



EXPERIENCES OF FEMALE SEX WORKERS IN BUFFALO CITY
METROPOLITAN, EASTERN CAPE

BY

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SCIENCE (Magister Curationis) IN COMMUNITY NURSING SCIENCE

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THE UNIVERSITY OF FORT HARE
FACULTY OF HEALTH SCIENCES

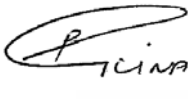
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September 2019

DECLARATION

I, the undersigned, declare that this dissertation titled “experiences of female sex workers in Buffalo City Metropolitan, Eastern Cape”, submitted in the fulfilment of the requirement for the Masters in nursing is my original work and the materials used have been duly acknowledged through the citations. I further declare that, this work has not been submitted to any other University partially or entirely for the award of any degree.

Name: Boniswa Letticia Gcina

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I, Boniswa Letticia Gcina, student number 201509336, hereby declare that I am fully aware of the University of Fort Hare's policy on plagiarism, and I have taken every precaution to comply with the regulations.

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CERTIFICATION

This dissertation titled 'experiences of female sex workers in Buffalo City Metropolitan Municipality, Eastern Cape', meets the regulation governing the award of the degree of Magister Curations (Community Nursing Science) of the University of Fort Hare and is approved for its contribution to scientific knowledge and literary presentation.

Supervisor: Dr N.M Vellem

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DEDICATION

This dissertation is dedicated to the family of Jesus Christ that gave me strength and courage to finish this challenging and lonely journey.



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LIST OF ACRONYMS

AIDS	: Acquired Immunodeficiency Syndrome/ Acquired Immune Deficiency Syndrome
BCMM	: Buffalo City Metropolitan Municipality
CGE	: Commission for Gender Equality
FGD	: Focus Group Discussion
FSW	: Female Sex Worker
HIV	: Human Immunodeficiency Virus
IDPBCM	: Integrated Development Plan Buffalo City Metropolitan
NSWP	: Global Network of Sex Worker's Project
SA	: South Africa
SAHRC	: South African Human Rights Commission
SANAC	: South African National Aids Council
STI	: Sexually Transmitted Infections
SWEAT	: Sex workers Education and Advocacy Taskforce
UNAIDS	: Joint United Nations Programme on HIV/AIDS
WHO	: World Health Organization

ABSTRACT

The phenomenon of female sex workers in South Africa is yet to be understood from both the cultural and legal perspectives. This gap leads to various challenges experienced by female sex workers in the country. The purpose of this study was to explore the experiences of female sex workers in Buffalo City Metropolitan, Eastern Cape Province. A descriptive phenomenological design was used to gain in-depth understanding and knowledge on the experiences of female sex workers' in reality and social context. The study targeted female sex workers aged between 18-49 years for interviews. Purposive sampling technique was used to recruit female sex workers and four focus groups of five members in each group were interviewed to collect data. Due to the sensitivity of the research topic, ethical approvals were sought and granted by University of Fort Hare Research Ethics Committee and the Eastern Cape Department of Health. Further, informed consent was obtained from study participants before data collection begun. Data analysis was done by using Tesch' method steps. The findings indicated that in Buffalo City Metropolitan the female sex workers were experiencing human rights violation, stigma and discrimination, they were at risk of contracting HIV due to the nature of their work, and they were at risk of being in conflict with the law due to the nature of sex work in South Africa. The study recommends on the decriminalization of sex work in order to decrease rate of violence, rape and exploitation of female sex workers; the closure of all illegal brothels as they promote drugs and substance abuse among this vulnerable group; and provision of counselling sessions for female sex workers by the Department of Social Welfare. The study concludes that peer educators training and embarking on campaigns in the community, media and social networks to promote 'Anti-violence against sex workers' is necessary. Therefore, the female sex workers need to be protected by police from any form of abuse and violence by the community, clients and pimps. This can address the psychological stress displayed by female sex workers in the studydomain.

Keywords: Female sex workers, Criminalization, Decriminalization, Prostitution

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CHAPTER 1: INTRODUCTION AND BACKGROUND

1.1 Introduction

The Criminal Law Amendment Act No. 5 of 2015 makes the acquisition of sex work illegal in South Africa. Furlong (2016) quotes Angeline de Bruin, a member of The Sex Workers Education & Advocacy Taskforce (SWEAT), who claimed, "Sex workers are human beings just like any of us." Organisations such as SWEAT proclaim that if sex work is decriminalised, fewer women will be killed, and sex workers would feel free to report the police harassment, violence and assault against them (Furlong, 2016). Similarly, organisations that are pro-sex workers such as Asijiki, a coalition for the Decriminalisation of Sex Work, has called for the reform of the above mentioned Act. Asijiki is a broad-based advocacy coalition that brings together sex workers and human rights advocates for agitation on sex workers human rights, and specifically for the decriminalisation of sex work.



The organisations that are pro-sex workers affirm that, if sex work is decriminalised, there would be a decrease in human trafficking of underage girls in South Africa, and sex workers would be protected against violence and abuse and will have free, non-stigmatised access to public services (Furlong, 2016). The study therefore aimed, to explore the experiences of female sex workers in Quigney, Buffalo City Metropolitan (East London), Eastern Cape Province.

1.2. Background

Globally, issues relating to sex workers are complex and may vary from country to country. National Strategic Plan (NSP) for HIV Prevention, Care and Treatment for Sex Workers (2013), South African National AIDS Council (SANAC, 2013) and Decker *et al.* (2013) indicated that, female sex workers are commonly vulnerable to criminalization of the industry, social marginalisation, poor health outcomes, higher risks to human immunodeficiency virus / acquired immunodeficiency syndrome (HIV/AIDS) and sexually transmitted infections (STIs), violence and discrimination. These contextual factors result in lack of access to legal recourse and disempowerment limiting the ability to negotiate for condom use, safe working

conditions and protection for female sex workers. Further, a publication by the World Health Organization (WHO), United Nations Children's Emergency Funds (UNICEF) and United Nations Programme on HIV and AIDS (UNAIDS) (2014) claimed that the social and physical environment in which female sex workers live and work exposes them to more risk behavioural experiences such as non-use of condoms which leads contraction of STIs and HIV/AIDS. Irrespective of these risky experiences, female sex workers are exposed to, Albertyn (2016), emphasizes that sex work is one of the most dangerous and unregulated professions in South Africa. Sex workers are exposed to rape, physical violence, discrimination, harassment by police and risk of acquiring STIs or HIV/AIDS.

Konstant *et al.*, (2015) reported that the Sex Worker Education Advocacy Taskforce, which is an organisation that addresses health and human rights of sex workers in South Africa, conducted a research study titled 'Estimating the Size of the Sex Worker Population in South Africa.' The results showed that, about 167 000 female, 8000 male and 7000 transgender ones were engaged in sex work in South Africa. Provincial estimates showed that the highest proportion of sex workers was in the Gauteng Province (20%), followed by 16% in KwaZulu-Natal, Northern Cape had the lowest prevalence at 4% and Eastern Cape had an approximate prevalence of 10%, while Western Cape has 11% (Konstant *et al.*, 2015).

Their study further showed that about 60% of the female sex workers were between the ages of 15-49 years and were HIV infected. Moreover, a high prevalence rate of HIV/AIDs amongst female sex workers was as high as 59.6%, compared to 13.3% amongst women in the general population, that is, people who do not identify themselves as sex workers. The high prevalence of HIV/AIDs has shown by the findings of the above study is an indication that the problem exists for female sex workers especially in Eastern Cape, Buffalo City Metropolitan.

In another study by Scorgie *et al.*, (2011) in Kenya, Zimbabwe, Uganda and South Africa, the findings indicated that, there was delay for female sex workers in accessing public health services from health care providers. Moreover, health care workers displayed judgemental attitudes and mistrust once the sex workers revealed their occupational status. This reflects the stigma and vulnerability associated with sex

work. Considerable research studies conducted by Scorgie *et al.*, (2011), Wong, Holroyd and Bingham (2011) and Tourjee (2015) concurred that, the stigma faced by female sex workers is due to negative attitudes of families, community members and police. Notably, stigma negatively affects the sex workers' social, physical, psychological, mental health and financial status, leading to isolation and more vulnerability.

Perhaps, it is for this reason that Campbell *et al.* (2013) argued that the decriminalisation of sex work in South Africa is crucial to avoid the exploitation of female sex workers by pimps, police and the clients. This is because the criminalisation of sex work violates the female sex workers' rights to dignity, freedom and security of the person to trade on occupation and the profession of choice. Therefore, decriminalisation will perhaps deliver sex workers' constitutional and human rights to freedom and security of the person, which includes the right to be free from arbitrary arrest and detention, the right to be free from violence, and the right to bodily and psychological integrity (Commission for gender equality, 2013).

Moreover, the Sexual Offence Act of 1957, amended in 2007 Section 11, reported that all sex workers, clients of the sex workers, and anyone who relied on the earnings of a sex worker should be considered a criminal. Following this undertaking, the South African Law Reform Commission (2009) had four proposals submitted for public discussions ranging from criminalization to decriminalization, but unfortunately, it was never made available to the public. Furthermore, a study by Albertyn (2016), Mellor and Lovell (2011) in United Kingdom are also of the view that criminalization of sex work renders vulnerability to exploitation, harassment, violence, abuse and health risk. Further, their findings confirmed that high unemployment is a major cause of sex work. National Strategic Plan (2013) supported the idea of Mellor and Lovell (2011) that female sex workers were more likely than any other occupational group to experience challenges of low paid jobs, which is a contributing factor to sex work. It is against this background that the researcher prompted to explore the experiences of this vulnerable group in East London city of Eastern Cape Province.

1.3. Problem Statement

Female sex workers are a group of population exposed to high risk and an unsafe occupation. Some of the documented experiences of female sex workers include physical, psychological, financial and mental exposure, which are detrimental to female sex workers' health. Observably, the delayed implementation of the criminal law for sex work in South Africa exposes sex workers to exploitation, harassment, violence and abuse by clients (sexual partners), pimps and police. Therefore, this study undertaken to explore some of the experiences of sex workers in Buffalo City Metro to contribute to the understanding of this phenomenon for better interventions.

1.4. Aim of the Study.

The aim of the study was to explore experiences of female sex workers in Buffalo City Metropolitan, Eastern Cape.

1.5 Main Research Question.

What are the experiences of female sex workers in Buffalo City Metropolitan, Eastern Cape?



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1.5.1 Sub research questions

To answer the main research question above, the following sub questions asked:

- What are the challenges faced by female sex workers in Buffalo City Metropolitan, Eastern Cape?
- What are the implications of sex workers' experiences in Buffalo City Metropolitan, Eastern Cape?

