Triple jeopardy: Adolescent experiences of sex work and migration in Zimbabwe

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ABSTRACT

Adolescence, migration and sex work are independent risk factors for HIV and other poor health outcomes. They are usually targeted separately with little consideration on how their intersection can enhance vulnerability. We interviewed ten women in Zimbabwe who experienced sex work and migration during adolescence, exploring implications for their health and for services to meet their needs. For most, mobility was routine throughout childhood due to family instability and political upheaval. The determinants of mobility, e.g. inability to pay school fees or desire for independence from difficult circumstances, also catalysed entry into sex work, which then led to further migration to maximise income. Respondents described their adolescence as a time of both vulnerability and opportunity, during which they developed survival skills. While these women did not fit neatly into separate risk profiles of “sex worker” “migrant” or “adolescent”, the overlap of these experiences shaped their health and access to services. To address the needs of marginalised populations we must understand the intersection of multiple risks, avoiding simplified assumptions about each category.

1. Introduction

While adolescence, migration and sex work have long been recognised as independent risk factors for HIV and other sexually transmitted infections (STI), they often are targeted separately by health programmes. Interventions for sex workers tend to follow harm reduction principles developed for “most at risk populations,” while adolescents are often the recipients of broader population-based strategies to delay sexual debut, reduce numbers of (particularly older) partners, and increase retention in school. Migrants often remain neglected as they can be difficult to locate or follow across settings, although identifiable groups such as refugees or mobile transport workers sometimes receive attention. Yet there has been a little focus on how experiences of adolescence, sex work and migration can intersect and enhance vulnerability, particularly as the individuals involved may not easily identify with any of the categories used to define high risk populations.

This paper presents a case study of ten sex workers in Zimbabwe who experienced both entry into sex work and migration during their adolescence at a time of political crisis and economic collapse. It demonstrates how migration, sex work and adolescence interact to shape risk and resilience. The aim of our qualitative research was to explore how Zimbabwean women perceived their experience as adolescent migrants and sex workers, identify how this affected levels of risk, and consider implications for the design and provision of services to meet their needs. We define migration broadly, to cover movement between geographical areas within Zimbabwe for significant periods of time, cross-border migration into neighbouring countries, as well as short-term mobility to and from a “home base.” We explored women’s experience of migration for any reason and across their lives.

1.1. Migration, sex work and HIV

Obtaining reliable data on migrants and sex workers is difficult given the clandestine nature of both populations. Even legal and domestic migration tends to be associated with intransience, unstable living arrangements and participation in the informal labour market, which can reduce migrants’ contact with authorities. A recent systematic review of available data found that migrant sex workers generally are at higher risk for acute STI and, in developing countries, for HIV (Platt et al., 2012). Migrant sex workers may be unaware of available services, and more reliant on their own support networks to help take measures to protect themselves (Liao et al., 2003; Tucker et al., 2011). Access to care is
further limited by restrictive work conditions that make it difficult to take time off (Cwikel et al., 2003), and the stigma surrounding sex work (Wolffers et al., 2002).

On the other hand, the “healthy migrant effect” is a well known phenomenon, where individuals who are in good health are the most likely to seek opportunities away from home (Lu, 2008) and studies of some migrant sex workers demonstrate their ability to proactively seek care. Research conducted in Mexico found that migrant sex workers reported better contact with health services and more frequent check-ups (Ojeda et al., 2009). A survey of 400 sex workers in Spain found that migrant sex workers were more likely to use condoms and had lower HIV rates than the Spanish participants (Folch et al., 2008).

1.2. Adolescents in migrant sex worker populations

Sex workers under the age of 18 remain particularly hidden since they are usually considered victims of sexual exploitation, and fear interference from child protection if they become known to authorities (Busza et al., 2011; Kerfoot et al., 2007; Kudrati et al., 2008). Adolescents are less likely to be included in sexual health research, as ethical guidelines often limit recruitment of children into studies, and many researchers fear the controversy that may result from working with vulnerable young people (Silverman, 2011). For example, the UN Protocol to Prevent, Suppress, and Punish Trafficking in Persons defines all under-age sex workers as trafficked (UN, 2000), while the International Labour Organization (ILO) lists sex work as one of the “worst forms of child labour” (UNICEF, 2000). These conventions set laudable global goals, but can complicate efforts to provide services to adolescents or collect data from them (Busza et al., 2004).

