

SUBSTANCE ABUSE AMONG COMMERCIAL SEX WORKERS: A CASE STUDY OF MUSINA, LIMPOPO PROVINCE

By

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RESEARCH DISSERTATION

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DECLARATION

I, the undersigned Anesu Svinurai hereby declare that this dissertation is my own original work except for quotations and references which are attributed to their sources through in text and list of references. This dissertation has not been previously submitted to any other University and will not be submitted to any other University for similar or other degree award.

SIGNATURE

SVINURAI ANESU

DATE **10 April 2019**

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DEDICATION

I dedicate this study to my folks who struggle to make ends meet, having to make hard choices just so you can put food on your tables, a roof over your heads and see your children through school. Your efforts are not in vain.

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- Greatest gratitude is to my heavenly Almighty God who has taken me this far. I may not show it frequently, but I am indeed humbled by Your unconditional love and blessings.

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LIST OF ACYRONMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
APA	American Psychiatry Association
CDA	Central Drug Authority
CSW	Commercial Sex Worker
DSD – LPG	Department of Social Development – Limpopo Provincial Government
FSW	Female Sex Worker
GCIS	Government Communication Information Services
HIV	Human Immune Virus
IDU	Injecting Drug Users
NDMP	National Drug Master Plan
NGO	Non-Governmental Organization
PTSD	Post Traumatic Stress Disorder
SANAC	South Africa National Aids Council
STI	Sexually Transmitted Diseases
SSA	Statistics South Africa
UCSF	University of California, San Francisco
UK	United Kingdom
UNODC	United Nations Office of Drug and Crime
WHRI	Wits Reproductive Health and HIV Research Institute
WHO	World Health Organization

ABSTRACT

The abuse of substance is rampant among populations at risk particularly sex workers, with adverse risks and harms. The relationship between substance abuse and sex work is intricate, with some people engaging in sex work to sustain their substance abusing behaviors or using substances to cope with the challenges faced in sex work.

The study was conducted in Musina, a border town which is regarded as a socio-economic hub for South Africa and Zimbabwe. The research aimed at exploring substance abuse among commercial sex workers in Musina, and the objectives were to assess the nexus between substance abuse and sex work and to appraise the risks and harms of substance abuse in sex work. A qualitative research approach guided by the explorative and descriptive research designs was employed. Participants were identified using the snow balling sampling technique and convenience sampling method, with ten (10) participants interviewed. Data was analyzed using thematic content analysis.

The study found that substance abusing behaviors among sex workers in Musina are largely due to trapping factors within the sex work profession. The living and working environments in sex workers in Musina are infested with substances such that abusing substances is inevitable. Sex workers are frequently offered substances by their clients and potential clients, with the gesture of substance offering being part of the seduction and hiring process. Abusing substances further protracts the risks and harms of sex work, with the research learning that there is high incidences of risk sexual behaviors, physical and sexual violence and arrests

In order to address the challenges of sex work and substance abuse, measures should be taken on both primary prevention and secondary intervention level. Prevention strategies will aim at avoiding entry into sex work providing asylum assistance services to desperate female migrants, empowerment initiatives for women, identifying at risks women in communities. Intervention programs will minimize the risks and harms of substance abuse in sex work and they include harm reduction initiatives which reduces the adverse effects of substance abuse, information sharing, keeping safe in the streets and aggressive policing against illicit substances.

CHAPTER ONE

GENERAL ORIENTATION OF THE STUDY

1.1 Introduction

The United Nations Office on Drug and Crime (UNODC, 2010) posits that substance abuse is now a global crisis with devastating consequences on health, wealth and security of nations. The UNODC (2010) further notes that in 2010, about 5% (230 million) of the adult population used illicit substances. South Africa, as part of the international community, is entangled in the communities of world drug problem (National Drug Master Plan - NDMP, 2012). Da Rocha Silva (2012) laments the fact that statistics released by the Central Drug Authority (CDA) in the United Nations World Drug Report of 2009 revealed shocking details that substance consumption in South Africa is twice the world norm with 15% of the population having a substance related problem. CDA further revealed that substance abuse is costing the country R20 billion annually, and that South Africa is regarded as one of the drug capitals and in the top ten narcotics and alcohol abuse center of the world. The Limpopo Government Communications Information Services (GCIS, 2013) concurs and indicated that substance abuse is now a global phenomenon, with South Africa heavily affected.

The ever-skyrocketing prevalence of substance abuse has given birth to plummeting concerns about the excavating challenges of socially unacceptable and violent crimes committed by substance abusers (Kachur, Stennies, Powell, 1996; Lowry, Powell, Kann, Collins & Kolbe, 1998; Allan, Roberts, Allan, Pienaar & Stein, 2001; Blumstein, 2002). The consequences of substance abuse have been devastating, with Ndeti, Prizzo, Kuria, Khasakhala, Maru and Mutios (2008) stating that substances has had catastrophic harm on South Africa's health, social and economic well-being. Substance abuse in South Africa has been attributed to the occurrence of risky behaviors and lifestyles, accounting for 60% of criminal incidents and interpersonal violence, risky sexual behaviors, sex work and an increase in HIV and STI infections (United Nations World Drug Report, 2009).