1.6. Research Objectives

Based on the study's aim, the following objectives constructed were:

- Explore the challenges faced by female sex workers in Buffalo City Metropolitan, Eastern Cape.
- Describe implications of sex workers' experiences in Buffalo City Metropolitan, Eastern Cape.

1.7 Significance of the Study

The results from this study will be of significance to the Eastern Cape Department of Health in understanding and minimizing the costs related to treatment and transmission of HIV pandemic. The findings inform about the importance of awareness to the public towards the plight of female sex workers and their position as part of the community. Therefore, the Department of Health and Social Welfare can use the findings to develop the strategies for intervention for female sex workers in the metropolitan. Further, the study adds to the body of knowledge in sex work and social challenges related literature.

1.8 Operational Definitions

Operational definitions used in the study listed below.

❖ Sex workers

The term 'sex worker' includes consenting female, male and transgender adults and young people over the age of 18 years who receive money for exchange of sexual services, either regularly or occasionally (National Strategic Plan, 2013). In this study, a sex worker is a female aged 18 to 49 years who exchanges sexual services for money.

❖ Sex partners

In this study, sex partners are those who exchange money for sex and referred to as clients of sex workers (National Strategic Plan, 2013).

❖ Prostitution

Prostitution is viewed as coerced sex work where women have no choice in the matter, is demeaning and women are victims (Commission for gender equality, 2013).

1.9 Theoretical framework

1.9.1 Social Ecological Model

The Social Ecological Model of Simons-Morton, (McLeroy & Wendel, 2012) used in this study. The model points out those seven societal levels within which someone lives influence individual growth. This includes principles drawn from several socio-

cultural theories, models and disciplines to form a theoretical tool for guiding health promotion and education. These are individual/intrapersonal level, interpersonal level, organisational level, community level, governmental level, physical environment and culture (McLeroy & Wendel, 2012). From the seven, the researcher adopted only four levels of this model, namely, individual/intrapersonal level, interpersonal level, community level/public and culture since they are the most relevant to the study.

1.9.1.1 The individual/intrapersonal level

This encompasses a person's personal characteristics, including knowledge, attitudes, values, skills, behaviour, self-concept, self-efficacy and self-esteem. In this study, female sex workers brought individual educational backgrounds, migration history, cultural values and beliefs about health and illness in their role of sex work, which gives them difficulties to interact with other FSW's cultures.

1.9.1.2 The interpersonal level

This includes the individual's social support network, family, work group, peers and neighbours. In this study, sex workers formed meaningful ties with other sex workers, their clients and pimps.

1.9.1.3 Public level

At public policy level, the model takes into account legislation, policy, taxes and regulatory agencies. Pertaining to this study, there are no laws that protect female sex workers. In South Africa, sex work is illegal, thus making female sex workers to be at risk of violence and abuse.

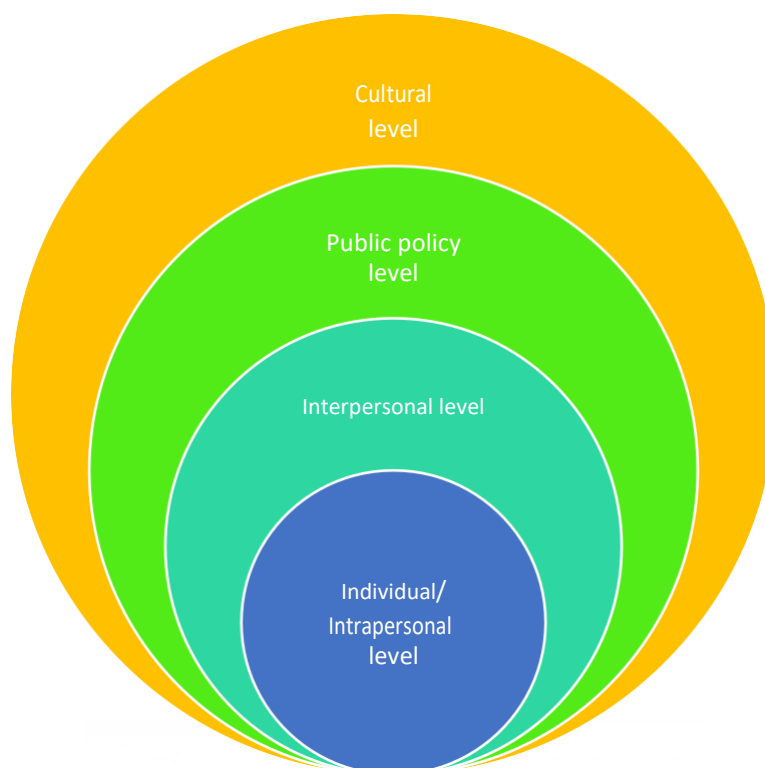
1.9.3.4 The culture level:

This considers cultural changes and diversity within the society. In this study, female sex workers mix with other people from different or similar cultures, so they have to tolerate and understand each other.

Figure 1.1: The Social Ecological Model



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Baral *et al.*, (2017) perceives social ecological models as the multiples of associations between social (e.g. social networks) and structural (e.g. access to care) factors, individual practices, the physical environment and health. The Social Ecological Model contextualizes individuals' behaviours using measurements such as intrapersonal (e.g. knowledge, attitudes, behaviour), interpersonal/network (social networks, social support), community (e.g. relationships among organizations/ institutions), and public policy (e.g. local, state, national laws) to provide a framework for describing the interactions between these levels.

1.10 Outline of the Study

The layout of the chapters in this study is as follows:

Chapter 1: Introduction and background:

Chapter one highlighted the background and introduction of the female sex workers' experiences. The chapter also discussed the research purpose, objectives, research questions, statement of the problem, significance of the study, definition of concepts, and the theoretical framework (Social Ecological Model).

Chapter 2: Literature review

This chapter entails an overview of literature on experiences of female sex workers, factors promoting entry to sex worker, sex worker experiences of human rights violation by police and clients, vulnerability of sex workers, stigma and discrimination of sex workers, barriers to health care access and criminalisation of sex worker.

Chapter 3: Methodology of the study

This chapter gives an overview of the methodology and details of the research approach such as explorative, descriptive and contextual research designs, setting, sample, data collection, trustworthiness, ethical considerations, data analysis and dissemination of results.

Chapter 4: Presenting of the findings

This chapter focused on the presentation of data collected from the participants with brief interpretations to contextualise the study and focus on answering the research question. Themes, categories and sub-categories that emerged from the data presented in this chapter.

Chapter 5: Discussion, implications, limitations and recommendations

The chapter focused on the discussion and summary of the key findings. It also highlights the limitations, implications and recommendations for further research.

1.11 Conclusion

This chapter discussed the background of the study regarding the experiences of female sex workers in Buffalo City Metropolitan Eastern Cape. This chapter further identified and stated the problem, purpose, objectives, significance, research questions, and definition of terms as well as the theoretical framework that guided the study. The next chapter focused on literature review.

CHAPTER 2: LITERATURE REVIEW

2.1. Introduction

This chapter focuses on the review of related literature on sex workers. Burns and Grove (2017) describe literature review as a process that is crucial and relevant for gaining information and understanding the background of the problem or the phenomenon under study. The literature review in this study focused on studies that explored experiences of female sex workers, challenges, implications and strategies used to curb these challenges. In addition, the review also focused on risky health behaviour, violence, and social exclusion, that is, including criminalization of the industry (sex work) that affects the health of female sex workers and subsequent discrimination when accessing public health services. Finally, the chapter also focuses on factors promoting entry to sex work, and sex workers' experiences of human rights violations.

2.2 Factors Promoting Entry to Sex Work

The majority of female sex workers are forced by various circumstances to join the sex work industry. These factors may also differ to according to age groups. For instance, Naramore *et al.* (2015) revealed that children who are neglected, physically and emotionally abused from disorganised and dysfunctional families tend to leave home and seek comfort from peers. Outcomes of dysfunctional families are ingredient for early entry to sex work. Furthermore, female sex workers seek for acceptance, love and trust in the harsh world of sex industry. Similarly, Uji (2015) and Namey *et al.*, (2018) found that children with difficult upbringing, past bad sexual experiences either from families or friends, lacking skills of formal jobs, financial problems, bitterness and violent, self-destructive behaviour, past history of crime and misbehaviour all promote entry to sex work because it is a quick money-making business.

Moreover, Coetzee, Jewkes and Gray (2017) indicated that age, gender inequality, poverty and unemployment contribute to the entry into sex work industry. In addition, Servin *et al.*, (2015) also found that some female sex workers were forced into sex work by difficult circumstances and in other situations; they were transported to other cities for sex work by pimps. In addition to that, Scorgie *et al.*, (2011) are of the opinion that factors contributing to sex work are sexual abused by family members, lack of

parental guidance, lack of accommodation, disadvantaged backgrounds, poor education, lack of skills required for formal or informal employment and children out of marriage in Sub-Saharan countries. Therefore, one can conclude that socio-economic factors, physical and sexual abuse contributed to sex work.

2.3 Sex Workers' Experiences of Human Rights Violations

Based on the nature of the sex work as a job, there are various legal and human rights violations associated with it. According to studies by Decker *et al.*, (2014a), Steen *et al.*, (2015), Das and Horton (2015) there is a heavy burden of HIV implications and human right violations against sex workers. Moreover Decker *et al.*, (2014b) also reported that female sex workers experienced human rights violations that were not reported to police because of the fears of further violence by the police officials and the pimps. The following are some of these experiences in detail.

2.3.1 Violations perpetrated by police

The police are reportedly taking advantage of criminalization of sex workers by perpetrating physical and sexual violation of the female sex workers. Pretorius and Bricker (2011) reported several experiences of violence by police to the majority of female sex workers. Additionally, Beyrer *et al.*, (2014) showed that the most common forms of abuse were committed by the police, which were sexual violence and bribe. Beksinska *et al.*, (2018) also showed that bribery was common and evident for the majority of female sex workers when caught by police, either in monetary terms or through sexual activity.

Elsewhere, Panchal *et al.*, (2017) in India, Scorgie *et al.*, (2013) in Kampala and (Bagley *et al.*, 2017) in Canada revealed that female sex workers were paying bribes, gang raped, and physically abused by police. In relation to this, Beyrer *et al.*, (2014) were of the opinion that discrimination against sex work creates extensive barriers for female sex workers to access justice, which creates a platform for the police and clients to physically or sexually continue to abuse sex workers.

2.3.2 Violence by clients

Generally, female sex workers mostly affected by violence from many different culprits, such as clients, non-paying partners, police officers, pimps, and family members.

