Policy Brief

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School in East Hararghe - Fedis, Oromia, Ethiopia © Nathalie Bertrams/GAGE 2023

Young women involved in commercial sex work in urban Ethiopia: experiences, drivers and implications for sexual and reproductive health policy and programming

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Background

At a global and national level, sexual and reproductive health is recognised as integral to the wellbeing and rights of women and girls. Sustainable Development Goals Target 3.7 asks that by 2030, countries *'ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies'* (UN 2015). The importance of young people's access to sexual and reproductive health (SRH) information and services is also echoed in Ethiopia's National Adolescent and Youth Health Strategy, which seeks to (1) enhance health literacy, including SRH information, among adolescents and youth, (2) improve equitable access to adolescent and youth health services, (3) improve the quality of adolescent and youth health services (MOH 2016). The Strategy emphasizes that health extension workers can play critical roles in expanding SRH information and services, especially in rural and remote areas where awareness is low and access to services is limited. The Ministry of Education has also developed a guideline for gender clubs that recognises such clubs as a means of improving SRH services in schools.

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However, significant work remains to improve sexual and reproductive health outcomes for young people. Many young people drop out of formal education during adolescence, which means they are also less likely to have access to reliable sources of information about sexual and reproductive health and wellbeing, thus increasing their risk of poor outcomes (MoE 2020; Tesfaye et al 2020; Sidamo et al 2021). Conflict and displacement have exacerbated challenges not only for continued schooling, but also for the accessibility and uptake of sexual and reproductive health information, services and supplies - whilst also increasing the risk of sexual violence and exploitation amongst young people who are already vulnerable (DeMaria et al 2022; O'Connell 2022; Jones et al 2022).

In 2020, the United Nations Population Fund launched its *'International technical and programmatic guidance on out of school comprehensive sexuality education (CSE)'* (UNFPA 2020). To support the uptake of this guidance, a multi-phased initiative entitled "Reaching those most left behind through CSE for out-of-school young people" is currently being implemented in 12 countries, including Ethiopia. Through this initiative the *'International technical and programmatic guidance on out of school CSE'* is adapted to the specific context, needs, and life experiences of selected groups of out-of-school young people, and then implemented with support from UNFPA. In Ethiopia, one of the selected groups of young people were young women involved in commercial sex work (CSW). Young women involved in commercial sex work (CSWs) are at high risk of being out of formal education and therefore less likely to be exposed to education about sexual and reproductive health and life skills. They are also vulnerable to sexual exploitation, abuse and transmission of HIV and STIs, whilst facing barriers to accessing SRH services, exacerbating their risk of poor SRH and well-being outcomes.

Programme overview

Drawing on the 'International technical guidance', a manual for *Sexual and Reproductive Health and Life Skills Education* was developed by UNFPA Ethiopia with input from stakeholders from both government agencies and NGOs. The manual was then used by DKT-Ethiopia (DKT-E), an organization whose activities focus on family planning, maternal and child health and HIV/ AIDS prevention, to train young women involved in commercial sex work (CSW) on a range of topics related to SRH and life skills. The project was implemented in Hawassa city (Sidama region), Bahir Dar city (Amhara region), Adama city (Oromia) and Addis Ababa.

The training sessions were given by peer facilitators who were selected by DKT-E and provided with 8 days of training on the manual by SRH experts with a further 2 days of refresher training several months later. All peer facilitators had experience of CSW either through working with sex workers or previously undertaking CSW themselves, making them familiar with the issues facing the participants. The facilitators were trained to use interactive methods for teaching the contents of the manual, including demonstrations, videos, group discussions, and role playing. They worked to create a safe environment which encouraged sharing of experiences and asking questions.

Research methodology

The effectiveness of the intervention was assessed through implementation research funded by WHO and carried out by the Gender and Adolescence: Global Evidence (GAGE) programme. The data collection was carried out in three sites out of the four including Bahir Dar, Hawassa and Addis Ababa. Data collection was conducted by experienced researchers in Addis Ababa, Bahir Dar and Hawassa between July and August 2022 using mixed qualitative and quantitative research tools. See Table 1 below.

