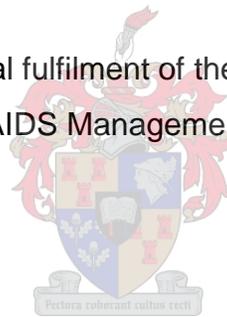


Breaking the circle of Commercial Sex Workers

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DECLARATION

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

25 November 2009

ABSTRACT

“Breaking the circle of Commercial Sex Workers”

In this article it is important that we deal with the problem of the circle of Commercial Sex Workers as a high risk practice. It is indeed a fact that a number of commercial sex workers increases day by day. What can be done to break the circle of commercial sex work as it affects everybody? Why is HIV and AIDS and commercial sex workers inseparable?

Although the word “prostitution” can be used to describe the act of selling sex, it can also mean “using a skill or ability in a way that is considered unworthy”. It seems to include a moral judgement, by implying that individuals who sell sex are somehow “unworthy”, or involved in a practice that is corrupt. A far more neutral and respectful alternative is the term “sex work”.

We have to eliminate discrimination and stigma and deal with the prevention of frequent infections, for both the sellers and the buyers. Most of the time we concentrate on the sellers (commercial sex workers) more than the buyers. It is important that we encourage faithfulness, one partner who is steady, the correct use of condoms as well as Voluntary counselling and testing in our communities rather than encouraging girlchild or women and men in this Commercial Sex Work industry through workshops and awareness.

We have to reduce HIV prevalence as much as we can and to create income generating projects for our communities by educating and giving skill to the communities. *“Let us Break this circle of Commercial sex work with positive attitude as we are in one way or the other living with HIV.”*

OPSOMMING

“Die verbreking van die siklus van kommersiële sekswerk.”

In hierdie artikel is dit belangrik dat ons die probleem van kommersiële sekswerk, as `n hoë risiko praktyk, aanspreek. Dit is inderdaad `n feit dat die getal kommersiële sekswerkers by die dag toeneem. Wat kan gedoen word om die siklus van kommersiële sekswerk, wat ons almal raak, te verbreek? Waarom is MIV/VIGS en kommersiële sekswerk onlosmaaklik aan mekaar verbind?

Alhoewel die woord “prostitusie” gebruik kan word om die daad van die verkoop van seks te beskryf, kan dit ook die volgende beteken: “om `n vaardigheid of `n vermoë op `n onwaardige wyse te gebruik”. Dit hou skynbaar `n morele beoordeling in deurdat dit daarop sinspeel dat individue wat seks verkoop tot n mate “onwaardig” is, of in `n korrupte praktyk betrokke is. Die term “sekswerk” is `n by verre meer neutrale en respekvolle alternatief.

Ons moet diskriminasie en stigma uitroei en die voorkoming van gereelde infeksies by beide sekswerker en kliënt aanspreek. Ons konsentreer meestal op die sekswerker en nie op die kliënt nie. Dit is belangrik dat ons eerder getrouheid, een vaste seksmaat, die korrekte gebruik van kondome en Vrywillige Berading en Toetsing in ons gemeenskappe aanmoedig, as om dogters, vrouens en mans in hierdie kommersiële sekspraktyk deur middel van werksinkels en bewusmakingsveldtogte te probeer bereik.

Ons moet die voorkoms van MIV soveel as moontlik verminder, en inkomste-genererende projekte in ons gemeenskappe aanmoedig deur die gemeenskappe op te lei en vaardighede aan te leer. *“Kom laat ons die siklus van kommersiële sekswerk deur n positiewe gesindheid verbreek, aangesien elkeen van ons op die een of ander manier met MIV saamleef”.*

ACKNOWLEDGEMENT

I dedicate this work to Chris De Wet Clinic (Aids Unit) in Mangaung Local Municipality and Lesedi La Setjhaba Welfare Organisation. I also want to express my sincere gratitude to my family, Funeka Mphumela, my two sons Modula and Malefane for their understanding and support. To them I say, “Mohale o tswa maroleng”.

To **Professor Jan du Toit**, your leadership and positive comments inspired me very much. To Dr E. Mohatlane from the University of the Free State thank you for a continuous support during research. My gratitude also goes to officials of Free State Department of Health, Aids Unit Management and employees who made this project possible.

To my friends for motivating me I really thank them all. It's sincerely appreciated. Let's work together to do more and build a better tomorrow for generations to come.

We are in one way or the other living with HIV.

Ke a leboha, “Ke tla busetsang ho Jehova hobane melemo yohle ya hae e ho nna”

ABBREVIATIONS

AIDS	:	Acquired Immune Deficiency Syndrome
ANC	:	Antenatal Clinic
CBO	:	Community Based Organisation
CSEC	:	Commercial Sex Exploitation of Children
CSW	:	Commercial Sex Workers
DoH	:	Department of Health
FBO	:	Faith Based Organisation
HIV	:	Human Immunodeficiency Virus
HSRC	:	Human Sciences Research Council
HTA	:	High Transmission Area
IEC	:	Information, Education and Communication
ILO	:	International Labour Organisation
NGO	:	Non-Governmental Organisation
NSP	:	National strategic Plan (2007 – 2011)
PEP	:	Post Exposure Prophylaxes
RHRU	:	Reproductive Health and Research Unit
STI	:	Sexually Transmitted Infection
SWEAT	:	Sex Worker Education and Advocacy Taskforce
UNICEF	:	United Nation Children and Education Fund
VCCT	:	Voluntary Confidential Counselling and Testing
WHO	:	World Health Organisation

CLARIFICATION OF TERMS

<i>AIDS</i>	:	<i>Acquired Immune Deficiency Syndrome</i>
Acquired	-	Obtained from another human being
Immune	-	The body defence mechanism
Deficiency	-	Insufficient or malfunctioning of the immune
Syndrome	-	Collection of different diseases or infections

BREAKING THE CIRCLE

To reduce or minimizing and not forbidden the act or not to brought the industry down the sex act and infections.

COMMERCIAL SEX WORK

The practice of offering sex (or other sex act) in exchange for money or other material compensation

HIGH RISK AREAS

An area, town or district with high infection rate of HIV and AIDS and sexually transmitted infections (STI).

<i>HIV</i>	:	<i>Human Immunodeficiency Virus</i>
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Human	-	Belongs to human beings
Immunodeficiency	-	The malfunctioning of the immunity
Virus	-	Belong to the family of Retroviral

PROSTITUTION

The practice of offering sex (or other sex act) in exchange for money or other material compensation

<i>TRANSMISSION</i>	:	<i>Infecting someone with a virus</i>
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<i>SPREAD</i>	:	<i>To pass or land on a disease</i>
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VULNERABILITY : Throughout this report, the term “vulnerability” refers not to the actual spread of HIV infection but to exposure to one or more major risk factors, primarily unprotected sex with non-regular partners, exposure to infection.

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1. INTRODUCTION

Commercial sex workers, along with other marginalised groups such as men who have sex with men and injecting drug users, are often labelled a 'key risk group' in the context of HIV and AIDS. But the debate about commercial sex workers' wider role in the global AIDS epidemic often polarises opinion. Some argue that commercial sex workers are being wrongly portrayed as 'spreaders of HIV', while others can claim that transmission through paid sex is 'driving' the epidemic.

According to – UNICEF Congress report: Stockholm, Sweden: 1996, the problem of Commercial Sex Exploitation of Children (CSEC) has increasingly become a major global concern. The magnitude of the problem in the East and Southern Africa Region is not adequately documented, but UNICEF estimates that millions of children in the region are sexually exploited.

Many countries and NGO's from the Eastern and Southern Africa Regions have since committed themselves to the adoption of the Agenda for Action, which was tabled at the World Congress for CSEC at Stockholm, Sweden in 1996 and its review in the second World Congress held in Yokohama, Japan in December 2001.

The major findings is the magnitude and Link between CSEC and HIV and AIDS. The magnitude of the problem of Commercial sex workers in the region cannot be easily quantified due to lack of adequate data and surveillance mechanism, it is clear that this behaviour cannot be analysed in isolation from the broader problems of sexual abuse and sexual exploitation. However, there is overwhelming amount of anecdotal evidence that the problem of sexual abuse and sexual exploitation in the Free State region is an extensive problem.

1.1 AIMS AND OBJECTIVES

The aims and objectives of study are to deal with issues related to the purpose thereof being:

- To reduce the risk of infections, and educate commercial sex workers about the epidemic.
- To reduce stigma and discrimination on men and women in transit.
- To familiarise people more with HIV and AIDS issues
- To increase safety among girls/women in Commercial sex work industry as well as the men as buyers.
- To find whether the Government can monitor or regulate the act and assist in funding income-generating project to commercial sex workers.

1.2 STATEMENT OF THE PROBLEM

The problem to be discussed and analyse is:

“How do we break the circle of commercial sex workers amongst our communities to reduce the risk of HIV infection”.