The NDMP (2012-2016) identified priority target groups and listed sex work as an occupation group at risk from substance use, abuse or dependency. The relationship of substance abuse and sex work has been described as convoluted, with substances having a cause and effect on sex work. Researches by Cusick, Martin and May (2003), Mbonye, Rutakumwa, Weiss and Seeley (2014), University of California, San Francisco -UCSF, Anova Health Institute and Wits Reproductive Health and HIV Research Institute -WRHI (2015) amongst others, have shown that there is a direct correlation between substance abuse and sex work as the prevalence of substance abuse among sex workers in their researches were high.

1.2 Background of the Study

Cusick, *et al.*, (2003) posit that sex workers' key clients are either substance abusers or dealers. More often than not, due to the nature of their job, sex workers find themselves becoming abusers or addicts. Operating under the influence of substance severely dampen their ability to negotiate for safe sexual practices and to protect themselves against violence (Ditmore, 2013).

The environments upon which sex workers operate exposes them to substances, and abuse of these substances becomes inevitable. Gould and Fick (2008) argue that sex work occurs in settings and contexts that include brothels or even public places such as bars, hotels and street corners. Such settings bring prospective risks and harms as in many cases than not, these business places overlap with where substances are sold, thereby making sex work riskier and delicate. Substance use, as observed by Ditmore (2013) is sometimes a principal part of the interaction between sex workers and clients.

Sex work has already been classified as a high risk occupation with World Health Organization (2012) estimating that up to 37% of female sex workers in Sub Saharan Africa are living with HIV. The UNAIDS (2014) estimates that South Africa has 5.6 million people living with HIV, more than any other country in the world. The South African National Aids Council (2014) estimates that HIV prevalence rates amongst female sex workers are as high as 59.6% compared to 13.3% amongst women in the general population. With over 90% of HIV infections in South Africa caused by heterosexual sex (Shisana *et al.*, 2005), it is critical that efforts are made to reduce the

prevalence of risky sexual behaviors which cause HIV infections, and substance abuse among sex workers is one such pathway.

1.3 Operational Definitions of Key Concepts

This study was guided by the following operationalized definitions of concepts:

1.3.1 Substance abuse

Substance abuse as defined by Ditmore (2013) refers to the persistent use of psychoactive substances administered through injection and non-injection ways such as smoking, snorting or drinking. These substances include but not limited to alcohol, cannabis, over the counter prescriptions, etc. This study was informed by this definition of substance abuse.

1.3.2 Commercial Sex work

The study was guided by the definition of commercial sex work as proposed by the Sonke Gender Justice (2014), which defines sex work as labor or a service involving the exchange of sex or acts of sexuality for an agreed fee (money, gifts or services). These sex workers can be females, males or transgender people. This definition was adopted in the context of this study. The terms 'sex work' or 'commercial sex work' will be used interchangeably.

1.3.3 Risk

Campbell (2003) defines risk as the likelihood or 'probability' that a specific incident will occur. As noted by Newcome (1992), within a harm reduction framework, the risk term is used to define the probability of substance-abusing behavior causing a number of consequences such as unprotected sexual behaviors.

1.4 Research Problem

Problems are distinctive types of questions that arise for which information is desired, argues Mason and Bramble (1989) in Carlier, Voerman and Gersons (2000). Kothari (2004) defines a research problem as difficulty which a researcher experiences in the framework of either a theoretical or practical context and wants to achieve a clarification

for the same. In this study, substance abuse among sex workers in Musina, Limpopo province is the research problem. Studies on the substance abuse among sex workers have been conducted before, but little have explored the nexus and risks of substance abuse and sex work especially in Africa, in a border town. This study intended to bridge the gap in literature by looking into this critical issue.

Substance abuse has a catastrophic consequence on individuals' psychological and physical wellbeing, financial and social relations (American Psychiatric Association-APA, 2000, Flisher, Parry, Evans, Lombard, & Muller, 2003). Mbonye, Rutakumwa, Weiss and Seeley (2014) note that substance abuse has led sex workers to be vulnerable to risky sexual behaviors like unsafe sexual practices, leading to HIV and STIs infection, exposure to violence, substance dependency and non-adherence to anti-retroviral treatment.

1.5 Theoretical Framework

This research was guided by the eco-systems theory, which is more qualified in describing and explaining societal phenomenological interactions. The gist of the study was to assess the nexus between sex work and substance abuse and the risks and harms of substance abuse. The eco-system theory, as described by the Bronfenbrenner, (1994) is more relevant and suitable in explaining the connection in the ecological systems in which people interact, in this case sex work and substance abusing behavior.

1.5.1 The Eco-systems Theory

The eco-system theory proclaims that the environment contains systems with subsystems, which also have smaller subsystem units making the environment (Bronfenbrenner, 1994). Also commonly referred to as the life model, the eco-system theory gives the guiding framework for appreciative practices (Franklin & Jordan, 1999; Karger, 2000). These interconnected subsystems self-regulate and influence each other's demeanor (Potgieter, 1998). The eco-system theorists' point of view is that practices like substance abuse are a by-product of a negotiated and mutual interaction between the person and his/her environment. Thus substance abusing to a sex worker

is a result of circumstances upon which they are exposed to, whether they inhibit or disinhibit such behaviors.

