

Perceptions of commercial sex workers about the risk of drug use in HIV infection

LUNGILE SIBUSISIWE NGCOBO

A mini-thesis submitted in partial fulfillment of the requirements of the degree of Master of Arts in the department of Psychology, Faculty of Community and Health Sciences, University of the Western Cape.

Supervisor: Professor K. Mwaba

NOVEMBER 2007

Key words: commercial, sex, prostitution, HIV/AIDS, drug, abuse, sex markets, Cape Town, South Africa.

UNIVERSITY *of the*
WESTERN CAPE

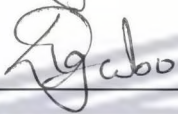
Abstract

This study investigated the perceptions of commercial sex workers about the risk of drug use in HIV infection. The aim of this study was to determine whether drug use is a co-factor for an increased HIV infection risk. This was to further explore the nature and effectiveness of risk reduction strategies undertaken by commercial sex workers to reduce susceptibility to HIV. An analysis of whether coping strategies adopted by commercial sex workers are adaptive was done. In-depth interviews of four colored women aged between 24-30 years, who speak Afrikaans and English and work as sex workers around the area of Brackenfell in the Western Cape were done. These women reported drug use as part of the nature of their job. Unemployment and family obligations were the driving force into the nature work they do. The themes that emerged from the data were that the nature of *sexual exchange* which takes the form of commodity exchange which is transient and impersonal exposes sex workers to health related risk through abuse and violation from clients. Sex workers are also conveyed by their clients and the rest of society with discourses of *sick society*. This is because they justify the work they do in terms of providing financial support to their families in contradiction of their known primary duties and obligation as law-abiding citizens. It became apparent that this was an operation against their conscience. The decision undertaken by sex workers to maximize profit imperatives is a *rational choice* based on weighing alternatives about the risk of disease, death and persecution. Sex workers then engage with clients and personal partners at *different levels of intimacy* in order to yield utility in different forms beyond money such as gifts, financial resources and other incentives. It was concluded that most sex workers suffer from poor money management skills and operate according to the immediacy principle. They could use the money they earn to invest in future prospects, such as their children's education however, most of them operate around the clock of night shift and drug consumption. Findings of the study may be used to inform appropriate prevention strategies of HIV infection among sex workers.

Declaration

I declare that the study on “Perceptions of Commercial Sex Workers about the Risk of Drug use in HIV Infection” is my own work, that it has not been submitted for any degree or examination on any other University, and that all sources I have used quoted have been indicated and acknowledged by complete reference.

Full name hungile Ngcobo Date 13 August 2008

Signed 



UNIVERSITY *of the*
WESTERN CAPE

Acknowledgements

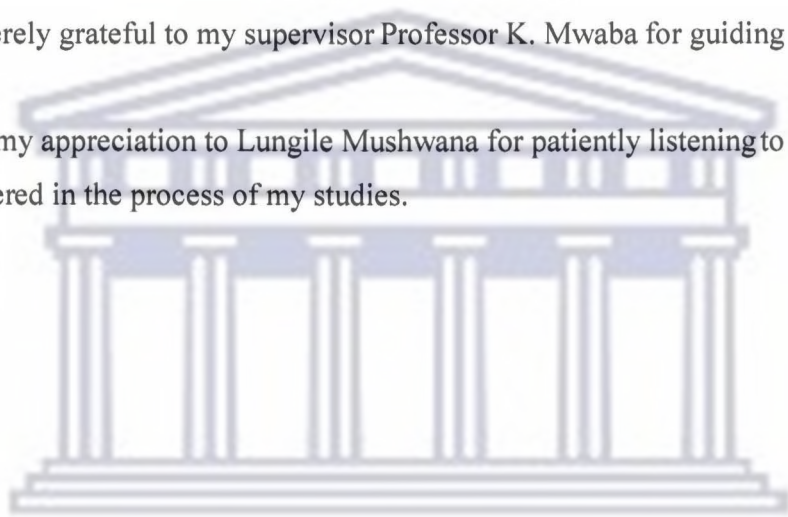
I thank God for keeping me healthy and stable throughout this year.

I thank the participants who consented to be interviewed and thus made this study possible.

I do not forget my parents for their financial and emotional support in my academic studies.

I am sincerely grateful to my supervisor Professor K. Mwaba for guiding me through this study

I express my appreciation to Lungile Mushwana for patiently listening to all the problems I encountered in the process of my studies.

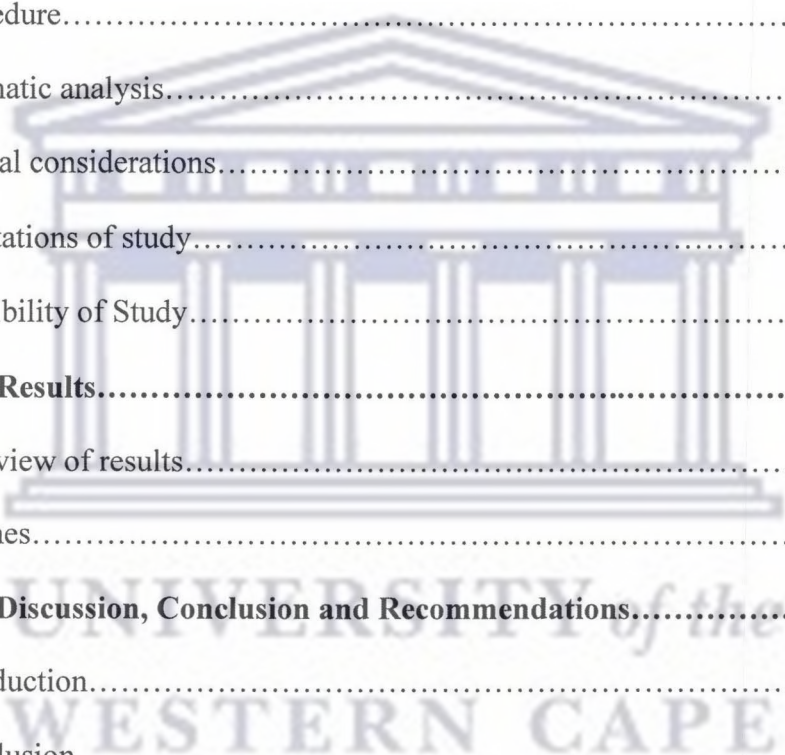


UNIVERSITY *of the*
WESTERN CAPE

Table of Contents

Chapter 1 Introduction	1
1.1 Background	1
1.2 The commercial sex industry and HIV/AIDS in South Africa.....	3
1.3 Aim	4
1.4 Objectives	4
1.5 Rationale.....	4
1.6 Significance of study.....	4
Chapter 2 Literature Review.....	5
2.1 Introduction.....	5
2.2 Defining Sex workers.....	5
2.3 The Cause of Women to enter prostitution.....	8
2.4 The body as the asset.....	8
2.5 Being on the street, exposure to drugs.....	8
2.6 Sex work and HIV infection.....	9
2.7 Economics of Sex Market.....	10
2.8 Sex market as oppressive to sex workers.....	12
2.9 Female sex work and health related risk.....	13
2.10 Female Sex Workers and the Woman gender role.....	14
2.11 Lay perceptions of commercial sex workers.....	15
2.12 Theoretical Framework.....	16
2.13 Marxist Feminist Psychology.....	16

2.14 History of Marxist Feminist Framework.....	17
2.15 A Feminist critique of Sex work law and policy.....	18
Chapter 3 Methodology.....	20
3.1 Introduction.....	20
3.2 Qualitative interviewing.....	20
3.3 Participants.....	21
3.4 Profile of participants.....	22
3.5 Procedure.....	22
3.6 Thematic analysis.....	22
3.7 Ethical considerations.....	23
3.8 Limitations of study.....	24
3.9 Credibility of Study.....	24
Chapter 4 Results.....	27
4.1 Overview of results.....	27
4.2 Themes.....	28
Chapter 5 Discussion, Conclusion and Recommendations.....	34
5.1 Introduction.....	34
5.2 Conclusion.....	37
5.3 Recommendations.....	38
References.....	39
Appendix A.....	43
Appendix B.....	44
Appendix C.....	45



Chapter1 Introduction

1.1 Background

The link between drug abuse and HIV infection is well established in with, intravenous drug users forming the core of those infected by the virus in the early 1980s. The mode of transmission in the case of intravenous drug users is very simple. That is through sharing syringes the virus can be transmitted from one person to the other. Other types of drug abusers, for example sex workers are considered as risk prone as well, because of their impaired decision making resulting from the effect of drug taking. Multiple sex partners statistically increase the likelihood of contact with an infected person and if unprotected sex is practiced, the risk of infection becomes very high. Commercial sex workers, given the nature of their job, are at higher risk of contracting or transmitting HIV and other STIs. This is compounded by the fact that many sex workers are users of non-prescriptive habit forming drugs, which affect an individual's judgement when the effect of the drug kicks in. Invariably, it is this state of being high or experiencing different forms of intoxication and at times hallucinations that attracts the users of the drugs. In addition, these drugs are chemically addictive.

Commercial sex work (or prostitution as it is derogatively called) is a criminal offence in South Africa. The offence ranges from soliciting for customers to the provision of the sex service itself. Although both men and women can be sex workers, usually women working on the street are most often victims of persecution, violence and abuse and indeed often face prosecution in terms of anti-prostitution legislation. As a result, the profession often operates as part of the 'underground economy' in order to evade public gaze and the long arm of the law. Furthermore, since sex workers often rely exclusively on the payment of the services they provide for income, they are especially vulnerable to HIV because they are not always able to insist that their customers use condoms and sex is often violent. Moreover, with the illegality and moral attitudes attached to the sex work, it is difficult for sex workers to get information about HIV and safer sex practices or even reveal the true nature of their work. They are also not able to protect themselves from rape and abuse because they cannot report crimes to the police.

