Situational Analysis of the Lives of Female Sex Workers from Old Fadama, Accra, Ghana

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Introduction

Ghana is situated in Sub-Saharan Africa, one of the poorest regions in the world. 30% of Ghana's population lives in 'serious poverty' on less than US $1.25 per day. Sex workers experience some of the most challenging lives. With little money, basic education and often unsupportive home lives, they are at high risk of physical violence, sexually transmitted disease and low sexual and reproductive health.

Heterosexual sex remains the predominant mode of transmission of HIV in Ghana, accounting for 75-80% of all infections.[1] Sex workers contract 2.4% of all new HIV infections[2] and have been identified by the United Nations and the Ghana AIDS Commission as one of the populations most at risk of contracting HIV, with several interventions targeted at this vulnerable group.[3] In fact the Ghana AIDS Commission estimates that sex workers have the second highest HIV prevalence risk of any group in Ghana, at 11.1% in 2011, compared to a national average of 1.5%.[4] This number is believed to be steadily decreasing. A survey carried out in 1999 and ratified by UNAIDS records sex workers in Tema a suburb of Accra, having a prevalence rate of 74.2%[5]. Since then, the Ghana AIDS Commission has reported a prevalence rate of 38% in 2006 and 25% in 2009. Importantly, sex workers have also been identified as a high-prevalence core group playing an important role in the dissemination of HIV, especially in urban centres. An Accra study estimated that approximately four-fifths of prevalent cases of HIV in adult males were acquired from sex workers.[6]

Theatre for a Change (TfaC) is a registered non-governmental organization in Ghana, which works to reduce the risk of HIV infection among marginalized and vulnerable groups through the use of interactive, participatory, learning techniques. In September 2012, the organization mobilized a group of 10 female sex workers living and working in a brothel in Old Fadama, Accra's biggest illegal settlement. To ensure the best possible outcomes for the project, Theatre for a Change conducted a Situational Analysis to explore in depth the causal factors of their situation, their knowledge and the challenges they face in the area of sexual and reproductive health, and their needs, to ensure an effective intervention.

Overall the results revealed that sex workers in Old Fadama suffer from low sexual and reproductive health and are highly at risk of contracting HIV. Condom use amongst clients is generally high; however condom use with long and short-term partners is negligible. Less than a third of those questioned had been tested for HIV in the past six months. Personal safety is also a daily issue – many suffer regular physical violence from both clients and boyfriends and are not sufficiently trusting of the police to report crimes.

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[1] Ghana AIDS Commission, 2004. *National HIV/AIDS and STI Policy.* Accra, Ghana.

[2] *Ibid 2*

[3] Academy for Educational Development, 2009. *Strengthening HIV/AIDS Response Partnerships* [online]. http://www.ghanaids.gov.gh/gac/docs/1296478547.pdf [Accessed Access Date 9 November 2012].

[4] Amenyah, R., 2012. Presentation;. *Reducing sexual transmission of HIV: Progress made so far in the MARP Interventions in Ghana.* Accra: Ghana AIDS Commission.

[5] UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance, 2004. *Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections: Ghana*.

[6] Cote, A.-M., Sobela, F., Dzokoto, A., Nzambi, K., Asamoah-Adu, C., Labbe, A.-C., Masse, B., Mensah, J., Frost, E. & Pepin, J., 2004. *Transactional sex is the driving force in the dynamics of HIV in Accra, Ghana.* Quebec, Canada.

Study Objectives

This situational analysis seeks to explore in-depth the experience of sex workers in Old Fadama and gain a better understanding of the causal factors of their situation, their knowledge and the challenges they face in the area of sexual and reproductive health, and their needs to ensure effective intervention.