Semple *et al.*, (2015) reported that female sex workers always reported abuse and violence by clients such as abandonment, physical assault, rape and robbery. In the same vein, Scorgie *et al.*, (2011), Onyango *et al.*, (2015) and Berger *et al.*, (2018) are of the view that the impact of violence against female sex workers is huge. They further indicated that female sex workers had fears of being murdered by clients, especially when in the client's home.

Study findings of Muldoon *et al.*, (2015) showed different types of violence subjected to female sex workers by the client who locked in cars, kidnapped, thrown out when the car is in motion, strangled and worst of all, genital mutilation. Furthermore, results of the study conducted by Semple *et al.*, (2015) showed that consumption of alcohol, injecting drugs before or during sex with a client resulted in physical, sexual and financial violence.

2.4 Vulnerability of Sex Workers

Generally, most of the female sex workers are vulnerable to HIV, social, physical and emotional abuse. These vulnerabilities intensified by occupational contexts of sex work characterized mostly by violence, criminalization and unemployment. Moreover, high-risk behaviour such as low condom use, anal sex and co-infection with other sexually transmitted infections increases the vulnerability of female sex workers (Scorgie *et al.*, 2011). Furthermore, Scorgie *et al.*, (2011) confirmed that non-condom use and multiple partners exposed female sex workers to the HIV/AIDS epidemic in African countries.

Moreover, Wong, Holroyd and Bingham (2011) conducted a qualitative study in Hong Kong with 49 female sex workers to explore ways in which this vulnerable group experiences stigma that arises in the sex work industry. The findings showed that stigma had consequences on their health and the interaction with health service providers. The findings of a study conducted by Coetzee, Jewkes and Gray (2017) also highlighted that high number of female sex workers is vulnerable to HIV. The female sex workers in Hong Kong for example fear reporting abuse because they will be liable to criminal prosecution since sex work is illegal. Therefore, globally, female sex workers experience abuse and social exploitation and exclusion.

2.5 Stigma and Discrimination of Sex Workers

Stigma against sex workers has increased where the Swedish model implemented. People believe that they are protecting and dealing with criminals (clients) and this often results in sex workers being refused access to services, including condom provision and reproductive health which violates their human rights (Jeffreys, Fawkes & Stardust, 2012; Commission for Gender Equality, 2013).

Gender differences played out in stigmatization discourses and behaviours towards sex workers. Stigma of sex workers also contributes to further abuse and violence. Scorgie *et al.*, (2011) confirmed that sex work has a greater impact of stigma and emotional risk, which leads to social exclusion, especially if discovered by family and the community. This therefore, means that if one is neglected and abused by family members, they forced to stay in that situation since they have nowhere to turn to for support.

Apparently, the stigma induces fear of losing care, family and custody of children if the sex worker has left children with the family. Considerable research studies conducted by Tourjee (2015), Scorgie *et al.*, (2011), and Wong, Holroyd and Bingham (2011) concur that, the stigma faced by female sex workers is due to negative attitudes of families, community members and police, and affects female sex workers' social, physical, psychological, mental health and financial status.

2.6 Barriers to Access Health Care

The joint United Nations programme on HIV and AIDS (UNAIDS) (2017) reported barriers to accessing health-care services as caused by stigma and discrimination across the continuum of HIV care, which are prevention, counselling, testing and treatment. These barriers affect the accessibility and acceptability of health-care services for people living with HIV and vulnerable populations such as female sex workers. Stigma and discrimination towards this vulnerable group make it difficult to achieve service coverage targets within the 2016 United Nations Political Declaration on ultimately ending AIDS as a public health threat by 2030. This therefore, could hamper efforts to reach the 90–90–90 treatment goal strategy that is a government priority of prevention and promotion health life style (UNAIDS 2017).

The above report is congruence to Scorgie *et al.*, (2011) who showed that limitations in accessing health care services lead female sex workers who voluntarily withdraw from accessing public health services. Furthermore, female sex workers turned to private health care services or chemists to buy medication, thus spending money instead of accessing free government services. Hence, Mellor and Lovell (2011) and NSWP 2014) reported that female sex workers were judged, discriminated and stigmatised by society and health care workers once their occupational context was known. This has a negative impact on the health of the individual and the economy of the country.

2.7 Criminalisation of Sex Work

One of the reasons as to why female sex workers exploited by pimps, police and clients is due to criminalisation of sex work and there is no law that protects them. Konstant *et al.*, (2015) indicated that sex workers have partial labour law protection due to the criminalised status of sex work. This undermines the privileges, security and welfare of sex workers whose legal rights compromised under the current legal dispensation, and there are no policies in place to protect them.

UNAIDS (2014) also reported that criminalisation of sex work hampers evidence of informed HIV response for sex work and disciplinary laws that are not an effective response to the public health challenges of HIV. This is the problem for health interventions related to female sex workers. Scorgie *et al.*, (2011) also discovered that Kenyan police arrest female sex workers and confiscate their condoms as evidence for sex work due to its illegality. Mgbako (2013) Commission for gender equality and Pudifin and Bosch (2012) comprehended that in South Africa sex work is a criminal act. Therefore, the law does not protect sex workers as citizens of this country and their rights violated.

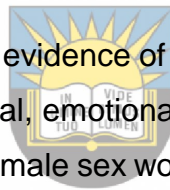
The violation of female sex workers' rights, discrimination from public including arbitrary arrest, violence, degrading treatment and regular police harassment could be associated with criminalisation of sex work in South Africa. Overs and Loff (2013) and Commission for gender equality (2013) agreed that criminalisation of sex work had a negative impact on the sex workers' health and human rights. South Africa and many other countries practise criminalisation of sex work but some countries like Sweden

legislation approach sex work differently. For example, South African legislation criminalizes buyers of sex rather than sex workers. Whereas, Sweden labelled sex work as sexual abuse and an act of violence against women. On the other hand, New Zealand totally decriminalised sex work and no evidence of increased numbers of sex work (Commission for gender equality 2013).

A comparative study done by Harcourt *et al.*, (2010) of three Australian cities with different legal frameworks on sex work found that 52% of sex workers in Sydney, where sex work is decriminalised. More likely to approach health care centres as sources of information and training compared to 33% in Melbourne, where sex work is legalised. Perth sex work is criminalised. Therefore, the three Australian cities clearly suggested that the legal environment has an important effect on the rendering of health care to sex workers.

2.8 Conclusion

The literature discussed provided evidence of female sex workers' vulnerability and all forms of violence, namely, physical, emotional and sexual. Contributing factors to the violence and vulnerability of the female sex workers are associated with criminalisation and illegalisation of sex work. The next chapter focused on research methodology.



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CHAPTER 3: METHODOLOGY

3.1. Introduction

The previous chapter reviewed studies related to the experiences of female sex workers. This chapter will focus on the methods that used to achieve research objectives. Therefore, the research design, setting, population, sampling, data collection, trustworthiness, data analysis and ethical considerations discussed.

3.2. Research Methodology

Research methodology is defined by Brink, Van der Walt and Van Rensburg (2018) and Creswell (2014) as a particular way of knowing reality. The researcher in this study was interested in exploring the experiences of female sex workers in Buffalo City Metropolitan, Eastern Cape. In order to have an in-depth and special way of understanding this phenomenon, the researcher then used descriptive phenomenological research design. This is a fitting design to examine human experiences through description provided by the people involved. This also enabled the researcher to get a detailed picture of how the interviewed female sex workers expressed their feelings, emotions, and experiences about sex work.

3.3. Research Approach

Brink, van der Walt and van Rensburg (2018) describe research approach as group of methods, each with a specific focus and goals in order to bring understanding. Creswell (2014) and Holloway and Wheeler (2010) described qualitative research approach as an enquiry that seeks to explore and understand the meaning and experiences of individuals or groups assigned to a social or human problem.

The researcher was interested in exploring in-depth understanding of the experiences of female sex workers in Buffalo City Metropolitan, Eastern Cape. Therefore, qualitative research approach deemed the most relevant approach for this study because it enabled the researcher to tap into those experiences while at the natural setting of the participants. This is because qualitative researchers are highly involved during data collection, often remaining in the field for lengthy periods of time (Polit & Beck, 2014). The rationale for using qualitative approach in this study was because of its subjectivity and naturalist approach.

3.4. Research Design

Research design is a key component of research methodology. It is for this reason that Polit and Beck (2017) described research design as the overall plan that the researcher follows to answer the research questions. The study was guided by descriptive phenomenological design to explore and describe the experiences of the participants in the study.

3.4.1. Descriptive phenomenological design

Descriptive phenomenology is investigating subjective phenomena emphasizing in lived experiences of everyday life of the participants (Polit & Beck 2017). It also involves the following key aspects: bracketing, intuition, and describing. The phenomenology researchers always apply bracketing which focuses on pre-conceived beliefs and opinions about the lived experiences of female sex workers. The intuition is maintained by understanding the lived experiences and then analysed by reviewing the data repeatedly until themes were reached. Lastly, the researcher also provide detailed description of data collected and report the findings.

Descriptive phenomenology was developed for the purpose of describing experiences as they are lived by the study participants and the researcher focuses on what is happening in the life of individual as in this case the female sex worker (Grove, Burns & Gray, 2013; Brink, Van der Walt & Van Rensburg, 2018). In this study, female sex workers shared real-life situations for discovering new meaning related to their experiences.

3.5. Study Setting

Study setting is an environment where the researcher collect data or meets his/her participants. De Vos *et al.* (2013) suggest that the interview setting should be private, comfortable, easily accessible and non-threatening. The research setting for this study was Quigney in Buffalo City Metropolitan, Eastern Cape. Buffalo City Municipality (BCM) established in 2000. Its establishment brought together the Transitional Local Authorities of East London and King Williams Town (KWT). Buffalo City Metropolitan is a harbour town located at the mouth of the Buffalo River. It is the second largest city in the Eastern Cape Province after Port Elizabeth and is the hub for the Buffalo City Municipality (BCM). Buffalo City Metro (East London) is 70 km alongshore and a

sought after tourist destination (Integrated Development Plan Buffalo City Metropolitan 2017).

The high level of poverty is apparent in the statistics from Census of 2011, where approximately 70% of the household indicated they had an income of less than R1500.00.per month. The growing rate of unemployment is a symptom of Buffalo City's slow economic growth. There is also low education and skills levels as well as widespread HIV/AIDS. The metro city has a good transport network which influences sex work. (Integrated Development Plan Buffalo City Metropolitan 2017).

Buffalo City covers a large area of over 2,515 square kilometres. The area is geographically and environmentally diverse with a range of ecosystems, from coastal to forested areas. The metro city boasts of the East London Industrial Development Zone (IDZ), which was established to encourage further investment (Integrated Development Plan Buffalo City Metropolitan 2017). However, urban decay and extreme inequality and poverty still exist. Duncan Village gives a stark example of challenges BCM faces concerning the provision of basic services and amenities. East London was chosen as the study area because there are reports of sex work taking place in the area over the past years. There are also entertainment areas such as called '*Ebulanti*' where tourists entertain themselves throughout the year and this where the study conducted.