Although often over rated the earning potential of sex workers, attract various other parties into the sex work industry to capitalize upon the sex worker's income. These relationships often are dominant power relationships, where sex workers serve as weaker parties, notably with brothel owners and drug peddlers. Drug dealers are often poised to exploit part of the proceeds of the commercial sex and attempt to sell certain items to sex workers ostensibly to aid the sex workers deal with rough challenges in the profession, like stress. Some sex workers take the drugs for recreational purposes as time out from their demands of job practice. Since most of the drugs are habit forming, sex workers often become addicted to the drugs and spending disproportionate amounts of their incomes to finance the habit thus benefiting the drug lords. The use of most habit-forming drugs is outlawed in many countries such as South Africa.

The sexual offences act of 1952 section 2, 3 and 20(1) prohibits brothel keeping and the exchange of sex for a reward. Organizations like Sex Worker and Advocacy Task Force have actually fought against this act to be struck off. This organisation has also considered whether there are legitimate social reasons for retaining these provisions. It has been argued that the Sexual Offences act has dubious history. It was originally called the Immorality act, which prohibited inter alia, inter-racial relationships and homosexual relationships. A further stigma of this act is its hostile association with apartheid, whereby it was internationally considered a crime against humanity. It is clearly a statute, which primarily imposes particular morality on South African society. Part of this morality includes regarding extra-marital sex as "unlawful carnal intercourse". Much of this act has been altered over the years. Therefore, the arguments that laws prohibiting sex work violate the sex workers' rights are very complex, especially since there is no particular right that is obviously violated. However, if one examines the prohibition and its effects more closely, these rights become apparent. For instance, it could be argued that such violated rights altogether include freedom, financial security, dignity, and privacy, freedom of trade, occupation and profession. Any debate and possible reform of laws to sex industry needs to take into account the socio-economic status of the sex worker. This requires decision makers to consider the diversity of sex industry. Decision

makers need to also take into consideration the fact that most workers are women and that most workers become involved in the industry due to poverty and unemployment.

1.2 The commercial sex industry and HIV/AIDS in South Africa

Sex work is associated with increased risk of HIV infection in South Africa and globally (Dunkle, Jewkes, Brown, Gray, McIntyre and Harlow, 2004:1581). It is estimated that there are five to ten thousand female sex workers living and working in at least one of the provinces in South Africa (Pettitor, Bekinska and Rees, 2000:35). This is particularly in areas of high occupancy, high density residential flats. Although prostitution is illegal in South Africa, this has not stopped the recent influx of women into sex work industry. Although the relationship between sex work and spread of HIV has not been measured in South Africa, it is nonetheless theorised that STD prevalence, low condom use, multiple sexual contacts, and drug use play a role in the spread of HIV Pettitor et al...(2000:35). All the above stated behaviours are sex related. Research in sub Saharan Africa has suggested that exchange of sex for material gain is common practice. However, only a few of these women who engage in such transaction consider themselves as sex workers Dunkle et al... (2004:1582). This has implications of non-identified sex workers who therefore cannot report for medical care or file for rape cases as this may risk disclosure. It also has implications for social capital in that family members and friends cannot fully comprehend therefore offer sufficient support to sex workers if they do not know the kind of lifestyles they live. Transactional sex is often motivated by basic survival subsistence needs Dunkle et al...(2004:1582). Young women whose opportunities for education and employment are severely circumscribed by socio-economic difficulties at home usually turn to transactional sex.

Legget (2001) investigated the link between drug abuse and HIV infection in South Africa. This postulated link has not been necessarily causal or directly linear. "Ethnicity is highly associated with HIV, that drug use is directly associated with HIV and the interaction between ethnicity and drug use is not quite significant" (Legget, 2001:101). This indicates that there is a gap in mainstream literature, which proposes that HIV and drug use among sex workers are co-dependent variables. There is a need therefore to

illustrate the not so direct relationship between drug use and high infection rate among prostitutes. Legget (1991) locates this link within the drugs that prostitutes use. "While both mandrax and crack cocaine are smoked, the former is sedative and the latter is a stimulant with pro-sexual effects". Legget (1991) further postulates that the transmission of HIV to South Africans is usually due to unprotected sex rather than through direct blood transfusion in intravenous drug use. "Desperate to earn funds to meet their crack consumption needs, drug addicted female prostitutes in South Africa service many clients and engage in practices shunned by their non addicted peers, such as unprotected and anal sex".

1.3 Aim

The aim of this study was to investigate the perceptions of commercial sex workers about the risk of drug use in HIV infection.

1.4 Objective

1. To explore the experiences of sex workers regarding drug use and risk HIV infection.
2. To explore risk reduction strategies among commercial sex workers regarding physical, emotional and mental health safety.

1.5 Rationale

The literature on the researcher's area of interest, which is HIV and drug use reflected that the majority of individuals exposed to drug use and HIV infection risk are commercial sex workers. The stigma often attached to sex workers either as vectors of HIV or reservoirs of such illness still prevails; this has substantiated the illegalization of such work and sex workers are said to have a negative potential of contaminating the rest of society. The researcher aims at increasing the understanding of sex workers' perceptions of HIV infection risk.

1.6 Significance of study

The study has a positive potential to inform strategies designed to reduce risk of HIV infection among sex workers. The clients may also be beneficiaries of safer sex industry thus, in a long term, reduce HIV infection rates

Chapter 2

Literature Review

2.1 Introduction

This chapter will first provide an outline of conceptual issues related to defining sex workers. Then it will identify some psychosocial factors that often cause women to move into prostitution. It will be illustrated that often women who work as sex workers use the economic model to illustrate how their bodies can generate income and how this is often, a commonly shared view that often leads to the initiation into prostitution due to peer group interactions. The environment which sex workers work in will be described and how this environment often exposes sex workers to drug and sexual abuse, which are often predisposing factors to HIV infection. It will be further illustrated how the sex market is often oppressive to sex workers since the price of sex is devalued to the interests of male buyers. The need to convey the lay perceptions of sex workers in their natural environment will be illustrated. An outline of Marxist feminist theory as a framework that facilitates the major debate in this study that sexual exchange is based on gaining economic imperatives on behalf of sex workers and that even social support from clients takes the form of social capital. It is economized according to service delivery versus utility gain.

2.2 Defining Sex workers

Formulating a precise description of who are the people involved in a commercial sex work industry seems to be a challenging task. Various definitions of who exactly are the commercial sex workers exist from different analytical standpoints. These definitions are contesting with a functional purpose to represent commercial sex workers in a particular way. For an example, definitions, which stem from a feminist standpoint, tend to emphasise the professional nature of the sex work transactional process. Sex work in this context is the means to acquire income in order to fulfil gender-ascribed duties such as mothering or looking after their families. They also capture what they term as the animosities associated with being part of the sex work industry. Psychosocial issues including depression, the capability to deal with rape and violation from clients, pimps, managers and police who are active members of the sex work industry. This is needless

to mention, forms of economic exploitation whereby individuals who are in power roles dispossess a disproportionate amount of the sex workers income.

According to Fick (2005, 5) "commercial sex workers are those adults who provide sexual services for a reward". This definition therefore rather represents a more empowered image of the commercial sex worker. It does so by not going into depth about the nature of the job position and the specifications attached to it. However, there exist controversial arguments concerning the kind of motives that push women and men into the sex work industry. For women in particular, gender central arguments, which tend to represent women who are a part of marginalized members of the minority group, tend to assume a defensive stance. These analytical theories of logic tend to highlight issues of economic deprivation and the uneven distribution of wealth and resources. Particularly these views intend to negate those andocentric ideas of enlightenment whereby a system of male dominance, dictatorship and control are normative ways in certain societal functioning. Within the sex work industry are hidden forms of power control and domination. This is because the sex work industry is rather a complex interwoven network with role players that members of society are often unaware of their existence. These role players serve as salient members who control the means of exchange be it money or drugs or the bodies of the sex workers. All these factors act as means of exchange or rather currency in the economy of sex work industry. For instance, there is a very explicit social position, status and power dynamics given to the female sex worker. She is the object of exchange and her voice as women along with her conscious experience is unheard, unrecognised let alone significant. She can not share her experience with her female coagulates for it is a competitive process; her physical appearance is one of the means of soliciting clients and establishing personal relationships with some of them. However, these relationships are not necessarily long lasting since they exist upon a superficial level of trust. The sex worker is being misled into hoping for a relationship of security, stability and support. Powerful agents in the sex work industry such as drug lords and managers and pimps only use the sex workers as ways or procuring more drugs (Fick: 2005, 5).

There exist other definitions about who are exactly the commercial sex workers. Some of them are in close alignment with the common stereotypes or labels, which are common among the less attuned members of society when it comes to the nature and process of how things operate in the sex work industry. Within the South African context, the police who are supposedly proactive members of the justice system have served only to perpetuate the inequities and forms of servitude and suffering on behalf of sex workers. According to Flick(2005,7) “ commercial sex workers are usually arrested according to the municipal laws which include standing or loitering and littering since the sexual offences act needs to be justified in the court of law by providing substantial proof including visualized tapes that the act of sexual offence was executed. The law gives arbitrary fines in order to release sex workers from prisons”. In this instance therefore, the criminal justice system is displaying some form of antipathy towards the needs of the women who are involved in the commercial sex work industry. It further propagates the cycle of abuse and exploitation both sexually and economically. Women sex workers may have to solicit more clients in order to recover from the more disadvantaged economic status due to paying arbitrary fines to the law. This in turn may subject sex workers to forms of abuse and violation whereby clients who forcefully or aggressively do so by demanding sexual services without pay. This is tyrannical form of double exploitation.

The definition derived from the sexual offences act of 1957 stipulates, “A commercial sex worker is any individual who has unlawful carnal intercourse” (Fick: 2005, 5). It very evident therefore in this definition how language use in an implicit manner can serve higher functional purposes. For instance the word carnal in this definition is used to describe the nature of the sexual relationship between the sex worker and the client. However, it raises controversial debates about issues of proper sexual conduct or its extremes, which may reflect forms of incest or even promiscuity. It is evocative in manner that it locates the definition within a particular context. It is what Webband Kembo-Sure(2002,279) calls being ‘discourse competent’. Therefore, it highlights social discourses about relationships such as boyfriends and spouses. It also is very prescriptive in a manner that it provides suggestions as to how these relationships are to emerge as

both tight emotional bonds, which is in opposition with that relationship between the client and sex worker, which is rather transient, detached and impersonal.