Research Methodology

Data collection tools and sampling
Four methods of data collection were employed through the study:

1. Face to face questionnaire
2. Structured workshop exercises and discussions
3. Individual in-depth interviews
4. Stakeholder (or Key Informant) Interviews

Facilitated questionnaires
The main objective of the questionnaires was to explore the background circumstances, challenges and practices of respondents in relation to sex work. More specifically the questionnaire explored the following:

- Socio-demographic profile
- Reasons for entry into sex work and continued participation.
- Condom Use and history of HIV testing
- Risks and challenges faced

As literacy was a barrier for most participants, the questionnaires were completed as short face-to-face interviews. These were completed with 7 of the 10 workshop participants. The three remaining participants did not wish to take part in the questionnaire or were unavailable at the time of interviewing.

Structured workshop exercises and observations
During workshops TfaC staff formulated and observed exercises to encourage participants to act out their experiences, rather than solely discussions. The main objective of the workshop exercises and discussions was to gain a more in-depth understanding of:

- Negotiating condom use with clients

  A role-play exercise in which participants were asked to play out a negotiation with a client who insisted on sex without a condom. A male TfaC staff member acted as the client and participants were instructed to act realistically, and respond as they would whilst at work.

- Applying a condom

  Participants were asked to apply a condom to a model penis. Facilitators monitored the activity, checking if they inspected the condoms thoroughly before use (expiration date, lubricating liquid still present, no cuts or tears to packaging) and were able to apply the condom properly (correctly rolling the condom down the penis, leaving space at the top), at the correct time (before starting intercourse.)

- Physical abuses

A physical 'sculpting' exercise in which participants stood in a circle and each physically 'sculpted' their bodies into a position of physical violence they had experienced in the past, whether as the aggressor or the victim. They were then asked detailed questions about the types of violence, frequency, the identity of the aggressor, etc.

- Health care providers

In this 'mapping' exercise, four corners in the room were identified as different points for health care provisions – a health care clinic or hospital, pharmacy, herbalist and traditional Ghanaian spiritualist. TfaC staff described different scenarios of ill health and participants were asked to walk to the area they would mostly likely attend in that scenario. Within each group they then discussed the reasons for attending this rather than the other options.

Individual in-depth interviews

In the lead-up to workshop commencement, individual in-depth interviews were completed with three female sex workers, two of whom did not later form part of the core group of participants. These interviews explored the following:

- Reasons for entry into sex work and continued participation
- Living conditions
- Family life, history and children
- Risks and challenges faced in daily lives

Stakeholder interviews

In depth interviews were also conducted with various stakeholders in the women's lives. These included both personal relationships and relationships with health workers, local police, and government officials:

1. Old Fadama Public Relations Officer, Old Fadama Community Health Committee Chair and local pharmacist
2. Old Fadama Community Health Committee Public Relations Officer

This interview explored:

- The role and mission of the Old Fadama Community Health Committee
- Other relevant NGO's working with sex workers in the area
- Stigma around sex work within the community
- Frequency of crime or cases of violence relating to sex workers
- Accessibility of health care providers in area

3. Midwife, Plange Memorial Clinic, Old Fadama

This interview explored the following:

- Frequency of female sex workers attending the clinic
- Stigma around sex work within health care field
- Cases of violence relating to sex workers
- Most common medical issues suffered by sex workers

4. Chief Inspector and Station Officer, Old Fadama Police Station

This interview explored the following:

- Cases of violence and crime related to sex workers
- Common practise amongst police for these cases

- Stigma around sex work amongst police force
- Laws and initiatives to protect sex workers

5. Boyfriends and long-term partners of sex workers in Old Fadama

   These interviews explored the following:
- Family finances and budget sharing
- Condom use
- HIV testing and other sexual and reproductive health
- Domestic violence
- Their attitudes to sex work

6. Brothel owner

   These interviews explored the following:
- Condom use with clients and partners
- Lifestyle and daily challenges of the women
- Safety and domestic violence from clients and partners
- Reasons for involvement with Theatre for a Change

Study Limitations

The scope of this study was focused on the group of 10 workshop participants, however as all were not comfortable or available to take the questionnaire, the sample size was limited. A larger sample size of female sex workers from the Old Fadama area would have given more accurate, generalised results. In addition, despite an extended mobilisation period and ongoing efforts to earn trust with facilitators, the sensitive nature of these discussions may have a skewing effect in participant responses. Some participants may have given what they believe to be the 'correct' answer rather than a truthful one. To overcome this, a range of tools were used to facilitate the triangulation of common themes and responses. Female interviewers were used when possible to encourage trust. In addition, all data collection methods were made anonymous, in an attempt to ensure participants comfortableness in answering questions.