3.6. Population of the Study

Brink, Van der Walt and Van Rensburg (2018) define population as a complete set of participants that possess some common characteristics that is of interest to the researcher. The research population of this study was female sex workers in Buffalo City Metro, East London, Eastern Cape Province.

3.6.1. Target population

Burns and Grove (2017) as the entire set of individuals who meets the sampling criteria describe target population. The target population of this study was female sex workers who referred themselves as 'Pleasure Executives' usually stationed at Ebuhlanti braai centre, near Eastern beach and near Buffalo Park cricket stadium commercial road.

3.6.1.1 Inclusive criteria

The researcher in this study used female sex workers aged 18 years and above currently involved in sex work, living in East London within Buffalo Park cricket stadium, Xhosa and English speaking and interested to participate in the study.

3.6.1.2 Exclusive criteria

The mentally challenged and sick female sex workers were not selected to participate in the study.

3.7. Sampling Methods

Polit and Beck (2014) define sampling as the process of selecting a portion of the population to represent the entire population as a subset of population elements. The rationale for sampling was to select the relevant and suitable sample from the entire community under study, which was feasible, practical and economically appropriate. Purposive sampling used in this study to involve participants (female sex workers) who were currently engaged in sex work and have knowledge of sex work industry in South Africa.

3.7.1. Sample Size

The sample size was 20 female sex workers. However, the sample size relied on the saturation of data given by the participants from the interviews and focus group.

3.8. Recruitment Process

The participants who had met the selection criteria were recruited. The participants were given detailed information about the study, its benefits and advantages. The participants informed about the time of interviews that took about thirty to forty-five minutes per focus group. Informed consent forms signed after explaining about the study and answering all the questions related to the study. The study was voluntary and no one forced into participation.

Upon meeting the participants, the researcher explained the purpose of the research and what it requires. After the participants agreed, they set times, day and dates that were convenient for them and when most of them were available. They also made it clear to the researcher that they liked to be called 'Pleasure Executives'. The date was set for the proceeding week after initial contact.

Before the interview commenced, the researcher read and explained the interview guide to the participants. The researcher also requested the participants to sign a consent form to consent to use audio recording. The advantage of using the audio recording was that it assisted with capturing all information and later retrieval of quality audio material so that researcher could concentrate on the session, pay attention to non-verbal communication from the participants and also guide the interview session carefully as advised by De Vos et al., (2013). This helped the researcher to retrieve valuable information in order to analyse the data efficiently.

3.9. Data Collection Methods

The study used focus group interviews because it encourages participants to share their opinions, views, and desires without pressured. De Vos (2013) suggested that focus group interviews are beneficial when promoting self-disclosure among participants. The rationale for using focus group interview was because the female sex workers had fears of intimidation and abuse when using individual interviews. In this study, the researcher used four focus group with five participants in each group, as the researcher was interested in exploring and understanding the lived experiences of participants (female sex workers).

3.9.1. Data collection instrument

The researcher collected data using the interview guide that was developed and verified by the study supervisor. The researcher-developed questions based on the purpose of the study, which is exploring experiences of female sex workers' in Buffalo City Metropolitan, Eastern Cape. De Vos (2013) supported the idea of using the purpose of the study when developing the questions. The main broad question based on experiences of female sex workers and it read as follows; what are your experiences as female sex workers in the sex work industry? Then probing questions used according to the response of the participants (see appendix D). The researcher used the open-ended questions during interview and closed ended where need for confirmation of statement was being sought.

3.9.2. Data collection process

The researcher collected data in February and March 2018. Interviews done on Mondays and Fridays. The four focus groups of five participants in each group were

interviewed by the researcher in a place (Buffalo Park Cricket Stadium) that was convenient and non-threatening to the study participants as suggested by (Grove *et al.*, 2013). Each session of the interview took approximately 45 to 60 minutes per focus group.

3.10. Trustworthiness

By attending to the concept of trustworthiness, qualitative researchers are trying to persuade the readers of their research that the research findings are valid (Botma *et al.*, 2011). The criteria used to demonstrate this study's trustworthiness are those proposed by Guba and Lincoln as cited by authors such as De Vos *et al.*, (2011), Polit and Beck (2014) and Holloway and Wheeler (2010), namely; credibility, transferability, dependability, confirmability and authenticity.

3.10.1. Credibility

Credibility, according to De Vos *et al.* (2011), is an evaluation of the research findings, which represent a credible conceptual interpretation of the participants' original data. The researcher had prolonged engagement with the female sex workers through focus groups of five participants' interviews for 45 to 60 minutes. The researcher also used digital recording, note taking and verbatim transcription of the interviews that enabled the researcher and the independent coder to have access to the participants' original data. From time to time during the interview session, the researcher gave feedback to the participants to verify whether the researcher understood what they meant. Verification aimed at giving the participants an opportunity to correct possible misconceptions or information distortions from the researcher (Polit & Beck, 2014).

3.10.2. Dependability

Dependability refers to the reliability of the study. According to Polit and Beck (2014), reliability implies that if the study repeated with similar participants and context, the findings would be similar. Brink *et al.*, (2018) viewed dependability as the data stability overtime. In this study, the researcher used digital recording, note taking and verbatim transcription of the interviews as data collection techniques to ensure rechecking of the data. The data was analysed from the transcript, coded and recoded until themes identified. The independent co-coder was involved to verify the codes and themes that emerged from data collected.

3.10.3. Confirmability

Polit and Beck (2014) describe confirmability as an evaluation of the degree to which the research findings directly derived from the inquiry that conducted, and not from the researcher's subjectivity. Confirmability refers to the neutrality or objectivity of the research findings to check congruency, accuracy, relevancy and the meaning of data. The researcher in this study used the digital recording and field notes during data collection. An independent coder given the interview recording and verbatim transcription of the data to confirm the themes that emerged from the data collected.

3.10.4 Transferability

Transferability is the extent to which the study's findings transferred to other similar settings (Brink, van der Walt & van Rensburg, 2018). In this study, the researcher was interested in finding the lived experiences of female sex workers in Buffalo City Metropolitan, which has generated insights though not generalizable, but useful in other similar setting and context of *Xhosa* and English speaking femalesexworkers.

3.11. Data Analysis

The data analysis in this study took the form of written field notes and audiotapes in order to discover the underlying meanings and patterns of relationships to the phenomenon under study (De Vos et. al., 2013). The data analysis done concurrently with data collection. Creswell's steps for qualitative data analysis and Tesch's coding steps were incorporated to complete the analysis.

❖ Step 1. Researcher organised the data for analysis

Focus group interviews were transcribed on the day of data collection. The researcher familiarised herself with the content of data by listening to the audiotape frequently. Literature indicates that, the researcher listens to the content from the audio tape for more than five times until the text makes sense or meaning (Brink, van de Walt & van Rensburg, 2018). The listening was done carefully and corroborated with the field notes. The *isiXhosa* transcripts sent to the English translator and translated into English transcript.

❖ Step 2: Thorough reading of all data.

The researcher was categorizing the data into category, sub-category and themes according to the meaning derived from the information given by the participants. The researcher then categorised data into segments (Brink, van der Walt & van Rensburg, 2018). The raw information written on the third column of the table and the second column gave meaning from the raw data. The first column were the themes derived from both columns.

❖ **Step 3. Coding process**

Coding used the Tesch's steps of analysing the data (Creswell, 2014). The coding process started when the researcher started picking and jotting down the ideas as they come in mind. A list of ideas and topics were written down, then clustered together the similar ideas in columns. The codes were later developed from clustered ideas in their own column. The researcher then began a detailed analysis with a coding process to formulate the list of all topics. The researcher later identified the categories and sub-categories by grouping topics that were related to each other.

❖ **Step 4. Generating themes**

The researcher used the generated codes to formulate the categories and sub-categories. All the sub categories were clustered together and gave meaning to category, namely contributing factors to sex work. All these contributing factors to sex work contribute to a broader theme of female sex worker experiences of childhood, teenage and adulthood.

❖ **Step 5 and 6. Presentation and interpretation of themes**

Step 5 and 6 focused on presenting and interpreting of findings. The main themes that emerged in this study were as follows:

- Female sex worker experiences of childhood, teenage and adulthood.
- Sex work and Health issues

3.12. Ethical Considerations

Social research entails getting into people's life and privacy. Therefore, the researcher must exercise high ethical behaviour in handling the participants. Ethical consideration

is the responsibility of every researcher in order to protect human participants from possible harm. The ethics committees of the universities and the National Department of Health has a responsibility to safeguard the rights of research participants (Punch, 2014). The researcher in this study considered the following ethical issues that were most relevant to the participants.

3.12.1 Permission to conduct research

The researcher requested the written permission from the University of Fort Hare Ethics Committee and the Department of Health of the Eastern Cape Province to conduct the research in entertainment centers in Buffalo City namely, Ebuhlanti braai center near Eastern beach and near Buffalo Park cricket stadium at Commercial

3.12.2 Informed consent

The researcher before conducting the study asked for informed consent from all the female sex workers who were willing to participate in the study voluntarily. The informed consent had all the necessary written information and the researcher explained verbally the study expectations (Brink *et al.*, 2017; Campeau *et al.*, 2018). The female sex workers were also given the chance to ask questions and refuse to take part in the study at any time if need arises. Then the female sex workers signed informed consent prior embarking on the interviews.

3.12.3 Anonymity, Confidentiality and Privacy

The interviews with the participants were conducted in convenient private place, where they were comfortable. Audiotapes and transcriptions used were kept in a safe place. Pseudonyms were used instead of the real names of the participants. If the participants felt uncomfortable at anytime, they were allowed to withdraw from the study without penalty, but fortunately this incident did not occur in the study.

3.12.4. Right to Self-determination and autonomy

Grove, Burns & Gray (2017) stated that, self-determination is based on a principle of respect for persons. Humans are capable of self-determination or controlling their own destinies and should be treated as autonomous agents with freedom to conduct their lives as they choose, without external controls. Autonomy refers to the individual's right to self-determination, that is, freedom to choose freely (Burns & Grove, 2017). In

this study, the researcher treated the participants as autonomous agents by informing them about the study and allowed them to voluntarily choose to participate or not and had the right to withdraw from the study at any time. Then later signed the informed consent after explanation of the purpose and nature of the study.

