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Determinants of Consistent Condom Utilization among Female Street Sex Workers in Wolaita Sodo Town, Ethiopia

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Abstract- This paper assessed the major determinants of consistent condom utilization among female street sex workers in wolaita sodo town of Ethiopia. A cross sectional study design was employed whereby the data collection process was completed from 10 April to 10 may, 2015. Both quantitative and qualitative research approaches were used. Survey and in-depth interview were the data collection instruments. Multivariate logistic regression analysis with crude odds ratio was used. The findings reveled that all respondents have experiences of unsafe sex with clients. Variables such as Age, Educational status, Alcohol and Chat abuse, primary reason to be street sex worker are found to be significantly associated with consistent condom utilization. On top of this, though knowledge of condom and its use seems well known, readiness of their customers to use condom and their interest of prioritizing extra money for sex without condom are also important factors of condom utilization. The fact that almost all of the street sex workers in the town are teen agers, they can be easily deceived to have sex without condom for extra money. Since most join this job because of peer pressure and aspiring good life, they fail to resist offers of extra money for unsafe sex.

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I. INTRODUCTION

Globally, about 50% of HIV incidence cases are among youth aged 15 to 24, which calls greater attention in preventing the transmission of HIV among this particular age group (Kasymova et al, 2009). The distribution of the burden of HIV/AIDS is uneven across regions and different social groups and Sub Saharan countries are disproportionately affected from the disease than anywhere else (Nega & Zelalem, 2014; Kloos et al, Nd).

As one of the countries in the region, HIV infections in Ethiopia, based on different estimates, ranging from 2.1 to 3.0 million have been available in 2000 and 2001 and an estimated 117,000 to 208,000 people within the age range between 15 and 49 died due to AIDS in 2001. But these are all merely rough estimates and the prevalence of HIV infections and AIDS

cases seems to continue to rise quickly (Kloos et al, Nd).

A key public health principle relevant to many diseases, including HIV, is that different social groups have disproportionate risk of acquiring disease which demands specific services for those who are at higher risk (WHO, 2011; Kurtz et al, 2005). Despite HIV epidemics seems decreasing in few sub-Saharan Africa countries in the general population, the relative importance of key social groups such as sex workers remains important (WHO, 2011). Similarly, even though HIV epidemic in Ethiopia is very high with more than 6 % of the adult population infected with HIV, the issue of some social groups who are at risk remains vital to prevent HIV transmission. In Ethiopia those groups who are found at higher risk for HIV infection are generally recognized to include sex workers, truck drivers and military men (FHI, 2002).

Sex workers are those who exchange sex for money which can be both sexes although most sex workers are female and patronized by male clients or sex buyers (Shannon et al, 2014; Balfour & Allen, 2014; NCCID, 2010; Gebregizabeher et al, 2015).

The burden of other STIs including HIV is high among sex workers worldwide (WHO, 2011; Shannon et al, 2014; Dhana et al, 2014). The prevalence of HIV among sex workers and their clients is normally ten to twenty times higher than the general population. Along with rapid client change, the possibility for onward transmission of the virus from an infected sex worker to clients may be higher than hundred times from other people living with HIV. More than half to two thirds of sex workers have a curable STI and higher 10% have an active genital ulcer. Over 30% have reactive syphilis serology and many have multiple infections (WHO, 2011).

In areas of poverty, especially food insecurity, sex work is usually seen as the desperate option for women even though the significant majority of sex workers, especially the younger ones, were not considered to be impoverished by local standards rather rejected by their families (WHO, 2011; Atalay, 2006; Balfour & Allen, 2014). As indicated in a study conducted by FHI (2002), nearly 60% of the sex workers were found in the age range between 15 and 24 years old (specifically street sex workers are from 15-18 years

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old) and most stated that they started commercial sex for economic reasons. On top of this family disturbance is a commonly mentioned motivator to become a female sex worker (Atalay et al, 2006).