Table 1: Research sample

Research site	Individual interviews with CSW participants	Individual interviews with facilitators	Key informant interviews	Focus group discussions with CSW participants	Focus group discussions with facilitators	Total
Addis Ababa	8	3	2	2 (1 per site, 6 participants in each)	1 per site, 2 participants	
Bahir Dar	8	3	2	2 (1 per site, 6 participants in each)	1 per site, 2 participants	
Hawassa	8	3	1	2 (1 per site, 6 participants in each)	1 per site, 2 participants	
Total	**24**	**9**	**5**	**36**	**6**	**80**

19-year-old pregnant woman having medical check at a clinic, Amhara, Ethiopia © Nathalie Bertrams/GAGE 2023

Findings

Sex workers' experiences

Entry into sex work is driven by poverty and a lack of alternative livelihood options

Much of the time, entry into sex work was driven by poverty and a lack of alternative livelihood options. This makes it very difficult to leave the industry because young women perceive that there are no real alternatives. Daughters whose parents were living with HIV described their struggle to secure a livelihood for their families due to stigma associated with HIV. Many had poor communication with parents, who were often unaware as to how their children are making a living.

> *I started sex work to help my parents. I have 2 younger siblings; I am responsible for taking care of all my family members. My parents have no regular income. I am supporting the family with the money that I get daily. I am interested to continue in TVET, but I do not have money to continue school.* – interview with sex worker, Bahir Dar

Rural distress migration was often a key feature in girls' explanations as to how they entered sex work. Adolescent girls and young women migrate from rural areas in search of work but have very limited information and are highly vulnerable to recruitment into sex work by brokers, who often use deception about the nature of the work in which they will engage. Due to this, they face brutal sexual abuse by the brokers and the hotel owners/managers during their first few days after entry into the sex industry.

Risks of sex work include violence, sexually transmitted diseases, substance abuse, stigma and poor mental health

CSWs described being discriminated against and stigmatised in the wider community, and said they were seen as 'not human', 'dirty' and 'thieves'. They described experiences of serious violence from clients including beatings, rape, and forced unprotected sex. As a result, young women frequently abused alcohol and other substances such as khat to cope with sex work and the dehumanisation they faced. They also faced pressure from hotel owners to drink whilst working to increase the spending of their client, and pressure from clients to drink in order to relax and be 'in the mood' for sex, which makes it very difficult to stop or refuse even if they want to.

> *Some customers force you not to use a condom, they leave the room when you are sleeping, when did not pay you. They beat you when you want to negotiate about condom. There was a time when a customer*

beat me seriously and forces me for unprotected sex. He slapped me and I faint then I had unprotected sex because it is my obligation to have sex, because I was paid for it. – interview with sex worker, Bahir Dar

Places of sex work hold different risks

Being in a hotel was described by some CSWs as relatively safer because the owners can offer some protection, whereas in the street CSWs are more vulnerable to violence, both from clients and street youth, who may use the anonymity of darkness and the isolation of CSWs to inflict violence on them. However, some CSWs reported that working in a hotel means having to pay for the venue and often the broker too, which can make sex work less profitable and lead to longer working hours. Some hotel owners are abusive to CSWs and have strict rules about girls' behaviour, including their ability to leave the establishment. Some adolescent girls and young women described being abused by hotels owners, locked in rooms and not given access to their belongings other than a dress to wear for clients.

There are hotels that do not allow sex workers to go out of the hotel for any reason. They stay in a room; their clothes are locked in different room. The hotel gives them food when they want to eat, they take a shower and put on clothes they given. They go for sex work during the night, then they go back to the room in the morning... that is the way they lead their life. There are many hotels, bar and small restaurants that are abusing sex workers like that. – interview with DKT-E facilitator, Bahir Dar

Sex workers lack access to support or services outside of healthcare

CSWs often encounter stigma from healthcare providers that means they are not always comfortable accessing services. However, they reported being unable to turn to the police due to their work. Some felt the police were unsupportive, while others had experienced verbal and physical harassment and abuse from officers. Some CSWs also felt the police colluded with hotel owners to prevent CSWs from escaping their places of work.