2.3 The Cause of Women to enter prostitution

Many women are driven into prostitution by different circumstances. Interviewing some of these women only but scratched the surface of the quality of these circumstances which most of them are embedded in financial income, social security and abuse. This makes the reasons for entering the world of prostitution economically and socially intertwined. Most women who have run away from abusive relationships at home have been forced to be economically active in order to be able to attain sustenance or earn a living. An account of some of their experiences reflects denigrating particularly to their dignity, safety, and risk of infection, disease and death. Being a sex worker means being charged with the stigma that “your body is always to be seen as having the potential to generate income” (McKeganey and Barnard, 1996:25).

2.4 The body as the asset

The road to prostitution is also defined by particular learned self-image or attitude about women’s body. According to Horgard and Finstad (1992:15), “women usually learn through peer group discussions and relationships that the body is an asset, that it has the potential for capital”. However, such an attitude develops most of the time through painful circumstances such as sexual abuse and incest relationships from early age. However, the central drive to prostitution becomes a collective experience where women share their stories with friends, peers and group members. It is a loss of self worth and respect for oneself and men in general. The first experience of prostitution is often regarded as “disgusting, degrading, and appalling for most women” Hoigard et al... (1992:15). However, some women are often surprised at how the first trick can be quite “painless, child’s play, easy earned money” Hoigard et al (1992:15).

2.5 Being on the street, exposure to drugs

The environment of women working on the street is very voyeuristic. Sex workers are subject to violence, criminalization, and stigma. Women who are on the street wearing short skirts, bold make up and stilettos are labeled pejoratively and receive very harsh treatment from parties outside the industry through being shouted at or beaten up. Other

parties in the sex work industry include those who want to capitalize upon the sex workers income. "Drug dealers are aware of the earning potential of sex workers and they attempt to sell certain items to sex workers" Mc Keganey et al...(1996:18). Competition exists among sex workers particularly about the amount of earnings they make and clients they meet. This makes the relationships among sex workers highly fractious particularly among those who take drugs and those who consider themselves clean. Labeling even exists among sex workers in that junkies are those who lower the monetary value of transaction process in that they are too high to control the demands of clients. "Clients may have been attracted to these women who use drugs because of their apparent inability to control the transaction as a result of the effect of the drug....where women were so clearly drugged it was difficult to believe that they had sufficient consciousness to know what they were doing" Mc Keganey et al..., (1996:44). Women use drugs for different reasons. Some use drugs for recreational purposes such as getting high or intoxicated. According to Hoigard et al... (1992:15), "these women are the same as general society". There are those who are termed as hooked. This is whereby sniffing and tricking is part of their daily routines. These people find drug use troublesome. Some sex workers may need to trade their bodies, just to get the hit. "A fuck for a trick" is what Hoigard et al... (1992:15) term if one trick equals one short of heroine-morphine. There is a relationship between drug problems and prostitution. Money is the center of the trade. The nature of the transactional process which, is monetary, driven is the center of prostitution otherwise, there would be no prostitution. However, it is what people need the money for that result in prostitution. Be it the drugs, their families or the debts.

2.6 Sex work and HIV infection

There exist some debates in literature about sex workers as responsible for spreading HIV. These are morally bound debates in that sex work is much a socio-economic problem than an ethical one. These debates have served to make reprehensible the women who work as sex workers. This neglects the unequal sexual and social relations, which are "ideologically and materially reciprocal" (Scambler, 1990:2). These relations may exist between sex worker and client through physical power whereby the client rapes the sex worker and refuses to use a condom. These relations also exist in terms whereby the cost of intercourse is high enough to impede on negotiations for condom use. In both

these instances, the sex worker is passive just like any female is in patriarchal heterosexual relationships. Since the workers' economic sufficiency is dependent on the payment from client. There exists a certain kind of "expectation on behalf of women not to insist on condom use with clients in order to make more money even though they themselves understand the risk of HIV infection....Clients also offer additional money for unprotected sex and they may deliberately tear condoms" (Mc Keganey et al...(1996:65). Improper condom usage on behalf of clients is also, what contributes to higher infection rates of HIV among commercial sex workers. Early literature reflects significant links between prostitution and the spread of STIs. This is because this literature relies on studies about group norms and the sex worker's dissociation from such norms. These group norms are a product of various biological or naturalistic perspectives. This is in order to intensify or maintain certain scientific or medical taxonomies. For instance medical discourses about the functions of a women's body, how it may retain and is easily susceptible to certain infections. These serve to reinstate norms about what is decent. Those who do not conform to certain behavioral norms are classifiable as either carriers or vectors of disease. According to Perkins, Prestage, Sharp and Lovejoy (1994, 203), "Prostitution is pregnant with disease infecting not only the guilty but also contaminating the innocent". This creates shared meaning through social interactions about relating discourses of sickening, death and disease. These discourses are functional serving to legitimize certain assumptions about social order. They maintain and make it consistent general hypothesis about "prostitutes having a greater than average chance of being exposed to variety of sexual transmissible conditions". Such analytical statements serve to over-generalize, discriminate or maintain stereotypical views about certain population groups. Epidemiological studies reflect that the link between the pool of infected people and the reservoirs of diseases is not definite. In fact, not all people who enter prostitution contract and STI or HIV infection.

2.7 Economics of Sex Market

This is a broad economic sector starting from run-away from home by youth of both genders building up to early adulthood underworld life; to hard core commercial sex work. It is the hard survival of the fittest economy and market. For instance, within the South African context there seems to be an increasing number of youth who choose to

run away from their homes or who prefer to live on the streets as opposed to existing Welfare centres. This problem has been located to psychosocial issues such as “inappropriately functional family relations with fractured or strained communication patterns, fathers or one part of the parental role being absent whereby a manifest forms of physical and sexual abuse to children or wife from the male head of the family exist” (Lichtestein, 1997:279). Young people who choose to live on the streets therefore encounter a number of misfortunes, which in a way do resemble those, which they previously had to endure in their disrupted family lifestyle patterns. This exists particularly among those youth of colour or ethnic minority. The use of the word ‘minority’ in this context refers to those racial groups, which in the past were subject to the denial of systematic privileges due to their colour status. In this sense therefore, minority refers to the function rather than quantity. Interpretive themes like child prostitution, drug dependency problems and health and sickness are identifiable in rather holistic ways. Whereby each individual case is different, therefore one cannot be able to segment the experience of every young black or coloured person who had to learn to be street smart in order to be able to survive the life and pressure of being stuck in the street without food or money.

In other contexts whereby a series of criminal activities such prostitution, drug use and theft are interwoven into a form of cultural economy, the initiation of the drug consumption process to female sex workers is rather a form of recreational activity at first, however it later develops into a habitual act or addiction. According to Lichtenstein (1997, 279), “most commercial sex workers are initiated into drug use due to the desire of glamour, group membership or intimacy or simple curiosity”. Commercial sex workers however, do not escape the stigma and prejudice attached to them as either “drug addicted junkies whores, or bitches”. These pejorative terms serve as labels to those individual who decide to use their bodies as mechanisms for obtaining income or gain a sense of belonging into a form of subculture or network of interrelationships. Sex workers also face discrimination or social rejection from the law in itself in that they have no other option but to work in unstructured ways due to the illegalization of sex work in South Africa. Therefore they have to work in “truck stops, sheebens, taverns, parking lots

and national roads where payments are negotiable from special goods, clothing, jewellery, drugs and even alcohol" (Luiz and Roets, 2000:898). The law neglects to foresee the extent to which in some individuals participating in commercial sex work industry is a form of survival or maintaining some form of subsistence living. For some individuals they have found themselves in situations whereby a multilayer of events are interplaying such as being a single mother, not having educational qualifications that can guarantee you a well paid form of employment, being sexually abused by a father role in your life. These therefore are the realities of some of the female sex workers. They can only be understandable, as they exist in incoherent ways, which are only substantial as a "whole". In this case, therefore the sex market is perceivable in the light of conventional neoclassical demand and supply. Sex is a commodity like any other such as goods for sale. It yields utility in that it meets a particular need, desire or gratification. It also has the potential to diminish in monetary value given the quality of service or economic status of the sex worker. According to Luiz et al... (2000:896) "the sex worker aims at maximizing her revenue which makes it difficult for her to increase the monetary value of service since the buyer who economises on the service will only purchase if the price is marginal enough". This is an economic model of demonstrating how sex, which morally is priceless has cost, attached to it. The biological capabilities of sex workers in such cases are stretched to the level, which is beyond normality. Sexual practices therefore in the sex market can be attributed to cost maintenance and cost effectiveness. Costs that are more direct may include things like contraception and dolling up for going to work. The risk or cost of being a sex worker may include pregnancy and STD.

2.8 Sex market as oppressive to sex workers

Female sex work can be criticised as oppressive to women workers since emancipatory political concepts only serve to legitimize unequal relations. Views about freedom, rights and empowerment only seem as justifying terminology but still leave women in delineated positions of servitude. This is so since women's economic and social statuses are subject to compromise as they unwillingly enter into prostitution due to social circumstances ascribed to them through economic suffering. Political views of freedom acquired through the ability to negotiate the transactional process are but propaganda. This is particularly in situations of rape, violence and abuse by clients. The change in

social perceptions of 'prostitutes' from traditional terminology to that contemporary terminology of 'sex workers' does not serve to liberate women. Sex work is often an illegalized profession, which is often carried-out informally. Sex workers receive very little social protection as the stigma and prejudicing rests on the major part of sex workers than other role players in the industry. Sex work therefore has fewer benefits to sex workers but serves to maintain capitalist social order. "It is the demands of clients that fuel the sex industry, sex workers have little power refusing particular client act, there is a reflection of profound inequality in terms of class, gender, race and economic relations" (Monzini,2005:52). Sex workers are but deemed to the underclass. They become part of the industry due to historically induced uneven distribution of social and economic opportunities. The atrocities of their experiences, which are psychological, physical or emotional, are devalued.

