimes your friends/relatives see you as a commercial sex worker and segregate you.” WETS in-depth interview
- “Sometimes they come and ask for money from you and once you say you do not have them, they start segregating you.” WETS in-depth interview
- “Sometimes the family disgusts you if they see you with several partners.” WETS in-depth interview

4.3.8 Alcohol and drug use

Most of the women drink alcohol, often bought by their sex partners. The reasons given were to avoid pain during sex, to be more active, and also to avoid shyness.

“We prefer taking beer before action [having sex].” WETS in-depth interview

The qualitative data revealed that some women prefer to take alcohol before having sex while others do not need the influence of alcohol.

“When you take beer, you feel really like making sex.” WETS in-depth interview

“I can have sex even without drinking.” WETS in-depth interview

Drug use amongst the women was minimal, only 2% said that they have used illicit drugs before. Amongst the drugs they used included bhang, heroine, speed, cocaine, solvents, and benzodiazepines. None of the women used injectable drugs.

Table 4.19: Alcohol and drug use

		Partner 1	Partner 2	Partner 3
Whether usually drinks alcohol with this partner when they meet [q2.32]	Base: total sample	349	349	349
	Always	20%	22%	18%
	Sometimes	44%	41%	30%
	Never	36%	37%	52%
Ever used illicit drugs with partner [q2.33]	Yes	2%	2%	2%
	No	98%	98%	98%
Drugs that they take together [q2.34]	Base: all who take illicit/drug together	7	6	8
	Bhang	86%	100%	50%
	Heroin	14%	-	13%
	Speed	-	-	13%
	Cocaine	14%	17%	25%
	Solvents	-	-	13%
	Benzodiazepines	-	17%	-
How they use the drug [q2.35]	Base: all who take illicit/drug together	7	6	8
	Smoke	86%	100%	75%
	Snif	14%	-	25%
How often they take this drug in a typical day [q2.37]	Base: all who take illicit/drug together	7	6	8
	Every time we meet	29%	33%	13%
	Once a week	57%	33%	75%
	Once a month	14%	33%	13%
Number of times take drugs per session [q2.38]	Base: all who take illicit/drug together	7	6	8
	1 – 2	43%	50%	50%
	3 – 5	57%	33%	50%
	6 – 10	-	17%	-

4.3.9 Coercion and violence

The women did not conceive of themselves as passive or coerced victims of their transactional sexual relationships or any other sexual relationship. The only violence reported in the qualitative study was when the women were confronted by their sex partners’ wives or other partners. The quantitative study did not record any such violence.

“I once caught my boyfriend with another young woman near a guest house. We fought. Finally the man ran away.”

“I once fought with my man since he was not giving us enough money to meet living expenses. After a short investigation, I caught him making love with another woman. I fought with the woman.”

The women felt that violence was not justified in a relationship or in any situation.

“There are people who inflict harm on others as leisure and it is very hard to get a witness who will testify for you in court.”

4.3.10 Support systems and management of money

The women reported support systems such as merry-go-round groups where they save their money.

Beatrice

Beatrice is a single, 29 year old Christian woman who lives in the Shinyanga mining area. She is from the Sukuma ethnic group and has a primary level of education. She is able to read letters and the newspaper.

Beatrice is not a member of any saving or support group. She does not believe that she can get the required assistance from any group. She uses her money for buying food, clothes, and rent though some times she is assisted by her partner. She disclosed that she sometimes saves some money for her future. She prefers to keep her money at home.

Joyce

Joyce is a 17 year old young woman who lives in Geita mining area. She moved from Kasamwa to Geita mining area one year before the interview. She is from the Sukuma ethnic group and reached primary level of education. She is a Christian – a Catholic, unmarried, and has no children.

Joyce is not a member of any support group, but would like to join one given the chance and more information such as the importance and benefits of joining such a group. She uses her money to buy food, clothes, and spends a little amount on leisure. Joyce lives in a rented house which she pays with assistance from her sex partner. She would like to one day be able to save more money for her future preferably in a bank

The women did not seem to have trust in support groups evident by the fact that none reported membership to any group. Formal financial services were not easily accessible to some of the women. It is possible that the women were unaware of these groups or self-excluded themselves from joining.

4.3.11 Opportunities to reach the women

Some of the HIV/AIDS interventions identified by the women are billboards, concerts, counselling and advice, and mass media (TV, radio, newspapers). Some women felt that they did not have enough information on HIV/AIDS and required further information.

Irene

Irene lives in the Geita mining area. Her level of HIV awareness is high; she is aware that AIDS is a killer disease. Her sources of information about HIV are TV advertisements, billboards, and flyers. Although she could not remember the source, one of the messages that she could clearly remember was 'keep using condoms for self care'.

Irene's message was that 'people should get tested'. She also felt there was need to improve health services through increasing the number of doctors in government hospitals. She thought that the best way to educate society was through interactions with people and giving them accurate information about HIV- AIDS. 'The youth in schools should also be targeted' she added.

Family came out as a strong pillar on which the women rely. The quantitative data showed that the family was the group what women most often reached out to for advice. The family's advice was also most valued. While this presents an opportunity for intervention it would also need to be addressed with care and caution since most transactional sex remains hidden from families and the larger community. In terms

of people whom offer the best advice about how to live life today, family members, TV, and radio were highest rated. This probably means that although the family's advice was valued, it was not always viewed as the most accurate advice. Health workers and social workers were reported as the people who gave the best advice in Geita mining area, while married women overall felt that TV offered the best advice.

Table 4.20: Advice seeking

		Area [q.4b]										Marital status [q24]				
		Base: Total sample	Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni	Married	Co-habiting not married	Single	Divorced/separated	Widowed		
Group most often sought advice from [q5.2a]	Base: Total Sample	349	50	50	50	49	50	50	50	52	69	181	44	3		
	Family	62%	66%	40%	66%	71%	58%	70%	60%	50%	67%	64%	55%	100%		
	Friends/Peers	30%	34%	52%	22%	16%	30%	24%	28%	35%	23%	30%	34%	-		
	Neighbours	2%	-	4%	4%	2%	-	4%	-	2%	1%	2%	5%	-		
	Religious leaders	5%	-	2%	6%	8%	10%	2%	6%	8%	7%	3%	7%	-		
Group most often discuss lifestyle with [q5.2b]	Role model i.e. woman admires talk show presenter etc.	2%	-	2%	2%	2%	2%	-	6%	6%	1%	2%	-	-		
	Family	29%	6%	30%	32%	53%	30%	26%	24%	40%	30%	24%	30%	67%		
	Friends/Peers	58%	90%	58%	48%	39%	64%	60%	50%	54%	49%	65%	55%	33%		
	Neighbours	8%	4%	8%	18%	-	2%	14%	10%	4%	7%	10%	7%	-		
	Religious leaders	4%	-	2%	2%	6%	2%	-	14%	-	13%	2%	2%	-		
Group most often value their advice [q5.2c]	Role model i.e. woman admires talk show presenter etc.	1%	-	2%	-	2%	2%	-	2%	2%	-	-	7%	-		
	Family	62%	68%	68%	58%	80%	58%	46%	58%	60%	58%	67%	52%	67%		
	Friends/Peers	21%	24%	14%	32%	18%	18%	22%	18%	21%	14%	22%	30%	-		
	Neighbours	6%	8%	-	6%	-	8%	14%	6%	6%	10%	4%	7%	-		
	Religious leaders	8%	-	10%	2%	2%	16%	16%	10%	10%	12%	6%	7%	33%		
Role model i.e. woman admires talk show presenter etc.	3%	-	8%	2%	-	-	2%	8%	4%	6%	1%	5%	-			

Advice seeking cont.

	Advice seeking cont.	Area [q,4b]										Marital status [q24]				
		Base: Total sample	Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni	Married	Co-habiting not married	Single	Divorced/separated	Widowed		
People who of er best advice about how to live life today [q5,4a]																
	Family member	34%	6%	24%	64%	67%	28%	24%	26%	25%	41%	34%	34%	67%		
	Television	29%	42%	22%	-	22%	40%	30%	44%	37%	30%	27%	25%	33%		
	Radio	14%	38%	16%	2%	2%	10%	24%	8%	17%	10%	17%	7%	-		
	Magazine	3%	4%	-	2%	8%	4%	2%	-	4%	1%	3%	5%	-		
	Health workers, Social workers	13%	4%	34%	8%	-	12%	14%	16%	15%	10%	10%	25%	-		
	Other sex workers	*	2%	-	-	-	-	-	-	-	-	1%	-	-		
	Support group members	3%	2%	4%	4%	-	-	6%	2%	2%	-	4%	2%	-		
	Internet	1%	2%	-	-	-	2%	-	-	-	-	1%	-	-		
	Workmates	1%	-	-	2%	-	4%	-	2%	-	1%	1%	2%	-		
Parents	3%	-	-	18%	-	-	-	-	-	4%	3%	-	-			
[q5,4b] People who of er the next best advice about how to live life today	Family member	17%	2%	26%	14%	22%	10%	14%	34%	15%	25%	13%	25%	33%		
	Television	19%	30%	20%	2%	33%	18%	28%	6%	15%	22%	21%	14%	33%		
	Radio	18%	12%	18%	20%	16%	26%	18%	18%	21%	17%	19%	16%	-		
	Magazine	7%	8%	2%	2%	8%	8%	14%	6%	6%	6%	9%	2%	-		
	Health workers, Social workers	17%	30%	28%	4%	10%	14%	16%	14%	13%	17%	17%	18%	-		
	Other sex workers	2%	10%	-	2%	-	-	-	-	2%	-	3%	-	-		
	Support group members	7%	2%	4%	12%	6%	8%	4%	12%	12%	4%	5%	14%	-		
	Internet	2%	-	-	-	2%	6%	6%	2%	4%	4%	1%	5%	-		
	Workmates	1%	2%	-	4%	-	2%	-	2%	4%	-	2%	-	-		
	Parents	*	-	-	-	-	-	-	2%	2%	-	-	-	-		
My hubby	3%	-	-	24%	-	-	-	-	-	-	6%	2%	-			
Uncles	*	-	-	-	-	-	-	2%	-	1%	-	-	-			
Mama Telli	1%	-	-	8%	-	-	-	-	-	1%	1%	2%	-			

The WETS listened to the radio (71%) and watched TV (63%) more frequently than they read newspapers and magazines or went to the

cinema. Thus, cinemas and magazines were not perceived to be suitable sources of HIV information.