According to Unesco.org; 1998, a number of Commercial sex workers is increasing drastically in urban area and influences the neighbouring towns. According to information from our local clinics, the risk of infections also increases, more especially among our young girls (between 15 and 29 years of age) who tested HIV positive more than boys at their age.

To determine whether the circle of commercial sex workers in and around our cities and neighbouring towns could be broken, operationalization of the following aspects need to be implemented:

- HIV and AIDS education
- Poverty alleviation projects to be introduced
- Job creation projects to be created

1.3 METHODOLOGY / MODUS OPERANDI

In order to achieve the problem statement, the following questions need to be answered:

- What makes girls/women opt for commercial sex work even if they know of the risks entailed?
- What makes some men not to bother to be involved in commercial sex work though they know the risks involved?
- What could be done to discourage men from buying sex?
- What encourages this behaviour?
- What are the risks of infection and safety around commercial sex work?
- What can be done to break this circle? Who are involved?
- Are they safe in terms of places where they hide?
- The questionnaire have been used to collect the data in order to justify the acts and the behaviour of commercial sex workers

1.3.1 CONCEPTUALIZATION

Breaking the circle of Commercial sex worker in this context means to have an effective and safe way of dealing with “commercial sex act”, not to eradicate or not to bring down the industry without anything to give to commercial sex workers for a living. To reduce or to minimize the infection rate of HIV and Sexually Transmitted Infections to women as they are more vulnerable than others in this behaviour. To try to monitor and regulate the act. To establish a positive attitude in our communities not to discriminate women in the opposed behaviour.

While the work will be centered around the role of females as Commercial Sex workers but the role of males as providers or Commercial Sex Worker will also be moderately considered. The statistical analysis of the role of males as CSW will reflect the extend at which males are engaged in commercial sex.

1.3.2 HYPOTHESIS

The Hypothesis, based on the research statement and the operationalization is that, the government does not have adequate plans and strategies to deal with the commercial sex workers industry. It is therefore upon the Non-governmental organisations and the community at large to change this behaviour among community members and make a difference.

The tentative idea or question that is waiting for evidence to support or refute it is to “Break the Circle of Commercial Sex Work” around our cities and towns. To educate young people about HIV and AIDS as well as its impact on individuals and on the economy of the country and their social lives.

To bring this industry down, all the stakeholders concerned need to be fully and dedicatedly involved. Once one or more of the stakeholders is not conversant with the matter at hand, the seller – buyer situation will not stop easily. The government should not think that only the commercial sex workers should stop this behaviour on their own. Everyone must play his or her part equally. In order to find solutions to these problems in this industry, a very serious research must be conducted.

1.3.3 RESEARCH METHODOLOGY IDENTIFIED

1.3.3.1 SURVEY METHODOLOGY

- *Data Collection*

This is a descriptive study, the survey and data collection methods were used to collect the relevant information needed which was analysed critically and used for the purpose of breaking the circle of commercial sex workers as this data was collected within the jurisdiction where the commercial sex workers are rendering services in the Free State Province.

- ***Survey technique***

A survey is a research technique in which information is gathered from a sample of people using a questionnaire (Zikmund, 2003: 66). In this study a questionnaire was designed and used to solicit responses from subjects. All questionnaires were having open-ended questions to probe the participants.

- ***Literature study***

A literature study was used to obtain background information. Reference to Government documents, articles, newspapers, journals and circulars dealing with the epidemic, commercial sex workers, High Transmission Areas (HTA) and not to contain its spread and number of infected people in the area was used.

- ***Interviews***

These were based on purposeful sampling i.e. searching for subjects or people who are information rich, and who were able to supply rich and detailed information about the investigation. The researcher interviewed a group of officials, identified knowledgeable community members and different departmental officials to determine their perceptions and attitude towards commercial sex workers, HIV and AIDS, decriminalization on commercial sex work as they are regarded as key informants.

- ***Observations***

During the methods of data collection the researcher randomly selected a group of community members who are affected and gave them the same assignment to observe their behaviour, approach and performance of commercial sex workers as well as their buyers. The method was descriptive, in explaining the breaking of commercial sex workers in the area.

- **Questionnaires**

Questionnaires were send out to collect data from different communities about commercial sex workers around Margaung District. The questionnaires were anonymous so that everybody can respond freely, whole-heartedly and to give out their views about decriminalisation and commercial sex workers, the HIV and AIDS as well as STI's in the areas, whether they know about it or have ever seen it. The questionnaires were collected and analysed critically to get the views of the communities as well as commercial sex workers' behaviour. The questionnaire sample is attached as Addendum A.

1.3.3.2 SAMPLING DESIGN

For the hypothesis to be tested, a sample of a community where commercial sex work is happening was conducted. The selected members of the sample were interviewed in order to determine if the circle of commercial sex work could be broken. Members were randomly interviewed and everything was kept confidentially.

1.3.3.3 MEASURING INSTRUMENTS

Carefully selected and formulated questions were used to compile an interview instrument; open ended and yes or no questions were used in terms of operationalized approach.

1.3.3.4 STATISTICAL ANALYSIS AND PACKAGING

The analysis intended to test the hypothesis depends on the independent and dependent variables to make this research successful.

Independent variable:

The independent variable was based on the time commercial sex workers are observed as well as buyers. The time they start selling and business flourishing or dropping was also checked. The researcher also checked the safety of the sellers and whether it didn't aggravate crime at that time. Which age group and gender are more attractive and at what time.

Dependent variable:

Women became attractive to men as they went closer to the dark places, under the trees and next to the Truck Stops. They started chatting to each other so as to convince them to go with them when they go to the bar and when they go to sleep in the trucks. This time is when the mess were started as men give women or ladies alcohol so that they cannot make an informed decision and they can go with them.

CHAPTER 1

LITERATURE REVIEW

High rates of HIV have been found amongst individuals who sell sex in many different and diverse countries. Even where HIV prevalence is low amongst this group of commercial sex workers, it is usually higher than the rate found amongst the general adult population. Sex workers usually have a high number of sexual partners. This means that if they do become infected with HIV, they can potentially pass it on to multiple clients they are serving.

One of the most important infectious diseases is the acquired immune deficiency syndrome (AIDS) that have been caused by human immunodeficiency virus (HIV). The virus is transmitted through blood and body fluids. Blood, semen, vaginal secretions, breast milk, and to small extent, saliva of an infected individual contain free virus or cells containing virus. Thus HIV can be transmitted through sexual contact, sharing of needles, transfusion of blood or blood products, placental transfer, passage through birth canal and breast-feeding (Benjamin *et al.*, 2000). The above-mentioned modes of transmission are the one that put commercial sex workers at a high risk of infection.

UNAIDS Secretariat and world Health Organisation estimated that at the end of 2007, approximately 33 million people were living with HIV infections globally. It is also estimated that the annual number of new HIV infections declined from 3 million in 2001 to 2.7 million in 2007 and 2 million people died due to HIV related causes during the year 2007 compared with an estimated 1.7 million people in 2001.

Southern Africa continues to bear a disproportionate share of the global burden of HI: 35% of HIV infections and 38% of AIDS deaths in 2007 occurred in that sub-region. Altogether, sub- Sahara Africa is home to 67% of all people living with HIV. Half of all people living with HIV worldwide were women and nearly

60% of HIV infections are in Sub-Saharan Africa. Among young people aged 15-24 years, account for an estimated 45% of new HIV infections worldwide. An estimated 370 000 children younger than 15 years became infected with HIV in 2007. Globally the number of children younger than 15 years living with HIV increased from 1.6 million in 2001 to 2 million in 2007.

The HIV epidemic in South Africa

In the Sub-Saharan Africa there is an estimate of 1.9 million people who are nearly infected with HIV, bringing to 22 million the number of people living with HIV. Two-thirds (67%) of the global total of 33 million people with HIV live in the region and three quarters (75%) (Figure 2.3 below) of all Aids deaths in 2007 occurred.

(http://data.unaids.org/pub/GlobalReport/2008/jc1510_2008_global_report_pp29_62_en.pdf).