2.9 Female sex work and health related risk

It is arguable that female sex workers face one common risk. That risk is health related. However, there is dual pluralism in terms of sources of risk. These include sexual relations and intravenous drug use. A requirement of the shift from medical discourse about drug use being an illicit problem. This only results in pathologizing. Drug use is then perceived as an "addiction, deviant, malpractice, where sex workers only serve to feed the habit" (Perkins et al... 1994:225). Drug use may be a social construction, which may be due to factors such as homelessness, leisure or recreation. Sex work and drug use may be inter-reliant. The culture, social circumstances, economic statuses of people involved in sex work and drug ingestors need to be taken into consideration when evaluating their lifestyle risk behaviours. Various risk practices sex workers indulge in are differentials of exposure to health risk. These may be direct or indirect such as using contaminated substances when injecting drugs. Indirect practices include getting HIV through other viruses such as hepatitis. Membership to various risk groups also contributes to differential intervention in terms of exposure to risk. For example, marginalised sex workers include those who work on the streets, namely adolescents. Due to lack of social protection, it makes it typically difficult for them to assert their rights about forms of sexual exchange and negotiations about protection.

Legget (2001) conducted a study to test the association between drug addiction and HIV sero-prevalence among commercial sex workers. Legget (2001) pointed out that commercial sex workers are facing a greater health related risk when it comes to HIV infection due to a number of factors. These included “having multiple sexual partners; exposure to sexually transmitted infections, greater than average intravenous drug use, financial incentives and how these incentives necessitates ‘forgetting’ condom use, and the nature of the illicit sexual markets such as the wear and tear due to violence and abuse and the resulting blood contact thereof” (Legget, 2001:105). The findings reflected in this study demonstrated the socio-economic relationship between drug use and HIV infection among commercial sex workers. Sex workers who were poor reported to be addicted to drugs and greater HIV prevalence rate. However, these results are not conclusive as self-report measures of drug addiction are often a misrepresentation. Most sex workers would not admit to using drugs as that is illegal in South Africa.

2.10 Female Sex Workers and the Woman gender role

South Africa has manifested several changes in terms of socio-culturally related issues. Ideas of nation building or integration seem to be common conceptions and part of daily existence. However, concepts, which are supposed to reinforce nationalism such as colour blindness or gender neutrality, seem to occur in biased ways. Gender neutrality does not exist in its absolute sense. This is because language concepts to describe women who are now active in previously male dominated departments include words such as androgynous roles. These words are either loaded with biological or culturally determined implications that assert these positions to be preferentially belonging to males. This suggests ideas of the specificity of gender, culture and race. Language usage therefore can serve several functions. In this case, the function is maintaining, gender as well as other forms of segregation. The emphasis on distinctiveness facilitates the process.

According to Fick (2005, 54), “The experiences of commercial sex workers of gender related violence resembled those of experienced by women in heterosexual relationships. Forms of violence were rooted upon socio-culturally commonly held beliefs about the

status and position of women in society. The focus was in control, on keeping a woman in her place and the perception that men have a right to discipline women.

2.11 Lay perceptions of commercial sex workers

According to Alegria and Lopez Iftikhar (2002, 292), “the use of street outreach methods is the more appropriate means for investigating the lay perceptions of commercial sex workers than accessing sample from treatment programmes”. This is because probability surveys aim at determining frequencies and quantities of drug use through approaching sex workers from institutions that only provide ‘expert data’. By expert data, it is meant the data that has been sifted according to the perceptions of sex workers that have had the influence of expert knowledge from rehabilitation centres. It is important to investigate perceptions as they occur in their natural environment as these differ in magnitude. This is consistent with the procedure used in this study, in that a strategy to pick up sex workers in their natural environment, such as in the car, whereby audio-video material was used to record interview cases were adopted. This also contributes to the significance of the study in that personal anecdotes of sex workers is used to inform intervention strategies instead of views of experts superimposed on sex workers.

It is arguable from a critical point of view that “epidemiological data which claims to be objective superimposes risk factors upon sex workers” (Izugbara, 2005:141). This reflects discrepancies between expert notions of risk factors and lay perceptions. Most sex workers do not even consider rape and abuse as risky to their health but rather as threatening to their resource for income which is their body. Large-scale designs such as survey instruments are also specific to the public health need to address the social injustices such as reducing sexually transmitted diseases and infection rates. The gaps in literature when it comes to actual reasons why commercial sex workers would prefer not to use condoms in certain circumstances are accountable by self-report indices in the form of unstructured qualitative interviews. In this way, research is not estimating accounts of non-condom use and the levels or approximations of how these reflect in the general population, but rather perspectives of participants and how these affect issues such as decision-making. Therefore, there is a need to provide further analysis from survey methods, which often extract data from “police records and media reports” (Dalla,

2002:630.). This is particularly the case since such statistical methods of enquiry often do not reflect the number of unidentified drug users. Therefore, an adaptation into qualitative ethnographic techniques is required in order to gain trust and access to the actual research setting. This would allow for honest, open stories from research participants. This contributes to the significance of the study in those participants who would be inaccessible through random samples, which use sampling frames from organizations and authorities, are accessible through approaching sex workers from the street and nightclubs. There is a need for fieldwork, which targets sex workers from their original setting, which is often very rare in literature. The limitations of approaching participants from natural setting are that often the researcher has to use deception, which affects the ethical standards of the study. Remuneration of participants is also a greatest threat to validity of their stories. The safety of the researcher is subject to compromise as the environment of sex workers, which is very dangerous poses harm to the researcher. However, extracting data from treatment programmes is much safer and access is not about trusting relationships between researcher and participant, rather a gateway through authority figures. The most important component, which contributes to the credibility of research, is an objective recognition of interview experience where subjectivity and inter-subjectivity is sincerely acknowledged. This is the methodological strength of future qualitative research where inter-subjectivity is empirically dealt with.

2.12 Theoretical Framework

2.13 Marxist Feminist Psychology

Marxist feminist psychology or rather standpoint feminism is a theoretical framework premised on challenging structural systems imposed by mainstream psychology or capitalist sociology. It therefore challenges those debates or arguments, which stem from male -centred systems such as 'nature versus nurture'. As a point of departure, it acknowledges the importance of those standardized approaches, which emphasise objectivity and causal explanations as ways of identifying the experiences of women together with the processes, which result in the alienation of women from their conscious experiences. However, as a critical theory, which is interpretive in nature, it maintains as its position ideas of inter-subjectivity. This entails a theory that is pragmatic, identifying in any given discourse the role that certain ways in which existing power relations serve

the function of alienating women from the context of their experience. For example the term nurture in the debate about gender specific roles about child minding or looking after the home is a discourse that ascribes roles to women as a given. The juxtaposition to a similar term "nature" divides the discourse in a gendered fashion of male domination and female subjugation. In such instances, therefore ways of explanatory logic such as psychopathology or mainstream capitalism function to bring into awareness institutions that contribute to the women's devalued experiences. However, the use of language in such perspectives serves to maintain women in such institutions of bondage.

According to Babbie and Mouton (2002, 37), "Marxist feminism asserts as a critical theory that, structured forms of power exist in modern societies through which ruling groups maintain and reproduce positions of dominance".

2.14 History of Marxist Feminist Framework

Feminist Framework departs from a standpoint, which, argues that there are certain "institutions, social structures, discourses, which produce and reproduce patriarchal injustice" (Nencel and Pels, 1991:131). Therefore, feminism has an uneasy relationship with post-modern thought in that postmodernism argues that racial, class and sexual divisions are closable through reorganizing society or allowing for socio-historical and idiosyncratic views of human experience. Feminism on the other hand argues that there exist social and political oppositions, which need careful consideration. Therefore, whilst post-modern thought aims at deconstructing positivistic discourses, which maintain western ethnocentrism, feminism argues that deligitimizing 'normal' discourse is but mere political emancipatory effort, which does nothing to encounter for the depressions and vulnerability of women. In fact, deconstructing 'normal' discourses may result in universalizing western socio-historical constructions. It results in reletavizing human experience locating it within existing western epistemologies and theories. These theories argue for heterogeneity and multiplicity of human experience, which can be categorised therefore preventing the whole. This results in self-discrimination as otherness may be the product between the bourgeoisie and proletariat. Therefore, deconstruction of racial, class, sexual indifference is but moral imperialism to feminists. The social, and structural

divisions such as those of public and private, culture and nature, need to be subject to recognition in order to radicalize the iniquities of the experiences of women.

Marxist Feminist framework proposes that material life makes the conscious experience of humans a historical. That is an engagement in human activity such as sex trade makes individuals detached from the experience of their own activity. This makes them the subject of structural systems or institutions where individual identity is describable according to contesting discourses. A sex worker therefore has no personal agency rather social or structural agency where meaning is neither inherent nor imperative. Rather meaning which constructed discursively through contesting discourses in the environment in which she works.

This study on the contrary adopts, a social constructionist perspective, which proposes that traditional gender categories are not natural givens. Gender categories therefore are cultural and historical. Therefore, one cannot describe women by appealing to their essence. This is because proposing that gender duties are prescriptive is asserting that women are naturally inferior. Gender roles therefore can be reversible.

2.15 A Feminist critique of Sex work law and policy

Feminists have always been in direct support of prostitute women however, the activities of feminist movement had contradictory effects on prostitute women at times. For instance in the 19th century and early 20th century, feminists have fought against legal registration of sex work. They have argued that these laws were unjust and degrading to women. In South Africa before 1994, the laws towards legalization of prostitution have had functional purposes. They have served to maintain the views in the public about the interrelation of prostitution and the spread of AIDS. "Most of academic research has focused on sex workers as an epidemiological problem, with an emphasis to control their behaviour and so limit the spread of disease...Implicit in this focus is the idea that sex workers are major contributors to the spread of the virus, a contention that has never really been tested" (Legget, 2001:120). The laws that intended legalizing prostitution insisted on compulsory medical examination of sex workers with the functional purpose of jail beyond sentence to sex workers found with any form of STI. These laws therefore

perpetuate male domination in a sense that the male prerogative imposed upon sex worker may be difficult to escape due to the imbalance in economic statuses.

