Amsterdam Master’s in Medical Anthropology

Both Health And Life Matter

Becoming a Sex Worker: The Experiences Of Women Living In Kigali, Rwanda

By

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Summary

In Rwanda, similar to many other countries around the world where sex work is not well accepted in society, female sex workers are a vulnerable group who face stigma and discrimination because “they challenge the standard family and reproduction-oriented sexual morality” (Jenkins 2000:9). Kigali, the capital city of Rwanda, includes a concentrated population of female sex workers due to its geographic location. Though the reasons that Rwandan women are led to sex work have not been fully documented to date, there are specific reasons related to the economical situation and history including the Genocide in 1994 which might provide an explanation.

This study aimed to gain insight on how women in Kigali ended up in sex work, the reasons and the life experience. The research took place at Projet Ubuzima in the Kigali district and data was collected through the focus group discussions (FGD), in depth interviews, as well as life histories. Though many reasons were given, poverty was found to be the underlying factor for women to become sex workers. Most of the women found sex work as a way to survive financially but they were not comfortable with the life. If alternatives were available, many women stated they would easily stop their sex work. This qualitative anthropological research identified an unacknowledged group to target with sexually transmitted infections (STI) including Human Immunodeficiency Virus (HIV) prevention programs—house girls—who seemed to be at great risk of ending up in sex work. Furthermore the findings from this study supplement epidemiological data from previous studies on female sex workers, and may serve to design future studies and successful public health prevention programs among the same population, as well as reinforce programs for sexual and reproductive health care in Rwanda in general.
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CHAPTER I

Introduction

Similar to many countries around the world, the legal status of sex work is not totally insured in Rwanda. New penal code suggesting sex work as a crime is now being studied in the parliament but existing penal code does also include limitations on sex workers and the “non-compliance is punishable by jail and fine” (UNFPA, 2009:6) There is a significant increase in female sex workers in Rwanda since 1994, due to factors such as poverty, genocide (which orphaned and widowed thousands of young women and girls) and the multicultural environment (Report of Qualitative Assessment of Family Planning in Rwanda 2002). The estimated total number of sex workers identified by Center for Treatment and Research on AIDS, Malaria, Tuberculosis and other Epidemics (TRAC Plus) is 4,967. However, this “estimation represents an absolute minimum, and only the most easily identifiable forms of sex work” (UNFPA, 2009:5-6). Most female sex workers live in Kigali, the capital city of Rwanda, due to its geographical location as well as the presence of large numbers of truck drivers, business affairs, military camps and the presence of an international community.

Sex-related issues are considered taboo in Rwanda, especially outside of marriage. According to Lieber, et al. “stigma and discrimination have an impact on how people including female sex workers perceive their health but also how they seek for care” (2006:465). Sex workers in Rwanda receive the same treatment from society as Lieber, et al. found in China; being a sex worker is related to negative social attributions.

Female sex workers in the context of this study are defined as any sexually active woman who reports receiving money or goods in exchange for sex within the last period of an epidemiological study conducted by Projet Ubuzima\(^1\) between 2006 and 2009. Female sex workers are part of the community and their sexual behaviors have an impact on the whole population through their clients. This implies that female sex workers need to be targeted in prevention programs. Understanding their reasons for being in sex work as opposed to other employment, as well as how they

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\(^1\) Projet Ubuzima clinic began in 2004. Its goals are to reduce the spread of the HIV virus, to mitigate the impact of the HIV epidemic, and to reduce the burden of other reproductive tract infections in Rwanda.
experience their lives is a pivotal step for improved programs to be designed for them. The findings of this study should help those who wish to intervene for the sake of the health of female sex workers and provide a crucial step for the design of future studies and successful intervention programs as well as reinforce programs for sexual and reproductive health care in Rwanda in general.

Background

Rwanda is one of the most densely populated countries in Africa. The general population is approximately ten million who live in 355 per sq. km and the total fertility rate is 5.5 per woman (Solo 2008:4). According to WHO, “the population has been increasing at an annual rate of about 2.8% and it is therefore expected to reach 12 million by the year 2012” (2010) and thus, population control is one of the Rwanda government’s top priorities. Economic growth is still limited for many Rwandans, and the majority (63%) of the total population lives in rural areas with a high level of poverty (WHO 2010).

Female sex workers are a vulnerable group facing stigma and discrimination as “they challenge the standard family and reproduction-oriented sexual morality” in many societies, including Rwandan society, “so society marginalizes them, abuses them and their rights as citizens are frequently restricted” (Jenkins 2000:9).

Moses, et al. (1994:1950) in a study that investigated healthcare-seeking behaviors among female sex workers in Kenya, found that three quarters of the women believed that their spouse was the source contact for their STI and more than one third of married men thought that they had acquired their infection from a prostitute.

The Joint United Nations Programme on HIV/AIDS stated that female sex workers are a vulnerable population who might be a bridge in transmission of HIV or other STIs to their babies, in cases of unintended pregnancies, but also to the rest of the population because most of their clients have additional sexual partners (UNAIDS 2009). Thus, there is a need to include them in prevention programs, which will not only have an impact on female sex workers alone but also to the rest of population. For that to be efficient, the reasons that lead women to become sex workers should be well explored holistically.

Indeed, in Rwanda specifically, an epidemiologic study conducted between 2006 and 2009 among female sex workers in Kigali district by Projet Ubuzima, suggested a relatively high incidence rate of STIs as well
as pregnancy despite counseling given on sexual risk reduction throughout the study and family planning (FP) services provided (Projet Ubuzima n.d.).

These findings imply that there was a need to have a clear understanding of women’s experiences in life in general but also their attitudes, knowledge, behaviors or the meaning of their sexual and reproductive health in order to have a good understanding of their world. The behavioral findings from this study will then serve as baseline for well oriented programs; biological evidence, though essential, is not enough for action.

Being victims of circumstances such as violence and rape, poverty as well as interpersonal contacts with those who are acquainted with prostitution have been found to be associated with starting sex work (Sterk 2000; Potterat et al. 1985). Gender and power relations during the negotiation of condom use, stigma, poverty, limited knowledge associated with misconceptions about family planning and STIs, little experience with condom use and safe sex negotiation have all been reported by previous studies as major factors affecting the sexual and reproductive health behaviors among female sex workers in Russia, Tanzania and China (Aral, et al. 2002; Outwater, et al. 2001; Lieber, et al. 2006).

Although, data exist on regional and global levels, no study has considered the reasons that women become sex workers, their life experiences as well as sexual and reproductive health behaviors among female sex workers in the context of Rwanda. It was with this in mind that I hope I have filled the gap by gaining insight on various phenomena that influence Rwandan women to become sex workers and their life experiences in general.

**Research Objectives**

The objective of the study was to gain in-depth insight for individual, social, cultural and economical factors that lead women to become sex workers as well as their life experiences in Kigali in order to supplement epidemiological data from previous studies on female sex workers. The intention is that the findings of this study will contribute to the design of future studies among the same population.
Research Questions

How do women in Kigali get involved in sex work and how do they experience that?

Sub questions:

- What are the individual reasons that lead women to sex work?
- What are their attitudes towards sex work?
- What are their knowledge and experiences with sexual and reproductive health in terms of STI, FP and condom use?
- What suggestions can be made for improved health and life?

Literature Review

A review of the literature based on discourses about how women get involved into sex work and what can be the alternatives to leave the sex work, the historical and political context of Rwanda in terms of FP and STIs, factors that influence the sexual and reproductive healthcare-seeking behavior of female sex workers is presented. Factors such as poverty, condom use, individual risk vs. social risk, stigma as a barrier to the health seeking will be considered as well as appropriate theoretical concepts used in this research.

Women’s involvement in sex work

Gray (1973) focused on social control theory when writing about adolescent sex workers, referring to “the lack of intimate ties with the conventional order which will then free a person to commit delinquent acts since he has nothing to lose through a negative evaluation by parents or conventional others” (405). She applied this theory by explaining that there is “a breaking or lack of ties with the conventional social order as a result of social and emotional deprivation in their family life” (406). Failure in school and in work settings contributes additionally as it influences girls to misbehave or “behave in unconventional ways in settings where the opportunities to prostitute exist and their involvement is predictable” (Gray, 1973: 423). Similarly, Cusick (2002) in a literature review of youth prostitution, argued that “situational factors such as disrupted family relationships, deprived socioeconomic background, and assault actions, lack of job opportunities, peer group influence and so forth” influence women to become involved in sex work (234). Furthermore, Potterat et al.
(1985) suggested that many studies in the past have formulated the explanatory model of becoming a prostitute as two different concepts; either susceptibility or exposure. Susceptibility includes the psychological characteristic of feeling worthless and is associated with a series of traumatic events such as incest or rape as well as exposure to “interpersonal contacts with those who are acquainted with prostitution” (329). However Potterat, et al. in their exploratory case-comparison study on becoming a prostitute, argued that “similar life events and characteristics have been also identified in women who denied ever engaging in prostitution” (334). The authors also recognized that their sample was small, thus “crucial differences between female prostitutes and other women participated in their study were not readily apparent” (335).

Sterk, on the other hand, argued that “entry in prostitution is not a career choice; rather these women and girls are themselves most often victims of circumstances such as violence and poverty” (2000:24). Indeed, Neequaye, et al. agreed with Sterk by suggesting that there were many reasons, including “financial pressures, that lead to the breakup of marriages, creating a pool of people changing partners, and the same pressures encourage women to enter in prostitution” (1991:919).

In the Rwandan context, the 2002 Report of Qualitative Assessment of Family Planning in Rwanda stated that as a result of the 1994 Genocide, there were a significant number of households headed by widows, single women, orphans and wives of prisoners, changing household organization and gender relations and some households depended on a sex work as a source of income (Advance Africa, 2002).

On one side, “prostitution provides both social and material reinforcement on a schedule such that reward is immediate, intermittently large, and requires little efforts to obtain” (Gray, 1973:423) but on the other side, feminist discourse defines prostitution as “a form of violence rather than only involving specific acts of violence” (Weitzer, 2005:212). Sex work is associated with physical, social as well as psychological consequences and empirical data has shown that correlation of mental illness and sex work should not be denied. For instance, Brody, et al. (2005) in a study on psychiatric and characterological factors relevant to excess mortality in a long term cohort of prostitute women, demonstrated that prostitution is associated with highly related with suicide attempts, aggressive actions, irritability and depression and all
these factors are not only acting as predisposing factors to health diseases and cancer but also as factors relevant to excess mortality among sex workers.

