Life-circumstances, working conditions and HIV risk among street and nightclub-based sex workers in Lusaka, Zambia

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The principal objective of this study was to conduct formative research among sex workers in Lusaka, Zambia, to understand how sex workers’ perceptions of their personal identity influences safer sex practices. In-depth interviews were conducted with 20 sex workers in Lusaka, Zambia, including both nightclub and street-based sex workers. Findings indicate important differences of self perception and identity between nightclub-based sex workers and street-based sex workers. The latter have a professional identity and are willing to be publicly acknowledged as sex workers. This makes it easier for them to convince clients to use condoms. In contrast, nightclub-based sex workers are less likely to wish to be identified as sex workers. They are motivated by the desire to meet a man who will perhaps marry them and change their lives. As a consequence, they do not publicly acknowledge their risk of STI/HIV infection and many go against their better judgement by not using condoms. Factors such as the stigmatization of sex work, the harassment of sex workers and the lack of protection available to them interact with sex workers’ perceptions of their personal identities and influence their ability to take precautions during high-risk sexual encounters.

Introduction

Since recognition of the importance of sex work in the spread of HIV (Carswell et al. 1989, Plummer et al. 1991, Orubuloye et al. 1993) in some parts of Africa, numerous studies have been conducted to understand patterns of risk behaviour and condom use among sex workers (Wilson et al. 1989, 1990, Pickering et al. 1993, World Bank 1997, Ford et al. 1998). Most of this research has focused on ways of preventing women who sell sex from infecting their clients. Relatively little attention has been paid to the contexts in which these women live and to factors that place them at risk of practicing unsafe sex.

The lives of women involved in sex work remain poorly understood, especially in terms of the economic and social opportunities available and the health and psychological consequences of participation in sex work. A
better understanding of women’s lives and their work, as well as how their identity shapes their behaviour, may facilitate the development of more effective policies and interventions (de Zalduondo et al. 1991, de Zalduondo and Bernard 1995, Gatter 1995, Campbell and Kelly 1995, Wolffers et al. 1999). Moreover, the sexual cultures of especially vulnerable groups can vary according to specific local contexts (Gysels et al. 2001).

This study examines how women sex workers in Lusaka describe their life-circumstances: how they began sex work, the conditions in which they work, and the steps they take to protect themselves against the sexual transmission of HIV.

**Background**

The social and economic opportunities that have been, and are available, to Zambian women influence their sexual and reproductive health outcomes (Hansen 1984). In the first few decades of the twentieth century (during the colonial period), farmers from Northern Rhodesia were coerced to take up wage employment away from their homes. Due to constraints on employment, only men could reside in towns. Native authorities agreed with the colonial administrators that urban life was corrupting for women and they should not be allowed to move (Hansen 1997). During this time many husbands were separated from their wives. Since single or divorced women were unable to find male partners in rural areas, a few settled illegally in urban areas. The few means of earning an income available to illegal women settlers were the sale of home-brew beer and of sex. By the 1950s, women had made inroads into market trading but, because of small profit margins and low rates of capital accumulation, few were able to make enough profit to be able to operate businesses without male support.

During the colonial period, the primary function of African education was to produce semi-skilled male labour (Hansen 1984). After independence, educational opportunities for women gradually increased. The boom in mining during the 1960s and the early 1970s helped finance education and reduced some of the gender-based educational inequalities of the colonial period. However, the collapse in world copper prices and the decline of the Zambian economy in the late 1970s and the 1980s, reversed many of these advances. Most importantly, employment opportunities for many low-income women did not change significantly after independence. Because of a surplus of unskilled and semi-skilled men and the existing gender division of labour, few women were able to obtain the jobs that men were willing to do.

Many low-income women in Zambia engage in small scale trading (e.g., selling second-hand clothes) or produce home-brew. According to one study, only 15% of formal sector employees in Zambia are women (Campbell and Kelly 1995). Limited employment opportunities continue to influence sexual outcomes for women in present day Zambia and women’s efforts to find and keep jobs may involve the provision of sexual favours to men (Hansen 1984, Katongo 1999, Katamba 2000). Marriage remains women’s key to economic survival (Hansen 1984, Hansen 1997):
women who are not married may form sexual/economic relationships to support themselves; married women strive to keep their marriages intact.