The environments upon which sex workers operate especially in stigmatizing African cultures is not mutual. In order to deal with the negative psychological traumas of being a sex worker, the sex workers find comfort and reproach in substance taking. The behavior is further encouraged by fellow peers, and clients making it more acceptable to the individual concerned as it has been socially and culturally imbedded as a 'normal' practice within the sex work 'profession'. Substance abusing behaviors, according to the eco-systems theorists, ultimately affect other subsystems of the environment, notably the substance abusing sex worker's ability to refrain from risk sexual behaviors, exposing the sex worker to violence, amongst other ills. Substances in this case would have disrupted the homogenous balance of these subsystems when taken, resulting in disequilibrium interactions, risks and harms (Steinglass, 1987).

Keys, MacMahon, Sanchez, London and Abdul-Adil (2004) argue that the ecosystem theory assists in understanding the difficulties within the situation of the person in an environment, and underwrites to the problem intervention process. The eco-systems theory guided the conceptualization of the study's hypothesis methodology, design and analysis procedures.

1.6 The Aim and Objectives of the Study

1.6.1 The aim of the study

The aim of the study was to explore substance abuse amongst commercial sex workers in Musina, Limpopo Province.

1.6.1 Objectives of the study

The research was premised on the following objectives:

- To assess the nexus between substance abuse and sex work,
- To appraise the risks and harms of substance abuse in sex work.

1.7 Chapter Summary

Chapter 1 provided the introduction to the study, background, operational definitions of terms, research problem, theoretical framework, aims and objectives. Chapter 2 will discuss the research methodology, with chapter 3 reviewing literature. Chapter 4 will present and analyze data and chapter 5 will proffer conclusions and recommendations.

CHAPTER TWO

RESEARCH METHODOLOGY

2.1 Research Methodology

This chapter will outline the research design, study setting, target population, sample and sampling techniques, data collection methods and data analysis.

2.2 Research approach

The researcher adopted the qualitative research approach which enabled the acquisition of valuable knowledge and first-hand experience of substance abuse behaviors and its risks among sex workers in Musina Town.

Hancock, Windridge and Ockleford (2007) argue that qualitative research is concerned with developing enlightenments of social phenomena. It aims to help to comprehend the social world in which people live and why things are the way they are by attempting to answer questions about:

Why people behave the way they do; How opinions and attitudes are formed; How people are affected by the events that go on around them; How and why cultures and practices have developed in the way they have (Bobbie, 2007).

Qualitative research is principally worthwhile when the study question encompasses one of the situations where people's practices and views are sought. Holloway and Wheeler (2002) sums up and note that qualitative research is a form of social enquiry that focuses on the way people interpret and make sense of their experience and the world in which they live. To this end, this study can be best approached using a qualitative research approach as the relationship between substance abuse in sex work can best be explored by learning first hand experiences of sex workers.

2.3 Research design

A research design refers to the methodologies open for researchers to study certain phenomena (De Vos *et al.*, 2005). Burns and Grove (2003) describe a research design as a blueprint for conducting a study with maximum control over factors that may interfere with the validity of the findings and Creswell (2014) arguing that a research design is a plan that describes how, when and where data are to be collected and analyzed. The study utilized the exploratory and descriptive research design so as to acquire a broader understanding of substance abuse and sex work. The exploratory design is premised on the need to get a comprehensive appreciation of a phenomenon (Bless & Higson-Smith, 2000). This technique enabled the researcher to explore the nexus between substance abuse and sex work.

The descriptive design complemented the exploratory research design in appraising the risk and harms of sex work and substance abuse. Burns and Grove (2003) notes that a descriptive research is designed to provide a picture of a situation as it naturally happen. Thus a combination between explorative and descriptive designs assisted the researcher to acquire precise data on substance abuse and its risks and harms among sex workers.

2.4 Description of the study area

According to Holloway and Wheeler (2002) study setting includes the environment and conditions in which the study takes place as well as the culture of the participants and location. The study was conducted in Musina, a border town in Limpopo Province, South Africa. Musina is barely 20kms from the Zimbabwe (Elford 2009). Chinyakata, Raselekoane and Gwatimba (2018) note that Musina is one of towns in South Africa with ballooning migrant population. These migrants are mostly Zimbabweans, with a considerable number coming from Malawi, Mozambique, Democratic Republic of Congo, Ethiopia and Somali (Anonymous, 2014) with the majority being young people between the ages of 20-34 (Statistics South Africa., 2012).

In Musina, many have taken trades in informal employment like transport, operating as '*malayitshas*', smugglers and '*amagumagumas*' or gangsters, targeting formal and

informal border crossers and money changers, amongst others (Chinyakata *et al.*, 2018). Besides these migration supported workers, the town is also surrounded by mines and farms. These economic activities also attract a huge number of sex workers, foreigners and natives.

A quick survey conducted by the SANAC in 2014 revealed that Musina has a population of at least 500 sex workers. However, SANAC (2014) admitted that this number is too diminutive for a border town. Moreover, the SANAC survey was conducted in one night, and concentrated on clubs and hotspots, thus missed out on some hidden areas. As such, this border town became ideal for a study on substance abuse among sex workers. It is in these contexts that the researcher decided to explore substance abuse among commercial sex workers in Musina, Limpopo province.