Nonetheless, some information on the involvement of adolescents in migration and sex work is available from cross-sectional surveys, although comparisons across settings are complicated by the use of different age categories. Evidence suggests that between 20–40% of sex workers initiate sex work before the age of 18 (Silverman, 2011) although many studies find much lower proportions. A survey of 237 sex workers in Somaliland, most of whom were migrants, found 6.9% to be aged 15–19 years (Krittmaa et al., 2010), while among 734 migrant sex workers in Spain, 11% were under 20 years (del Amo et al., 2005). In Cambodia, out of 28,000 sex workers in 2008, estimates concluded that at most 310 were under the age of 18 (Steinfatt and Baker, 2011).

Adolescent sex workers experience heightened risk compared with that of older women, partly due to biological factors, e.g., cervical ectopy (Sarkar et al., 2006). They are also new to sex work and have not yet developed the requisite skills for negotiating protection. Studies of sex workers in Indonesia and China have reported that younger sex workers are less likely to use condoms successfully (Lau et al., 2002). In Indonesia, being under the age of 21 was a significant risk factor for STI diagnosis (Silitonga et al., 2011) and several studies confirm that prevalence of chlamydia, syphilis, HPV and other STI decreases with age (Ford et al., 2000; Surratt, 2007). A recent review of epidemiological studies comparing sex workers by age group showed that adolescent sex workers are at heightened risk of sexual and physical violence and contracting HIV (Silverman, 2011). On the other hand, younger sex workers may find it easier to obtain clients, charge high fees, or maintain the long hours and late nights required by their work compared to older women who may have more family responsibilities (Odek et al., 2009).

Finally, migration itself is associated with initiation of sex work and high risk behaviour among adolescents. For example, studies in Kenya and South Africa reported that adolescents with a history of mobility during childhood had the earliest ages of sexual debut (Luke et al., 2012) and started education later (Richter et al., 2006), while research among highly mobile street children (10–19) in 4 cities of Ukraine found that 56.7% of the girls had ever exchanged sex for gifts or money. Thus existing research has shown that the intersection between adolescence, migration and sex work can affect sex workers’ risk profiles, although deeper examinations of the dynamic processes by which this occurs in any given social environment are rarer.

2. Study background

This aim of this study was to examine the relationship between migration and sex work among Zimbabwean women who had initiated sex work as adolescents. Zimbabwe provides a salient example of how structural factors shape young people’s choices, given its fragile economic context and recent political upheavals. For many young women, commercial sex presents one of a few livelihood options, but is also associated with high risk of contracting HIV against a background prevalence of nearly 18% among adult women (Zimbabwean National Statistics Agency (ZIMSTAT) and ICF International, 2012).

The study was conducted as a part of wider research on sex workers’ social networks, work conditions, risk behaviour and access to health services, particularly HIV testing and treatment (Cowan et al., 2012; Mtehwaa et al., 2012a). A qualitative approach was selected for the study in order to explore individual women’s narratives, perceptions, and analysis of their own experiences in detail.

2.1. Methods

We purposively recruited participants from four sites with high proportions of migrant sex workers: Mutare, on the Mozambique border, with mines and truck stops in the vicinity; Victoria Falls, an international tourist destination; Hwange, located next to two large collieries; and Harare, the capital city, which draws migrants from rural areas. Eligibility was limited to sex workers aged 18–20 who reported both initiating work as an adolescent (13–19) and a history of migration. We did not enrol adolescents under 18 for two reasons. First, Zimbabwe’s national ethical review board requires parental or guardian permission for enrolment of minors under age 16, which is not feasible as many migrant sex workers are not living near their families nor have admitted participating in sex work. Second, asking adults to reflect on their experiences as adolescents is in keeping with common research practice for studies of vulnerable populations, including sex workers younger than 18, who are considered victims of sexual exploitation and trafficking by international conventions, thus conferring obligations to refer them to the relevant authorities for social protection (Goldenberg et al., 2011). Given sex workers’ distrust of authorities and reluctance to be identified, this ethical obligation would have posed practical and ethical dilemmas in Zimbabwe.

Eligible sex workers were invited to participate in in-depth narrative interviews lasting 1–2 h, conducted by a female social scientist in the relevant local language (Shona or Ndebele). Written informed consent was obtained for each interview and ethical approval was granted by the Medical Research Council of Zimbabwe. Interviews followed an unstructured guide, leading participants through topics according to the natural flow of conversation. Topics included childhood and family background; important life milestones (opportunities/choices); history of migration and the motivations behind it; entry and experiences of sex work; perceptions of challenges, vulnerabilities, and coping mechanisms; and plans and aspirations for the future.