Given the fact that sex work is not a well-received job at various levels from individual level to the society in general, studies on opportunities to leave sex work have been also documented. Gray (1973) suggested two elements to be considered to break the cycle of prostitution “the formation of a close, intimate attachment to a conventional person who strongly disapproves of sex worker’s involvement and secondly the removal of the opportunity for sex worker to engage in prostitution” (1973: 423). Neequaye, et al. also stated “improved education and job training to increase the earning power of women could provide them with economically viable alternatives” (1991:919). Though, no one can guarantee that women will stop sex work definitely as Moore and Rosenthal stated “realistically speaking, it is unlikely, particularly in times of economic hardship and high levels of unemployment, that teenage prostitution will cease. What we can do is to ensure that young girls who are in difficult circumstances have alternatives to prostitution, and that those who wish to escape from prostitution can do so” (1993:174).

Sterk argued beyond leaving sex work and stressed that those who managed to quit sex work, still experience the stigma of their past because they are facing “challenges of developing a new identity and their past impact on current intimate relationship, their past follows them like a bad hangover” (2000:29).

Most of the existing literature discussed the life experiences of women doing sex work but in order to understand the experiences of sex work, it might be necessary to compare the research of female sex workers and people doing other forms of sex work such as male and transgender sex workers who may have different views on their experiences. Weitzer suggested “comparative research is needed to identify core similarities and key differences between female and male workers in order to test arguments on objectification, exploitation and victimization and determine the degree to which workers’ gender shapes their experience of the work, their relation with clients and third parties, and whether there is anything truly inherent in prostitution” (2005:222).

Family planning and sex-related issues in a historical and political context

Sexuality and fertility are aspects of human behavior with cultural, social and economic implications as noted in a 2002 Report of Qualitative Assessment of Family
Planning in Rwanda (Advance Africa, 2002). The report was a collaborative effort conducted by the MOH, USAID/Rwanda, Advance Africa, Deliver, and PRIME II based on a desk review of the existing data on FP and reproductive health in Rwanda and in-depth interviews with Rwandan leaders, health providers, communities and clients in six districts of Rwanda. The report concluded by identifying various issues related to FP including poverty, socio-cultural and religious influences, the Genocide, and inadequate information, counseling, and service for FP.

According to Solo, the contraceptive prevalence rate fell after the 1994 genocide, from 13% in 1992 to only 4% in 2000 (2008:8). Intrahealth Rwanda, which performed FP research in Rwanda in 2008, published a report entitled “Family planning in Rwanda: How a taboo topic becomes a priority number one”. The objectives were to explore what had been achieved and what had been done in terms of policy and government support and by the FP partners, as well as in terms of supplies and services. The report suggested that “the political will manifested by advocacy efforts and approaches making a link between population growth and economic development as well as the need for family planning in order to achieve poverty reduction were the main keys for success” (Solo, 2008:28) for reaching the overall rate of “27% in 2008” (Solo, 2008:8).

The final conclusions of the aforementioned surveys are that increasing the rates of utilization of health services will require interventions, which impact not only the health aspects of family planning and STIs but also the socio-cultural, behavioral and religious context, which guide people’s decisions in matters related to sexuality and reproductive health decisions. Based on this historical and political context of Rwanda, one could imagine that it is difficult for female sex workers who are also part of the community to access health care services in terms of family planning and STI care and treatment as a group who are not married and therefore considered “not to be sexually active” (Advance Africa, 2002:9).

Poverty

Poverty associated with a political and historical context affects an entire population including female sex workers. Castro and Farmer note “…large-scale social forces, such as racism, sexism, political violence, poverty and other social inequalities, are rooted in historical and economic processes and sculpt the distribution and outcome of HIV/AIDS and TB” (2003). Fassin has drawn a picture of
the historical etiology of AIDS in South Africa, where women engage in the sex industry as a way to survive due to their limited financial resources and low education, which contributes to little knowledge about the transmission and prevention of AIDS and their individual rights. He emphasized that biological explanations cannot adequately explain the epidemic but observable inequalities must be taken into account when looking into a disease’s etiology (2003:8).

In 2004, in an article titled, “Anthropology of Structural Violence in Haiti”, Paul Farmer stated that “historical injustices contribute to the poverty, underdevelopment, marginalization, social exclusion; economic disparities, instability and insecurity that affect many people in the world, in particular those who are in developing countries” (2004:313). Poverty was identified in two studies, one in Russia and one in Tanzania, as the main factor for female sex workers to delay seeking treatment for a health problem because they could not afford the price of consultation and medicine (Aral, et al. 2002; Outwater, et al. 2001).

A study titled “Women who sell sex in a Ugandan trading town: life histories, survival strategies and risk” found that the need for money was closely related to the negotiation of condom use for women. “Poor women found it difficult to propose condom use to their clients because they got good money from the clients to survive and others don’t even try to convince their partners to use condoms because they desperately need money” (Gysels, et al., 2002:184). In a study in Johannesburg, researchers stressed the notion of agency or micro decision-making by female sex workers towards the use of condoms by arguing that “no matter how accessible condoms are, as long as a female sex worker decides to bargain for more money for unsafe sex, public health education programs that focus on education and condom access will be unsuccessful” (Wojcicki and Malala, 2001:102).

In Rwanda, poverty and lack of job opportunities during the post-genocide era, led some women to engage in sex work as mentioned earlier (Advance Africa, 2002). This is emphasized by Altman in his book on global sex who suggested that “sex is a central part of the political economy” for cities especially for those “who are uprooted, transient and desperate” in terms “of political or social upheaval” (2001:11). Therefore, the impact of poverty on female sex workers was thoroughly explored in my research.
Health care seeking behaviors

Aral, et al. (2002:43) found that sex workers arriving in Moscow (most recently from neighboring cities), generally young people moving to the city to look for employment, tended to be at higher risk for STIs than those who are originally from Moscow. “They were less knowledgeable and experienced about condom use, safe sex negotiation, STIs, and available services” (43). Negative social attitudes in Moscow, especially by health care providers, affect both the quality of care that female sex workers receive as well as the willingness of sex workers to approach health care facilities (Aral, et al. 2002). Thuong and colleagues (2005) found similar results in their cross-sectional study of STIs among female sex workers in five border provinces of Vietnam. The authors found a relationship between having STIs and the duration of a woman in prostitution explained by a lack of knowledge about safer sex as well as poor awareness of access to local health education programs and clinical services for STIs. Anne Outwater and colleagues in their article, “Health care seeking behaviors for sexually transmitted diseases among commercial sex workers in Morogoro, Tanzania”, found that female sex workers in Tanzania sought treatment when they became symptomatic or when they were told to do so by a partner (2001:24). According to Buve et al. in 1993 (Outwater, et al. 2001:28), “the key elements of appropriate sexually transmitted infections treatment, include: early awareness of symptoms, prompt and appropriate treatment seeking, correct diagnosis at the site of treatment, and effective drugs received and taken”. This comprehensive approach to STI treatment leads to insight into the knowledge or the meaning of STIs for female sex workers and how this influences their decision-making on how and where to seek treatment (pharmacists, traditional healers, medical practitioners or self treatment) as well as other social factors which may be involved or which influence their sexual and reproductive health in the Rwanda context as Nichter argued that “therapy management invites analyses of transactions that are at once influenced by cultural values, social roles and institutions, power relations, and economic circumstances that influence the ways in which illness is responded to in context over time” (2002:82). The author concludes by saying that not considering this side of therapy management contributes to “simplistic impressions that ignorance underlies ‘irrational health behavior’ in contexts where other factors are involved” (101). In the Rwandan context, few data is available on health care seeking among sex workers but a recent report by UNFPA on
HIV programming with sex workers noted that according to the respondents “the stigmatizing attitudes of service providers in health facilities toward sex workers constitute[d] a barrier to accessing the services” (UNFPA, 2009:16).

**Illness knowledge**

Gods or ancestors as important factors causing illness, particularly illness as a punishment from gods due to immoral and unacceptable behaviors, was reported by more than half of the women who took part in the study on knowledge, attitudes, and perceived risk of AIDS among urban Rwandan women (Lindan, et al. 1991). Some women reported that they were people who couldn’t get sick, no matter what they did, and this was associated with a high prevalence of HIV infection (997).

Indeed, according to Ramdas, in her thesis on how women with sexually transmitted infections manage their steady relationships in Suriname, “health and illness are experienced, interpreted, treated and explained differently on the basis of socio-cultural background (2007:19).

This summarizes what Arthur Kleinman defined as the explanatory model “an explanation of sickness and treatment to guide choices among available therapies and therapists” (1978:87-88). Considering this concept helped me to understand the native Rwandan female sex workers’ knowledge or meanings, attitude and behavior towards STI and FP and how their knowledge impacted how and where they sought sexual and reproductive care if needed.

**Condom use**

The condom is one of the most frequently used family planning method and STI prevention tool preferred by female sex workers, despite difficult negotiation and inconsistent use issues. This was evident in previous research in Rwanda, where female sex workers reported using condoms more often with clients but less often with their steady partners (Projet Ubuzima, n.d). A survey conducted in 2000 among lorry drivers in Rwanda suggested that the majority (63%) reported the condom use at last sex with an occasional partner and 91% at last sex with a commercial sex worker (Kayirangwa, et al. 2006).

Similar findings are available in multiple studies around the world (Aral, et al. 2002; Outwater, et al. 2001) and less than 50% consistent use was reported even with irregular clients in one study (Thuong, et al. 2005:553), even though according to
Moore “safer sex becomes a practice, a component of embodied identity and series of meanings applied to particular situations among female sex workers” (1997:54). It is therefore suggested by Gysels, et al. that even though condom use is generally accepted in casual relationships, it is considered as a taboo in regular relationships, except sometimes for FP. This was also emphasized by Sterk, who argued “women describe the complexities of condom use, especially with steady partners but also with paying clients” (2000:29). And according to Gysels et al., this might be an important defining factor for STI transmission if one has more than one regular partner, for both female sex workers and their “regular clients” (2002:183). Hesketh and colleagues (2005) also demonstrated that female sex workers in China were potential bridging groups to the general population for STIs and 12% of female sex workers interviewed, reported accepting sex without condoms because they needed money (964).

