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Understanding the experiences of Male Sex Workers and their risk perceptions and behaviors in Cape Town, South Africa

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Abstract Cover Page

Abstract Cover Page
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Understanding the experiences of Male Sex Workers and their risk perceptions and behaviors in Cape Town, South Africa

By

John W. Meade Jr.

BA in Cell and Molecular Biology; Connecticut College, 2011

Thesis Committee Chair: Karen Andes, PhD

An abstract of
A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
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Abstract

Understanding the experiences of Male Sex Workers and their risk perceptions and behaviors in Cape Town, South Africa

By John W. Meade Jr.

Background: In South Africa, male sex workers are a particularly vulnerable population because they encounter verbal, physical and sexual violence and have a very high burden of diseases. Most of the statistics on sex work that public health professional has obtained are from female sex workers. There is a vital need to understand the unique experiences of male sex workers and to explore the kinds of risk encountered in a society that criminalizes sex work in South Africa.

Methods: In the summer of 2016, 22 in-depth life history interviews were conducted with male sex workers, who receive services from Sex Worker Education and Advocacy Taskforce (SWEAT). Two primary research questions were asked: what types of risk do male sex workers encounter in a society that criminalizes sex work and what strategies do male sex workers take advantage of to manage these risks? Thematic analysis was used to identify key patterns in the data.

Results: Participants discussed reasons for entering sex work and were categorized into three main trajectories: Migrating to South Africa, drug addiction and unstable family/origin. Participants discussed that the reasons for entering sex work would have an impact on the types of risk that they encountered while working as sex workers in Cape Town. All participants had some form of experience with law enforcement officials but the majority explained that these interactions were negative and abusive. All participants mentioned that they have used drugs/alcohol during the interaction with clients and inhibits the ability to make safe decisions such as using condoms. Participants mentioned some interesting elements of their sex work including that they work for themselves (no pimps), feel comfortable negotiating condom use with clients and get paid before interaction with clients.

Discussion: These findings shed light on the HIV risk perceptions of male sex workers in Cape Town, South Africa. One key finding is that there are the proximal and distal factors for entering sex work. The proximal factors include drug addiction while distal factors include migration and an unstable family/origin. Secondly, the results provide insight on factors that may lead to higher or lower risk of HIV among male sex workers. The frequency of 'regular clients' and the fact that male sex workers generally serve as their own bosses may serve as a protective effect and lower HIV risk among male sex workers. While violence perpetrated by law enforcement and drug/alcohol use serve as factors that may increase the risk of HIV among male sex workers. More tailored multidisciplinary interventions that address homelessness and drug addiction need to be implemented. This research has helped to shed light and pressure public health and human rights organizations to put the needs of male sex workers at the top of their agendas.

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I. INTRODUCTION

According to The Joint United Nations Programme on HIV and AIDS (UNAIDS), sex workers are defined as "*Female, male and transgender adults and young people who receive money or goods in exchange for sexual services, either regularly or occasionally. Sex work varies between and within countries and communities. Sex work may vary in the degree to which it is more or less "formal" or organized, and in the degree to which it is distinct from other social and sexual relationships and types of sexual economic exchange.*" Sex workers are generally characterized as having aberrant identities that help contribute to their exclusion from society. In South Africa, when referring to sex worker populations (men, women and transgender) the public health issue that dominates is HIV/AIDS (Samudzi & Mannell, 2016). Based on the literature, sex workers from different geographical locations and backgrounds frequently share common risk factors such as violence and drug use that make them especially susceptible to HIV transmission (Shannon et al., 2015). Yet, this literature focuses almost exclusively on female sex workers; there is a need to understand the experience of male sex workers and the context of their risk perceptions and behaviors in South Africa.

Men, women and transgender sex workers around the globe continue to encounter reduced access to much needed HIV prevention, treatment and care services (Beyrer et al., 2015). Recent breakthroughs in HIV prevention, program implementation, and treatment have led to a rise in optimism that "an AIDS free generation" is truly possible (Havlir & Beyrer, 2012). However, as a result of stigma and discrimination towards this vulnerable population, problematic gaps still exist in sexual health services (Beyrer et al., 2015). Without rigorous research to explore these gaps, sex workers will continue to be excluded from health services.

Research on female sex workers from South Africa and male sex workers in other regions of the world were used as a basis to conduct this research study. The risk factors associated with HIV and how they are perceived and mitigated by men who sell sex are severely under-studied. Unfortunately, men who sell sex for money or goods (MSW) are generally included by researchers as a subgroup in studies focused on men who have sex with men; studies targeting primarily female sex workers; or as part of a MSW category that often includes transgender women (Baral et al., 2015). The limited research that does exist identifies criminalization, violence perpetrated by law enforcement officials and drug use and addiction as barriers to safe commercial sex offered by men. In South Africa, male sex workers have a higher burden of HIV than other men who have sex with men who are not involved in sex work (Friedman, Guadamuz, & Marshal). In the absence of reliable qualitative and quantitative data on the risks that male sex workers encounter in South Africa, effective prevention programs will not accurately represent the needs of this at-risk population.

Understanding the factors that caused the entry into the sex industry, perceptions of risk while in the industry and how male sex workers manage these risks is essential for public health practitioners. This information is vital to target HIV and other harm reduction programs for male sex workers due to the efficient transmission of HIV during unprotected anal sex and the increased demand for male sex workers to have many sexual partners to support their families (Beyrer et al., 2015). A qualitative study with semi-structured in-depth interviews was conducted at Sex Worker Education and Advocacy Taskforce (SWEAT) in Cape Town, South Africa to understand the experiences of male sex workers. There were two main objectives of this study: to explore the types of risk that male sex workers encounter in a society that criminalizes sex work and what strategies do male sex workers take advantage of to manage these risks.

II. BACKGROUND

2.1 Sex Industry in Sub-Saharan Africa

In the Sub-Saharan region, sex workers (male, female and transgender) are a particularly vulnerable population because they encounter verbal, physical and sexual violence and a very high burden of diseases. There are ten countries on the African continent that have HIV rates for sex workers higher than 25% and South Africa is one of those countries (Baleta, 2015). Sex workers in South Africa have an HIV prevalence rate of 60% compared with 25% among the general population (Beyrer et al., 2012). Most the statistics on sex work that public health professionals have obtained from this region are from female sex workers. There is far more empirical data on burden of diseases for female sex workers than male sex workers.

There is a surplus of literature that examined female sex workers in the Sub-Saharan region of Africa. Research has found that in Sub-Saharan Africa between .7% and 4.3% of the adult female population in capital cities and between .4% and 4.3% in other urban areas are sex workers (Vandepitte et al., 2006). The reasons for entering or staying in sex work are based on the circumstances of the individual and range from dependence on drugs and alcohol (Harcourt & Donovan, 2005) to financial responsibilities (Chipamaunga, Muula, & Mataya, 2010). Street-based sex workers, when compared to brothel-based, are seen to be most vulnerable because of the increased police presence in public places that increase the possibility of arrest and harassment.

There is limited research, within the Sub-Saharan African context, that focus on the experiences of male sex workers, their perception of risk and factors that may exacerbate these risks. Kenya and Cote d'Ivoire are the two Sub-Saharan nations that have most published research about male sex workers (Scorgie et al., 2013). Overt stigma and discrimination by

family and community members and the fact that their health needs are often neglected are some of the experiences that male sex workers have expressed (Okal et al., 2009). In Mombasa, researchers found that male sex workers provided financial support to their families, didn't have protected sex with their last male client and have been counseled and/or tested for HIV (Geibel et al., 2007). The literature provides evidence that there is an overlap between drug/alcohol use and sex work among males who sell sex to men in Mombasa (Cusick, 2006; Luchters et al., 2011). The risks encountered by male sex workers in some African nations have been researched but a knowledge gap exists for South Africa.

2.2 Sex Industry in South Africa

The relevant law criminalizing sex work in South Africa is the Sexual Offences Act of 1957. Under this act, those who sell or purchase sex for goods or money are criminals. Under the 2007 amendment to the act, those who purchase sex are also criminals. Though sex work is now fully criminalized in South Africa, the law is ineffective because it is very difficult to prosecute. Technically, sex work is illegal and although it rarely happens anyone caught selling/purchasing sex could face fines and imprisonment. There have been no other laws passed since the 2007 amendment regarding the legal status of sex work in South Africa. The criminalization of sex work is not cost-effective and contributes to a plethora of human rights violations against sex workers. If the objective in making sex work a criminal act is to deter the prohibited behaviour, it is failing. "Sex work is a reality in South Africa […] and criminalization has reduced neither the supply nor the demand for sex work (Mgbako, 2011)." There is also a power imbalance between sex workers and police in South Africa. Not only do sex workers not receive the protection from the police that other citizens enjoy, but also police sexually and physically abuse them because of the stigmatization of sex work (Mgbako, 2011).

