Lives on the line: sex work in sub-Saharan Africa

Sex workers in sub-Saharan Africa face physical abuse and a high burden of disease because of criminalisation, stigmatisation, and poverty. Adele Baleta reports.

When the door into the matchbox shack opens, the smell of rotting flesh hits you and sends you reeling outside for air. The young mother lies on a bed in agony, her gangrenous leg split from the knee down to the ankle, the white bone visible. She is HIV positive, is not on antiretrovirals (ARVs), and has untreated diabetes, yet still she has to sell sex to survive.

Precious (not her real name) lived in Maputsoe, a town in Lesotho. Like many border towns, Maputsoe is a drinking hole for miners as they make their way from Lesotho, the mountain kingdom, to South Africa’s mineral rich mines. On the last Sunday of the month, it becomes ugly and violent. Miners move from bar to bar, getting progressively drunk. Wire grids wrapped around bar counters protect staff from patrons. A huddle of sex workers are there and sex is for sale on the gravel, in the parking lot amongst the rubbish, and under the bushes.

Jennifer Butler of the UN Population Fund who was in Lesotho, and described the scene to The Lancet, says the condom dispenser that was attached to a nail had been empty for 6 months.

Precious’s story is the face of sex work in many sub-Saharan countries where sex workers who are 19 years old or in their early 20s have no human rights, no legal recourse, and limited access to health care and treatment. Most have young children who without their mothers would not survive.

On the frontline

Sally-Jean Shackleton, director of Sex Worker Education and Advocacy Taskforce (SWEAT) based in South Africa, says the situation is not unique to Lesotho. She says sex workers in the region are on the frontline of poverty, experience high levels of violence, the inability to negotiate safe sex, a high disease burden, and lack access to health facilities and ARVs. Additionally, untrained health-care workers, unsensitised to sex workers, fuel stigmatisation. In turn, fearful sex workers often stigmatised themselves by being unwilling to test for HIV and to access ARVs. “So sex workers are really in the trenches”, Shackleton says.

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Butler tells The Lancet that Precious was taken to a hospital. “She had her leg bandaged at the hospital but the health-care providers accompanying her informed staff that she was a sex worker, which was recorded on her health card. The doctor’s response was, ‘Well you are a sex worker, you are going to die in the next 3 months. There is nothing more we can do for you, and I have a waiting room full of people who are not morally corrupt like you’ and sent her home.”

Lesotho, with a population of 2·06 million, is experiencing one of the most serious HIV epidemics in the world, although it has stabilised. The 2009 Lesotho Demographic and Health Survey data indicate a rapid rise in HIV prevalence in young people, particularly young women. 27% of women aged 15–49 years are HIV positive compared with 18% of men.

The HIV epidemic is visible at a Maputsoe health clinic. Butler says hundreds of people, from infants to women in their sixties, wait daily for hours to receive ARVs and other treatment. The staff are overworked and under-resourced, stretched to the limit in their attempt to provide quality care.

HIV prevalence

There are no statistics for HIV prevalence in sex workers in Lesotho, but they are expected to mirror the region, which shows disproportionately high rates for sex workers. A 2012 study by Stefan Baral and colleagues reported that of 16 sub-Saharan countries, the highest level of HIV prevalence for sex workers was Malawi at 71% compared with 13% prevalence for the general female population. South Africa was 60% (compared with 25%); Zimbabwe 61% (21%); Kenya 45% (8%); and Uganda 37% (9%).

A UNAIDS report for 2010–14 states that nine of ten countries with HIV rates for sex workers higher than 25% were in sub-Saharan Africa. They are Côte d’Ivoire (29%), Tanzania (31%), Uganda (34%), Cameroon (39%), Guinea-Bissau (39%), Zimbabwe (44%), Rwanda (51%), Botswana (62%), and Swaziland (70%). The tenth country, Nigeria, is at 24.5%.
Sex workers in Johannesburg march to mark International Sex Worker Rights Day

Shackleton says poverty and social dislocation because of migratory labour are main factors driving the HIV epidemic. Crossing borders to seek a better life is constant in southern Africa and South Africa is a desirable destination. “The significant push factor is economic status, and it’s also about escaping war and conflict and terrible poverty”, says Shackleton.

Severe poverty and unemployment spur many women into sex work. Shackleton says women do not want to and should not be seen as victims but rather as wanting financial independence and the means to support family members, pay school fees, or get finance for other income-earning ventures.

Nkomile Mpooa, from the non-governmental organisation (NGO) Care Lesotho, says some women are trafficked, believing they will be employed in hotels in the border towns and in the capital Maseru. “Many stay with sex work because they would get paid a pittance otherwise and cannot survive on ordinary income.”

According to a 2014 survey on key populations in Lesotho, about 90% of sex workers’ income came from sex work. After the introduction of income-generation activities, the proportion of those entirely dependent on sex work for income had fallen to 68%. However, 87% of sex workers felt they were not generating adequate income to support their basic needs.

Mpooa says, “The reality is that many sex workers can bead and sew but this does not bring in enough clients or money. Getting [South African] R200 (US$19) a month does not pay for rent, food, and school fees. There are already women that have jobs but sell sex to complement their low salaries.”

Criminalisation

Shackleton says a driving force for exploitation is criminalising sex workers, closing borders, and imposing tough regulations on people. “Sex workers face the problems of migrants, they are undocumented and have no papers, but because sex work is criminalised in most African countries they are alienated from any help.”

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“Wherever there are large numbers of men away from families you will find sex workers. Mines, military bases, police barracks, bars, border towns, factories, and trucking stops attract sex work and many sex workers are migrants too.” Shackleton says internal migration occurs when sex workers move to avoid the police, even if it is ten blocks away. This negatively affects NGOs who try to reach sex workers where they are to give them access to treatment, condoms, and other services without fear of discrimination.

Shackleton says, “Police are shifting the industry”. They concentrate on streets, then they raid brothels, spilling sex workers back onto the streets into more dangerous places.

Sex work in Lesotho is illegal. “The law is silent while women experience violence from the police, the public, their clients, and often their partners. The worst violence is in Maseru where sex workers are known to the community. They are repeatedly beaten up by police, robbed of their money, and raped”, she says.

Health-care access

In 2011, the African Sex Workers Alliance documented human rights violations of sex workers in Kenya, Uganda, South Africa, and Zimbabwe, with sex workers calling for improved access to Pap smears and female condoms. Several wanted services for injuries suffered after beatings and rape, but were often denied treatment.

Sex workers, “profound vulnerability to HIV was clearly inseparable from the violence accompanying sex work and the broader context of patriarchy and criminality”, the report states.

Mpooa says sex workers want condoms but dispensers are often vandalised. Also some clients will pay them R1000 ($94) as opposed to the usual rate of R40 ($4) to have sex without condoms. “It is difficult to refuse when you are impoverished”, she explains.

A priority, she says, is changing health workers’ attitudes to sex workers. Care Lesotho can only train 15 health workers a year because of budget constraints. This number falls far short of current needs.

The Lancet’s repeated attempts to get a response from the Lesotho Department of Health for this report went unanswered.

Mpooa says accessibility to health services for sex workers where they work is urgently needed. “Girls and women are dying on the streets from sexually transmitted infections and HIV. It is heart-breaking.” And what of Precious? Mpooa says the young mother died because she was not treated in time.

Adele Baleta