In my research, factors such as the financial distress as well as gender and power relations as an influence on condom use negotiation among female sex workers were explored.

*Individual risk vs. social risk*

Internationally, stigma is seen as a significant barrier for prevention of STIs, specifically HIV. Stigma “involves both deviance and prejudice but goes beyond both” because “it involves perceptions of deviance but extends to more general attributions about character and identity. Stigma is more inclusive than prejudice because it involves individual-based reactions as a function of category membership” (Dovidio, et al. 2000:5). One of the arguments of a study conducted by Leiber et al. (2006) in China on HIV and sexually transmitted disease (STD) is that stigmatization fears act as health-seeking barriers. Those who are “infected or those believed at risk for HIV/STI are typically associated with immoral and deviant behavior” (2006:466) and according to Liu and colleagues (Lieber, et al. 2006:466), “the higher levels of perceived stigma were associated with increased delay in treatment seeking and disclosure of test results”.

Parker and Aggleton studied HIV and AIDS-related stigma and discrimination in South Africa and suggested that a stigmatized status is created by society on the basis of what constitutes “difference” or “deviance” to the persons who are perceived to have a deviant behavior among the society such as sex work (2003:14). Indeed, the
authors discussed the concept of symbolic violence, in which even those who are stigmatized and discriminated sometimes accept and internalize the stigma that they are subjected to (2003:18). Thus, stigmatization “must be understood in order to enhance the utilization of health care services” (Lieber, et al. 2006:464) and its impact in everyday life.

**Theoretical perspective**

In this section, the theoretical framework that was used to guide this research study is described.

*The Mindful Body*

Nancy Scheper-Hughes and Margaret M. Lock, in an article on the mindful body, classified the body in three bodies in relation to health and illness and these are interlinked as one can have impact on the other (body self, social body and body politic) (1998:348). “The individual body is understood in the phenomenological sense of the lived experience of the body itself and the ways in which the body is received and experienced in health and sickness which are of course variable” (Scheper-Hughes and Lock 1998:348). The social meaning of the body concerns the relationship between the individual and the whole society. In this context, an individual may adopt *habitus*, which may help them to be integrated into a certain society, but society also perceives an individual in a certain way. When referring to health and illness, Scheper-Hughes and Lock suggested that “the body in health offers a model of organic wholeness; the body in sickness offers a model of social disharmony, conflict, and disintegration. Reciprocally, society in ‘sickness’ and in ‘health’ offers a model or understanding the body” (1998:348). Finally, the category of body politic is considered as “a way to regulate or to control bodies in reproduction and sexuality, in work and leisure, in sickness and other forms of deviance and human difference” (Scheper-Hughes and Lock, 1998:348)

The mindful body as a concept was thought to be appropriated for this kind of research due to the fact that being involved in sex work might engage some level of personal agency (ability to choose freely) but also the individual decision of getting involved in sex industry might have been shaped or conditioned by surrounding factors which are socially, historically constructed or economically driven as it has been evident in this study. The same process also appears in everyday life of sex
workers as their individuality is exercised within the community and depends on how well their job is accepted in the society according to its norms and values. Thus societal actions vary from one to another and reactions such as stigma and discrimination, gender and power relations as well as punishment measures from the authorities might occur as stressed in the following chapters. Therefore, a better understanding of how women in Rwanda context get involved in sex work requires an in-depth exploration of various phenomena associated with each level (individual, social and politic) but also a demonstration of what kind of relation is involved and how does one level influence another. Considering one side might involve some level of misinterpretation as Farmer (2004:309) suggested that “Looking only to powerful present day actors to explain misery will fail to see how inequality is structured and legitimated overt time”. Therefore the notion of mindful body does not only provide explanations about health and illness in sex workers but in addition, it has been used in relation to their life in general so as “to render visible the unexpected linkages” (Farmer, 2004:318). Consequently, individual reasons that led women to do sex work, how they perceive their current life and health as well as their interaction with the society and its impact on decisions they take, were all explored.
CHAPTER II

Research Methodology
Throughout this chapter, study location, design, population, sampling procedures, methods of data collection and analysis, ethical considerations as well as study limitations are described.

Study Location

My proposed research took place under the aegis of Projet Ubuzima in the Kigali district, the capital city of Rwanda. The city is split into three administrative districts called Gasabo, Kicukiro and Nyarugenge and has approximately one million inhabitants and given its geographic location, there is a concentrated female sex worker population due to the large number of truck drivers, military camps, business and administrative offices as well as the presence of an international community. Below is the map of Rwanda with Kigali city marked by a red circle.

I have worked in the Projet Ubuzima clinic since it began in 2004. The clinic’s goals are to reduce the spread of the HIV virus, to mitigate the impact of the HIV epidemic, and to reduce the burden of other reproductive tract infections in Rwanda by conducting clinical trials and investigating issues surrounding prevention, diagnosis and treatment of HIV infection and other reproductive tract infections.

Map of Rwanda
**Study type and population**

This exploratory and descriptive study aimed to provide insight into individual, social and economical factors influencing women to become sex workers and explore their everyday experience as sex workers in Kigali, Rwanda. The study focused on female sex workers, currently living in Kigali, who participated in an earlier large observational study to estimate HIV incidence in Kigali conducted by *Projet Ubuzima*.

**Sampling Procedures**

A maximum variation sampling was used. “This sampling method aims to select study units which represent a wide range of variation in dimensions of interest and therefore allow identifying shared experiences” (Hardon, et al., 2001:266-267). Female sex workers were chosen based on the following criteria: followed in the previous study conducted on HIV incidence by Projet Ubuzima, using or not using family planning, a history of having or not having an STI. Due to the limitation of time, female sex workers who participated in the previous quantitative study were the only ones eligible for the current study, because they could be easily reached. This was a limitation for the study, as the findings, therefore, cannot be generalized to a larger population (the rest of Rwanda) as the sample might not be representative.

**Data Collection Techniques and Analysis**

The data was obtained by focus group discussion (FGD), in-depth interviews as well as one life story interview. Seven FGD sessions with 8-10 informants were conducted during which female sex workers shared information about their sexual and reproductive health. Many women spoke about their individual reasons for becoming a sex worker in the FGD, so instead of four life story interviews, only one was performed. Four in-depth interviews were also conducted. This technique is advantageous because it gives the informant the freedom to talk about herself deeply in order to get the sense of how she constructs her life and therefore the researcher can obtain information that might be missed during a structured interview.

All discussions and interviews were recorded and transcribed verbatim and translated into English and French. The translated narratives were coded using Atlas.ti.v5.0 (Atlas.ti Scientific Software Development; Berlin). The selected quotations were manually checked for accuracy.
**Ethical Considerations**

The study adhered to the normative ethical standards of relationships upheld by people in the local research area. Related research documents were submitted and approved by the Rwandan National Ethics Committee. Individual informed consents were discussed and signed before the discussions. All interviews and FGDs were conducted in the national language, Kinyarwanda. During the study we insisted that everyone’s opinion would be respected in order to avoid frustration. Respondents were not obliged to respond to any question.

Informants were compensated for their time and travel to the clinic. They were assured of confidentiality and were asked not to repeat what other informants said during the discussion. They were allowed to use any name they wished during the discussion. Their real name appeared on some study records, but these were kept locked up. All names used in the findings are pseudonyms.

**Study Limitations**

The first challenge that I encountered was the short fieldwork time (six weeks). Luckily, working as a team with colleagues who assisted me during the preparation and implementation of my fieldwork activities helped me to overcome this challenge.

Secondly, I conducted the fieldwork in a clinic where I have worked and am familiar with the team. This may have generated a bias during the interpretation of some findings and even made me blind to some phenomena. Lastly, this was my first experience with qualitative data and I noted it required a level of subjectivity during analysis and interpretation.
CHAPTER III

Results
This chapter focuses on the reasons given by women that lead them to sex work. Female sex workers’ attitudes toward their job, experience with the health care, their vulnerability towards the clients, views on their children and sex work, sex workers’ interaction with the society as a whole, as well as women’s efforts and suggestions to try to leave sex industry are presented. Some women’s stories are also presented as case studies.

Case Studies

Jeanette

Jeanette is approximately 27 years old, and she has been a prostitute in Kigali for eight years. She came to Kigali after losing her parents and she was brought by her elder sister who mistreated her. Her sister kept telling her that she was unable to care for her, that Jeanette had to find her own means of making money and to look after herself. Jeanette decided to become a house girl, but the person for whom she worked did not pay her and beat her instead. After a long time scrutinizing a way to overcome her situation, Jeanette revealed her living situation to a woman, Frieda, who offered a place in her house. Frieda brought sexual partners into her house and she asked Jeanette to have sex with them on her behalf and share the money they would pay. The clients always paid Frieda directly. Jeanette lived this life for about four years when decided to stop. She did her best to find goods to sell in the streets and worked hard to earn money. After a while, Jeanette met a man with whom she had sex and become pregnant, so now she has a child who is six years old. She continued to sell goods in the street and to care for her child. Jeanette told us that the help from Projet Ubuzima (cohort study on HIV incidence among high risk women) significantly contributed to her survival. After analyzing the status of her life, Jeanette decided to sell clothes in a taxi main park. However, it is not permitted to conduct such a business in Taxi Park, thus security officers drive sellers out and sometimes imprison them at Gikondo (one of the prisons in the capital city for people doing illegal actions such as sex work, drug use and so forth) although prisoners are usually released after a few days. During these imprisonments, Jeanette’s child stays with her neighbors. Jeanette mentioned that there is nothing positive about sex work and she emphasized that girls could easily stop sex work if they had other occupations. She has managed
to abandon sex work for about one year. For now, she is continuing selling clothes, even though selling in the street is not supported by the police officers; at least Jeanette is getting money to pay her rent, feed her child and buy clothes for herself.