In South Africa Sexual offences act of 1957, promoted the status quo in that it prohibits prostitution but notably does not prohibit patronizing a prostitute. Males including some police officers continue enjoying prerogatives imposed upon women. "A police member has complete discretion in deciding whether to arrest sex worker, no one will question him if he does not, and no one will question him if he does, and this discretion allows him to extort money, drugs and sexual services from women on the street" (Legget, 2001:164). On the other hand, the criminalization of sex work subject sex workers to work underground, making it difficult to access health care facilities, condoms or reporting violence from clients. It is the law that needs is questionable, the ground upon which it instilled, and how civil society and officials enforce this law. The use of language that is proposed to be gender neutral in order to emancipate women from political non-confirmatory concepts also need to be reorganised. For instance, men are called as 'buyers' and women as 'sellers'. This gives women the role of commodity and men as owners of such commodities since they possess the means of purchase. This inequality is unfortunately present in the judicial system. "Prostitute women are likely to be arrested, fined, and jailed even though male clients are single largest numerical group" (Legget, 2001:104). This makes the prostitute the primary object of analysis whilst males manage to advance their aspirations, which are usually self-beneficiary. There is essentialist thinking in the sense that the sexual needs of males are of the natural realm whilst the AIDS crisis is largely blameable on women as part of indignity, immorality. The sexual offences act of South Africa is clearly prescriptive of this norm as it defines sex work as "unlawful carnal intercourse".

Chapter 3 Methodology

3.1 Introduction

This chapter will outline the method of data collection, which is qualitative interviewing in order to gain an in-depth elaborative process of the experiences of sex workers. The nature and size of sample used in this study as well as limitations in recruiting participants will be discussed. The profile of participants in terms of demographic data will also be described in relation to data interpretation and analysis. The procedure followed to collect data, which was not rudimentary as participants were difficult to locate will be outlined. Reasons for thematic data analysis to be the appropriate means to synthesise data from participants will be provided. The ethical issues permeating within this study will be discussed. The limitations of study will also be pointed out. The credibility of the study in terms of the ability to investigate the research question as well as the quality of how the study was conducted in general will be discussed.

3.2 Qualitative interviewing

Qualitative semi-structured interviewing is a selected method of information gathering because of its ability to achieve a collaborative process between the interviewer and participant. This is the selected method according to the ontological assumption that the information produced in the interview process is situational and contextual. However, the process of probing and listening empathetically which gives the interviewer control over the interview process shapes power dynamics within the interview. This already brings about issues of reflexivity and the extent of the co-productive nature of meaning in both constructive and reconstructive ways. This means that the researcher is implicatively in the process of meaning construction in extricable ways. However, the researcher needs to ensure that the process of data analysis occurs according to the interpretive logic introduced in this study. That would prevent the researcher from making a process of data analysis personal venture. The experiences of the participants need to be represented as they occur on a contextual basis and according to the genre or underlying thematic positions that emerge at that time, be it eclectic, cultural. Cross-contextual generalizations as a product of a process of providing arguments or explanations of the participant's

experience in ways that are qualitatively convincing. Therefore, dialogue will be an important aspect in which the participant articulates his or her experience. It is important for the researcher to capture the meaning conjured up by the participant's use of language.

3.3 Participants

A sampling method selected in order to achieve a process of generalising across case participants in this study rests upon theoretical grounds according to the ontological perspective informing this study was purposive sampling. That is, participants were selectable using the criteria of drug use and being sex workers. The experiences of participants were acknowledged as they were, that is unique and not only implied to the limited discourses identified. However, the mentioned discourses were nonetheless used as analytical standpoints. Participants therefore are distinguishable from one another according to the conventional variables of language and age. In this instance, therefore, their experiences are not to be analysed as a collective or groupings however, according to the mentioned variables, which enable the process of cross comparison of each participant's experience as a "whole". Therefore, the properties of the wider discourse of analysis include the indistinct categories language and age with gender being the common underlying theme. Within this context, language is definable indefinitely as "individual groupings according to similarities in their usage of all those dialects which have come to be standardized in a manner of writing and speaking and have therefore become official ways communication" (Webb and Kembo-Sure: 2002, 88).

The women were recruited to form part of a representative sample according to the specified characteristics of the "universe of discourse" were within the age range of 24-30 years and predominantly comfortable to communicate in English. Participants are distinguishable from collectives or entities because their experiences are different. However, their experiences are also not definable from a singular analytical standpoint. Therefore, arguments about the nature of the participant's social world or reality exist diachronic in ways. They reflect the way in which experience is multilayered and multifaceted.

3.4 Profile of participants

1. Kate: 24-year-old coloured woman. She works as a prostitute around the area of Brackernfell. She is unemployed and a single mother of two kids. She reports using drugs recreationally and to relax after a long evening of hard work.
2. Susan: 30-year-old coloured woman. She entered prostitution 13 years ago when she was 17 due to unemployment. She is divorced and has one child. She smokes crack and spends most of her money on crack every night.
3. Ann: 27-year-old coloured woman. She entered prostitution 12 years ago when she was 14 and she had run away from home. She was subject to sexual abuse as a child and she lived in the street. She uses drugs and has been on a rehabilitation centre before but she still finds it difficult to quit.
4. Jane: 23-year-old coloured women. She entered prostitution 7 years ago when she was 16 and she ran away from home. She initially engaged into drugs and prostitution by her property owner who owned a bar where she stayed who also raped her. She feels that she cannot cope with the nature of her work without drugs as she experiences severe withdrawal symptoms without the drugs.

3.5 Procedure

The process of recruiting participants took place as accidental sampling through gateway from people who work with sex workers. Informed consent acquired from participants through signing and informed consent form was established. Interview conversations were tape recorded in order to facilitate the process of data analysis. This also allowed the process of establishing further and more explorative themes other than the ones, which the researcher recognised during the interview process. This only followed after the interview data underwent the transcription process.

3.6 Thematic analysis

The process of thematic analysis followed the order of coding relevant extracts from the responses of participants. The coding system followed, substantiated the process of picking themes explicated by data material. A thematic map of themes and sub-themes was a structured way of organizing emerging themes. The last step was to explain the significance of these themes in relation to the research topic and to suggest future studies that would close the gaps in existing literature and in the present study.

The theoretical standpoint for this study is not the only foundation for this analysis. This is because this analysis is not for the purposes of theory generation as can be observed in grounded theory and social construction. However, the researcher does take various epistemological positions, which implicitly are underpinning the analysis process. One of them includes a diversion from post-modernism as the researcher identifies themes that she wants to pull out from this analysis as she begins to think about them in her head. Themes therefore are not latent in the data therefore do emerge as the researcher does the analysis. Themes therefore are subjective to the researcher and they relate to the research topic and the epistemology. Themes do not reside within the data rather they are implied by the theoretical position undertaken by researcher and the researcher's own assumptions that she wants to make about the data. The theoretical position or stance undertaken by researcher is that which diverts from realist essentialism in that the researcher will do more than simply providing an account of the experiences of participants. Rather the researcher will unpick the reality of participants and see how participants make meaning out of their own experiences and how social order impinges on their experiences. A deductive approach is therefore used which is a bottom up approach whereby themes generated from theoretical underpinnings will provide a "nuanced account of each particular theme rather than an overview of the content of the data" (Braun and Clarke, 2006:82). Themes are also not identifiable quantitatively according to the frequency in which they occur in the data set. Rather in terms of how appropriately they answer the research problem.

3.7 Ethical considerations

The primary ethical consideration, which is informed consent, raises some controversial issues. It is very difficult to explain the concept of informed consent when dealing with the women who live in the streets who at times when short of money decide to offer sexual favours to people; this is especially if these women are minors. Tracing the historical background of the women can open up several issues. One of them can include the harm to participants in at least emotional and psychological ways. The women could be a home run away due to underlying psychosocial conditions. This already places

responsibility upon a researcher to assist the family of the young women in seeking support such as going for family counselling.

This in turn raises issues about the invasion and violation of the participant's privacy. During the interview process, sensitive information does come at exposal including issues such as non-condom use or the consumption of certain drugs like crack cocaine. All these issues affect and endanger the life of the participant. However, divulging such information to health care centres, law enforcement agents involve a violation of the subject's privacy. The researcher is therefore in a position whereby she can suggest ways of help seeking such as going for an HIV test. However, she may not impose such options to the participant because those already qualify as coercion. The ethics of confidentiality, personal human rights violation and professional accountability of helping professions becomes a real dilemma in this type of research.

3.8 Limitations of study

Recruiting and finding research participants was problematic for this study. This was due to the nature of the study. It was difficult to find participants who were both drug users and sex workers at the same time. Therefore, the sample size for this study was relatively small. However, characteristics of participants differed in the type of drugs they take and the ability to negotiate condom use with clients. That enabled a process of generalising across participants albeit not necessarily to the wider universe of discourse of the entire population of commercial sex workers.

3.9 Credibility of Study

A study conducted by Varga (1997), used snowballing as a technique for recruiting participants. Snowballing is the approximate means of soliciting sex workers that also facilitated the present study. This is the case since it is relatively difficult to access the population of sex workers as most of them would not be willing to talk about their experiences freely because trust issues around disclosure of the nature of their job exist. The study by Varga (1997) used in-depth interviews and semi structured questionnaires. However, the present study adhered to an interview schedule followed in non-strict procedure. Probing and prompting as tools to facilitate articulate responses of participants needed adoption. Varga (1997) only managed to gain verbal consent in order to retain

within the ethical standards of doing research. This demonstrates difficulties associated with language distinction. In the present study this was a major criterion in that, the researcher's main language of communication was English whereby sex workers predominantly communicated in Afrikaans. This also determined the lack of consideration for the need to employ a co-facilitator in the process of interviewing in this study. Findings obtained from Varga's study indicated "Sex workers perceived HIV as lethal, incurable and preventable" (Varga, 1997:79). Consistently in this study sex workers reflected being worried about AIDS but had no choice in the strategies they employed to solicit clients in that compromising condom usage was a strategy to secure customer flow.

Waddell (1996) interviewed women who use alcohol and illegal drugs three times. The benefit of these interviews was that participants took the role of the respondent and informant in that they cross contrasted their experiences with those of their fellow workers. This also happened in this study and facilitated the process of interpretation and understanding of the sex work market. For instance, some participants reflected not having experienced STI's in their lives but they had observed some girls who have them. This enabled for the process of generalizing about the risk of non-condom use usually resultant from an altered state of reasoning due to taking substances in contracting other sexually transmitted infections. However, since informant did not give demographic details of participants participants it was difficult to use these hypothetical cases as points of comparisons or generalization within this population of sex workers. However, it was possible to infer causalities as to why sex workers are often conveyed as the vector group of STI's to the wider society. This is since they are more prone to factors that predispose them to the risk of infection than any other population group.