3.12.5. Beneficence and Harm

Beneficence is the ethical principle that encourages researchers to do well and avoid harm to others. Any research must be beneficial to the participants, institutions and communities (Polit & Beck, 2014). Otherwise, research that is of no benefit to anyone is unethical (Grove, Burns & Gray, 2017). Although there were no direct benefits to the research participants, the participants were glad that they had an opportunity to talk to someone who cared for them. In this study, the researcher prevented or minimised the possibility of harm to the participants during interviews by conducting them in a private, comfortable and use of pseudo names.

3.12.6 Justice and right to fair treatment

Grove, Burns & Gray (2017) stated that research participants have a right to fair selection, treatment, and freedom from manipulation. Participants must be selected for the reasons directly related to the problem under investigation. In this study, the principle of justice was operationalised in the form of right to fair treatment. Grove, Burns & Gray (2017) confirm that each participant should be treated fairly for the 'reasons related to the study problem. The participants were treated fairly, equally and respected for their decisions.

3.13. Conclusion

The chapter discussed the qualitative methodological aspects deemed relevant for the study and in guiding the researcher to explore and understand the experiences of the participants. Both the researcher and the independent coder to analyse the data used the Tesch's method of data analysis. Trustworthiness of the study was discussed and ethical considerations described. The next chapter (chapter four) focused on the presentation of findings.

CHAPTER 4: PRESENTATION OF FINDINGS

4.1. Introduction

The previous chapter explained the research process of the study that included research methodology and design, recruitment of participants, data collection and data analysis methods used. In this chapter, the researcher presents the research findings. This chapter also covers themes, categories and sub-categories from the four focus groups of five participants interviewed. Two themes and four categories are presented. These themes are:

- (1) Female sex worker's experiences of childhood, teenager and adulthood; and
- (2) Sex work and health issues.

4.2. Presentation of the Findings

The findings are summarised in the Table 4.1 below and shows themes, categories and sub-categories that emerged from the raw data.

Table 4.1: Summary of Findings: Themes, Categories and Sub-categories

NUMBER	THEME	CATEGORY	SUB-CATEGORY
4.1	Childhood, Teenage and Adulthood experiences of Participants	4.1.1 Contributing factors to sex work: - Childhood experiences - Teenage experiences - Adulthood experiences	Sexual abuse by family members, Powerlessness and poverty Financial problems, Unemployment, frustration and desperation Low levels of education and lack of skills Quick money-making business Sex work not tough/hard work Sex work as a source of support to her family
		4.1.2 Emotional challenges of sex work	Anger

4.2	Sex work related Health issues	4.1.3 Human rights violation 4.1.2.1 Behavioral risk factors	Not enjoyable to be a sex worker/feeling bad Clients Police Pimps Other sex workers Health workers Community members Multiple partners/clients HIV/STI
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4.3. Childhood, Teenage and Adulthood Experiences of Participants

From the table above, it is shown that the female sex workers' experiences of childhood, teenage hood and adulthood contributed differently into them in sex work industry. These factors were discussed as categories in each different theme. Five categories namely; childhood experiences, teenage experiences, adulthood experiences, emotional challenges of sex work and human rights violation will be discussed below.

Irrespective of age (childhood, teenage and adulthood), female sex workers experienced the same things in this study. Contributing factors that led to sex work as described by participants include disadvantaged background, having two to three children, being unemployed, low levels of education, being a single parent and others being abused by their close members of families. Family abuse forced some participant especially during childhood and teenage stage to be engaged in sex work industry. Below are the contributing factors to sex work:

4.3.1. Childhood experiences

Some of the participants started engaging in sex work as early as from ages of 12 -15 years but during data collection they were 19 years old. They reported that it was due to different family situations that forced them to leave their families. Further, sexual abuse at home was the most contributing factor of childhood engagement in sex work.

This pointed to issues such as lack of love, insecurities and sexual abuse by family members. These experiences forced the young female sex workers to feel vulnerable and powerlessness. For example, one of the young participants who participated in the study was talkative and emotionally expressive throughout the focus group interviews. The information she shared revealed childhood abuse that deprived her of her childhood development.

“My grandfather, grandmother’s brother was treating me as his wife, I was his wife, sleeping with him”. ‘Me, I was introduced to money at a younger age” (P2-G1).

From the expression abuse, one can see elements of rape and sexual abuse. Rape is common in families where the mother is working and a girl child is always with the male figure in the family whether grandfather, father, uncle and sometimes their older brothers. In this study, one participant described that her mother was physically unavailable. She was staying with aunties at home and uncle who was mentally disturbed and HIV positive. When aunties were at work, the uncle raped her and she got HIV infected. She reported the rape incident by the uncle, but no one believed in her the story. She had the following to share:

“Hmm..., I do not know what to say, (continuing) when I was 12 years, I was raped by my uncle mh..., who was HIV positive (crying...). I was infected with HIV, I tried to report to my aunts, but they didn’t trust me, although my cousin tried to tell them and imitate what my uncle was doing to me because he was younger than me, they then neglected me until now. I am not on treatment, but my CD 4 count is high. (P1 – G4):

❖ **Poverty and powerlessness**

The status of socio-economic conditions in some families forced the children to be exploited, vulnerable and powerless. Poverty, presented as a common cause of entry into sex work industry, appeared to be the major force that kept women in the business in the end. Some participants reported being in constant economic hardship and deprived of financial support from their families. Therefore, they felt powerlessness

when encountered by poverty and as a result, they engaged in sex work to fend for themselves. The following extracts sends more light on this matter:

“Let us say me, for me to become a sex worker it was not easy. I never thought just to sell my body. I knew nothing about selling the body, point number one. It is just that at home, you see when you are a child who is poor, and at home, there is the person whom a father is buying groceries, sometimes; you have to forgive everything about the person who continuously sexual abuse you, because if he can go, you will become hungry, you see (P2 - G1).

4.3.2. Teenage experiences.

Female sex workers under the age of 18 are categorized as teenagers in this study. The majority of sex workers who are teenagers always engaged in sex worker secretly hence they are victims of sexual exploitation.

❖ Financial problems

The poor and challenging socio-economic conditions of the participants lead them to depend on men, hence opting for female sex work to support their families. The following interview extracts attest to this observation.



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“I only came this year, I am 19 years come here for schooling but things didn’t go right, I left school” (P4:G3).

Another as in agreement stated that:

“I was 17 years then, now I am 18 years, we dependent on grandmothers’ social grant that is when I told myself to look for a job. I had a friend, she said to me ‘there is an easy job I can do’, so we came here in Quigney to sell sex that is how I started. I sell and had money to buy some groceries, hee..., when I went home, seems as if their mother came, I also brought clothes, it became so nice” (P2:G4).

In the same vein, another participant lamented that:

“I started last year. I came with a friend from rural areas, I needed money, I had problems that need money, and so she said to me, she is working. When I came

here, I found that she is selling sex. She hides food from me; she said everybody has buttocks. Everybody has vagina she must go and sell it I started then selling sex” (P1:G2).

“My husband does not know that I am selling sex, you know what? When you marry a man with children there are many problems. He bought clothes for his children only. I did not have money to buy clothes for my children so I decided to go and work for my children” (P2:G1).

❖ Unemployment

Unemployment is one of the socio-demographic factors that led the participants into sex work for quick cash in order to meet the basic needs of their families. Some of the participants had the following to share:

“I finished my security grade courses. You do have something to get a job, but it is difficult. When I was doing it, I thought it is common that is easy to get a job, but when you got it, it was difficult”. “There are no jobs in this government, but we have to make means to live” (P2:G1).

“I am supporting my auntie’s children. People do not know that I am a sex worker even at home, they do not know. I used to send money of up to R1000.00” (P1:G4).

“I needed the money and time for myself. I lived with my 4 sisters and grandmother, this job is paying me, I cannot leave it” (P2:G4).

In agreement, the other participants agreed with previous in that:

“Another thing is that we are used to this job, here you get money now, you do not have to wait for a month to get paid, when does the money for a month come?” (P3:G3).

“If somebody can hire us for a job, she had to pay us R4000 a month, we have children kaloku, and we are not going to ask for small money” (P4:G2)

❖ Frustration and desperation

The participants also mentioned frustration in their engagement with sex work industry. However, based on the difficult circumstances and desperation, sex work was the only option available. The following interview extracts support this observation:

“I was young, as young as 12 or 13 years, I didn’t know, I was just doing it for me to be safe, every client of mine I told my story” (P1:G4).

“I needed the money and time for myself; we stay with my 4 sisters and grandmother. My mother and my father use to fight, until they were separated, my mother left us first, then my father followed, we were left with grandmother I was 17 years then, now I am 18 years, we dependent on grandmothers’ social grant, that is when I told myself to look for a job” (P2:G4).

“I started in 2005, when I was 13 years old, after my father’s child died, after that my father died. I am 25 years now (P3:G3)”.

“I was frustrated and desperate, I stayed with my aunt in Mdantsane, where I met young girls of my age, and I befriended them, we went to town where we had fun and drunk beer, they showed me how to sell sex” (P3:G3).

❖ Low level of education and lack of skills

According to the report given by the study participants, about two thirds lack secondary education. They explained:

“I have Standard 5; I do not have high school education” (P3:G3):

“I am uneducated ke. We are from bad backgrounds, backgrounds are bad, it is difficult” (P3:G1).

“I ended up in grade 11 at school” (P1:G2).

4.3.3. Adulthood experiences

The participants who entered sex work industry in adulthood stages cited the following as the push factors: unemployment and a need to take care of their families, thought that sex industry is a quick money making business and not a tough job to perform.


❖ Quick money making business

Sex work was always labelled as quick moneymaking job because each client was paying female sex workers immediately after engaging in the sexual activity. The participants justified this by saying that:

"We cannot go and work hard as domestics; we are used to this job" (P 1: G3).
"Maybe you want money now, now, now to buy maas for children. If you come here, you do not wait for a long time, you get clients now and they pay you now" (P2:G3).

❖ Sex work is not a tough job.

Some of the participants joined the sex work industry at early ages; hence, they labelled sex work as an easy job. Below are words extracted verbatim from the interviews.



"I was working as a domestic, in Mdantsane yhoo hayi it is difficult to work as domestic, Hayi.hayi, it is difficult, it is better here, you do not work hard here, and they even say you must iron sheets and pillows. Hayi. hayi..it is better this one I am doing (sex work), money comes to you here" (P1:G2).

Similarly, another lamented of the difficulty of working as domestic worker as she expressed that:

"Ewe tshini., you worked hard and get R1000 per month, when she came with friends, she even says 'ntombiii, can you please dust here it is dirty'. When the friends are going, she said I must polish their dust. Hayi suka..." (P2: G3).