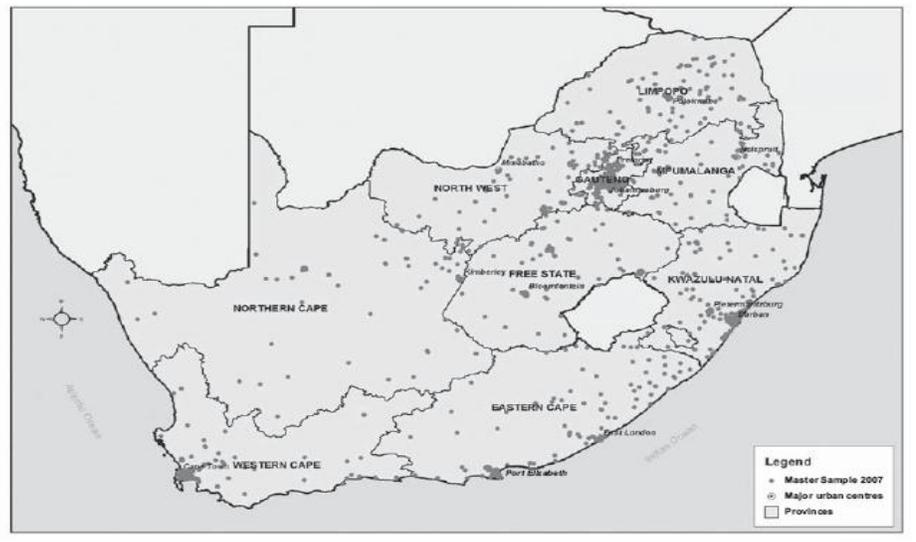
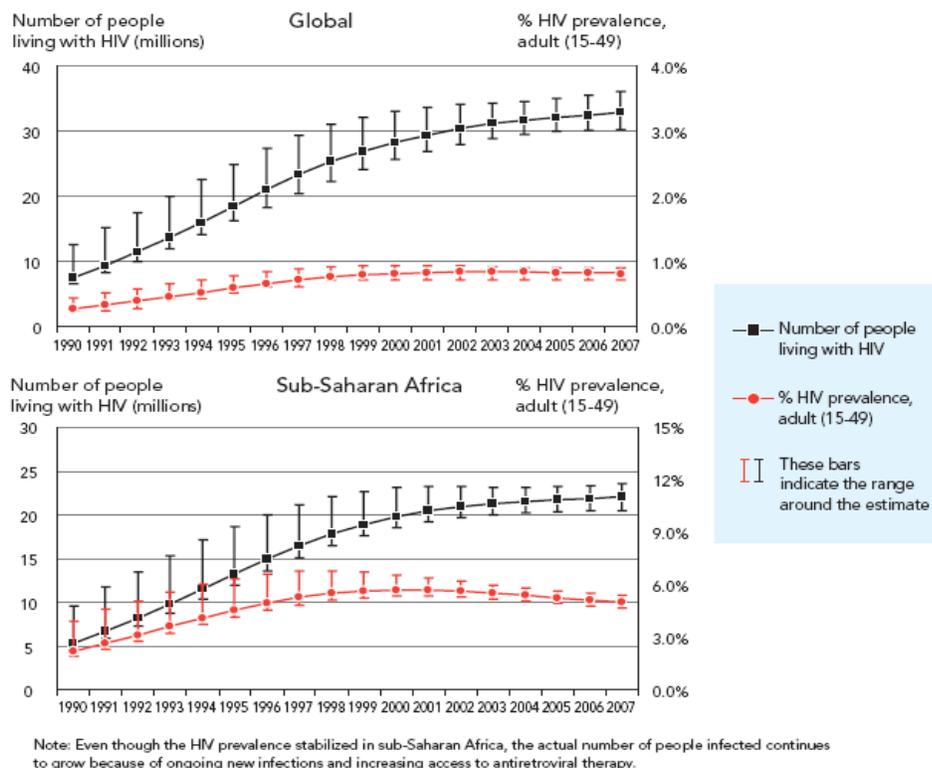


Figure 1

FIGURE 2.3

Estimated number of people living with HIV and adult HIV prevalence. Global HIV epidemic, 1990–2007; and, HIV epidemic in Sub-Saharan Africa, 1990–2007



Since 2003, survey confirmed that the trend has changed, so that the level of HIV prevalence is now growing slowly. The most encouraging finding concerns teenage girls, among whom prevalence has been declining since 1999 (<http://www.avert.org/safricastas.htm>). Based on the sample of 33,488 women attending 1,415 antenatal clinics across all nine provinces, the South African Department of Health study estimates that 28% of pregnant women were living with HIV in 2007.

The provinces that recorded the highest HIV rates were KwaZulu Natal, Free State and Gauteng (**Table 2.1**). The Northern Cape and the Western Cape recorded the lowest prevalence (<http://www.avert.org/safricastas.htm>).

HIV data from antenatal clinics in South Africa suggests that the country's epidemic might be stabilizing, but there is no evidence yet of major changes of HIV related behaviour. The estimated 5.7 million South Africans living with HIV in 2007 makes this the largest HIV epidemic in the world.

(http://data.unaids.org/pub/GlobalReport/2008/jc1510_2008_global_report_pp29_62_en.pdf).

Table 2.1 Estimated HIV prevalence among antenatal clinic attendees, by Province (<http://www.avert.org/worldstas.htm>).

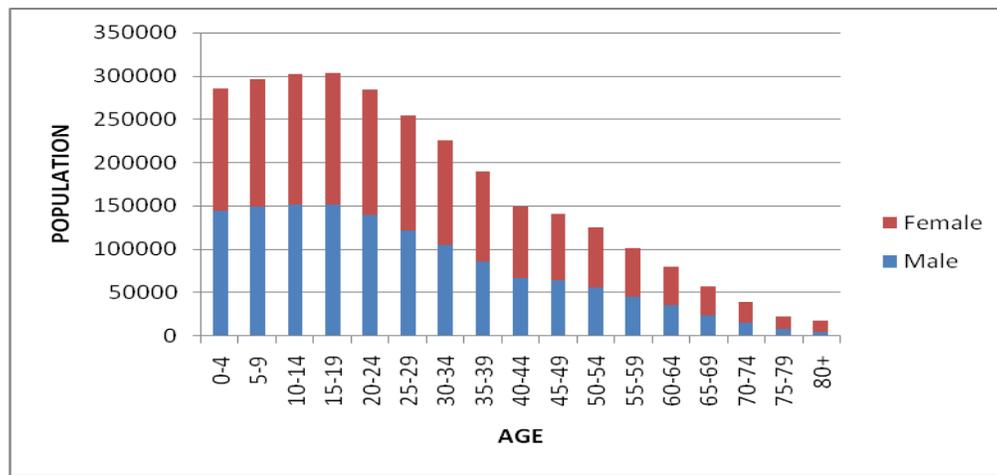
Province	2000 Prev.%	2001 Prev.%	2002 Prev.%	2003 Prev.%	2004 Prev.%	2005 Prev. %	2006 Prev. %	2007
KwaZulu-Natal	36.2	33.5	36.5	37.5	40.7	39.1	39.1	37.4
Gauteng	29.4	29.8	31.6	29.6	33.1	32.4	30.8	32.0
Free State	27.9	30.1	28.8	30.1	29.5	30.3	31.1	33.5
Mpumalanga	29.7	29.2	28.6	32.6	30.8	34.8	32.1	30.3
North West	22.9	25.2	26.2	29.9	26.7	31.8	29.0	29.0
Eastern Cape	20.2	21.7	23.6	27.1	28.0	29.5	29.0	26.0
Limpopo	13.2	14.5	15.6	17.5	19.3	21.5	20.7	18.5
Northern Cape	11.2	15.9	15.1	16.7	17.6	18.5	15.6	16.1
Western Cape	8.7	8.6	12.4	13.1	15.4	15.7	15.2	12.6
National	24.5	24.8	26.5	27.9	29.5	30.2	29.1	28.0

Free State Demographic Profile

The Free State has the second smallest share of the South African population. Approximately 6 percent of the South African population (2, 88 million people) live in this province, and this has remained fairly stable since 2001 (Statistics South Africa, 2008).

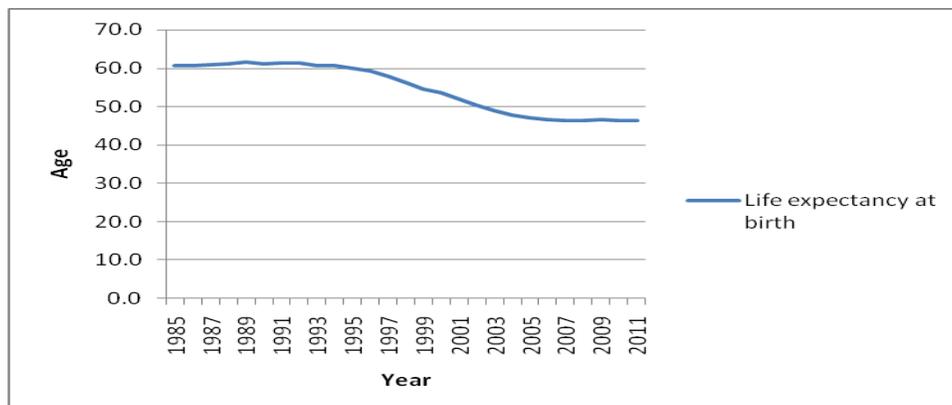
The age structure of the province can be seen in Figure 3 below. A large proportion, 31% of the population, are younger than 15 years and 8% are 60 years and older. It further shows a steadily declining economically active population.

