ISSN 1608-6295

Knowledge and Sexual Behavioral Patterns Related to HIV/AIDS Among Commercial Sex Workers in Kampala Slum Area

Simon Sentumbwe

Gender Issues Research Report Series - no. 15

Organization for Social Science Research in
Eastern and Southern Africa

Knowledge and Sexual Behavioral Patterns Related to HIV/AIDS Among Commercial Sex Workers in Kampala Slum Area

Simon Sentumbwe

Organization for Social
Science Research in
Eastern and Southern Africa

Gender Issues Research Report Series - no. 15

Contents

List of Tables

1. INTRODUCTION

1.1 Background to the Problem

HIV/AIDS is a major health problem in Uganda. According to the National AIDS Control Programme (ACP surveillance report), as of late 1996, more than 1.5 million people had been infected with HIV/AIDS. A decade ago, women seemed to be on the periphery of the epidemic. Today, they are at the center of concern. ACP estimates that more than half of the newly infected adults are women. This means that the number of women newly acquiring HIV/AIDS each year cannot be counted in the hundreds or even the thousands. Among women, the hardest-hit group is the youth who engage in risky practices such as commercial sex (WHO/GPA/94). AIDS Control Programme estimates that half of all HIV/AIDS infections in Uganda to date have been among those 15-24 year old, with female to male ratio of 6:1. Surveillance data on AIDS from several parts of Uganda suggests that young women under 25 years account for more than 30% of female AIDS cases. Many of the commercial sex workers fall in this age group. Throughout Uganda, and Africa in general, heterosexual intercourse is the predominant mode of HIV/AIDS transmission (Plummer 1988). People who engage in unprotected sex with many partners such as commercial sex workers are especially at high risk. The result is a growing AIDS burden among prostitutes. Today, many young women rely on prostitution or sex work for economic survival. The proportion and the number of women who do so are often directly related to the economy and level of unemployment. Prostitution is illegal in Uganda and therefore, underground. This means that prostitutes may have to work without adequate control over the conditions of sex work transactions (Bakwesegha 1982). As in many societies, many women in Uganda still face discrimination in education, employment and social status resulting in economic vulnerability to HIV/AIDS. This includes discrimination that girls face in both educational institutions and the family, occupational segregation in low paying clerical and service jobs, and lack of access to technical assistance, training and credit (WHO/GPA/94). All these cause women to end up in commercial sex work for survival. Rural-urban migration and civil wars, which Uganda experienced in the past, also led women to engage in prostitution and increased their vulnerability to HIV/AIDS through rape, other forms of sexual abuse and forced sex work (Bakwesegha 1982). There was, therefore, a need to study the knowledge and sexual behavior patterns of commercial sex workers in Kampala related to HIV/AIDS and come up with appropriate interventions. There was also a need to study the factors that lead young women to engage in sex work in the wake of the HIV/AIDS scourge.

The study was carried out in the Katanga peri-urban slum area located 3 km northwest of Kampala, the capital city of Uganda. Over 15,000 people of different gender, age and ethnic background inhabit Katanga slum area. Like many other slums, it attracted many rural-urban migrants, most of whom are school dropouts, and many out of school female youth. The high population density led to poor socio-economic conditions, poor housing and sanitation. Sources of income are not only limited but also unpredictable. Because of limited income, amidst unlimited needs, most of the young women in Katanga engage in

prostitution as a major means of survival. The consequence has been a high fertility rate and prevalence of sexually transmitted diseases, including HIV/AIDS. Despite the fact that prostitution is illegal in Uganda, Katanga has remained well known for sex trade in Kampala city. The problem has not only been poor enforcement on prostitution but also lack of information on sexual behavior patterns and vulnerability factors among these women to commercial sex and HIV/AIDS infection. This study addresses these issues.

1.2 Statement of the Problem

HIV/AIDS has hit Uganda hard. After years of civil strife and devastation, the country is working hard to recover. The AIDS pandemic not only strains the already strained economic and social systems of the country, but also diverts the financial and human resources from rehabilitation of its infrastructure and productive enterprises. Women, especially sex workers, are at the center of the epidemic because of the cultural and social-economic factors that make them especially vulnerable to HIV/AIDS. Up to 30% of women attending antenatal clinics are HIV/AIDS infected. HIV/AIDS prevalence of more than 50% is reported among some groups of commercial sex workers, with rates 15-20% among STD clinic attendants. Despite all these facts, limited in-depth research had been undertaken to examine the knowledge and sexual behavioral patterns related to HIV/AIDS among commercial sex workers in Kampala, which were in most cases the reservoirs and source of the infection to the general public.

1.3 Research Questions

This study was designed to answer the following research questions:

- What were the factors that led to commercial sex work among women dwelling in Kampala slum areas?
- What actual knowledge did commercial sex workers have about HIV/AIDS? Was it useful knowledge? Did they have knowledge about the more relevant protective options?
- Were commercial sex workers engaged in unprotected sex? To what extent and under what circumstances? What was the role of condom availability in protection against STD and HIV/AIDS?
- Did commercial sex workers perceive their risk of getting HIV/AIDS? Which ones and to what extent?
- Have they adopted any safe sex practices in the wake of the deadly AIDS? Which ones and to what extent?
- What are the best intervention strategies among commercial sex workers?

1.4 Purpose and Objectives

1.4.1 Purpose

The overall goal of this study is to determine the knowledge and behavioral patterns related to HIV/AIDS among commercial sex workers living in the Kampala slum areas.

Ultimately, the study sought to provide information on what intervention methods were necessary for protecting commercial female sex workers from HIV/AIDS infection.

1.4.2 Specific Objectives

- To establish factors leading to prostitution among commercial sex workers in Kampala slum areas.
- To determine the commercial sex workers' knowledge about HIV/AIDS, especially knowledge on protective options.
- To assess the perception of risk to HIV/AIDS infection among commercial sex workers in Kampala slum areas.
- To establish the sexual behavioral practices and adjustment (if any) to HIV/AIDS among commercial sex workers.
- To establish the patterns of condom use and role of condom availability in protection against STD and HIV/AIDS among commercial sex workers.
- To make recommendations on the best intervention strategies against HIV/AIDS among commercial sex workers.

1.5 Significance of the Study

The weak position of women in society is reflected in the fast spread of HIV/AIDS among women, and especially young women. The sexual and economic subordination of women fuels the HIV/AIDS epidemic in Kampala among commercial sex workers. In order to break the cycle of neglect which affected commercial sex workers in their life span and across generations, it is essential to undertake action-oriented research, to provide the missing information that would enable commercial sex workers to make informed choices and to improve the quality of their lives. Given the growing dimensions of HIV/AIDS, they have often been stigmatized and blamed for "causing" HIV/AIDS and other STDs. They have frequently been identified as "reservoirs of infection" or as "vectors of transmission" to their male partners (clients) and their offspring. This inaccurate view had been misleading, as it had prevented research and programs from developing services which met the needs of these sex workers. It also underlined some research and intervention strategies which had been designed more to protect men from women, rather than to enable the sex workers to protect themselves. In Uganda today, authorities either continued to deny that prostitution existed in society, or alternatively minimized its scope. To be able to have interviews with several hundreds of prostitutes was a persuasive response. Also, scholars sometimes unjustifiably doubted whether it was possible to identify prostitutes and enroll them in research. Indeed, this pilot study carried out among prostitutes in Katanga slum area, helped dispel such a viewpoint. In Uganda until now, research had not paid attention to the vulnerability factors that led women to prostitution or commercial sex work. Furthermore, research had not examined the knowledge and sexual behavioral patterns related to STD and HIV/AIDS among commercial sex workers, as they were a marginalized group. There was also limited information on the important area of prostitute sexual behavior, risk perceptions and practices, and this study sought for this needed information.