All interviews were audio-recorded, transcribed and translated into English, and entered into qualitative analysis software (NVIVO 8).
Analysis took a case study approach, in which each interviewee's narrative was considered holistically prior to comparisons across cases (Yin, 2009). A coding framework based on the topic guide was applied by the first author, with codes refined as new themes emerged.

3. Results

Recruitment of eligible study participants proved difficult, and several sex workers in each site declined. Refusal rates were higher than in the wider study (Mtetwa et al., 2012b), seemingly due to our focus on adolescents. One 18 year old was afraid that the study could lead to publicity in newspapers, and related an incident where a local magazine published a photo of her, causing fear that her mother would discover she was a sex worker. Another woman also worried information might appear on radio or TV. In other cases, women referred through peer educators chose not to admit to being sex workers. Furthermore, fewer women than expected met the eligibility criteria, either because they were younger than 18, or did not have experience of migration.

Eleven in-depth interviews were conducted, of which 2 were conducted in Mutare, 4 in Harare, 4 in Hwange and 1 in Victoria Falls. One of the Mutare interviews was discarded due to poor quality: the respondent proved reluctant to participate and curtailed the interview early. Characteristics for the ten respondents included in analysis are summarised in Table 1. Pseudonyms have been provided so that excerpts from the same interview are easily linked throughout the paper, maintaining the case study approach.

3.1. A life on the move

Moving from location to location appeared to be a recurrent experience throughout women's childhoods. Mobility was associated with family dissolution following death, divorce and/or remarriage, as well as with fluctuations in a household's economic status. Respondents reported moving frequently as children, sometimes with or between their parents, following them as they sought work or reconfigured relationships. Some went to live with other relatives who could provide resources unavailable at home, such as school fees. Regular migration both within Zimbabwe and across neighbouring borders was part of daily life and not presented as unusual or noteworthy.

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Table 1
Respondent characteristics.

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Interview site</th>
<th>Current age</th>
<th>Age at entry into sex work</th>
<th>Language</th>
<th>Additional notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarudzai</td>
<td>Mutare</td>
<td>19</td>
<td>Approximately 16</td>
<td>Shona</td>
<td></td>
</tr>
<tr>
<td>Maidai</td>
<td>Harare</td>
<td>18</td>
<td>13</td>
<td>Shona</td>
<td>HIV+, on ART</td>
</tr>
<tr>
<td>Manyara</td>
<td>Harare</td>
<td>19</td>
<td>15</td>
<td>Shona</td>
<td>Has 1 child</td>
</tr>
<tr>
<td>Rudo</td>
<td>Harare</td>
<td>19</td>
<td>Sometime after 15</td>
<td>Shona</td>
<td>Has 1 child, HIV+, on ART</td>
</tr>
<tr>
<td>Kundai</td>
<td>Harare</td>
<td>20</td>
<td>Approximately 14</td>
<td>Shona</td>
<td>Has 1 child</td>
</tr>
<tr>
<td>Nompilo</td>
<td>Hwange</td>
<td>19</td>
<td>Approximately 17</td>
<td>Ndebele</td>
<td></td>
</tr>
<tr>
<td>Spiwe</td>
<td>Hwange</td>
<td>18</td>
<td>15</td>
<td>Ndebele</td>
<td>Pregnant, HIV+</td>
</tr>
<tr>
<td>Saziso</td>
<td>Hwange</td>
<td>19</td>
<td>16</td>
<td>Shona</td>
<td></td>
</tr>
<tr>
<td>Tsitsi</td>
<td>Hwange</td>
<td>19</td>
<td>16</td>
<td>Ndebele</td>
<td></td>
</tr>
<tr>
<td>Buhle</td>
<td>Victoria Falls</td>
<td>19</td>
<td>16</td>
<td>Ndebele</td>
<td></td>
</tr>
</tbody>
</table>
what they wanted. So from then on, we frequented many bars, jazz clubs. (Saziso)

For Nompilo, the transition from relying on a boyfriend to pay her school fees to extracting money from several men was a logical progression. Moving to Botswana facilitated what Nompilo considered to be a practical decision and also took her away from her parents’ and boyfriend’s potential interference:

In fact I didn’t finish school, my sister who was paying my fees said she was no longer able to do so. I fell in love with a certain guy who paid for my fees, but then he said we should live together, so I was not happy about it, that is why I left. Just for the fact that he had paid for my fees, he said I was supposed to live with him, so I didn’t like the way he was pressurizing me. I ran away to Botswana without my parents knowing…. I started looking for work… I stayed with other girls who went to clubs. (Nompilo)

There was thus a close relationship between leaving school and migration, accompanied by the incentive to find employment to support education or as an alternative to it. This led to a concomitant association between initiating sex work and moving to a new setting.