There is also abundance of evidence to suggest that for some, entry into sex work is the result of personal troubles (May et al, 1999). The work environment of sex shows a considerable variation and street sex work is among the outdoor settings (including parks, and markets) which comprises of intersecting social, physical and economic elements (Shannon et al, 2014). Street youth are vulnerable to situations that exposed them to sexual and reproductive health problems including HIV infection as a result of risky sexual behavior on a day to day basis (Brhane et al, 2014; Dhana et al, 2014). A study by (Hesketh et al, 2005) identified that median age for female street sex workers is 17.8 years.

Condoms are the only most successful existing technology so that a consistent use of it is the main strategy available to reduce sexual transmission of HIV (WHO, 2011; Shannon et al, 2014). It is a barrier method put on the erect penis that can prevent the ejaculated semen from entering in to the body of a sexual partner. Condoms, when used properly and consistently, are highly helpful in preventing HIV including other STIs (Nega & Zelalem, 2014). Consistent condom use in every sexual intercourse has remained one of the major challenge and indicator of behavior change in HIV/AIDS prevention process (Berihun & Tadesse, 2013). It noticeably varies by setting and client characteristics and in almost all studies showed that condom use varies by type of sexual partner (WHO, 2011).

Alcohol use, cigarette smoking or use of illicit drugs by youths associate with increased risks of sexual intercourse and lower rates of condom use (Mulu et al, 2014; Atalay et al, 2006; Maher et al, 2011). Alcohol use among clients and sex workers at the time of purchasing sex is common which is a frequently mentioned reason for having unprotected sex as the intoxication of both the sex worker and the client affects sexual decision-making and hinder condom negotiation skills (WHO, 2011; Mooney et al, 2013). Sex workers come from a wide range of socio-economic contexts (Balfour & Allen, 2014). Low educational experience of street sex workers is also one of the factors for unsafe sex (Atalay et al, 2006). The consequence of family breakdown has been documented by a number of studies as among the major reasons to enter in to sex work (Balfour & Allen, 2014).

A study by Hesketh et al (2005), conducted on female sex workers in Yunnan Province of China shows that awareness of HIV, STIs and condom use was generally good, but only 32% use condoms consistently and 18% of them never did. A study by Atalay et al (2006), also indicated that 12 % of the female sex

workers reported as they experienced unprotected sex, even if there is a greater possibility for irregular condom use than what has been reported due to the very high prevalence of alcohol use. A study by (Berihun & Tadesse, 2013) showed that only around 32.8% of the total study participants use condoms consistently in every sexual encounter. A study among out-of-school youth aged 15–24 in Bahir Dar town of Northwest Ethiopia shows that condom use was low, with only 37% reporting consistent condom use, while 23% (26/112) had never used a condom during commercial sex (WHO, 2011).

As cited in Maher et al (2011), the existing literature suggests that brothel-based sex work may be much safer than street-based sex work with lower HIV prevalence and higher rate of consistent condom use (McKeganey & Barnard, 1996; Pyett & Warr, 1997; Dandona et al, 2005; Shannon et al, 2008; Shannon et al, 2009; Johnston et al, 2010). Sex workers are generally aware of their level of risk for HIV (WHO, 2011). Sexual violence against street sex workers by police men, their clients or any strangers is common (Shannon et al, 2014). Despite there is an increasing trend in the availability of condoms among sex workers in the past few years, it cannot be used as a proxy for use rather for coverage of condom programs. Generally, Socio demographic background and behavioral peculiarities of female street sex workers together with the nature of their clients are among the mostly mentioned factors which determine consistent condom utilization practice. Therefore, this paper investigated prevalence and determinants of consistent condom utilization practice among street sex workers of wolaita sodo town, Ethiopia.