In addition to the financial necessity of marriage, societal norms contribute to women’s psychological need to be married: negative attitudes persist toward women who are not in marital union and ‘independent women’ are thought to be a threat to the moral fabric of society (Hansen 1984). The inability to form an enduring partnership may make a woman feel that she has been unable to meet social expectations, and may make her psychologically vulnerable by lowering her self-esteem. Because of their economic dependence on men, the inability to get married or the termination of marriage may push women without other means of support into sex work (Wilson et al. 1989). The need to support a child whose father does not provide financial assistance, younger siblings or older family members who do not have other means of support also contributes towards pushing and keeping women in sex work. In some instances, young unmarried women who live with their parents may begin sex work in order to pay for a lifestyle that they would otherwise not be able to afford.

Prostitution is illegal in Zambia and official policy towards sex workers is highly unsympathetic. Police raids against sex workers are commonplace (Hampande 1999) and sex workers live in a constant fear of being arrested. The lack of legal protection for sex workers, the stigma associated with sex work, and mass-media reinforcement of negative stereotypes of sex workers contribute toward placing them at heightened risk of violence. Because the adoption of healthy behaviours is influenced by supportive social environments (Tawil et al. 1995) and perceived control over one’s life (Bandura 1986), the clandestine, physically dangerous and stigmatized nature of sex work may reduce sex workers’ abilities to implement effective preventive behaviours. A 1998 study showed that HIV prevalence among sex workers in Ndola, a major urban area of Zambia, had reached 69% (UNAIDS 2002).

Data and methods

This study is based on data from open-ended semi-structured interviews conducted with 20 sex workers in Lusaka. Each sex worker was interviewed once. Semi-structured interviews have been successfully used in studies of sex workers in Southern Africa (e.g., Campbell 2000) and are preferred over unstructured interviews when one interview (rather than a series of interviews) is to be conducted with each respondent (Bernard 1988).

Following the approach used in a recent study of sex workers (Campbell 2000), questions in the first part of the interview elicited information about the respondent’s family background and personal history. The second part of the interview focused on conditions of work and the last part consisted of perceptions of HIV risk, sexual practices and condom use. An interview guide comprising of questions on topics such as educational, marital and family background, harassment and sexual violence, stigma, alcohol use, sexual behaviour, condom use and knowledge of AIDS was prepared. This guide
was developed based on a review of the literature and based on Scrimshaw’s (1990) recommendations for interviewing sex workers. After introducing topics of interest for the study, the interviewer allowed the flow of the conversation to guide the interview (rather than ensuring that each question on the guide be answered) and probed the respondent to explore topics of interest for this study.

Because of the clandestine and private nature of the sale of sex and because many sex workers do not want to be identified, it is very difficult (if not impossible) to select a representative sample of sex workers. Instead we decided to interview women at two types of locations where it is known that men purchase sex: nightclubs and streets outside major hotels. Although the number of women involved in sex work is unknown, it is thought that many more women sell sex in nightclubs than on the street. Lusaka nightclubs are distinct from bars because they have music and dancing and charge an entry fee. Some men may take their girlfriends or (more rarely) their wives to nightclubs, but many men visit nightclubs on their own or with other male friends.

Although the majority of men in nightclubs are Zambian, other Africans and Europeans also frequent nightclubs. Men who frequent street-based sex workers outside major hotels might be international visitors on short-term assignments to Zambia, Zambians of high socio-economic status, or men of Indian or other Asian origin.

In both nightclubs and on the street, sex workers are not difficult to identify because of their dress: they wear short skirts or form-fitting trousers and use heavy make-up. Many bleach their skin to look fairer. They can also be identified by their behaviour: sex workers at nightclubs often sit by themselves waiting to be approached; some go and sit next to a man who might purchase a beer for them. After having a beer together, the man and the woman might leave the nightclub together.

Street-based sex workers outside hotels stand by themselves on the street, looking carefully into cars that pass by. At times, they may call out or run after a car that has slowed down while driving past them. Although their manner of dress is similar to sex workers in nightclubs, street-based sex workers outside hotels tend to wear more expensive looking clothes.

A convenience sample of sex workers was taken at two nightclubs and on the street outside two hotels. Interviews with street-based sex workers were conducted on secluded sections of streets outside the hotels. At nightclubs, the assistance of the bartender was sought to introduce the researcher to a sex worker. Interviews with nightclub-based sex workers were conducted in relatively unfrequented part of the two nightclubs. The interviewer, a trained Zambian nurse and co-author of this paper, introduced herself as a researcher who was conducting a study on sex work. Informed consent was obtained from respondents who were assured that their identities would be kept confidential. Permission was obtained to record the interviews.