In the study conducted by Wojcicki and Malala (2001), "A questionnaire pertaining to back-round information about sex workers such as safer sex practices, attitudes towards clients and relationship with police was used in one on one person centred interviews". The present study consistently only generated key items in the interview schedule, more in-depth data was consolidated through a process of free association from participants.

Wojcicki et al...(2001) used “transcribed interviews subsequently coded for categories including discrimination, violence, pimps, traditional medicine and HIV/AIDS”. In the present study, the researcher approached the data analysis process with pre-set assumptions in mind. These facilitated the coding process. However, subsequent themes emerged from the data and these facilitated the process of inferring from the research question.

In a study conducted by Dunkle et al... (2004)“a team of six locally hired South African female field workers were used to conduct interviews based on structured questionnaires that covered socio-demographic characteristics such as relationship with current or most recent male partner, substance abuse and so forth”. This highlighted the need to use assistant researchers in order to foresee whether consistent data emerges across different researchers. However, this strategy regarded inconsistent in terms controlling for biased reporting and non-proficient data collecting process due to insufficient data collecting skills to research assistants. However, Dunkle et al... (2004) mention that “training and testing for biased attitudes can be done in order to regulate against flawed data collection”. This could have been a consideration for this study had sufficient funding been available in order to hire trainers and assessment professionals to equip research assistants.

UNIVERSITY *of the*
WESTERN CAPE

Chapter 4 Results

4.1 Overview of results

Three participants reflected condom use as necessary in their job. They perceived condom use as a criterion that defines their dignity and self worth. For instance, they mentioned that not using condoms would project themselves according to the dirty image of a sex worker. One participant however, perceived non-condom use as a way of securing customer flow and a way of progressing economically. She mentioned that, if she insisted that all clients wear a condom, that would affect the length of time it would take her to accumulate sufficient profit. The responses of participants reflected the postulated link between drugs and sexual appetite. For instance one participant reflected having sex with clients just so she could score some drugs. However, she states that she usually consumed one particular drug, which would serve the double purpose of enhancing sexual appetite as well as getting high or relaxed. Other participants reflected engaging in exotic sexual acts just so they could get the drug. However, it is not clear whether if the drugs taken precede sexual intercourse or afterwards which would reinstate the postulated link about the effect of crack cocaine on sexual appetite. Another participant reflected having had sexual intercourse with multiple sexual partners at the same time when she was high on crack cocaine. This may be an indication of how the reproductive drive of sex workers undergoes severe strain whenever one is under substance use. One participant rationalized the need for not using condoms by referring to the women in public who also do not practice safe sex. Another participant used racial distinctions to rationalize the non-condom usage among sex workers. The cited quotations were subject to the researcher's editing in term of the 'starts' and 'stops' pertained in the flow of conversation. In addition, there is a use of pseudo names in order to protect the privacy of the identities of participants.

4.2 Themes

The themes that emerged in the data are that the *nature of sexual exchange*, which is often transactional and necessarily not based on emotional support, exposes sex workers to certain kinds of violation from clients. This is a health related risk in a sense that rape and battering can result in blood and semen contact, which predisposes the individual to HIV. In addition, sex workers are conveyed with discourses of '*sick society*' in that they are defying the law as well as their responsibilities in family obligations, which go beyond providing financial income. The *decision making* that sex workers engage in to maximize their utility projects through as too abrupt in a sense that the sex worker is only interested in bargaining for more money. Sex workers may then engage in *different types of relationships*, which are not necessarily work relationships however; these relationships still yield utility in a particular way, which may be in the form of gifts, incentives or financial resources from non-primary personal partners.

Theme 1: Rational choice as a perception that determines risky practices

Literature based on the medical model maintains that choices that are incomprehensible to mainstream standards such lack of enforcement of condom use are a product of irrationality of decision-making. That high-risk drug use conveyable within individualist paradigm as constituted within poor information attainment therefore leading to illogical choices about sexual practices and illicit drug use. Such assumptions usually convey sex workers as victims in a sense that they are powerless in their interactions with clients. Findings obtained in this study reflect otherwise. The sex worker makes a rational choice to bargain for more money. Therefore, she is not the victim of economic circumstances as she is the actor and has the agency to go for HIV testing, challenge and examine sexual practices as well as mobilize with other sex workers to defeat client coercion or attend social support groups that are available. It is consistent in previous studies that commercial sex workers enter the drug market due to the exciting nature of such markets. Although structural factors are such as abuse and violence from male clients are present, conveying sex workers as passive receptors of such violence is too simplistic. "Sex workers possess a repertoire of interpersonal skills and street knowledge that can aid their survival in their nature of work." (Erickson, Butters, McGillcuddy, Hallgren and 2000:267). This creates a shift from assumptions of sex workers as controlled by the

cultural norms of the industry such as economic disparities across genders. Sex workers therefore play a major role in influencing negotiations about condom use and drug-taking practices as is reflected in the following participants.

“I do not take clients who will not use condoms. I am not like the other girls who do not insist on condoms. Then they get sores all over their bodies. Guys begin to pass if you have sores. You see they neglect to use condoms just so they can earn more money than the rest of us. I saw the other girl I work with. She has sores that are round, large, inflamed, pink, with no head like a boil before it is ready to pop. They are on her chest shoulders and back” (Susan).

“Let us put it this way, if I was not using condoms my risks of HIV would be very high. Even with a condom, I suppose I have to be very careful to check that it has not burst and that I do not do anything without a condom. I always use a condom. For me to agree on sex without a condom is an insult, it is saying to my clients I think I am dirty enough to have it without” (Ann)

“I am doing this job to live and not to die. I have settled some of those things I will allow with myself. For instance I insist on no condoms no sex. This is something I cannot compromise I agree with my clients on this before I negotiate the price. If you insist on unprotected sex, I tell you instantly I am out”. (Jane)

In these cases, the participants reflected the adoption of positive sexual behaviours. However, it is not always common that sex workers would be positive about sexual practices. However, a shift from mainstream explanations that denial of the intensity of risk causes sex workers to neglect condom use. Otherwise, this conveys the assumption that sex workers choose to give up on male desires of dominance and control of sexual interactions. Therefore “sex workers have the agency to choose to loose clients and not secure customer flow in the compromise of their health, their agency may not be as conventional nor as straightforward but there is an element of choice in the life they live and its continuation” Erickson et al...(2000:768). This projects through in the words of a

participant who states that she compromises her health when it comes to condom use only because of her drive for more money.

“If a client will not wear a condom, then I would usually see him anyway. Almost every customer that I attend to would request sex without a condom. If I will not see them someone else will. It will then take me a long time to earn good money if I make them all wear a condom. I try every time. However, I do not like losing customers. I do want to use condoms. I also worry about AIDS. It is just that it is so much harder than people think” (Kate)

Theme 2: Sickness as a perception due to deviant risk practices

Views from mainstream paradigm maintain the normative assumption of a distinctive role of women as a caregiver and nurturer. The gender role expectations poses a threat in that those women who use drugs become conveyed according to the medical model as more sick than men who are addicted to substances. Women are then conveyed as doubly deviant through breaking the law and neglecting their primary function. This is also reflected in the literature in this study in that Perkins et al... (1994,203) argue that “those arguments that propose that prostitution is pregnant with disease infecting not only the guilty but also contaminating the innocent serve to maintain the meaning which is shared about relating discourses of sickening, death and disease”. Therefore, the representations of sex workers about crack cocaine being a love drug also serve to maintain such stereotypes that perceive sex workers as morally defiant in that they use drugs to enhance their sexual appetite. Most sex workers have come to believe this assumption and have accepted it as a perception of the nature of their job. This projects through in participants who state this:

“I usually go out with men just so they could buy me some rocks. If men want, some action and they ask for condoms. I do not mind. If safe sex is what turns them on. Then I am completely cool with that. There is absolutely no problem. I usually share drugs with clients. Particularly crack since it is a sex drug”. (Kate)

Sex workers usually use crack cocaine to enhance their sexual appetite. This often leads to perceptions of themselves as bad women. They either attribute this desire for drugs as coping mechanism from early upbringing experience. However, the association between increase sexual appetite and crack cocaine seems to be a dominant view shared. This reflects in the participant who stated this:

“I’ve done a lot of things for crack. Sure, I have sucked a dick for crack. Sure, I have been with four men one time. I had to. It is not something I enjoy doing. There are some sick fuckers. Two men can fuck whilst you are sleeping and you would never know it”. (Kate)

“I used to buy crack from some other alley. I was recently hospitalized after overdosing on several massive hits of crack. I use white pipe to calm down at the end of the evening. I like to use crack when I need comfort and to forget. I can spend as much as R1000 on crack a night. I remember when two police officers with caught me over R1000 crack on me. They all smoked the drug and I had sex with both cops. They let me go with remaining rocks”. (Kate)

Theme 3: Variations in levels of intimacy as risk limiting strategies

Sex workers usually distribute different degrees of intimacy among clients who are regulars and those who are strangers. Usually regulars are sugar daddies with whom they would have intimate sex with but still receive payment and strangers with whom they pull upon tricks. This usually determines the changes in the use of condoms. This projects through reflected in the study by Dunkle et al... (2004:1582) who argue that, “transactional sex can take the form of gifts and incentives. These incentives often push young women to have sex and often eschew condom use, ‘roll on’ is a term used when a women is having a sexual relationship with non-primary partner which, is concurrent with and hidden from primary relationship. It may be with older man who provides financial resources or sugar daddy”. This distinction between the level of intimacy among personal partners who also give sex workers money and strangers with whom a certain persona must be pulled is reflected in the way sex workers rationalized the non condom usage by some of the sex workers through making reference to other women in public who also do not use condoms . Sex workers usually use this distinction, which

necessitates non-condom use with specific partners according to the prevailing behaviours of women in general public. This reflects in the words of participants who stated as follows.