Results

Socio-demographic profile

The ages of the women surveyed ranged from 20 and 37, with an average age of 27. 71% were born in Ghana, with others born in neighbouring Togo and Benin. Education levels for all surveyed were basic, with most completing their upper primary education and only one reported attending senior high school. Many felt that their lack of education and practical skills training limited their employment opportunities. Time spent working as a sex worker ranged from one month to 12 years, revealing that the women's experiences varied dramatically. The average age of recruitment into sex work is 25, slightly older than the results of similar global studies which suggest that most sex workers are recruited in their teens or very early 20's.[7]

[7] Scambler, G. & Paoli, F., 2008. Health Work, female sex workers and HIV/AIDS: Global and local dimensions of stigma and deviance as barriers to effective interventions. *Social Science & Medicine,* 66**,** 1824-1862.

Family history and income

The women have experienced challenging lives. Many studies indicate that sex workers usually fall into sex work due to economic desperation[89] and this group is no different. All cited money as their main reason for entering into sex work; some had insecure and or abusive family lives, were kicked out of their family home at a young age and expected to manage on their own. Others left abusive relationships with partners. "My parents were not looking after me," said one. "I was staying with my brother and he sacked me from the house. I had no place to live and no money to survive," said another. For others, the need to support their own children was a deciding factor; "I needed money to take care of my two children. I had no employment, and no accommodation," one stated. 86% were supporting more than one person on their income, with some supporting up to three children. Their children live both with the women in small rooms within the brothel, or with other family members in other areas of Ghana.

Money was identified as a source of constant stress both during workshops and when surveyed. 71% answered 'no' to the question 'Do you have enough money for your everyday needs?'. A lack of education which limits their job opportunities, abusive relationships from parents and partners have resulted in anxiety, depression and insecurity. The majority of women surveyed stressed that they needed money to survive and would do any job to achieve this. One stated that she had her first child at 15, followed by two others. "I'm here because of my kids. I'm here because I need to provide for them because my mom back home doesn't have anything to provide for them", she said. This sense of entrapment is one identified in other studies. Wojcicki and Malala's 2001 article about female sex workers in Johannesburg reveals that most female sex workers feel 'forced' into their lifestyle: "To some extent these women sense entrapment, as they feel "forced" to choose a profession that is highly stigmatised and not regard positively by society due to poverty and lack of educational background. This can result in high levels of stress."[10]

Violence

Fear of violence is a daily part of the women's lives. 86% responded that they always feel in danger whilst at work. "I am not safe at all. I fear clients. I fear the police," said one. "[I am] not safe because the police can arrest you and collect your money. Clients can abuse you," said another. During observational workshops, one third stated that they had experienced violence from a client in the past year. When asked to describe a bad client, many mentioned violence. Clients who "force you during sex", "abuse you physically", "steal your money", "do not pay and abuse you after sex" were common responses. Alarmingly, physical violence was more often experienced from a partner. During workshops, 83% of respondents stated that they had experienced physical violence from a partner or boyfriend in the past six months. When asked to physically 'sculpt' this violence, the women mimed being punched on the face and body, and crawling into foetal position on the floor to protect themselves from being kicked. The owner of the brothel agreed that physical violence from partners is an ongoing issue. "I see it a lot. They have quarrel[s] and sometimes results in a big fight. Their partners, I sack them off, because sometimes they want to be cruel to the women and I will not accept that."