Fourteen interviews of sex workers based in nightclubs and six interviews of street-based sex workers were completed. Seven respondents refused to participate in the study. Five refusals came from women at nightclubs and two from street-based women. These women did not want
to be identified as sex workers and did not want their interviews to be recorded. Several of the women who agreed to participate in the study were initially quite concerned about being publicly exposed or persecuted:

Won’t your interviews come out on the radio? (Street-based sex worker, aged 27)

Won’t you take us to the police with this interview? (Street-based sex worker, aged 22)

They were assured that this would not be the case. Interviews were conducted during January 2000, in Bemba, Nyanja and English. Bemba is the language of the largest ethnic group in Zambia (36%), followed by Nyanja (19%) (Central Statistical Office 1997). English is the official language of the country. The interviewer was fluent in all three of these languages. Interviews usually took 30–60 minutes. A monetary incentive of K10,000 (at the time of the study, K2,500 was approximately US$1) was given to the women interviewed, to compensate them for the potential loss of income due to the time taken by the interview. Although there were a few exceptions, most women discussed their work freely.

All interviews were transcribed into English by a graduate student from the University of Zambia who was fluent in English, Bemba and Nyanja. The transcripts were forwarded to the interviewer for review. The interviewer checked the transcripts for errors and necessary corrections were made.

The order of topics covered in the interview guide was followed in the presentation of the findings. After reviewing the transcripts carefully, the authors developed sub-headings that highlighted the main findings for each topic. A document was prepared with respondents’ quotes placed within sub-headings that we had developed. From this document, quotes that most clearly highlighted the sub-headings were then selected. To ensure that quotes were not taken out of context, we then located all quotes in the original transcripts. This allowed us to examine the context in which the subject was discussed, and to expand the quote and/or add additional information about the context as needed.

Results

Sample description

Respondents were between 19 and 27 years of age. Eight had been married at some point and one woman was still married. The remaining 11 women had never been married. Six of the formerly married women reported that their husband had left them for other women. Two of these women reported having been abandoned because they had been unable to get pregnant. The husbands of two other formerly married women had died. Eleven of the 20 women had one or more children. All 20 respondents had completed at least 5 years of formal schooling but none had completed more than 9 years of schooling.

Although one street-based sex worker sometimes visited nightclubs, and one nightclub-based sex worker went to the streets when there was no
business in nightclubs, generally street and nightclub-based sex workers saw each other as being quite different. Nightclub-based sex workers felt that street-based sex work exposed women to greater physical danger.

No, I don’t go to streets. The police would beat you up if they found you there (Nightclub-based sex worker, aged 23)

Several sex workers in nightclubs were motivated by the desire to meet a man who would marry them, while street-based sex workers perceived what they did purely as work. Street-based sex workers appeared aware of the dangers associated with sex work on the street. Street-based women did not drink alcohol while they were working so that they could maintain control over themselves.

I don’t want to go to bars. Because if I get drunk, I may sleep with someone without condoms. (Street-based sex worker, aged 22)

**Personal history**

Consistent with findings from previous studies in Zambia (Hansen 1984, Mwale and Burnard 1992, Campbell and Kelly 1995, Agha 1998), our findings reflect the importance of marriage in providing economic support for women. In describing their personal histories, women stated why they had not been able to obtain higher education when they were young. Divorced/widowed women talked about how the breakdown of their marriage pushed them towards sex work. Nightclub-based sex workers were, in part, motivated by the search for a permanent partner.

Several women explained that they had been unable to get higher education because their father remarried after divorcing their natural mother. Subsequent mistreatment by their stepmother led to emotional and psychological insecurity because they did not know where they would live. Some women mentioned that the death of their father and the inability of relatives to support their schooling led them to give up their education.

As children we remained with Dad. However, we were not staying well with our stepmother who used to beat us up a lot and tell us to go to our mother. (Nightclub-based sex worker, aged 24)

Some parents could not keep their daughters in school because of poverty. A few girls tried to provide for their schooling expenses by earning an income through the sale of sex but were not able to sustain their education by this means.

At first I meant to raise money to pay for my education. My friends would take me with them until I got pregnant. (Nightclub-based sex worker, aged 24)

Although most girls dropped out of school because of demographic and/or economic instability, a few were not interested in education. They reported that at school they had been more interested in having fun, dressing up and going out.

I just concentrated on being playful instead of concentrating on school ... Often when I was given money for my bus fare, I used to misuse it and walked to and from school ... Meanwhile,
at school I was sent away for failing to pay. (Nightclub-based sex worker, aged 26)

I cannot lie and say that my parents did not support me in my education. Actually they did all they could to ensure that I was educated. However, I had friends who had some bad habits but were dressing very well. I began to envy my friends. So I began to ask them to take me with them wherever it was they used to go. That was how I started. (Nightclub-based sex worker, aged 26)

Pregnancy was an important reason for leaving school. One woman reported that the man who got her pregnant was married and did not assume financial responsibility. She was therefore forced to drop out of school to take care of her child. Another woman left school and married the man who made her pregnant but the marriage did not last. In one case, the father supported his child for several years until he lost his job.

