Sex workers and HIV/AIDS in Uganda: Synthesis of information and evidence to inform the response

Abridged Report

This is an abridged version of the Knowledge Management and Communication Capacity building initiative (KMCC) knowledge synthesis, Sex workers and HIV/AIDS in Uganda: Synthesis of information and evidence to inform the response, the third in a series dealing with most at risk populations (MARPs). The working paper is available at www.kmcc.org.ug.

Most at risk populations in Uganda

The HIV epidemic in Uganda is widespread. KMCC aligns with multi-sector efforts to stem the HIV epidemic. Long distance truck drivers, sex workers and their clients, uniformed services, fishing communities, men who have sex with men and injecting drug users are listed in the Uganda National HIV Prevention Strategy as most at risk populations (MARPs); groups which have a higher than average risk of acquiring HIV.

In preparing this synthesis, KMCC undertook a comprehensive literature review, and interviewed practitioners and experts who have worked with or studied HIV/AIDS among sex workers across Uganda and East Africa. The review of the evidence shows that there is an urgent need to upscale targeted HIV-prevention efforts to sex workers.
Sex work and transactional sex

‘Sex work’ and ‘transactional sex’ are notoriously difficult to categorise in Uganda, where sexual relationships routinely involve financial or material exchanges. UNAIDS defines sex work as “the exchange of money or goods for sexual services, either regularly or occasionally...where the sex worker may or may not consciously define such activity as income-generating”.

Women selling sex in certain settings, such as brothels, implicitly acknowledge that they are sex workers. However in other settings, such as bars, hotels and dwellings, women are less likely to see themselves as sex workers even though they may sell sex. Transactional sex, where sexual exchanges take place in exchange for drinks, goods or favours, often occurs between members of existing social networks, as opposed to commercial sex, which is often between strangers.

The problems of definition and self-identification in sex work are important to consider when planning HIV programming to target women engaging in transactional sex.

Demographics of female sex workers

Female sex workers are very diverse, in socio-economic class, level of education, ethnicity, marital status and geographic location. However, the majority of sex workers are married, divorced or widowed. Both sex workers and females in the general population report sexual debut in their late teens. Studies indicate that the education level of sex workers is generally low.

The literature tends to classify sex workers along a motivation continuum. The majority are disenfranchised women motivated by the need to survive. These include young single parents, women with little education and low-skilled women occupying poorly paid jobs. At the other end of the continuum are young women engaging in relationships with older men in order to secure luxury goods and the frills of affluent society. Studies in which respondents self-identified as sex workers reported that a relatively high proportion had no work other than selling sex.

Number of female sex workers in Uganda

The Uganda Modes of HIV Transmission Analysis put the number of sex workers in 2009 at 32,652. More recently, in 2014, the Uganda AIDS Commission put the number of sex workers in Uganda at 54,549. However, these numbers are probably well below the actual number of female sex workers as they are based on self-reporting.

Clients of sex workers

Clients of sex workers may be married or single. They include traders, vendors, taxi operators, civil servants, long distance truck drivers, students, bar and restaurant attendants, saloon operators, tourists and politicians. Sex work takes place in brothels, on the street, on roadsides, in bars/drinking places, hotels, lodges, guest houses, private homes, and sometimes in makeshift bathrooms, against a wall, in a client's car or in a dark corner or alleyway.

“Hot spots are community settings that attract leisure and welfare activities like bars, lodges, restaurants, and discotheques. They tend to attract sex workers because of the availability of potential customers.”

Entry into sex work

Women take up sex work for several reasons. Many women sell sex as an economic necessity, often because they have no other means of support, such as from spouses, or because they have children to raise. Sex workers may have been born into poor families or have run into economic difficulties. In Uganda and globally, financial stress is the main reason why women take up sex work. Sex work can offer women independence and more potential income than other kinds of work. For unqualified women with poor skills, it is one among a number of uninviting options for earning money.

“At times a husband dies and all you have is a small job like working at a kiosk or a restaurant that is giving you 2000 Uganda Shillings a day at most. In most cases you are in a rented house and you have children to take care of. Trying to meet these expenses becomes really hard. At the end of the day one has no choice but to go into prostitution.”
Prevalence of HIV in female sex workers

The World Health Organization reports that in the 1980s the prevalence of HIV among female sex workers in Kampala was about 80%. By 2000, the prevalence among female sex workers tested in Kampala had dropped to 28% but by 2009, had risen to 33% and by 2011, to 37%.

