

THE LIVELIHOODS OF COMMERCIAL SEX WORKERS IN BINGA

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Introduction & Background

Binga district in Matabeleland North is one of the most remote and poor parts of Zimbabwe, being ranked the 75th out of 77 districts in terms of Human Development in 2000. Binga town is the administrative center of the district, and is situated on Lake Kariba. The population of the town is estimated at around 7,000 - 8,000 people. The major employers in the town are various branches of the government, in particular the Rural District Council, the District Development Fund and the Ministry of Transport. Fishing is also important, with two main fishing camps situated on the lakeshore close to the town. Binga is not on any major trading route, though there is a tarred road that leads to Hwange and Bulawayo. A gravel road leads to Nyaminyami district and to Gokwe in the other direction.

In late March 2002, Save the Children (UK) food security staff visited Binga to carry out some preliminary research for a planned Household Economy Assessment in the district in April and May 2002. During a number of previous assessments in different parts of Zimbabwe, it had been said by various interviewees that one possible coping strategy for women during difficult periods would be to engage in commercial sex work. During the visit to Binga, the food security team attempted to gain some information on this in collaboration with staff from SC's Reproductive Health programme.

This research was very brief and simple, involving one long focus-group discussion with a group of commercial sex workers, who have previously been trained as peer educators regarding HIV/AIDS awareness. As such the group was familiar with SC staff and to taking part in research, and discussions were therefore open and frank. The interview was semi-structured, following the standard themes of a HEA interview (sources of income and food, and expenditure, and the effects of various scenarios on these). Quantification of income and food, however, was less important than gaining an overall understanding of the factors influencing the decision to get involved with commercial sex work. This research does not claim to be comprehensive, but does raise and elaborate on some important themes around the links between HIV/AIDS and livelihoods.

Household Composition of Interviewees

The 5 CSWs interviewed have quite similar family backgrounds. All are aged between 33 and 38, and they were all married but are now divorced. They each had between one and three children of their own, aged from 8 to 17, and four of the women also had 1 or 2 orphaned children - usually a deceased sibling's children - in their households. Although the women all originally came from rural areas, they

moved to Binga and are currently living on their own, having left the children with the one remaining grandparent who in 4 cases was a grandmother.

The women are not aware of their HIV status, however it is clear that they are fully aware of the high-risk nature of their activities, and they seemed to talk of an AIDS-related death as an inevitability. Of an original group of 18 CSWs who were trained as peer educators and who established two income-generating projects in 1998, 4 have already passed away.

Although the women interviewed had been involved in sex work for a number of years, another type of CSW was identified by the women. These are women and girls as young as 15 who come from rural areas in bad times such as drought years to earn money from commercial sex work. The interviewees said that there had been a definite increase in the number of such women coming to Binga since 2001 when food security in rural areas began to deteriorate, and they estimated that there are approximately 200 women engaged in commercial sex work.

Girls attending secondary school in Binga were not reported to engage in commercial sex. This research did not delve further into the issue of “sugar daddies” or wealthy older boyfriends, however.

Commercial Sex Work as a Source of Income

The most common practice for CSWs in Binga is to make an arrangement with a man, whereby he pays her a sum of money and the woman is expected to provide him with sex at any time over a period typically of about a month. The man sets some rules to the relationship, usually demanding that the woman does not have sex with any other men over that period. The men usually stay overnight with the women, and can stay for up to a weekend at a time. During his stays, the woman is expected also to provide meals for the man, and the food must be paid for from the money paid by the man.

Payment rates vary according to a number of factors:

- (a) If the client is picked up from a beer hall – which is where most “business” is conducted – then the rate for a month was typically around Z\$350. However for “men who love them” and who come to their houses, the typical rate is around Z\$700.
- (b) The economic situation of the women influences price: in hard times (such as at present), there is greater competition between CSWs to get any money for survival, and the beer hall rate can be negotiated to as low as Z\$250.
- (c) The age and appearance of the woman: younger and better-dressed women find it easier to pick up men and can get a better price.
- (d) The use of condoms: men will pay up to Z\$1,000 for unprotected sex, compared to the Z\$350 for sex with a condom. The interviewees said that it was mainly the young girls recently arrived from rural areas who were willing to engage in unprotected sex, and they attributed this firstly to limited knowledge of the risks of HIV and other sexually-transmitted diseases, and secondly to the fact that these girls are too shy to ask for condoms, particularly in the beer halls where they are most commonly available. Condoms are also available from the supermarket in

Binga, the hospital and from peer educators, however the uptake by the younger CSWs was reportedly low.¹

It was said to be uncommon for women to be picked up for once-off sex, and therefore for CSWs to have a number clients in a single night. Two reasons for this were given. First, as knowledge of HIV/AIDS has spread, men are not keen on sleeping with women who clearly have multiple partners. If a man has the sort of relationship described earlier with a CSW, and he finds out that she has slept with anyone else during that time, he is likely to beat her (the issue of violence against CSWs is mentioned further below).