1.6 Literature Review

HIV/AIDS has confronted many countries as one of their severest local problems. The depopulation of rural areas and migration to work in cities has led to the disruption of family structures, commercialization of sexual relationships and an increase in infection. Commercial sex work constitutes a socio-economic issue that many scholars of human behavior tend to shy away from for reasons ranging from subjective sentiments to strict observation of ethics or morals (Bakwesegha 1982). Although considered a dirty profession by many reputable scholars and scientists, prostitution lends itself to be a fascinating, perplexing and bewildering field of social relations. Our stubborn refusal to investigate into this subculture of our society does not only reflect an unjustified refusal to understand, correct or reverse, and improve regressive instincts of human development, but also reflects on our unfortunate attempt to treat a patient whose disease we really know but have not bothered to diagnose in the first place. Prohibition of commercial sex work and prosecution of sex workers has not contributed towards the willing co-operation of groups who could play an important role in the slowing down of the dissemination of infection. The phenomenon of prostitution became of particular interest to the researcher not only because of the so many educated and uneducated young women in Kampala who had fallen victims to it as an impulse of how Uganda's traumatic economic transformation has manifested itself, but also on the important consideration of how integral HIV/AIDS infection, spread and control in Kampala city was to this phenomenon. Prior to the advent of HIV/AIDS, there was very little academic literature focusing on prostitution (Pyett 1996). In the last decade, concerns about the potential of HIV transmission between prostitutes and their clients and ultimately to the general population, have stimulated a considerable amount of research in this area. However, behavioral research relating to prostitution and risk practices for HIV infection and other sexually transmitted diseases (STDs) have been given little attention in Uganda. Among the women, the hardest-hit groups by HIV/AIDS are the youth, especially commercial sex workers (WHO/GPA/DIR/94.4). The AIDS Control Programme of Uganda estimates that half of all infections in Uganda to date have been in 15-24 years old (ACP surveillance report 1996). However, the peak age of infection in Uganda is lower in girls than boys, presumably because girls are more prone to sex work or sex net working than their male counterparts (Rwabukwali 1990). 60% of all the new HIV infections are among 15-24 years old, with female to male ratio of 6:1 (ACP 1995). An analysis of surveillance data on AIDS from several parts of Uganda suggests that young women under 25 years accounted for nearly 30 % of female AIDS cases (ACP surveillance report, 1995). Most of the female sex workers fell in this age group. As many as one in three pregnant women attending antenatal clinics in Ugandan urban centers such as Kampala city were HIV infected (ACP surveillance report 1994). Throughout all of Uganda and Sub-Saharan Africa in general, heterosexual intercourse is the predominant mode of HIV transmission (Plummer 1988). The result is a growing AIDS burden among women. People who engaged in unprotected sex with many partners such as prostitutes and their clients were especially at high risk (Ngugi 1988). Today, many young women rely on prostitution or sex work for economic survival. The proportion and the number of women who do so, is often directly related to the economy and level of unemployment. Prostitution is illegal in Uganda and underground, which

means that prostitutes may have to work without adequate control over the conditions of sex work transactions (Bakwesegha 1982). Like in many societies, many women in Uganda still face discrimination in education, employment and social status resulting into economic vulnerability to prostitution and HIV/AIDS. This included discrimination that girls face in both educational institutions and the family, occupational segregation into low paying clerical and service jobs and lack of access to technical assistance, training and credit. All these forced women to end up in commercial sex work for survival. Civil wars and strife, which Uganda experienced in the past, also led women to engage in prostitution and increased their vulnerability to HIV/AIDS through rape, other forms of sexual abuse and forced sex work. Any such non-consensual penetrative sex carried a risk of transmission of HIV/AIDS and STDs, particularly as men who raped were not likely to use a condom. While the proportion of girls who engaged in prostitution varied in different socio-economic setting in Kampala, it is known that prostitutes constituted a sizable population of young women in the city (Bakwesegha 1982). Very little information was available concerning the large number of prostitutes who worked in the various sections of the sex industry. Obstacles to safe sex practices at individual, organization and societal levels existed. Within the sex industry, such obstacles varied as a result of the range of organizational and individual practices in the sex industry as well as the different legislatures (Campbell 1991; Jackson 1992). The type of prostitution involved in is likely to affect risk practices as well as the range and frequency of sexual services provided to clients (Jackson 1992). There was, therefore a need to study the knowledge and behavior patterns of prostitutes related to HIV/AIDS in Kampala slum areas to recommend appropriate interventions. There was also a need to study the vulnerability factors that led these women into sex work.

In Kampala, one can identify more than four categories of prostitutes (Bakwesegha 1982) namely, indoor prostitutes residing in Kampala areas. The most notable areas of these include Kisenyi, Katwe, Kibuli, Kamwokya, Nakulabye, Mulago and Katanga. The second category of prostitutes is the bar-prostitutes. These were women who frequented bars, lodges, hotels and discotheques with the hope of meeting their potential clients in these localities. The third category of prostitutes in Kampala consisted of bar maids. These were women employed as bar maids on a regular basis to serve drinks, etc. in the bars, and they were paid as such. Their terms of employment did not in any way include prostitution. However, customers knew that these bar maids were also prostitutes. The fourth category of prostitutes in Kampala was the street light/red light prostitutes. These were women who dressed up meritoriously and went and stood at strategic points such as along major streets like Nile Avenue, near hotels like Speke Hotel, near taxi and bus stops, near discotheques, usually under street lights waiting for potential clients.

In between these major categories fell the various subtle but existing categories such as the affluent prostitutes, “the sugar mommies” and “sugar daddies”, the volunteer bar maid prostitutes that normally existed at times of economic boom, the high class street-light prostitutes who walked idly along streets in high class residential areas like Nakasero and Kololo and some students in tertiary institutions such as Universities and Colleges. This pilot study limited its scope to indoor prostitutes residing in slum areas.

2. METHODOLOGY

2.1 Design and Setting

This was a cross-section descriptive study. The study was carried out in Katanga slum area located in a valley that separates Makerere University hill and Mulago Hospital. It is located in Kawempe division, Wandegeya parish, 3 km northwest of the center of Kampala, the capital city of Uganda. Katanga slum area is divided into four local administrative zones, namely: Kimwanyi, Busia, Soweto and Katale.

The slum area was selected for the study because it represented a major category of prostitutes in Kampala known as indoor prostitutes. These are prostitutes who usually stay in their rooms of residence, waiting to be called by male clients. They could, thus be easily located and identified for the study. They usually solicited their potential clients from among passers-by, making all sorts of noises, body exposure and other tricks with deliberate intention of provoking these passers-by so that they could stop and buy sex from them. Katanga slum area is one such place with indoor prostitutes and was therefore selected for this study.

2.2 Study Population

Over 15,000 people of all sexes and age inhabited Katanga slum area at the time of the study. According to information obtained from the Local Council Office Administration Headquarters, Soweto zone, had about 1,250 people; Katale zone 1,300 people; Kimwanyi zone 12,000 people; and Busia zone 900 people. The proportion of women and youth (15-44 years) is 55%, children (< 15 years) 43% and adults (> 45 years) 2%. The population for this study consisted of women who were known to be commercial sex workers.

2.3 Sampling Frame

Prostitution is illegal in Uganda and as such there were no licensed or registered sex workers in Katanga slum area. Therefore, a probability sampling approach was not possible because the number and identity of prostitutes was not known. A combination of purposive and accidental sampling approaches was therefore adopted. In the field, a "snowball" sampling approach was used to select prostitutes who were willing to be interviewed.

2.4 Data Collection Techniques and Research Instruments

Quantitative and qualitative research methods were used to collect data required for the study. Two methods of data collection and extraction were employed, one following the other.

- **Questionnaire:** A questionnaire developed in English language was used to interview the respondents. The questionnaire was pre-tested and pre-coded with both closed and open-ended questions that answered pertinent questions regarding the in-depth knowledge; attitude, practices and behavioral patterns related to HIV/AIDS among commercial sex workers in Katanga slum area. Trained interviewers administered the questionnaires.

- **Focus group discussions:** These were employed to sharpen ideas not received using the questionnaire interview and were used to promote understanding of the participants' perspectives. They were employed to answer questions on what drove young women into sex work, how and in particular why sex workers behaved as they did. They were characterized by extensive probing and open-ended questions that focused on participants' feelings, practices and firmly held beliefs. Four focus group discussions were conducted, one for each zone. Each focus group consisted of 7-8 sex workers randomly selected from those who participated in the questionnaire interview. The researcher, assisted by co-researchers, facilitated focus group discussions.

2.5 Data Entry and Analysis

Data entry and analysis was done at the Center for Peace Research under the supervision of a data manager. Quantitative data was entered and analyzed using Epi Info version 6 statistical computer package. Analysis followed standard statistical guidelines using descriptive statistics. Means and their standard deviations were used for continuous variables where as frequencies and properties were used to study the distribution of categorical variables. Graphical displays like bar charts, histograms and pie charts were used to illustrate distributions. Content analysis of qualitative data was done on selected full text responses to open ended questions and on data from focus group discussions.

2.6 Quality Control

- **Training of interviewers:** Four research assistants, who were social/community development workers, working with the Slum AID Project (SAP), a local community based organization, were recruited. They were trained in interviewing techniques and recording of responses and participatory research methods (focus group discussions). The researcher, assisted by a social worker, facilitated a two-day training workshop. During the training session, the questionnaire was explained and later pre-tested.
- **Pre-testing the questionnaire:** Twenty sex workers, five from each of the four zones in Katanga, were selected. These were sex workers not included in the final study. The questionnaire was then pre-tested, and after the exercise, a final questionnaire was developed which was administered in the study.
- **Data cleaning:** At the end of each day, the researcher cross-checked all the completed questionnaires to make sure that all the questions were answered properly and clearly recorded. During data entry, an in-built check programme within Epi Info was used to customize data entry and for automatic skip patterns.
- **Coding:** After pre-testing the questionnaire, a standard coding book was developed and later revised after administering the questionnaires. All questionnaires were verified on the night or day after the interview. Another research assistant coded them and then the researcher coded them the second time while preparing data entry formats.