We report the case to police when we meet police. But most of the time they are not supportive... Police not do anything or help you when you are beaten or had unprotected sex. – focus group discussion with sex workers, Bahir Dar

Internal displacement due to recent conflict in northern Ethiopia has also pushed many adolescent girls and young women into sex work in Bahir Dar

In Bahir Dar young and highly vulnerable girls are being exploited and brought into sex work by brokers. Conflict-induced migration has led many girls from rural areas to Bahir Dar. Girls arrive at the bus station and are targeted by brokers. Brokers identify 'attractive' girls and tell them there is a business they can join which pays well, but being young and new to the area, many girls do not realise what the 'business' is until it is too late. Brokers take girls to hotels or sex work houses, often after raping them first. Some brokers also have HIV and have sex with the newly arrival girls without a condom, infecting the girls with the virus on their first day.

There are girls that came from rural area to be a house worker. They may hear as a sex worker paid 1000 birr a day that is a monthly salary of house worker. They start sex work when they do not have information about the work. They do not know how to use condom. – focus group discussion with sex workers, Bahir Dar

Impact of SRH and life skills training

High quality training on SRH helps to improve SRH knowledge, negotiation skills, behaviours and information sharing

The DKT-E facilitators were highly rated by participants as compassionate and non-judgmental. The participants felt that they made the sessions interesting, interactive and enjoyable. Importantly, because of the rapport that the facilitators established with the young women, the participants felt able to share their experiences and concerns with facilitators and turn to them for advice, especially about medical issues, HIV and STI testing, SGBV and psycho-social support.

I told the facilitator I never test for HIV, she encourages me to test every 3 months and she helped me to test. The trainers are very good; they tolerate the behaviour of sex workers... They listen to you when you share experience, the sex workers like to share their stories because they have some emotional pain and want to tell that. You feel relieved when you share your pain to someone though the person could not help you. She called me and remind me to test after 3 months I was happy for that I feel like they are caring. – interview with sex worker, Addis Ababa

CSWs also stated that they learned a lot of new information from the trainings, much of which was relevant and useful for their work and helped them to protect themselves. This included ways to identify and avoid STIs and prevent the transmission of HIV/AIDS. This knowledge from the trainings also resulted in changes to their behaviour, including proper condom use and disposal, and regular testing for STIs/HIV as well use the importance and use of emergency contraceptives. They also shared their knowledge with other CSWs. This knowledge and behaviour change was also supported by linkages to confidential testing services that were supported by facilitators, who in some cases helped or accompanied young women to access these confidential health services.

> *Before the trainings, I personally had no clue about the importance of using condoms during the sexual intercourses and STIs. But, after the training, I realized that protection is the center of my job and I decided not have unprotected sex.* – interview with sex worker, Addis Ababa

Many young women reported that clients do not like to use condoms, and often try to avoid using them. Sometimes they would remove condoms during sex or argue with CSWs that condoms reduced their enjoyment. However, in the training CSWs learned that being able to convince clients to use a condom improves their own safety as well as that of their clients, and they were taught strategies to convince clients to use one or to decline sex if a condom was not accepted.

> *The main thing is that I became self-aware about how to protect my self from different STIs and how using condoms are important, because many men try to push us and have sex without condom and now, if they don't have it, we carry them in our purses. They also told us how to deal with our customers politely and peacefully because they are sometimes very hostile.* – interview with sex worker, Hawassa

Training on life skills led to improved financial planning, and improved future aspirations

The life skills component of the training included exercises in which CSWs calculated the amount they would spend on items such as alcohol, substances and other recreational activities. They learned that drinking and using substances both undermined their ability to protect themselves from risky sex, and cost them a lot of money. They were encouraged to reduce spending on these items and to instead save money for things that would improve their quality of life and help them to save for the future. Many CSWs described that the training changed their view of what was possible and helped them to start taking action to plan for a better life for themselves and their families