Figure 3: Mid-year Population Estimates by Age and Sex, Free State: 2008 (Statistics South Africa, 2008)



Life expectancy in the Free State is declining amongst both men and women (Statistics South Africa, 2008). Below, Figure 3 shows life expectancy at birth in the Free State, showing life expectancy in 1985 at approximately 60 years, and in 2011 this has declined to 46 years.

Figure 4: Life Expectancy at Birth, Free State, 1985 - 2011 (Dorrington et al, 2006)

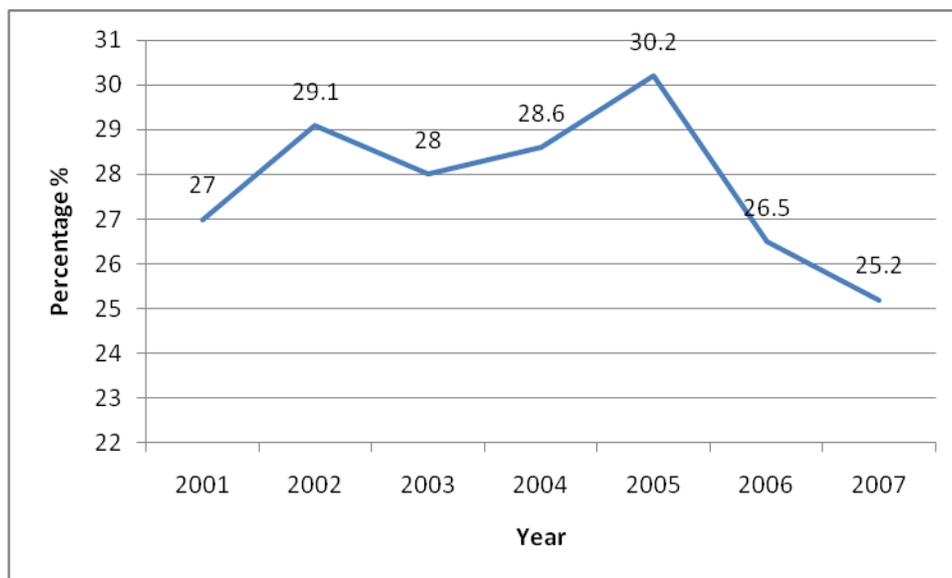


The growth rate for the South African population has been declining steadily between 2001 and 2008. Although there are no provincial figures regarding the growth rate, the estimated overall growth rate in South Africa declined from approximately 1,5% between 2001–2002 to 0,8% for 2007–2008. In the Free State, reasons for the low population growth include “the declining contribution of both the agricultural and mining sectors to the Free State economy and the reported ravaging impact of HIV and AIDS, with the former closely linked to migration as well” (Free State Provincial Budget Speech, 2008/09).

Economical aspects of the Free State

The Free State has a total of 1 105 000 economically active people (Statistics South Africa, 2007). Recently the Free State has seen an increase in its economic growth. In 2005, the provincial economic growth rate was 4.2% following a growth rate of 2% and 3.4% in 2003 and 2004 respectively (Department of Social Development, 2008). In keeping with this increase, there has been a steady decline in unemployment in the Free State as evidenced in figure 3 below (Statistics South Africa, 2007).

Figure 5: Unemployment Rate in the Free State, 2001-2007



The economy of the Free State is largely dependent on the agriculture and mining industries. Crops such as maize, soya, sunflowers, sorghum, cherries and wheat are cultivated in the Free State. Agriculture remains a critical industry and there is recognition that “it is important to grow this industry as it is suited for rapid job creation opportunities for emerging black farmers” (Free State Budget Estimates 2008/9). The N1 is the national road that links the Free State to Gauteng, and to the Western and the Eastern Cape. The Free State has the longest road network, of 48 356 km. The 5 districts have diverse profiles (Adapted from Shisana et al, 2005):

Below is figure 6 of Free State showing prevalence estimates by District among Antenatal Clinics Attendees, 2007 (Department of Health, 2008 as used also to determine High transmission Areas in the province.

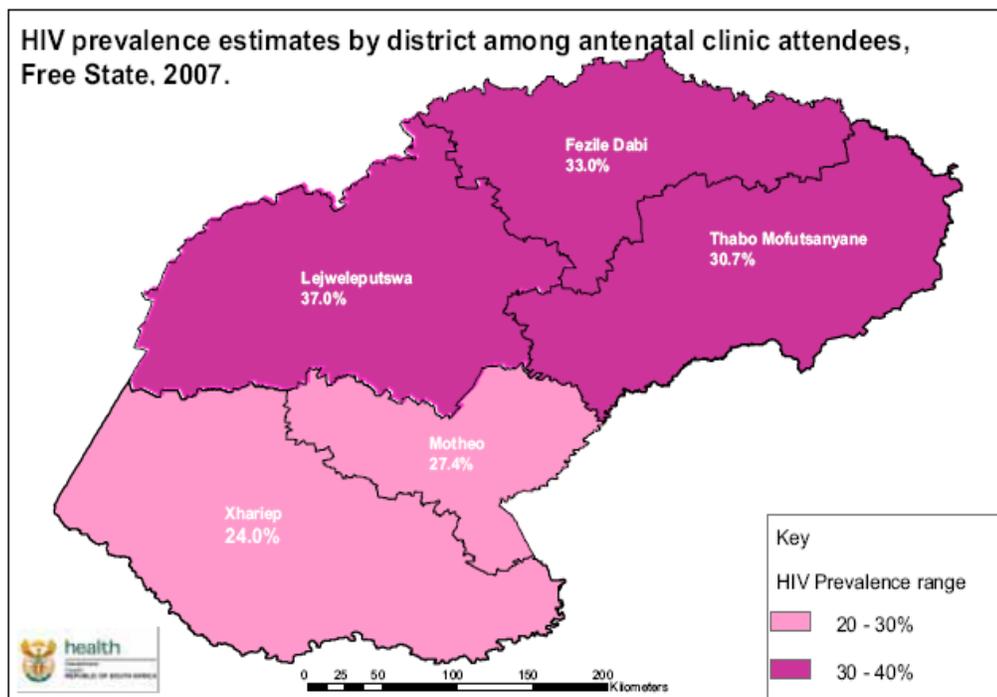


Figure 6

Motheo: Motheo is the most urbanised district. A functional economic corridor along adequate road networks strengthens trade relations with Lesotho and other provinces. Because of N1 national road, a city like Bloemfontein has been identified as a High Transmission Area due to number of truck stops it has.

Xhariep: Xhariep is predominantly an agricultural area where mining has been localised and activity has greatly declined. The community is largely rural. Poor road conditions and inadequate public transport infrastructure makes access to health care problematic. This district is the most underserved area in so far as health services are concerned. The N1 national road that passes Trompsburg (100 kilometres from Bloemfontein) and Springfontein truck stop has made these areas high transmission areas. Commercial sex work is high in these towns.

Thabo Mofutsanyana: This district is very mountainous with a large proportion of fertile rural areas. Ninety percent of the cherry crop in South Africa is produced in the Ficksburg area, which also houses two large asparagus-canning factories. These factories provide seasonal employment to the people of the surrounding area including people from Lesotho. A place like Bethlehem has a problem of commercial sex workers as well as Harrismith which has been identified as high transmission area because of N3 national road and truck stops.

Lejweleputswa: This district is a major mining area. The mining industry, which produces mainly gold, is mined predominantly in Welkom, Virginia and Odendaalsrus. These mines used to provide employment to the majority of people living in the Free State, as well as people in neighbouring countries such as Lesotho, Zimbabwe, Zambia and Malawi. However, the face of the province is changing, as more mining shafts are closed due to the depletion of gold. These workers have chosen to remain in the Free State, rather than return to their original homes, and some of their spouses have migrated to join them, but because of lack of income young girls resulted to do commercial sex work to make some ends meet.

Fezile Dabi: This district, formerly known as the Northern Free State, has natural resources in the form of coal deposits, which support the largest petrochemical industry in the country, particularly in Sasolburg. This offers substantial employment opportunities. Because of the changing economic situation of the Free State, the province is becoming more dependent on manufacturing, towards an export oriented economy. Fezile Dabi has stable agricultural production. Because of its strategic location, the district has economic links with Gauteng and as most of youth is not working they end up in this commercial sex work as truckers can pay them better for sex.