2.7 Ethical Considerations

A jury from the Organization for Social Sciences Research for Eastern and Southern Africa (OSSREA) approved the research proposal. Permission to conduct the study in the area was obtained from the local council executive. At the national level, approval was sought from the Uganda National Council of Science and Technology.

Before the interviews were conducted, the purpose of the study was carefully explained to the respondents. It was emphasized that the information collected from them would be treated with maximum confidentiality and the respondent's identity was not required. Consent was sought by explaining the purpose and future benefits of the study of Katanga community and commercial sex workers at large. Respondents were informed that they were free to answer or not to respond to those questions that they felt were potentially embarrassing. During focus group discussions, the facilitator took time to explain to the participants the purpose of the study and thanked them for having accepted to participate upon invitation.

2.8 Limitations of the Study

The information was collected exclusively from commercial sex workers who were willing to be interviewed.

3. RESULTS

3.1 Socio-Demographics

3.1.1 Distribution by Zone

A total of 201 commercial sex workers were enrolled in the study. Of these, 40.3% (81/201) were enrolled from Kimwanyi zone, 24.4% (49/201) from Soweto zone, 14.5% (29/201) from Busia zone and 11.9% (24/201) from Katale zone, while 8.9% (18/201) did not indicate their zone of residence.

3.1.2 Age Distribution

The age group of most of the sex workers was 15-24 years, which constituted 66.5% (131/197) of respondents. Those between 10-14 years constituted 5.6% (11/197), 15-19 years 36% (72/197), 20-24 years 28.4% (56/197), 25-29 years 15.7% (31/197), 30-34 years 9.6% (19/197), and 35-39 years 3% (6/197). The mean age of the respondents was 21.8 years. The youngest sex worker reported was aged 13 years, whereas the oldest was 39 years old.

3.1.3 Educational Status

The highest education level attained by the majority of the sex workers was skewed to primary school and nursery, 57.3% (114/199), or none, 26.6% (53/199), respectively. A few, 16.1% (32/199), had attained secondary school education.

3.1.4 Employment Status

Most of the sex workers were unemployed 41.9% (83/198), while others were involved in menial type of work such as petty trade 20.2 % (40/198), cooking and vending food 17.7% (35/198), barmaids 13.1% (26/198), selling *enguli* (local gin) 6.6% (13/198) and 0.5% or one sex worker was a student.

3.1.5 Religious Affiliation

The study population of sex workers was dominated mainly by Protestants 45.9% (89/194), followed by Catholics, 31.5% (61/198) and Moslems, 21.6% (42/198). 1% or 2 sex workers were affiliated to other religions.

3.1.6 Ethnic Origin

The majority of the sex workers belonged to the Baganda ethnic group 36.5% (73/200), followed by the Batoro 22.5% (45/200). Others were Banyankole 13.5% (27/200), Basoga/Bagwere 12/5% (25/200), Rwandese 7 % (14/200), Banyoro 3% (6/200), Lugbar 2% (4/200) and 3% (6/200) sex workers belonged to other ethnic groups.

3.1.7 Place of Origin

Out of a total of 194 sex workers who reported their original place of birth, 53.1% (103/194) were born in Central/Buganda region, followed by those from Southwestern Uganda, 34% (66/194). Others were from Eastern Uganda 10.3% (20/194), while 2.6% (5/194) were from other districts and outside Uganda.

3.1.8 Marital Status

Most sex workers, 61.7% (116/188), reported being unmarried while 22.9 % (43/188) were married, 9.6% (18/188) were divorced and 5.8% (11/188) were widows.

3.1.9 Fertility of Sex Workers

The majority of sex workers, 53.8% (107/199), had children (table 1). Mean number of children per sex worker was found to be one child per six workers.

Table 1. Number of children per sex worker

Number of children	Frequency	Percentage
None	92	46.2
1-2	71	35.7
3-5	30	15.1
More than 5	6	3.0
Total	199	100.0

3.1.10 Dependents

Most of the sex workers, 89.5% (159/200), reported to have from 1 to more than 5 dependents (table 2). The mean number of dependents per sex worker was reported to be 3 people.

Table 2. Number of dependents per sex worker

Number of children	Frequency	Percentage

None	41	20.5
1-2	52	26.0
3-5	81	40.5
More than 5	26	13.0
Total	200	100.0

3.2 Knowledge and Practices Related to Sexually Transmitted Diseases

3.2.1 Knowledge about Sexually Transmitted Diseases

It was found that almost all the sex workers, 98% (196/200), had heard about sexually transmitted diseases. Only 4 sex workers reported they had never heard about any STD.

Gonorrhea, 84% (168/200), Syphilis 74% (149/200), and AIDS 62.5% (125/200), were the commonest STDs known to the sex workers. Other STD's mentioned were Lymphogranuloma Venereum, 8% (16/200), Chanchroid 6.5% (13/200), and skin rashes 1.5 % (3/200).

The commonest symptoms of sexually transmitted diseases known by sex workers included vaginal discharge 52% (104/200), skin rash 43% (86/200), frequency and pain while urinating 36.5% (73/200), and genital sores 25.5% (51/200). Other symptoms mentioned were weight loss 6.5% (13/200) and abdominal pain 2.5% (5/200). 14.5% (29/200) sex workers didn't know of any symptom.

3.2.2 Sources of Information about STD

The major sources of information about STD were friends and peers 61% (112/200), followed by relatives 35% (70/200) and radio 27.5 % (55/200). Other sources mentioned included health workers 11% (22/200), teachers 9% (18/200), books 7.5% (15/200), parents 5.5% (11/200) and women's clubs 4.5% (9/200).

Similarly, most sex workers 55% (110/200) discussed about sexually transmitted diseases with friends or peers, 22% (44/200), with no one 10 % (20/200), with health workers 8% (16/200), with clients another 8% (16/200), with women's clubs 5% (10/200) with social workers and 2% (4/200) with others.

3.2.3 Risky Sex Practices and Behavior Related to STD among Sex Workers

45% (87/192) of the sex workers reported they had contracted a sexually transmitted disease implying that many sex workers were involved in unprotected sex. The mean number of STD episodes per sex worker who had contracted an STD in the past one year was 2.5.

Sex workers who had contracted an STD were asked how they came to know they had contracted a sexually transmitted disease. 87.4% (76/87) of them reported they had experienced vaginal discharges, followed by pain while urinating 52.9% (46/87), and genital sores 391% (34/87). Other symptoms experienced were weight loss 10.3% (9/87) and abdominal pain 4.6% (4/87).

The sex workers who had contracted an STD were again asked where they sought treatment when they had an STD. 48.3% (42/87) had sought treatment from a hospital, 44.8% (39/87) from a

private clinic and 21.8% (19/87) from shops. A few, 3.4% (3/87), had used local herbs to cure their ailment.

Sex workers who had contracted an STD were asked about their sexual behavior when they had an STD. Most of them 69% continued with sex work during that period. Of these, 57.1% (48/84) used condom during this period whereas 11.9% (10/84) sex workers continued with unprotected sex as usual. Only 31% (26/84) abstained from sex during this period.

3.3 Knowledge about HIV/AIDS

3.3.1 Sources of Information about HIV/AIDS

The first sources of information about AIDS were peers 52.2 % (104/198), radio 41.9% (83/198) and relatives 37.9% (75/198). Other sources mentioned included books 11.1% (22/198), parents 9.6% (19/198), teachers 9.1% (18/198), women's club 9.12% (18/198) and health workers 6.6 % (13/198).

When asked about the common source of information about AIDS, the majority were getting it from radio 85.6 % (170/198), followed by friends 66.2 % (131/198), books 11.6% (23/198).

3.3.2 Knowledge about HIV/AIDS Transmission

All sex workers were aware about the presence of AIDS. They also knew all the major modes of transmission (table 3): having unprotected sex with infected person, infected pregnant mother passing to unborn baby, transfusion with infected blood and sharing skin-piercing objects. As is apparent from their comments, almost all the sex workers (98.5%) knew about HIV/AIDS transmission through unprotected sexual intercourse:

- "I think as long as the semen or vaginal secretions are there, there is a possibility of getting AIDS" (35 year old sex worker).
- "AIDS is transmitted through sexual intercourse mainly [*sic*]" (24 year old sex worker).

Table 3. Knowledge about AIDS transmission

Mode of transmission	Frequency	Percentage
Having unprotected sex with infected person	195	98.5
Sharing piercing objects	120	60.6
Infected blood	48	24.2
Sharing utensils	27	13.6
Infected mother passing it to her unborn baby	23	11.6
I don't know	3	1.5

Note: The percentage has been calculated on each individual's mode of transmission ut of the 198 respondents who acknowledged having heard of AIDS.