Women stated that because of their poor educational qualifications they could not find formal sector employment.

I am not educated myself. My family is poor and there is nothing else I can do. I may say that I can go to braid hair in a salon where I would be paid K50,000 per month (US$20). But how do I pay for rent? Mealie-meal (a maize porridge) is expensive—it is now K20,000. I have to pay K40,000 for rent and yet I would only get K50,000 as income. I don’t want to have to steal from anyone. This is why I come to the streets. (Street-based sex worker, aged 22)

Since I couldn’t find a job, I needed toiletries for myself, soap for my child, and my parents couldn’t cope … Its not very good work and in my case I keep looking for [other] employment. (Nightclub-based sex worker, aged 21)

Several sex workers reported that they were looking for other means of employment. They felt that the type of employment they could get (such as that of shop assistant or house-girl) did not provide them enough income to take care of their dependents.

I have to pay K50,000 every month for my mother’s house. Even if I was to get employment, what would I do with the K40,000 or K50,000 that employers pay. My children have to go to nursery school where I pay K30,000 per term. (Nightclub-based sex worker, aged 24)

Initiation into sex work

As indicated earlier, several girls started sex work while they were still in school. Some of these young women started sex work because they wanted money to be able to go out, some because they wanted money to support their education, while others did not believe that they had good future prospects after their parents had died. One girl ran away from her home after the death of both parents and her inability to continue her education. Another girl ran away from home because her parents were too strict. She started living with her friends first and then started sex work to support herself.

I was born in 1973. I was at a secondary school where I went up to Grade Nine because I did not have financial support from my uncle after the death of both my parents in 1989. I stayed for 1 year waiting to repeat Grade 9 after I had failed. I then began to see how some of my friends seemed to be having almost every necessity after going to the streets. I therefore joined them and began to move around with truck drivers ferrying maize to Mongu and Lusaka. I saw life as very good when I was introduced to Rose’s. I decided therefore that I would make Lusaka my residing place. With a few friends we looked for a small house and saw that type of life. Up to today I am still leading that type of life. (Nightclub-based sex worker, aged 27)
[My father’s] new wife was not treating us well … It was the way she was treating us that compelled me to such [selling sex] behaviour. (Nightclub-based sex worker, aged 26)

Several women who had never been married saw sex work as a way of finding a man who would take care of them. These women would prefer to go out with only one man in a night, usually a man they had been with before, and spend the night with him.

I would get married and not even refuse. We patronize nightclubs because you can find a man to marry you there. This cannot happen if you are just at home. (Nightclub-based sex worker, aged 19)

Well, men don’t come to our homes to marry us. Therefore, we go out hoping that we find a decent man to look after each other. (Nightclub-based sex worker, aged 22)

Especially if you have a permanent boyfriend, he is the only one you would go with. (Nightclub-based sex worker, aged 23).

Sex workers who had been married stated that they had started selling sex after they were abandoned by their spouse. Alternatively, after their spouse had died they lost their main source of income. Because of their inability to compete in the job market, these women suddenly found themselves without the means to support themselves and their dependents.

I resorted to prostitution because I was divorced and I saw that I needed to look after myself, my three children, my mother and my younger siblings. I am the first of nine children and there is no other person that can take care of them. (Street-based sex worker, aged 27)

Working conditions

In Lusaka, contact between the customer and the sex worker is direct and is not mediated by a pimp. In the case of street-based sex workers, a client generally drives up to a woman and discusses the type of sex he wants, negotiates the price and discusses where they would go. The sex worker gets in the car and they drive off to a secluded place where they may have sex in the car, or they may go to a hotel where the client might rent a room. At a nightclub, a client may offer to buy a beer for a sex worker who may have sat down next to him. While drinking beer, the client and sex worker would agree upon the type of sex, the price and the venue. After finishing their beers, sex workers leave the nightclub with their clients.

Before you arrange with them you have to sit with them to talk. They will come to your table and greet you, ask you your name while he buys you some beer. As you drink, he begins to propose to you. (Nightclub-based sex worker, aged 26)

We may go to a hotel room or to a client’s house or just in the car. You stop somewhere where it is safe and a bit dark, where nobody can see you. Then you [have sex]. (Street-based sex worker, aged 24)

I will lead him to a toilet of a nearby nightclub … sometimes it is a vehicle with tinted glass. Afterwards you act like nothing happened and get back to look for more men. (Nightclub-based sex worker, aged 26)

In most instances, sex workers do not take clients back to their homes. This has implications for violence and condom use: because of being in an unfamiliar environment, sex workers are unlikely to find assistance if a client becomes violent.
Most sexual encounters involved vaginal sex, but masturbation, oral and anal sex are also practiced. Women reported preferring vaginal sex to anal sex because it is less painful but they could earn more money if they consented to anal sex. They perceived themselves to be working in a competitive environment and did not want to lose clients.