Table 4.21: Entertainment/ mass media exposure

	Listen to radio	Watch TV	Go to cinema	Read newspaper	Read magazine
Base: total sample	349	349	349	349	349
Everyday	71%	63%	-	15%	2%
Twice per day	14%	16%	1%	9%	3%
Once per week	6%	9%	2%	20%	7%
Twice per week	2%	3%	2%	15%	10%
Rarely	5%	6%	15%	28%	31%
Never	2%	3%	80%	12%	47%

5. Sex Workers: Survey Findings

5.1 Introduction

This section presents results of the study of sex workers, interpretations, and where applicable uses evidence from previous relevant studies in Tanzania and elsewhere to augment the findings. The section is divided into several parts highlighting sexual history and behaviour and HIV/AIDS knowledge. The section further highlights perceptions and attitudes towards condom use, coercion, and violence amongst the

respondents, role models, and influencers. A majority (71%) of the women were single (never married), while 13% were once married and were currently divorced/ separated or widowed. The average number of years the respondents was married or living together as married couples with their partners was four years. Fifty-six percent of the married respondents were not living with their spouses, particularly in the mining areas.

Table 5.1: Marital status

		Area [q.4]							
		Base: total sample	Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
			Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
Marital status [q.24]	Base: total sample	349	50	50	50	49	50	50	50
	Married	3%	4%	-	-	-	10%	4%	4%
	Co-habiting but not married	13%	8%	2%	6%	8%	14%	28%	24%
	Single	71%	86%	74%	70%	82%	66%	58%	60%
	Divorced / separated	12%	-	24%	18%	10%	10%	10%	10%
	Widowed	1%	2%	-	6%	-	-	-	2%
Whether husband/ partner lives with respondent [q.25]	With respondent	25%	17%	-	-	25%	33%	19%	29%
	Somewhere else	56%	33%	100%	100%	75%	42%	63%	64%
	Both	19%	50%	-	-	-	25%	19%	7%
Years have been married or living together as married couples [q.26]	Mean	4.4	2.0	1.0	2.0	3.0	5.8	5.9	3.7

The average age of the respondents was 27 years old; a majority (34%) were between 25-29 years old. Ilala and Temeke had the oldest average age of respondents (29 years). The interviewed sex workers were predominately Christians (62%).

About 69% of the sex workers had attained primary level of education and 24% secondary education. More respondents from Ilala (32%) and Temeke (34%) had attained secondary education compared to the other areas.

Table 5.2: Demographic characteristics of sex workers

	Area [q.4]									
	Base: total sample	Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam				
		Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni		
Age of the respondent [age]	Base: total sample	50	50	50	49	50	50	50	50	50
14-19	8%	14%	16%	6%	2%	6%	2%	2%	2%	8%
20-24	29%	44%	50%	22%	18%	22%	26%	22%	26%	22%
25-29	34%	34%	20%	50%	47%	30%	30%	30%	30%	28%
30-34	20%	8%	14%	16%	29%	22%	24%	24%	24%	26%
35-39	8%	-	-	6%	4%	16%	16%	16%	16%	14%
40-44	1%	-	-	-	-	4%	2%	2%	2%	2%
Mean	26.5	23.5	23.6	26.6	27.3	28.2	28.2	28.2	28.2	27.8
Highest level of school [q.3]	Base: total sample	50	50	50	49	50	50	50	50	50
Madrasa	3%	4%	2%	-	-	8%	2%	2%	2%	4%
Primary	69%	80%	80%	72%	82%	56%	58%	58%	58%	54%
Secondary	24%	14%	16%	26%	18%	32%	34%	34%	34%	26%
Higher	1%	-	2%	-	-	-	6%	6%	6%	2%
Religious group [q.23]	Base: total sample	50	50	50	49	50	50	50	50	50
Christian	62%	92%	74%	68%	55%	40%	54%	54%	54%	54%
Muslim	37%	8%	26%	32%	45%	60%	44%	44%	44%	44%
No religion practiced	*	-	-	-	-	-	-	-	-	2%
Total household monthly expenditure [q.7]	Base: total sample	50	50	50	49	50	50	50	50	50
Tshs 5000 or less	*	-	-	-	-	-	-	-	-	2%
Tshs 5001-10000	1%	4%	-	-	-	2%	-	-	-	-
Tshs 100001-20000	7%	26%	-	2%	4%	6%	-	-	-	14%
Tshs 20001-30000	7%	30%	-	2%	4%	12%	-	-	-	2%
Tshs 30001-40000	3%	12%	-	2%	2%	-	4%	4%	4%	4%
Tshs 40001-50000	8%	12%	4%	18%	2%	2%	8%	8%	8%	10%
Tshs 50001-75000	10%	8%	36%	16%	-	-	2%	2%	2%	6%
Tshs 75001-100000	14%	2%	42%	38%	8%	4%	2%	2%	2%	2%
Tshs 100001-150000	12%	2%	12%	14%	33%	14%	6%	6%	6%	6%
Tshs 150001-200000	11%	-	2%	4%	27%	22%	10%	10%	10%	16%
Tshs 200001-300000	8%	-	-	-	6%	14%	24%	24%	24%	14%
Tshs 300001-500000	6%	2%	-	-	2%	10%	18%	18%	18%	12%
Tshs 500001 and above	3%	-	-	-	-	10%	10%	10%	10%	-
Mean '000	132.2	39.5	82.9	80.6	138.0	197.4	256.0	256.0	256.0	150.7

The average total household expenditure was Tsh 13,200. A majority (14%) of the respondents had a monthly expenditure of Tsh 75,001- 100,000. Temeke area had the highest average expenditure at Tsh 256,000.

The respondents were mainly Tanzanians (99%) while 1% was Ethiopian. Swahili was the main language the respondents could speak (93%), although a considerable percentage also spoke English (7%) and 12% other languages (both

African and non - African languages). The respondents belonged to more than 40 ethnic groups. The majority (17%) of the respondents belonged to the Haya ethnic group. Other ethnic groups included Nyamwezi (15%), Hehe (13%) and Ngoni (13%). This is probably because these ethnic groups were the main inhabitants of the study area. Most of the respondents were born in Dar es Salaam (11%), Tanga (7%), Tabora (5%), or Bukoba (5%).

Table 5.3: Ethnicity of sex workers

		Base: Total sample	Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
Respondent's ethnic group [q.8]	Base: Total sample	349	50	50	50	49	50	50	50
	Nyamwezi	15%	-	50%	33%	12%	8%	18%	13%
	Bondei	9%	-	-	-	15%	19%	9%	8%
	Sambaa	6%	-	-	7%	8%	8%	6%	8%
	Zaramo	11%	4%	7%	7%	19%	8%	12%	13%
	Haya	17%	8%	29%	13%	4%	27%	29%	8%
	Nyaturu	11%	-	7%	27%	19%	-	6%	21%
	Hehe	13%	40%	7%	-	8%	15%	12%	4%
	Gogo	6%	4%	-	7%	8%	8%	3%	13%
	Ngoni	13%	44%	-	7%	8%	8%	6%	13%

Respondents were asked about the number of nights they have slept in another location other than their homes. The average number of nights that the respondents had slept away from home was seven. Respondents from the Shinyanga mining area (11 nights) and Mdaula (ten nights) had the highest number of nights slept away. Fifty-two percent of the respondents

had been away from their home community for more than one month. The respondents lived with an average of three other people in their household. Respondents in Kinondoni had a larger household size of four people. The respondents mainly lived with friends who were not sex workers (22%), fellow sex workers and adult relatives (21%).