3.3.3 Knowledge about Signs and Symptoms of HIV/AIDS

Sex workers who acknowledged that they had heard about AIDS were asked if they knew of any symptoms of AIDS. 81.3% (161/198) knew of skin rashes, followed by

weight loss 56.1% (111/198). Other symptoms mentioned were diarrhea 36.4% (72/198), fever 34.8% (69/198), sores in the mouth 25.8% (51/198), cough 24.2% (48/198) and hair loss 10.6% (21/198).

Information was also sought from the sex workers regarding their knowledge about the a-symptomatic nature of infection with AIDS virus. Over 98% (153/156) knew that it was possible for the AIDS virus to be in the body for some time before a person starts to show any symptom of being sick.

3.3.4 Knowledge about AIDS Cure

Almost all sex workers, 97.5% (191/198), were aware that currently there is no cure for AIDS. However, a small number, 1.5% (3/198), thought that AIDS could be cured using traditional medicine and 1% (2/198) did not know.

3.3.5 Knowledge about Prevention of AIDS

Sex workers were asked if they knew of any way of avoiding getting infected with the AIDS virus. 81.3% (161/198) mentioned condom use followed by having one faithful sexual partner, 38.4% (76/198). Other ways mentioned included avoiding sharing skin-piercing objects, 17.2% (34/198), having sex within marriage partners only 8.6% (17/198), avoiding contact with infected persons 7.1% (15/198) and avoiding casual sex 6.1% (12/198). However, many sex workers were concerned about the difficulty of avoiding AIDS infection among married women from their husbands who are unlikely to use condoms. As a 19-year old sex worker who participated in a focus group discussion put it: "If you are married, it is impossible to avoid getting AIDS".

3.4 Sex Workers' Practices and Behavioral Patterns

3.4.1 Behavioral Patterns

As implied by their comments from the focus group discussions, sex workers revealed that risky practices to STD and HIV/AIDS were highly prevalent in their community:

- "Multiple sex relations are rampant in this community" (32 year old sex worker).
- "Whenever a new girl who looks good comes to this community, every one uses her" (20 year old sex worker).
- "Many girls are not prevented by any one from sex work, and brings in more than five men anyhow" (28 year old sex worker).
- "There are young girls who enjoy paid sex, so one girl can get six men in a day" (22 year old sex worker).

84.2% (165/196) respondents had regular sex partners with whom they had regular sex during the last year. The mean number of clients was 2 per day and the maximum reported was 15 clients in the last one month. The mean age for first sex intercourse for most sex workers was reported to be 14.7 years, with the lowest age reported to be 9 years.

3.4.2 Reasons for Engaging in Sex Work

Sex workers engaged in paid sex for many various reasons as revealed in their responses in focus group discussions:

- "Money is the main reason for getting involved in this practice" (29 year old sex worker).
- "Some one may say, I am already infected and I have no job so if I can get quick money, why not give in?" (18 year-old sex worker).
- "My husband died of AIDS" (32 year old sex worker).
- "Many men divorce their wives after marrying them. These women cannot return to the homes of their parents and so they engage in paid sex" (32 year old sex worker).
- "We cannot fulfill all our needs so we look for money through other ways like prostitution. The standards these days are high and we have to raise them" (25 year old sex worker).
- "We sleep in a small room, so the rule is to find a client to spend away a night with" (24 year old sex worker).

Sex workers were asked to give the single most important reason why they engage in paid sex. The major reason for most sex workers was need of money for survival 52.3% (104/199), followed by death of parents or husband 19.6% (39/199), peer pressure or just wanted 15.9% (30/199), poverty 10.6% (21/199) and 2.8% (5/199) were involved in paid sex because they were not married.

3.4.3 Types of Sexual Client

- "Men from Half London, Speke Hotel (Nile Avenue), or even in Katanga if they can afford our prices" (16 year old sex worker).
- "Rich men, and if you can get a white man, that would be better" (18 year old sex worker).
- "Customers, when I started selling *enguli* (local gin), it is the way how I can get many customers" (25 year old sex worker).

This is how sex workers described the types of their client: 29.3% (55/188) said any man with money, 26.1% (46/188) said businessmen, 17.6% (33/188) said drivers and 16% (30/188) said men resident in their zones. Other reported clients included barmen, students, professionals and white men.

Sex workers were also asked if they choose among their clients, and if so, which ones they refuse. 54.6 % said they choose among their clients while 45.4 % said they accept any clients, as long as they have money.

Sex workers who reported they refuse some clients did so for various reasons: the majority, 59.3% (48/81), refused those with no money. Other clients refused included, those who were drunkards 12.3% (10/81), those who knew the sex workers 9.9% (8/81), those who refused to use condoms 4.9% (4/81), those whom they did not trust 9.9% (8/81) and those who used every other girl 3.7% (3/81). Other reasons for refusing some of their clients were depicted in their comments from focus group discussions:

- "I refuse those who want to make a love affair with me" (31 year old sex worker).
- "I refuse black men, I want white ones, and they know how to make love. For us we want white men" (18 year old sex worker).

3.4.4 Sex Work Transactions

Sex workers transacted their trade in several ways and clients paid sex workers in various forms. The majority of the clients paid in cash, 70.4% (140/199). Others, who could not always afford cash, paid in various forms that included paying for house rent 23.6% (47/199), paying other bills 22.1% (44/199), buying food 21.6% (43/199), buying dresses 14.1% (28/199) and others, as sex workers commented in focus group discussions:

- "A Katanga man cannot give you more than Shs 5,000. What will he eat if he gave you that money" (18 year old sex worker).
- "Me I have four boy friends (clients), 2 are steady and the other two I only visit them when I like in town. The reason why we get outsiders is that our fellow Katangees (men from Katanga) can only offer little money of 500-2000/=" (25 year old sex worker).

3.5 Knowledge and Patterns of Condom Use

Almost all, 97 % (191/197) of sex workers, had heard about condoms.

3.5.1 Sources of Information about Condoms

Sex workers who admitted that they heard about condoms were asked about their sources of information. Most of them, 72.3% (138/191), first heard about condoms from friends, followed by those from radio 48.2% (92/191). Other sources mentioned included health workers 10.5% (20/191), women's club 10.5% (20/191), teachers 8.4% (16/191), books 7.9% (15/191), social worker 3.1% (6/191), parents 1.6% (3/191) and others, 2.6% (5/191).

3.5.2 Knowledge about Condom Use

Sex workers were also asked to tell us the important uses of condom: 92.6% (177/191) said for prevention of sexually transmitted diseases including HIV/AIDS, and 58.1% (111/191) said to avoid pregnancy.

It was found that accurate information and knowledge about correct use of condoms was still lacking as revealed in their responses when they were asked to explain how the condom is used.

- "First get the condom and pour some water and you see if there are holes and you use with your partner" (29 year old sex worker).
- "You get the condom and blow air in it in order to see if there is no hole and use it (39 year old sex worker).
- "The man wears it like a glove, then the process begins" (22 year old sex worker).

However, some sex workers knew of what precautions to take before using a condom as shown in their responses from qualitative interviews:

- "First check the date and if there is air in the packet, then open it and fit it on the penis yourself (18 year old sex worker).
- "The man puts it on the penis and removes it after one round" (25 year sex worker).

3.5.3 Patterns of Condom Use

Sex workers who had heard about condoms were asked if they had ever used condoms. 72.3% (138/191) reported having used a condom before, while 27.7% (53/191) or almost a third had never used condoms before.

Sex workers who used condoms were again asked why they used it. Most of them 53.6% (128/138) used it to avoid sexually transmitted diseases and AIDS, followed by those who wanted to avoid pregnancy 45.6% (109/138) and those who just wanted to experiment with it 0.8% (2/138).

Sex workers were again asked how often they used condoms. Most of the sex workers, 58.3% (77/132), used condoms occasionally while 41.7% (56/132) used them all the time.

Sex workers who reported that they used condoms on a few occasions were asked why they did so. 59% (36/61) did so because of clients' refusal, followed by 14.8% (9/61) who reported they used them only with casual clients, and 14.8% (9/61) did not because condoms were not available. Sex workers who participated in focus group interviews further emphasized their reasons for using condoms occasionally:

- "I cannot use a condom with my husband. I only use it with my boy friends" (25 year old sex worker).
- "Because there are occasions when my partner wants to have sex live" (31 year old sex worker).
- "There is a time when I want live sex" (18 year old sex worker).
- "Not all men allow using condoms" (22 year old sex worker).
- "My husband died of AIDS, so I have nothing to do" (33 year old sex worker).
- "Sometimes I may not have condoms, but when I have them I use them" (18 year old sex worker).