> *The training is helpful. It advises and helps us to think about other income source. I am engaging in available work during day and I am providing for family using the money. Before the training I never think of stopping sex work, I thought I continue in sex work. The trainers advise us much and that help to change our perspective of the future.* – interview with sex worker, Bahir Dar

Health brochures distributed at a health center in Dire Dawa, Ethiopia © Nathalie Bertrams/GAGE 2023

Programme limitations

- CSWs appreciated the life skills component of the training, especially information about financial planning, but wanted more practical support to change their lives.
- The programme had good connections to healthcare services, especially testing and management of HIV and STIs. However, although the manual described girls' and young women's rights to protection from violence, there were limited linkages to these systems put in place, which meant participants were not using such systems, especially because of the discrimination they encountered from the police.
- Some accessibility challenges were reported by participants. CSWs described the time of the training (in the morning) as sometimes being in conflict with their work responsibilities; others found it hard to attend because they usually caught up on sleep at the time of the training. Others mentioned the venues exposed them as CSWs to others in the community because of the visibility of these places, and would have preferred less obvious and confidential locations in side streets.
- CSWs and facilitators described groups of young women who were involved in sex work but not able to access the training, including girls living with family members and those on the street. Additionally, due to conflict-induced migration and poverty, growing numbers of young women involved in sex work in Bahir Dar are under 18 years old, but the programme is for young people over-18 years only.
- Many CSWs involved in the programme had previously attended drop-in centres run by DKT-E, some of which were no longer running. They had positive experiences of these centres and wanted them to reopen. CSWs in Addis Ababa in particular also described difficulties in getting condoms and increases in the price of condoms making it harder for them to use them consistently. Some asked for condoms to be supplied through the programme, as they had been previously through the drop-in centres.

A domestic worker at the age of 12, Amhara, Ethiopia © Nathalie Bertrams/GAGE 2023

Recommendations to improve adolescent and youth sexual and reproductive health outcomes

The findings from the implementation research underscore the importance of urgent and coordinated actions if the Sustainable Development Goal and National Youth and Adolescent Health Strategy commitments are to be met. Here we highlight key priorities for programming and policy:

Recommendations for programming

- Education around sexual and reproductive health for adolescent girls and young women involved in commercial sex work needs to be scaled up to address unmet information needs and to promote better SRH outcomes
- Future training must establish wider service linkages, especially to GBV prevention and response services, to social care, legal and justice systems
- Timing of training must be planned around the lived realities of CSWs, and efforts made to secure venues for training that do not expose CSWs to further risks.
- Training must target CSWs who are less visible or under the age of 18.
- Opportunities for CSWs to meet their safety and hygiene needs (e.g. through the provision of drop-in centres) would be beneficial for their overall wellbeing.
- CSWs want more skills building components to programming and linked opportunities to move out of sex work.
- Condoms should be available in health centres, clinics and pharmacies with cheaper prices or NGOS should distribute them to CSWs freely.

Recommendations for policy

- Information on safe sex and HIV and STI testing must be widely distributed including in locations where CSWs frequent (e.g. hotels, bars, bus stops, truck stops.)
- Quality condoms must be secured and made available cheaply or for free so that CSWs can protect themselves during every sexual encounter.
- There is a need to address stigma towards CSWs amongst health professionals to improve healthcare access and uptake.
- Stigma and abuse within the police system must also be addressed so that CSWs feel safe reporting violence and other crimes.
- Brokers are key figures in the recruitment of underage girls into sex work, and also in perpetuating abuse, and must be properly investigated and prosecuted.
- Hotel and bar owners as well as officials should be provided with training on the rights of all human being including CSWs and on how to protect these rights when at risk of violation in their institutions by customers.
- Social workers should be assigned to provide proper counseling and related psychosocial support to CSWs particularly to the underage ones and these who face GBV by their customers or their employers.
- The Ministry of Women and Social Affairs should also consider supporting psycho-social care through its social work cadres or in collaboration with NGOs working around SRH issues.
- Job opportunities and life skills training should be facilitated by the Ministry of Job Creation and Life Skills.

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Endnotes

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