Table 5.4: The respondents' household

		Region [q.4]							
		Base: total sample	Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
			Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
Number of people living in the household [q.13]	Base: total sample	349	50	50	50	49	50	50	50
	1-5	80%	68%	92%	78%	86%	80%	82%	76%
	6-10	14%	16%	8%	16%	12%	12%	12%	20%
	11-14	1%	-	-	-	-	-	2%	4%
	Mean	3.4	3.0	3.0	3.9	3.7	3.1	3.2	4.1
People respondent lives with [q.14]	Base: total sample	349	50	50	50	49	50	50	50
	Friends-fellow sex workers	21%	8%	24%	22%	55%	8%	6%	22%
	Friends-others	22%	24%	30%	54%	8%	18%	12%	8%
	Parents	13%	8%	20%	12%	8%	6%	18%	16%
	Spouse/live in partner	5%	8%	-	-	6%	10%	2%	6%
	Other adult relatives	21%	8%	18%	28%	14%	24%	30%	28%
	Children	17%	24%	18%	6%	4%	16%	12%	38%

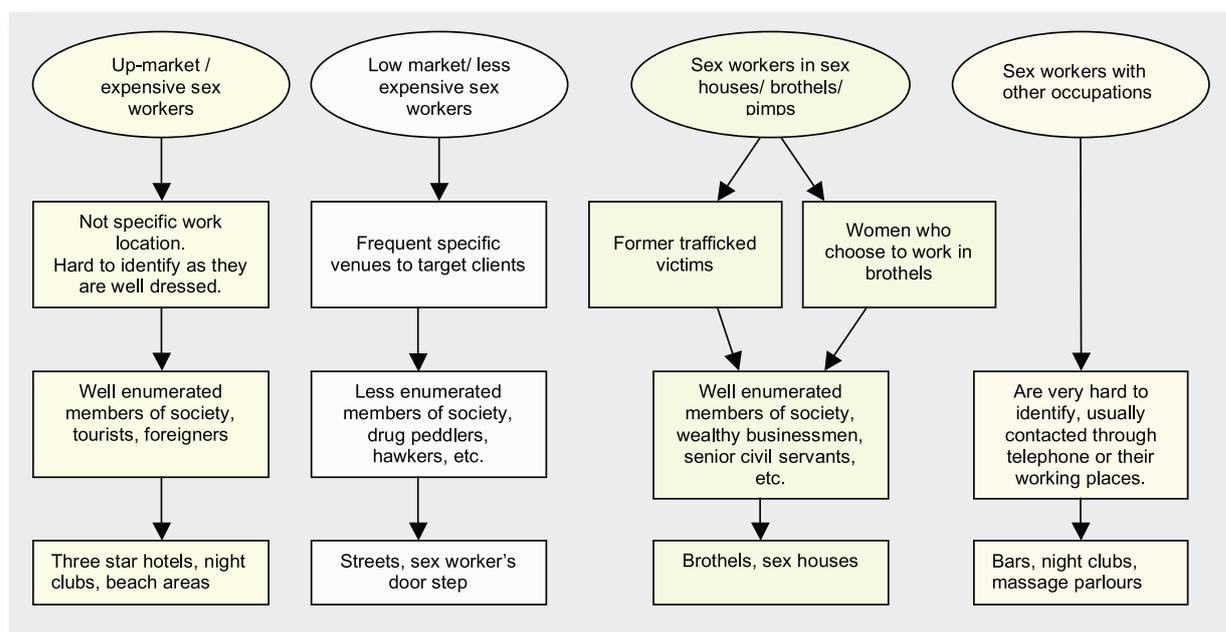
More than half (53%) of the respondents said that they had children; the average number of children was two.

5.2 Segments of sex workers

The segments of sex workers were identified as follows:

- Up-market or expensive sex workers: These are sex workers who charge comparatively higher amounts of money (over Tsh 10,000 per sex act) and do not have a specific location where they work from because their clients call them. Usually they are hard to identify because they are well dressed. The clients are well remunerated members of the society, fellow women, and tourists or foreigners in beach areas, three star hotels, and night clubs.
- Low market or less expensive sex workers: These are sex workers who charge lesser amounts of money and the price is easily negotiable. They tend to target their clients at their door step, bars, and on the streets.
- Sex workers who operate in 'sex houses' or brothels or have 'pimps' who organize contact with clients. The sex worker and pimp agree on payment percentages. Clients may also go to the brothels to look for certain type of women. Brothel workers are further subdivided by recruitment mode:
 - Young girls promised jobs and either enticed or forced to work in the brothels (trafficked victims). These are not usually referred to as sex workers because they have been coerced into sex work, however, because of lack of alternative income generating options and, at times, shame tend to stay on as sex workers.
 - Those who find the job on their own accord due to arrangement with the managers of the brothel.
- Sex workers who have other occupations but also indulge in commercial sex e.g. hair stylists, massage parlour attendants, bar maids, etc.

Figure 2: Sex worker segments



The respondents were asked how sex workers could be categorised. The amount of money charged was the main category identified. A

considerable percentage (28%) mentioned the venue from which the sex workers operate.

Table 5.5: Categories of commercial sex workers

		Base: total sample	Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
			Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
Categories of commercial sex workers [q3_1]	Base: total Sample	349	50	50	50	49	50	50	50
	By the type of client they target	21%	10%	24%	20%	22%	22%	32%	20%
	By the amount of money they charge	56%	58%	76%	80%	37%	62%	48%	34%
	By the location they operate from	28%	12%	54%	56%	18%	12%	24%	22%
	By mode of payment- cash or credit	15%	16%	12%	26%	12%	10%	14%	14%

5.2.1 Lifestyle of sex workers

Generally the different categories of sex workers seem to have a similar lifestyle. The women spent their time relaxing (47%), visiting friends (29%), or drinking with friends (11%). Other activities the women spent their free time on include washing clothes, cooking, and visiting relatives. A respondent summarized their activities as:

“...washing clothes, cooking, doing cleanness, visiting relatives; sleeping since I become very tired; play with my child.”

The sex workers also spent time watching sex movies to learn sex styles. They spent time teaching each other new styles they have learned. They also tend to have best friends who are also sex workers. A respondent had the following to say:

“My friend stays in Morogoro, she is older than me, she sells her body also, her men are rich, and she acted in one of the sex movies.”

When asked for one characteristic that they could describe themselves, many respondents (42%) described themselves by their occupation, especially women from Mdaula (61%). Respondents from Geita (42%) and Shinyanga mining areas (40%) described themselves in terms of their occupation, religious and ethnic groups, nationality, and marital status. This finding should be taken into consideration when developing interventions that would reach the women since these characteristics indicate their values.

Table 5.6: One characteristic to describe themselves

		Region [q.4]							
		Base: total sample	Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
The one characteristic that respondent described themselves [q.29]	Base: total sample	349	50	50	50	49	50	50	50
	Occupation	42%	42%	28%	36%	61%	36%	42%	52%
	Religious group	10%	14%	2%	4%	6%	18%	14%	12%
	Ethnic group	8%	16%	2%	2%	4%	10%	16%	4%
	Nationality	6%	6%	-	-	14%	10%	6%	4%
	Marital status	5%	12%	10%	-	2%	4%	-	6%
	They are all equal	17%	6%	42%	40%	10%	6%	8%	8%
	None of the above	3%	-	2%	-	-	8%	8%	4%

5.2.2 Sex workers' aspirations

Generally the women's main goal in life was to make more money (34%), improve their education (19%), improve or pay for their

children's education (18%), and change their current job (17%). The qualitative findings also identified change of behaviour “to become more religious.”

Table 5.7: Sex workers' aspirations

Main goal in life [q.30]	Base: total sample
Base: Total sample	349
Improve educational level	19%
Improve / pay for the education of your children	18%
Make more money	34%
Have children	4%
Get married	6%
Change my job	17%
Other	1%
Learn new skill	1%
Areas of life most valued [q.30]	
Improving education	25%
Getting employed	15%
Business	18%
Constructing a house	15%
A change of work	6%
Enough security	1%
Owning land	1%
Uplifting my living standards	2%
Education for children	7%
Buying a car	2%
Visiting the game parks	1%
Being enlightened about my work (sex work skills)	1%
Being advised and given ideas	2%
Getting medication when ill	1%
Getting aid/ donations	1%
Getting married	2%
Getting condoms for free	1%

In the qualitative interviews the respondents disclosed second thoughts about their occupation and inclined towards other careers such as teaching, acting, broadcasting, and general business. They also disclosed that lack of education was one of the barriers that could hinder them from achieving their aspirations. When asked whether there was one thing in their lives that they would have liked to change,

the sex workers expressed interest in changing their current life:

“Become younger and go back to school.” Sex worker in-depth interview

“To change my behaviour and become religious.” Sex worker in-depth interview

Angel

Angel is a 19 year old sex worker who lives in Kawe. She dropped out of school in form two. Though she is still single and does not have children, she hopes that she can get married and have a family of her own. She firmly believes that her sex life can help her achieve her dreams because with the money and gifts she receives from the clients she is able to meet her daily need. Despite the fact that she would like to stop sex work, she feels that her lack of education denies her an opportunity to get any other form of work. She observes that the main driving force behind her work is “difficulties in life” noting that “the society we live in everything is about money.”

Angel’s first sexual encounter was at a young age of nine years and she later became an active sex worker at the age of 16 years. She says that she was forced into sex work by her peers. She also believes that her parents contributed to what she is today. Her parents separated after a misunderstanding and thereafter none of them gave her any support.

She has had so many sex partners since the first time she had sex, she cannot remember the number. Currently her clients pay her money and also give her gifts. She gets her clients mainly in bars. She is usually paid Tsh 20,000 per hour and can have up to 6-7 sex partners per day. She spends time with her friends relaxing during the day, exchanging views about life before going to work in the evening. She works mainly on Fridays, Saturdays, and Sundays. She believes that some people look down upon her due to her work because it is against societal values and norms. Some of the names she has heard sex workers being called include:

- **Vicheche:** which means one who has sex with anybody
- **Kimeo:** which means someone who is risky or has already acquired HIV/AIDS
- **Makahaba:** which means prostitute
- **Mlupo:** means one who has sex with anybody

She tested negative when she took the HIV test. She decided to test herself just to know her status after hearing about HIV/AIDS.

Mike—A sex worker client

Mike is a 22 year old man who lives in Magomeni. He first engaged in sexual intercourse at the age of 18 years. So far he has had about 20 sex partners. Currently he has three sex partners and he usually pays them either in terms of money or gifts. He does not have a reason why he pays for sex except that “I feel like it.” He normally pays Tshs 15,000 for each sex partner.

According to Mike there two types of sex workers: high quality (expensive) and low quality (cheap). He says ‘to get a good sex partner one must be ready to part with Tsh 30,000 for high quality sex worker.’ He added that “for a low quality sex partner you require only Tsh 3,000.” He has never taken a HIV test because he believes “that any person can tell whether he/ she has HIV.”