2.5 Target Population

As defined De Vos *et al.*, (2012) target population is the entire aggregation of participants that meet a designated set of criteria. Alvi (2016) noted that target populations are all members who meet the particular criterion specified for a research inquiry. The target population in this study constituted substance abusing sex workers in Musina Town. South African National AIDS Council (2013) estimated that there about one thousand (1000) sex workers in Musina. The specific number of substance abusing sex workers is unknown. The researcher wanted to collect data to a point of saturation and there is nothing new to learn from further data collection.

Key informants were an official from an NGO which works with sex workers in Musina and a social worker from Musina Department of Social Development.

2.6 Sampling method

Sampling is the process through which a sample is extracted from the population (Alvi, 2016). The actual size of the sample is not known as no official statistics on the number of substance abusing sex workers in Musina is documented. There are two types of sampling methods namely probability and non-probability sampling methods. This study used non-probability sampling methods which are convenience sampling, purposive sampling and snowballing. Taherdoost (2016) posits that probability sampling is also

referred to as judgmental sampling and every unit of the population does not have an equal chance of participation in the study.

2.6.1 Convenience sampling

Convenience sampling was used to locate participants. Convenience sampling contains participants who are readily available and consent to participate in a research (Frey, *et al.* 2000). Latham (2007) note that 'convenience is just that, convenient'. In this study, the researcher managed to contact a NGO working with sex workers in Musina. He was then invited to an outreach program with sex workers where he gained access to some participants who were readily available and willing to participate in the study. This technique was also used with key informant from a local NGO. The NGO provides reproductive health awareness and materials to sex workers in Musina. One social worker at Musina Department of Social Development also became a key informant due to his availability to do the interview. The social worker was targeted as they work with sex workers in the community and superintend over NGOs working with sex workers. Moreover, they have a better understanding of social ills bedeviling communities.

2.6.2 Purposive sampling

Purposive sampling is defined by Babbie (2001) as selecting a sample on the basis of one's own knowledge of the population, its elements, and the nature of the research aim(s). Using this method, a population is non-randomly selected based on a particular characteristic (Frey, Carl, Botan & Kreps 2000). The individual characteristics are selected to answer necessary questions about a certain matter or product (Alvi, 2016). This technique was used to determine key informants. In this case, organizations that deal with sex workers in Musina namely Sisonke Gender Justice and the Department of Social Development were purposively selected as they work with sex workers in Musina.

2.6.3 Snowballing Sampling

Snowball sampling, which, according to Creswell (2014) is utilized in those rare cases when the population of interest cannot be identified other than by someone who knows that a certain person has the necessary experience or characteristics to be included was also employed. Kumar (2011) posits that snowball sampling relies on formerly

identified participants to locate others who share the identical characteristics as the ones already in place. In this case, participants identified through the convenience method were then used to locate other participants who were not taking part in the outreach program.

2.7 Data collection

According to de Vos *et al.*, (2012), research instruments are “tools” used to collect data. Data was also collected through one-on-one interviews. One-to-one interviews guaranteed the participants of confidentiality about their shared information. Sekaran (2003) postulate that interviews are interchange of experiences and views between two or more people on a subject of mutual interest. The interviews enabled the researcher to probe further questions which arises from responses provided and also observe the environments upon which participants operated.

In order to gain a detailed picture of a participant’s experiences, perceptions, and world view point, Greeff (2002) argues that researchers should use semi-structured interviews, with semi-structured interview schedules as tools. This technique provides the researcher and participant more flexibility, with the researcher able to follow up on interesting avenues and conversations as they emerge in the interview and the participant providing a comprehensive illustration. Due to the sensitivity of the subject matters (sex work and substances), participants reported that they were not comfortable with being audio recorded, and the researcher had to jot down notes as the interviews unfolded. Participants had indicated that some journalists once came to Musina disguised as researchers then audio and video taped their interviews (without their consent) and showed them on national television. During and soon after an interview, the researcher would comprehensively write field notes of all the major issues raised in the interview. Greeff (2002) contends that the researcher after an interview must take field notes and provide his/her impression of the interview.

The interviews were held at in different places, with some held at a park where sex workers were gathered. Privacy was ensured by having the interviews at an isolated place. Some interviews were held at residences and workstations of sex workers, whilst others in the researcher’s vehicle. An interview averaged thirty (30) minutes.

2.8 Data analysis

Berg (2001) note that data analysis entails working with data, organizing it, breaking it into convenient units, synthesizing it, examining for patterns, discerning what is imperative and what is to be learned and determining what needed to be revealed to others. Data was analyzed through thematic content analysis. Thematic analysis is used to scrutinize classifications and patterns that relate to research findings by illustrating the data in great detail via subject interpretation (Boyatzis 1998). Guest (2012) note that thematic analysis is the mostly used way of analysis in qualitative research, and it underscores pinpointing, examining, and recording patterns or themes within data. Alhojailan (2012) posit that thematic analysis further enables the researcher to associate an analysis of prevalence of a theme with one of the complete content.

Greeff (2002) propose that by employing thematic analysis, an endeavour is made to seize the richness of themes evolving from the participant's talk. In this case the researcher was identifying abstracts as from different interviews. Chikoko (2014) and Ruparanganda (2008) also used thematic content analysis in their qualitative studies of commercial sex work and substance abuse among adolescent street children.