Sex workers associated their clients’ sexual preferences with their cultural backgrounds and priced different sexual acts accordingly. Oral sex was priced the highest because European men preferred it. Anal sex was priced below oral sex because Indian men preferred it. Vaginal sex was priced lowest because this was preferred by Zambian men, who were the majority of their clients (and came from a variety of socioeconomic backgrounds). Unprotected sex cost twice as much or more than protected sex. Oral sex was usually unprotected.

White men usually want to be sucked or put their penis between the breasts. (Nightclub-based sex worker, aged 24)

About three quarters of Indians and Somalis like anal sex. These can give you any amount you demand ... others will just want to play with your body. Whites like blowjobs. (Street-based sex worker, aged 27)

Most of them are Zambians ... most of them like normal sex. Others just like to be played with until they are satisfied. (Street-based sex worker, aged 24)

For K10,000, I use a condom. If I have to do without a condom, I demand anything from K20,000. (Nightclub-based sex worker, aged 24)

The number of clients per night was determined by the financial need of the woman and by the type of the client she could get that night. Well-paying clients were preferred because a sex worker would only need to have sex with one well-paying client in a night. Nightclub-based sex workers sometimes adopted a strategy referred to as ‘short-time sex’. This involved having several clients in one night, at the nightclub or at a place close by, so that they could return soon after having sex and get another client.

At times when I mean to make more money, I tell the man that I don’t want to go far away. So we just go behind the building. If he has sex with me for a short time while we are standing, I demand about K10,000 then I come back and begin afresh waiting for another man. (Nightclub-based sex worker, aged 24)

However, short-time sex was perceived as more dangerous because it often involved unprotected anal intercourse.

Most of the ‘short-times’ we use the behind [anus]. This is because when you go for short-time you cannot just remove all your clothes and sleep. That may be too risky because you may be found by people. That is why we prefer the back. If I am wearing a pair of trouser like I am now, all I would do is remove my trousers down slightly ... There and then, you will have intercourse. (Nightclub-based sex worker, aged 26)

Women had a preference for regular clients not only because this meant a consistent income but, by implying that woman’s desirability, it increased her social standing amongst her peers. For periods, sex workers would live with a man who they met through their work and who became their regular partner. Living with a man also increased a sex worker’s self-esteem by making her feel desired.
So I tried to find another White guy. But I know that maybe this is not the way I should find him. I need to change. I am also proud of myself. I know I've got a nice body. I know that I am beautiful. I know that when I am dressed up, I mean like any other lady, I look beautiful. (Street-based sex worker, aged 24)

Several sex workers preferred younger men because of the potential of their becoming permanent partners whereas others preferred older men because they were kinder, paid more money and were gentler. However, sex workers could not afford to be picky when they needed money.

When you are doing business, you will not choose the men or ask them questions. Worse still, when you have drunk some beer. (Nightclub-based sex worker, aged 26)

**Working conditions and consequences**

Client and police harassment was part of the daily routine of street-based sex workers’ lives. Clients harassed them by not paying them after having had sex or by abandoning them far away from where they had met. At times, passers by would throw stones at street-based sex workers.

To be on the streets is a very hard job. Because here we get beaten up, we get harassed, we get picked by these cops to sleep in cells. Sometimes people just come with stones, throwing stones on us. (Street-based sex worker, aged 24)

Others are violent and start beating you up. Maybe after fucking you he will take you to a place like Leopard’s Hill Cemetery. He may not even pay you and even push you out from the moving car. He may even take out a pistol. (Street-based sex worker, aged 27)

Some men are savages, especially the younger ones. They make you suck their penis. These younger men don’t pay much. They may even beat you up and threaten you with a knife and may give you a mere K10,000. (Nightclub-based sex worker, aged 27)

Women were most fearful of being raped by gangs of young men. Several women reported having been forced to have sex with four or five men. One woman reported having been abducted by a gang of thieves and being repeatedly raped for 1 week.

Others will be about four and all have sex with you … At times when you go out with one, you find a large group waiting. (Nightclub-based sex worker, aged 24)

The young ones sometimes force you to have sex with a group of about five. (Nightclub-based sex worker, aged 26)

Some women had tried to resist physical abuse by fighting back, but this frequently resulted in heightening physical violence.