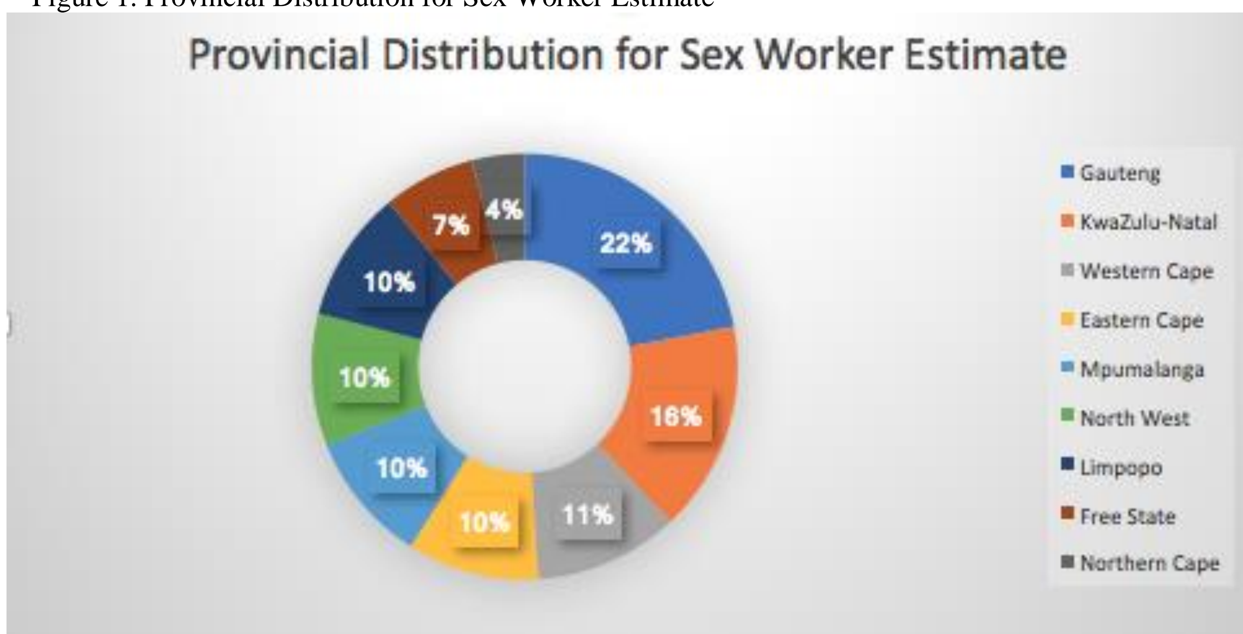
From a public health perspective, this legal decree has created a barrier to prevent this vulnerable population from accessing the required health services from government facilities. The laws that criminalize the act of selling sex adds to the stigma, which is just as much a risk factor for HIV infection as multi-partner activity (Beyrer et al., 2015). In March 2016, The National Strategic Plan for HIV Prevention, Care, and Treatment for Sex Workers was issued by the South African National AIDS Council. This strategic plan includes a strong argument for the decriminalization of sex work from both a human rights and public health perspective (SANAC, 2016). Due to social exclusion, lack of civil and workers' rights deny sex workers minimum standards of health including highly effective HIV risk reduction measurements/programs (Scorgie et al., 2013).

In South Africa, the prevalence rate of HIV in the general population is 25% with approximately 350,000 new infections per year (AVERT, 2015;Beyrer et al., 2012). One in every five new HIV infections in South Africa is due to the thriving sex work industry (Beyrer et al., 2015). Compared to the general population, sex workers are at a much higher risk (UNAIDS, 2016). It is crucial to estimate the number of sex workers that are active in South Africa to make efforts to design, implement, monitor and evaluate targeted intervention programs. In collaboration with the Sex Worker Education and Advocacy Taskforce, the South African National AIDS Council implemented a survey instrument to be able to quantify the number of active female, male and transgender sex workers in South Africa.

To understand sex workers working in South Africa, it is important to know how many sex workers are active in the sex industry and where they operate. An enumeration study indicated that the majority (49%) of the sex workers are active in three of the nine provinces of South Africa: Gauteng (22%), KwaZulu Natal (16%), and the Western Cape (11%) (See Figure

1). Sex workers are known to work in large urban centers such as Johannesburg, Cape Town and Durban due to the greater demand for sex workers and opportunity to make more money with their services. It is difficult to estimate the number of sex workers with 100% accuracy but this study found that the estimated number of sex workers in South Africa was between 132,000 and 182,000 (see Table 1). The data shows that there is a disproportionate amount of female sex workers compared to male and transgender sex workers. One of the challenges with researching male sex workers is that they operate very differently from females in that their work is more underground. Most client recruitment is on internet platforms as opposed to on the streets (SANAC, 2013).

Figure 1. Provincial Distribution for Sex Worker Estimate



(Data Source: South African National AIDS Council, 2013)

Table 1. Estimation of the number of sex workers in South Africa

Number of sex workers in South Africa			
	Minimum*	**Intermediate***	**Maximum***
Female sex workers	121,000	138,000	167,000
Male Sex Workers	6,000	7,000	8,000
Transgender Sex Workers	5,000	6,000	7,000
NATIONAL TOTAL	132,000	153,000	182,000

*Rounded to the nearest 1000 (Data Source: South African National AIDS Council, 2013)

2.3 Violence towards sex workers

One of the risk factors that has been shown to be associated with HIV infection among sex workers is experiencing violence perpetrated by clients, intimate partners or law enforcement (George et al., 2016; HIV/AIDS, 2009). In the context of public health, violence is defined as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation" (WHO, 2017). Research suggests that the increased attention on sex workers due to the criminalization of their occupation has led to a recent spike in violence against sex workers (WHO, et al.,2013). A 2005 study based in South Africa found that many female sex workers reported experiencing some victimization by either clients or intimate partners; women also expressed fear of further victimization (Wechsberg, Luseno, & Lam, 2005). Commercial sex work positions women as a vulnerable population with an increased risk for HIV and an associated risk of gender based violence and socio-economic disadvantage (Dunkle et al., 2004).

A systematic review was conducted to compile literature on the high burden of violence against sex workers globally. This review found that the literature was not geographically representative since most studies focused on Asia and 2 studies focused on Central Africa (Deering et al., 2014). The systematic review also was not representative of the different sub groups within the sex industry since 37 studies were of female sex workers only, 3 studies were of female and transgender sex workers and 1 study of transgender sex workers only (Deering et al., 2014). There was no mention of studies of male sex workers. Although there is literature that states that high rates of violence experienced by sex workers has an association with high risk

sexual practices and HIV, little to no research exists to address this link in male sex workers (George et al., 2016)

2.4 Drugs/Alcohol Abuse

During the 1980s, the sex industry and injection drug users were among the first groups that were identified as the most at risk of contracting HIV (Merson, O'Malley, Serwadda, & Apisuk, 2008). Globally, the spending on HIV research, prevention, care and treatment has reached very high levels, funds are rarely allocated for people who inject drugs who happen to sell sex for money or goods(Stimson et al., 2010). Unfortunately, the overlap between sex work and drug use is often disregarded within harm reduction policies and programming. Drug use is most often an integral part of the interaction between sex workers and clients: either the sex worker needs drugs to perform or the clients wants it to be part of the experience (Ditmore, 2013).

Years after the end of apartheid and the creation of a democracy, South Africa faced a drug problem because it is considered the regional hub of illegal drugs such as methamphetamine and cocaine (Control & Prevention, 1999; Wechsberg et al., 2008). Sex work, as an occupation, has exposed individuals to the use alcohol and other illegal substances at higher rates due to overwhelming fears when conducting sex work and the availability of these substances (Wechsberg et al., 2005). This use of illegal substances increase the chances of sex workers having unprotected sex with clients. Due to the high HIV prevalence in South Africa, especially among sex workers, behavioral interventions are needed to address the intersectionality of these issues.

III. METHODS

3.1 Introduction

The purpose of this project was to better understand how male sex workers living in Cape Town, South Africa perceive and manage various forms of risk, including criminalization. A mixed methods research approach was conducted to provide insight into the lives of this especially vulnerable subpopulation. The researcher collaborated with the only sex worker advocacy organizations in South Africa, Sex Worker Education and Advocacy Taskforce (SWEAT), to conduct this research project. Through in-depth semi-structured interviews, three observations of group sessions and quantitative surveys, this project aimed to explore the implications of sex work on the physical and mental wellbeing and gain a more nuanced understanding of risks faced by male sex workers.

3.2 Research Design

For this project, a qualitative research approach was utilized. A strong case for using qualitative methods in this project is to understand and interpret the experiences of male sex workers to determine the meaning of these experiences. It was difficult to test a theory in this research project because none exists to explain the phenomenon of risk management among male sex workers. Sex Worker Education & Advocacy Taskforce (SWEAT) was a host organization with social capital among male sex workers in Cape Town, South Africa to conduct this mixed-method research study.

3.3 Sex Worker Education and Advocacy Taskforce (SWEAT)

Sex Worker Education & Advocacy Taskforce (SWEAT) is an advocacy group in South Africa that has the primary goal of advancing the process for decriminalizing sex work. A male sex worker and a clinical psychologist founded SWEAT in the 1990s during apartheid.