The researcher undertook seven steps in analysing data as proposed by Subvista (2010) namely: preparing data analysis; reading the text and noting items of interest; sorting items of interest into proto-themes or codes; examining the proto-themes and making initial attempts of definitions; re-examining the text for relevant occurrences of data for each proto-theme; constructing the final form of each theme and reporting on each theme.

2.8.1 Preparing the data for analysis

The researcher started by transcribing the interviews into text and formats for purposes of identifying individual bits of data. This was done by assigning line numbers as identifiers for cross referencing.

2.8.2 Reading the text and noting items of interest:

▪ Initial reading of the text

An inductive approach which allows themes to emerge from the data was assumed. Notes of major issues were made as they come into mind. In this case, the researcher took note of words which has been constantly repeated. D'Andrade (1991:294) argues that "perhaps the simplest and most direct indication of schematic organization in naturalistic discourse is the repetition of associative linkages". The researcher took note of words like 'substances' 'working conditions', 'living area', 'clients'.

Re-reading the text and annotating any thoughts in the margin

This stage involved examining the text closely, line by line, to facilitate a micro analysis of the data and enable open coding which recognizes any fresh information by de-contextualizing bits of data entrenched within the main material. Saldaña (2013:17) provides crucial advice to this effect by noting that the researcher should type the data on the left two-thirds of a page and leave space on the right margin for notes taking. gives practical advice for the coding process. He says that it is helpful to type the data on the left two-thirds of a page and to leave the right margin open for notes.

2.8.3 Sorting items of interest into proto-themes/codes

The themes began to emerge by organizing items linking to similar subjects into categories. These categories were modified, developed and new ones emerged as well. Proto-themes/codes are descriptive constructs designed by the researcher to capture the primary essence if content of data (Theron, 2015). Engler (2014) and Saldaña (2013) argues that the framework in which the research is carried out, nature of the research and the researcher's personality and interest will influence which codes the researcher attributes to. Data was 'precoded' by circling and highlighting significant words and sentences.

2.8.4 Examining the proto-themes and attempting initial definitions

This phase involved trawling back through the data and examining how information was dispensed to each proto-theme so as to evaluate its contemporary meaning. Scholars like Saldaña (2013:41–42) describes this process as creating analytical memos upon

which the proto-themes triggers deeper reflection on the researcher on the meaning of the data. Theron (2015) notes that during this stage, the researcher will reflect upon:

“how they personally relate to the participants and the phenomenon; their research questions; the code choices; emergent patterns and categories; problems and ethical dilemmas in the study; and the future direction for the study”.

During this the researcher reflected upon the emerging themes and tried to deduce their meanings.

2.8.5 Re-examining the text for relevant occurrences of data for each proto-theme

This was second process of trawling back through the data. It is also called axial coding. The phase involved re-contextualization where data was considered in terms of the categories established through the analysis. Themes were taken separately and re-examined, with the original data scrutinized to minimize errors. Theron (2015) argues that the goal of axial coding is the strategic reconvening of data that have been separated during initial coding. Scholars argue that during the axial coding, researchers will be able to answer *‘when, where, why, who and with what consequences’* questions (Charmaz 2006:60–61; Osmer 2008:52; Saldaña 2013:220)

2.8.6 Constructing the final form of each theme

The names, definitions and supporting data were re-examined for the final construction of individual themes. Saldaña (2013:213) explains that during this stage the researcher embark on constructing themes by identifying most frequent and important proto-themes and develop them into themes.

2.8.7 Reporting each theme

This phase involved finalizing the name of each theme, writing its description and illustrating it with a few extracts from the original manuscript to help communicate its connotation to the reader. Creswell (2014) notes that this is done in a narrative passage to convey the findings of the analysis.

2.9 Significance of the Study

According to Brennen (1992), significance of the study focuses on the contribution of the study to the particular area of study. Substance abuse among commercial sex workers' study significance lies in finding answers to questions of the nexus between substances abuse and sex work and the harms and risks of abusing substances in sex work. This in turn would form a basis for improving programs addressing substance abuse and sex work. This study sought to add to the knowledge base of social work profession and allied professions, inform policy implications, and programs or projects development.

2.9.1 Knowledge addition to social work and other allied professions

Alexander and Dochy (1995) argue that for any profession to have a meaningful impact upon people's lives, its practice must be critically informed by researches. Social work as a helping profession should be guided by 'evidence-based' researches that then inform the practice so as to meet the real needs and aspirations of its clients. This is also crucial for other allied profession which now relies on empirical research in their scope of work (Pramodini & Anu-Sophia, 2012). Having a deeper understanding of substance abuse and sex work will determine how intervention, both at primary prevention to empower women and minimize entry into sex work and substance abuse and secondary intervention as harm reduction strategies as the research has unfolded will provide empirical evidence on the form and scope of practices in different helping professions.

2.9.2 Policy Implications

Wilcox and Hirschfield (2007) argue that governments, like individuals, have of late been increasingly turning to science as a foundation for the resolutions or policies they pursue. Plewis (2000) content that even though the policy making process is disputably far from cogent, and faces contending influences, notably financial and legal restrictions and ideological values, rigorous evidence forms an imperative fragment of the policy making discourse, at least if the grandiloquence of 'evidence-based' policy is to be believed.