David—Bar manager

David is a 25 year old man who has three children. He supports and encourages sex workers because he feels they are good for bar business. According to David, sex workers start as bar maids and then meet with many sex customers who start paying them for sex and after time they choose to engage fully in sex work.

David sells condoms in his bar, he sells about 5-6 boxes per day. He believes that sex workers are aware of HIV/AIDS and condom use. The violence he has witnessed is between sex workers themselves and with their clients when they are not paid as agreed. He also said that “sex workers nowadays do not take a lot of alcohol because they are more interested in money.”

5.2.3 Names given to sex worker

The women had different names that they used to refer to each other or to a sex worker. They disclosed in the qualitative interviews that they called each other:

- vagina (*kuma*)
- whore (*malaya*)
- new whore (*malaya mpya*)

Other people also had names they used to refer to sex workers:

- *changudoa* - prostitute
- *kahaba*- prostitute
- *kicheche*- refers to someone who cannot settle down with one man
- *kumalori* - comes from the word lorry. This refers a woman who accepts all types of men without been selective
- *mandala ndefu*- Mandala means slippers—as in big slippers that fit all sizes
- *maharage ya mbeya*- means mbeya beans that take a short time to cook
- *mbilimbi mbovu*- bad fruit

According to the influencers interviewed names given to sex worker include:

- *Mchangandoa*- meaning women who are not selective about their sex partners or women who sell their body to different men
- *Shangingi* - meaning women who have sex many men

5.2.4 Reasons why sex workers engage in such high risk behaviour

The main reason reported for sex work is due to a lack of alternative income generating activity. According to one influencer interviewed, sex workers are forced into the business due to poverty. The qualitative data revealed that many sex workers felt that sex work could not help them achieve their plans. As earlier indicated there are some sex workers who aspire to settle down in marriage but because of the kind of men they meet, they are unable to achieve their goal or plans in life. One sex worker indicated that “my clients have another life (of which I am not part of) with their families.” However, there are those who felt that sex work was beneficial. Some of the responses from the qualitative interviews:

“I own this house because of this business. One of the mining bosses (mzungu) made

this for me apart from the other gifts. I know of friends who have been bought used cars by the foreigners.” Sex worker in-depth interview Geita

“I dated with my uncle and he bought me a bed and the mattress.” Sex worker in-depth interview

“My clients are normally the truck drivers because they travel long distances and they do have money. When they sleep in my room the payment per night ranges between Tsh 25,000 to Tsh 35,000 for normal vaginal sex using a condom, while without using a condom we negotiate for Tsh 40,000 to Tsh 45,000.” Sex worker in-depth interview

“I have three permanent clients, one pays rent for my room and he is free to come, any time he pleases and doesn’t pay cash sex, I don’t demand cash from him because he brings me some gifts. The other two clients normally pay for the service. I welcome them when the one who pays my house is away.” Sex worker in-depth interview, Mdaula

The success of bar businesses thrives on the existence of sex workers. According to a bar owner “...that means (referring to sex work) the bar gets many customers who drink a lot of beer. Customers frequent bars either to drink or to meet women.”

5.2.5 People admired by the women

The sex workers disclosed that their mothers were the most admired people in their lives. They admired their mothers because they felt that their mothers paid the price for their lifestyle. A respondent had the following to say:

“I stay in her house (mother’s house). People hate her because of me (my behaviour).”

Similarly, their mother was also the most important person in their lives who would talk about them. They felt it is only their mothers who knew them well enough to talk about them as indicated by a respondent below:

“My mother knows me from the beginning to the end. She knows what I do. She would tell

you everything about me.”

The respondents were asked about whose opinion they value the most in the world. Half of the respondents valued the opinion of their parents while 11% valued friends’ opinion.

Other people mentioned were:

- Siblings (brothers or sisters)- 6%
- Anybody who is older than the respondent - 4%
- Everybody - 4%
- personal opinion - 2%
- others: this included political leaders like President Kikwete, the late Julius Nyerere, President Obama, religious leaders like Sheikh and other well known personalities like Mama Kikwete, Nelson Mandela, Getrude Mwongela.

5.3 Sexual history and behaviour

Sex worker respondents disclosed in the qualitative interviews that they first had sex voluntarily when they were in school. The

respondents said that they knew of cases where their fellow sex workers were raped or forced in their first sex encounter. The qualitative data revealed that the sex workers started off by engaging in transactional sex especially in cases where their parents were not taking care of their needs; they started by accepting gifts from boys and then to repay them, they would have sex with them. A respondent said she had sex because of peer pressure. She observed that her friends had luxurious lives and more money. She wanted to keep their friendship and therefore decided to sell her body for money.

The results of the qualitative data indicated that the women’s first sexual experience was from the age of nine years while the quantitative data was between 11-20 years. More sex workers in Mdaula (59%) had first sex encounter at the age of 11-15 years. Respondents in Mdaula also were also the youngest when they had their first sex - 15 years. This finding may be due to the high number of tourists around the coastal area.

Table 5.8: Age of first sex encounter

		Area [q.4]							
		Base: total sample	Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
			Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
Age at first sex [q2_1]	Base: total sample	349	50	50	50	49	50	50	50
	11-15	45%	54%	38%	34%	59%	44%	52%	34%
	16-20	48%	46%	60%	52%	39%	50%	42%	48%
	21-25	3%	-	-	4%	-	6%	6%	6%
	26+	1%	-	-	6%	-	-	-	-
Mean	16.2	15.3	16.0	17.9	15.1	16.2	16.1	16.7	

5.3.1 Operations of sex work

The qualitative results indicated that sex workers operate on their own or are ‘employed’ or owned by certain people - pimps. They revealed that some sex workers operate in a kind of arrangement they termed as ‘sex house’ between

younger sex workers and a pimp. The pimps are usually retired sex workers. The pimps manage the ‘sex house’ and get clients for the sex worker. Whatever the clients pays is shared between the pimp and sex workers.

“...it is in the sex house where there is someone who puts you in her costs and finds customers for you. Whatever you get there, you have to share.” Sex worker in-depth interview

“At first they were sex workers like us. Later they advanced and now they rent people to do it.” Sex worker in-depth interview

In free time sex workers drink together (67%), look for clients or men (46%), advise each other (29%), share clients (27%) and other things such as wash clothes or prepare food (24%).



Sex workers working together

Table 5.9: Things that sex workers do together

		Area [q.4]							
		Base: total sample	Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
			Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
Some of the things that sex workers do together [q3_4]	Base: total sample	349	50	50	50	49	50	50	50
	Drink together	67%	60%	80%	76%	63%	76%	62%	50%
	Look for men	46%	8%	38%	64%	63%	48%	54%	48%
	Advise each other	29%	16%	34%	40%	53%	18%	24%	20%
	Share client	27%	8%	48%	24%	31%	18%	24%	34%
	Share other things (clothes, food, etc.)	24%	26%	38%	22%	35%	14%	18%	18%
	Read	*	-	-	-	-	2%	-	-
	Smoking	1%	-	-	-	2%	-	-	2%
	Share stories/chat	1%	-	-	-	4%	-	-	-
	Others: saving money, merry go round group, business, advising	*	-	-	-	4%	-	-	-

The sex workers also operated in organised “groups” that have leaders. Thirty-four percent of the respondents said that sex workers do have leaders. The leaders act as team leaders: sex workers report to them and ensure that other sex workers do not venture into their “territory.”

These organised set-ups are also used as protective mechanisms, to protect the sex workers from clients who are abusive and even fellow sex workers. In such set-ups the sex workers are able to take care of each other when at work.

Table 5.10: Leaders among sex workers

		Region [q.4]							
		Base: total sample	Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
			Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
Are there leaders among sex workers [3_12]	Base: total sample	349	50	50	50	49	50	50	50
	Yes	34%	32%	50%	56%	8%	28%	24%	38%
	No	66%	68%	50%	44%	92%	72%	76%	62%

5.3.2 Venues sex worker operate from

The qualitative results indicate that the clients are targeted in different places e.g. bars, restaurants, casinos, etc. Up-market or expensive sex workers usually frequent casinos, hotels, night clubs or discos. Some own their own houses and they are called by clients from their houses. Low market or less expensive sex workers can be found sitting outside their houses, bars, pubs, night clubs, etc. Sex workers who operate in ‘sex houses’ can be found in brothels. Sex workers who have other occupations can be found in bars. These venues are selected based on various reasons including a high concentration potential clients, company and protection from other sex workers, and their clients are aware that they would be found in these places.



Sex workers waiting for clients outside their houses and along the streets



A venue where clients frequent when looking for sex workers

However, the respondents said they also felt uncomfortable in these places because of the way people looked at them (some people look down upon them), they are easily identifiable even by non-clients, some clients bully them, and police harass them.

The respondents highlighted some concerns for their security. Generally, they felt they operated in a dangerous environment. A respondent noted that: “Sometimes a client calls you, you go there and you do not find the client. This becomes tricky because you might not get transport back especially if it is late in the night forcing you to take a taxi which is expensive. It is even worse if you do not have taxi money because you have to walk back or find other way out.”

The places where the women engage in sex are night clubs (52%), boarding and lodging (35%), and in the women’s houses (31%). In the nightclubs the women have sex with their clients in the washrooms. Other places include outside in the bush, inside the clients’ car, and in taxis.