We began to quarrel. The man was a savage, but he found that I was equally a savage. We went outside fighting and naked until someone came to separate us. (Nightclub-based sex worker, aged 26)

Women who had been forced to have sex without a condom were fearful of having acquired HIV.

He got a cab and arranged with the driver without my knowledge. The driver parked near the sewerage ponds. There the man said that he had no condoms and that he never used condoms. He slept with me without condoms, got the K10,000 that he had paid me and beat me up. I am afraid because I am not sure about my status. (Nightclub-based sex worker, aged 24)
Rejection, stigmatization and low self-esteem

Sex workers felt highly stigmatized because of their work. Several women had been rejected by their families. They were very conscious of being judged harshly by society and wished that their lives had been different.

My parents say that they do not want a person of my character to visit their home. I think I would be axed if they saw me at their home. (Nightclub-based sex worker, aged 26)

I feel sometimes horrible [that] they do not care about me. All they want is to use me because I am young. (Street-based sex worker, aged 24)

We are not happy with this kind of life … We are standing here looking stupid, but it is the suffering that brings us here. So do not laugh at us. (Street-based sex worker, aged 22)

Some sex workers argued that sex work can be justified, and perhaps should be respected, when it is used as a means of survival, but not otherwise.

There are some people who come out to the streets only because they want to make money to go for discotheques. For people like me, if you came to my house you would agree that I need money because I am suffering. (Street-based sex worker, aged 22)

Awareness of sexually transmitted diseases and AIDS

Sex workers were cognizant of AIDS. They considered themselves at high risk of contracting HIV but were unable to practice consistent condom use because of the imbalance of power between themselves and their clients and because of their poverty and inability to negotiate condom use.

Several women had experienced STIs and unwanted pregnancies and knew that these were caused by their having had unprotected sex.

I have suffered from STDs … Of course we have become pregnant simply by saying let me try this once without a condom. (Nightclub-based sex worker, aged 24)

I have contracted a disease from a man. (Nightclub-based sex worker, aged 23)

It [pregnancy] was an accident. I was staying with a White man for 1 month, I did not know that I was pregnant until I was told at the hospital that I was 2 months pregnant. (Street-based sex worker, aged 19)

Most sex workers were aware of the dangers of AIDS and STIs and had received messages concerning AIDS through a variety of sources. Several women knew other sex workers who had died of AIDS.

I have heard from radio, TV and from people. Sometimes people give us written material on the topic. (Nightclub-based sex worker, aged 24)

There are some of my friends who I have seen, they have died here of AIDS … other people may say that they have bewitched her. But through this life, since [....] [AIDS] came, you can always tell. Oh people are dying fast because of AIDS. I have seen about four girls [die] since I have been standing here [doing street-based work]. (Street-based sex worker, aged 24)

Sex workers’ perception of being at risk of contracting HIV was high and the majority of them reported using condoms when they could. At the same time, however, most women believed that they could not exercise influence over their client when he did not want to use a condom. One
woman had started taking traditional medicine as a cure under the presumption that she had already contracted HIV.

I was afraid that I might have contracted AIDS, so I thought I might as well begin to take medication [African potato]. (Nightclub-based sex worker, aged 24)

However, the financial circumstances of many sex workers were so dire that they chose consciously to ignore their worries about AIDS in order to be able to continue working.

I have heard a lot about it, that it kills. I have heard from radios, posters etc. I know it kills. But we think of AIDS only after we have had the sex and the money, and the man is gone. Otherwise before that, I do not think about AIDS. (Nightclub-based sex worker, aged 26)

We don’t think of that [sickness] while one is on the job. It is only when you are back home that you begin to worry. (Nightclub-based sex worker, aged 24)

**Condom use**

Although most women expressed the desire to use condoms consistently, they recounted instances where they were unable to use them. Street-based sex workers were more likely to report condom use, probably because they were more formal in their encounters with clients and did not express any expectation of meeting a potential marital partner through their work. Women with children or dependents were more concerned about condom use. Some women even made clients use two condoms simultaneously.

I always carry condoms because I know this is the only way I can protect my life. (Street-based sex worker, aged 24)

Some clients may demand for unprotected sex, but as far as I am concerned, I flatly refuse. There would be no one to take care of the children if I died now. (Street-based sex worker, aged 27)

I will not have sex without condoms. I will make him wear condoms. If I see that his health is not very good, I will make him wear even two condoms. (Street-based sex worker, aged 22)

In spite of wanting to use condoms, sex workers did practice unprotected sex. Sex workers felt that the decision to use a condom was not theirs to make due to the circumstances in which sex occurred, and due to the fact that they could earn more money through unprotected sex.