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[8] Wojcicki, J.M. & Malala, J., 2001. Condom use, power and HIV/AIDS risk: sex workers bargain for survival in Hollbrow/Joubert Park/Berea, Johannesburg. *Social Science & Medicine,* 53**,** 99-121.

[9] Kempadoo, K. & Doezema, J., 1998. *Global sex workers: Rights, resistance and redefinition* New York: Routledge.

[10] Wojcicki, J.M. *op cit*

Many sex worker respondents also had a history of sexual violence. 71% of the women surveyed answered said they had been forced to have sex in the past, one stating that this occurred when she was only 10 years old. This evidence is supported by previous Ghanaian studies; a Gender Studies & Human Rights Documentation Centre study states that for 1 in 5 women in Ghana, their first experience of sexual intercourse was by force. In addition, at the time of that study, 1 in 3 women were experiencing physical violence (beating, slapping or other physical punishment) at the hands of current or previous partners.[11]

The role of the police

In cases of physical violence, the women have few people to whom they can turn. 71% responded that they do not trust the police to protect them and follow up a case if they report it. Half of the respondents cited during observational workshops that they had attempted to report their case to the police, but had all been disrespected by police staff and not felt comfortable in making a statement. Others stated that they had heard of cases from other sex workers who had reported a case and promptly been arrested or the accused had bribed the police and the case was dismissed. On this evidence, they would not bother to report a future attack. "The police will collect money and will not even arrest the culprit. It is time wasting," said one. These reflections are supported by previous studies in the field. Wojcicki and Malala's study revealed that many sex workers who worked on the streets had reported harassment and bribery from the police. "All women interviewed indicated that they would not feel comfortable approaching the police for help in the instance of assault."[12]

This issue was discussed during our stakeholder interview with the Chief Inspector of Old Fadama Police Station. He stated that the station worked on cases involving a female sex worker "rarely", and when prompted, said "every one or two weeks." He stated that cases of clients or partners assaulting female sex workers were infrequent; however the majority of cases involved clients accusing a sex worker of stealing money from them, or cases of female sex workers assaulting or stealing money from each other. When asked if he or any of his staff reject sex workers based on their appearance from making a report, he replied, "there is no case that I see that I do not instruct [staff] to take action… We are here to protect them day and night. They are safe. We are for the whole community and they are a part of that community."

However it was not only harassment from police of which the women were fearful. 83% of respondents reported that they experienced verbal abuse from people on the street. Many listed stigma and prejudice as a source of stress. One said, "People judge me. People ask me if I feel like a woman. Like a normal lady", she says. "I hate the fact that people treat me so cheaply and touch me when I'm outside." Another complained that friends she once attended school with now pretend they do not know her due to the prejudice tied up in her job. Another stated, "People think that we're not classified as human beings. But we know that we are human and the situation we are in has made us the way we are." This evidence of stigma is supported by the Wojcicki and Malala's study in which women complained that they faced serious harassment from the public. In South Africa 41% if the population responded negatively to the question, "If a prostitute is raped or experiences violence from a client, should she go to the police and file a crime report?" Further, in their 2008 article, Scrambler and Paoli argue that it is exactly this kind of stigma that hinders many outreach programs with sex workers. "It is widely recognised… that the attributions of shame and

[11] Gender Studies and Human Rights Documentation Centre, 2000. *Facts on Violence Against Women in Ghana.* Accra, Ghana.

[12] Wojcicki, J.M. & Malala, J., 2001. Condom use, power and HIV/AIDS risk: sex workers bargain for survival in Hollbrow/Joubert Park/Berea, Johannesburg. *Social Science & Medicine,* 53**,** 99-121.

blame ubiquitously applied with female sex workers enhance their vulnerability, impair their human rights, and impede attempts… to contain the HIV/AIDS epidemic."[13]

Sexual and reproductive health

During workshops nine of the women were questioned about the frequency of clients. Three stated that they had seen at least one client in the past month, and six stating that they had seen at least one client in the past year. For the remaining women, various reasons were cited for the infrequency of seeing clients; seven stated that they received some money from boyfriends, but all admitted that this amount was not enough to survive. In addition, four out of nine had been pregnant during the past year, two recently giving birth and two losing children (through abortion or miscarriage). All said that whilst pregnant and directly after giving birth they tried not to take clients for a period of time. Despite efforts to gain the trust of the participants, responses also may have been hindered by embarrassment and unwillingness to expose themselves to ridicule.