A second reason cited is more to do with financial considerations: with the current drought in Binga and the general economic problems in the country, which are most visibly reflected in the high rate of increase of the prices of basic commodities, men simply cannot afford to pay for as much sex as they used to.

The interviewees also confirmed that they work independently. “Pimping”, whereby someone arranges clients for them and takes a commission, does not occur.

Clients were said to be of different types. The better off salaried workers in Binga (e.g. civil servants) tend to pick up the younger women, while the interviewees said that they were left with the poorer fishermen from the fishing camps on Lake Kariba, and with craftsmen.

Commercial sex work engages women during weekends and evenings/ nights. They spend their evenings mainly at the beer halls looking for clients. In total, the women estimated that they earned a total of between Z\$800 and Z\$1,000 per month from this source of income.

Violence and the Legal Status of Commercial Sex Work

In Zimbabwe prostitution is illegal, and commercial sex workers therefore face arrest for their activities. This places women at a serious disadvantage when dealing with clients. If a man refuses to pay after sex – as commonly occurs – then the CSW has no redress. More seriously, police are said not to be sympathetic towards cases of violence against CSWs. The women report that beatings are practically a daily occurrence for them, yet if they report them to the police at best they can receive a recommendation to seek treatment at the hospital, and at worst they can end up being fined Z\$200 or made to do community service.

Other Sources of Income

The women used to participate in two income-generating projects which had been supported by SC’s Reproductive Health programme, one involved vegetable

¹ The CSWs trained as peer educators also indicated that they can be further economically disadvantaged by promoting safe sex as they feel they can lose clients as a result. As one woman put it, “the men want sex, they don’t want a teacher”.

gardening and sales, and the other was a poultry-raising project. Both projects have ceased recently. The vegetable gardens ceased to be viable as the prices of other basic goods rose and the women were unable to earn an adequate income from selling their vegetables. Some women working individually still earn a little money from vegetable sales, however. The poultry project failed when their stock of chickens was killed off by snakes.

It is possible that other CSWs have alternative, supplementary sources of income, but it was not possible to get any information on that from this interview.

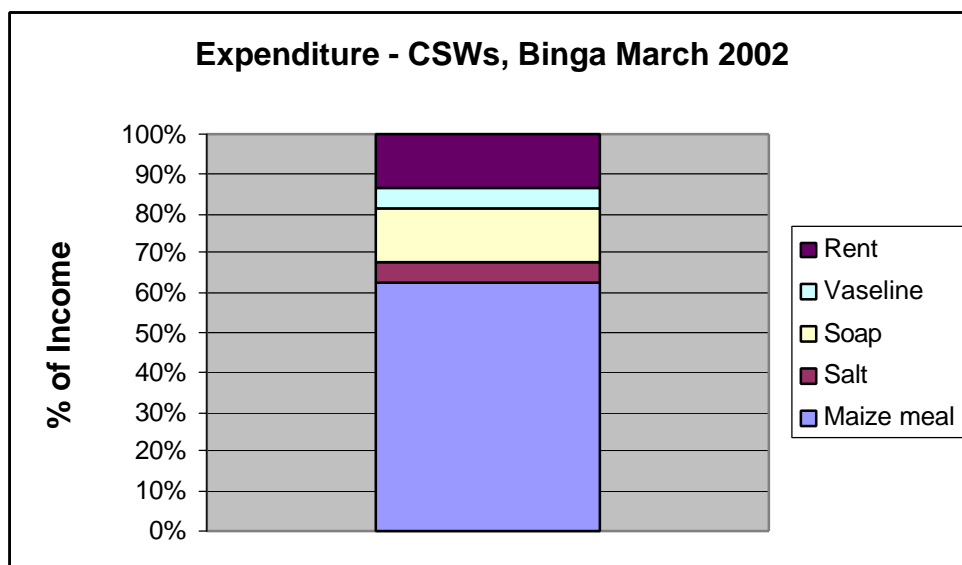
Sources of Food

The food consumption pattern of the CSWs was not significantly different from a typical poor family elsewhere in Binga, although they still have better access to maize meal than most rural families during the current shortages. They reported eating porridge in the morning (without sugar), sadza with a relish from wild leaves and vegetables as the main meal at lunchtime, and a little more sadza in the evening. Those who drink alcohol may have drinks bought for them in the beer halls in the evening.

Although it was not intended to precisely quantify each source of food, the information provided suggests that the women be getting approximately 1,500kcal per day from the maize meal and vegetables consumed. The “chibuku” (local beer), would provide an additional 350 kcal per litre consumed. The women, therefore, are not getting an adequate diet at present. However, this is probably quite a recent phenomenon, as maize prices have trebled since December 2001 while the women have not been able to raise the rates for sex to match this inflation.