**Devotta**

Devotta is 30 years old and she is an orphan living with her grandmother together with two siblings. At the age of eighteen, when Devotta failed at school, her grandmother beat her everyday and even said that she was going to kill her. Devotta decided to go and live with the former house girl from her parent’s house, Ellen, who became a sex worker in Remera (one of the neighborhood in the capital city). Devotta became involved in sex work when Ellen asked her to go with her to nightclubs. After going to a nightclub with Ellen, Devotta returned home, but gave her phone number to a man who might put her in contact with foreigners looking for sex. If she doesn’t get a call, Devotta goes to Cadillac (a night club) on weekends to look for clients. While Devotta goes out to look for clients at night, her family is not happy and insults her for misbehaving. Thus she reduced the number of clients she had contact with. She revealed facing challenges in her job As she has been arrested and put in jail by the police. Her siblings were not happy about her imprisonment or the money Devotta was getting for going to cabarets to buy alcohol with other women or that she was giving money to women who were not able to reimburse her.

Meanwhile, Devotta had a partner who was very jealous about other men being around her so he beat her when she went out. They had two children together. Devotta had decided to stop sex work but restarted after her partner left her to go to Europe. She gave her phone number to the receptionists at local hotels so they would find clients for her. However, Devotta thought that sex work was not something children should witness and her children were growing up. With a friend’s help, she received a bank loan especially for women, called urwego. She is now trading women’s clothes and has managed to stop sex work. Devotta revealed that her life after stopping sex work is much better; she is earning less money but is working in good way and now manages her money correctly. Her fear that her daughter could also become a sex worker has gone and her relationship with her family has changed. Devotta’s family is supporting her now which is contrary to their behavior when they considered her to be a bad girl.
Mary

The genocide of Tutsis took place when Mary was still young. Now she is approximately 27 years old and she has two older sisters (one married a long time ago and the other was also recently married) and two younger siblings (a boy and a girl). Her father was killed during the genocide in 1994, and subsequently she and her siblings lived with their mother. According to Mary, life was hard. Each child had to find their own money to pay for their education and buy notebooks and pens. Mary barely entered senior six (primary school) and studied for two quarters but did not finish the year. After discontinuing her studies, Mary was brought to Kigali in 2003 to be a house girl, which she did for one and one and a half years. Life was becoming so difficult that when a man asked her to live with him, she accepted without hesitating. After three months, the man left her pregnant. She tried various trades in order to survive, such as selling fruit in the market and even travelling sales, but she failed each time and fell into bankruptcy. Having no livelihood, Mary’s friends advised her to start sex work. With the money she earned, Mary paid the tuition fees for her younger sister and brother who are now both in high school. The father of Mary’s child does not even give her money to buy sugar. Mary is now receiving clients either at her home or her clients’ homes or hotels but she has not revealed to her family that she has become a sex worker. This is despite the fact that Mary’s family suspects that she is a sex worker since they see her with money but no visible source of income.

According to Mary, she is earning much money and solving many problems but she is also at great risk: her life has deteriorated more and more and this degradation is due to the fact that she is having sex with many men putting her at multiple risks of contracting diseases in addition to the HIV she already has contracted. Furthermore, Mary finds it difficult to save as she must use her money to address her many responsibilities. Mary has joked that even if someone dies, they won’t have money to buy a coffin. She mentioned also that her child, who is now growing up, is not happy to see his mother bringing clients to their home and sometimes he faces stigma from his friends who insult him by saying that he was born of a prostitute. For Mary, sex work is not a good profession but as long as she doesn’t have alternative resources to pay the tuition fees for her child and siblings, she is not going to be able to abandon it.
Women’s Reasons For Sex Work

The women in the study reported several reasons for women becoming sex workers, such as being orphaned, peer influence, disrupted family relationships, getting pregnant and so forth, but there is one general underlying factor—poverty. Most informants were not originally from Kigali but came for various reasons such as looking for a job (being a house girl), brought by a family member in order to live with them, or had disrupted relationships with their families and preferred to move to the city as illustrated by the case studies above.

When some women arrived in the city they couldn’t find jobs as planned and became homeless. They reported going to live with other sex workers, who introduced them to sex work (peer influence) by either role modeling or substituting for the other woman.

*I came to Kigali to look for house girl job, I got the job but they didn’t pay me, I then decided to move to another house where I was working for the sex worker as a house girl. When I was grown up, I also decided to become sex worker like her.*

Simbi

*I came from Uganda when I was 14 years old, I was stolen from my parents by somebody; he brought me in Kigali and left me in town alone. I went to look for accommodation to a sex worker and she accepted. I was observing how she is working and how much money she earns. One day she brought a man for me and she locked us into the house. At that point I didn’t have another choice anymore and I decided that I would go into sex work.*

Sugira

The role modeling described above has been defined in this study as being initiated into sex work by other peers by showing them how the sex work industry is done. Substitution similar to role modeling was rather defined in this current study as women who start sex work acting as a replacement for another sex worker. For instance, many informants reported working as a house girl and transitioning to a sex work when they were either asked to do so by their boss or the owner of the house as well as being propositioned by a client who came to the house, found the sex worker
missing, and asked the house girl to have sex with them. This is what is described below:

... After my aunt’s death, I stopped school because I did not have other means to pay the school fees; I went to look for a job as a house girl to a sex worker who had also daughters who were sex workers even though they were students, when their sexual partners were coming home while there is no anyone, I was having sex with them...Sangwa

I came from Gitarama (one of the rural districts in Rwanda), when I was still young, I came to Kigali to look for a job. I was working to the sex worker as a housegirl. When men were coming to her house in her absence, they were having sex with me...Samaza

Informants noted the following reasons for seeking a job as a house girl including: being orphaned, lacking education so they couldn’t find another job, or having problems in their families (individual family disruptions). Being a house girl for these women put them in a vulnerable situation where they were confronted by a lack of money to satisfy their financial needs or not being paid at all. Therefore, these women were obliged to look for alternatives, including sex work, in order to survive.

Working in bars was also mentioned by two informants as a factor that influenced them to become sex workers since they were in contact with many men and the women found it easy to accept having sex with the men due to their own alcohol consumption.

I came to Kigali in 1997. I was 16 years old. I worked as a house girl at Sonatubes then at Nyamirambo, Nyamirambo is a city where there is too much movement, I met various people who told me stories of their lives. I left from Nyamirambo to Gikondo where I worked in a bar. The military often frequented the bar and introduces me to prostitution. At some point, the work stopped, I joined a woman sex worker for about three years. At that moment, I did not even want to go and see my mother the only parent I had left. I made reference to the life that I was living because I got used to live an independent life. My concern was to get the money to support myself...Grace
I came in Kigali in 2001 after being separated with my husband and after the death of my parents. Because I had never engaged in agriculture, I had not even studied so that I could not apply anywhere. I came with my two children and four sisters, expecting to find work. I rented a small house for eight thousand RWF a room per month (around US$ 14). I then worked in a nightclub with all its temptations. That is how I started sex work…Nyamibwa

Being orphan was not uncommon for these women and this has contributed a lot for them becoming sex workers.

I am an orphan. I was living with my little brother. At one point he got imprisoned, after his imprisonment, the situation became serious. At the moment we were living at Remera. We had no house or landed property. I decided to go Gikondo (one of the neighborhood containing many sex workers) because I could not do anything else. Byishimo.

It happens that you are an orphan living in a family and because the family abuses you, you prefer to quit and become sex worker. Bwiza.

After losing my parents I had problems of becoming an orphan, I was studying in senior five and my studies also should continue their studies, finding what to eat, and so on. So I decided to go in the prostitution…if I find opportunities to continue my studies I can quit sex work. Mukamurigo.

Another reason for engaging in sex work was “getting pregnant”. Some of the women got pregnant while living with their family and were kicked out and became homeless which forced them to begin sex work in order to survive and look after their children. The quotations below are few examples:

I have begun working as prostitute due to ill treatment by my family relatives who sent me away from home after realizing that I was pregnant. I currently have children but only the father of one of them helps me to feed them and because I have taken him to court. If I get a job, I would abandon prostitution. Sano
I got pregnant when I was still a student (in senior five). I was orphan and my brothers kicked me out of the house and I started sex work…Mahoro

I have come in Kigali with the help of a neighbor who lived in Kigali. After a short time, this person sent me off the house without money to help me for surviving. So, I was obliged to look for another accommodation. It was a hard life and due to the lack of a stable place to live in, I got pregnant. At this stage, I felt I was no longer a kid and I had no other option other than caring for my child. It is in this respect that I hired a house for my accommodation.

Mukagasaro

I have come to Kigali to live with someone who looked after me. After a long time living here, I got in touch with a boy from Burundi with whom I had sex and got pregnant and he disappeared and could not recognize him. After realizing my pregnancy, the person who sheltered me dismissed from the house and I went to live with a woman whose job was prostitution. She advised me to become a prostitute so as to make money to look after my child and since then I became a prostitute. After a while, I fell pregnant from one of the friends of mine. At this extent, it was quite impossible to come back to my family, so, I decided to stay prostitute up to now. Sano

Marital break up for women who had no other source of income was also mentioned by a few informants as a reason to start sex work in order to take care of their children:

The reason why I become sex work was that my husband left me alone with the kids. I didn’t have any other source of income, the only option I had was doing the sex work. Nyiraneza

As for me, I live alone and pay for house rent. I was married to man from Uganda and we had one child. When the child was one year and nine months old, he asked me to move to Kampala but I refused because he had another wife with five children. He stole my child and went with him to Kampala and
left me alone; this happened four years ago. He did not give me any money. The only remaining solution was to stay in my home and make money through prostitution. I bought a cell phone through which I made some contacts with clients. Through telephone calls, I make appointments with clients I met in nightclubs. In brief, this is the way I live. Mpano

Although the women reported a variety of reasons for engaging in sex work, most of the reasons were related to the social and economic structures and they are mostly related to poverty in one way or another. However, this is not always clear-cut, and despite poverty there is also some evidence of agency. As some participants explained:

I got involved into prostitution because I was orphan. However, I have noticed that there is one’s personal part in becoming a prostitute. Actually, to be honest, I began prostitution before the death of my parents because I felt a need of freedom and money. I joined prostitution when I was a student because the money that men gave me made me feel happy. The reason why I say that the biggest part in joining prostitution is made by the sex worker herself is because there are some orphan girls who are not necessarily sex workers because of their living states (i.e. poverty). Buhoro

After the death of my parents, I felt devastated and I had no other options other than seeking a job in Kigali because I was not ready for cultivation. I found a job in different areas when some of my employers paid me but others didn’t. I felt I was grown up enough. I asked myself for how long I would work without being paid. I wanted to be paid and buy what I want but this was not possible. As other ladies kept going on streets during evening to make money through sex work, I also thought that this was quite a way for me to make money. So, this is the way I became a sex worker. Mukabarisa

Structural factors related to poverty and deprivation and individual agency are often combined in complex ways. For instance, a woman might be an orphan, which leads to stopping school and being obliged to look for a job—generally as a house girl. Becoming a house girl for a sex worker and being inadequately paid or not paid
at all makes these girls vulnerable. In this situation they are exposed to sex work and therefore tempted into the sex industry by the relatively high financial rewards.