II. METHODS AND MATERIALS

In this study both primary and secondary data were employed to achieve the study objectives. The secondary data was collected from women, children and youth affairs office of wolaita sodo town. In addition to this health bureau reports, books and research reports relevant to the study were used. Both quantitative and qualitative research approaches were utilized in this study in order to generate comprehensive data so that it is possible to adequately address the purpose of the investigation.

a) Study design

Cross-sectional descriptive study design of both quantitative and qualitative research approach was employed in this study. The rationale for the selection of this particular design is that assessing the practice of condom utilization among street girls in wolaita sodo town can be possible by collecting data at one point in time.

b) The research setting

The study was conducted in Wolaita Sodo town, the capital of wolaita zone administration which is found in Southern Nations Nationalities and People's Regional

State (SNNPR), Ethiopia. Wolaita Sodo town is found 327 km away from Addis Ababa-the country's capital and 160 km away from Hawassa- the regional capital. Currently the town absorbs around 80,000 residents which is mainly the result of paramount rural-urban labor migration to town. In the past few years, the town has witness a significant progress in its infrastructural facilities and developmental activities.

c) *Participants of the study*

The study participants were those street sex workers who are found in wolaita sodo town. There were around 141 street sex workers who were spending their day time at the center arranged by south people development association operating under the umbrella of Mulu MARPs which is mainly working on Bio medical, structural and behavioral aspects of HIV/AIDS. Even though their number rise and fall every time, all the 141 girls who were available during the data collection time were considered.

d) *Tools of data collection*

The major data collection tools used by this study were survey, case study and in-depth interview. A total 141 street girls who are found in the Mulu MARPs center which hosts them during day time were used as respondents of the survey. Those who are not member of the day care system were not considered as winning their consent is difficult and the 141 street girls who are already available in the center are supposed to be enough to administer the questionnaire in line with the size of the town. The qualitative data was gathered through In-depth interviews and case studies to explore the deep meanings, experiences and viewpoints of street girls in relation to the issue under investigation which would have been incomplete other ways. This was important specifically to supplement the survey data.

e) *Data analysis*

The quantitative data obtained through survey method was analyzed through descriptive statistics using spss version 20. Univariate analysis was used to describe study participants by socio demographic characteristics; bivariate analysis including simple logistic regression was used to see crude associations and multivariate analysis, multiple logistic regression, to see the effects of independent variables on dependent variable. Ors (95%CI) were measured in logistic regression analysis. A 0.05 significance level was taken to know the existence of significant correlation. Whereas the qualitative data collected through the in-depth interview and case studies were analyzed manually through careful understanding and interpretation of meanings and contents, organizing, transcribing and summarizing in line with the study objectives. All the data was collected in Amharic (the local language) and taped and directly translated into English by the researchers. A considerable effort was made to keep the

originality of the information while translating it to English in the form of text.

f) *Ethical considerations*

At first a written clearance letter was taken from wolaita sodo university department of sociology and all the study participants were informed about the purpose of the study and finally their consent was obtained before the actual data collection process started. Since all participants spent their day time in center arranged by southern development association which is operating under the umbrella of Mulu MARPs, they do not need to hide them and refuse to be the study informant. Therefore winning their consent was not as such difficult.

III. RESULTS AND DISCUSSION

a) *Socio-demographic characteristics of study participants*

A total of 142 street sex workers participated in the study. Regarding the age distribution of respondents, the majority of them are found in the age group of 12-18 (85.81%), 7.8 % were in the age group of 19-27 and 6.38 are above 27 years of age. A Majority of the study participants are followers of orthodox Christianity and Protestantism 67 (47.51 %) and 59 (41.84 %) respectively. Whereas 15 (10.63 %) of them were catholic religion followers and there is no one who is Muslim by religion. Concerning the educational status of the respondents, 7 (4.96 %) are illiterates, 6 (4.24 %) can read and write, 109 (77.3 %) have attained primary 1-8 grade level, 19 (13.47%) had secondary (grade 9 – 12), while there is no one who had tertiary educational level (higher education). The data indicated that 11 (7.8 %) of the study participants were married, 117 (82.97 %) were single, 9 (6.38 %) were divorced and the remaining 4 (2.83 %) were widowed.