Expenditure

The vast majority of income earned is spent on food. Due to the substantial increase in maize meal prices since the food shortages began in Binga in mid-December, the staple food alone accounts for 60-70% of their expenditure. Money is spent only on maize meal, salt, soap, body lotion/ Vaseline, and rent.



Money for any visits to the hospital for consultations – at Z\$120 per visit - must be used at the expense of existing expenditure. Therefore, CSWs have very little capacity to pay for healthcare in spite of being engaged in activity that places their health at serious risk.

When possible, the women try to remit some money to their parents and children in the rural areas. However in recent times this has been increasingly difficult, and they now say that it is very unusual for them to contribute at all to the upkeep of their children. This is a factor in preventing the women from returning to their home areas, and is discussed further below.

Factors Driving and Perpetuating Commercial Sex Work

This section will focus only on the “supply” side of commercial sex work, i.e. the economic factors leading women to engage in sex work. In doing so, it is not intended to down-play the importance of men’s role in creating the demand for commercial sex (and especially the power imbalances that lead to violence against CSWs and demands for unprotected sex). While these issues must be addressed, they are largely beyond the scope of this piece of work.

Poverty and food insecurity are clearly and unsurprisingly the major driving forces behind the “supply” side of commercial sex work. All of the women spoken to emphasized a lack of alternative livelihood options as the main reason for getting involved in commercial sex work and subsequently for not getting out of it. The women interviewed were all also single women. Although widows in Tonga society can inherit land from their husbands, it is likely that these women lacked the material and labour inputs to make full use of whatever land they had. (The ages of their children were such that they could have contributed little labour at the time that the husband died.)

Another constraint emphasized by the women is a lack of access to credit. For example, the women felt that a poultry project could be viable, but they do not have

the money to purchase the broilers and the fencing and other materials for a suitable poultry run.

What is obvious from this interview is that commercial sex work is by no means an easy or attractive option. If they engage in commercial sex work, the women involved will still be very poor while also facing physical abuse, the risk of infection from HIV and other STDs and social stigma. Certain demographic groups are most at risk of becoming involved in this type of work at any time (especially single mothers). But in a situation of severe drought and increasing food insecurity as is currently being faced in Binga, more women and girls may opt for this strategy even though the returns will be even smaller. In talking of income-earning activities that they would like to undertake, the women spoke of them as substituting for the income from sex work, not as supplements. Hence, even if they would still be poor, they would prefer to be earning their little income by other means than sex.

There are two additional factors that subsequently prevent women from returning to their home areas once they get involved in sex work. The first is the stigma and shame that is attached to sex work, and the second is that family members are said to lack sympathy for CSWs, especially if they have not been remitting significant amounts of money. The latter is particularly tragic in the context of HIV/AIDS. The women spoke of the 4 members of their group who had passed away in the last few years. When those women became chronically ill they lost their income, and their families refused to support them and pay for their care, telling them that their boyfriends should look after them.

Conclusion and Implications for Programming

The main conclusion from this research is that commercial sex work must be viewed from a livelihoods perspective if the underlying factors are to be addressed. Current SC programming in relation to CSWs seems to focus more on the provision of information, education and condoms in order to reduce the risk of HIV transmission through commercial sex, rather than on livelihoods-related aspects. It has to be acknowledged that the Reproductive Health programme has tried previously to implement income-generating projects and has constantly reported the need for them, however those earlier projects were not considered successful and there has been a reluctance to attempt them again.

There are two basic ways that livelihoods programming could influence commercial sex work:

1. Prevention: large-scale interventions such as SC's current food aid programme could potentially have a role in supporting livelihoods and therefore in reducing the incentives for women to engage in sex work. In theory, current targeting of vulnerable socio-economic groups should already fulfill that role. But further research would be valuable to check whether social and political marginalisation of, for example, single mothers might outweigh economic vulnerability when traditional and civil authorities select beneficiaries.

2. Direct material support to Commercial Sex Workers: For those already engaged in sex work but seeking a way out, it would be important for SC to re-consider support to income-generating projects. Although previous projects may not have been successful, it seems extremely unlikely that viable projects could not be found and successfully managed.

In addition, it should be emphasized that efforts to target as many CSWs as possible with AIDS-awareness and prevention activities should be re-doubled, as there is an issue of scale which could limit the success of those activities at present. Promoting safe sex and AIDS-awareness among CSWs faces a classic “collective action problem”. Currently, a woman can earn more by having unprotected sex than by insisting on a condom. Therefore, if one woman demands the use of condoms, the man can just go to another CSW who is willing to have unprotected sex, and the first woman loses out economically (at least in the short-term, even if her health and life may ultimately be saved). But as more CSWs insist on condom use, clients will lose the option of unprotected sex. At the same time, men should also be targeted for sensitization regarding the substantial cash costs and health risks involved in unprotected sex. Condom availability and uptake is an issue already raised in the Reproductive Health programme, and this piece of research reaffirms that the delivery channels for condoms needs to be reviewed.

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