It is from such belief that the empirical evidence gathered by this research will in turn shape the nature and texture of policies around substance abuse and sex work, particularly in the prevalence of the ever skyrocketing substance abusing behaviors and its albatross implications on HIV/AIDs, public health pressure and revenue loose. Moreover, the debate around the criminalization, decriminalization and legalization of sex work which has grappled public corridors in the country can borrow some revealing hindsight from the study, as the implications of the legality and illegality has also been discussed.

2.10 Ethical Considerations

This section will outline the moral research guidelines that informed data collection and publications. Babbie and Mouton (2012) forwards that ethics refer to conforming to the principles of behavior of a given profession or group. Walliman (2011) argues that when working with human participants in a research always raise ethical issues with respect to how they will be treated. Researchers are responsible for designing and carrying out research both knowledgeably and ethically (Milley, O'Melia & Dubois, 2001) and this research adhered to the following ethics.

2.10.1 Permission to conduct the study

The researcher sought authorization to conduct the study from the University of Limpopo (Turfloop Research and Ethics Committee).

2.10.2 Informed consent and voluntary participation

Miley *et al.*, (2001) outlines that within the precinct of the ethical principle of informed consent, subjects should be give their consent to participate in a research after full disclosure of the purpose of the study, its aims and potential effects. According to Armiger (1997) informed consent means that a person knowingly, voluntarily and intelligently, and in a clear and manifest way, gives his consent.

Motepe (2006), notes that prior obtaining consent, informed consent denotes that all satisfactory information on the study goal, study process and the possible advantages, disadvantages and dangers upon which participants may be exposed, as well as the standing of the researcher, be shared to the potential subject or their legal

representative. Rubin and Babbie (2011) posit that there should be no deception on the purpose, process and outputs of the research to the participants. Before commencing an interview, the researcher ensured that the participants had sufficient information about the study, and participation was voluntary. A consent form was availed to participants (see **Appendix A**), outlining the aim and objectives of the study, and that their participation was voluntary.

The researcher did not know the key informants prior to conducting the study. The contact was only established for the purposes of this particular research.

2.10.3 Confidentiality and anonymity

Confidentiality denotes to agreements between persons (researcher and participant) that limit others' access to private information (Mboniswa, 2005). Anonymity means that no one including the researcher should be able to identify any subjects afterwards, (De Vos, Strydom, Fouche & Delpont, 2011). The identity of the participants will be kept confidential by using pseudo names.

In light of the fact that sex work is still criminalized and stigmatized in the country, and that there are illicit substances being used, it was paramount that the researcher keeps the identity of his participants under wraps. Upholding this critical ethic ensured high response rates, and the participants felt free to divulge sensitive information.

2.10.4 Protection of participants from harm

Fouka and Mantzourou (2011) propounds that this ethic requires a high level of sensitivity from the researcher about what constitutes "harm". Harm to subjects can be physical or emotional, and emotional harm to respondents and/or participants is often more difficult to predict and to determine than physical discomfort (Motepe, 2006). Burns and Grove (2005) contend that discomfort and harm can be physiological, emotional, social and economic in nature.

The researcher did everything within his expertise as a social worker to ensure that his participants were free from harm, be it physical, emotional or economical prejudice. This was done by upholding a non-judgmental attitude to the sex workers' profession

and life style. The researcher also ensured that the study was done outside the working time of participants thereby not prejudicing them economically.

Additionally, the researcher upon realizing that there is some discomfort done during the interviews, a pause would be taken giving participant time to recuperate. In a case where the researcher felt that there is need for counseling, the researcher then referred the participant to the key informant who works with the sex workers on a daily basis.

2.10.5 Bracketing

Parahoo (1997) describes bracketing as suspension of the researcher's pre-conceptions prejudices, and beliefs so that they do not interfere with or influence the participant's experience. Burns and Grove (2003:380) postulate that bracketing is when the researcher sets apart what he or she knows about the phenomenon being studied. The researcher bracketed his perceptions on the sex work subject by creating a distance between himself and his perceptions and previous experiences of substance abusing sex workers.

2.10.6 Release or publication of findings

Plewis (2000) note that the researcher must ensure that the study proceeds correctly and that no one is deceived by the outcomes. Wilcox and Hirschfield (2007) further argue that if a research is to make significant value on policy, it should be made readily available to the public by publishing it. The research discussions will be made available to all interested parties through publication. The University of Limpopo and Musina Municipality will be furnished with a report and an article will be published.

2.10.6 Quality criteria

The research was qualitative in nature and information gathered adhered to the principle of trustworthiness. According to Holloway (1997), trustworthiness is the accurate value of a piece of research. A research project is trustworthy when it reflects the reality and ideas of the participants (Krefting 1991). Streubert and Carpenter (2011) add that trustworthiness of the research depends on the extent to which it delves into the participants' experience apart from their theoretical knowledge. Bless *et al.*, (2013) further notes that trustworthiness in qualitative research must strive to be credible,

dependable and confirmable. There are three aspects of trustworthiness relevant in qualitative researches which are credibility, confirmability and transferability.

2.10.6.1 Credibility

Polit *et al.*, (2001) argues that credibility refers to the confidence of the data. Credibility occurs when the research outcomes mirror the perceptions and real life experiences of the people under study. Polit *et al.*, (2001) asserts that validity and reliability are admissible in research although qualitative researchers use diverse processes to institute validity and reliability. The following steps guided and enhanced credibility.