❖ Source of support to her family

Most of the female sex workers have children and sometimes-adult dependents. According to the discussions held during the interviews some are married with extra-marital children to support. Some of the participants reported this:

"I was working as a domestic in Mdantsane. yhoo hayi! It is difficult to work as a domestic, it is better this one I am doing (sex work), money comes to you here".I make R5000 and more here per month here, I send money home. In

December, I went home having R7000, I bought my mother a water tank.”
(P1:G3):

“I have 3 children; this one has 3 children; they depend on our shoulders”.

4.4 Emotional Challenges of Sex Work

4.4.1 Anger

The study participants explained their feelings when mistreated by clients. They felt misused and become angry with themselves. One of the participants had the following say:

“He left you, he cannot give you a lift in his car, but he took you amongst other people, the robber does not know that you were not given money, he deals with you snatch your phone he raped you, if he wants to” (P1:G2).

❖ Not enjoyable to be a sex worker/ feeling bad

Sex work apparently has monetary benefits. It eases poverty and unemployment, but there are also negative emotional challenges reported among participants. In this study, the participants (female sex workers) described their experience of feeling bad about this type of job and being angry when mistreated by clients. Negativity of the working conditions affects their personal lives has expressed hereunder:

“I was frustrated and desperate; I stayed with my aunt in Mdantsane where I met young girls of my age and befriended them. We went to town where we had fun and drunk beer; they showed me how to sell sex.] I do not feel right even now, what is my child going to say when she hears that I am doing this job? I do not like this, I like to do normal work, I do not like this, I do not feel right. I do not like it maan tshomi, this thing. I am doing this business, although I do not like it. I am forced; there is just a problem at home, yhoo!!! Things are bad tshomi. I did it and stopped, did it and stopped until I got used. Even now before I come here, I pray and said ‘God I do not like this’ (P3:G3).

“No it’s not something I like, it not nice to be here, I do not have a choice”
(P1:G1).


“Being here is not nice, there are no jobs in this government, and not all of us enjoy being here (sex worker), but we have to make means to live” (P2:G1).

4.4.2. Human rights violation

Violence against sex workers is a manifestation of gender inequality and discrimination. Female sex workers in most cases were sexual harassed, physically forced and psychologically intimidated to engage in sex in an undignified act. In this study life experience of female sex workers emphasizes that the clients, police, pimps, and other sex workers who fights for clients, community members and health care workers who also stigmatise them grossly violate human rights. This presented below.

❖ Violation of rights perpetrated by clients

A number of participants, during focus group discussions reported that sometimes clients refused to pay for the services rendered or pay them less money than agreed on, which makes them feel used and abused, abandonment. For instance, they expressed that:



"Let's say a person nhe takes you here nhe, and go with you, saying you going somewhere to do some business, so on the way you speak something about the price. You see when he cannot get the price or is not able to pay or do not want to pay him just leave you, you do not have money to come back even to the place he left you, there is no way to try to come back you fumble and hike" (P2:G1).

"Somebody comes to you wearing a suit, driving a nice car, but have no money in the pocket. He sees this young girl on the street corner and calls you. Always they take you to a quiet place and most of the time, they start by passing the urine, that is your chance of running away, but if you are stupid enough, you will stay until he comes back" (P1:G4).

"Like after sex, he does not pay you, he just asks if you want to go or he is going to leave you there" (P2:G4).

Another describe an ordeal that usually happens to them as expressed hereunder.

"He takes you as if you are going to do business and says, let us stop, there is something that dropped here, and come let us search for it. You do not expect

anything, he pulls you by the skin of the neck (isixhanti), force you to the water, whip you with a sjambok and says you are going to swim” (P2:G3).

“Maybe you forgot a panty; you think yhooh, I left panty. In addition, you knock..., he put it in the urine that is in the bucket, and he asks you what do you want? You tell him that you forgot your panty, he throws it straight to your face ‘thaxa’ (sound of a wet panty) as wet as it is” (P1:G3).

“He take you as if you are going to do business and said, let us stop. There is something that dropped here, come let us search for it, you do not expect anything. Then he pulls you by the skin of the neck (isixhanti), force you to the water, whips you with a sjambok and says you are going to swim” (P2:G3).

“Yhuu ... Hhhhh...(Giggling). The style (client) took me, after that he asked me the price, I told him ... He gave me the money, after he did that thing, he strangled me, after that he took all my money and the one he paid me” (P3:G1)

“Others take you to their houses, tied you with a rope or gun pointing at you. yha bona, in the early hours of the morning, when you wake up you see yourself outside you don’t even know when you came to this place, feeling cold and shivering. You will see for yourself what to do” (P4:G4).

“The other day the client took me to airport. When we were in airport, another male came from back seat, they slept with me, left me stranded near airport and did not pay me. In addition, I said to them” You see! God will punish you”. I wish that car could roll (involve in accident)” (P2:G2).

“I was on the last wall by the corner in the grave yard, when I started to pull up the dress, he said ‘hey... your mother fuck’, you eat our monies very bad (swearing)”. I cried saying stop, stop bhuti there is no need for quarrelling, I am going to give you what you want, hee He said take off your panty and sleep. Yhooh! I pulled my dress up to the waist, ready to sleep” (P1:G3).

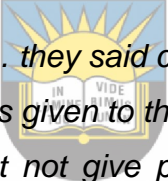
❖ **Violation perpetrated by the police**

The police are the law enforcing officers responsible for protecting the members of the community during crisis. However, in this study the participants had different view of the police since they violated their rights. The following narratives attest to these violations.

“They used to catch us, and release us the next day. If we arrived during meal times, the police said “Do not give food to these one”, they belong to S.... (Name of police officer). That one was abusing us, they used to chase us, there is a deep hole there, one day... (P1 and P2: G3)

“Police caught us for loitering; they left the thieves there in town and followed us” (P3:G3)

“I was dipped in that hole, I had a big wound in my leg, and police were chasing us” (P2:G3).

*“They want money kaloku... they said clients buy drinks for them. The R50 you were supposed to be paid is given to the police. Our clients are stubborn, even if we told them, they must not give police the money, and the clients give because they are afraid. Sometimes the police act as if they are taking pictures of us in the sex act, saying they are going to bring it to court, although they have no right. Instead, they can be caught by asking money” (P2:G1)*

“When we report, they do not care, they are bribed by clients for R50, and they want money for lunch. When they catch you doing business, they want money from the client to bribe them. Whoa, they do not have money at home, they do not know that I am a sex worker, otherwise they will kill me” (P3: G2).

“The police asked money from the client but when you do not have a client, they stop you and take you to the vans and go with you to have sex”. (P1: G2)

❖ **Violation by pimps**

The participants explained that, pimps take an advantage of sex workers' vulnerable position and the illegality of sex work by taking some of the money to pay themselves for security or give female sex workers drugs on credit or forced sex or give them a place to sleep in exchange for money. The narratives below provide a gist of the reality.

"They say they are staying with their boyfriends (pimps) but they smoke drugs because you want a place to sleep. They say these pimps are their boyfriends, but they smoke drugs" (P2:G2). Yes, the pimps supplied us and with drugs, especially on weekends and paid later after work" (P2 G4).

"To the place I sleep you have to buy drugs with your money, and the pimps give you a change of R30 for food and they take the rest of the money. The pimps do not even give that R30, the pimps also sleep with us. For sleeping, we beg for a place to stay. I did not get it even now" (P1:G2).

❖ **Violation by other female sex workers**

It is perhaps an obvious feature of sex work that conflict, overpowering, bullying, violence and jealousy arises between female sex workers. This was reported by some of participants in this study as illustrated in the following verbatim.

"They stole from me, they stole my jean, it was new. Yesterday another sex worker stole my money and robbed me of my new jeans, (crying) because we are new in this job and they know this work more than us. They are bullying us because they are older than us" (P2:G2).

"Those children (other sex workers) who are staying down there, went with a client, when she came back, they took her money. They do not know what they come here to do; they drink alcohol and use drugs, and do not have children. These are other challenges we come across here. Other girls abuse you although you are in the same job" (P2:G1).

❖ **Violation by other community members**

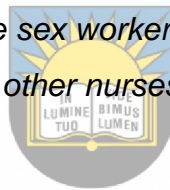
The participants revealed that, the community members always rejected them (female sex workers) in their communities because sex work is considered as prostitution. They expressed their fear in that:

“Where we are living, community members are teasing us where we are staying, here are the prostitutes of the vicinity” (P1, 2 and 3: G3 at the same time).

❖ **Violation perpetrated by Health workers**

It was unfortunate that also health workers were mentioned as those who contributed to violation of the rights participants (female sex workers), where such violations were manifested through judgmental attitudes. One of the participants reported that:

“There are nurses who shout at us and say “this one I saw her standing there, and now she is sick”, some sex workers chat back and leave the clinic and buy medication at chemist, but other nurses are nice to us”. (P2:G4)



4.5. Sex work Related Health Issues

Sex workers related health issues also emerged as a theme in this study with one category namely behavioural risk factors and two sub-categories namely, multiple partners/clients and HIV/STI's.

4.5.1. Behavioural risk factors

Multiple partners predispose female sex workers to the risk of STIs and HIV infection that is exacerbated by the total number of unprotected sex acts with HIV-infected partners. In the sex work context, these include inconsistent condom use, multiple partners, duration of exposure to unprotected sex, STI co-infection and type of sexual activity (e.g. anal intercourse) (Scorgie *et al.*, 2011).

❖ **Multiple partners**

Having sexual intercourse with different partners' leads to reproductive health problems. Some of the participants had the following to share.

"...no I have more than 10 clients per day or less. You see, I sleep with them all, it is not a nice thing, is not a healthy thing to sleep with 10 men, or more than 10 in a day. That is not healthy and some of them do not want to condomise, although we know that we are sick, our status, what, what, what...what" (P2:G1).

"Having clients per day depends on how busy is the day" (P1:G2).

"Maybe 5 clients or doing R500.00 or R600.00 per day" (P2:G2).

"We don't count by clients; we count money" (P2:G3).

"May be 8 or more", (P1:G4)

"Yhuuu hayi mna I do not count as long as I am making money", (P 3: G4).

❖ **HIV and STI's**

There is a burden of STIs and HIV/AIDS among female sex workers. In some settings, some participants have an active genital ulcer, vaginal discharge and reactive syphilis serology. Some of the participants had this to say:

"You see yourself get infected, like sometimes you sleep with a man, he didn't say to you that he is urinating blood, you see later maan, it is that man's sperms they have blood. Do you see this is STI that one, is going its way, it is getting in you. Kaloku males have a tendency of..., if condom ruptured, they don't want to take it out they continue". (P2:G1).