When asked how many clients they would see on an average day, they responded that the numbers varied dramatically from day to day. "Some days no clients at all, some days up to 10," said one. Of those who responded that they had seen clients in the past week, the average number of clients was 6. All responded that they had used condoms with all these clients. All three responded that it was always themselves who suggested and provided condoms, which were bought at a pharmacy or within the brothel or hotel. All cited possible infection as the main reason for condom use, with some also mentioning pregnancy as a secondary issue.

As part of workshops, participants were tested on condom negotiation through role-play exercises. In this scenario, a male client insists on not using a condom during intercourse. Participants stated that this scenario is a common one; clients usually prefer flesh-to-flesh sex and sometimes request it. In two thirds of the role-plays, the sex worker effectively insisted they use a condom. However in the third, the sex worker agreed that due to economic desperation, they were sometimes willing to not use a condom if offered significantly more money. This again is supported in Wojcicki's study in Johannesburg, in which sex workers admitted that the risk of infection was more worthwhile if the client payed significantly more money.[14] Before arriving at this decision, she would first check to see if he 'looked' infected with HIV. Each participant was individually tested on their ability to correct check and apply a condom to a model penis. This found that that although 83% knew how to correctly apply the condom, none were able to thoroughly check the condom for quality before applying. Most were unaware that there was an expiration date on the packaging and many are illiterate.

Lack of HIV and STI testing was revealed to be a serious issue amongst the women. 71% of respondents have had at least one HIV test in their lives, however only 29% of respondents have had a HIV test in the past 6 months. These statistics are supported by previous studies; in a 2006 USAID study, fewer than half of the sex workers interviewed reported having been tested for HIV in the last 12 months.[15] The frequency of HIV testing is made all the more

[13] Scrambler, G. & Paoli, F., 2008. Health Work, female sex workers and HIV/AIDS: Global and local dimensions of stigma and deviance as barriers to effective interventions. *Social Science & Medicine,* 66**,** 1824-1862.

[14] Wojcicki, J.M. & Malala, J., 2001. Condom use, power and HIV/AIDS risk: sex workers bargain for survival in Hollbrow/Joubert Park/Berea, Johannesburg. *Social Science & Medicine,* 53**,** 99-121.

[15] Strengthening HIV/AIDS Response Partnership, October 2006. *Behavioural and HIV/STI Biomarker Survey Among Female Sex Workers in Accra and Kumasi, Ghana.* Accra, Ghana.

crucial in light of studies which have found that 66% of prostitutes in Uganda became HIV-seropositive during their first year of work in prostitution.[16]

Our respondents also revealed that 57% have ever been tested for a sexually transmitted disease. 57% had also had a sexually transmitted disease at least once in their life, whether through testing or self-diagnosis. This statistic is particularly worrying as rates of STI's are often associated with rates of HIV. A Ghana AIDS Commission report states that among persons infected with sexually transmitted infections, the prevalence rate [of HIV] is estimated to be 76% and 82% among commercial sex workers in Accra and Kumasi respectively."[17]