SWEAT's mission is achieved via three main branches that are essential in providing resources for this vulnerable population: Advocacy and Networking, Research and Knowledge Management, and Outreach and Development. The Advocacy and Networking component aims to reform national and local legislature, as well as challenge human rights violations that are committed against sex workers in the courtroom or through non-violent protests. Research and Knowledge Management branch aims to compile a credible database of information/studies salient to sex work and improved health/human rights interventions from South Africa and beyond. SWEAT implements an Outreach and Development program that focuses on empowering "sex workers with skills to enhance their capacity to speak on their own behalf, feel more confident to address human rights concerns and make informed choices, including the addressing of health and occupational concerns" (Sex Worker Education and Advocacy Taskforce). The Outreach and Development program includes health education and psychosocial support programs, as well as mobile clinics funded by PEPFAR that offer free HIV testing and treatment to sex workers on the streets while they are working. SWEAT is an important community-based organization partner because The Global Health Institute at Emory University has funded multidisciplinary teams to conduct qualitative and quantitative research studies with the population they serve over the last five years.

3.4 Institutional Review Board (IRB) and Ethical Considerations

This project was determined not to be research requiring IRB review by the Emory's Institutional Review Board (IRB) in March 2016. This determination was made because the researcher affirmed that the study was very specific to the context of Cape Town, (1) there was no intent to generalize to a broader sex worker population; (2) and this project was specifically

meant to inform SWEAT's work with male sex workers. The Letter from Emory IRB is attached in Appendix A.

3.5 Recruitment

Recruitment was conducted in collaboration with the Sex Worker Educational and Advocacy Taskforce (SWEAT), the partner non-governmental organization. The SWEAT Outreach Coordinator is familiar with the service users, community, and male sex workers. The Outreach coordinator recruited during monthly group educational and advocacy sessions and smaller support group sessions, such as substance abuse, ART adherence, etc., aimed at male sex workers. He asked if they would be interested in participating in an hour-long interview. Since the Outreach coordinator was a staff member he had a good relationship with many of the male sex workers and could recruit participants that would give rich information based on the scope of research. Inclusion criteria for this research project was: proficient English speaking ability, over the age of 18, seller of sex for financial reward in Cape Town, South Africa, identifies as a male and participates in programming or uses services at SWEAT.

Through snowball sampling methods, thirty-five participants were invited to participate; however, due to the lack of clients during the winter months thirteen interviews were scheduled but postponed multiple times but could not occur due to limited time in the field. The 22 interviews ranged from 28 minutes to 75 minutes. Each interview followed the same format of informed consent, semi-structured qualitative interview and then a quantitative survey was implemented (see Appendix B).

3.6 Data Collection

An in-depth interview guide (see Appendix C) was developed to understand male sex workers and how the criminalization of sex work affects their lives. The semi-structured interview included open-ended questions that were divided into five domains:

1. ***Factors leading to Sex Industry***
2. ***Business Transaction and Employment Alternatives***
3. ***Criminalization of sex work***
4. ***SWEAT Services***
5. ***Risky behaviors***

The final question of the interview guide was meant to wrap-up the interview: "What does being a sex worker mean to you?"

Interviews were conducted in a private room in the SWEAT offices. Before each interview, the participant signed a written consent form that the organization requires, signed into a logbook and verbally consented with the researchers to participate in the study. Each participant was given the opportunity to ask questions, contact the researchers, or withdraw completely from the interview. Additionally, since sex workers are a vulnerable population and at risk of discrimination, imprisonment and violence, extra efforts were made to maintain the confidentiality of every participant. No names were recorded and all identifying information was removed from the transcripts to maintain confidentiality.

At the close of each interview, each participant was reimbursed 40 rand (just under 3 USD) for their time and travel, based on standard reimbursement rates that the organization uses for its events.

3.7 Data Analysis

Data were collected during a two-month period in June and July 2016; the interviews were transcribed verbatim during the month of August. Following transcription, interviews were de-identified and then imported into MAXQDA 12 and all analyses were conducted using this software. The researcher read all 22 interviews and wrote memos to reflect on the data and identify central themes. An initial codebook was then developed deductively based on the research questions and pervasive themes related to the topic that respondents mentioned frequently. Six transcripts were selected for initial coding: three typical cases and three atypical cases.

Following the initial coding of the first six transcripts, the same six interviews were coded three times by the researcher to further solidify the definitions of the codes and to ensure standardized assignment of code to text. After the codebook was finalized with 15 codes (see Table 2), the remaining 16 transcripts were coded in preparation for code retrieval and data analysis. Case summaries for each participant were prepared along with key variables collected during the administration of the quantitative survey instrument.

Table 2. Codebook (Code name and code definitions) used for 22 qualitative interviews

MaxQDA Code Name	Code definition
Fear	Mention of being afraid, anxious, insecure, vulnerable
Recruitment Strategies	Mention of strategies for the recruitment of clients; circumstances around how they meet clients; how clients are recruited
Family/Social contexts	Any Mention of family (wife, children, brothers, sister, or any extended family), type of upbringing; mention of friends and other societal groups and their influence on sex work; communications to family about sex work
Traumatic events	Mention of events in life that may be described as traumatic; Could have happened to them, family member, friend, other sex workers

Stigma/ Discrimination	Mention of stigma and discrimination from family, community members, religious organizations, police, health care professionals; or mention of lack of stigma and discrimination
HIV	Mention of HIV status, HIV medications (ARVs, PReP/ Truvada), testing, general thoughts and opinions about HIV
Drugs/Alcohol	Mention of drug use with or without clients, addiction and how it affects personal and professional life
Law/police	Mention of enforcement of sex work laws and criminalization of sex work; mention of law enforcements officials (police, security guards, etc.)
Client relationships	Mention of regular clients, one-time clients, sexual and non-sexual
Abuse	Mention of past and present abuse with clients, police, family, other sex workers, etc.; verbal, physical and sexual abuse
Condom	Mention of condom use; mention of how condom negotiation is discussed with clients or partners
Sexual experiences	Mention of sexual experiences with clients, partners or other individuals; voluntarily or forced could be mentioned in data; mention of where interactions with clients take place
Payment for services	Mention of payment for services rendered; when and how payment is received; mention of client's refusal of payment
Religion/Faith	Mention of God, religion, faith as it relates to influences on life and sex work
Entering/Leaving sex work	Mention of reasons for entering sex work; how got introduced to sex work; Why do sex work; leaving sex work; searching for job

Qualitative analysis proceeded with the retrieval of text coded with relevant codes such as "Drugs/Alcohol", "Entering/leaving sex work" and "Law/Police" separately and when they co-occurred with smaller codes such as "Abuse" and "HIV". The researcher then used the coded segments of the text to determine properties and dimensions. Code summaries were prepared for

the codes relevant to the research question using retrieved coded segments. For example, a table was constructed for the trajectories of reasons participants decided to enter sex work divided into categories. Finally, all coded summaries were read by the researcher to understand the relationship between themes and how they are related to the objectives of the research study.

IV. RESULTS

4.1 Participant Demographics

All 22 participants were males who sold sex for financial reward in Cape Town, South Africa at the time of the interview. Socio-demographic characteristics of the sample were derived using survey data (Table 3a). All respondents were between the ages of 24 and 47 years, with the average age being 34 years. The average age of entry into sex work was 23.5 years, ranging from 9 -34 years of age. Half of the male sex workers interviewed identified as heterosexual, five identified as homosexual/gay, five identified as bisexual and one participant refused to answer. When it comes to relationship status there was some variation in the responses: 10 participants were single, five were currently in a relationship two were separated, one was divorced, and two were divorced and currently in a subsequent relationship. There were also a wide range of educational levels attained among participants from grade 8 to University.

The other questions on the survey instrument were regarding details on the nature of sex work and risk management behaviors such as consistent condom use (Table 3b). Most participants (12) cited public areas (street corner, bar/clubs) as their main venues for recruitment of clients. All but one participant mentioned that their current 'regulars' were found on the street or through other recruitment strategies. This was not surprising since SWEAT caters to sex workers that are not based out of establishments such as brothels, massage parlors, etc. When asked about the frequency of condom use while working as a sex worker, about two-thirds (14) of the participants said they always used condoms while interacting with clients. Six participants were HIV-positive and disclosed their status voluntarily during the interview without any direct questions on the part of the researcher. Most of the participants (20) mentioned that they feel 'really confident' negotiating condom use with clients. Almost all participants (21) have used

substances while interacting with clients and most (19) have experienced violence or some form of abuse from law enforcement. This is not surprising since sex work is criminalized and law enforcement officials have been known to stigmatize and target sex workers. Participant narratives highlighted the following themes: (1) trajectories of getting involved in sex work, (2) Violence by law enforcement, (3) Drug/alcohol use and sex work.