Sex workers who reported that they used condoms always did so because they mainly feared AIDS 52.7 % (29/55), pregnancy 49.1% (27/55), and because the clients liked them 12.7% (7/55). The various reasons were further confirmed in focus group interviews:

- "I am still young, I have to use condom to avoid AIDS and pregnancy" (19 year old sex worker).
- "Condom is the only way how to keep myself [safe]" (21 year old sex worker).
- "Because I fear to get AIDS, and [as] I am divorced my husband may laugh at me" (21 year old sex worker).

Sex workers who used condoms were further asked to describe the clients they used condoms with. 63.7% (79.124) reported to be using with all clients, 16.1% (10/124) with steady clients, 12.9% (16/124) with any client who allows it, and 7.3% (9/124) with casual partners.

Sex workers were also asked to tell who suggested condom use when they used them. 66.4% (91/137) said it was usually the sex worker herself, followed by either of them 24.8% (34/137) and less often the client 8.8% (12/137).

Regarding who made the final decision to using the condom, it was reported, mostly the sex worker 56.7% (80/134), followed by either of them 26.1% (35/134), and the client 14.2% (19/134).

Regarding who normally provided the condom, 52% (68/132) reported the sex worker herself, while 19% (32/132) were by the client, and 19% (32/132) by any of them.
Information was also sought on who exactly fitted the condom on the clients' penis. In most of the cases, 51.5% (67/130) it was the client, followed by the sex worker 26.9% (35/130) and any of them 20.8% (27/130).

3.5.4 Condom Storage and Disposal

58.6% (78/133) of the sex workers who used condoms kept them in their houses, while 41.4% (55/133) reported they didn't.

They were further asked to explain how and where exactly they stored condoms. 34.6% (27/78) kept them in suitcases, 26.9% (21/78) said in a cold place, 19.2% (15.78) said under their pillowcases, 16.7% (13/78) said in a dry place, 15.4% (12/78) said in their bags and 7.7% (6/78) said out of reach of children.
Sex workers were also asked to explain how they disposed of condoms after use. Most of them threw them in the pit latrine, 50.7% (70/138) or rubbish pit, 24.6% (34/138). Other methods mentioned included, burning them 13.8% (19/138), throwing them in drainage channels 9.4% (13/138), burying them in earth 3.6% (5/138), and client taking the condom after use 2.9% (4/138).

3.5.5 Condom Availability

Condoms were reported to be readily available in this community and one could easily get them from shops, 83.3% (115/138), followed by private clinics 27.5% (38/138). Other sources mentioned included hospitals 17.4% (24/138), friends 10.4 % (14/138) and social workers 5.8% (8/138). One sex worker commented in a focus group discussion: "Yeah, even *malayas* (prostitutes) sell them. It is a business here these days to sell condoms. People just don't use them" (22 year old sex worker).

Most sex workers, 98.4% (121/123), paid for condoms. The cost of condoms ranged between Shs. 100/= for each condom to Shs. 700/= per packet of three condom with a median cost of Shs. 500/= per packet, a price which most sex workers felt was reasonable as one commented in a focus group discussion: "The price is not so bad, Shs. 300/=. But people just neglect to use them" (24 year old sex worker).

Most sex workers, 81.5% (88/108), reported that they get enough condoms, although 18.5 % felt that they were not enough.

3.5.6 Barriers to Condom Use

In order to establish some of the barriers to consistent use of condoms among the sex workers, we sought information regarding sex workers' views about condom use and problems experienced while using condoms. Sex workers who admitted using condoms were asked to tell us about any problem they had heard of related to using condoms. 35.5% (49/138) mentioned the condom's getting stuck in the uterus, followed by those who mentioned condom bursting 22.5% (31/138). Other problems mentioned were that condoms have holes 8.7% (12/138), cause pain 8.7% (12/138) and cost expensive 4.3% (6/138). 27.5% (38/138) said they had not heard of any problem.

Some sex workers expressed their feelings in their comments during qualitative interviews about condoms:

- "They are expensive. Some of them are even expired" (24 year old sex worker).
- "Some clients don't enjoy sex with condoms. Others cause pain and genital sores" (35 year old sex worker).

They were then asked if they had experienced any of these problems. Most of those who answered this question had experienced none of the problems, 62.5% (40/64). The most frequent problem experienced was condom bursting 21.9% (14/64), followed by pain 9.4% (6/64) and condom's getting stuck in the vagina 6.2% (4/64).

To establish if clients also contributed to failure of consistent use of condoms among sex workers, information was sought on whether any of their clients ever refused to use a condom. Most of the sex workers, 66.9% (89/135), reported that their clients had done so.

Reasons given by most clients for refusing to use condom were because they did not enjoy sex using a condom 47.4% (36/76), followed by those who gave no reason 32.9% (25/76), and those claiming to be trusted 10.5% (8/76).

10.5% (8/76) refused condoms because they claimed they trusted the sex worker, 6.6% (5/76) said condoms were expensive, and 2.6% (2/76) did not know how to use condoms. Sex workers who participated in qualitative interviews emphasized this:

- "They say they trust me" (14 year old sex worker).
- "A man may refuse that with a condom he takes long to ejaculate" (18 year old sex workers).
- "They say that for them they don't enjoy sex with a condom" (20 year old worker)

Sex workers were then asked what they did with clients who refused to use a condom. 45.9% (39/85) refused sex, while 35.3% (30/89) had sex without condom. 14.1% (12/85) reported that they raised the fee for sex without a condom and 4.7% (4/85) reported that their action depended on the client. Sex workers who refused sex had various reasons, which were elicited from participants in focus group discussions:

- "I can't play sex without a condom. When I talk to him and he refuses, I leave him" (20 year old sex worker).

- "I refused because I don't want to kill my husband and my children" (25 year old sex worker).
- "I refused to play sex with him until we go for a blood AIDS test" (20 year old sex worker).
- "I refused to have sex. I am a married woman and I have to be very careful" (19 year old sex worker).

Those who continued to have sex without a condom did so mainly because they were desperate to get money as depicted in their responses:

- "I asked for more money" (31 year old sex worker).
- "I just allowed him because I had nothing to do so long as he gave me cash" (25 year old sex worker).
- "I agreed because I wanted money" (18 year old sex worker).
- "Since he was also infected with HIV, we played sex without a condom" (33 year old widow who reported to be HIV+).

Finally sex workers who reported they had never used condoms were asked why they had not done so. Most of them, 37.7% (20/53) claimed they did not, because they trusted their clients, followed by those who reported that clients did not want them, 28.3% (15/52). Some sex workers said they just did not bother to use them 22.6% (12/53), while others said they feared them 15.1% (8/53) or did not know about them 13.2% (7/53). A few sex workers claimed condoms were expensive or that they didn't know how to access them.

3.6 Risk Perception

3.6.1 Perception of Risk of HIV Infection

In order to establish the sex worker's perceptions of their risk to HIV/AIDS, information was sought on whether they perceived their risk to acquiring HIV/AIDS, and whether they took any safeguards to protect themselves from the disease.

Sex workers were asked if they thought their present sexual behavior might lead them to getting infected by the AIDS virus in the future. The majority of them, 56.9% (74/130), thought they may easily get infected while 43.1% (56/130) did not think so.

Those who perceived their risk to future infection gave a number of reasons, which were further emphasized by participants in focus group discussions:

- "Yes, because I haven't been using condoms" (17 year old sex worker).
- "Yes, I failed to use condoms as you may end up being operated when it sticks in you" (24 year old sex worker).
- "Yes, because I love many men" (18 year old sex worker).
- "Yes, you never know what happens since condoms are not 100% safe and some men are malicious, they can put it off" (19 year old sex workers).

- "Not sure, the reason is that there are some men you can see who don't look healthy, and you tell them to use a condom" (16 year old sex worker).

The majority of them, 36.5% (27/74), said they thought they might get infected because they do not use condoms, 31% (23/74) said their partners are not faithful, 24.3% (18/74) said they had many clients, and 8.1% (6/74) reported that sometimes condoms burst, while 20.7% (15/74) did not give any reason.

43.1% (65/130) of the sex workers who thought their behavior might not lead them to getting infected in future revealed the safeguards they were taking. One sex worker commented: "No, because I am going to use condoms until I get married" (18 year old sex worker).

Sex workers were again asked to judge, if by their past sexual behavior, they thought they might already have been infected by the AIDS virus. 37.5% (39/104) admitted they might have been infected, while 62.5% (65/104) did not think they were infected as yet.

Those who thought they might already have been infected gave several reasons:

- "Yes, because I do not use condom with all clients" (31 year old sex worker).
- "Yes because my husband died of AIDS" (32 year old sex worker who had tested HIV+).
- "Not sure; at times I use condoms, at times I do not use" (23 year old sex worker).
- "Not sure because I have not gone for a blood test" (18 year old sex worker).