Actually, a girl at the age of fourteen or so begins to develop the wish of buying some stuff for herself and make herself look more beautiful. It is in this regard that you seek a job and when you are unfortunate; your employer sometimes does not pay you or pays you too late your plans having already failed. So, in a bid to avoid this, you may opt for working as a prostitute and make money with which you will buy what you want at any time you want.

Mukabarisa

... I worked to the prostitute (as house girl). When the men came to her during her absence, they were sleeping with me. Some time later I wondered why I can not do the same. I made the decision to join my friends to prostitution.

Samaza

In this chapter, the reasons leading women to become sex workers in Kigali were described. The following chapters will focus on their experiences and views on their everyday life as well as their suggestions for how to leave the sex industry.

**Women’s Attitudes Towards Sex Work**

*Categories of sex work*

Although all these women are doing the same job, which is sex work, they revealed that sex workers are classified into different categories depending on the kind of clients they are receiving, where they go to look for clients, and how much money they get for each sex act. For instance, some receive only a few clients and are well paid whereas others have to have sex with many clients to earn enough money to satisfy their needs as the price per sex act is low.

There are different types of prostitution: there are people who go on streets to wait for clients, those who find clients via telephone as my colleague said and those who go to hotel places. Most of clients for the latter are foreign people. You put on your best clothes, go in a pub, buy soda or beer and men come to court you and then you begin bargaining on the price. He indicates you the
room number and he leaves first to join him after a while. After sex he pays you and you leave. When people keep on seeing you leaving home, they do not consider you as a prostitute they do not see clients coming to your home. When clients come to your home, then neighbors begin to consider you a prostitute. Devotta

Furthermore sex workers tend to be a mobile population and this is due to the fact that they are looking for the places where they can find enough clients or enough money but on the other hand, it is because they are looking for cheap accommodation (rent) or even changing neighborhoods if they have been involved in violent actions.

I left Kigali to Cyangugu (western part of Rwanda, on the border of Rwanda, Burundi and Congo) because there are also prostitutes. Everywhere there are prostitutes even during the period of Jesus, the prostitutes existed. That’s why I made a trip to Cyangugu to seek for better life but it was impossible for me and I returned to Kigali because it's where I grew up. Dukunde.

I was taken by another sex worker to Gisenyi (western part of Rwanda, on the border of Rwanda and Congo) to do sex work over there. There is a lot of money! (Habayo inote!) Moreover I will return! Mizero.

You decide to move from your place to another new one in case the owner has increased the rent price to a rate that you cannot afford. You go for a cheaper house and this in accordance to your financial means…Jeanette.

Vulnerability

The respondents argued that they face gender imbalance. Sometimes clients are nice in the beginning of sexual negotiations and become violent when they arrive home. Whatever individual reasons lead these women to become sex workers, the majority of them mentioned that they are not happy with the life they are living; they feel uncomfortable. They reported being harassed by the police during the night, and experiencing violence from their clients who don’t want to pay or use condoms; this results in unplanned pregnancies or STIs, including HIV, as well as fear for the future of their children who are born in these conditions and who face stigma from other
children or who might turn into sex workers themselves. Therefore, the majority of the women stressed that they would like to leave sex work if they could find something else to do in order to survive financially. Below is a short story of a sex worker brought by a client to a forest and who forced her to have unprotected sex:

... Last time, a client took me outside of the city (Shyorongi) in the forest, he forced me to have unprotected sex with him afterwards he refuse to pay me instead started beating me, he left me there, it was around two in the morning. I did not know the place before; I was obliged to stay there until morning in order to know the way back home and I did not have money for transportation... Gihozo

...It is not easy today, fortunately the students returned to schools [apparently some students in holiday look for sexual clients with a cheap price]. Currently a person may earn little. Sex work is a difficult profession, we encounter many problems: the police, men who hit us and refuse to pay us. If we fall into the mistake of bringing clients without having been paid before, they refuse to give us the money. The strategy is to make them pay before returning... Giraso

Prostitution is not good at all. Some men beat us, others refuse to pay us, others can kill us, and some do not use the condom or tear up during sex. You understand that a person is at risk to get pregnant or contaminated with a sexually transmitted diseases with someone she has never loved, there is also risk of getting HIV / AIDS. Rebe.

The fact that prostitution is not seen as illegal but also not as legal in Rwanda puts female sex workers, who are already part of a vulnerable group as women, at risk for violence from their clients, who sometimes force the sex workers to have sex without condoms, leave without payment, or engage in acts of physical aggression. This situation creates a challenge for the sex workers who cannot seek help; as there is no one to go to if they want to file a complaint or to seek assistance after this abuse.
Children And Sex Work

As I have said earlier, children born of sex workers can face mental problems but also stigma in society, including occasionally being raped by the clients of their mothers and the daughters are at risk of becoming sex workers themselves in the future. This was mentioned by sex workers who participated in the discussions.

Prostitution is pointless. There are cases where the police catch me and put me at liberty after offering them five thousand RWF that I could use to solve other problems. If luck smile at you, you receive a phone call from a client (to get other money), but unfortunately you do sex in a bedroom where children can watch everything, this is dangerous. If there were other ways we could leave prostitution. Kubana

With prostitution, you make money but it is not a good job at all. Whatever your wealth might be, when you are still prostitute, no one will respect you. The consequences of prostitution affect even our children: they are mistreated by their colleagues by abusing them as children from prostitutes. So, practicing prostitution at the view of children is causing harm to their future. Mukagasaro

...The bad experience that I encountered in sex work made hate this job. A client came home and I went buying something to serve him, he stayed at home with my daughter and he raped her. Sex work is not a good thing, even our children learn about it... Gisubizo

Sex Workers and Society

Women reported that sometimes society, including their family members, might recognize or suspect that they are sex workers. But the reactions from the society vary from indifference, support, sadness, to violence and even to the disruption of relationships. Some women reported being stigmatized by society or by their family members but others also said that stigma might also be related to how a sex worker behaves in society. On the other hand, some women stated that they live in peace with their neighbors as long as they are not involved in violence or cause security concerns in the neighborhood.
Generally, when you are a sex work, neighbors identify you because of your behaviors and dressing ways. The hours by which we are used to leave or come back home when we get telephone calls from clients, they are not actually practical hours advised for a lady to be out of home. So, this means that neighbors can identify you as sex work even though they may not reveal any thing to you in this regard. Many of sex workers smoke hemp and neighbors easily recognize its consumers or sometimes, they may come back home late in night with injuries and neighbors may know that such behaviors are attributable to prostitutes. Buhoro

In my former neighborhood, none knew that I was sex worker. However, in my new living place, Sodoma, everybody knows that I am prostitute because it is a bad living place. When you overspend a long time in bars, policemen imprison you and while in prison, you get shaved. When they release you shaved, neighbors easily recognize you: either you are a sex worker or thief. When you frequently go miles away from home, people cannot know your job. Mpano

Practicing sex work saddens a great deal your relatives. All my younger sisters have completed their studies and are always sad to see me in prostitution instead of going to school as they did. My aunts keep on asking me in which way they can help me so as to learn a vocational activity and abandon sex work...Devotta

...In the year of 2009 there came a boy we became friends, he promised that we will be married, we went to the HIV voluntary testing and at that time that I have conceived a child you see here. We spent three months together and one time he told me he was going for work. A time came, I got disorders of pregnancy, I called him on the phone and he arrived the day before the birth of the child. The baby was born premature, and the husband have heard rumors that I gave birth to a premature because I am prostitute, the husband directly cut relations, he did not pay the hospital. I even tried to contact him on the phone he did not reply. I received support through other
acquaintances. My vision is to continue in prostitution because I have two children to rise, I rent a house for eight thousand RWF; I don’t have any other choice. Grace

Being a prostitute! They know it! But it also depends on how you behave. There are difficult and wise sex workers. I you are a difficult sex worker, they’ll kick you out of the neighborhood. Mizero

They can not send you away anyhow because they know that you work to find ways to survive as they also work in different activities. The only difference is that we need to spread our legs to be able to find money. So this is our limitation because we did not study. Dukunde

One of the informants stated that women are not the only ones to be considered sex workers but that their male partners should also be considered as sex workers, because if there was no demand from their male partners, women could not continue with sex work. They’d have to look for something else to do.

We are not the only sex workers! Men also are sex workers! How I can continue sex work if men do not buy from me (kungehuza) and then if I am in the street and I can not find customers once, twice, three times I can not return. I'm going to seek money from potatoes and when I found I thank God for that. Dukunde.

**Life Matters: Staying in Sex Work Despite Its Negative Experiences**

Even though, women are not happy with their life as sex workers, they also mentioned why they continue. Many reasons have been identified, and they are particularly in relation to women’ everyday financial needs.