Table 3a. Socio-demographic sample characteristics of male participants

Variable	Total in Sample (n=22)
Age	Range = (24-47) Mean (34)
Sexual orientation	Gay (5) Bisexual (5) Heterosexual (11) Prefer not to Answer (1)
Marital status (n, %)	Single (10) Partnered (5) Separated (2) Divorced (1) Divorced and currently partnered (2)
Age upon entry in sex work	Range = (9-34) Mean (23.5)

Table 3b. Summary of key variables of male sex workers in Cape Town, South Africa

Variable	Total in Sample (n=22)
Clients per day	3.5
Have regular clients	Yes (21)
Recruitment strategy (n, %)	Street only (10) Bars/clubs (2) Online (5) Mixture of strategies (5)
Frequency of condom use (n, %)	Never (2) Sometimes (1) Most of the time (5) Always (14)
HIV status	HIV positive (6) HIV negative (12) No mention of status (4)
Offered more money to not use a condom	Yes (15) No (7)
Price (South African Rand) for services	(Range = 100-1000) Mean (418)
Use drugs/alcohol with clients	Yes (21)
Experience of violence/abuse	Yes (19)
Confidence in negotiating condom use	Yes (20)

4.2 Trajectories of getting involved in sex work

The life histories of these male sex workers suggest that the circumstances in which they got involved in sex work had an impact on the risks encountered and the decisions made while engaging in sex work. Participants generally fell into three main categories when discussing reasons for initially getting involved in sex work: (1) Migrants seeking job opportunities, (2) drug/alcohol addiction, (3) coming from an unstable family of origin. While these were the main trajectories for entering sex work, several participants did not fit into these main trajectories also discussed having a history of sexual abuse, being displaced/homelessness, becoming integrated into a street family. Over one-third of the participants of this study, identified with 2 or more of the trajectories mentioned.

Migration

One subset of the participants in this study indicated that they migrated to Cape Town from geographic locations ranging from other provinces of South Africa to neighboring African nations to countries outside of the African continent. The common thread between these individuals was the desire to gain 'new and fruitful' employment opportunities. These individuals found sex work after failing to secure employment in other industries. The following case study illustrates a typical experience of men entered sex work after migrating to Cape Town, South Africa.

Case #1: Henry, age 27 (migrant)

Henry was born in Lesotho and at age 13 years his parents died. He and his siblings were sent to live with an aunt in a rural community. Since he was the only male of the 5 children, Henry was tasked with looking after the cows and other livestock while working in the field instead of continuing his education. After 4 years, Henry moved back to the capital city to finish his education. At 19 years old, he finished his education, but could not go to university because he had no way to pay for it. He moved to Johannesburg, South Africa in 2008 and then arrived in Cape Town two years later. When searching for job opportunities in South Africa, a gay German man, Christoph, and his Coloured South African partner hired him to work around the house with four other workers in a wealthy beach town near Cape Town. He was doing handyman work like painting, plumbing, carpentry, roofing and odd jobs around the house. Henry described working for Cristoph as a great experience because he was paid well (1000 rand monthly) and had paid leave and bonuses. Cristoph sometimes invited his gay friends over to the house and they would take Henry out to bars and restaurants; that's when he realized that he liked guys more than girls. He said that Cristoph made him understand "how fun man-to-man interaction" could be, because in Lesotho he didn't have that exposure. The other workers at the house hated Henry because they didn't like gay people.

In 2014, Christoph and his partner left South Africa to live in Britain, so Henry moved to Cape Town looking for a new job while living on the street. While walking in Greenpoint, Henry had multiple men approach him saying, "Come, let's have fun and I will pay you!" At first, he did not understand what they meant. Then one man offered him 500 rand to have sex with him, and he accepted. He realized that this was an easy way to make money while looking for a job. Henry sends money back to his family in Lesotho, but no one knows that he is working as a male sex worker in South Africa.

Each participant shared the circumstances that led to their involvement in sex work and the instance that led to their first experience with a client. This experience represented in this case study is an illustration of how a quarter of the participants in this study who came to Cape Town as migrants entered sex work while seeking better job prospects. Henry's story illustrates many key patterns that were reported in other participants' stories. First, he had a prior traumatic[1] life event, the death of his parents at a young age, and had to live with a distant relative away from his home of origin. Secondly, Henry's aspirations to complete a university

[1] The University of Maryland Medical Center defines a 'traumatic event' as "an experience that causes physical, emotional, psychological distress, or harm. It is an event that is perceived and experienced as a threat to one's safety or to the stability of one's world." This includes death of a close family member, sexual abuse, a move to a new location, etc.

education was untenable, so he opted to migrate. Thirdly, South Africa is a country that is more open to homosexuality so immigrating allows a kind of freedom to truly express himself instead of living a lie in his home nation. Although this is not personally true for Henry, this was the case with the other participants.

Some differences emerged between Henry's experience and other migrants. One key difference was time from arriving in South Africa to starting sex work. The range of time, as explained by participants, ranged from 2 months to two years. Henry started sex work after living in Cape Town for approximately 2 years but most the other participants had shorter time between arrival and sex work. Another difference that should be noted between Henry and other participants that migrated was the motivation for leaving their home nation. One participant, who served as the exception, migrated to South Africa because he was forced to leave due to political instability while the other participants moved voluntarily. Lastly, there was variation in how some of these individuals were introduced to sex work. The majority were approached by a potential client or by friends that convinced them that this was the easiest way to obtain cash. These nuances are interesting and important to explore.

Substance Abuse

Many of the participants in this study indicated that the use of drugs/alcohol was a standard occurrence in the lives of sex workers. Some disclosed that they were addicted to heroin and entered sex work to support this habit. The common thread among these participants was the desperation of finding a client that will pay enough to get the next high. The following

case study will demonstrate a typical experience of male sex workers that entered sex work because of their addiction to heroin and the need for easy money.

Case #2: Isaac, age 29 (drug)

Isaac was born and raised in the northern suburbs of Cape Town with his brother and sister. At the age of 10, his mother and father divorced and that's when his life took a turn for the worst. He wanted to stay with his father, but after the divorce his father lost his job and soon sent Isaac back to live with his mother. Isaac wound up dropped out of school and started using heroin. At the age of 19, he moved to Cape Town and worked as a welder at a security company. One year on New Year's Eve, Isaac was walking in downtown Cape Town when a car pulled up next to him. A man named Johan asked if he did drugs. Isaac thought Johan was a drug dealer, so he got in the car and drove to his house around the corner. Johan was older and asked about drugs dealer to get Isaac to come home with him. At first, they just sat on the bed talking; Johan mentioned that he had seen Isaac before and wanted to meet him for a long time. They did not end up having sex that night, but Johan started liking Isaac. After that evening, Johan would visit Isaac and supply him with drugs; eventually Isaac became dependent on Johan because of his drug addiction. After a while, Johan asked Isaac to move in with him. At first, Isaac said that the kissing and sex were a little uncomfortable, but after a year or so he made peace with it because Johan was supplying him with heroin. Johan moved to London 6 months before the interview, leaving, Isaac to live on the street trying to find clients to supply his heroin addiction.

Isaac's story illustrates the experience of participants that cited drug use or addiction as the catalyst for entering sex work. Isaac's story includes patterns that emerge in other participants with the same trajectory, such as experiencing traumatic life events, beginning to use drugs at an early age, and initiating relationships to supply the drug habit. However, his story differs in that most of the other participants in this trajectory did not have serious/extended relationships with partners who supplied their habit like Isaac.

Unstable Family of Origin

Another set of the participants in this study pointed to an unstable family of origin and traumatic events early in their life history that may have precipitated their entry into sex work. The common thread between these individuals the fact that a member of their immediate family was murdered or incarcerated; they were brought up in the foster system or by another member of their family. Many of these individuals found sex work after enduring tough times at home with family and leaving home of origin. The following case study will exemplify a typical experience of male sex workers that entered sex work due to an unstable upbringing.

Case #3: Cody, age 36 (Unstable family of origin)

Cody was born and raised in Cape Town. Although he works as a male sex worker, he is not gay; he only does sex work to support his family. He devotes a lot of time to his wife and four children due to the traumatic events that plagued his upbringing. From three weeks old, Cody grew up with his grandparents because his mother died during childbirth. In a three-year period, Cody's father was shot to death, his grandmother and twin brother died, leaving him on his own without family. At 13 years old, he started to live on the street in the Greenpoint area of Cape Town. One day while Cody was sleeping on a park bench on the beachfront, a much older man sat next to him and offered Cody 950 rand to give him a blowjob. He gladly accepted since it was easy money and he needed to eat. Since this first experience, Cody has continued to be involved in sex, even though he is a qualified IT specialist and works at a local WIFI pump station. Cody has a set of regular clients and noted that sex work pays for his school fees and puts food on the table.

Cody's story illustrates the experience of respondents that cited unstable family/home of origin as the reason for entering sex work. The similarities that exist among all participants that identify with this trajectory is the sense of responsibility to their families. Another similarity is that the disruptive life event that occurred generally happened in childhood or early adolescence (birth to 13 years of age). However, it is not common among these participants to have another job while working as a male sex worker.