Despite high levels of condom use with clients, 86% cited that they never used a condom with their regular partners. Most said that they trusted their regular partners. Interviews with the boyfriends of the sex workers revealed similar results – 100% stated that they "never" use a condom with their partner, despite in some cases having several sexual partners at once and none of the respondents ever having an HIV or STI test. Reasons for this varied; one stated that he prefers flesh-to-flesh sex, another that he wishes to impregnate his girlfriend in order for her to stop sex work. This issue is supported by a 2009 study authorised by USAID which revealed that 98% of female sex workers reported using condoms with their paying clients, however less than 25% used a condom with their regular partner.[18] Some studies have shown that this may be used to create a separation between work and pleasure.[19] This is especially alarming due to the high HIV prevalence rates amongst clients and boyfriends of sex workers in Accra. A 2004 study conducted found that HIV prevalence was 4.9% among clients of mobile sex workers, 15.8% among clients of home-based sex workers, 17.5% among personnel and 32.1% among boyfriends.[20]

To explore health care provisions in more depth, a mapping exercise was implemented during a workshop. The respondents were asked to 'map' where they would go if they felt unwell. 33% said they would go to a clinic or hospital, but admitted this was only in cases when the condition was serious, such as pregnancy, or medications from a drug store had not been effective. 42% said they had not been to a health care clinic in the past 6 months. Half of respondents would prefer to go a pharmacy or drug store and 17% said they attend a local herbalist in case of sickness. Many stated that ideally they would prefer to attend a clinic more regularly, however various reasons prevented this. Some listed long wait times, others saying that they would prefer if a doctor came to them, others the high expense of seeing a doctor. Indeed, an interview with one of the local health clinics revealed that it does not accept health insurance cards as payment. A first basic consultation costs 20 cedis, with additional costs for any extra treatments necessary.

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[16] Ntozi, J.P., Mulindwa, I.N., Ahimbisibwe, F., Ayiga, N. & Odwee, J., 2003. Has the HIV/AIDS epidemic changed sexual behaviur of high risk groups in Uganda? *African Health Sciences,* 3.

[17] Ghana Aids Commission, 2004. *National HIV/AIDS and STI Policy.* Accra, Ghana.

[18] Academy for Educational Development, 2009. *Strengthening HIV/AIDS Response Partnerships* [online]. http://www.ghanaids.gov.gh/gac/docs/1296478547.pdf [Accessed Access Date 9 November 2012].

[19] Varga, 1997 in Wojcicki, J.M. & Malala, J., 2001. Condom use, power and HIV/AIDS risk: sex workers bargain for survival in Hollbrow/Joubert Park/Berea, Johannesburg. *Social Science & Medicine,* 53**,** 99-121.

[20] Cote, A.-M., Sobela, F., Dzokoto, A., Nzambi, K., Asamoah-Adu, C., Labbe, A.-C., Masse, B., Mensah, J., Frost, E. & Pepin, J., 2004. *Transactional sex is the driving force in the dynamics of HIV in Accra, Ghana.* Quebec, Canada.

Some also listed stigma amongst health staff as intimidating: “They should have time and understand me.” This issue was also identified by the staff at a local clinic in the area, stating that many sex workers who attend the clinic with symptoms of vaginal discharge, lower abdominal pain, nausea and vomiting. Most are dishonest about their work even to health staff, and do not identify themselves as sex workers. However after a brief run-down of their medical history and their symptoms, the member of staff we spoke to said she is quickly able to identify them as sex workers. She agreed that there is stigma is associated with sex work, even in the medical community. “Society frowns on [them]…They go to the drug-store because they want to be undercover. They go through pain. They need someone to listen to them and not judge them,” she said.

Conclusions

Sex workers in Ghana are highly at risk of HIV and this situational analysis seeks to explore some of the factors which affect their lives. The participants in Theatre for a Change’s Peace & Love Club project have suffered challenging lives and threats of physical and sexual violence are very real. With rare HIV and STI testing and visits to health care clinics, they have low sexual and reproductive health and have a high level of risk of contracting HIV. Whilst condom use with clients is high, condom use with long and short-term partners is low, despite these partners also having no HIV testing and several partners. Personal safety is also a daily issue – many suffer regular physical violence from both clients and boyfriends and are not sufficiently trusting of the police to report crimes.

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