Among the sex workers, 25.6% (10/39) indicated that they might be infected with HIV/AIDS because they were not using condoms consistently, 17.9% (7/39) said their clients were not faithful, 15.4% (6/39) revealed they had many clients, 12.8% (5/39) indicated a lover who had died, while 12.8% (5/39) reported they had not gone for a blood test. 12.8% (5/39) said they didn't know if they were infected.

Sex workers who thought they might not be infected also gave several reasons: 73.8% (31/42) indicated they trusted their clients, 23.8% (10/42) said their clients were still alive. One sex worker summed up their general perception of the risk of infection by saying: "No, all my former boy friends (clients) are still alive with their wives and children" (19 year old sex worker).

3.6.2 Perception on Safer Options

Information was sought on sex worker's perceptions and attitudes to various safer sex options as predictors of future safe sexual behavior. When asked whether they perceived having one trusted sexual partner as a practical protective option against HIV/AIDS, 65.3% (109/167) thought it was practical, while 34.7% (58/167) thought it was not a practical option. Some sex workers expressed their reservations towards this opinion:

- "No, because the two of you have casual sex partners so in the end you get infected" (25 year old sex worker).
- "No, I was with one partner but I am now infected" (28 year old sex worker).

- "No, I trusted my husband but he cheated me" (32 year old sex worker who tested HIV+ and whose husband died of AIDS).
- "No, you can't have only one man" (16 year old sex worker).

Sex workers were further asked if they perceived condom use as a practical protective option against HIV/AIDS. 67.1% (104/155) considered it as a practical option while 32.9% (51/155) felt it was not. Sex workers who felt condom use was not protective expressed their feelings:

- "But you know they also burst or roll off, so it's only God who protects, there is no protective measure" (16 year old sex worker).
- "No, when you know how to use it, but most people don't know how to use condoms" (18 year old sex worker).
- "Some men damage condoms through piercing with needles, cutting them, using Vaseline to damage them and some times removing them during the time of intercourse (22 year old sex worker).

It was also revealed from focus group discussions that a number of sex workers practiced masturbation and perceived it as a safer sex option that could protect them from risky practices to HIV/AIDS:

> May be masturbation could help. I have to do it because my clients sometimes are away or irregular, so I have to find a way of satisfying myself. So when I think and think about some one who is not around, I find my hand moving to the act of masturbation. Sometimes I use warm water to reduce the urge (18 year old sex worker).

3.7 Impact of HIV/AIDS on Community and Individual Behavior

3.7.1 HIV/AIDS in the Community

Sex workers were asked if they knew of anyone with AIDS in their community. The majority, 98% (190/194), knew of someone with AIDS, suggesting that HIV/AIDS was a major health problem.

3.7.2 Predictors of Behavioral Change

In order to establish the impact of the AIDS scourge on individual behavior, specific information was sought on sex work practices thought to predict future risky behavior. Sex workers were asked if they had ever sought for HIV/AIDS counseling from anywhere. 55.2% (106/192) had not done so while 44.8% (86/192) had received counseling before.

It was found that only 15% (28/187) had ever gone for an HIV/AIDS test, while the majority 85% (159/187) had never done so. Among those who had an HIV/AIDS test, 10.7% (3/28) of the sex workers reported they tested positive for the HIV/AIDS virus while 67.9 % (19/28) of the sex workers reported they tested negative. The rest, 21.4% (6/28), did not reveal their status.

3.7.3 Impact on Sex Work Practice

Sex workers who participated in focus group discussions disclosed several ways in which the spread of HIV/AIDS has affected their sex work practices:

- "I cannot allow anyone to play sex with me without a condom" (18 year old sex worker).
- "I have no love for any man, I just play sex because of my children's needs" (35 year old sex worker).
- "It affected me very much and not I fear a bit [*sic*], but it is because of money for my children" (25 year old sex worker).
- "I fear my sisters died of HIV/AIDS. I have tried to stick to condom and to select my clients" (16 year old sex worker).
- "I fear HIV/AIDS but have nothing to do because I have no help" (25 year old sex worker).

Sex workers were further asked if they had reduced the number of sexual clients due to the AIDS scourge. 63.1% (4/149) reported having done so while 36.9% (55/149) had not. Some sex workers who participated in focus group discussions revealed:

- "I try to have one client per day just for survival" (20 year old sex worker).
- "I get two or one client just for survival" (16 year old sex worker).

The mean number of clients before reduction was 3 per day while after reducing the number of clients it was reported to be 2 per day. Those who had not reduced the number of their clients gave a number of reasons as expressed in their responses:

- "I have not changed, because when I meet with my clients I use condoms" (19 year old sex worker).
- "It is the only work which gives money without fail" (25 year old sex worker).
- "Where can I get money if I change? I have nothing to eat so I can not change" (17 year old sex worker).
- "I don't have too many clients (2 per day), what can I reduce? It is my only job, where can I get clean money" (24 year old sex worker).
- "Because my husband died" (32 year old HIV+ sex worker whose husband died of HIV/AIDS).

Among those who had not reduced on the number of their clients, 71.8% (28/39) said it was because sex work was a paying job while 28.2% (11/39) said because they were now using a condom with their clients. Most of the sex workers had reduced their clients between late 1994 and early 1996.

3.8 Strategies for Future Programs

3.8.1 AIDS Control Activities among Sex Workers

In order to get baseline information for future AIDS control activities among sex workers, information was sought on what AIDS control activities had been initiated and implemented in their community. 45.1% (78/173) reported that AIDS seminars had been

conducted while 5.1% (9/173) reported gospel messages about HIV/AIDS by evangelists. 39.3% (68/173) reported that no activity had taken place, while 9.2% (16/173) said they could not attend because they couldn't read and write. One sex worker said: "I cannot go there (to the HIV/AIDS seminars) because I do not know how to read or write" (23 year old sex worker).

Sex workers were asked what they had learnt from these activities. 40.2% (35/87) said they had learnt how to use condom, 37.9% (33/87) said they had learnt how to avoid being infected by HIV/AIDS, 19.5 % (17/87) had learnt to change their sexual behavior, 16.1% (14/87) had learnt facts about HIV/AIDS, 8% (7/87) had learnt how to counsel others, and 5.7% (5/87) had learnt that AIDS is bad. Sex workers who participated in focus group discussions emphasized the lessons they had learnt form AIDS seminars:

- "To reduce risky sexual practices and look for a job" (31 year old sex worker).
- "That behavior change is possible. Condom use is necessary for prevention of AIDS" (18 year old sex worker).
- "To use condom and have one sex partner but for me (*sic*) I have my problems" (25 year old sex worker).
- "How to use a condom and a lot about behavior change. I have learnt to keep on using a condom" (20 year old sex worker).
- "How to avoid AIDS and STDs but I have my problems. I can't care about it" (20 year old sex worker).

3.8.2 Proposals for Interventions among Sex Workers

Sex workers made proposals for strategies that could be done to prevent further spread of HIV/AIDS in their community. Most of them suggested promotion of condom use 35.6% (64/179), followed by those who suggested teaching everybody about AIDS 34.6% (62/179) and promoting faithfulness 12.3% (22/179). Other suggestions included creating job opportunities 2.8% (5/179), teaching about salvation 1.7% (3/179) and putting a clinic in the area to provide free drugs and condoms. 11.7% (21/179) said nothing could be done to prevent HIV/AIDS among sex workers. Sex workers who participated in focus groups discussions gave their views:

- "Create jobs. But this will help to a less extent because prostitutes are lazy, they don't want to work. But even these women who work can also come back and go into prostitution. So this can only help to a less extent" (35 year old sex worker).
- "Educate people how to use condoms and give them freely" (27 year old sex worker).
- "Bring so many projects where everybody can get a job and get enough money" (18 year old sex worker).

Those who thought nothing could be done also had their views:

- "Never! There is no way you can stop people from engaging in sex, unless the world ends" (30 year old sex worker).

- "Nothing can be done because men and women sleep around quite a lot. Only God can save Katanga" (22 year old sex worker).

Finally, in order to explore potential areas involving sex workers in intervention activities among themselves, they were asked how they could contribute in preventing the spread of HIV/AIDS.

Most of them 37.7% (60/159) said they could participate in teaching and counseling people in the community, 13.8% (22/159) said through behavior change, 13.2% (21/159) through condom use, 11.9% (19/1159) through participation in seminars, while 23.3% (37/159) said they had nothing to do in prevention activities. Sex workers made some comments in qualitative interviews:

- "To teach my friends and partners" (20 year old sex worker).
- "To teach people how to use condoms house to house" (30 year old sex worker).

Those who said they had nothing to do also gave their views:

- "I am not trained, I haven't much to do" (24 year old sex worker).
- "I don't think I have much to do, people here are independent" (18 year old sex worker).