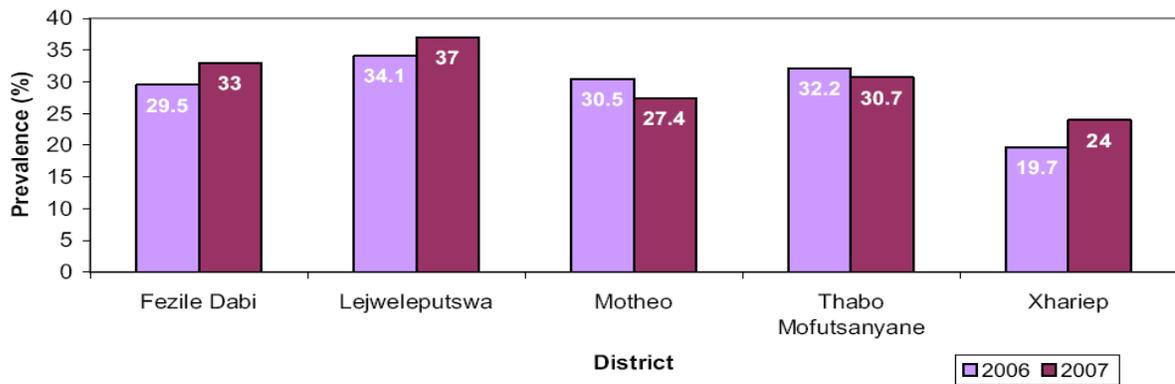


Figure 7

CHAPTER 2

ADVANTAGES OF COMMERCIAL SEX WORK

Although it sounds immoral to say Commercial sex work is advantageous some times, the truth is, it is not all bad as we think. If correctly regulated, it could be of help to alleviate poverty, stealing other people's properties, house breaking and rape, and address some sexual needs experienced by men or women who are having intimate problems in their relationships.

Tourism industry needs to think positive about commercial sex work since not every tourist can afford to travel with their partners. Illegal practice of this industry is the cause of most problems encountered in it. If it could be legalised and regulated, it could ultimately be socially accepted by communities and government, and commercial sex workers had to visit clinics or hospitals for check-up regularly and be tested for HIV.

Our country is roaming with fatherless children due to the famously practiced culture of having concubines who behave like second wives of husbands behind their life-partner's back. Broken families due to husbands or wives having steady relationships outside are spreading like wild fire. These problems can be addressed by the use of commercial sex workers who are not in competition with married couples, for them there are no strings attached when buying between the buyer and the seller.

They are not after winning people's husbands or wives for themselves but to make money in their business. All they need during or after the service they rendered to the sellers in that moment is money and thereafter they move on with their lives with no strings attached.

Concerning the issues of commercial sex workers being the biggest source of spreading sexually transmitted infections, one might question it and base the argument on the fact that since their practice is stigmatised and that everybody knows for a fact that they sleep around; protection with most of them is highly practiced.

In the Free state whereby I have been involved with the programme of “Integrated HIV and Poverty Alleviation” for educating truckers and commercial sex workers about HIV and Aids in the High transmission Areas (HTA), it has been shown that the infection rate has been reduced – in towns like Springfontein, Bethlehem, Harrismith, Heilbron, Sasolburg, Kroonstad, Ventersburg, Welkom and Bloemfontein due to distribution of condoms and education, the prevalence in the age between 15 – 29 years dropped by 2% though they are still labelled as a high transmission areas.

Both buyers and sellers are suspicious of each other’s health condition and status. This it seems is not the case with the steady relationships between concubines and married couples. In a steady relationship(s) sometimes people had to compromise their lives in order to sustain a relationship(s) by not using a protection when having sex with the partner(s).

Commercial sex workers are commonly not linked to organised crime. They only sell to make some ends meet. South Africa currently has a very high rate of unemployment, with the trade union movement COSATU quoting percentages as high as 40%. This makes it difficult to find a job in any form of employment is hotly contested. A criminal record makes it more difficult to find a job. Sex work became the alternative for women and men without income.

Though it seems morally wrong to say commercial sex workers because of different reasons and needs of individuals, like high unemployment rate, poverty, lack of self-sustainable finance situation and peer pressure have resorted in this industry to alleviate poverty even if it is risk. Despite substantial industry, 68% of people in the Free State live in poverty (HSRC, 2005). There are disparities in wealth, education level, and socio-economic status, evidenced by the Index of Multiple Deprivation for the Free State, which is based on five elements namely, Income and Material Deprivation, Employment Deprivation, Health, Education and the Living Environment (Noble et al. 2006).

Commercial sex workers are the most demanded and the entertainment for adventuring men, sexual gratification and acts of violence as well as power. They are the supplier of what men wants when they are out and reduce stress from home. This is what men said during the interview.

When buyers are thought of, it is generalised as 'demand' most common suggestions offered relate to men's perceived right to have sex and to be sexually serviced by women, e.g. can't get sex any other way, while wife of partner is pregnant or wife or a partner won't do certain things, because it is risky and it is exciting then they prefer commercial sex workers who will do anything for the sake of money.

In this light, what I observed is that having sex with a commercial sex worker under protection is safer for many people than having unprotected sex by regular couples that trust each other while they don't know what other partner is doing when is not with him/her.

CHAPTER 3

DISADVANTAGES OF COMMERCIAL SEX WORK

Because this practice is socially not accepted in most of our communities, it is operated in hiding places which are often not safe to be at. Such places may instil negative thoughts to buyers and put the lives of commercial sex workers at a high risk.

Commercial sex work in South Africa is not legal and thus not regulated, immoral issues such as being raped, abused, beaten up and robbed are daily events. Young girls also join this industry and drop out of schools because of peer pressure and fast cash flow. All these hit back to the government because the government must provide for health and social services to them.

According to Noble et al (2006) the highest levels of deprivation in the Free State province are located in Maluti a Phofung, Tswelopele, Nala and Setsoto municipalities. Tswelopele and Nala both form part of the Lejweleputswa district, and Maluti a Phofung and Setsoto form part of the Thabo Mofutsanyane District. Both are districts very affected by HIV. The reason for high levels of poverty in the Lejweleputswa district can be attributed to the closing of mine shafts. As more people become unemployed, poverty increases as people settle to informal settlements without work.

In the Thabo Mofutsanyane District, reasons for poverty that increases more commercial sex workers can be attributed to seasonal employment opportunities and the fact that is an area that was previously disadvantaged, by being a homeland area under Apartheid. All the above reasons led males and females to commercial sex work as they will have some ends meet at the end of the day.

It is a fact that sexual transmitted infections are mostly spread by this industry.

Are sex workers at risk of being infected/ infecting others with HIV/AIDS?

If they engage in unprotected sex, all sex workers are at risk of infecting others/ becoming infected with HIV/AIDS.

Are certain sex workers at a greater risk than others?

Male sex workers, or anyone else who engages in anal sex, are at a greater risk of infection because there is a greater chance of HIV transmission through anal intercourse. Anal sex is especially risky because it can result in tiny tears or cuts in the rectum. Viruses can enter the body more easily through these breaks in the skin than through intact, healthy skin. Female or male street sex workers are also more at risk than other groups because working on the street is more dangerous than working from a hotel or massage parlour. It is harder to assess whether a client is safe and/or to negotiate safe sex when working from the street.

Why sex workers at a greater risk of becoming are infected/infecting others with HIV/AIDS? Sex workers are at a greater risk because:

1. They may be more likely to engage in 'high risk' behaviour (like having unprotected vaginal or anal sex) with more than one person.

First, sex workers engage in sex for financial compensation. This means that they are more likely than the average person to have multiple sex partners. This alone increases one's vulnerability to HIV/AIDS and other STIs.

Second, since prostitution is mostly illegal in the Pacific, transactions must be negotiated quickly – especially for sex workers who work on the street - so that they are not caught out by the police. This means sex workers do not always

have the time to negotiate safe sex. If there isn't time to negotiate safe sex, a sex worker may feel obliged to engage in unsafe sex to avoid losing the sale.

Alternatively, the sex worker may not have time to assess whether a client is 'safe'. This increases the sex worker's risk of being the victim of assault or rape which in turn increases the risk of becoming infected with HIV/AIDS. Fear of violence may also prevent a sex worker from disclosing his/her HIV+ status and/or may make it difficult for the sex worker to insist upon sex with a condom.

Finally, clients will sometimes pay more money if a sex worker agrees to participate in unsafe sex. Since many sex workers are in need of the money, this may be an offer that is too good to pass up.

2. They may be more likely to engage in 'high risk' behaviour with other groups that are vulnerable to HIV/AIDS infection

Other groups like seafarers and migrant workers are vulnerable to HIV infection. For example, statistics show that seafarers in the Pacific have a high rate of STIs.

This suggests a propensity for engaging in unprotected sex which means that these groups are also at a higher risk for contracting/transmitting HIV/AIDS. Seafarers are also one of the groups more likely to use the services of a commercial sex worker.

3. They may be more likely to engage in 'high risk' behaviour with tourists.

Tourists are one of the groups of people who are known to use the services of commercial sex workers. While HIV/AIDS prevalence remains low in most of the Pacific region, tourists travelling to the region may be carrying the HIV virus. This puts everyone they have sex with, including sex workers, at risk.