Not all respondents were forced to leave school. Some compared the financial strain of remaining in education with the self-sufficiency of peers already selling sex. Maidei and Sarudzai, for instance, dropped out of school after starting to “go to bars” with friends:

I dropped out of school when I was in grade seven and came here…. I used to live with my relatives but you know how it is when you are young and friends influence you to do certain things. So I started to hang around with this girl called M who was a big sex worker. … I didn’t know much then because I was young and you know how these girls use young girls and they make you do what they want and they will get the money. (Maidei)

I started going to Chiadzwa [mining site]. I was still going to school though. Form three. We would hear people say there’s this place called Chiadzwa. That’s how I started to go to Chiadzwa. My niece who had started to go told me that people were making money there…. Ah [laughs] I was just seeing what everyone else was doing and thought that maybe I should go as well, all my friends were doing it…. I then stopped school. (Sarudzai)

3.3. Place as opportunity

The multidirectional and intertwined experiences of leaving school, changing locations, and becoming sex workers meant that respondents perceived mobility to mark the start of a new phase of life, often one with opportunities. All the women described migration as integral to sex work. They described moving for numerous reasons, including wanting to try new venues where the earnings might be better, capitalising on being a “new face” to attract clients, and avoiding working in the same place for too long where their popularity might reduce:

There’s a difference between the money you get here and that which you get when you go out. …The way we get money there is different from the way we get it here…. It’s because of money, that’s what made me go out of town. (Manyara)

I have realised that Chiadzwa is better. … Here in Mutare it is in between, especially days when soldiers have got paid. … So I went there [Chiadzwa] and stayed there for four days and came back. When you get into a new place for the first time you will be popular because they will be saying that there is a new face in the bar that day. You will have a lot of people seeing you and you will get lots of money…. Hot Springs is great, that’s the place with money. Hot Springs has many advantages in that the gwejas [miners] from Chiadzwa go there to spend money. (Sarudzai)

Travel also improved satisfaction with work, presenting opportunities for adventure; several respondents emphasised their interest in travel for its own sake:

You can feel excited that you have left a place and you are going to another place…. So when you go to a new place you can adopt another character. … if you get to a new place, you meet other sex workers, make friends and meet new clients. (Sarudzai)

…Personally, I think it’s a good thing to move from one place to another in search of money like what we do. You should not be based in one place, you need to see the world and visit other places and gain knowledge from other areas so that you learn from them. (Kundai)

Work-related travel took different forms. Several women moved regularly between towns and to neighbouring countries, seeking men with disposable income. Others remained based in one location, but travelled out for several days at a time to diversify their work. Travel was often undertaken opportunistically, such as when a sex worker picked up a transport worker and travelled with him for a few days then stopping off at a new town or working back down the highway. Maidei describes some options:

Ah I am just going to the border towns at the moment. … I usually go there. Let’s say today is Friday, then I go on Saturday and come back on Sunday. Or I will go on Sunday and come back on Tuesday ….I go to Botswana, Zambia and South Africa Borders. If I just look at the driver or bus conductor, then I’m going. If he likes me then I’m getting into the bus and going.

Interviewer: Ok so do you think it’s helpful to go and work out of town?

Yes you see a lot of clients. And you know all new things, you make a lot of money at that time…. What I like about going out is that you are new to an area…. When you get into a bar you start getting money. People will be running after you. When you are new, men compete for you. (Madei)

3.4. Building resilience

During interviews, respondents were asked to look back and consider how their lives had changed over the past few years. They compared their experiences as adolescent sex workers to their current situation, noting how they had developed skills and confidence over the years. Sex workers perceived adolescence as a dangerous and vulnerable time that required careful negotiation to learn how to maximise income while minimising risks. Negotiating with clients, insisting on condom use, and avoiding violence or refusal of payment were all mentioned. They also had become more comfortable with their work, enjoying it more than in earlier years.