“I would never refer to my kids as trick babies and if somebody did I would go off, but that is what they are. However, they are mine and I love them with all my heart. I also think there is a lot of babies born to women who do not use protection when they date. These women are prostituting themselves in their relationships”.(Susan)

“A competition thing for me is that I am heavy and most girls are really skinny. And then there is a coloured versus black thing also. Black girls have a bad reputation. Coloured girls do most of the tricks. Black girls are out to get money and if they can they rip them off and I do not think that is right. I mean if you say you are going to do it do it. It cannot take that long”. (Ann)

Theme 4: Sexual exchange as a determinant of health related risk

There is a need to provide lay perceptions of risk from commercial sex workers as these are personal, relational and experienced rather than those perceptions reflected in epidemiological data, which are critical and provide an expert's perspective. Sex workers reported that obligations to the family or to personal responsibilities drove them to sex work. This leads to change in the mindset of the women when she gets on the street. This is reflected in literature in that Luiz and Roetz(2000:895), argues that “perceptions about morality among sex workers change as sex workers enter the market economy, sex which, morally can be considered priceless gets to have cost attached to it”. This reflects in perceptions of risk about HIV infection in that these are often defined according to the economic model. “ The sex worker aims at maximizing her revenue which makes her sometimes compromise her own views about sexual behaviours since the buyer economises on the marginal price of sex as well as the extent to which intercourse can be appealing” Luiz et al... (2000:895). Sex workers do share the assumption that reflects in literature cited in this study that, the major risk is a health related risk. They express the need to take care of themselves, as their bodies are the

means of income. Legget (2001:105) pointed out that “sex workers are facing a greater health related risk when it comes to HIV infection due to a number of factors. These include having multiple sexual partners, exposure to sexually transmitted infections, greater than average intravenous drug use, financial incentives and how these incentives necessitate ‘forgetting’ condom use and the nature of illicit sexual markets such as wear and tear due to violence and abuse and the resulting blood contact thereof”. This reflects in the views of participants who stated this:

“The basic thing we use in this work is our body. Our body is what we sell. If you allow the body to be harmed or destroyed, you lose out in this work. If you do not take care of your body and health, you will mess yourself up. Anything that affects our body and health poses a risk. If you overwork yourself, or get beaten, raped, infected, or suffer any bodily harm your are injuring the main for asset for the job-the body”. (Jane)

“The greatest issues I face in this work relate to bodily harm and ill health. Physical harm and infections destroy the body, cause ill health, and reduce one’s ability to work, attract men” (Susan).

The findings of this study are consistent with the main assertion in this study, which stipulates that, the medical model reduce the problem of HIV infection to intra-psychic forces namely impulsive behaviour. Contrary to the medical debate, the study is of the opinion that, it is actually the rational choice to maximize profit imperatives mediated by socio-economic needs and problems faced by commercial sex workers. In addition, the above economic pressures faced by sex workers, drug consumption is another major cause propelling sex workers to neglect condom use.

Chapter 5

Discussion, Conclusion and Recommendation

5.1 Introduction

The main points covered in this discussion pertained to perceptions commercial sex workers with regard to not practising safe sex. It is argued that the drive for profit accumulation mediated these reasons. It is suggested that future studies should move away from attributing non-condom use to impulsive behaviour but rather consider lack of individual responsibility in prioritizing one's health. A social categorization process about in-group selection is discussed as a factor that determines non-condom use between sex workers and clients. Sex workers select those clients who are considered clean and uninfected by HIV so that condoms will be excluded during sexual intercourse. The decision not to use condoms is also due to a rational choice of weighing alternatives about the monetary benefits versus health loss.

The nature of sexual exchange between sex work and client takes the form of commodity exchange. It can be argued therefore that "since the relationship between sex worker and client is detached without any form of social bonds to be threatened, it makes it much more accommodating for the sex worker to demand the use of condoms" (Sibthorpe, 1992:262). It is further postulated that it is the individualist drive for optimizing the economic imperatives and not necessarily the need for the financial incentive that causes sex workers to overlook the considerations for health related risk or the threat to one's life that is potentially there in one's client. "The sex worker's heightened need for more money and drugs can override health considerations" (Sibthorpe, 1992:262). For instance, one participant reflected that those girls who do not use condoms with clients and hence get STI's are driven by the goal of making more money than the other girls make. Future literature will therefore need to make a shift from conceptualizing health risk in the form of materialistic needs or psychopathological deviance. The risk attached to sexual behaviour is often conceptualized as "impulsive or due to the drive for personal pleasure" (Sibthorpe, 1992:255). Such concepts of risk shift the blame from individual responsibility and make the tenacious assumption that sexual behaviour cannot be

controlled. On the contrary, this study asserts that it is mainly when sexual behaviour is confounded with and practiced under conditions of economic needs that control becomes difficult. Logically, dealing with socio-economic needs of sex workers should lead to 'normal' sexual conduct all things being equal. In the context of improved economic conditions for sex workers, it would mean sacrificing making more money and choosing preventative protective behaviours instead.

According to Sibthorpe (1992:263), "When the social significance of sexual behaviour changes from that which is predominantly economic and distant to that of predominantly intimate encounter, there is a shift in perception relating to condom use". This shift has its bases on knowledge about regular partner such as social status or familiarity with the partner. This is often a reflection of a social categorization process about group membership. That is in-group acceptance or belongingness is definable by the priorities or values of that group such as prestige. Dunkle et al...(2004:1582) mention, "Women who come from economically deprived situations use transactional sex to achieve higher status in youth cultures which prioritize sexual success and conspicuous consumption". In addition, the distinction between regular clients and casuals serve as basis for emotional support and financial support. This is a survival strategy for coping with the nature of work. However, this reflects the way in which social support is often intermittently reinforced according favours that a sex worker can offer to the partner. For instance, one participant stated that she was very close to her pimp who got her a place to stay and bought her clothes when was on street. Sleeping with him was a way of showing gratitude for all the tangible and non-tangible support that he gave her. In this instance risk is said to be controlled according to a selection process in which belonging or fitting in is the criteria. "Those who are considered clean and safe either according to physical appearance or according to their rational status having not consumed substance, are chosen by key members of the sex market as personal partners (Sibthorpe, 1992:263). This often leads to the popular pseudo assumption that one can limit the risk of contracting HIV through carefully selecting a correct sexual partner.

According to Varga (1997:81), "Sex workers who adamantly refused to use condoms with private partners stated reasons of condom dislike". These reasons seem to be based

personality oriented interests such as attitude towards condom use. Therefore, choices made by sex workers about condom use with their clients cannot be described as illogical as conveyed by medical model. This is because commercial sex worker undertakes a rational calculative process of weighing alternatives. For instance, one participant reflected that if she were not using a condom, her risks of contracting HIV would be high. She mentions that even with condom she has to be careful to check that it has not burst. Future research therefore needs to formulate strategies upon which sex workers can be made more aware of the health related risk and provide educational techniques which will influence sex workers to prioritize this risk, make it their prime interest to behave pro-actively about HIV/AIDS.

According to Varga (1997:81), "Clients were considered dirty, promiscuous and suspected carriers of diseases". This is because clients were assumed to partake in multiple risk factors such as having multiple partners and drug use thus perceived as harbouring STD's and HIV. In addition, clients were perceived as deceiving and manipulative, only interested in advancing their own ends. For instance, one participant mentioned that some clients secretly break condoms. This is especially foreigners who usually want anal sex but refuse to use condoms. Commercial sex workers perceived these factors as predisposing them to a greater risk of infection. However, it is important to note that these rules of behaviour attached by sex workers to clients, who consult them for service, are imbued with moral connotations espoused by such doctrines, which uphold monogamous relationships. As such, they tend to ascertain standards as to what constitutes normative behaviour.

Therefore, future studies may need to clarify positions taken by considering various cultural concepts of relationships. For instance, it is often considered appropriate to have secondary relationships in certain social groups or even relationships with significant age difference. For instance, one participant reflected that she felt dirty when an old man was lying on top of her. She states that this is almost a reflection of father to daughter relationship.

5.2 Conclusion

The problems that led commercial sex workers into the industry, such as unemployment, poverty, subsistence needs and family support are hardly what keep most sex workers in the profession. Most sex workers earn relatively good money but continue to live as poor individuals. Hardly any of the sex workers have lease accommodation even though they can afford to pay for a lease. This is because most sex workers operate according to the immediate pleasure principle. They solicit their clients from upmarket and low market hotels, make money and plan very little for future prospects. According to Legget (1999:157), "there has been a shift in definitions of absolute poverty to definitions of social capital, whereby those individuals with resources and a sense of entitlement of those resources, marginalize and peripheralize individuals who do not have material security". The population of commercial sex workers is significantly marginalized in our country. According to Legget (1999:157), "that leads to certain kinds of social deviance whereby individuals assimilate ideas of being poor or being criminals consequently resulting in behaviours such as drug use, stealing". Most sex workers in this study come from various domestic situations and they have had mainstream upbringings. However, their current lifestyles as sex workers reflect poor living standards in terms of accommodation and other forms of material life. They spend their money on drug expense and drug addiction, which contributes a significant extent to HIV seroprevalence. This is because sex workers would primarily work just to feed the habit and petty theft is the immediate resource when funds run out. A large number of client violence is attributable to the fact that sex workers have stolen from clients. Most sex workers therefore earn a reasonable sum of money, which they could invest in future prospects however they engage in a large number of self-destructive behaviours such as drugs, which would be associated with the urban poor rather than income-earning workers.

5.3 Recommendations

The following recommendations are suggested as a means of reducing HIV infection risk among sex workers.

1. Develop life skills programmes for sex workers: It is hoped that this research will inform organisations that aim at empowering sex workers. This will be by providing a body of research knowledge to serve as basis for appropriate life skills programmes for commercial sex workers. Some of these skills could involve teaching sex workers more about self-assertiveness and insisting of personal rights when dealing with clients. Skills training could also involve teaching sex workers to network amongst themselves in order to defeat coercion and violence from clients. The sex worker needs to feel in control of the environment that she works in order to make choices that can be conducive to her health. This can only be established through life skills education.