Table 5.11: Places where clients are contacted

		Area [q.4]							
		Base: total sample	Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
			Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
Places mainly contact clients [3_19]	Base: total Sample	349	50	50	50	49	50	50	50
	On the street	23%	6%	6%	8%	41%	22%	34%	44%
	Nightclubs	30%	12%	34%	54%	16%	16%	34%	40%
	Bars	50%	82%	50%	18%	57%	72%	32%	42%
	Hotels (B&L)	16%	16%	14%	40%	6%	4%	18%	14%
	Three star hotels and above (up market)	4%	-	-	4%	6%	2%	8%	6%
	Brothel/ sex house	5%	2%	2%	16%	-	2%	6%	8%
	At home	7%	8%	-	4%	14%	4%	10%	8%

The respondents disclosed that there were some places designated for certain sex workers or controlled by certain people. Sixty-eight percent of the respondents were aware of such “territories”. The “territories” were either

controlled by pimps or groups of sex workers. More than half of the respondents (53%) felt that they could not venture or cross into these “territories”.

Table 5.12: Places/ areas / venues designated as “territories”

		Area [q.4]							
		Base: total sample	Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
Awareness of places/ areas/ venues designated as “territories” for certain sex workers [q3_14]	Base: total sample	349	50	50	50	49	50	50	50
	Yes	68%	52%	90%	98%	39%	68%	60%	70%
	No	32%	48%	10%	2%	61%	32%	40%	30%
Can the respondent venture to these territories [q3_15]	Base: those who were aware of existence of territories	237	26	45	49	19	34	30	35
	Yes	47%	40%	66%	86%	29%	26%	30%	54%
	No	53%	60%	34%	14%	71%	74%	70%	46%

5.3.3 Sex partners

The study revealed that sex workers have less complex sexual networks than women who engage in transactional sex. Sex workers mainly have clients and (if applicable) husbands. The complexity in sex work is that they had more sex partners with whom they did not have any relationship. Their involvement with these partners was purely on a monetary basis and an understanding or agreement between the parties

involved. The qualitative study indicated that the women can have sex with an average of five men in 24 hours and about 30 men in a month. An influencer who was interviewed said that sex workers can have sex with three men per day. The quantitative results show that the women currently had an average of 18 sex partners per month. Ilala respondents had the highest average number of sex partners at 26.

Table 5.13: Number of current sex partners by area

		Area [q.4]							
		Base: total sample	Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
			Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
Number of current sex partners [q2_4]	Base: total sample	349	50	50	50	49	50	50	50
	1-10	56%	94%	72%	82%	39%	34%	28%	46%
	11-30	19%	2%	4%	8%	29%	34%	26%	30%
	31-50	10%	2%	2%	-	16%	10%	26%	12%
	51-09	8%	-	-	-	12%	20%	18%	8%
	Mean	18.1	4.2	5.3	4.3	26.3	31.7	31.0	20.5

The sex workers kept in contact with regular clients by communicating through mobile phones.

“The lovers (permanent ones) who I even have their phone numbers are about 70 or so.”

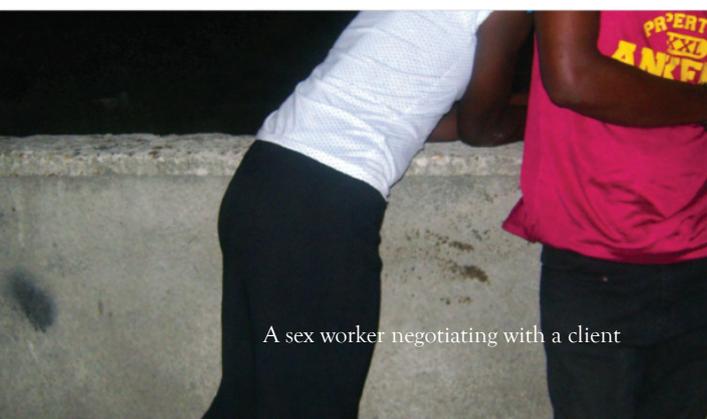
“Without counting the short time customers, the permanent ones who I saved their numbers are about 50.” Sex worker in-depth interview, Ilala

The qualitative results revealed that mobile phones were not only used as means of communication but also payment terms. Payment was made either through monetary or goods that could be easily sold such as cell phones.

“I remember one Chinese who had sex with me gave me two Nokia phones and Tsh 70,000 in Dodoma. I also had sex with an old man who gave me a Nokia phone and Tshs 200,000.”

The clients were categorized by the sex workers according to their financial capabilities and the way they sex. The women referred to their clients as:

- *Mdoshu*- Rich man
- *Mtasha* - refers to white man or *mzungu*
- “ATM”- this refers to clients who are like the banking machine where people can access their money
- *Vidumu*- another name that is similar to *vidumu* is ‘*mwanaume wa pembeni*’ which means the other sex partner who is either a spouse or boyfriend
- *Mshefa* or *tajiri* : Rich man
- *Mchata* or *anayekupa pesa*: similar to “ATM”- means someone who gives you money.



A sex worker negotiating with a client

The respondents were asked about their current sex partners to have a deeper understanding of sex work. The women were paid as much as Tsh 500,000 per sexual encounter and an average of Tsh 12,000-15,000. The amount depended on

the sex act and condom usage. The women had sex between 3-10 times per day, meaning that if they were charging Tshs 2000 per encounter they can earn between Tshs 6,000 to as much as Tshs 1,000,000 per day.

Table 5.14: Amount charged

	Base: total sample	Partner 1	Partner 2	Partner 3
		349	349	349
Amount sex worker was paid in the last sex encounter by a client [q2.21]	Tsh			
	Less than 1000	N	1%	1%
	1001 - 2000	5%	4%	3%
	2001 - 5000	12%	16%	10%
	5001 - 10000	17%	24%	21%
	10001 - 20000	18%	16%	17%
	20001 - 30000	6%	6%	9%
	30001 - 40000	3%	4%	2%
	40001 - 50000	1%	1%	3%
	Over 50000	1%	2%	2%
	Mean	12,850	12,520	14,290

Fifty-eight percent of the women reported that 70-100% of their income came from sex work.

Table 5.15: Proportion of income that comes from sex work

	Base: total sample	Area [q.4]							
		Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam			
		Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni	
Proportion of income that comes from sex work [3_20]	Base: total Sample	349	50	50	50	49	50	50	50
	10 – 20%	2%	4%	-	-	-	4%	-	6%
	30 – 40%	7%	12%	2%	10%	-	10%	6%	8%
	50 – 60%	21%	18%	22%	32%	10%	24%	20%	22%
	70 – 80%	30%	16%	38%	46%	43%	22%	28%	20%
	90 – 100%	28%	32%	34%	4%	47%	20%	30%	32%

The most common sex act the women used with their clients includes vaginal penetration sex, anal sex (tigo), and oral sex. The respondents also mentioned the following style:

- *Popo kanyea mbingu*- referred to as the hardest style by one sex worker, where a woman bends over while the man stands/kneels behind her.
- *Nusu kuku*- the woman lies on her side, curved during the sex act

- *Kifo cha mende*- Both the sex worker and partner lie on top of each other facing upsides
- *Mbuzi kagoma kwenda*- in this position the woman kneels down
- *Swala tano*- the woman bows down while kneeling like as if she is praying
- *Chuma mboga*- Mostly practiced in bathrooms whereby the woman bends over and the man stands beside her.

5.3.4 Condom use

Condom use amongst the sex workers was high for preventing pregnancy and HIV. Ninety-five percent of the women used condoms in their

last sex encounter. Ninety-eight percent of the women wanted to use condoms, meaning that about 3% were not able to use condoms because of one reason or another.

Table 5.16: Frequency of condom use

		Area [q.4]							
		Base: total sample	Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
			Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
Frequency of condom use when having sex [q2_10]	Base: total sample	349	50	50	50	49	50	50	50
	Very frequently	74%	44%	84%	82%	80%	72%	78%	78%
	Sometimes	25%	52%	16%	18%	18%	28%	18%	22%
	Never	1%	4%	-	-	2%	-	4%	-

Although a majority (74%) of women reported that they frequently used condoms, they also disclosed that some clients did not like using condoms. In the qualitative interview a respondent observed that:

“We use condoms but some customers do not like them. Some use them at the beginning but secretly remove them.”

The respondents reported that clients who do not use condoms are charged more money than those who use condoms.

“I charge Tsh 2,000 if it is the normal sex in the vagina using a condom and Tsh 25,000 if the client does not want to use a condom. I charge Tsh 40,000 for the anal sex with condom use and 100,000 if no condom use. This is the price I propose. Sometimes they give less or more depending on whether they like the service or not.”

Table 5.17: Condom use

		Partner 1	Partner 2	Partner 3
Whether used anything to delay/avoid pregnancy [q2_39]	Base: total sample	349	349	349
	Yes	88%	95%	88%
	No	12%	5%	12%
Method of avoiding pregnancy [q2_40]	Base: all who avoided get pregnant	308	331	308
	Used male condoms	88%	88%	90%
	Used female condoms	4%	5%	5%
	Pill	1%	2%	2%
	IUD	1%	-	1%
	Injection	5%	6%	4%
	Self or partner is sterile	2%	1%	-
Whether used anything to avoid HIV/STDs [q2_41]	Yes	87%	95%	89%
	No	13%	5%	11%
Brand of condom used with each partner [q2_44]	IF USED HIV/STD PREVENTIVE MEASURES			
	Base: all who used condoms	302	331	312
	Dume	27%	34%	29%
	Salaama	71%	64%	65%
	Rough Rider	n	1%	2%
	Lady Pepeta	1%	1%	2%
	Life Guard	3%	3%	4%
	Raha	2%	2%	4%
	Alatech	n	-	-
	Care	-	n	-
	Familia	-	n	-
Where the condom was purchased [q2_45]	Pharmacy / chemist	17%	15%	14%
	Shop	63%	64%	62%
	Bar/Hotel	20%	21%	23%
	Guest house	n	1%	n

The qualitative results revealed that respondents did not always use condoms when asked whether they used condoms the last time they had sex. The quantitative data also confirmed this finding; 12% reported that they did not use condoms in the last sex encounter with their clients. When asked whether they wanted to use condoms, 93% said yes, while 7% did not want to use condoms. Reasons for not preferring to use condoms are indicated Table 5.19.