If you have many problems that need money, one is compelled to have unprotected sex. Therefore, even if I find a client with K10,000 for unprotected sex, you just have to accept. (Nightclub-based sex worker, aged 23)

Another barrier to condom use was the stigma associated with condom use. One nightclub-based sex worker described how she had hesitated to suggest condom use to a client because she feared being labelled as HIV positive.

If you suggest that you use condoms, they will say that you are diseased and that is why you prefer using condoms. In that case you have to pretend that all is well despite worrying that the man is diseased. Therefore, you will tell him that you are not diseased and ask him his status and he will also say that he is not diseased. Thus, we will have unprotected sex. (Nightclub-based sex worker, aged 26)
Although regular customers provided a consistent income and increased sex workers’ social standing, they often posed a problem by asking for unprotected sex. Refusing to have sex with a regular client without a condom would mean losing that client. While street-based sex workers reported that they refused to have unprotected sex even with regular clients, night-club based sex workers indicated that they did have unprotected sex with someone familiar to them.

Some regular customers demand for unprotected sex after we have known each other for some time. I still refuse and such clients stop seeing you. (Street-based sex worker, aged 27)

I cannot sleep with a man whom I’ve met for the first time without using a condom, unless you know each other or maybe he is a boyfriend. (Nightclub-based sex worker, aged 22)

**Experience with STIs**

Several sex workers reported having experienced STIs. They also indicated that for treatment, they would usually go to a herbalist rather than to the public sector clinics.

A few men suffer from syphilis. We usually go to herbalists who give you medicine that induces diarrhoea and cures you. We rarely go to the clinic. (Nightclub-based sex worker, aged 26)

Several women reported using traditional medicine as a way of preventing STIs.

You know as prostitutes, we use traditional medicine for protection. (Nightclub-based sex worker, aged 26)

**Discussion**

Although there is heterogeneity in the experiences that lead women to adopt sex work and in how they perceive their work, several important patterns emerge from this study. About half the women interviewed began sex work after the failure of their marriage and their inability to find employment that would support them and their dependents. The rest of the women started sex work during adolescence. Some girls started sex work to pay for their schooling after their parents had died or their parents could not continue to pay for their education. The remarriage of their father, and the insecurity of not knowing where they would live lowered some girls’ expectations for life and facilitated the adoption of sex work. Several sex workers reported that, as girls, they had wanted to have some independence and fun. Failure to attain higher education limited their employment opportunities. Their low educational achievement was determined by parental divorce, becoming an orphan, unwanted pregnancy, a lack of interest in education and/or the desire to enjoy themselves by dressing well and having fun.

Although the desire to have spending money to enjoy life appears to have motivated a few women to start selling sex, these women regret how
their lives have turned out because of the extreme poverty that they face and because of a constant fear of HIV/AIDS. A number of factors keep women in sex work: the need to support children or other close relatives such as younger siblings or elderly relatives who did not have other means of support. Sex workers see their lack of educational attainment and poor qualifications for formal sector employment, and their lack of success in forming a permanent partnership with a man as factors that keep them tied to sex work.

In their daily lives, sex workers come across a barrage of negative attitudes and harmful behaviours. At the societal level, the illegality of sex work is the context in which sex workers become vulnerable to different forms of physical and psychological violence. For example, the constant harassment and mistreatment of sex workers by police authorities occurs within the context of keeping the streets free of sex workers. Physical violence is directed towards sex workers when they are beaten up, gang raped by clients or when they are stoned by passers-by. Because of their hostile work environment, sex workers have little recourse to protection against physical/sexual and psychological violence.

In the face of strong situational constraints, an individual’s ability to practice healthy behaviours becomes limited (Bandura 1986). Thus, environmental factors have an enormous influence on the health of women who sell sex. In Zambian society, environmental changes would have to come at many different levels. At the policy level, the introduction of legislation to legalize prostitution could be an important step. It is also important to raise awareness among journalists that negative stereotypes of sex workers in the mass media can help maintain a climate in which the stigma associated with sex work permits continued abuse. Beyond this, there is a need to change the attitude and behaviour of police authorities towards sex workers. The harassment of sex workers by police authorities leaves no recourse to sex workers when confronted with physical violence, and forces them to be clandestine in their behaviour.