Vulnerabilities stemming from sex work

Factors that put female sex workers at particular risk of contracting HIV are:

- Multiple partners
- Inconsistent use of condoms
- Abuse of alcohol and drugs
- Violence
- Migration, mobility and people trafficking
- Social and legal issues
- Stigma
- Limited access to care and treatment
- Fatalistic attitudes

Because sex work is illegal in Uganda and because the public has a poor regard for sex workers, abuse, stigma and discrimination contribute to their vulnerability. Discrimination can make it difficult for sex workers to access health, legal and social services.

Effects of sex workers on the general population

The prevalence of HIV in sex workers is five to six times the average prevalence in the population. Complex sexual networks involving sex workers, the clients of sex workers and the partners of the clients of sex workers create bridges that carry HIV across to the general population.

Programmes targeting sex workers

HIV prevention and care services for the general population also serve MARPs such as sex workers. HIV prevention and care programmes and projects specifically targeted to sex workers include:

- HIV counselling and testing services
- Distribution of condoms
- Campaigns to sensitise sex workers to methods for preventing HIV and sexually transmitted infections (STIs)
- Moonlight community-outreach HIV counselling, testing and prevention services
- Peer educator training and support
- Economic empowerment of sex workers
- Sustainable access to justice for marginalised groups
- Advocacy for respecting and protecting human rights

Gaps and challenges

The barriers to accessing treatment, care and prevention services experienced by sex workers are similar to those experienced by the general population: long waiting times, high costs, shortage of drugs and difficulties in getting transport to hospitals. However, sex workers also face further barriers, including:

- Stigmatisation and criminalisation of sex work
- Poor attitudes of some health workers towards sex workers
- Limited community support

Challenges to preventing and treating HIV/AIDS among sex workers include:

- The lack of a clear definition of ‘sex worker’
- The limited guidance at national level for HIV prevention and care services for sex workers
- The limited evaluation to track the effectiveness of services to prevent and treat HIV among sex workers
Recommendations

The synthesis indicates that there is a need for a significant, coordinated effort to tackle the vulnerability of sex workers to HIV/AIDS.

National policy
Efforts to address HIV among sex workers are disjointed and uncoordinated. To tackle HIV among sex workers, the following actions could be taken at national level:

- Undertake a nationwide survey of most at risk populations, including sex workers, to collect data on the prevalence of HIV and behaviour patterns
- Address the socio-economic issues that drive women to sex work
- Promote income generating activities among women at risk of becoming sex workers
- Coordinate HIV/AIDS programmes for sex workers and their clients
- Allocate funding and resources to enhance access to HIV services in sex work settings
- Develop comprehensive health packages for sex workers
- Address the barriers that punish sex workers, condone violence and abuse of sex workers, and limit their access to HIV/AIDS services
- Ensure supply and availability of condoms nationwide

Implementing partners
Sex workers are the people best placed to identify the measures that will lessen their vulnerability to HIV/AIDS. Implementing partners could:

- Involve sex workers and communities in designing, implementing and evaluating HIV/AIDS programmes and services
- Tailor HIV/AIDS and STI counselling, prevention and care services to the needs in sex work settings
- Provide comprehensive sexual and reproductive health packages
- Promote the use of condoms and access to them
- Run regular sensitisation and behaviour change campaigns targeting sex workers
- Identify and develop champions for peer-to-peer education among sex workers
- Educate health workers to provide sex workers with non-coercive, confidential care devoid of discrimination or bias

Special recommendations
To ensure that programmes are sustainable, that they consider human rights and that they are informed by evidence it is important to:

- Empower women to combat the stigma associated with sex work
- Invest in strategies that empower sex workers such as income generation
- Change social perceptions that stigmatise sex work and discriminate against sex workers
- Organise networks of sex workers to foster peer to peer engagement
- Advocate for changes to protect the safety of sex workers

Conclusions
The role of sex workers in the spread of HIV cannot be underestimated. There is an urgent need to target HIV prevention and research efforts to this vulnerable group.

Contact us
Please visit our website to find out more about our work: www.kmcc.org.ug

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