This profession gives me a decent living; I can buy shoes and even the lotion for my body. Currently I am able to satisfy all my needs. Kubana

The decision of quitting prostitution is mainly based on what one would do after. What can happen if I abandon prostitution? I am the only person my
children rely on. I cannot invest in selling goods on street because policemen can imprison me. I one day tried to sell maize and by the time I arrived on the place I was supposed to sell them, policemen chased me and took all what I had brought and they nearly took me to prison. So, instead of affording such a difficult life, I’d better stay in prostitution as you can make little slowly but safely. Rugwiro

I think I want to quit but when hunger threatens us when there is no money in the house, I go directly to look for a client. If a client gives one thousand RWF when we are in the unemployment period, I accept provided that the children have something to eat. Byiringiro

Prostitution is better when you have not yet grown children. The eyes of our children threaten us but we cannot let them die of hunger, we are their father and mother, we have to satisfy all their needs...Nyamibwa

Never, it’s impossible! Except if you have your own little house, then you can look for a job for washing clothes and you gain one thousand RWF but you will not have to pay the rent. But if you don’t have a house, one day they can kick you out. What can you do? Sell your stuffs and become a house girl, where they only pay you five thousand RWF per month? And what if they don’t pay you? We prefer to stay in sex work and gain at least 10 or 20 thousand RWF per day. Keza

The problem is not deciding to leave sex work or not, the only obstacle for me is the survival of my child. If I leave sex work, I cannot get the ten thousand I pay for school fees, or afford accommodation fees. If I were alone in my house, I could try to get another place to live because there is nothing positive from sex work. Mukabarisa

In my neighborhood (Gikondo), there is a market that has been built for prostitutes to make them leave the profession. The local authorities have even lent money to sex workers to start. Personally I put on balance selling
tomatoes and potatoes that have fifty RWF as interests and prostitution, with five children that I have to take care of, I see that it as a waste of time because with these fifty RWF I can not meet their needs. I cannot give up sex work as long as poverty continues to threaten me. Sex work has become chronic in us because we think about it if we need money. Only by the grace of God that we will abandon this profession. In the market of Gikondo, I cannot get money that can pay the tuition fees of three children. Unless the children eat mixed food (low quality) and it is not easy to change the diet to children who are accustomed to the meat. On top of that, sex work itself demands more energy in a way that we need appropriate food. Nyamibwa

**Arms are Not Just Crossed: Experiences with Trying to Leave Sex Work**

Considering all the situations mentioned above, most of the female sex workers would like to stop sex work and look for something else to do. Some of these women have been making efforts even though they don’t find it easy going and often get discouraged and go back to sex work. As stated in the beginning, most of the women did not finish their studies and thus they are obliged to look for small business projects or other jobs such as masonry and so forth. The income from those small projects is not enough to cover their needs and the government does not support such street businesses. The women reported being imprisoned or beaten when the authorities find them selling merchandise along the roadside because it is illegal to sell goods in the streets (itinerant trade). The fact that they are not getting enough income, aside from prostitution, forces many of those who leave sex work to return in order to get the money they need to solve their problems, especially paying rent and tuition fees for their children.

*I live alone with my three children. I carry out street trades in a place called ‘Marathon’. I was married as a third wife to a man who after a couple of days dismissed me but people also kept advising me to leave him. For the moment, I live only with my children and I pay school fees for them alone. I make money from these trades in ‘Marathon’ where we are usually chased by security authorities but when I meet a client, we arrange for sex and life continues.*

Umulisa
I used to do prostitution as main job. But given the way prostitutes were mistreated by recurrent imprisonments at Gikondo always leaving my children helpless I decided to end up with prostitution. It is in this regard that I bought clothes that I sold on my turn but still I was chased by policemen. Fortunately, I met a friend of mine whom I used to meet through prostitution and asked me to live together and since then we live together. Sabana

Had we have other occupations, women would easily quit prostitution. There is nothing positive in prostitution. For example, I run a small commercial business and I manage to pay eight thousand for house monthly rent, feed my child, pay house maid and buy clothes for myself. The only problem is that the government does not support us in such businesses. For instance, they imprison or beat us when they find us selling stuff along roads. For sure, you can manage your life through businesses other than sex work. Jeanette

...I was also having my second child and I thought that it is something which is not good to be seen by children as my kids were growing up. There is a bank called “urwego” that gives loans to women. A person took me there and asked a loan for me. I am now doing the commerce and stop the sex work. .Devotta

“The best wish for every one is to quit sex work”: Suggestions by Female Sex Workers

In general women suggested that if there were other ways to survive, they would abandon sex work.

The best wish for every one is to quit sex work. The only problem is to find a business to run after you have abandoned sex work. We also know that you are more valued in society when you successfully manage your life by making a profitable business after leaving prostitution. As for the organizations which provide with support, I honestly do not know anything about them. Had we got a chance to afford any money-making business, we cannot hesitate to abandon sex work. Mpano.

If such financing is available, there are many places where people can engage in other activities and thus leave sex work. Only problem is that those who
make lists and transmit them to financial institutions, divert the money available. These funds do not reach the beneficiaries; they remain in the hands of those people who make lists. Mpinga.

Unless if I get money to trade, that is when I can abandon the profession of prostitution or if only if I find a job but also I'm not sure I could stay there long. The best would be to get money for trade. Or getting training in sewing, then I can be sure that I could live because the sewing is also a good profession. Mukamurigo.

Even though, there is no guarantee that once these women find something else to do, they will definitely quit sex work, at least, the number of their sexual partners could be reduced.

Experiences with Health Care

Female sex workers are more exposed to the sexual and reproductive diseases than the rest of the population and they are also in need of family planning (FP) services and condoms use, as are other sexually active people. This implies that sex workers need to seek health care. The choice of where to seek help is determined by factors such as the quality of services they receive; time spent getting to the clinic, as well as the accessibility and affordability of the services solicited. Most of the informants stressed that they go to public health centers because the services are less expensive than private clinics. This is easy, as most of the informants reported having health insurance (mutuelle de santé), however, they also stated that the services in public settings are slow and sometimes people in general are not well received by the health care providers. Thus the sex workers prefer private clinics, where the services are better compared to the public institutions regardless of the fact that they have to pay more (note that the health insurance is only for public institutions) as is indicated by the following quotations.

...The main problem we face is that the doctor disregards us and says that our illness is an outdated one. People do not suffer from it any longer (she was having pain inside the vagina). In such situation, we feel humiliated and look
for money and go to a private health center. I had pain inside my vagina and went to hospital but I felt disgraced because the doctor mistreated me by telling me harsh words. Since then, I took the decision to reveal my pain to a pharmacist who gave me some pills and I felt well afterwards. I didn’t make any further check up. Mukagasaro

I don’t have any confidence in health centers, because if you have a ‘mutuelle’ they will give you medication that will not cure your disease. Nowadays they will only give you ibuprofen that will not cure trichomonas, but if you already have stomach problems you will end up having a crisis. This is why I prefer going to a private clinic because although they are expensive, they will give you the appropriate medicine. Mukamurigo

In public services in general, they ignore people and you spent there a lot of your time, you prefer to go in a private clinic nearby and you pay. Cyurinyana

**STI Knowledge And Perceptions**

The knowledge of STI among this group is significant. A majority of respondents enumerated various symptoms, methods of transmission, as well as prevention methods. In this study, trichomoniasis, syphilis and gonorrhea were the most frequently presented or reported STIs. In terms of common symptoms, abdominal pain, vaginal itching, pain while urinating, pain during sex as well as abnormal vaginal discharge were all reported.

The discussion on causes of vaginal complaints was closely related to their every day job and included ideas of ’too much’ (too many partners, sex went on for too long, too much sex), and this was not uncommon among the participants. There were also a couple of women who mentioned hygiene as a cause (e.g. not washing well) and some informants talked about unprotected sex with an infected client as a cause.

Due to many sexual acts, there are cases where I feel pain inside my vagina where any more act becomes unbearable to my body. When you spent days without having sex, then you feel better and you can think that it was because of having sex many times. Mpano
I have heard that Trichomonas comes from not washing the clothes and not drying them in the sun. Gwiza

The symptoms might come from the men. When you had unprotected sex with a man suffering of a certain disease and you also get infected. For example if you have unprotected sex with a man suffering of gonorrhea, after few days, you start to have vaginal discharge and pain and you will need to go to see the doctor. Mpano

I think that these diseases are due to unprotected sex protected. Clarisse.

Data from this study suggests that the majority of female sex workers suffering from vaginal complaints or STIs in general, do not commonly use traditional medicine. Only few reported seeking help from a traditional healer before going to a medical doctor because they had been advised to do so by older women. One reported being healed by traditional medicine whereas a second one said that she had been temporarily cured.

For my ignorance, I had vaginal symptoms and I told that to a woman whom we were living together because I was having so much vaginal itching, she indicated traditional medicine to take, I took those medicines and symptoms disappeared but occurred again after a short time. It was then that I went to the hospital for diagnosis. Grace

...I got trichomoniasis and was feeling pain while urinating, I went to see a doctor, he gave me vaginal tablets but they couldn’t cure my disease. I then decide to go to a traditional healer, he gave me the leaf of “capscine” and I got healed after using that...Clarisse

You should get treatment as quickly as possible, because if you have a disease for a very long period and you keep treating it with traditional medicine thinking you’re cured, after a while you can still have this disease and eventually you will get serious problem, it can for example cause diseases in the uterus or infertility. Byusa
Another way to respond to their vaginal symptoms was to involve their sexual partner in process of treatment by notifying him about the symptoms and if treatment is needed. This emphasizes once more their knowledge about STI. Nevertheless, many constraints were identified by the majority of the female sex workers during the disclosure because the male partners don’t receive that easily and or in a good way; some women reported suffering of violence or breaking of their relationships afterwards. Partner notification seems easier between sexual partners who are already friends than those who have sex occasionally according to the majority of female sex workers thus the type of sexual partnership have an impact on how one decide to notify her partner or not.

To treat the sexual partner is very important because this disease is transmitted sexually; ignoring that is a deficiency. Ilibagiza

...For me, I went to the doctor and told him my complaints and that I have a partner, they give me medicine and for my partner. I found not easy to disclosure this to the partner; it took me a lot of time. I told him that I went to the hospital, showed him the examination that I underwent and explained to him that if he is not also treated, he will re infect me. He told me that he is not feeling pain. I told him that he will finally have the symptom. He then accepted and took medicine. Mukagasaro

Sometimes it is not also easy to communicate to your friend. He might become angry and can even break your friendship because he knew that you are having sex with many men, he can not be hundred percent sure that you have not been contaminated by another person...Byusa

FP Knowledge and Practices
In terms of FP services, generally, the informants appeared to have adequate knowledge from various sources of available methods, potential side effects, as well as the importance of using FP. Therefore, their knowledge had an impact on how FP was seen and used among these female sex workers.
Health educators (people who are in charge of health at the administrative sector level) often told us about FP during “umuganda” (a Rwandan practice of cleaning neighborhoods done by the population itself once every month, and after which all the announcements in terms of government policies or other health programs are given). Birth limitation is very important so that one could give birth to the kids that she will be able not only to pay for school fees but also give them the good education in general. Jabo

The fact that the women’s knowledge of FP was higher than expected may have been due to the fact that Projet Ubuzima followed these female sex workers in previous studies and they received FP counseling at each visit to the center but it is also Rwandan government policy to make FP services available to whoever wants them—they are no obstacles for unmarried women who are sexually active to get FP services as they are as well received as married women—a policy that was changed few years ago.