Homelessness and other experiences

There were six participants that did not fit into the three main trajectories of entering sex work described above. The common experience described by these six participants was that they got introduced to sex work either through new or existing social networks. Three of these men had experienced homelessness before entering sex work, two had a history of sexual abuse, and two were introduced to sex work after being adopted by a street family. One participant explains homelessness as his reasoning for entering sex work:

> *"My wife divorced me and I had no support because we were 14 years married. I didn't have support. My brother didn't want me by my grandmother's house, no one wanted me because I am grown. That's when I started to sleep outside… I was forced to go to the street and I dint know anyone. That made me get into sex work. I feel happy because I learned a lot." (Walter, age 44)*

For example, one participant retells a story of being sexually abused and adopted by a group pf female sex workers:

> *"After i was raped and I was sitting by the beachfront in Seapoint and these girls came by and saw me crying and feeling horrible about my life and then they were working in the [portion of the city where international clubs were located and generally for sailors] and then i was introduced back into the sex work industry. They were sex workers in this portion of the city." (Ben, aged 41)*

4.3 Drugs/Alcohol and sex work

All Participants described alcohol and drug use as a major part of their experience of sex work in Cape Town. The drugs that were mentioned as the most popular among male sex workers were "Tik" or crystal meth, "Dagga" or marijuana, crack, heroin, "Unga" or a combination of Antiretroviral medication and heroine, and alcohol. Although the history of drug/Alcohol use varied among the participants, there was a common perception that using substances while conducting sex work was a risky behavior. During the interviews, the most

common themes that participants mentioned were: drug/alcohol use before starting sex work, Drug/Alcohol use while interacting with clients, and willingness to stop using substances.

*4.3.*1 Drug/Alcohol use before starting sex work

When reviewing and analyzing the trajectories, a pattern emerged showing that when participants experienced some form of disruptive life event a coping mechanism was adopted. These traumatic life events ranged from getting sexually abused at a young age to divorced parents that shared custody of children. These life events themselves would not have caused an individual to become a sex worker but could have allowed for circumstances to align so that the opportunity can arise. Three-quarters of the participants expressed that drugs and alcohol was a means of coping with the hardships they encountered in life:

> *"My mom and dad got divorced when I was 10 and that's when my life became rocky because I dropped out of school and started using drugs. At the age of 19, I started coming to cape town and that's when my life started changing when I got into sex work." (Isiah, age 41)*

4.3.2 Drug/ Alcohol use while interacting with clients

Even though all participants experienced traumatic or disruptive life events, a quarter mentioned that the 'bad habit' started when they got into the sex industry due to the nature of the job. About three-quarters of participants mentioned that some form of substance was used in the recruitment of clients or the sexual interaction with clients. There was a range of reasons why respondents felt that drugs/alcohol was necessary while interacting with clients. Most participants voiced the difficulty of the job without having something in your system to make things flow easier. One participant said,

> OK mostly the way I do with my clients is sometimes I find it difficult to just approach people when I am in my sober state so I take a little bit of liquor. Sometimes when I am sober I cannot do the actual thing so I have to take 2-3 to get myself in the mood. (Desmond, age 32)

Over two-fifths of male sex workers interviewed said that drugs/alcohol were needed to feel pleasure during the sexual experience with clients. All respondents who mentioned the need for alcohol/drugs to complete the sexual act with clients self-identified as heterosexual. Joshua explains, "I think I have made myself enjoy [sex] more like that [while using Tik] because with other guys if I don't know you it doesn't get me excited." Some participants mentioned that drugs make them perform better and keep clients coming back for continued business.

> *"There are sometimes I have to be under Tik because it's a drug that keeps me going and there are some clients that if you can't perform then you are not good and then you will lose a client." (Edward, age 32)*

Over a quarter of respondents mentioned that they don't use drugs but need alcohol when interacting with clients.

> *"Not drugs but alcohol. When you do sex work I drink a lot alcohol I like whiskey and very strong for the extra energy to keep the work going...85% of the time I use alcohol with clients." (Kevin, age 37)*

One respondent expressed the dangers of using substances when interacting with clients as a risk factor for HIV:

> *"Rampant a lot of drugs and alcohol. Under the influence, you lose a lot of your inhibitions and make bad decisions and make yourself very vulnerable to infection. You can pass out on the road and someone can rape you." (Sandro, age 47)*

More than a quarter of the total number of participants expressed a willingness to seek help for drug/alcohol addiction. There were various reasons as to why male sex workers in Cape Town would want to seek help with their addiction from wanting a better role model for their children to the health risk associated with using drugs. One participant said,

> *"I have one daughter turning three years old and she is at my foster parent until I get off the drugs because I am going through drugs finding out that I am HIV positive and because of that I got mixed up in drugs." (Fabian, age 29)*

Some participants mentioned the risks of using drugs in the sex industry. One participant said, "Under the influence you lose a lot of your inhibitions and make bad decisions and make yourself very vulnerable. You can pass out on the road and someone can rape you." This quote exemplifies the risks involved using drugs while working as a sex work. This same participant also spoke at length about the steps he has taken to become clean.

> *"I attend church quite regularly. I am a very active member in narcotics anonymous the 12-step program. Been a member for 17 years so in terms of my spiritual lives those are the two spiritual sides of my life." (Sandro, age 47)*

4.4 Violence perpetrated by Law Enforcement

More than three-fourths of the participants recounted memories of being abused (verbally, physically and sexually) at the hands of law enforcement officials while working as sex workers. All respondents mentioned that the laws criminalizing sex work were overtly enforced by South African police. Half of the respondents reported being verbally attacked by police officers while working as street-based sex workers. One participant, Micah, recalled, "They called us names like prostitutes, filthy people and 'Mophie,' which means gay person." More than a quarter mentioned that they have been in physical altercations with law enforcement while working as a sex worker sometimes not when they were recruiting clients. Fabian recalls this experience:

> *"Yes, a lot I was beaten up… the cops didn't like my style the way I would get along with other people. And because of that they would beat me up… and when I was sleeping they would come around at 3am and they would spray me in my face when I am asleep still and I would wake up and say, 'what the fuck is going on' and they would beat me up in front of my girlfriend and say, 'look how your man is shouting and you see how we beat the fuck out of him' and I would never understand why they did it."*

Four participants mentioned a time when law enforcement officials would harass them by stealing materials such as anti-retroviral medications that would have kept them safe by mitigating the risk of HIV infection.

"I live on the street law enforcement took everything that I own and I don't have any more clothes, my identification documents, all my papers and I had personal documents and everything and dumped it. Purely because I left it in an area where the public can see it. They keep taking peoples' stuff like ARV treatment and clean syringes that I get from TB/HIV care. And it's very unsafe because I have to share needles now." (Sandro)

When it comes to sexual abuse at the hands of law enforcement, two participants mentioned that on occasion female police officers would touch their genital area and threaten them. When asked, "Have you been sexually mistreated by law enforcement while working as a sex worker?", one participant responded:

"Yes, by this female police officer. I was walking on my way to the DVD shop and this cop she stopped next to me. She searched me and she smiled and tells me "I'll pick you up in the van and have sex with you all night". She's opened my pants and looked and touched my private parts and said, "I would fuck you" and I look at her and she tells me "I know you are a sex worker. I can just take it."

4.5 Power Dynamics

One theme that arose during the qualitative interviews and survey was power dynamics between male sex workers and their clients. Participants were asked if they worked for themselves or are required to give a percentage of their earnings to another individual. All participants indicated that they worked completely for themselves and answered to no one. Participant responses were very homogeneous like Fabian: "I work for myself my daughter and my woman." One participant added that not only does he work for himself but is his own boss in the sex industry: "I work for my family and myself I am a pimp also to 5 females that range from 18-25. I get 10% of the money and I started this 8 years ago" (Cody, aged 36). All participants mentioned that they are in control of who they select as clients whether on the street or in the bars/clubs. The majority of the participants (16) ensures that payment is secure before initiation of sexual contact but Oscar explains what happens if a client refuses to pay:

> *"They suffer the consequences so I take everything that you have that is valuable. I only have negotiable clients. I take his phone which is more valuable than the price of the service" (Oscar, age 29)*

Participants also discussed the use of condoms with clients. As seen in Table 3b, most of the respondents (20) felt confident negotiating condom use with clients. One participant explains his strategy:

> *"There are a lot of clients that say that sex feels better without a condom so I tell them I have full blown AIDS and then they wanna wear 4 condoms (Laughter)." (Ben, aged 41).*

V. DISCUSSION

It is important to note that this study focuses on male sex workers who have chosen to receive services from Sex Worker Education and Advocacy Taskforce (SWEAT), which offers sexual health services (HIV testing and counseling), support group counseling, assistance with drug addiction and free legal resources. It is difficult to know how these male sex workers compare to a broader population of male sex workers in Cape Town. Some would argue that those receiving services through SWEAT are better off than those who do not; however, others might argue that this is a stigmatized and high risk population that has difficulty obtaining services from SWEAT. Understanding the research within this context is important to interpret the results and make recommendations for public health implications and future research.