4. DISCUSSION

4.1 Introduction

The study of knowledge and sexual behavior patterns related to HIV/AIDS among commercial sex workers in Kampala was carried out in Katanga slum area. This area is situated in a valley that separates Makerere University and Mulago Hospital, 3 Kilometers northwest of Kampala city center, the capital city of Uganda. The data presented and discussed in this study was collected exclusively from sex workers who were willing to be interviewed by the researcher. The data was collected between June - July 1996. Data analysis and report writing was done in the subsequent months.

4.2 Socio-Demographics

A total of 201 sex workers were enrolled in the study from all the four administrative zones of Katanga slum area, namely,: Kimwanyi, Soweto, Katale and Busia zones. 66.5% of the sex workers were in the age group 15-24 years, the age group from which 60% of all the new HIV infections have been reported in Uganda. Also, in this age group, HIV infection rates are six times more in females than their male counterparts nation wide. This age bracket, therefore, constituted a major demographic risk group to HIV/AIDS among women where intervention needs to focused. The majority of sex workers had very low educational status, the highest level attained by 83.9% being skewed to primary and nursery levels or none. This implied that most of them had difficulty in getting gainful employment, and at best could only be engaged in low paying service jobs such as serving as barmaids, food vending and petty trade, which could not meet their daily needs. Not surprisingly, almost half of them were jobless (41.9%), while the rest were involved in various kinds of menial work already mentioned. Lack of financial support was one of the risk factors which made them vulnerable to sex work. Thus, for any successful intervention among sex workers, the

problem of unemployment needs to be addressed, through the initiation of income generating activities to provide alternative sources of income to sex work. Most sex workers are Protestants and Catholics, and a few are Moslems, which more or less reflected the national picture. The majority of sex workers belong to the Baganda ethnic group. This is probably due to their proximity to the capital city, where a lot of rural to urban migration takes place in search of urban-western life styles and employment opportunities. It has also been observed for decades in Uganda that many young women from the western parts of Uganda, particularly those belonging to Batoro and Banyankole, have been migrating to major cities where they reside in slum areas engaging in sex work as a means of survival. Many of these young women are brought to the cities by their relatives in search of low-income jobs and later introduced to the sex trade. However, apart from the historical responsibility of migrant labor for the growth of prostitution that has been documented, recent civil wars and strife in various rural parts of the country have also driven many young women into cities with no financial support.

Most sex workers (77.1%) had no spouses, as the majority were single young women, while others were divorced or widowed. Despite this observation, the majority (79.5%) had a number of children ranging between 1 to 5 siblings showing a high fertility index and low use of family planning methods in such a young population. It also implied that most sex workers, in addition to commercial partners, also had steady partners whom they regarded as their "husbands" and whom they preferred to have children from; hence they were not using condoms. Such sexual behavior, hence, facilitated the transmission of HIV infection from the prostitute community into the general public since such clients were likely to have other sexual partners or even wives elsewhere. A high dependence rate was also observed among the majority of sex workers, with a mean number reported to be 3 persons including their children. This would increase the likelihood of a risky behavior in order to meet the day-to-day demands of their large families whom they supported. It was, however, not established how all these dependents were related to the sex workers.

4.3 Knowledge and Practices Related to Sexually Transmitted Diseases

Knowledge about sexually transmitted diseases was high. There was also high knowledge about the various STD syndromes, namely, those causing discharges, genital ulcers and swellings, skin rashes and abdominal pain. However, the frequency of each of the separate signs and symptoms mentioned was relatively low. The major sources of information about STDs were mainly friends, relatives and radio. Sex workers also discussed STD issues mainly with friends. This implied that peers played a big role in passing on information to their friends. Peers constituted a potential resource that could be utilized in HIV/AIDS interventions through training and use of peer educators.

Almost half of the sex workers (45%) had contracted a sexually transmitted disease giving an indication that unprotected sex with multiple partners was highly prevalent among prostitutes. This also implied a high risk to HIV/AIDS since STDs, especially those causing genital ulcers, are known to be co-factors in the transmission of HIV infection. The commonest STD symptoms contracted were, vaginal discharges and genital ulcer. The mean number of STD episodes suffered in the past one year was 2.5 per sex worker.

Most sex workers sought STD treatment mainly from a hospital or private clinic. Katanga slum area is located in the neighborhood of Mulago hospital, the national referral hospital. Also in the neighboring suburbs of Wandegeya shopping center and Bwaise are a number of clinics which have sprang up to cater for the health needs of the surrounding population who do not want to line up in the long cues in the big hospitals. Qualified personnel man many of these clinics. 25.2% or a quarter of the sex workers occasionally received self-medication from shops or local herbs. This may be one of the reasons for the continued existence of STD in this community due to some prostitutes receiving improper treatment.

It was also observed that 69% of the sex workers continued with risky behavior even when they had an active STD infection, which, as mentioned earlier put them at a high risk of HIV infection and also easy transmission to their clients. Only 31% or a third abstained from sex during this period.

4.4 Knowledge about HIV and AIDS

In Uganda, since 1987, a number of HIV/AIDS control activities initiated and implemented by the Government and Non-governmental organizations have been taking place. However, none of these programs has specifically targeted sex workers as a high-risk community in Kampala city. Sex workers have been perceived as incorrigible transmitters of HIV/AIDS who are inaccessible to most program implementers, and most efforts have been directed to protecting men from the prostitutes. Since, in many African traditions, prostitution is in disaccord with traditional values, many programs have tended to marginalize them. Therefore, as revealed in this study, the major sources of information about HIV/AIDS were mainly peers and the radio. Since most of the peers are of low level of education, it is doubtable that they could pass on correct information to their friends. A lot of IEC information on AIDS has been disseminated through pamphlets and leaflets which many of the sex workers cannot read. Sex workers had also made a lot of effort to get information through the radio. Whereas many sex workers may not afford to have a radio set, it is also true that many of these radio broadcasts are mostly brief and lacking in detail, and often not aired in their vernacular dialects for their easy appreciation. They also provide a one-way communication without giving them the chance to ask on some of their concerns. There is thus a need to put in place programs that specifically address the special needs of sex workers in consideration of the special factors that make them vulnerable to HIV/AIDS.

Factual knowledge about HIV/AIDS was high, especially knowledge about HIV/AIDS transmission, the symptoms of AIDS and the asymptomatic nature of infection with the AIDS virus. Most were also aware that presently there is no cure for HIV/AIDS. Knowledge about AIDS prevention has increased due to the many preventive campaigns that have been intensified over the last decade in Uganda.

4.5 Sex Work Practices and Behavioral Patterns

Sex workers are involved in risky practices to HIV/AIDS through sex networking and commercial sex work. Many had started sex work at an early age, mean age of first sex encounter was 14.7 years and the mean number of clients was 2 per day. 84.2% of the sex workers had regular non-paying partners as well as paying clients. This provided an

entry point for HIV/AIDS transmission to the public since they are unlikely to use condoms with regular or steady partners.

Sex workers revealed a number of reasons why they were engaged in paid sex, many of which underscored the centrality of economic need to prostitution. Many lacked financial support for reasons such as death of parents or husbands, divorce or dropping out of school, and unemployment. Therefore, any intervention among sex workers should recognize how integral economic factors are to prostitution, as this needs to be addressed before they can abandon sex work or even adopt safer sex practices.

Men from all walks of life were clients to the sex workers, depending on where the sex worker operated. These included businessmen, professionals, bar-men and bar-owners, white men and students, including men resident in Katanga or from outside. Thus, sex work clients are part and parcel of the general public, and are not very easy to identify, but probably play a big role in the transmission of HIV/AIDS between the prostitute community and the general public. Most sex workers accepted any client as long as he had money to pay for sex.

Sex work transactions were made in various ways. Most clients paid cash while others bought food, paid bills like house rent, school fees, medical bills and others. Others bought sex workers dresses or paid for hairdressing. Since men residing in Katanga could not afford to pay high fees, many sex workers were also engaged in other trade in bars, hotels, discotheques and streets in order to raise more revenue.

4.6 Knowledge and Patterns of Condom Use

Knowledge about condom and its uses was high, again mainly received from friends and the radio. However, accurate knowledge about condom use was lacking although some sex workers knew about which precautions to take before using a condom.

It was also worrying that up to 30% or a third of sex workers had never used condoms in their practice despite having multiple sexual relations. Even among those who had ever used condoms, less than half (41/7%) has used them all the time. Whereas most of the sex workers were aware that condoms could protect them from STDs and HIV/AIDS and unwanted pregnancy, most of them had not taken heed of this knowledge. Not surprisingly, high STD prevalence and fertility indices were observed in this study. It was also observed that on many occasions, it was the sex workers who took the initiative to suggest condom use, made the necessary decision to use condoms, provided the condom and in some cases went ahead to fit the condom on the clients' penis while the clients took a passive role. This evidence that clients, not prostitutes, were refractory to condom use confutes the view that prostitutes are incorrigible transmitters of HIV/AIDS.