Before if a person has to go to the health center for FP services, the doctor was asking about her to bring the husband and if you did not have a husband, the FP services were refused to you. Clarisse.

In this sense, female sex workers reported that they received FP services not only from medical institutions (public health centers, hospitals and private clinics) but also in their neighborhood (at the sectors or administrative level). Strategies to balance the side effects of FP were also noted, as female sex workers knew the importance of FP use so they sometimes took medicine for the discomfort caused by their FP method (coping with side effects) rather than stopping FP because they feared they’d get pregnant:

… What I had as a problem is that the injection makes me bleed and the pills make me have always the headache so that I was obliged to carry tablets in my handbag. I have chosen the injection because I would rather bleed than suffering of headache…Gisubizo
Condom Use

In regard to condom use, most informants said that it is easy for them to get condoms because they are widely available in shops at a low price (100-200 RWF equivalent of US$ 20 cents) but also at their administrative sectors or from the health educators in their local neighborhoods. Many informants suggested that it is very important to use condoms because they want to protect themselves against HIV and other STIs.

Many people are quite aware of the importance of using condom because health agents in hospitals and health centers put much focus on its use. They ask us not to have sex when we are HIV positive to avoid the increase of re-infection. This means that we cannot afford having unprotected sex unless the client intoxicates you and make you have sex without condom. Mukagasaro

As far as I am concerned, I tell every client that life cost too much and ask them to use condom and any one who refuses I dismiss him. Mukabarisa.

Even though, the women mentioned the importance of the condom use they also mentioned various constraints for its consistent use such as being under the influence of alcohol, bargaining for more money, trust between partners, being HIV positive as well as the Rwandan practice of kunyaza (referring to wet sex). Kunyaza is defined as “intense stimulation of the woman’s sexual organ by the male partner, which results in a strong stimulate female orgasm and expulsion by the woman of large quantities of liquid” (Afrik-News, 2008).

What I can say is that men can be convinced to use the condom after negotiation and even give you money to buy it. He then wears the condom but in the middle of sexual act, he might want to change to the Rwandan practice “kunyaza” and then remove the condom. In that case, you can’t fight against him as you are not strong enough and you can’t even scream. Some wild men can even kill you if you try to defend yourself. Byusa

I know four sex workers in our neighborhood who are HIV infected. When discussing with them, they told me that they don’t want to use condoms that
they can even tear the condom during sex because they were also without HIV before. For instance, one of them showed me a man in the street saying that she contaminated him. It is so bad to see men who can not control themselves. In my opinion, no one can have trust in someone that he knows as a sex worker. Byishimo

It is not easy to protect yourself while you are having sex with people of different cultures. Also sex workers are classified in various categories; they are those who are paid five thousand FRW, others two thousand FRW and even those paid one and five thousand FRW or five hundred FRW per sexual act. If a sex worker, usually paid five hundred FRW is offered five thousand FRW for unprotected sex, she can then accept easily. Byusa. To be honest, we remember the use of condom when we have not drunk beer, because when we are drunk, we even don’t remember to carry it wherever we go with clients. We also fail to use condom when we meet with our old friends who resist our wish to use condom. So, in such cases, we are likely to acquire HIV or STI. Buhoro

Perception Towards Health Interventions

Finally, female sex workers expressed their appreciation for participating in health prevention programs (in this case, the previous HIV incidence study), where many of them got to know their HIV status and found out they were HIV negative since they were so scared to get tested thinking that that they were already infected. In combination with counseling on safe sex received at each study visit, the women opted for behavioral and attitudinal changes and this may explain why some decided to leave sex work and look for alternatives or opted for safe sex (use of condom) if they stayed in sex work.

We got the knowledge that will facilitate us to adopt the appropriate behavior in our work. Simbi

After being recruited to the project and after that HIV tests have shown that we are negative we decided to use a condom. Kamagaju
This emphasizes the need for health prevention programs targeting female sex workers to be designed and implemented. I would argue that if those prevention programs are aimed not only at female sex workers, but also the whole population, since a safe working environment for female sex workers should be created as well as the use of peer group method.

During this chapter, the reasons leading women into sex work as well as the overall perception of their everyday life was explored. The following section will focus on discussion and conclusions as well as recommendations based on this research.
CHAPTER IV

Discussion

Several reasons have been reported for women to become sex workers such as the peer influence, disrupted family relationship, getting pregnant and so forth, but there is one general underlying factor — poverty. Neequaye et al. (1991) agreed with this finding by arguing that “financial pressures encourage women to enter in prostitution” (919). Furthermore, Sterk suggested that “entry in prostitution is not a career choice; rather these women and girls are themselves most often victims of circumstances such as violence and poverty” (Sterk, 2000:24). Though this is not uncommon in many settings and also among the women participated in this current research, few women may opt for sex work as a rational choice and this is explained by the notion of body as self entity, free to choose among various existing possibilities such as choosing sex industry as a job. Self-decision (agency) to become a sex worker, though rarely mentioned or admitted, was also observed in this research and this is in accordance of what Cusick called “the desire to control of one’s life and development of a strong independent personality” (2002:234). Nevertheless the combination of “situational factors such as disrupted family relationship, deprived socioeconomic background, and assault actions, lack of job opportunities, peer group influence and so forth” (Cusick 2002:234) and some level of self-decision in getting into sex work should not be ignored. For instance, in this research, women were exposed to the sex industry by being house girls for sex workers and consequently are sometimes subjected rape by the clients coming home.

The self body described by Scheper Hughes and Lock as phenomenological sense of the lived experience of the body itself helped to understand the reasons stated above as personal reasons led women in this research to become sex workers, how they feel about their current job as well as their intentions about staying or leaving sex work. Nevertheless, some personal reasons led women to sex work, were also on the one hand associated with the social structures for instance the disrupted family relationships and on the other hand with the notion of political economy like the earlier mentioned underlying factor of poverty (as a result partly of genocide happened in Rwanda in 1994 with many orphans left as head of households but also because the country’s economy, though improving, is still not enough leading the job opportunities very limited especially for those who didn’t have chance to finish the school).
**House Girls**

The number of women who were interviewed who described being a house girl before becoming a sex worker was striking. This is a significant commonality among the respondents. Being a house girl or maid in Rwanda is generally a full time position in which the person is supposed to do everything related with the house such as cooking, cleaning, washing and ironing the clothes, looking after the kids if applicable and so on. The position is generally occupied by young girls with the between the range of 14 to 24 years old, although in Rwanda “youth” is someone under 35 years old (Rwanda Youth Employment Assessment, 2009). The average monthly salary for these house girls is approximately four thousand RWF (around US$ 7), though sometimes they are not paid at all or paid inconsistently and rarely on time. Many of these girls face significant constraints in their everyday life, they are ruled by the responsible person of the house (boss); it is even sometimes possible that their identity cards are kept by the boss who says that they do so to prevent the girls from stealing household objects. A recent report titled, ‘Gender Based Violence on House Girls in Rwanda’ was released in July 2010 by a local NGO, Action Aid International Rwanda and states that the majority of house girls have been raped by their male bosses and are harassed by local authorities.

Being a house girl for these young women puts them in a vulnerable situation where they were confronted by a lack of money to satisfy their financial needs or not being paid at all. Therefore, these women were obliged to look for alternatives, including sex work, in order to survive. Recognition of this group of young women as vulnerable for choosing sex work as the only viable alternative to their circumstances is critical for support services, such as NGO’s working in health care for women in Rwanda.

**Violence Stigma And Discrimination**

Both violence and stigma acts from sex workers’ social worlds and sometimes from the local authorities as reported by female sex workers in this research are mostly results of deviation of social and cultural norms where sex work is not well accepted in Rwanda and having sex outside of marriage is considered as taboo. Thus the majority of them felt uncomfortable with their current life (facing stigma from the society, harassment from the police officers, violence from their clients and so forth).
And this is again in accordance of what Weitzer suggested “the stress and danger associated with sex work contribute to negative assessments of the work as well as psychological problems” (2005:218), though women in this research similarly to what Gray (1973) suggested, reported earning from sex work some money to survive and solve their financial needs.

The negative impacts of sex work do not affect only sex workers themselves but also their social environment. This has been observed in this research as for instance sex workers are concerned about their children seeing their mothers doing such a job and stressed their fear of children becoming also sex workers at a later stage or being in a position to be raped by clients as well as the stigma that children are facing from their friends. This finding also makes me wonder about the future life of those children as well as any help that is to be given to them by stakeholders. Further exploration is needed in order to grasp what is important for these children too as this research couldn’t interview family members of sex workers to explore their opinions on sex work.

**Health Issues**

Female sex workers, as other people, are in need of health care services and even more than the rest of the population. Their choice of where to go to seek for help is determined by many factors such as the quality of services they are receiving, time spent at the clinic as well as accessibility and affordability of the services. This is in accordance of what Nichter stressed as regards to the therapy management. Cultural values (such as shame towards STI in this case), social institutions, power relations, and economic circumstances have been found to play a role in health care seeking for women participated in this research. In particular, the institutional level in terms of how health programs in public as well as private institutions are planned and how services are given to the people who are in need were mentioned. In this regard, the findings in this study showed that female sex workers in Kigali would rather go to private clinics, where the services are better compared to the public institutions despite the fact that they have to pay more. The public health insurance(*Mutuelle*) is a good Rwanda government initiative to make sure that its population is covered for health care services, however, it kept coming during discussions in terms of how the people who beneficiate it are received in health centers but also what kind of medicine they are prescribed. If based on narratives from sex workers appeared as a truth, it is
then recommended for health policy makers to evaluate how this program is implemented and what can be the improvement for better services delivering.