These results suggest that sex workers were willing to have sex with clients as long as they are paid more money or when having anal sex. A respondent said that a client promised to give her Tsh 100,000 if they did not use condom and she agreed to his request. Respondents who had

anal sex tended not to use condoms because they believed the chances of contracting the HIV virus was lower. It also emerged that condom use did not depend on if the respondent knew the sex partner or not. Some respondents said they used condoms with some partners they knew while they did not use condoms with some partners they did not know. Use of condom was determined by the client’s choice and also the money they were willing to pay for the service.

“I propose to the client to use a condom but the client has the option to propose otherwise. For example I proposed to my last client to use a condom but he refused.”

Other than the clients refusing to use condoms, some women prefer not to use condoms for

various reasons primarily trusting the sex partner and discomfort when using condoms.

Table 5.18: Reasons for not using condoms

Reason for not using condoms frequently [q2_11]	Base: total sample	86
	We trust each other	11%
	It hinders me from having fun	7%
	It causes rashes that result in open wounds	4%
	When he is drunk, he refuses to use	4%
	Because am hungry and I need quick cash	7%
	It irritates me	4%
	Am not used to it/ I don't like it	7%
	I trust my husband	4%
	My man doesn't allow me to use it	7%
	Its painful	4%
	I look at the customer if there is a possibility of earning more I don't put on a condom	4%
	Its expensive	4%
	It depends with the customer	15%
	To protect myself from sexual transmitted diseases	4%
	Condom inflates the rates	4%
	Only use condom during my monthly periods	
	Cash problems	4%
	They are not available in the night	4%
	It hinders love making	4%
	Other:	
	Causes stomach aches	
	I do not like it's smell	

Condoms were purchased in shops, bar/hotels, or pharmacies prior to meeting a potential client.

“We always carry condoms in our bags since it becomes difficult to get a shop to buy them at such hours of the night. So we buy them earlier and carry them in our bag.”

Seventy-eight percent of the respondents were aware of *Salaama* brand condoms meaning that it was probably the most popular brand. In the qualitative results *Dume* seemed to be popular

because it was perceived to be strong and had a nice scent. However, one client said that he could never use *Dume* condoms because of the name. “*Dume*” means male or masculine in Kiswahili. He said that he was a ‘*dume*’ so he did not need to use another ‘*dume*’.

Male condoms were the most commonly used condoms despite the fact that almost all the respondents said they were aware of female condoms. Female condoms were unpopular because of cost, availability, and concerns about their comfort using them (the jelly in the female condoms could cause irritation).

Table 5.19: Condom brand awareness

		Area [q.4]							
		Base: total sample	Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
			Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
Brands awareness of [q2_12]	Base: total sample	349	50	50	50	49	50	50	50
	Dume	78%	88%	72%	54%	86%	74%	86%	86%
	Salaama	91%	60%	98%	92%	100%	96%	90%	100%
	Raha	43%	18%	32%	48%	47%	58%	50%	50%
	Rough Rider	25%	4%	30%	36%	18%	22%	32%	30%
	Familia	26%	20%	8%	44%	35%	20%	30%	22%
	Life Guard	45%	34%	62%	60%	31%	52%	44%	34%
	Lady Pepeta	30%	32%	36%	36%	27%	26%	22%	34%
	Alatech care	1%	-	-	-	-	-	4%	2%
	Study	1%	4%	-	-	-	2%	2%	-
	MCD	*	-	-	-	-	2%	-	-
	Dotted	1%	-	-	-	2%	-	-	2%
	Tatu Bomba	1%	2%	-	-	-	-	-	2%
	Care	1%	2%	-	-	-	2%	-	2%

5.3.5 Rivalry between sex workers

Eighty-one percent felt that there were reasons for getting along or not. More than half (59%)

of the respondents said that sex workers fall out when working. The percentage was higher in Dar es Salaam (73%) and Pwani (68%).

Table 5.20: Interpersonal relationships between sex workers

		Area [q.4]							
		Base: total sample	Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
			Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
	Base: total sample	349	50	50	50	49	50	50	50
Are there reasons for getting / not getting along [q3_9]	Yes	81%	64%	92%	72%	84%	82%	80%	90%
	No	19%	36%	8%	28%	16%	18%	20%	10%
Ever fall out with other sex workers [q3_10]	Yes	58%	48%	32%	42%	69%	70%	64%	84%
	No	42%	52%	68%	58%	31%	30%	36%	16%

Rivalry between the women existed in terms of competition for clients (85%) and territorial rivalry (15%).

Table 5.21: Rivalry between sex workers

		Area [q.4]							
		Base: total sample	Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
			Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
Rivalry between sex workers [3_17]	Base: total sample	349	50	50	50	49	50	50	50
	Competition for clients	85%	92%	92%	92%	67%	84%	86%	82%
	Territorial rivalry	14%	6%	16%	6%	29%	14%	10%	18%

5.3.6 Knowledge about HIV/AIDS and level of exposure to interventions

The level of awareness of HIV/AIDS was high among the sex workers. Information on HIV/AIDS was mainly received from the mass media e.g. T.V., radio, magazines, newspapers, etc. Knowledge on HIV/AIDS was tested using standard true/ false statements as indicated in the table below. The results show that ninety-

six percent (96%) of the respondents believed that HIV/AIDS was a dangerous disease and that infected people may die from it. A large proportion (85%) of the respondents knew that one can reduce the chances of getting HIV by having one uninfected sexual partner. Eighty-three percent of the respondents knew that mosquitoes can not spread HIV.

Table 5.22: Percentage of distribution of sex worker by knowledge and attitudes

	True	False
HIV/AIDS is a dangerous disease and that infected people may die of it	96%	4%
The possibility of HIV/AIDS sexual transmission is easy	99%	1%
The possibility of HIV/AIDS sexual transmission is difficult	5%	95%
The possibility of HIV/AIDS sexual transmission is impossible	10%	90%
Using condoms when having sex is an effective method to prevent HIV/AIDS transmission	91%	9%
A person who looks healthy can be infected with the AIDS virus	90%	10%
People can reduce their chance of getting the AIDS virus by using a condom correctly every time they have sex	96%	4%
A person can get infected with the AIDS virus through mosquito bites	17%	83%
People can reduce their chances of getting the AIDS virus by having only one sex partner who has no other partners	85%	15%
A person can get infected with AIDS virus by sharing a meal with a person who has HIV/AIDS	17%	83%
A person can get infected with AIDS virus by sharing a needle with an infected person	97%	3%
People can get AIDS because of witchcraft	53%	47%
The AIDS virus can be transmitted from mother to a child during pregnancy	58%	42%
The AIDS virus can be transmitted from mother to child during delivery	90%	10%
The AIDS virus can be transmitted from mother to child through breast milk	93%	7%
A mother who is infected with AIDS virus can avoid transmission to the baby	84%	16%

A large proportion of respondents (over 90%) knew that someone can reduce the chances of acquiring HIV by using condoms every time they have sex or by not sharing needles (97%). Most respondents (83%) knew that one cannot get the HIV virus by sharing food with an HIV positive person and however, a considerable percentage believed that HIV/AIDS can be spread through witchcraft or super natural means (53%). The majority of respondents (90%) knew that a healthy looking person can have the HIV virus. There were some respondents who believed that HIV was preventable by not touching infected persons. Thus, although knowledge was relatively high, a considerable proportion of respondents either didn't know or still had incorrect information about HIV/AIDS.

The qualitative results suggested that sex workers went for HIV testing only when pregnant. This presents an opportunity to increase intervention

measures that encourage the women to go for HIV testing and also know ones' status. The qualitative data further revealed that the sex workers' clients were not keen to take HIV/AIDS tests. They do not even discuss the subject with their clients.

Despite the high level of awareness, only 88% of the respondents feared being infected with HIV/AIDS. This is probably because most (94%) believed that HIV/AIDS was preventable; 70% believed that HIV/AIDS is preventable through condom use. The main reason why people do not use condoms is because of lack of awareness (44%). Other reasons for not using condoms were lack of negotiation skills (27%), lack of information about transmission (27%), and not wanting to use them (21%). It emerged from the qualitative study that sex workers did not use condoms mainly because of lack of awareness and the need for more money.

Table 5.23: Is HIV/AIDS preventable?