Table 1 : social demographic characteristics of street sex workers in wolaita sodo town, 2015, N 141

Variables	Category	Frequency n=141	Percentage (%)
Age	12-18	121	85.81
	19-27	11	7.8
	Above 27	9	6.38
Religion	Orthodox Christianity	67	47.51
	Protestant	59	41.84
	Catholic	15	10.63
	Muslim	-	-
Educational status	Illiterate	7	4.96
	Read and write	6	4.24
	Primary, Grade 1-8	109	77.3
	Secondary, 9-12	19	13.47
	Higher education	-	-
Marital status	Married	11	7.8
	Single	117	82.97
	Divorce	9	6.38
	Widowed	4	2.83

Case one

I am 17 and I came from 'kucha' area six months ago. I have learned up to 7th grade and I dropped out. I joined this job because of my neighbor who advised and convinced me to follow her as she is benefited a lot from it. So I decided to leave my home without the knowledge of my parents. On average I earn 200 birr per day. Every night we stand around Tikmt Abeba hotel so they came to select and peak one of us. I have experienced many men who argued as they do not want to use condom due to the fact that it reduces their level of orgasm. So they tried to convince me through giving me some top up money. Others refuse to use condom after we entered in the room while others took the condom out even during sexual intercourse. Most of the time I call the guard and they help me escape except those situations in which they put off the condom during sexual intercourse that I couldn't save myself. Sometimes I make sexual intercourse without condom when I get drunk unless he insists to use condom. I always feel as my life is so bad but I have no way out to change my life as fast as possible.

b) Drug abuse, Sexual history and condom utilization of study participants**i. Drug abuse of the study participants**

The study revealed that, the majority of street sex workers drinks alcohol and chew chat. Around 129 (91.48%) of the respondent drunk Alcohol and 109 (77.3 %) of them chew chat. There are relatively few smokers, only 17(12.05 %) are smokers.

Table 2 : Alcohol and other drug abuse of street sex workers in wolaita sodo town, 2015, N= 141

Variables	category	Frequency N=141	Percentage (%)
Drinking Alcohol	Yes	129	91.48
	No	12	8.51
Chewing chat	Yes	109	77.3
	No	32	22.69
Smoking Cigarette	Yes	17	12.05
	No	124	87.94

ii. Sexual history and condom utilization among study participants

In relation to the age at first sex, all of the study participants started sexual contact at early age from 12-18. In addition to this all of them didn't use condom at their first sex. Starting sex at very early age without condom increases the vulnerability of street sex workers to HIV/AIDS and other sexual transmitted diseases as age is one of the risk factor of sexual behavior. Concerning primary reason to be a street sex worker, 93 (65.95 %) attribute to economic reasons, 31 (21.98 %) mentioned family breakdown and the remaining associated it with personal troubles. All of the study participants have ever heard about condom. From those who have ever heard of condom, 135 (95.74 %) think of condom primarily to prevent HIV/AIDS and the rest 6 (4.25 %) consider condom primarily to prevent unwanted pregnancy. It seems that all study participants have knowledge about condom utilization in terms of prevent HIV/AIDS and unwanted pregnancy. Regarding how frequent they utilize condom whenever they make sexual intercourse, 114 (76.31 %) of participants reported as they are inconsistent in condom utilization and only less than a quarter of them use condom consistently.

Table 3 : Primary reason to be street sex worker, sexual history & condom utilization of street sex workers in wolaita sodo town, 2015, N=141

Variables	Category	Frequency	Percentage
Primary reason to be street sex worker	Economic reason	93	65.95
	Family breakdown	31	21.98
	Personal trouble	17	12.05
Age of first sexual contact	12-18	141	100
	18 and above	-	-
Ever heard of condom	Yes	141	100
	No	-	-
Perceived primary use of condom	Prevent against HIV/AIDS	135	95.74
	Prevent unwanted pregnancy	6	4.25
Condom utilization at first sex	Yes	-	-
	No	141	100
Frequency of condom utilization	Consistently	27	23.68
	Inconsistently	114	76.31

c) *Determinants of consistent condom utilization among the study participants***Table 4:** determinants of consistent condom utilization among female street sex workers in wolaita sodo town, Ethiopia, 2015