"...yes, we meet them, like I met with other men, and I sleep with him without a condom, after that I felt itchiness in the vagina, I was cured by pills I bought at the chemist". (P3:G3)

"to me it is HIV, I am positive and have TB". (P 3: G1)

4.6. Conclusion

Through the data analysis, the researcher discovered that clients, police, and pimps are the most common perpetrators of violence experienced by female sex workers. Criminalization of sex work in South Africa is the key point of this violence as female sex workers are not going to report to law authorities because sex work is a criminal

act. Moreover, socio-economic factors such as poverty, financial independence and unemployment are the factors contributing to thriving of female sex work. Furthermore, sex workers and people living with HIV experience severe stigma and discrimination such as violation of their human rights, repressive laws and policies, lack of access to protection and justice, violence, lack of access to appropriate health and social care, social disregarding, homelessness and other socio-economic challenges. The stigma subjected to female sex workers with HIV exposes them to high-risk sexual behaviour.



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CHAPTER 5: DISCUSSION, IMPLICATIONS LIMITATIONS AND RECOMMENDATIONS

5.1. Introduction

In the previous chapter, the data was analysed and key findings identified. In this chapter, the researcher discusses findings of this study regarding experiences of female sex workers in Buffalo City Metropolitan. The chapter will also focus on limitations, implications and recommendations of the study.

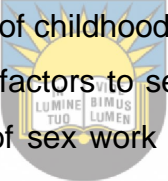
5.2. Discussion

In this study, two themes emerged from the data, which are:

- (1) Female Sex workers' experiences of childhood, teenage and adulthood; and
- (2) Sex Work and Health issues.

5.2.1. Female sex workers' experiences of childhood, teenage and adulthood.

Female sex workers' experiences of childhood, teenage and adulthood theme had the following categories: contributing factors to sex work, reasons women continue with sex work, emotional challenges of sex work and human rights violation. These are discussed below.

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5.2.1.1 Contributing factors to sex work

Most South African women especially those in Buffalo City Metropolitan enter the sex work industry at a young age due to unexpected circumstances. Based on the Social Ecological Model, the researcher discovered that each individual is unique and has a relationship with their environment. In this study, the environment in which the sex workers grew up had a negative impact in their lives and led them to the sex work industry. The researcher discovered that some participants were led into sex work as a result of family violence, physical and sexual abuse by family members during their childhood and teenage stages, thus leading them to under age entry to the sex work industry. This finding is supported by international and South African research studies (Hickle & Roe-Sepowitz, 2016; Pretorius & Bricker, 2011) which revealed that, women who experienced sex trafficking and entered the sex trade industry were more likely to report abuse during childhood and adulthood. These findings suggested that female sex workers who have been victims of sexual abuse in Buffalo City Metropolitan should

have had an intervention as early as at their childhood. However, this can be applied to children who are vulnerable to reduce the number of street kids and teenage sex workers.

Balfour and Allen (2014) in United Kingdom; Naramore, *et al.*, (2015) in United States and Pretorius and Bricker, (2011) in South Africa, reported that abusive childhood experiences, either physical or sexual, and victimisation in childhood and teenage years contribute to sex work. These young females seek comfort, security, love, money, trust and bonding with strangers because they experienced sexual and emotional abuse by close family members. Sexual abuse performed by close family members over a long period of time created lifelong psychological damage to the child and teenagers who later became female sex workers. This indicated that the majority of female sex workers were robbed of trust from early stages of their lives.

On the other hand, Servin *et. al.*, (2015) in Mexico-US border cities described female sex worker experiences of sexual, physical, emotional, neglect and other types of abuse during childhood, teenage and adulthood as an unpleasant and depressing experience that makes a child feel unworthy to have normal relationships. Nonetheless, teenagers felt that they were robbed of their childhood lives, their future is hopeless because of state of defencelessness, and this creates pathways leading to under age entry into sex work from ages 11-17 years. Conditions related to sexual activity also affected female sex workers.

In some cases, some family members who sexually abused the female sex workers during childhood and teenage years were infected with HIV. The outcome therefore was that, the concerned participants were also infected and decided to run away from home and spread the infection to other people, hence they became sex workers. The findings of Panchal (2017) in India revealed that even though there was high condom usage rate (94%), the prevalence of HIV/AIDS and STIs remained high among female sex workers due to the violence perpetrated by clients. Moreover, Scorgie *et al.*, (2011) revealed that in Limpopo and Thohoyandou, the study participants accepted STIs and HIV/AIDS related conditions as unprotected sex pays more money than protected sex.

The high payment for unprotected sex exposed the female sex workers to certain conditions related to engagement of sexual activity without condoms. This would easily be compromised because the female sex workers were trying to find financial freedom so that they can meet their basic needs. Nevertheless, some of the female sex workers who participated in the study were married with stepchildren. Hence, the rationale for engagement in sex work was for supporting their families. In addition, others were forced to leave school at the age of 16 to seek for a job to support their siblings. Therefore, one would be right to argue that financial needs and abuse are mostly linked to entry into sex work. Furthermore, a study conducted by Karamouzian *et al.*, (2016) supports the findings of the current study in that limited opportunities and financial needs are contributing factors to the thriving sex work industry.

Furthermore, the FSWs participants in this study revealed that, about two thirds lack secondary education. Low levels of education and lack of skills put female sex workers at risk of not getting paid jobs, and some children are born in the course of sex work. Sex work was the preferred job and as they do not have any formal education and had no qualifications. Moreover, the participants argued that sex work does not need any professional skill or qualifications, and that was the reason why uneducated females ended up in this industry. Reuben and Jessica (2014) in a study conducted in United Kingdom suggested that lack of education, financial support, training skills and qualifications limit chances of getting formal employment, which has an impact on vulnerability that forced them into sex work. Unemployment was one of the socio-demographic factors that led women to continue with sex work for quick cash to meet basic needs of their families.

5.2.1.2 Reasons to continue with sex work

Study participants reported that in sex work, there are no interviews, no formal education and no qualifications needed. However, sex work is short cut to quick money to support your family and is not tough like other jobs. Studies done in Iran by Richter (2013) and Onyango, *et al.*, (2015) revealed that continuing in sex work has benefits to FSW because of economic survival. Moreover, sex work often lessens poverty, reduces unemployment and gives female sex workers financial freedom and the ability to improve their lives.

However, Pretorius and Bricker (2011) were of the view that financial hardship and low self-esteem are two key factors that cause female sex workers to continue with sex work. Karamouzian *et al.*, (2016) is of the opinion that the reason female sex workers continue with sex work is because of limited opportunities, low levels of education and lack of skills, drug addiction and monetary needs. Further, Onyango *et al.* (2015) reported in his study findings that some girls believed that sex work is inherited since mothers who were sex workers and continue with sex work brought them up. These girls become attracted to money and continue doing sex work. Although female sex workers enter this industry for economic reasons, there are risks and emotional challenges involved.

5.2.1.3 Emotional challenges

The emotional challenges of female sex workers are always undesirable, wounding and damaging with negative outcomes. However, the negative effect on the working conditions, personal lives, and health of sex workers, stigma and decriminalisation are the major emotional challenges of sex workers. Semple *et al.*, (2015) and Abel, (2011) were of the opinion that female sex workers face emotional challenges of being called sluts or promiscuous by client. The researcher finds that, as much as female sex workers felt that sex work is a quick way to make money, it was not a wonderful or pleasurable job. These challenges had negative outcomes in female sex workers of anger and self-hatred. The negative outcomes could be perceived to infringe on their human rights.

5.2.1.4 Human rights violation

Violation of human rights is an act of criminality to female sex workers. In this study, female sex workers reported that clients, police and pimps through sexual and physical assault, abandonment and rape mostly committed violence towards female sex workers. According to study by Muldoon *et al.*, (2015) in Uganda, the working with pimps and administrators increased exposure of clients to violence. In line with other researchers, Bricker and Pretorius (2011) in Johannesburg also indicated that violence, physical and sexual abuse experienced by study participants in sex work is worsened by social factors in South Africa.

In some cases, female sex workers reported that clients, pimps and police were culprits of abuse in sex work, hence the pimps were trafficking young girls for sex work (Marcus, *et al.*, 2014). Furthermore, pimps acted as if they were protecting female sex workers, but they were exploiting them. In this study, the researcher found that pimps were abusing this vulnerable group by taking some of their money for security, giving them drugs, sexually abusing and assaulting them. Marcus *et al.*, (2014) and Horning and Curtis (2014) also reported that pimps recruited female sex workers, promising them shelter and cluster homes but they were trading them as merchandise. However, pimps in their shelters became violent, aggressive, abusive and exploitative. Female sex workers, therefore, resort to bribery for survival in this sex work industry.

The findings of the current study showed that female sex workers had to bribe the police, in the form of either money or sex because of their abuse experience. Beksinska, *et al.*, (2018) and Panchal, *et al.*, (2017) in India, revealed that female sex workers were at risk of violence from the clients, police, pimps and other female sex workers. Therefore, female sex workers were the most vulnerable citizens because of engaging in the industry that is not legalized.

The majority of the researchers have agreed that the illegality of sex work in South Africa is the major cause of violence against the female sex workers. For instance, Pretorius and Bricker (2011) are of opinion that when female sex workers reported abandonment in the forest without payment, clients raped and strangled them and sometimes robbed them of their money, there was no action taken into investigating such crimes. Maldoon *et al.*, (2015) documented that female sex workers in Sub-Saharan African countries are experiencing high cases of violence, both physical and sexual, from clients and police. Therefore, the sex work industry is labelled as a criminal offence in South Africa that reveals that, female sex workers regularly face police harassment, judgement from the public and human rights violations including random arrest, humiliating treatment and violence. Furthermore, the Commission for Gender Equality (2013) reported that the South African approach to sex work is that of criminalisation, and prohibition is exposing female sex workers to continuous violence and ill-treatment by the pimps, police and clients. In conclusion, the female sex workers will always experience violence if sex work is not protected by law and is labelled as criminalisation.

5.2.2 Sex work and health issues

The sex work industry is a high health risk sector because it exposes the sex workers to different sexual health problems due to for example unprotected sex. In this theme, behavioural risk factors are discussed below.

5.2.2.1 Behavioural risk factors

Female sex workers are a vulnerable group of population that experiences different challenges of stigma, drug abuse, unprotected sex and financial pressure. These factors are often linked with high-risk income, including exchange of sex for money (Campeau, *et al.*, 2017a). In this study, findings demonstrated that female sex workers experienced health problems due to unprotected sex. The study participants reported being engaged in high risk factors such as having multiple clients of five-to-ten clients per day with unprotected sex because there was more money in it, which increases risk of HIV/AIDS infections.