Key Findings

The main objective of this qualitative study was to understand the experiences of male sex workers and the context of their risk perceptions and behaviors in South Africa. From the in-depth interviews, the primary key finding is that there are both proximal and distal factors for entering sex work. The proximal factors include drug addiction while distal factors include migration and an unstable family/origin. Secondly, the results provide insight on factors that may lead to higher or lower risk of HIV among male sex workers. All of these findings may be used to guide future research and public health interventions targeted towards male sex workers in South Africa.

Proximal vs. Distal factors for entering Sex work

This study found that there are three main trajectories that categorized participants' entry into sex work: migrating to Cape Town, drug addiction, and unstable family/origin. These

trajectories can be further categorized into distal and proximal factors for entering sex work. Proximal factors act directly or almost directly to influence whether an event might happen while distal factors are more farther removed but could be a contributing factor of the event happening.

All the participants in the study used drugs/alcohol at some point in their lives either recreationally or in conjunction with sex work. But some participants are addicted to substances such as heroin and 'Tik' (crystal meth) and as a result need money to satisfy their need for their drug of choice. For these men, sex work is an immediate solution since it is easier to find a client on the street than finding another job. This adds another layer to the risk of communicable diseases due to the utilization of unclean/shared needles that already exists. Participants understand the risks of using unsterilized needles and not using a condom consistently with clients.

According to the participants, it is quite normal for citizens of neighboring African nations to migrate to South Africa for better occupational opportunities. South Africa has a high unemployment rate, however, which makes it difficult for such migrants to find adequate work. The immigrants in this study found odd jobs such as carpentry, gardening, or construction but they are not permanent, well-paying jobs. The desire to work and optimism was very high upon entering South Africa but due to the lack of advancement in their employment status they sought other means to satisfy basic needs. Participants that were migrants had hope that sex work would not be their only path and that something better and more permanent would come along. Finally, the third trajectory included individuals that experienced family trauma or instability at an early age. This trauma or instability triggered a series of events such as leaving the family home prematurely, experiencing homelessness, and being adopted by a street family. One of these events or a combination created the opportunity for entry into sex work. These trajectories into

sex work are important to understand the motivations for entering sex work to identify opportunities for public health intervention.

Factors that lead to higher HIV risk

Another important finding from this study is that various factors may lead to higher HIV risk among male sex workers in Cape Town when compared to the general population such as violence perpetrated by law enforcement and drug/alcohol use. These findings were congruent with the literature on the factors that lead to higher HIV risk among sex workers in general. Violence perpetrated by law enforcement was a theme that was constant among a majority of the participants in this study. Participants understand that sex work is a dangerous occupation and that there was a higher probability of encountering violence. To stay safe while working as a sex workers it was imperative that they stay clear of law enforcement officials. Obtaining condoms and lubricant was not an obstacle for these men but law enforcement officials confiscate these safeguards and use them as 'evidence' of sex work. Law enforcement officials were also mentioned as harassing these men where they live and stealing Anti-Retroviral medication. Confiscating condoms, lubricant and anti-retroviral medications all lead to higher HIV risk among these male sex workers and their clients.

Drug or alcohol use was often part of the client experience whether obligatory by clients or necessary for the sex worker. Participants understand the risks of using drugs while interacting sexually with clients but felt powerless. When with clients there is a sense of obligation to do what he wants or there will be no payment. In that regard, male sex workers often relinquish power during interactions because they need to money to survive. Clients enjoy the experience more when male sex workers are high on heroine because it allows for the experience to last longer. Often the client provides the drugs but the sex worker has to provide

the needles, which were often previously used and not sterile. In addition, condoms are less likely to be worn if the sex worker is high on drugs since they cannot negotiate with clients due to their altered state of mind. This poses a significantly higher risk for HIV.

Factors that lead to lower HIV risk

Another important key finding that surfaced from this study were the factors that may have a protective effect and lower HIV risk among male sex workers such as the frequency of 'regular clients' and the fact that male sex workers generally work for themselves. The literature does not explore any factors that may be protecting male sex workers from HIV. Participants work alone and are their own bosses unlike female sex workers who generally have a pimp that takes a percentage of their earnings. This suggests that male sex workers are their own bosses within the sex industry since they make their own rules. This could be beneficial for male sex workers regarding HIV risk because it gives them more power to negotiate condom use with clients. No research has been conducted that explores how male sex workers compare to female sex workers when it comes to the barriers to negotiating condom use. All Participants had regular clients that they trusted and saw on a consistent basis. This phenomenon sheds light on the risk factors of HIV for male sex workers. The fact that these men have gained the trust of these regular clients can serve as a protective effect since they are more likely to wear condoms or know the status of these clients so sex is safer.

Limitations

The results of this research study should be considered with a few limitations in mind. As is generally the case with qualitative research methods, key findings cannot be generalizable to the broader male sex worker population in Cape Town, South Africa or beyond. Sex Worker Education and Advocacy Taskforce (SWEAT) is an organization that welcomes all sex workers

but it is important to note that not all sex workers take advantage of the services that SWEAT offers for various reasons. As a result, we do not know to what extent the experiences of our participants reflects those of the male sex workers that do not receive services from SWEAT.

Sex work is an occupation that is criminalized; it is difficult for an outside researcher to interview members of this highly stigmatized population so the researcher was reliant on SWEAT employees to recruit male sex workers. Since there is a dearth of literature on risk perceptions of male sex workers, it was not possible to consider our results in the context of broader studies. However, results from this study can be considered novel and contributes to future public health research studies and interventions in this area.

VI. FUTURE DIRECTIONS/PUBLIC HEALTH IMPLICATIONS

Based on the results of this study, there are a few recommendations that can be made to inform future public health research and potential interventions. First, it is important to note that stigma exists within the male sex worker community towards organizations such as SWEAT due to the fear of being labelled as a "sex worker" and the negative repercussions that could result. As a result, there is a need for researchers to find other avenues to reach male sex workers that may not receive resources from SWEAT to gain a broader picture.

As seen in the data from this study and the literature, indirect effects of homelessness is a widespread problem and likely results in high prevalence of HIV within the sex worker community (Seager & Tamasane, 2010). So, efforts to cater to the needs of the homeless population is crucial to public health interventions. The Health Sciences Resource Center estimates the homeless population to be approximately 200,000 in Cape Town (Rule-Groenewald, Timol, Khalema, & Desmond, 2015). There exists a common thread between the

homeless population and the sex worker population due to the high unemployment rate in South Africa, which is roughly 27%.

Currently, the only homeless shelters that exist in the Cape Town area were established by Haven Group, which is a non-profit organization that has 15 active shelters around the city. Individuals that come to these shelters must pay a daily or monthly fee to stay at Haven homeless shelters. There is a need for a multifaceted intervention that includes both the private and public sector to increase employment opportunities, provide affordable housing and promote social integration. There is a need for a systematic health promotion campaign among the homeless population, who may be routinely exposed to risky behavior such as sex work. An integrative approach that includes government agencies such as health, housing and labor, social welfare, faith based organizations, NGOs and other service providers is essential to address the intersections of homelessness and health. These interventions will effectively help the sex worker population as well.

As evidenced by the results of this qualitative study and the literature, drug use is a common occurrence among the sex worker population, especially in South Africa, with some entering this occupation to support a previous habit in this high-poverty setting (Meade et al., 2015). Given the regularity of sex work among drug users and the impact that sex work has on violence and HIV risk, there is a crucial need for intervention. There is a plethora of barriers to engaging with this high-risk population such as these individuals are usually hidden from plain view. Nonetheless, there are some opportunities for interventions such as addressing drug addiction problem and harm reduction interventions.

Public health practitioners know that injection drug users are a very high risk population for HIV and other communicable diseases. Given our findings that sex work is sometimes done

to acquire drugs, offering treatment and rehabilitation for drug users is a very important intervention for reducing risky sexual behaviors such as selling sex (Watt, Kimani, Skinner, & Meade, 2016). Literature has proven that street-based outreach is a highly effective way of linking sex workers to drug addiction treatment and rehabilitation (Nuttbrock, Rosenblum, Magura, Villano, & Wallace, 2004).

Harm reduction interventions among active drug users should engage sex workers. According to the literature, peer-based interventions with drug users have had success delivering sexual health interventions and may be adapted for the South African context (Latkin et al., 2013). Many participants mentioned that TB/HIV Care is the only organization that provides needle exchange services in Cape Town. The Step-Up Project provides testing and counseling on HIV, TB and offers sterile injection equipment during outreach efforts. As well as outreach, policy approaches are necessary to increase the availability of drug treatment services and targeted harm reduction programs to curb HIV transmission. There are some people that deny the strong connection between the HIV epidemic among PWIDs and sex workers. There is an opportunity for public health practitioners to potentially capture two high risk populations without prioritizing one over the other.