Variables		condom utilization		Crude OR (95% CI)	Adjusted OR (95% CI)
		Consistent	Inconsistent		
Age	12-18	19	102	1.96 (1.19,3.22)	2.47(1.38,4.43)**
	19-27	6	5	0.68(0.38,1.21)	0.54(0.28, 1.04)
	Above 27	2	7	1.64(0.17, 2.34)	0.82(0.38, 1.79)
Educational status	Illiterate	1	6	1.37(1.06, 2.22)*	2.67(1.10,5.52)**
	Read and write	2	4	0.85(0.50, 1.43)	0.67(0.30, 1.49)
	Primary, Grade 1-8	13	96	2.79(1.24, 4.43) *	1.93(0.89, 3.54)
	Secondary, 9-12	11	8	1.00	1.00
Religion	Orthodox Christianity	14	53	0.61(0.32, 1.15)	0.69(0.34, 1.39)
	protestant	11	48	0.26(0.05,1.40)	0.39(0.07, 2.18)
	Catholic	2	13	0.68(0.38, 1.21)	0.54(0.28, 1.04)
Drinking Alcohol	Yes	18	111	2.78(1.26, 4.42) *	1.73(0.78, 3.67)
	No	9	3	1.00	1.00
Chewing chat	Yes	16	93	2.73(1.22, 4.41) *	1.93(0.89, 3.54)
	No	21	11	1.00	1.00
Smoking Cigarette	Yes	1	16	2.08 (1.10,3.92)	2.46(1.17,5.13)**
	No	26	98	1.00	1.00
Primary reason to be street sex worker	Economic reason	18	75	2.08 (1.10,3.92)	2.46(1.17,5.13)* *
	Family breakdown	7	24	0.97[.584, 1.62]	0.82[.465,1.45]
	Personal trouble	2	15	1.96 (1.19,3.22)	2.47(1.38,4.43)*

Case two

I am a 16 years old girl. I came to Wolaita Sodo town a year ago from Bele (Kindo Koysha worada). I leave my family's home thinking that I will live a good life as I see some of my friends from our neighbor do the same and return back to their family with good cloths and money. Right from leaving my family home, I have been working as house servant for almost three months. But I couldn't live with them because of the continuous disagreement with the wife and one day I decided to leave the house and change my occupation. Then I became a street girl thinking that I will be able to make more money than what I did before. On average I earn 150-200 birr though there are days that I couldn't find any man. I have witnessed a number of men who refuse to use condom because of which I return the money and leave the room. There are also conditions whereby they tried to tear the peak of the condom during sexual intercourse which is really challenging to resist and escape from them so this is my experience for not using condom regularly. Sometimes they tried to use force and I shouted to call the hotel guard to let me escape from the man. Due you to this I always try my best not to go with them to their home in the absence of nobody to seek help if something bad happened. I have experienced a number of men who took the condom out during sexual intercourse in which I couldn't do anything to escape so I feel always bad when I remember those days.

IV. DISCUSSION

In Ethiopia adequate data on sexual behavior and related knowledge of condom utilization and associated factors across different social groups is scarce. This study was meant to study the determinant of consistent condom utilization among female street sex workers in Wolaita Sodo town of southern Ethiopia. It provides evidence and new insight to give attention and urgent response in providing applicable intervention strategy to these particular social groups. The majority of female street sex workers (85.81%) are found to be in their early age which is within the range of 12-18 years of age. This increases their vulnerability to unsafe sex for extra money as they can be easily deceived by their clients. This is further aggravated by the absence of regular sexual partners which remained one of the most important risk factors for the spread of HIV/AIDS. Around 77.3% of respondents have only Primary educational experience (Grade 1-8) which is mainly the fact that a majority of them are under eighteen years of age. This is also true of the marital status of most street sex workers (82.97% are single).

The study also investigated the primary reason to be street sex worker and found out that economic reason accounts the substantial size of respondents (65.95 %) followed by Family breakdown (21.98 %). Only around 12 % of them are force to this life due to personal trouble.