- **Triangulation**

This refers to the use of manifold referents to induce conclusions. The process involves evidence from different sources; different methods of collecting data and different investigators (Robson, 1997) so as to distinguish true and reliable information. In this case, the researcher undertook an extensive literature review on the phenomenon under study, which is substance abuse and sex work. Moreover, the study then took an empirical approach, incorporated primary participants and key informants who are professionals working with substance abusing sex workers. The research promoter also provided his extensive knowledge on substance abuse and sex workers.

- **Peer debriefing**

Robson (1997) argues that peer briefing is exposing the research analysis and conclusions to a colleague or other peer on an ongoing basis for developing a design and analysis. A pre-exercise interview with three participants who met the criteria was conducted, and peers and the supervisor were frequently engaged. Key informants also provided professional expertise which gave an invaluable insight to the subject matter, sex work and substance abuse.

2.10.6.2 Confirmability

According to Shenton (2004), confirmability entails that the research process and results are free from prejudice. Polit *et al.*, (2001) note that confirmability is the neutrality or objectivity of data. Confirmability deals with characteristics of the data being dependable by ensuring that the research findings are the outcomes of the research and not the researcher's assumptions and biases. The issue of confirmability

focuses on the characteristics of data being dependable. The researcher ensured that as far as possible the study's results are objective and are not based upon biases, motives and perspectives of the researcher.

2.10.6.3 Transferability

Transferability as noted by Mabudusha (2014) is the measure to which the research findings can be used to address similar issues in different settings but following the same methodologies. The research provided under the research findings description of the demographic characteristics of the research participants in this particular context. Lincoln and Guba (1985) further notes that that just the mere description of demographic characteristics of the participants may not be an adequate measure of transferability, thus a thick description data base is sometimes required. In so doing, the researcher tries to capture as much information as possible of the participants albeit on such a sensitive topic like sex work and substance abuse.

2.10.6.4 Reflexibility

Pandey and Patnaik (2014) note that reflexibility is an attitude of attending systematically to the context of knowledge construction of through a research. This is influenced mainly by the researcher's background and position which determines they will investigate, the methods uses, angles of investigations, the findings considered most appropriate and the framing and communication of conclusions (Malterud, 2001).

Pandey and Patnaik (2014) further argues that the interests, perspective and position of a researcher shapes all researches, be it qualitative, quantitative or laboratory science researches. This study will add invaluable insight to the researcher's fields of interest which includes substance abuse, marginalized populations and public health. The researcher has experience in public health programs working with commercial sex workers in areas of reproductive health and HIV. During that stint, the researcher felt that there is need to explore substance abuse and sex work in order to adequately comprehend issues of safe sex and reproductive health in sex work.

2.11 Limitations and Delimitations of the Study

There are number of limitations that are pertinent to this research, namely illegality of sex work and substance abuse, stigma and stereotyping and limitations of a qualitative study.

2.11.1 Illegality around Sex Work and Substance Abuse

The element of criminality on issues of substance abuse and sex work were critical issues that needed careful navigation. The Prevention and Treatment of Substance Abuse Act (No, 70 of 2008) criminalizes the use of illicit substances in South Africa. Sex work is fully criminalized in South Africa under the Sex Offences Act 1957 and the Criminal Law (Sexual Offences and Related Matters Amendment Act 2007). This made constructing of a sample frame challenging as this population is hidden, and great caution required in sourcing participants.

2.11.2 Limitation of a qualitative study

A qualitative research is aimed describing and analysing the experiences and perceptions, and in this case of substance abusing sex workers in Musina, Limpopo province, it is indistinguishable to what degree the findings of this research may be generalized to other study settings. The sample comprised ten (10) substance abusing sex workers, and any potential claims to generalise are thus restricted by the modest sample size.

2.11.3 Data Capture

The researcher was unable to digitally record data as the participants were opposed to having their voices recorded. Thus the researcher was only able to write notes and quotes verbatim as the interview unfolds, and then comprehensively document the interview afterwards. This technique may have meant that the researcher could have missed some details in documenting unlike when the audios were electronically recorded.

2.12 Conclusion

The study focuses on substance abuse among commercial sex workers, using the Musina sex workers as its case study. The prevalence of substance abuse in South Africa is alarming, more so on key populations like sex workers. Sex workers are generally at a heightened risk of HIV as the nature of their work entails that they have multiple sexual partners, and are often victims of violence amongst other occupational harms they encounter. The study thus sought to establish the nexus between sex work and substance abuse and appraise the risks and harms of substance abuse in sex work. This chapter also discusses the research methodology, articulating on sampling techniques, data collection and analysis methods, ethics that guided the research and the significance of the research.

CHAPTER THREE

SUBSTANCE ABUSE AND SEX WORK

3.1 Introduction

The World Drug Report UNODC (2008) estimate that over 230 million people world – wide between the ages 15-64 have used or are using illicit and licit substances. The report UNODC of 2010 further puts the world percentage of people severely dependent on drugs at 0.6%, about 26 million people (people who have used illicit drugs at least once in the previous 12 months). The effects of substance abuse have been devastating, costing the world economies hundreds of billions of US dollars and straining the public health care system. UNODC (2011) notes that the African substance markets are entrenched with cannabis, alcohol, methaqualone, and khat, with cannabis being the most dominant substance, accounting for 64% of the substances-abusing people in Africa.