To tell you the truth I did not know a lot of things, I only knew something when I was grown up. …. But now I have a lot of knowledge because now I can tell a person that I will not have sex with them without a condom. I did not know a lot of things and had not been taught anything. Sometimes I would get into many problems… (Maidei)
When I started I did not enjoy doing sex work. … Now when I sleep with men I enjoy it. When I started I was very happy even when I was given a little bit of money after sleeping with a man. All I wanted was money, I just used to force myself to do it because I wanted money but I did not really enjoy it. (Manyara)

At that time, I didn’t know much so I didn’t get paid well. What they do is if you are a young girl they can just give you money to buy jiggies [snacks for about 20 cents] and that will be fine. If you are given a dollar, you will be satisfied. … Even looking at the amount of money that I charge, I realise that I used to waste time when I was still young. It has improved now. (Kundai)

Overall, respondents expressed their belief that they had reaped many benefits from engaging in sex work, and gained financial and personal independence, despite struggling in the earlier years.

I have realised that a life of doing sex work has made me able to make a living without anyone troubling anyone. … I have not had problems since I started sex work. My life started to improve for the better. (Manyara)

… I bought a TV, bed and DVD player. Eh, that’s what I managed to buy. I expected to get money; that’s what I really expected. It’s a lot of money. I am able to stand for [support] myself and my brother. (Sarudzai)

3.5. Reflections on risk

Yet the young women we interviewed were also clear on the risks they had confronted and continued to face. At least three of the ten participants had contracted HIV, almost all had experienced sexual and physical violence during the course of their work, and the detrimental, if less tangible, effects of social stigma and discrimination also featured in their narratives. Migration could also add to the dangers confronted. Women mentioned that working in South Africa carried specific risks due to the threat of crime.

It’s different there [South Africa] because you don’t know much and you will be afraid that someone might kidnap you or do something else because you don’t know much about the place. But this job needs one to have a lot of guts because if you are not careful you will not be given any money, so you have to be courageous. (Maidei)

But moving to any unfamiliar area posed specific risks such as getting into fights with local sex workers over clients, and being unable to protect themselves if clients tried to rape or rob them due to lack of supportive social networks. Sex workers also firmly linked their engagement in sex work with interruption of studies, something that was a defining experience of their adolescence and caused continued regret. Financial and familial instabilities emerged as key determinants of all subsequent risks, as these catalysed their entry into sex work and mobility at a formative age:

The thing that caused me a lot of pain is that my parents failed to pay for my fees for me to finish Form 4, even my sister, and it made me so angry. Her husband said to me I had grown up and I had to look for my own fees, I should see what I can do, not just wait for them to pay for my fees. … The only thing that I would do if I was 17 again is to go to school, my wish is to learn. (Nompilo)

I wish I had gone to school and finished school; I would be having a good job right now, like my other peers. (Spiwe)

4. Discussion

Rather than a defined event, mobility for these adolescent sex workers was a normalised way of life, and something they had experienced since early childhood. As children, many moved because a parent received a better job, or because there were better opportunities for studying or being looked after with relatives in a different location at different times. They also migrated, however, when a parent died, when they were evicted from someone’s household, or when there was no longer any financial support for education. As adults, sex workers continued to move around for different reasons: to look for higher incomes, to travel for fun, but also to escape police harassment or violent partners, and avoid stigma. Initiating sex work was also not a specific event, but part of their development into an independent woman, a process that appeared to be hastened by the overlap of curtailed education and movement between relatives, geographical locations, and different survival strategies.

As has been found in a range of settings, neither movement nor sex work is necessarily risk-producing, although they often put individuals into circumstances that can constrain their choices and access to services and support (Hong et al., 2009; Ojeda et al., 2009; Platt et al., 2011; Wolffers et al., 2002). In this case study, young sex workers did not identify themselves as migrants, which was a term associated with labourers coming into Zimbabwe from Zambia and other neighbouring countries; rather, regular mobility appeared to be seamlessly integrated into their lives.