In this study age at first sexual intercourse for all of the study participants ranges from 12 to 18 years of age. On top of this all of the respondents didn't use condom at first sex despite all of them are aware of HIV/AIDS and condom. Regarding the perceived primary use of condom significant majority (95.74 %) of them reported as it is important mainly to prevent against HIV/AIDS than unwanted pregnancy. Around 76.31% of them reported that they have inconsistent condom utilization habit which is determined by the circumstances under which they negotiate the business. Only the remaining 23.68 % of them respond as they use condom consistently. Regarding the level of awareness and utilization of condom, a number of similar studies revealed that there is high level of awareness of HIV/AIDS and other STIs including condom utilization. But the problem of inconsistent condom utilization is mainly because of the misconception and low attitudinal change of their male partner in using condom. On top of this a need for extra money in exchange of sex without condom is also another reason as there are a number of male clients who negotiate sex without condom for extra money. Violence by male partners has also its own impact on many street sex workers which increased their vulnerability to HIV/AIDS. The fact that they have multiple sexual partners most of whom have much older than

them and sexually experienced, this condition may facilitate the transmission of HIV/AIDS.

The findings of the study also confirmed that high risk sexual behaviors are posing a great challenge among study groups in using condom consistently. The majority of them took different drugs such as alcohol, chat, cigarettes and other stimulants. Around 91.48% and 77.3% of respondents drink alcohol and chew chat respectively. The qualitative data also shows that the primary reason for engaging on such activities is to get relief from stress or anxiety and also they mentioned that it is during this time that they got their clients. In this study, Primary reason to be street sex worker, age, Educational status, alcohol drinking, cigarette smoking and chat chewing are found to be significantly associated with inconsistent condom utilization habit among female street sex workers in Wolaita Sodo town. Virtually, all the informants in the qualitative data have indicated that AIDS is among the leading health problems in their respective localities. unprotected sex that is the major risk factor for the transmission of HIV/AIDS and STDS. Despite this they asserted that refusal and lack interest of male partners (so that they force them to have sex without condom) is among the main reasons for inconsistent utilization of condom. Similar finding from other studies also showed that, male's resistance to condom use and women's inability to negotiate safer sex puts women's at greatest risk of HIV infection. For male the reason for resisting condom includes concern about reduced sensitivity and ignorance of proper condom utilization. In addition to this when they encounter drunken individuals who took more alcohol and who already know as they are HIV positive, they argued, they refuse to use condom.

Obviously there are apparent limitations with a study relying on self-report on some sensitive topics despite their full willingness to participate in the study. Even though interviews were conducted in private settings and with guarantees of anonymity and confidentiality, the girls may have been suspicious of these guarantees as they may fear not to be expelled from the day care center due to presumed misdeeds. Despite all these limitations the findings provide a valuable insight and timely input on female street sex workers which is commonly difficult issue to investigate due to their refusal to give us a valid and appropriate response for every question.

V. CONCLUSION

The findings of this study indicate that knowledge about HIV/AIDS and condom is better than condom utilization. Almost all of them have enough knowledge of condom and its use but among major factors which determine condom utilization are refusal of their customers to use condom and their deception to prioritize extra money for sex without condom which

leads to The study confirmed that the prevalence rate of consistent condom utilization among female street sex workers is only 23.68%. A large number of respondents reported that they have experiences of unsafe sex with clients. Due to the fact that almost all of female street sex workers are teen agers and less educated, they can be easily deceived to have sex without condom for more money which can be mentioned as the primary determinant for inconsistent use of condom. Since most join this job because of peer pressure and aspiring good life, they fail to resist offers of extra money for unsafe sex. It also confirmed the presence of significant gaps in the consistent condom use by respondents across different variables. Among the crucial factors that are significantly associated with consistent condom utilization among female street sex workers of wolaita sodo town includes, age, educational status, Primary reason to be street sex worker, Smoking Cigarette, Chewing chat and Drinking Alcohol Whereas, consistent condom utilization was not significantly associated with religion. Generally the study concluded that there is great gap between awareness and using condom. Therefore, it recommends some intervention strategies which could fulfill the gap between awareness and practice on condom utilization.

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Workers and their Clients and Non Paying Partners
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