4. Sex work is heavily stigmatized work in most countries in the Pacific.

Many people believe that commercial sex work is wrong and that people who engage in commercial sex work are “immoral”. Sex workers may be treated differently than other people and their human rights might not be respected. Sex workers may be isolated or ostracized from their communities. Such treatment can lead to low self-esteem, despair, anger, resentment and an increase in high risk behaviour. Sex workers may have more unsafe sex and/or may turn to drugs. This increases the risk of getting/transmitting HIV/AIDS.

5. They are less likely to seek medical treatment for HIV/AIDS and other sexually transmitted infections (STIs).

Since sex workers are often poor and/or do not want to draw attention to themselves for fear of being arrested or stigmatized, it is less likely that they will get tested for HIV/AIDS and/or seek treatment for HIV and other STIs.

This means that there could be sex workers who do not know that they are HIV positive and at risk for infecting others with the disease.

The Post Exposure Prophylaxes programme cannot be of assistance to them if the buyer demands unprotected sex during the negotiation or forcing her to have unprotected dry sex because she cannot lay a charge for rape after payment, and this put most of the commercial sex workers in a high risk of infection, not only for HIV but also for STI's.

CHAPTER 4

COMPARATIVE ANALYSIS

According to the information gathered from the men and women population interviewed, it has been made clear that the information on HIV and AIDS is readily available to almost all people particularly commercial sex workers and people in the urban area. According to this study there are certain factors which contribute to commercial sex workers to be vulnerable to the epidemic. These are been discussed below:

By virtue of being a woman, women become victims because of lack of economic power, gender inequality, unemployment, illiteracy, and poverty.

- **Unemployment**

It has been intensively reported as a compounding factor in the situations experienced by most women, particularly commercial sex workers. It has also identified that women are the most victim of poverty as a results of unemployment and high rate of illiteracy. . Women wake up in early hours of the morning, walking long distances searching for jobs even in unsafe areas where one is in high risk of being attacked and raped. As a result of poverty one may find herself having consented in some casual sexual intercourse in exchange for money or hoping to get money in which cases one may end up being raped, infected with HIV and in certain cases not even getting the money she hoped for.

- **Gender inequality**

According to the interviewed population, men still are occupying senior positions in most jobs and out of desperation women fall into a trap of getting a job in exchange of sex.

In most cases women at home are financially dependent on their male partners, with the results that men do as they feel, may sleep around and woman is not expected to argue or even protect herself using condom. The end results may be sexual transmitted diseases, which increases the risk of HIV and AIDS. Arguing along this, Berry (Avert, 2007) mentioned that there still exist major inequalities between women and men in all aspects of living – from employment opportunities, availability of education, and choices in relationships

- **Social and cultural practices**

Polygamy is still practiced in some parts of southern Africa. (Samura, 2007:4). Even where traditional polygamy is no longer the norm, men tend to have more sexual partners and to use services of sex workers. Certain sexual practices, such as dry sex (where vagina is expected to be dry and small) to satisfy a man and unprotected anal sex, carry a high risk of HIV transmission because they all result to tearing of vaginal and anal epithelial lining (Qubuda, 2007).

- **Migration and the use of protection**

Husbands working far from home, such as truck drivers and mine workers, do not use condoms when they are back home with their wives, whiles they have been using the services of commercial sex workers where they were working and women are not in positions to demand for safer sex or use of condom, particularly because they are looking for sexual and emotional intimacy as their partners have been away for months or sometimes years

It has also been reported that because of low wages especially with domestic workers, some women have been involved in casual sex with other men in order to supplement their wages. Supporting this statement, Berry in (Avert, 2007) sees prostitution as another way in which women's lack of economic power enables their sexual exploitation

- **Men as buyers**

Men as buyers of commercial sex acts are the ultimate consumers of trafficked and prostituted women and children. They use them for entertainment, sexual gratification and acts of violence. It is men who create the demand and women and children became the suppliers.

- **Men as commercial sex workers**

Some of men who are in this circle of commercial sex work in the Free State are not standing in the corner of streets like women, few of them whom we meet and interviewed were not comfortable to answer some of the questions. One of them told us that he is happy the way he lives and that even if he is not making money like women but he is sure about his clients. The issue of anal sex was debated during the interview with the respondents and they do not see it as dangerous as others see it because of cuts in the membrane that will be the entry point of HIV.

MEASURING INSTRUMENT USED

In this research, a questionnaire consisting of 35 questions and comprising three sections was formatted. Section 1 (8 questions) consists of background information of the various respondents. Section 2 (9 questions) measured the level of knowledge of the respondents regarding commercial sex work and Section 3 (18 questions) measured knowledge around or regarding HIV and AIDS and last Section is comprising of open-ended questions. Various literature sources were used in the compilation of the questionnaire.

In this regard the ILO Code of Practice on HIV/AIDS and research done by the World Health Organisation refer. Following the study of HIV/AIDS, it appears that information regarding HIV/AIDS is centred around the following themes:

- How is the virus contracted?
- What is the cause of HIV/AIDS?

- Communities' concerns, myths and fears
- Prevention and control of the spread of the virus;
- Testing for HIV/AIDS;
- Discriminatory practices. and others

The abovementioned themes served as the researcher's point of departure in formulating the questions used during research.

DISCUSSION OF THE STATISTICAL ANALYSIS EMANATING FROM THE ATTACHED QUESTIONNAIRE

Preamble

It must be crystal clear that the first section of the statistical analysis is based on the specifications of demands of high transmission areas by the Department of Health in the Free State Province. In other words, the selection of towns and cities in this categorisation as high transmission areas is determined by the FS Department of Health. Within this particular categorisation, the researcher's role had been primarily to seek for the relevant data for each identified area. As the second section, the researcher took the initiative to seek for information from the relevant personal contacts who might have had a dealing with commercial sex work.

As a matter of fact, the following persons within the African communities (urban areas) identified themselves as having a prominent role to play in as far as this business is concerned:

- Government officials;
- Traditional healers;
- Religious leaders;
- Politicians;
- Truckers.

This could further be divided into two subsections, namely, the government officials, politicians and truckers could belong to the same bracket and traditional leaders as well as religious leaders should form one subsection. The reason for these particular subdivisions is the rate of engagement in this business among the abovementioned personal contacts.

The first subset (government officials, politicians and truckers) entails people who are primarily playing a significant role in the business in comparison to the last subset (traditional leaders as well as religious leaders), whose role is quite moderate and insignificant. Primarily their role is merely to act as providers of moral teachings against this illegal practice and thus breaking the circle of commercial sex work. Refer to the given statistical report.

STATISTICS ANALYSIS REPORT

In this study the researcher further highlighted that only 3% of respondents believed that their colleagues and friends would not avoid the participation in commercial sex work even if they can be infected by HIV.

Respondents' ages ranged from as young as 15 years of age to 59 and older, with the majority of participants of Commercial sex work in street corners between 20–35 years. The sample indicated more participants are female respondents (157; 98.1%), with male respondents accounting for (3; 1.9%) of participants in the Free State Province. The participants or respondents as Commercial sex workers varied between elementary education, high school and tertiary education, with the majority of respondents reporting a high school education level (84).

- **Areas where interviews were conducted and number of respondents**

The selected towns and cities in this category are high transmission areas and determined by the FS Department of Health.

Area/category	Interviewees	Gender (M/F)	Age group
Bethlehem	20	20 F	15 – 59
Bloemfontein	59	56 F & 3 M	15 – 59
Harrismith	20	20 F	20 – 30
Kroonstad	09	09 F	25 – 40
Sasolburg	14	14 F	20 – 35
Springfontein	06	06 F	15 – 38
Ventersburg	19	19 F	15 – 40
Welkom	21	21 F	20 – 38
Total	160	157 F & 3 M	

- **Personal contact that the researcher initiated to interview to get more relevant information**

Government officials	08	04 F & 04 M	20 – 40
Politicians	08	04 F & 04 M	25 - 45
Traditional leaders	09	05 F & 04 M	35 - 49
Truckers	55	55 M	25 - 49
Total	80	13 F & 67 M	