		Area [q.4]							
		Base: total sample	Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
			Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
Fear of being infected with HIV/AIDS [6_1]	Base: total sample	349	50	50	50	49	50	50	50
	Yes	88%	76%	94%	68%	98%	92%	96%	92%
	No	12%	24%	6%	32%	2%	8%	4%	8%
HIV/AIDS is preventable [6_2]	Yes	94%	100%	100%	100%	92%	94%	84%	88%
	No	6%	-	-	-	8%	6%	16%	12%
How is HIV/AIDS prevented [6_3]	Monogamous relationship	29%	54%	24%	6%	20%	34%	44%	18%
	Not kissing, holding or shaking hands with infected people	16%	4%	6%	18%	22%	28%	12%	20%
	Using condoms when having sex	66%	62%	92%	78%	67%	50%	54%	60%
	Not sharing injection tools	27%	2%	50%	32%	29%	24%	20%	34%
	HIV-infected mother should not have baby	9%	-	24%	26%	-	2%	6%	4%

Table 5.23: continued

		Area [q.4]							
		Base: total sample	Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
			Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
Reasons for not using condoms [6_4]	Not aware of the transmission of this disease	27%	38%	14%	22%	16%	44%	32%	20%
	They are not allowed to use	11%	6%	14%	14%	6%	8%	22%	8%
	They do not know how to persuade their sex partners	27%	4%	48%	46%	18%	18%	26%	28%
	They do not have condoms	11%	6%	18%	16%	10%	2%	10%	12%
	They do not want to use condoms	21%	12%	34%	14%	33%	16%	20%	20%
	Lack of awareness	44%	50%	58%	54%	35%	24%	52%	34%
	Religious beliefs	5%	4%	2%	2%	10%	8%	6%	4%
	Others	6%	-	-	2%	14%	6%	4%	14%
	Are not sexually satisfied using condoms	2%	-	-	2%	6%	4%	-	4%
	When have been tested of HIV	1%	-	-	-	-	-	-	4%
[6_5] Reason why sex workers do not use condoms	Not aware of the transmission of this disease	23%	38%	20%	12%	10%	32%	28%	20%
	They are not allowed to use	8%	4%	18%	-	8%	6%	10%	10%
	They do not know how to persuade their sex partners	28%	4%	58%	42%	20%	26%	22%	24%
	They do not have condoms	11%	6%	30%	18%	10%	4%	2%	10%
	They do not want to use condoms	19%	4%	12%	32%	29%	14%	14%	28%
	Lack of awareness	38%	28%	70%	48%	22%	32%	36%	32%
	Religious beliefs	6%	2%	2%	14%	4%	4%	14%	2%
	To get more money	38%	40%	18%	18%	41%	38%	52%	56%
Others	28%	44%	20%	16%	27%	34%	34%	22%	

5.3.7 Stigmatization

It emerged from the qualitative data that sex workers face stigma mainly from neighbours; the respondents noted that neighbours were keen to protect their husbands. They also received harassment from police who take advantage of them due to their vulnerability (sex work is illegal in Tanzania).

“Sometimes the customers do not give you what you agreed. The police who are meant to assist in time of distress do not make things any better. If they catch you, they do not take you to the station. They just have sex with you and let you free.”

5.3.8 Alcohol and drug use

It emerged from the study that sex workers usually take 3 – 15 bottles of alcohol per day and they took alcohol on their own free will. The women took alcohol five days per week. The women prefer paying for drinks on their own because clients can refuse to pay the agreed amount if they also pay for food and drinks, as

noted by a respondent who said “some men tell you: ‘if I buy drinks and food for you I will give you less money than I would if you buy yourself food and drinks.’” The respondents said that they had never had any problems associated with excessive drinking because they try not to allow alcohol affect their business. The sex workers avoided getting drunk because they did not trust their clients. The sex workers also pointed out that clients take advantage of them; steal their property such as chains, phone, and money when they (sex workers) are drunk. One of the precautions that sex workers take when at work is that they do not leave unfinished glasses or bottles of alcohol on the table to avoid being drugged by clients or even fellow sex workers. A considerable percentage (24%) of the sex workers took illicit drugs with their partners. The main drugs they took were bhang, cocaine, and heroine. Most the women smoked the drugs. Amongst the respondents who used injectable drugs, half of them shared needles with their partners. The women took drugs 1-2 times per session with their sex partners.

Table 5.24: Alcohol and drug use

		Partner 1	Partner 2	Partner 3
	Base: total sample	349	349	349
Whether drunk alcohol with partner last time had sex [q2_31]	Yes	61%	54%	53%
	No	39%	46%	47%
Usually drinks alcohol with this partner when they meet [q2_32]	Always	40%	37%	33%
	Sometimes	41%	41%	38%
	Never	19%	23%	30%
Ever used illicit drugs with partner [q2_33]	Yes	15%	12%	11%
	No	85%	88%	89%
Drugs that take together [q2_34]	Base: all who took drugs	52	42	39
	Bhang	79%	76%	74%
	Heroin	17%	12%	10%
	Cocaine	23%	21%	23%
	Not mentioned	2%	2%	3%
How use the drug [q2_35]	Base: all who took drugs	52	42	39
	Inject using syringe	8%	7%	10%
	Smoke	87%	86%	82%
	Inhale	2%	2%	3%
	Snif	-	2%	3%
	Eat	2%	-	-
	Not mentioned	2%	2%	3%
IF INJECTS DRUG				
Whether share needles [q2_36]"	Base: all who injects	4	3	4
	Yes	50%	67%	50%
	No	50%	33%	50%
How often take this drug in a typical day [q2_37]	Base: all who took drugs	52	42	39
	Every time we meet	65%	79%	62%
	Once a week	23%	14%	28%
	Once in a month	10%	5%	8%
	No	2%	2%	3%
Number of times take drugs per session [q2_38]	Base: all who took drugs	52	42	39
	1 – 2	65%	64%	62%
	3 – 5	21%	26%	21%
	6 – 10	8%	2%	10%

5.3.9 Coercion and violence

The qualitative data revealed that sex workers did not report any violence. According to a bar owner in Kinondoni, violence occurs between the sex workers when there is stiff competition amongst themselves.

“Everybody fight to extent that there is misunderstanding between the sex workers.”

The quantitative data revealed that sex workers were subjected to abuse by their sex partners. This is probably from clients who are not willing to pay for services rendered or jealous husbands/ partners. The police also subject sex worker to violence.

Table 5.27: Sex workers subjected to violence

	Police	Sex partners	Fellow sex worker
Base: total sample	349	349	349
Yes	16%	29%	19%
No	84%	71%	81%

Most (72%) of these cases of violence are not reported for fear of further victimization especially from the police. Fifty-five percent of the women believed that accepting gifts can lead to forced sex; 29% declined to respond to the question.

5.3.10 Support systems and management of money

It emerged from the qualitative study that the women would prefer support groups that provide credit. Some women were members of ‘merry-go-round’ groups where they joined as a safety net measure. These groups were also perceived as saving/ investing institutions. Although the women understood the need to save and invest their money, they did not seem to have access to formal financial institutions forcing them to save their money in risky ways e.g. under their mattresses.

“My life is full of risk. In case I get sick, such a group will help.” Sex

worker in-depth interview

“I know by joining I will be saving/ investing.” Sex worker in-depth interview

“Yes. I hide my money in the mattress.” Sex worker in-depth interview

“I save my money and play the ‘merry go round’ savings.” Sex worker in-depth interview

“I have a small box [in] which I put 1,000 daily, and open it after 2-3 months.”

5.3.11 Opportunities to reach the women

A majority of the respondents had either heard or seen information on HIV/AIDS. Their main source of information was through mass media. Other sources of information were friends (26%), family members (13%), partners (12%), and healthcare workers (11%).

Table 5.27: Source of HIV/AIDS information

		Area [q.4]							
		Base: total sample	Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
			Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
Source received [q6_7]	Base: total sample	349	50	50	50	49	50	50	50
	Television	54%	68%	76%	42%	53%	40%	34%	62%
	Radio	45%	38%	54%	24%	35%	54%	48%	60%
	Partner	12%	2%	12%	24%	16%	8%	8%	14%
	Friend	26%	20%	10%	34%	41%	18%	30%	28%
	Family member	13%	10%	12%	14%	10%	14%	12%	20%
	Healthcare worker	11%	8%	14%	10%	4%	4%	20%	16%
	Co-worker	2%	2%	-	12%	-	-	-	2%
	Newspapers	12%	12%	10%	8%	8%	14%	12%	18%
	Church leaders	4%	8%	8%	2%	-	-	-	8%
	Political leaders	7%	6%	6%	2%	2%	8%	16%	6%
	Billboards	13%	2%	20%	22%	20%	14%	8%	4%
	Social leaders	3%	2%	2%	2%	2%	2%	4%	4%
Discussed AIDS with anyone in the past four weeks [q6_8]	Yes	88%	84%	84%	100%	82%	88%	96%	84%
	No	12%	16%	16%	-	18%	12%	4%	16%
With whom did you discuss [q6_9]	Sex partner	30%	12%	46%	68%	16%	26%	16%	24%
	Friend	65%	76%	56%	52%	71%	64%	70%	68%
	Family	18%	18%	10%	24%	20%	10%	16%	30%
	Health care worker	12%	2%	20%	8%	4%	8%	20%	22%
	Co-worker	3%	-	4%	14%	-	2%	-	2%

Eighty-eight percent of the respondents had discussed the AIDS virus with someone in the past four weeks, mainly their friends, sex partners, family, and health care workers. This finding presents the possibility of using or

incorporating these persons in HIV prevention campaigns through counselling since they can reach the women easily. The women's first source of information concerning their lifestyle is family members.

Table 5.28: First source for advice / information concerning lifestyle

		Area [q.4]							
		Base: total sample	Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
[5_1] First source that would rely on most for advice/ information concerning lifestyle	Base: total sample	349	50	50	50	49	50	50	50
	Family member	39%	32%	58%	26%	43%	36%	30%	48%
	Television	32%	50%	12%	32%	39%	26%	34%	28%
	Radio	16%	18%	6%	4%	10%	32%	20%	22%
	Magazines	7%	14%	2%	8%	6%	6%	6%	4%
	Health worker	5%	2%	6%	4%	-	2%	20%	2%
	Social workers	4%	-	10%	4%	2%	6%	-	6%
	Other sex worker	4%	6%	6%	12%	-	2%	-	4%
	Support group members	4%	-	2%	2%	4%	2%	10%	6%
	Church members	3%	8%	-	12%	-	-	2%	2%
	Internet	1%	-	-	2%	2%	2%	2%	2%
	Workmates	3%	-	6%	2%	6%	-	2%	4%

Only 19% of the respondents reported that they had received useful help or advice from any project. This is probably because the projects targeted the general population without specifically ‘speaking

to’ or addressing the needs of sex workers. This calls for a review of the already existing projects to readdress their strategies to be able to reach the women.