In conclusion, programmatic and research efforts are crucial to reducing the HIV and STI burden among the male sex worker population. Funding is an essential part of any public health program or research study. Currently, organizations such as SWEAT are working tirelessly to advocate for the rights of sex workers but cannot obtain funding due to the Anti-Prostitution Pledge that comes along with funding from the United States. This is a major obstacle to successfully intervening with this vulnerable population. The critical first step would be for funding mechanisms such as USAID and the Centers for Disease Control and Prevention to

allow funding to work with established organizations that aim to reduce HIV among sex workers. This research has helped to shed light and pressure public health and human rights organizations to put the needs of sex workers at the top of their agendas.

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Appendix A: Emory Institutional Review Board (IRB) Determination Letter

EMORY UNIVERSITY

Institutional Review Board

March 24, 2016

John W. Meade Jr.
Emory University
Rollins School of Public Health
Atlanta, GA 30332

RE:	**Determination:**	**Not Engaged in Human Subjects Research; IRB Review Not Required**
	Title:	***Sex Work and Human Rights: Impacts of Criminalization of Sex Worker Populations in Cape Town, South Africa***
	PI:	**John Meade**

Dear Mr. Meade,

Thank you for contacting the Institutional Review Board to receive a determination for your proposed project. Based on the review of the documentation that you provided for your study "Sex Work and Human Rights: Impacts of Criminalization of Sex Worker Populations in Cape Town, South Africa" we have determined that this study does not require IRB review as it does not meet the definition of "research" with "human subjects" as set forth in Emory policies and procedures and federal rules, if applicable. Specifically, you will be working with an organization called Sex Worker Education and Advocacy Task force (SWEAT) in Cape town, South Africa. The overall aim of the project is to create a tool that chronicles the history of the organization (what was the impetus for establishing this organization). You have affirmed that (1) there is no intent to generalize anything to the greater sex worker population of Cape Town; (2) this project is specifically for the Sex Worker Education and Advocacy Task force; and (3) this undertaking is not generalizable to any other organization. This advocacy/public health/educational tool will only be used by the Sex Worker Education and Advocacy Task force organization to increase visibility of the decriminalization sex work, as a human rights issue.

Please note that this determination does not mean that you cannot publish the results. This determination could be affected by substantive changes in the study design, subject populations, or identifiability of data. If the project changes in any substantive way, please contact our office for clarification.

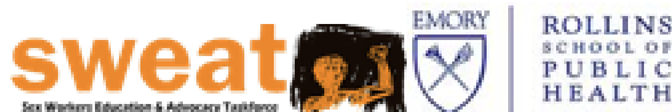
Thank you for consulting the IRB.

Jennifer Truell

Jennifer Truell, MA, MPH
IRB Analyst Assistant

Appendix B: Quantitative survey instrument

Social and Behavioral factors that affects consistent condom use among male sex workers in Cape Town, South Africa in 2016 and 2017



May-August 2016

Date: _ _/_ _/_ _ _ _ (mm/dd/yyyy)

I. Screening Questions:

Instructions for Interviewer: Read these questions to the participant to determine eligibility in the research study.

1. With which gender do you identify:
   a. **Male**
   b. Female *(STOP HERE. Thank participant for their time and terminate from study)*
   c. Transgender male *(STOP HERE. Thank participant for their time and terminate from study)*
   d. Transgender female *(STOP HERE. Thank participant for their time and terminate from study)*
   e. Other: ____________________ *(STOP HERE. Thank participant for their time and terminate from study)*
   f. Prefer not to Answer *(STOP HERE. Thank participant for their time and terminate from study)*
2. Do you sell sex for financial reward in Cape Town, South Africa?
   a. **YES(1)**
   b. NO (0) *(STOP HERE. Thank participant for their time and terminate from study)*
3. Have you participated in programs or used any services with Sex Workers Education & Advocacy Taskforce (SWEAT)?
   a. **YES (1)**
   b. NO (0) *(STOP HERE. Thank participant for their time and terminate from study)*
4. Are you over the age of 18?
   a. **YES (1)**
   b. NO (0) *(STOP HERE. Thank participant for their time and terminate from study)*

NOTE: If participant answers MALE for Question 1 and YES to Questions 2, 3 &4 then recite the introductory statement and obtain consent.

Module I: Socio- Demographic Information

Interviewer says, "The first part of this survey will ask questions to find out some basic information about commercial sex workers in South Africa."

Instructions for Interviewer: Please read the questions and answer choices aloud for participant. Circle answers that correspond to the response received from participant.

Question Number	Question	Answer Choices
M1.1	What is your age?	_ _ years old
M1.2	Do you consider yourself to be:	Heterosexual or straight (1) Gay (2) Bisexual (3) Prefer not to answer (00)
M1.3	IN your opinion, are your clients: (Circle all that apply)	Married men (1) Single men who are straight (2) Gay men (3) Women (4) Lesbians (5) Bisexual (6) Other: ________________ (8) Prefer not to Answer (00)
M1.4	What is your relationship status?	Single, never married (1) Married or Domestic Partnership (2) Widowed (3) Divorced (4) Separated (5) A member of an unmarried couple (6) Prefer not to answer (00)

M1.5	Where do you work as a sex worker? (Circle all that apply)	Home/ private dwelling (1) Hotel/Hostel/backpacker (2) Brothel (3) Street/informal dwelling (i.e. motor car) (4) Clients homes (5) Other: ____________________ (8) Prefer not to answer (00)
M1.6	At what age did you start working in the sex industry?	16 years old

Module II: Educational Information

Interviewer says, "The second part of this survey will ask questions that will allow us to understand the affect of formal education received has on condom use among male sex workers."

M2.1	What is the highest level of education have you received?	No formal education (1) Grade 5 (2) Grade 8 (3) Grade 12 (matric) (4) Trade (i.e. plumber) (5) Apprentice/Technical School (6) University (7) Other: ____________________ (8) Don't Know (9) Prefer not to answer (00)

Interviewer says, "I have given you a card with 3 choices: Yes, No and Don't Know. I will read you three statements and you indicate one of the 3 choices on the card."

Instructions to Interviewer: Please circle the choice that corresponds to the choice indicated by the participant.

M2.2a	Have you ever received training (outside of SWEAT) on ways sexually transmitted infections (STI) are spread form person to person?	Yes (1) No (0) Don't Know (9)
M2.2b	Have you ever received training (outside of SWEAT) on STI prevention methods?	Yes (1) No (0) Don't Know (9)
M2.2c	Have you ever received training (outside of SWEAT) on the steps of how to properly apply a condom with lubrication?	Yes (1) No (0) Don't Know (9)

Module 3: Clients and Consistent Condom Use

Interviewer: "The third part aims to understand the relationship between sex workers and their clients in relation to condom use."

Instruction for Interviewer: For Question M3.1, (if single digit place 0 in front of number i.e. 07)

M3.1	On average, how many clients do you see in a 24-hour day?	

M3.1b	Do you have regular clients? ***(Instruction to Interviewer: If respondent answers NO or Prefer not to Answer, then move to M3.2)***	Yes (1) No (2) Prefer not to answer (00)
M3.1c	How many regular clients do you have?	_ _
M3.1d	How many time a month/week might you see them?	_ _ times a week or _ _ times a month
Instruction for Interviewer: Circle the answer that matches the participant's response.		
M3.2	How often did you use a condom with clients during the last 7 days?	*Never (1)* *Sometimes* (2) *Often* (3) *Most of the time* (4) *Always* (5)
M3.2b	Do you have access to lubrication?	*Yes (1)* *No (2)* *Prefer not to Answer (00)*
M3.3	On average, how much do you earn with each client interaction?	_ _ _ _ ZAR

Instruction to interviewer: Do not read "Prefer not to Answer" as a choice only mark if the participant refuses to answer.

M3.3b	Does the client offer you more money for not using a condom?	Yes (1) No (0) Prefer not to Answer (00)

Instruction for Interviewer: Circle the answer that matches the participant's response.

M3.4	How confident are you in your ability to negotiate condom use with clients?	*Really not Confident* (1) *Not Sure (2)* *Confident (3)* *Really confident (4)*

Interviewer says, "I have given you a card with 5 choices: Strongly Disagree, Disagree, Neither Agree nor disagree, Agree and Strongly Agree. I will read you four statements and you indicate one of the 5 choices on the card."

Instruction for interviewer: Please circle the choice that corresponds to the choice indicated by the participant.