Figure 8

- **Educational status of interviewees:**

Elementary	10
High school	55
Tertiary	35

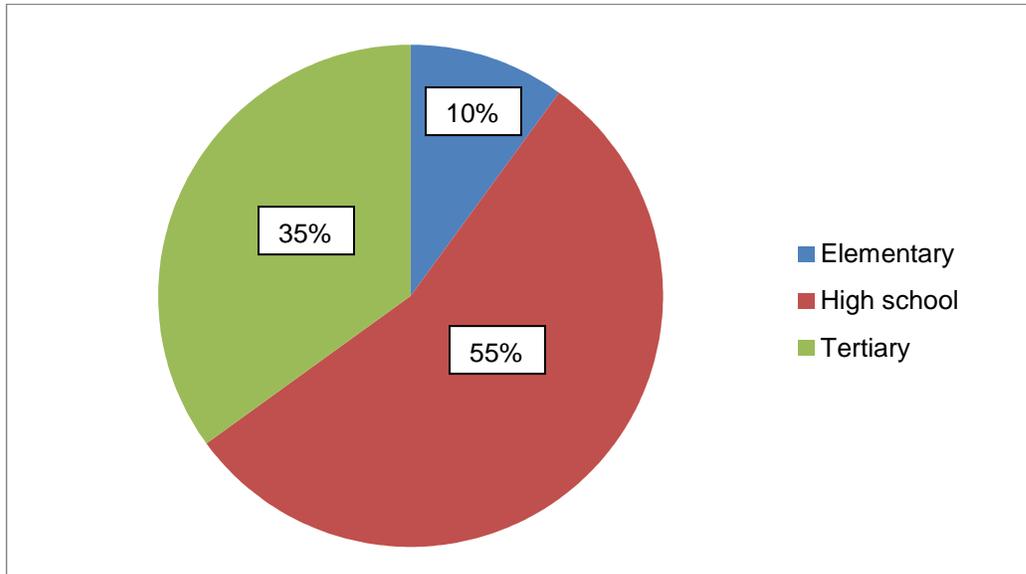


Figure 9

Close to 30% of the respondents, as indicated in figure 8 above, were men while more than 70% were females. Not all of them (females) are in relationships (with men); 53% of respondents, as shown in figure 9 above, have high school education and most of them are unemployed single parents. They have the knowledge of HIV and Aids and how it is transmitted and how it can be prevented. Most of them are also aware of the fact that HIV is not curable but it can be prevented, by practicing safe sex; it is treatable and manageable.

In all 160 commercial sex workers interviewed on the questionnaire at least only seven (7) respondents are child heading their families. In Welkom the researcher discovered that illegal miners that are in need of sex workers' service, while still on duty – underground in the mine, have to pay triple the normal amount; that is, between R350 and R500 overnight; it serves as danger allowance for putting sex worker's life at risk.

Based on some of the factors mentioned above it is clear that even if commercial sex work has advantages for others, it has a very serious negative impact on women, girl child and the community at large. We cannot deny the fact that in South Africa commercial sex work is illegal and it puts most women at risk of being infected with HIV, raped and sometimes being murdered more than men.

The issue of poverty as a main reason, debts a person had, low benefits of others at work or casual work where the CSW want to increase the wage to pay for her need, paying for education of the children because there is no recourse to public funds, addiction to the use of drugs to numb the pain of dealing with unprotected sex for more money as well as the use of alcohol has been noted.

In some instance male partners also coerced their female partner to participate in the sex act as a part of income generating or as a wage, the poor woman had to make some ends meet for her partner and children.

Lack of alternatives of what women can do to raise money for her need is because of not having skills or poor education or illiteracy, and then is easy for her to fall into this risky behaviour.

Peer pressure has led most of the young women to be involved in commercial sex work which results in lack of self esteem. Thinking that it will lead to a better life for self or family status that they are used to money, and also for children perceived financial gain.

CHAPTER 5

OBSERVATION

The report indicates that both men and women involved in the commercial sex work, although there were more female sex workers than male sex workers. They are ranging from the age of 15 to 40 years of age. Most that I and the volunteers of Lesedi La Setjhaba Welfare Organisation, where I also volunteered to assist with the knowledge I gained during PDM in 2007 were migrants from neighbouring provinces and towns as well as from Lesotho, some are staying with grandparents, others are house headed family and very few are staying with a complete biological parents.

5.1 Vulnerability on commercial sex workers

There are many reasons that put commercial sex workers in a vulnerable situation, according to the interviews most is due to poverty, unemployment or inability to make ends meet, illiteracy, addiction, coercion homelessness, lack of self esteem, demand, easy or quick money, lack of support network, survival and the high lifestyle they need because of peer pressure.

Drug addiction by commercial sex workers themselves not forgetting the incomplete families whereby youth is staying with the grandparents who are very old or the mother who is living with a disabled person. They then take advantage that the parent cannot be aware of this behaviour. Parents do not question the child about the money that she has and how she affords to buy new clothes when she is unemployed.

This situation forces them to be blind of the risk they are taking and lead to murder or sexual assault. They are more likely of engaging in unprotected sex that may lead to STI's and HIV infection.

Because of fear of working in the night these ladies sometimes abuse alcohol and drugs to numb their fears which heighten their risk of unprotected sex as their judgement is impaired. They sometimes take a risk of having unprotected sex so that their clients will pay more for their service.

5.2 Selected group of interviewees

The group selected is a group of commercial sex workers around the city of Bloemfontein and its outlets, of women aged between 15 and 40 years of age, who are unemployed black single and divorced. They are from smaller under developed urban areas where poverty and unemployment rate is very high.

Most of them are not informed on HIV and AIDS and they have many misconceptions and myths that need urgent attention. Most of these women are pre-exposed to violence and sexual abuse and sexual assault. Usually these women have very little or nothing to support to their families and children with. The other group is of truckers at different “Truck Stops” around Bloemfontein as well as the buyers and the community members affected by this behaviour. According to my observation most men do not want to answer questions honestly.

5.3 Projections

As we are facing a situation whereby millions and millions of guests or tourist will be in South Africa in 2010 to watch FIFA World Cup games, lot of unacceptable or immoral behaviour as we view commercial sex work will be happening. Child and human rights organisations have warned that the human trafficking could be worse in the country ahead of the World Cup, with “trafficked” women and children being forced into the sex industry. The experts say that the only way to prevent this commercial sex work issue is to decriminalise it and promulgate trafficking law. This comes after a seminar by Human Sciences research Council

and the International Organisation for Migration which was held in Pretoria, June 2009. (ILO; Legalise prostitution for 2010)

Professor Vasu Reddy, the acting director of the gender and development unit at the HSRC, said that if South Africa did not expedite the decriminalization of the sex industry, it would have a ripple effect of human trafficking. Professor also said that South Africa should be preparing itself for a thriving sex industry during the events and had to call for the National Prosecuting Authority to fast-track and “prepare itself legally”. Syndicate for human trafficking where World cup is held it became worse, as Thai women have already been smuggled to South Africa for business ahead of the tournament. (ILO; Legalise prostitution for 2010)

COSATU in its statement through their General Secretary Mr Zwelinzima Vavi on Thursday 24th September 2009 in their 10th Annual General Meeting (AGM) held at Gallagher Estate clearly indicates that the Union is supporting legalization of commercial sex workers due to high unemployment rate.

The HIV & AIDS and STI Provincial Strategic Plan for 2007-2011 (PSP) adopted by the South African National AIDS Council (SANAC) and builds on from National Strategic Plan of 2000 – 2005; the Operational Plan for the Comprehensive HIV & AIDS Care, Management, and Treatment (CCMT) as well as other HIV & AIDS strategic frameworks developed for government and sectors of civil society in the in the Free State Province committed itself to reduce the prevalence by 50% in 2011.

5.4 Recommendations

What can be done to reduce vulnerability and break the circle of Commercial sex workers?

Looking at the response by interviewees, there has been sharing of common ideas which in fact are not new in the field of HIV/AIDS pandemic. The reality is that with a high rate of unemployment, illiteracy, addiction, coerced, homelessness, lack of self esteem, demand, easy or quick money, peer pressure, poverty with poor social welfare system, HIV related stigma and discrimination, and lack of political commitment; commercial sex workers will remain vulnerable to the HIV/AIDS pandemic.

- To address unemployment more jobs or education on income generating projects have to be created for everybody particularly commercial sex workers.
- Creating jobs for women may emancipate them from commercial sex work and the abuse by their partners. With more jobs being available on the market, women may achieve financial independence where they will be able to negotiate what impact on their health.
- Increase HIV/AIDS awareness among commercial sex workers, buyers or men in transit, traditional healers and the community around the affected areas. Special attention should be paid to improving the HIV/AIDS knowledge among women and migrant workers;
- Introduce prevention and care projects, especially HIV/AIDS peer education among commercial sex workers;

- Improve and encourage access to Voluntary Counselling and Testing (VCT) facilities for commercial sex workers and their clients. Through counselling these women and men can change their behaviours and eliminate their assumption of being a victim of their circumstances. Awareness on the transmission of HIV and AIDS need to be campaigned frequently.
- To ensure adequate provision of basic amenities, recreational facilities and space for skills and income generating projects are available to commercial sex workers.
- Conduct further research into (a) the impact of HIV/AIDS on commercial sex workers, and (b) migration patterns in the region and their connection to HIV/AIDS.
- To legalize commercial sex work so as to regulate and monitor the sex act as well as the safety of all participants.
- Celebrating the World Aids Day together to have more information on HIV and AIDS will be essential for commercial sex workers and to avoid re-infections.
- The training of mobile clinic nurses and Learning clinics to be available, like the one established in Ventersburg for after hours consultation as commercial sex workers are sometimes afraid of going to the clinic because they fear to be stigmatised and discriminated.