Similarly, the findings of a study conducted by Campeau *et al.*, (2017) revealed that risky sexual behaviours are associated with HIV positive female sex workers who engaged in unprotected sex with infected clients. Scorgie, *et al.*, (2012) viewed female sex workers' vulnerability to HIV as being linked to the occupational context of their work and behavioural risk factors such as low condom use, anal sex and co-infection with other sexually transmitted infections. A study conducted by Yi *et al.*, (2012) supports the findings of the current study by reporting risks factors that the sex workers are experiencing such as being abandoned, sexually forced anal or oral sex and being physically abused.

5.3. Limitations

The study was restricted to female sex workers using the focus group interview as methods of data collection in Buffalo City Metropolitan, Eastern Cape only. This study was qualitative in nature, thus the researcher cannot generalise it as the sample size was only 20 participants. Nonetheless, the study provides insights about female sex work and the challenges associated with the phenomenon in the Metro. It has also brought light into the legal and ethical implications of sex work. Therefore, study remains useful despite the methodological gaps.

5.4. Justification

Experiences of female sex workers were explored taking into account the work context, behavioural risks and violence they are likely to be experiencing. Criminalisation of sex work often leads to abuse of power and human rights by clients, pimps, and authority figures like law enforcement officers. It also helps authorities to ignore the importance of occupational health and safety regulations for female sex workers. Despite the illegal status of their work, sex workers' needs should be recognised across all aspects of policy and legislations concerning their safety and health like any other person.

Decriminalisation of adult sex work may improve health promotion, leading to positive changes in the current shared norms of disgrace and guilt. Decriminalisation could also help to minimize violence and stigma, and, in turn, decrease behavioural risks that female sex workers are experiencing.

Sex workers may have impaired judgment and difficulty in negotiating safe sex (condom use, for example) with their customers while under the influence of drugs and alcohol. For example, they reported that they use drugs and alcohol as coping mechanisms in response to stressful working conditions, especially when dealing with five-to-ten clients per day. The researcher expects in future that safety and security; law enforcement and rehabilitation homes for female sex workers may accommodate this vulnerable group. Use of peer educators from the government to empower sex workers could be helpful.

5.5 Implications

5.5.1 Implication for research

The study focused on experiences of female sex workers in Buffalo City Metropolitan, in East London, Eastern Cape. The study highlighted the need for protection of female sex workers by the law. The researcher suggests a study that will include a wider setting than East London.

5.5.2 Implication for practice

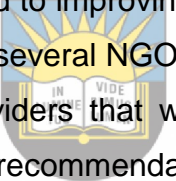
Female sex workers would experience less violence, stigmatisation and violation of the human rights if sex work can be decriminalized. The researcher suggests decriminalising sex work, thereby removing all laws that criminalise sex work, including out-dated by-laws to protect rights of female sex workers.

5.5.3 Implication for the Department of Health

The government only focused on infections like HIV/AIDS and STIs, yet female sex workers were contributing to those infections. The researcher suggested that laws and guidelines for minimising the spread of sexual activity infections control sex work.

5.6 Recommendations

The quality of public health services and attitudes of health care providers were perceived as barriers to health care access by female sex workers. The South African Department of Health is committed to improving the quality of health services through the National Core Standards and several NGOs have recommended the sensitization and training for health care providers that will improve the accessibility of health services. Therefore, the following recommendations are made:

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- Government mobile clinics from site to site on certain days where sex workers are working are proposed for easy access to health services. This is important in order to give proper health education on diseases, complications and preventing the spread of infections and prolonging their life expectancy.
 - Decriminalisation of sex work in order to decrease rate of violence, rape and exploitation of female sex workers should be considered.
 - Illegal brothels must be closed as they are promoting use of drugs and substance abuse to this vulnerable group.
 - Counselling sessions by Department of Social Welfare is needed.
 - The Department of Health should embark on campaigns in the community, media and social networks to stop violence against sex workers.

5.7 Conclusion

This chapter presented the discussion of the findings, where the current study was fitted against the existing literature to confirm or contradict what is already known. The

findings of the current study were in line with previous studies on unpleasant experiences of female sex workers both in South Africa and in other parts of the world. The justification for the study, limitations and recommendations arising from the study have been made. All the study participants appreciated the visit of the researcher in their sites and that gave them hope that at least there is someone who cared and thought about them. Therefore, to address some of the social and health ills associated with their behaviour and work, they should be actively involved.



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APPENDINCES

Appendix A: Ethical Clearance from the University of Fort Hare



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ETHICAL CLEARANCE CERTIFICATE REC-270710-028-RA Level 01

Certificate Reference Number: VEL021SGC101

Project title: **Experiences of female sex worker in Buffalo City Metropolitan, Eastern Cape.**

Nature of Project: Masters in Health Science

Principal Researcher: Boniswa Gcina

Supervisor: Ms N.M Vellein

Co-supervisor: N/A

On behalf of the University of Fort Hare's Research Ethics Committee (UREC) I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instrument(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the UREC must be informed immediately of

- ♦ Any material change in the conditions or undertakings mentioned in the document
- ♦ Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

The Principal Researcher must report to the UREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

Appendix B: Permission letter from the Eastern Cape Province



Province of the EASTERN CAPE HEALTH

Enquiries: Zoliswa Maseko
Email: Zoliswa.maseko@echealth.gov.za
Date: 05 February 2014
Tel no: 053 378 1202
Fax no: 043 545 1409

RE: EXPERIENCES OF FEMALE SEX WORKER IN BUFFALO CITY METROPOLITAN,
EASTERN CAPE (EC_201801_006).

Dear Bonetso Gains,

The department would like to inform you that your application for on the abovementioned research topic has been approved based on the following conditions:

1. During your study, you will follow the submitted amended protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.
3. The Department of Health expects you to provide a progress on your study every 3 months (from date you received this letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Eastern Cape Health Research Committee secretariat. You may also be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

SECRETARIAT: EASTERN CAPE HEALTH RESEARCH COMMITTEE

Appendix C: Research informed consent Sample Form



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Ethics Research Confidentiality and Informed Consent Form

The University of Fort Hare / Department is asking people from your community / sample / group to answer some questions, which we hope will benefit your community and possibly other communities in the future.

The University of Fort Hare / Department/ organization is conducting research on Experiences of Female Sex Workers in Buffalo City Metropolitan, Eastern Cape. We are interested in finding more about challenges that you are facing during your engagement with your clients. We are carrying out this research to help you in bringing up solutions and strategies that will meet your needs during your encounter with your clients.

Please understand that you are not forced to take part in this study and the choice whether to participate or not is yours alone. However, we would really appreciate it if you could share your experience with us. If you choose not to take part in answering these questions, you will not be affected in any way. If you agree to participate, you may stop me at any time and tell me that you do not want to go on with the interview. If you do, this there will also be no penalties and you will NOT be prejudiced in ANY way. Confidentiality will be observed professionally.

I will not be recording your name anywhere on the questionnaire, and no one will be able to link you to the answers you give. Only the researchers will have access to the unlinked information. The information will remain confidential, and there will be no “come-backs” from the answers you give.

The interview will last around 45 minutes' maximum (*this is to be tested through a pilot*). I will be asking you questions and ask that you are be open and honest as possible in answering these questions. Some questions may be of a personal and/or sensitive nature. I will be asking some questions that you may not have thought about before, and which also involve thinking about the past or the future. We know that you cannot be absolutely certain about the answers to these questions, but we ask that you try to think about these questions. When it comes to answering questions, there are no right and wrong answers. When we ask questions about the future, we are not interested in what you think the best thing would be to do, but what you think would actually happen.

If possible, our organization would like to come back to this area once we have completed our study to inform you and your community of what the results are and discuss our findings and proposals around the research and what this means for people in this area.



INFORMED CONSENT

I hereby agree to participate in research regarding..... I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop this interview at any point should I not want to continue and that this decision will not in any way affect me negatively.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.

I have received the telephone number of a person to contact should I need to speak about any issues which may arise in this interview.

I understand that this consent form will not be linked to the questionnaire, and that my answers will remain confidential.

I understand that if at all possible, feedback will be given to my community on the results of the completed research.

.....
Signature of participant

Date.....

I hereby agree to the tape recording of my participation in the study

.....
Signature of participant

Date.....

Appendix D: Interview guide

Experiences of female sex workers in Buffalo City Metropolitan, Eastern Cape Province

INTERVIEW GUIDE

Main question:

- What are your experiences as sex workers?

Probing questions

- Can you elaborate more on what you are saying?
- When did you start working as a sex worker?
- How old were you when you started sex work?
- How many clients do you service per day?
- How much do you charge per client?
- How was it for you to be a female sex worker for the first time?
- Tell me more.
- What are the benefits of being a sex worker?
- Please explain.
- What are the challenges of being a sex worker?
- Tell me more.
- What advice would you give to women who want to be sex workers?
- Tell me more.
- What else would you like to share with me about being a sex worker?
- Please tell me more about that.
- Can you compare your life of being a sex worker now and the one before sex work?
- Please tell me more.

Appendix E: Co-coding of analyzed data

FACULTY HEALTH SCIENCES

P.O. Box 1054
Post London 5200
Tel: 27 (043) 7047475 | Fax: 0866282026
Date : 12/06/2018



REGARDING: Co-coding of analyzed data.

This is to confirm that I, Dr. Daphne Murray co-coded and analysed data for MCur Student Boniswa, Letticia Gcina. Student No: 201509336. The processes that I embarked on are as follows:

I read her methodology chapter to understand the approach and the design of choice for the study so as to understand the objectives and the questions the participants had to answer. I thereafter read how she delineated the meaning units from the data transcripts. I examined the analysed data to understand how segments of meaning units were clustered. Co-coded all data and presented themes, categories and sub-categories. I then made suggestions with regard to how the researcher and her supervisor could modify categorization of some information so as to come up with the final themes, categories and sub-categories where applicable.

I do have experience in qualitative data analysis and have been utilized by the Faculty of Health Science to co-code analyzed qualitative data for several studies and projects.

Dr.D.Murray


D Murray

12/6/2018

Appendix F: Letter from the editor

23 Elfin Glen Road, Nahoon Valley Heights, East London, 5200

Professional
EDITORS
Group



To whom it may concern:

This document certifies that the dissertation whose title appears below has been preliminary edited for proper English language, grammar, punctuation, spelling and overall style by Rose Masha, a member of the Professional Editors' Group whose qualifications are listed in the footer of this certificate. The author has been advised to rework the reference list.

Title:

**EXPERIENCES OF FEMALE SEX WORKERS IN BUFFALO CITY
METROPOLITAN, EASTERN CAPE**


Author:

BONISWA LETTICIA GCINA

Date Edited:

26 January 2019

Signed



Dr. Rose Masha

B. Library & Inf. Sc.; HDE; Hons. ELT; M. Phil. Hyll.; PhD Ed.