Table 5.29: Ever received any useful help or advice from any projects

		Region [q.4]							
		Base: total sample	Iringa	Mwanza	Shinyanga	Pwani	Dar es Salaam		
			Makambako	Geita mining area	Shinyanga mining area	Mdaula	Ilala	Temeke	Kinondoni
Ever received any useful help or advice from any projects [q6_14]	Base: total sample	349	50	50	50	49	50	50	50
	Yes	18%	14%	6%	20%	12%	24%	26%	26%
	No	82%	86%	94%	80%	88%	76%	74%	74%

According to an influencer ‘the government should legalize sex work because it is like any other job’. In the words of respondents, some

of the suggested messages that could be used include “the first thing to do is testing” and “HIV has no treatment.”

6. Conclusions and Recommendations

The HIV epidemic among women is fuelled by poverty, gender inequality, violence, substance abuse, and other social norms such as multiple concurrent partnerships. Information collected through this study on the behaviour of these two high risk groups, sex workers and WETS, can be used to design strategies, messages and materials for prevention programs targeting these populations.

6.1 Women who engage in transactional sex

The HIV epidemic among the WETS is fuelled by endemic poverty and social norms that involve multiple partnerships, peer and parental pressure, and age differentials between the women and their partners. It is within this context that the women resort to transactional sex for survival.

Transactional sex exacerbates risk of HIV transmission because it reduces a woman's ability to negotiate for safer sex particularly the timing and condition of sex. This is due to the complexity of having multiple partners and the secrecy maintained within the relationships. Transactional sex allows for frequent partner change and makes people with money attractive as sexual partners and this may include older and more high-risk partners. Although force was used in some sexual encounters; non-violent pressure was more common.

The spouses of the married WETS are automatically trusted by WETS while the other sex partners were trusted based on the length of time they have known each other, even without testing, demonstrating a potentially dangerous transmission source.

When asked about the dangers associated with having multiple partners, women were more concerned about being caught by their husbands than contracting the HIV virus.

“Yes. Some men have really big sexual

organs and some do not like condoms and since they have given you money/ gifts, you cannot object to his demands.”

“Some men do force certain styles which can be painful. You just have to meet his demands since he gave you some gifts.”

“Sometimes you can be caught either by your husband or by his wife. This can cause a fight which is dangerous.”

“Sometimes you can be seen/ discovered by your husband.”

“Sometimes when you make love with the secret lover, you go home and your husband demand to make sex while you do not have feelings any more.”

The greatest risk identified by the women was not related to sexual health but loss of social status or fear of being found out.

“I can't forget the day when I was beaten by another woman after knowing that I had relationship with her husband while we were at a bar in Kijitonyama.”

While the rivalry amongst sex workers is on 'lost money', women engaged in transactional sex rivalry are more personalized: it is over the man or sex partner. The women feel they have a certain right over sex partner irrespective of whether both parties are married. This is because the women share more than just sex with their sex partners- they share emotions and feelings.

6.1.1 Possible interventions

The complexity in the WETS network requires that interventions aimed at the needs of WETS take into account gender and power issues and the beliefs associated with the practice that make transactional sex thrive.

Targeting several aspects of the issues facing WETS will provide a more comprehensive solution to the problem. A holistic approach involving many members of the community (women, men, and youth) offers more avenues to

challenge traditional norms including educating in schools, work places, social places, churches, mosques, religious meetings, and political campaigns.

Despite current efforts to promote HIV/AIDS awareness, new methods and approaches should be developed to address the issues of low risk perception while still focusing on empowerment and HIV/AIDS knowledge.

6.2 Sex workers

Many women engaged in transactional sex before they became sex workers. There seemed to be a continuum between sex work and transactional sex. The primary reason for engaging in such high risk behaviour is lack of alternative source of income.

The network that sex workers operate in, their “territories”, are controlled by pimps or other sex workers. To reach these women these individuals must be consulted or included in the interventions as they may fear losing clientele or being discovered by the authorities.

Often, sex workers started exchanging sex as young as 15 years and had their first sexual experience at a young age (as early as nine years). Although there have been many advertisements and campaigns about HIV/AIDS, women do not take the messages seriously and seem more concerned about ‘surviving or making money’ than on contracting HIV. Violence or coercion against the women by the client was minimal. Violence more often occurred due to rivalry between the sex workers when competing for clients. The respondents reported frequent use of condoms but disclosed that some clients do not like using them. Male condoms were mostly used.

Although the women take alcohol they do not take in excess in such a way as to affect their work. The respondents interviewed said that they do not take drugs. All the respondents claimed that they had taken a HIV test at one time especially during pregnancy.

The respondents did not feel stigmatized by health workers or support systems. The stigma they faced each day was from the neighbours

who knew about their occupation. One of the challenges in HIV/AIDS prevention is the police conduct. The police arrest the sex workers with intention of having sex with them.

6.2.1 Possible Interventions

Interventions for HIV prevention should involve sex workers and the women’s peers and family, particularly mothers, as they are important people in the sex workers’ lives. The bar managers and owners should be involved in interventions as their involvement would be very useful and help sustain impact. Also, since most respondents tended to get into sex work at young ages due to lack of other opportunities, interventions could target young women from a young age for education and increasing HIV/AIDS prevention.

Several women expressed a desire to quit sex work but have no other alternatives to earn a living. Others felt that they were not equipped in terms of having appropriate skills or training. Empowerment interventions that provide women with alternative income generating activities, skills, and literacy training are important interventions to consider. According to the women, the female condoms were not popular because they were expensive and unavailable. To empower women in terms of condom use, improving access to female condoms and information on use is an important intervention area.

New strategies are needed to remove stigma of condoms to encourage their use amongst the sex workers. There should be more places where condoms are accessible or purchased especially at night. Additional, correct HIV/AIDS information interventions that go beyond general awareness to condom negotiation and knowing your status are important. Most of the women only took an HIV test when they were pregnant, while some of their clients have never taken the test.

Overall, this study highlights several key findings that can be incorporated into future interventions and to inform and influence future planning targeted at these two high risk groups.

7. References

Center for Health and Gender Equity (CHANGE). *Working with Women in Prostitution: A Critical Dimension of HIV Prevention*. Takoma Park, MD: CHANGE, 2003.

Chatterji Minki, Murray Nancy, London David and Anglewicz Philip. "The Factors Influencing Transactional Sex Among Young Men and Women in 12 Sub-Saharan African Countries" Policy Project, Country reports USAID: 2004.

Evans C and Lambert H. Health seeking strategies and sexual health among female sex workers in urban India: Implications for research and service provision. *Soc Sci Med* 1997; 44 (12): 1791-1803.

Family Health International (FHI). *Behavioural Surveillance and STD Seroprevalence: Survey in Female Sex workers in the Western Province, Kenya*. Nairobi, Kenya: FHI, 1999.

Ford, K, Wirawan, D N, Suastina, W, Reed, B D, Muliawan, P. Evaluation of a peer education programme for female sex workers in Bali, Indonesia. *Int J STD AIDS* 2000 11: 731-733.

Ghys P, Jenkins C, Pisani E. HIV surveillance among female sex workers. *AIDS* 2001;15 (Suppl 3) : S33-S40.

Gysels M. Women who sell sex in a Ugandan trading town: life histories, survival strategies and risk. *Soc Sci Med* 2002; 54:179-92.

Harcourt C, Donovan B. The many faces of sex work. *Sex Transm Infect* 2005; 81:201-6.

Hawkins K, Mussa F, Abuxahama S. *Milking cow: Young women's constructions and identity gender, power and risk in transactional and cross-generational sexual relationships*. Maputo, Mozambique: PSI Mozambique and Centre for development studies Swansea, OPTIONS, 2005.

Hughes, Donna. "The 'ABC approach' to global HIV/AIDS: good for women and girls". Globalisation-HIV article_2044, Open Democracy. 2004.

Mukherjee S and Banerjee B et al. Social marketing of condoms at red-light areas (RLAs) through community participation and peer promotion. *Int Conf AIDS* 1998; 12: 674 (abstract no. 33426).

STD/HIV Intervention Programme. *Learning to Change: Seven years' stint at Sonagachi*. Calcutta, India: Society for Human Development and Social Action, 1999.

UNAIDS. *Sex work and HIV/AIDS: UNAIDS Technical Update*. Geneva: UNAIDS, 2002.

UNAIDS. Country papers on sex work and HIV/AIDS. Report on the Regional Consultative Meeting on Sex Work, Mobility and HIV/AIDS in ECOWAS Countries. Dakar, Senegal: UNAIDS, December 6-7, 2003.

Wojcicki J. Commercial sex work or UKUPHANDA? Sex-for-money exchange in Soweto and Hammanskraal area, South Africa. *Cult Med Psychiatry* 2002; 26: 339-70.



T-MARC Company, Plot No.383, Mikocheni B, Ndovu Road/Garden Road Dar es Salaam, Tanzania
(T) +255 22 2700 772/2 • (F) +255 22 2700773 • www.tmarc.or.tz

This study is made possible by the generous support of the American people through the United States Agency for International Development (USAID), through the T-MARC Project under the terms of the USAID Contract GPO-I-00-04-00012-00.
The contents are the responsibility of Academy for Educational Development's T-MARC Project and do not necessarily reflect the views of USAID or the United States Government.