Furthermore, Rwandan female sex workers as individual bodies seemed to have significant knowledge about the importance of condom use; but again the correlation with social and economic structures play a significant role and sometimes leads to the inconsistent use of condoms. This is due mostly to the factors such as bargaining for more money when a sex worker is really in need of that money; trust between partners, HIV infected partners, being under the effects of alcohol or even the gender power relations involving the acts of forced unprotected sex by some clients. Most of these reasons are in accordance of what have been found elsewhere by several studies mentioned in the literature review (Moore, 1997, Sterk 2000, Gysels, et al.2002, Hesketh, et al. 2005).

This study did not explore the correlation of mental illness and sex work. But empirical data has shown that such correlation should not be denied (Brody, et al. 2005).

*Opportunities to Leave Sex Work*

Efforts of trying to leave or definite leaving sex work involve the concept of mindful body at all its three levels. This is emphasized by the personal but common suggestion from the respondents in this study implying that most of them would like to stop sex work for other employment or educational opportunities, which is in accordance with the arguments of Gray (1973) and Neequaye, et al. (1991). Though one cannot be certain that women are going to definitely stop sex work, at least opportunities from policy makers should be offered should women so desire. The negative reaction from the social sphere was mentioned by Sterk (2006) who found that sex workers who managed to quit sex work still experienced the stigma of their past and this was not well explored in the current study; however, future research could focus on how ex-sex workers in Rwanda are being integrated into a new life and how they perceive the transition.

There is a need for health prevention programs targeting female sex workers to be designed and implemented in Rwanda. In order for these programs to be successful, “sex workers should be involved in the development of services which are to target them in terms of what services these women require and how the services
might be delivered” (Cusick 2002: 245) but also a safe working environment should be created.

**Strengths and Limitations Of The Study**

This research continued to explore the lives of a hard-to-reach population in Rwanda and was successful due to women’s previous participation in a cohort study on HIV incidence as well as the good contact with them. Furthermore, the use of qualitative methods enabled the collection of details of their motivations in getting involved into sex work as well as in depth exploration of their life experiences.

However, the small sample that this research used and the fact that women used to be part of existing project make generalization of the overall findings difficult and therefore might not be representative nationally. Moreover, the limited time to conduct the research also might have contributed to subjects of bias during the interpretation and analysis of the findings.

**Conclusion**

My research question became “how do women in Kigali get involved in sex work and how do they experience that”? Thus the theoretical perspective used in this research (mindful body) served as a way to explain the three bodies (self, social and politic) and they tended to be often associated one to another. Using this approach, I was able to identify several reasons why women become sex workers, how the women perceive their current life as sex workers and their desire and opportunities to quit sex work from their own point of view, women’s interaction with society in general including their respective family members, clients, local authorities and how they cope with their health care as well as health care providers was explored. Furthermore, as sex work is not well accepted in Rwanda, the disciplinary actions from authorities taken against female sex workers were often noted as well as gender imbalance actions. In many cases, overlapping between the bodies was noted and lead to a complex situation in which more than one phenomena, either economically driven or socially constructed, happened to the same woman leading her getting involved in sex work.

The literature reviewed supported and agreed with many of my findings. Lack of financial support played an important role for women’s decision to stay in sex work, lack of ties in conventional lifestyles led the women to behave in so called unconventional ways and this was also noted as a predisposing factor.
Rwanda’s history and culture may have a special influence on how sex work is perceived by the women, such as the significant commonality among the respondents of being a house girl before becoming a sex worker. These Rwandan women believe that sex work is a short-term solution and thus alternative employment opportunities should be offered if there is an intention by authorities to decrease sex work. The transition from daughter to house girl to sex worker is critical for understanding the experience of Rwandan sex workers. Any health care intervention has to be designed in consideration of the reality of these women’s lives including their histories.

**Recommendations**

Uneducated young girls and orphans are at higher risk than others of becoming house girls to obtain a source of income. Nevertheless many problems associated with that job include becoming sex workers, was noted by sex workers who were interviewed. This was revealed to be a particularly vulnerable group for intervention or support. I recognize the Rwanda efforts in terms of fighting the gender based violence, women’s rights promotion and so forth but also would like to stress that there is a need for policymakers to create awareness and develop a policy to protect the rights of this specific group of Rwandans, who are good enough to be targeted for support and protected. Their need for a health care prevention program is unacknowledged, though they are facing many forms of violence. Thus, though prevention programs are needed for female sex workers, the most important goal should be to prevent the young girls including the house girls ending up in sex work by recognizing house work as any other job, therefore providing them with the minimum compensation (salary) and protecting them from violence by their employers. Moreover the “education for all”, one education policy in Rwanda, should not only make sure that the girls are going in school but also emphasize extending schooling for them (staying in school), young girls will then be better educated and at the same time empowered.

Conventional childhoods for children born to sex workers are often lacking, namely education, affection and so forth. Interventions targeting these children should be implemented in order to provide them with social and psychological support.

Though I am not standing up for sex work, I would argue that it is important to recognize that sex workers exist and that there are members of the general population who are accessing these women. Thus creating a safe working environment would be
a pragmatic solution and benefit not only female sex workers but also the rest of the population.

The design and implementation of health prevention programs targeting female sex workers should be accelerated in order to raise awareness and empowerment in this group and therefore contribute to behavior changes and this has to take into consideration the involvement of sex workers themselves. Last but not least, opportunities for those who want to quit sex work should be made available, training for small income generating projects have to be done as well as mentoring programs in order to help ex-sex workers to integrate into a new life.
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ANNEX 1

List of Abbreviations

FGD       Focus Group Discussion
FP        Family Planning
HIV       Human Immunodeficiency Virus
MOH       Ministry of Health
NGO       Non Governmental Organization
STI       Sexually Transmitted Infection
TRAC Plus Center for Treatment and Research on AIDS, Malaria, Tuberculosis and other Epidemics
UNAIDS    Joint United Nations Programme on HIV/AIDS
WHO       World Health Organization
ANNEX 2

Research instruments

Focus Group Discussion Guideline

The following are suggested sentences that served as a basis for focus group discussion. Participation was entirely voluntary.

Demography and mobility:

First I’d like to talk about Kigali – how long you’ve lived here and if you move around a lot.

- Time spent in Kigali
- People they live with
- Moving sequence within Kigali/Rwanda

Experiences with sex work:

As I’ve explained earlier – we’ve asked all of you during the main study if you considered yourself a female sex worker and you all confirmed. Some of you may still be doing this work, while some of you may have stopped since. Or – you may want to stop but find it difficult to do so.

- reasons for start working as a sex worker
- disclosure about their job
- reasons they want to quit, or why they aren’t able to quit

Contraceptive use/family planning:

We’ve asked all the women who participated in the follow-up visits of the main study about their use of contraception and found that the male condom was the most commonly used method of contraception. Some women use hormonal contraception, such as injectables or the pill. In the next topic we’ll discuss condom use, but now I would like to discuss the other methods of family planning. We are especially interested in finding out how you feel about the availability of these services in Kigali and how easy it is to access them.

- What kind of family planning methods
- Reasons for using these methods
- Difficulties in accessing health care facilities
Condom use:

In Rwanda, as in other African countries, HIV is mainly transmitted through heterosexual sex between men and women. Most of the time this is through vaginal intercourse. Some men and women also have anal intercourse, and HIV can also be transmitted during anal intercourse.

- With which types of clients
- Reasons for (not) using a condom
- Reasons for clients to refuse using a condom

Vaginal complaints

Like any part of the body, women may experience pain, discomfort or other symptoms in/around the vagina. Many women all around the world rather go to the doctor with a flu or headache than with symptoms, worries or questions about the genital tract. This can be for many different reasons – for example fear for the physical examination, ashamed to talk about those symptoms, etc. I would like to discuss with you how you experience such complaints, what you do and where you go and what difficulties you might encounter.

- What kind of vaginal complaints
- Causes of vaginal complaints
- Reasons to seek health care
- Places of health care
- Treatment for sexual partner
- What are suggestions for better acceptability?

Closing remarks

We are finished with the group discussion now. I want to thank you very much for your time and for a productive and interesting discussion. Let me remind you that even though we can promise we will treat everything you said here today as confidential, it is up to all of you to keep private specific information shared by others in the discussion. You can talk about what you heard and what you might have learned, just please do not identify any of the other group members who here today.
**In-depth Interview Guideline**

The goal of this interview is to deeply explore the informant’s point of view, feelings and perspectives. This guide is only here to help with some pre-planned questions during the interview, but it is not obliged to strictly follow this guide. The flow of the conversation will dictate the questions asked and answered.

**General**
- Talk about the participants life as a sex worker in general
- Ask how she got into the sex working industry and how she feels about it

**Demographic and mobility**
- Where did she originally come from
- How long has she been living in Kigali
- Is she planning to move and if yes, where to

**Opportunities to leave sex work**
- Does she want to quit sex work, if she does, what is she planning to do after quitting
- What are the reasons she can't give up sex work

**Contraceptive use/family planning**
- How does the participant prevent getting pregnant
- Does she use modern or 'traditional' family planning methods
  - modern: contraceptive pills, injections, IUDs, female or male sterilization and condoms
  - 'traditional': periodic abstinence or withdrawal
- What are her reasons for (not) using family planning methods
  - socio-cultural, religious etc
- Is there enough information available, would she like to be given more information structurally

**Condom use**
- When does she use condoms, with regular partners or also with no regular partners, never
- What is the barrier to not use condoms
- Is it hard to get condoms
- Who decides to use a condom
Knowledge of STIs

- Talk in general about STIs, what is her knowledge, can she name some STIs with related symptoms
- Did she ever had a STI and if yes, did she recognize the first symptoms
- Did she ever had sex with a man who probably had a STI
- Ask if she knows and uses methods to prevent getting a STI
- Talk about who (partners) she tells if she has a STI and if her partners tell her
- Also ask if she talks to other FSWs or with family/friends about STIs

Treatment of STIs

- Ask if she searches for help if she has any strange symptoms and if yes, with whom.
- What are the difficulties of getting a treatment for a STI

What are suggestions for better acceptability of services?

Thank the participant for the conversation; ask her if she has any other questions.
Life History Interviews Topic List

   Explain the study and the way in which the interviews are to be conducted.

   In conversational style prompt respondent to tell life story. Topics to be covered:

   - Family background
   - Childhood
   - Current life
   - Partners and relationship
   - Health care seeking behavior
   - Vision of the future

   Ask her if there is something left for her story and what she thinks about the interview before closing the interview.