Most respondents had experienced two different kinds of mobility: the first reflective of their unstable family backgrounds marked by economic hardship, and the second indicative of their relative success and ambition as sex workers. These cannot easily be grouped together as experiences of “migration” and are likely to have different implications in terms of addressing their needs through policy and programmes. In terms of supporting fragile families and young women’s risk of dropping out of school, interventions such as cash transfers show considerable promise in increasing retention in education, bolstering household economic stability, and in some cases, reducing risk of poor sexual health (Adato and Bassett, 2009; Baird et al., 2010). For mobile women engaged in sex work, outreach programmes, peer education, and workplace-based interventions can link them to services in different locations they frequent, providing continuity of care, particularly for HIV prevention and treatment (Borghi et al., 2005; Campos et al., 2013; Luchters et al., 2008).

Respondents also did not always specify when they had started sex work, which occurred along a continuum. For some, their early sexual experiences were entered into for pleasure, and the transition from receiving support from one boyfriend to receiving money from multiple men was not particularly notable. Several respondents described “going to the bars” or travelling to mining towns in order to meet men with money as a separate experience to what they considered to be their current professional involvement in sex work. Indeed, other women who refused to participate in the study when approached by fieldworkers stated that they did not identify as sex workers, despite being referred by peer educators and recruited in bars. This is not to say that all women who frequent bars and clubs are likely to be sex workers (although the police often treat them as such), but rather that the category of “sex worker” may not be that meaningful to young and adolescent women in Zimbabwe where a wide range of sexual practices are associated with some form of economic exchange. This observation has been made elsewhere (Desmond et al., 2005; Hanson et al., 2002), and serves to reiterate arguments against programs that broadly target people deemed to be “at risk”, such as “sex workers” or “migrants,” particularly when those people may themselves conceptualise both their identities and the related risks in very different ways (Hanson et al., 2002). Instead, a spectrum of
approaches may be needed in order to meet the diverse needs of women with diverse identities.

Finally, the inexperience of adolescent sex workers appears to put them at a disadvantage in terms of being able to assert themselves with clients and other stakeholders of the sex industry, even while it may make them more desirable. Other studies in the region have also noted that younger sex workers face particular struggles while establishing themselves in the business and can be more heavily dependent on frequent mobility (Mbonye et al., 2013). Sex work itself is usually associated with multiple health risks resulting from its criminalisation and the stigma surrounding it. The skills to navigate the overlapping risks from violence, police harassment, competition between sex workers, and exposure to HIV appear to develop with experience and age, as well as familiarity of particular settings, which is why women travelling across borders often felt more vulnerable. On the one hand, migrants may find themselves distanced from supportive social and family networks, in unfamiliar locations, and can end up in poor or dangerous working conditions. On the other hand, migrants may have tighter social ties to their peers, and may have left more difficult life circumstances behind and take advantage of new opportunities offered to them. The challenge for health and social programmes, therefore, is to identify and strengthen supportive networks where they exist, and to identify the vulnerable individuals left behind in order to provide them with tailored resources.

5. Limitations

As a qualitative study with a small sample size, our research cannot be considered representative of the experiences of migrant sex workers in Zimbabwe and beyond. A significant limitation of our study is the high refusal rate we experienced due to sensitivities around sex work during adolescence. As a result, we are likely to have recruited the most resilient and confident among young migrant sex workers. This suggests that our findings are likely to be biased toward those who have overcome obstacles and are not in the most abusive circumstances. Other young sex workers, therefore, are potentially even more vulnerable. The aim of this study, however, was to begin to explore the intersection between adolescence, mobility and sex work, thus setting the groundwork for future in-depth research and development of interventions likely to be feasible to implement and acceptable to the women who might benefit.

6. Conclusion

Understanding the nuanced interactions between adolescence, sex work and migration requires working closely with sex workers to identify their specific social environment. While epidemiological research and national policies necessarily end up simplifying heterogeneous lived experiences into discrete classifications, both need to be implemented with flexibility so that they respond appropriately to all the diverse and intersecting ways categories such as “sex worker” “migrant” and “adolescent”. Engaging with young sex workers as early as possible is vital to link them into prevention, care, and other services prior to their experience of adverse health and social outcomes. From a programmatic perspective, this presents numerous logistical and ethical challenges. Finding ways to provide harm reduction services to populations who confront overlapping risks to make the best of constrained choices needs to be balanced against the ethical responsibility to intervene in cases of exploitation and provide protection to the most vulnerable. In every context there will be difficult choices to be made, but confronting these directly rather than avoiding working with groups deemed too controversial or difficult to reach, seems critical if the health of those at the intersection of multiple risks is to be prioritised.

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