2. Building healthy public policy: It is hoped that this research invokes the attention of public policy makers so that HIV infection among sex workers can receive priority attention in their agenda. The laws on sex work are often inadequately and inconsistently applied, this often has negative health and economic implications for sex workers. It is hoped that this research will draw attention to policy makers so that the responsibility for health of the sex worker is not only in the hands of the sex workers but upon policy formation as well.

3. Create supportive environments: It is hoped that this research will inform community-development orientated programmes about the nature of sex work in order to aid in eradicating the stigma in communities towards those women who work as sex workers.

In conclusion, this study subscribes to the social action model of community psychology , which typically advocates radical psychosocial and socio-political action against oppressive structures in order to liberate, empower, educate and develop marginalized communities (Edwardsk, 1999).

References

- Alegria & Lopez, I.,(2002). Lay perceptions of commercial sex workers.*Aids Care*. 18(2)289-295.
- Babbie Mouton (2003). *The practice of Social Research*. Cape Town.Oxford University Press.
- Benard,C,L, & Krupat,E.,(1994). *Health Psychology*. New York. Hol Rinehart and Winston, Inc.
- Braun, V, & Clarke, V., (2006). Using thematic analysis in Psychology. *Qualitative Research in Psychology*. (3)77-101.
- Dalla, L, R., (2002). Night moves: A qualitative Investigation of street-level sex work. *Psychology of Women Quartely*. 26(35)63-73.
- Dunkle, L, K., Jewkes, R, K., Brown, L, H.,Grey, E, G.,McIntyre, A, J,& Harlow, S, D., (2004). Transactional sex among women in Soweto, South Africa: Prevalence, risk factors and association with HIV infection. *Social Science and Medicine*.59 (2004) 1581-1592
- Erickson, G, P., Butters, J., McGillcudy, P, &Hallgren, A.,. (2000). Crack and Prostitution: Gender Myths and Experiences. *Journal of Drug issues*. 30(4)767-788.
- Edwardsk, S,D., (1999). *Community Psychology: A Zululand Perspective*. Kwadlangezwa. Team Research Grant.
- Fick,N.,(2005). *Coping With Stigma, Discrimination and Violence: Sex Workers Talk About Their Experiences*. Cape Town. Novib
- Fuss, D., (1989). *Essentially speaking, Feminism, Nature, Difference*. London. Routledge.

- Hook,D,. (2004). *Critical Psychology*. Cape Town. UCT Press.
- Hoigard, C,& Finstad, L,. (1992). *Backstreets, Prostitution, Money and Love*. Padstow. Graphicraft Typesetters Ltd.
- Hennesy, R,.(1993). *Materialist Feminism and the politics of discourse*. London. Routledge.
- Hansen, H,& Lopez-Iftikhar, M, M ,. (2002). The Economy of Risk and Respect: Accounts by Puerto Rican Sex workers of HIV Risk Taking. *The Journal of Sex Research*. 39(4)292-301.
- Izugbara, C, O,. (2005). Ashawo suppose shine her eyes': Female sex workers and sex work risks in Nigeria. *Health Risk and Society*. 7(2)141-159.
- Lichtenstein,B,. (1997). Women and Crack-Cocaine Use: A Study of Social Networks and HIV Risk in an Alabama Jail Sample. *Addiction Research*.5(4):279-296.
- Legget, T,.(2001). *The drugs and sex industries in the new South Africa*. Claremont, CPT Book Printers.
- Legget, T,. (2001). Drugs, Sex Work and HIV in three South African Cities. *Society in transition*. 3(1)101-109.
- Luiiz, J, M,& Roetz, L,. (2000). On Prostitution, STDs and Law in South Africa: The Therapy on Reproductive Hormones in Middle-Aged Women. *Journal of Women's Health*.14(10):898-904.
- Legget, T (1999),. Poverty and Sex Work in Durban South Africa. *Society in transition*. 30(2)157-166.
- Legget, T,. (1991). Crack, Sex Work and HIV. *AIDS Anal Africa*. 9(6)3

- Monzini, P., (2005). *Prostitution, Crime and Exploitation*. New York. Feinwood Publishing Ltd.
- McKeganey, N., & Barnard, M., (1996). *Sex work on the streets: prostitutes and their clients*. Philadelphia. Library of Congress Cataloguing-in-Publication Data.
- Nencel, L, & Pels, P., (1991). *Constructing Knowledge: Authority and Critique in Social Science*. London. Sage Publications.
- Pettitor, E, A., Beksinska, E, M, & Rees, V, H., (2000). High knowledge and High Risk Behavior: A profile of Hotel-Based sex workers in Inner-City Johannesburg. 4(2) 35-43.
- Panter, A, T., (2000). Predicting Substance Abuse Among Youth With, or at High Risk for, HIV. *Psychology of Addictive Behaviors*. 14(2):197-205.
- Perkins, R., Prestage, G., Sharp, R., & Lovejoy, F., (1994). *Sex work and Sex workers in Australia*. Australia. UNSW Press.
- Santoro, A., Arnsten, J., Bouno, D., Howard, A., & Schoenabaum, (2005). Impact of Street Drug use, HIV infection, and Highly Active Antiretroviral Therapy on Reproductive Hormones in Middle-Aged Women. *Journal of Women's health*. 14(10)898-904
- Sibthorpe, B., (1992). The Social construction of Sexual Relationships as a Determinant of HIV Risk Perception and Condom Use among Injection Drug Users. *Medical Anthropology Quarterly*. 6(3) 225-270.
- Scambler, (1990), Ideology and material reciprocity. *Medical Anthropology Quarterly*. 7(1) 4-11

- Varga, A, C,. (1997). The Condom Conundrum: Barriers to Condom Use among Commercial Sex workers in Durban, South Africa. *Journal of Reproductive Health*. 1(1) 74-88.
- Webster,E,. Alfred,L,.Bethlehem,L,.Joffe,A,&Selikow,A,. (2000). *Work and Industrialization in South Africa*.Pietermaritzburg. Ravan Press.
- Webb,V,.KemboSure,. (2000). *African Voices*. Cape Town. Oxford University Press.
- Wechsberg, W, M, & Luseno, W,K,. (2005). Violence Against substance-abusing South African sex workers: intersection with culture and HIV risk. *Aids Care*.17(1)55-64
- Waddal , C,. (1996). HIV and the Social World of Female Commercial Sex Workers. *Medical Anthropology Quarterly*.10(1) 75-82.
- Wojcicki, J, M, & Malala , J,. (2001). Condom use, power and HIV/AIDS risk: Sex Workers bargain for survival in Hillbrow/ Joubert Park, Berea, Johannesburg. *Social Science and Medicine*. 53 (2001) 99-121.

UNIVERSITY of the
WESTERN CAPE

**University of the Western Cape
Private Bag x17
Bellville
7535**

Dear Participant

Your are hereby requested to participate in the study which investigates the Perceptions of Commercial Sex Workers about the Risk of Drug Use in HIV infection. The purpose of this study is to complete the requirements of a Master of Arts degree in the Department of Psychology in the University of the Western Cape. In-depth interviews will be conducted which last approximately 20 minutes. It is your right to refrain from continuing with the interview at any point of the interview whenever you feel that the nature and process of interview is discomforting. You are not required to provide identifying information such as your name, address or personal identification number for ensuring privacy. However, demographic details such as age, language will be required in order to facilitate the process of data analysis.

Thank you for agreeing to participate in this study

I hereby consent that I have read the conditions for participating in this study and agree to abide by them.

Signature of participant

Interview Schedule

1. What led you to be a prostitute?
2. Do you take any drugs?
3. What drugs do you take?
4. Do you think you depend on drugs to do sex work?
5. Have you ever had any sexually transmitted infection?
6. How often do you test for HIV?
7. Do you use condoms with clients?

The logo of the University of the Western Cape, featuring a stylized classical building with a pediment and columns.

UNIVERSITY *of the*
WESTERN CAPE

An interview with Natalie Zietzling

2438

Point

Chatsworth

Location

4100

I Natalie am a prostitute. I began prostitution at the age of 16. The first start was a terrible horrible experience of mine because I would meet guys and they would treat me anyhow. They would want anal sex. If I said no, they would hit me and force me to chugs(one price per person).

The first experience was when I was sixteen years old at Point Beach front road. The price was R150, which was money used on crack cocaine. Sometimes I would meet them at the hotel and obviously, it was pay before service. I once slept with an Indian at the beachfront. I was considered as the most attractive prostitute. Cars would come and flowing around me. I was once picked up for loitering (as in disposing myself for sale by wearing funky outfit).

An under eye police mothe(otherwise called punk) protected me from being arrested. Carrying a lot of condoms in the beach front was considered as theft for policemen who were hunting for prostitute. This is because theft and robbery was associated with prostitutes as a way of obtaining income when the price of sex is too low. On the other, I was once exposed to a hijacking experience with a knifepoint, which I considered as being a victim of overseas scam. They took my money, phone, grappled with my nose ring. Forced rings out of my finger. The name of the Lady behind the scam was Lord Sweins. I tried to place charges and the case succeeded to the point of requesting for bale. The sentence lasted up to months for this woman with R2000 bale.

There is a lot of interaction among Durban prostitutes and Nigerians. The pimps were Nigerians, which were lovers and friends with the prostitutes. I also have a baby with a Nigerian. The role of the pimp was to bale out prostitutes when they get caught. They also buy drugs for prostitutes in order for them to be high and function best at their job. However, theft was the main point of gaining profit amongst relationship between client and prostitute-pimp. However, this relationship is not so profiting when prostates need more drugs than the pimp may supply in due to high levels of addiction. Prostitutes begin to sell their bodies for as low as R30 in order to earn extra cash.

The reason for starting prostitution was for sustenance. The grant money was not enough. My boyfriend Iaasick who is a Nigerian and the father of my baby does business by carrying cocaine. Sleeping with him was almost a business contract. This is in a sense that he gives me drugs to be high in order for me to attain money for him in return for 10% of income. These drugs also attained by me from client through trickery and crook. This is the relationship between prostitute and pimp. The prostitute does all the work in return for protection and 10% share of income from pimp.



UNIVERSITY *of the*
WESTERN CAPE