M3.5	Clients do not use condoms because they prefer to have sex flesh to flesh.	Strongly Disagree (1) Disagree (2) Neither Agree nor Disagree (3) Agree (4) Strongly Agree (5)

M3.6	Clients do not use condoms because they complain that condom is too small and too tight	Strongly Disagree (1) Disagree (2) Neither Agree nor Disagree (3) Agree (4) Strongly Agree (5)
M3.7	Clients do not use condoms because they believe that condoms interfere/disturb erections	Strongly Disagree (1) Disagree (2) Neither Agree nor Disagree (3) Agree (4) Strongly Agree (5)
M3.8	Clients do not use condoms because they do not believe that they are at risk for a sexually transmitted infection (STI).	Strongly Disagree (1) Disagree (2) Neither Agree nor Disagree (3) Agree (4) Strongly Agree (5)
M3.9	Clients do not like to use condoms because it betrays the trusted relationship that has been built over time.	Strongly Disagree (1) Disagree (2) Neither Agree nor Disagree (3) Agree (4) Strongly Agree (5)
M3.10	Clients do not use condoms because they are under the influence of drugs. (i.e. Tik, cocaine, etc.)	Strongly Disagree (1) Disagree (2) Neither Agree nor Disagree (3) Agree (4) Strongly Agree (5)

Module 4: Law Enforcement Treatment of Male Sex Workers

Interviewer says, "This is the fourth and final part of this survey and it aims to understand how law enforcement treats male sex workers in Cape Town and how that affects consistent condom use. Some of these questions are sensitive but please remember that all answers are anonymous and confidential. You can stop the interview at any time."

Instruction to interviewer: Do not read "Refuse to Answer" as a choice only mark if the participant refuses to answer.

M4.1	Have you ever had negative experiences with the police or the law?	Yes (1) No (0) Prefer not to Answer (00)
M4.2	Have you ever been detained or arrested whilst selling sex for an income?	Yes (1) No (0) Prefer not to Answer (00)
M4.3	Have you been mistreated verbally by police?	Yes (1) No (2) Prefer not to Answer (00)
M4.4	Have you been mistreated physically by police?	Yes (1) No (0) Prefer not to Answer (00)
M4.5	Have you been mistreated sexually by police?	Yes (1) No (0) Prefer not to Answer (00)

M4.6	What are the reasons you feel law enforcement officials mistreat sex workers? ***(Check all that apply)***	Occupation (1) Gender (2) Sexual Identity (3) Homelessness (4) Human rights violations (5) Other: _____________ (8)
M5.1	Do you use any of the following substances while with clients ?	Alcohol (1) Dagga (2) Tik (3) Crack/cocaine (4) Unga (5) Other: ______________ (8) Prefer not to answer (00)
M5.2	Do you have to supply your clients with drugs?	Yes (1) No (0) Prefer not to Answer (00)
M5.3	Do drugs/alcohol make sex more pleasurable?	Yes (1) No (0) Prefer not to Answer (00)
M5.4	Do you think drugs/alcohol influences decisions around condom use?	Yes (1) No (0) Prefer not to answer (00)

Interviewer: "Thank you for taking the time to participate in this survey. As a reminder, your answers here are confidential and anonymous."

Time Interview Ended:_ _:_ _ (hr:min) AM/PM

Appendix C: In-Depth interview Guide

Study Objective (Overall Research Question): To understand and evaluate the impact of criminal laws related to sex work on sex workers/strippers in Cape Town, South Africa.

First, I would like to thank you for taking time out of your day to meet with me today. My name is John Meade and I am a graduate student studying public health at Emory University. I would like to talk to you about your experiences as a sex worker in Cape Town. In particular, we are interested in the challenges that you may face while working as a sex worker and how the criminalization of sex work may impact your life.

This interview should take about 1 hour. I'd like to record the interview if that's OK with you, because I'd like to focus on our conversation instead of trying to take good notes. **Is this alright with you?** The recording will be destroyed after the project has finished. Because we're recording, please be sure to speak up so that I don't miss any of your valuable comments. I understand that the theme of this interview is sensitive. All your responses will be kept confidential. By confidential, I mean that your interview responses will only be shared with research team members and we will ensure that any information we include in our report does not identify you as a respondent. Remember, you don't have to talk about anything you don't want to and you may stop the interview at any time. **Are there any questions about what I have just explained? Can we begin the interview?**

I. <u>Warm-up:</u>

So, I would like to begin by asking some general questions about your life:

1. Where are you originally from?
    a. If from SA, can you describe the area in which you were raised? What caused you to move to Cape Town?
    b. If from another country, what caused you to move to South Africa?
2. Describe your current living situations. (probe: where, with whom, why)
3. In your personal life, who do you typically date/have a sexual relationship?
    a. Are you currently in a relationship?
4. Do you have children? How many? How old are they?
5. Before we move on to the next section, I would like to ask you to describe a typical day in your life? What does it look like, what do you do in the morning, afternoon and evenings? What about in your spare time?

II. <u>Key Questions:</u>

First I would like to hear your experiences before you started in the sex industry and some of the factors that may have led to your decision to become a sex worker.

1. Describe your family life and the relationships you had with family members. (parents, siblings (if applicable), extended family, children (if applicable))
2. Did you have other jobs before starting in the sex industry? Could you describe those jobs? (Skills needed, how long worked, reasons for stopping)
3. Could you describe when and how you got introduced into the sex industry? (Forced, necessity, etc)
4. Was there a person or persons that introduced you to sex work? What is your current relationship with him/her?
5. Who in your life (family, friends, etc.) did you tell about your involvement in sex work? What was their reaction?

<u>Business Transaction & Employment Alternatives:</u>

I would also like to learn a little more about the interaction that takes place between clients and yourself.

6. *<u>What kind of sex worker do you consider yourself? (probe: street, brothel, etc.)</u>*
7. What is the interaction like, from start to finish? Where do you meet/how do you get connected with your clients? (probe: sex hostel, hotel, bedroom, car, etc.)
    a. Do clients pay up front? What do you do if they refuse to pay?
8. As a sex worker, do you work for yourself or someone else?
9. Of the amount that you earn, how much do you get to keep?
    a. Who gets the rest?
10. Besides being a sex worker, does this occupy you full time? Do receive any other form of income besides sex work?
11. Have you ever tried to leave sex work and think about doing other work?
    a. If yes, was there a specific reason why you tried to leave and were you unable to leave?
    b. Have you left the industry before and then returned to it?

Client-Sex worker connection:

12. Describe your typical client.
13. Describe your relationship with your clients. (probe: repeat or one time)
14. Describe the sexual experiences with clients. (i.e. sexual menu)
15. Could you describe a client where you had a non-sexual relationship?
16. How they generally treat you? (probe: how do you protect yourself)

<u>**Criminalization of sex work:**</u>

Now I would like to understand how the laws about sex work affects your ability to make a living as a sex worker and stay healthy.

17. Are you familiar with the laws of South Africa pertaining to sex work? From whom? How?
18. What are your perceptions of these laws?
19. How have those laws affected your life and work?
    a. In addition to yourself, have these laws affected the lives of your family members, Intimate partners, friends, etc.? Another way to think of this is have you or your family members been treated differently because of your work as a sex worker by anyone in your community?
    b. Could you describe an instance when you felt you were treated differently because you are a sex worker?
    c. What might prevent you from accessing health services that you need?
20. Describe how these laws are enforced? Have you ever encountered law enforcement in your work?
    a. Have most been positive or negative? Describe the experience.
21. Have you been mistreated by law enforcement while working as a sex worker?
    a. Verbally?
    b. Physically?
    c. Sexually?

<u>**SWEAT Services:**</u>

I would like to hear your experiences with the services that are offered at SWEAT.

22. Describe how you got involved with different programs at SWEAT. How long have you been involved in SWEAT?
23. Could you describe the programs/services in which you have participated?
    a. Have you sought out any of the sexual health services offered by SWEAT?
    b. How has this program/service helped you to be safer when working as a sex worker?
    c. Is there a service that currently doesn't exist in SWEAT that would be helpful?
24. Are there any other organizations, other than SWEAT, from which you receive services?
    a. What organization(s) and what services? (probe: Why?)

<u>**Risky behaviors:**</u>

The following questions will be about certain behaviors that sex workers are exposed to that will shed light on the prevention of sexually transmitted infections and ways that sex workers prevent against these infections.

25. Could you describe your experience/exposure with drugs/alcohol, if any?
26. Who provides the drugs?
27. Have you ever used during an interaction with a client?
28. Could you describe the sexual experiences between a client and yourself?
    a. Do you ever discuss using prevention methods such as condoms and lubrication?
        i. If yes, who initiates discussion of condoms? Where do condoms come from?
    b. If mentioned that you were in relationship, could you describe how the sexual encounter between your partner and yourself may differ from a client?
29. Have you heard about two new HIV prevention drugs for HIV negative persons (PrEP and Truvada) that have been recently made available to 3,000 sex workers in South Africa in December of 2015? By whom? What did they tell you about the drugs?
    a. (Probe: If mention of HIV positive, do you have access to treatment, where do you get this treatment, does it affect your work in any way?)
30. Has this been offered to you? Do your peers seem to know what it is? Has it been offered to them?
31. Based on your experiences as a sex worker in Cape Town, what are the advantages and disadvantages for these two drugs when compared to condoms/female condoms and lubrication?

Before we end, what does being a sex worker mean to you?

Is there anything else that you would like to add or think I should know, especially thinking about moving forward, what would you like to see or anything else you were kind of hoping I would ask or we should talk about?