Most sex workers (58.6%) kept condoms in their houses in various places which ranged from suite cases, hand bags, cupboards to pillowcases. Most sex workers disposed off used condoms safely in places like the pit latrine, or by burning them or burying them, although a few just threw them in open drainage channels or open rubbish pits where they could pose a health risk. Condom promotion activities should also emphasize the areas of correct storage and disposal just as it puts emphasis on correct usage.

Condoms were readily available to the sex workers through various outlets such as shops, clinics, hospitals, friends and social workers at a reasonable cost when they needed to use them despite a low-grade condom promotion policy in Uganda. Sex workers also played a big role in accessing condoms to their peers in the form of petty trade. Most sex workers expressed that the cost of condoms or their accessibility were not significant factors that contribute to the failure of their use among prostitutes. Almost all sex workers (96.4%) paid for condoms and the majority (81.5%) felt they got enough supplies for their needs.

It was also noted that widespread misinformation about using condoms had been disseminated that could deter many sex workers from using condoms. These included allegations that condoms stick in the vagina or uterus and removing them could involve a major operation,; condoms bursting, condoms having holes and thus not being protective or causing vaginal or abdominal pain. However, it was observed that the majority of the sex workers had never experienced any of these problems in practice.

It was also revealed that clients played a major role in the failure of consistent condom use among sex workers. Many of the sex workers (66.9%) reported incidences where clients on the other hand refused using condoms. Thus, since on many occasions it is the clients who are refractory to condom use, condom promotion among sex workers should include strategies of handling clients who refuse to use condom. They should also emphasize strategies that do not require consent of the client such as the promotion of female condoms.

4.7 Risk Perceptions

Most sex workers perceived their high risk to HIV/AIDS infection, judging from their present sexual behavior. 56.9% felt they could easily get infected with the AIDS virus, since they were not using condoms; were having multiple sexual relations; their partners were not faithful; while others doubted the efficacy of condoms in protecting against the AIDS disease. The majority (62.5%), however, thought they might not yet be infected, although it was observed that they had not taken any serious safeguards against the infection. Thus, whereas sex workers perceived their risk to HIV/AIDS, they had not taken serious safeguards to protect themselves from HIV infection. Many sex workers perceived having one faithful partner and using condoms as a safer practical option. A few sex workers had resentment over these options claiming that they had after all got infected while others believed that condoms could not always be perfectly used.

4.8 Impact of HIV/AIDS on Community and Individual Behavior

The HIV/AIDS scourge had significantly affected the sex work community in Katanga slum area. Morbidity and mortality rates from HIV/AIDS were high as almost all (98%) of the sex workers reported knowing someone with AIDS in their community. This was supported by the observation that risk behavior was rampant in Katanga slum area. A number of sex workers (44.8%) had received counseling on HIV/AIDS before, although only 15% had made the decision to have an AIDS test. Impact was reported on individual sex work practice in various ways. Some sex workers were now making an attempt to use condoms because of fear of contracting AIDS, and others had reduced the number of their clients. Others reported to be selective among their clients and were now

compelled to do sex work because they had no other options of financial support for themselves and their families apart from paid sex. 63.1% had reduced the number of their clients to a level just sufficient for survival. Most of the sex workers had reduced their clients beginning in late 1994, a trend that has also been reported in the National HIV/AIDS surveillance reports. These reports on behavior change contend with others that have been gathered nationwide.

4.9 Strategies for Future Programs

A number of AIDS control activities have been initiated and implemented among women in Katanga slum area. However, coverage was limited, since a large proportion of the community is illiterate or semi-literate, and could not read or write. Not surprisingly, most sex workers received their information about STD and HIV/AIDS mainly from friends and the radio. It was also observed that those who participated in these activities had learnt several lessons, particularly regarding condom use, behavior change through partner reduction and facts about HIV/AIDS.

Sex workers thus proposed that there was a need for more education, especially on condom use. Some sex workers also suggested future interventions involving creation of job opportunities or income-generating activities to offer an alternative to sex work. A number of sex workers expressed their willingness to participate in AIDS prevention activities through teaching and counseling their peers, exemplary behavior by opting for behavior change, participating in AIDS seminars and distributing condoms.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

- Commercial sex work or prostitution exists in Kampala city and quite many young women are involved in this trade as a means of survival.
- Many young women are led into sex work due to adverse socio-economic and demographic factors that make them especially vulnerable to prostitution. Most notable of these are unemployment and lack of financial support for themselves and their dependents.
- Awareness about STDs and HIV/AIDS among sex workers was high, including awareness about the various protective options.
- Most sex workers were engaged in risky sexual behavior through unprotected sex and multiple sexual relationships. Consequently, sexually transmitted infections were highly prevalent among the prostitute community.
- Knowledge about the correct use, storage and disposal of condoms was still lacking, although condoms were readily available and accessible to the sex workers through various outlets.
- Although many sex workers sought to protect themselves by using condoms, economic, psychosocial and behavioral factors among sex workers prevented consistent and sustainable use of condoms. On many occasions, clients, not

prostitutes, largely contributed to the failure of condom use and drove sex workers into unprotected sex.

- Sex workers perceived that they are at a high risk and vulnerable to HIV/AIDS infection and were aware of risk reduction options. However, risky behavior that permitted continued disease transmission still persisted among sex workers and their clients.
- Many sex workers were gradually adopting behavior change in the wake of the deadly AIDS scourge through partner reduction and condom use.

5.2 Recommendations

- Government, policy makers and program providers should recognize sex workers or prostitutes as a social group within the population that derives its existence from the complex demographic, socio-economic and political phenomena that our society experienced, and who need services and development programs to meet their special needs.
- Young women are driven into sex work by complex socio-economic, political and socio-demographic factors. There is a need to appreciate these, and create advocacy into measures that protect the girl-child from these adverse factors that make them especially vulnerable to sex work.
- The problem of prostitution is integral to the problem of the spread of STD and HIV/AIDS since prostitutes are potentially a "reservoir" of infection to the general public. Therefore, sexually transmitted infection programs need to address the special needs of sex workers that drive them into risky behavior when they are well aware of the potential risks involved.
- Sex workers' clients are men from all walks of life and are part of the general public. Many of them have been visiting prostitutes for several years and several times, and also visited several prostitutes. They are thus also at risk being infected by HIV/AIDS. There is a need to study factors that motivate these men to visit prostitutes. There is also a need to establish the knowledge, attitude and sexual behavior of the clients related to STD and HIV/AIDS in order to come up with appropriate interventions since many of these have been reported to be averse to using condom.
- There is a need to incorporate efforts geared towards income generating activities in interventions among sex workers. This will, in the first instance, raise their bargaining power while negotiating for safer sex with clients. Ultimately, this will provide them with alternative income to sex work if they opt to abandon the sex trade.
- Many sex workers cannot fully benefit from the educational programs about HIV/AIDS since they are either illiterate or semi-literate. Therefore, STD and HIV/AIDS interventions among sex workers should include adult and functional literacy to improve the benefit of the target population.

- Condoms have been observed to play a big role in reducing the risk of HIV infection among sex workers. There is a need to increase awareness on the importance of consistent condom use among sex workers and their clients. There is also a need to introduce and emphasize the female condom, which does not require the cooperation of the clients since many have been reported to be reserved about using them.
- The role of peer educators as a vital human resource in passing on information and education about STD and HIV/AIDS needs to be exploited. Many sex workers are in constant contact with their peers and freely pass on information to one another, which they deem necessary for their survival. In many programs, use of peer educators is cost-effective as many of these are often volunteers and are within the reach of the target population most of the time.

RFERENCES

ACP Entebbe. 1988-96. Progress on the AIDS epidemic in Uganda.

Bakwesegha, J. C. 1982. Profiles of urban prostitution: A case study of Uganda.

Campbell, C. A. 1991. Prostitution, AIDS and preventive health behavior. Social Science and Medicine.

Jackson, L.1992. Varied potential risks of HIV infection among prostitutes. Social Science and Medicine.

Lammerick, M.P. Some selected examples of participatory research. The Hague.

Ngugi, E. N. 1998. Social, cultural and economic aspects of prostitution in developing countries.

Plummer, F. 1988. Strategies for control of AIDS in Africa.

Pyett, P. M. 1996. Risk practices for HIV infection and other STDS amongst female prostitutes working in legalized brothels in Australia.

Rwabukwali, C. 1990. The social organization of risk behavior in HIV transmission in Kampala.

WHO. Women and AIDS: Agenda for action. WHO/GPA/DIR/94.4.

Acknowledgments