Overall, street-based sex workers outside hotels are more successful in implementing condom use than nightclub-based sex workers, even though street-based women encounter greater discrimination and police harassment. This could possibly be due to the self-selection of women who sell sex on the street: women who do street-based work may already have crossed many difficult hurdles including being willing to stand in the public view and be identified as a sex worker. The same personal resources that allow sex workers to publicly acknowledge that they are sex workers possibly enable them to practice preventive sexual behaviours. Moreover, since it is public knowledge that they are sex workers and clients implicitly know that there is a high risk of STI/HIV infection from commercial sex, many clients want to practice condom use or can be easily convinced to do so by sex workers.

Nightclub-based sex workers do not openly acknowledge that they engage in paid-for or compensated sex. Instead, they place their better judgment concerning the need to use condoms subordinate to the sexual desires of men. This is probably because they desire ‘conventional respectability’ in their interactions with men (Campbell 2000). Their
motivation to find men who would marry them, thus giving them marital respectability, symbolizes the importance they place on how society judges them. At the same time, nightclub-based sex workers have certain resources at their disposal that may enable them to negotiate safer sex practices. For example, in nightclubs, sex workers often have an opportunity to talk to the client over beer. This provides them with a potential opportunity to establish rapport, an opportunity that could be used to delicately broach the subject of condom use within the context of caring for one another.

However, legislative change accompanied by more responsible police attitudes and behaviour and changes to dominant media narratives of sex work are also important in creating changes in the environment.

Acknowledgments

This study was made possible through financial support by USAID Zambia. Additional support was provided by PSI, which receives support from the UK Department for International Development (DFID). The authors are grateful to Nkendu Sachingongu for his transcription of the interviews, to Dominique Meekers and Muwiya Oladosu for their comments on an earlier version of this report, and to Megan Klein for editing. An earlier version of this paper was presented at The 2nd National Health Research Conference held in Lusaka, 26–27 February 2001.

Note

1. A fictitious name used by the author for a nightclub in Lusaka.

References


Résumé

L’objectif principal de cette étude était de mener une recherche formative parmi les travailleuses sexuelles de Lusaka, en Zambie, afin de comprendre comment leurs perceptions identitaires individuelles peuvent influencer leurs comportements de prévention face aux risques sexuels. Des entretiens en profondeur ont été conduits avec 20 travailleuses sexuelles exerçant soit dans des night-clubs soit dans les rues de Lusaka. Concernant la perception de soi et l’identité, des différences importantes apparaissent entre les travailleuses sexuelles qui exercent dans les night-clubs et celles qui exercent dans la rue. Ces dernières revendiquent une identité professionnelle de «travailleuses sexuelles» pour laquelle elles aiment une reconnaissance publique. Cette identité leur permet plus facilement de convaincre leurs clients d’utiliser des préservatifs. À l’inverse, celles qui exercent dans les night-clubs sont dans
l’ensemble moins favorables à cette identification. Elles sont motivées par le désir de rencontrer des maris potentiels pouvant changer leur vie. De ce fait, elles n’admettent pas publiquement être exposées aux risques d’IST et de VIH, et beaucoup d’entre elles n’utilisent pas de préservatifs, en étant parfaitement conscientes de leur erreur. Des facteurs comme la stigmatisation du commerce sexuel, le harcèlement et le manque de protection des travailleuses sexuelles, interagissent avec les perceptions identitaires individuelles de ces dernières et influencent leur capacité à prendre des précautions lors de rencontres sexuelles à risque élevé.

**Resumen**

El principal objetivo de este estudio era llevar a cabo una investigación formativa de conductas entre trabajadoras sexuales de Lusaka, Zambia, para comprender cómo la percepción que tienen de su identidad personal influye en sus prácticas de relaciones sexuales más seguras. Se realizaron entrevistas exhaustivas con 20 prostitutas de Lusaka, Zambia, con prostitutas de clubes nocturnos y de la calle. Los resultados indican importantes diferencias de las propias percepciones y la identidad entre las prostitutas de clubes y las de la calle. Estas últimas tienen una identidad profesional y quieren ser reconocidas públicamente como trabajadoras sexuales. Esto facilita que puedan convencer a los clientes a usar preservativos. En cambio, a las prostitutas de clubes no les gusta sentirse identificadas como trabajadoras sexuales. Están motivadas por el deseo de conocer a un hombre que quiera casarse con ellas para poder cambiar sus vidas. Como consecuencia, no reconocen públicamente el riesgo de infección del sida y otras enfermedades de transmisión sexual y muchas actúan contra su propio buen juicio y no usan preservativos. Factores como el estigma del trabajo sexual, el acoso de las prostitutas y la falta de protección disponible interactúan con la percepción de las prostitutas en cuanto a sus identidades personales y tienen una influencia en su capacidad de tomar precauciones durante sus encuentros sexuales de alto riesgo.