Decreasing/Mitigation in the view of interviewees

Most of these men and women who are in this industry need education on HIV and AIDS more especially on the different modes of transmission, prevention and universal precautionary measures in their lifestyles.

The information on HIV/AIDS needs to be written in different languages at the level in which these commercial sex workers understand as most of them they are uneducated and the cognitive positioning of their understanding of HIV and AIDS make them high risk cases.

Mitigating impact of HIV and AIDS to Commercial Sex Workers (CSW).

Addressing the economic, political and cultural factors that render individuals and communities vulnerable to HIV/AIDS is crucial to a sustainable and expanded international response (UNAISA 2002: 16). It is very important for us to pay attention on the vulnerability of women in our streets who commercialise sex as they are at high-risk areas, not only for HIV and AIDS and poverty but also for other factors.

The factors or processes that contribute to this vulnerability are diverse, complex and not fully understood. Intervention must aim at commercial sex workers, truckers as well as the mobile population and their communities at large, must not take into consideration their unique pressure constraints and living environment in order to address their vulnerability effectively. Rather than condemning individual behaviour, these interventions must situate sexual behaviour in its social context (Jochelson et al, 1991: 170)

Social Mobilisation and High Transmission Areas (HTAs)

The DoH has a HTA programme targeting social contexts and physical locations. Contexts such as taverns and truck stops are targeted, to provide access to health information and condoms. The Free State has a large migrant population as a result of people working on mines and farms (mostly seasonal work).

People come from other districts, provinces and countries, the closest of which is Lesotho. As a result, cross-border interventions have been implemented as the likelihood of HIV infection is higher than usual and is cost-effective and a high-impact intervention.

Those typically targeted are sex workers, truck drivers, miners and/ or farm workers, street vendors and visitors to taverns. Police, teachers, nurses, traditional healers, community, doctors and pharmacists are also targeted to provide appropriate support to the HTA programme.

The DoH implements the HTA programme in partnership with NGOs, CBO's, NPO's and FBO's whereby all activities in the Free State are funded for.

As long as sex workers live in an insecure economic and social position they cannot afford the luxury to pay special attention to some of the health risks they are facing, isolate these specific risks and pay extra attention to them. The continuous threat of violence, repression and intimidation leads sex workers to making different assessments of the risks they are taking. (Wolffers, 2001)

What ever justification is used, we need to be clear about what is happening. We need to be clear that

.....prostitution comes from male dominance, not from female nature.....
(Andrea Zworykin)

CHAPTER 6

CONCLUSION

It is clear that commercial sex workers are not 'universally' at high risk of becoming infected with HIV, and that the situation varies widely between regions. However, it is also apparent that in many of our provinces where AIDS is taking its heaviest toll, large number of commercial sex workers are being affected by HIV, and this is a major issue.

Improving the situation will require greater efforts by government, groups and individual members of the society to help commercial sex workers. It is particularly important that commercial sex workers gain access to HIV prevention and treatment programmes. Such programmes will not only save commercial sex workers' lives but they can also help to stem the wider impact that HIV is having on societies around us.

Breaking this circle of commercial sex work, education on HIV and AIDS, distribution of prevention pamphlets, distribution of condoms, involvement of women in transit in different income generating project can make a difference in their lives, including the men in transit and jobs must be created. Opening of Learning clinics in the High Transmission Area will also assist in this problem as trained volunteers will talk and educate women and their clients about life skills.

To take appropriate measures to ensure that commercial sex workers or any other form of criminality does not take place as a result of 2010, the prevention and treatment part from the government and other stakeholder must be implemented and the act be decriminalised. The 2010 event is not there to aggravate or encourage commercial sex work but there are people out there who want to take advantage of an event of this magnitude for their own interest.

Legalizing commercial sex work in South Africa, creating more jobs and establishing more income generating projects for women in trafficking of Commercial sex workers will enable the government and other stakeholders to regulate and monitor the sex act as well as the health and the safety of all participants.

1.5 BIBLIOGRAPHY

HIV and AIDS Provincial Strategic Plan 2008 – 2011, Free State Province

Larry B. Christensen; Experimental Methodology; Tenth Edition: Pearson International Edition

'Legalise prostitution for 2010'

http://www.iol.co.za/general/news/newsprint.php?art_id

Niemann R, Niemann S, Brazelle R, Van Staden J, Heyns M & De Wet C. 2000 – Objectivity, reliability and validity in qualitative research; South African Journal of Education 20(4): 283 – 286 60

Neuman W.L. 1994; Social Research Methods: Qualitative and Quantitative Approaches, Boston: Allyn & Bacon

PIAF Legal and Human Rights Task Force; www.pacificaid.org/rights

PRETORIA NEWS *Published on the Web by IOL on 2007 -12 – 07*

Prostitution and Aids (SIDA and Prostitution):

<http://www.avert.org/prostitution-aids.htm>

Smiling A 1994; Discussion session during Winter School on Qualitative Methodology; Pretoria: HSRC

South African National Prevalence, Incidence, Behaviour and Communication Survey, 2008: A Turning Tide Among Teenagers?

SWEAT – Why you should support decriminalisation even if you are against sex work; www.sweat.org.za

SWEAT – Sex Work and Human Rights in South Africa: www.sweat.org.za

Sex workers Speak Out. Policing and the Sex Industry:
www.iss.co.za/static/templates/tmp1_htm1.php?node_i

World Health Organisation (2004), Sex work Toolkit

Zikmund, William G.2003. Business Research Methods. 7th Edition. USA.
Thomson – South Western.

http://data.unaids.org/pub/GlobalReport/2008/jc1510_2008_global_report_pp29_62_en.pdf

Addendum A.

AFRICA CENTRE FOR HIV/AIDS MANAGEMENT

M.Phil in HIV/AIDS Management

RE: REQUEST TO COMPLETE A QUESTIONNAIRE

Dear Respondent

- *I am Tau Zacharia Moilola, and I would appreciate you if you could participate in my research project for M.Phil in HIV/AIDS Management with the University of Stellenbosch.*
- *The aim of this questionnaire is to gauge the impact and the spread of HIV/AIDS on migrants as well as poverty in poor communities and to identify those factors that should be considered as the high risk in life.*
- *The questionnaire is completely anonymous; the data gathered in this survey will be treated with strictest confidentiality and presented on summary form without the name or affiliate of the respondent. Please respond to all the questions as honest as you can. This interview will take approximately an hour.*
- *Should you have any questions, comments or anything regarding the questionnaire please do not hesitate to contact me on these numbers: 082 770 5539 or 051-4066336 (w).*

Section 1 – Background information

- Q1. Gender:** Female Male
Q2. From which population group are you? African Asian Coloured White
Q3. How old are you? 15- 20 21- 25 26- 30 31- 40 41- 50 51

- Q4. What is your home language?** Afrikaans Isizulu Setswana Xitsonga English Sepedi Seswati Others Isindebele Sesotho Tshivenda
Q5. What is your highest education level? No formal education Grade 12 Diploma/Certificate Bachelor's degree Honour's degree Master's degree Doctoral degree

- Q6. Marital status** Married Single

- Q7. What is your occupation?** Professional Senior Official Sales person Driver Technician Skilled Farm worker Domestic worker Clerk Unskilled Craft trader Unemployed
Q8. What is your employment status? Permanent, full time Fixed-term contract Casual

Section 2 – Commercial Sex Worker

- Q.9** Do you have a partner/husband/wife?
- Q.10** Who are your clients?.....
- Q.11** What are their age ranges of your clients?
- Q.12** For how long have you been here?
.....
- Q.13** What are you doing beside this?
.....

Q.14 Are you staying with other people at home? Yes / No

Q.15 How would you describe your economic position?

Q.16 How much time do you spend on this situation?

Q.17 Approximately how much do you do per day, week etc?

Section 3 – HIV and AIDS information and sexual behaviour

Q.18 Do you know anything about HIV/AIDS?

Q.19 Do you think that AIDS is existing?

Q.20 Do you know how HIV can be transmitted?

Q.21 How can you prevent the infection of HIV?

Q.22 Do you think that it can be cured? Explain how?

Q.23 Do you know anybody who is infected or died because of HIV?

Q.24 How can you feel if you were told that your best friend is HIV+?

Q.25 Do you know your status? Yes / No

Q.26 Have you ever been tested? Yes / No

Q.27 Do you want to know your status? Q.28 Do you know how test is done?

Q.29 What are your chances of being infected in your behaviour? High Medium Low

Q.30 Why do you think like that?

Q.31 Do you think that people should be tested for HIV and why?

Q.32 Do you and your clients used condom?

Q.33 What can make you to change your behaviour from now?

Q.34 Do you think that this interview has made an impact on you and how?

Q.35 What advice can you give your colleagues after this interview?

Thank you very much for participating in this survey let it be an eye opener to you and others.