Sex work and substance abuse has been practiced since time immemorial (Mabuza-Makoko, 2005). The two share an intrinsic relationship, with a distinction line between cause and effect difficult to ascertain (Ditmore, 2013). Abusing substances for sex workers has been association with risk sexual behaviors and risky substance injecting strategies which then exposes sex workers and their clients to HIV and STI infections (Young, Boyd & Hubbel, 2000).

3.2 Overview of Substance Abuse

Degenhardt and Hall (2012) estimates that users of the past year between the ages of 15-64 in East Africa were between 21,630,000 and 59,140,000 for cannabis, from 150,000 to 1,790,000 for opioids, and from 140,000 to 1,300,000 for opiates, with an insignificant or no use for cocaine, amphetamines, and ecstasy. In Southern Africa, the numbers of past-year users ranges between 3,130,000–7,810,000 for cannabis, 240,000–320,000 for opioids, 210,000–230,000 for opiates, 270,000–730,000 for cocaine, 280,000–780,000 for amphetamines, and 180,000–300,000 for ecstasy (UNODC, 2011). Degenhardt and Hall (2012) note that of these statistics, most are

from South Africa, reinforcing the sentiments that South Africa is arguably a 'drug capital'.

The National Drug Master Plan (2013-2017) puts alcohol as the primary abused drug in South Africa with evidence showing that that between 7.5% and 31.5% of South Africans have an alcohol problem or are at danger of developing such a problem. A study conducted by the DSD- LPG (2013) revealed that substance abuse among the youth is a challenge in Limpopo province. The research revealed that the most commonly abused substances are Cannabis (49%), Inhalants (39%), bottled wine (32%), home-brewed beer (30%), and commercially brewed beer (greater than 4% Alc/Vol) used by 54.8% of the youth sampled in this study. Be that as it is, one can argue that the abuse of substance in Limpopo province is profound, with the risk factors being affordability and accessibility as shown by the types of substances.

3.3 Sex Work in South Africa

Konstant, Rangasami, Stacey, Stewart and Nogoduka (2015) indicates that research have estimated that there are probably around 130 00 to 180 000 commercial sex workers in South Africa. The impetuses for joining the sex trade industry are principally based around survival needs (Dunkle, Jewkes, Brown, Gray, McIntyre & Harlow, 2004). The majority of sex workers are women, constituting 90% with the remaining 10% being males and transgender (Sisonke Gender Justice, 2014).

3.3.1 Law and Sex Work in South Africa

Sex work has been practiced since ancient times, but still largely remain criminalized in many countries, South Africa included. Mabuza-Mokoko (2005) noted that sex work has become a subject of considerable debate in a democratic South Africa. South African law does not recognize sex work and sex workers have little legal protection, thus exposed to persecution and stigmatization (Sonke Gender Justice, 2014). Pieces of legislation like the Sexual Offences Act (No. 23 of 1957) and the Criminal Law (Sexual Offences and related matters) Amendment Act (No. 32 of 2007) explicitly prohibits sex work. Supportive municipal by-laws further outlaws the trade containing provisions that bars person from prostitution or soliciting sex for money.

Sonke Gender Justice (2014) lament the basis for legalizing sex work which emanates from societal attitudes towards the profession with many regarding it as a social ill that needs total eradication. Sonke Gender Justice (2014) further notes that criminalizing sex work is proving futile, infesting the trade with violence, substance abuse and dependency amongst other challenges. Moreover, the demand for male and female sex services continues to grow (Gould & Fick, 2008).

In order to minimize the risks and harms of sex work, the government should seriously consider legalizing it as illegalizing the trade is proving inefficient. The South African Law Reform Commission (SALRC, 2017) has of late proposed that there be partial criminalization on sex work. In a Saturday Citizen newspaper report by Kgosana Rorisang on 27 May 2017, the SALRC is reported to have released a report on the legislative framework of adult sex work titled "Report on Sexual Offences: Adult Prostitution", the commission however suggested that sex work remain criminalized legally, with partial criminalization be granted so as to protect the sex worker, but buying sex continue to be an offence. On the event of the report release, the Minister of Justice and Correctional Services Michael Masutha notes:

The commission found that despite mounting public and official concern about prostitution, South African has no clear strategy for dealing with prostitution, either on a primary and prevention level or on a secondary and intervention level.

These sentiments goes to show that in as much as the state appreciate that there are imbedded challenges in sex work which require state action, the government is failing to comprehensively deal with sex work to either totally eradicate it, legalize or provide harm reduction strategies to the risks and harms of sex work.

One can argue that the public discussions on the proposed legal framework that has engulfed South Africa will most likely to result on partial criminalization of sex work, but fail to holistically address the vulnerabilities of substance abuse, violence, stigma and discrimination, HIV and STIs that sex workers continue to face (Rangasami, Konstant and Manoek, 2016). The State should learn from the partial criminalization model of Sweden which has failed to holistically deal with risk effects sex work but skyrocketed

vulnerability to violence, HIV and stigma on sex workers (Levy, 2015). The need to protect their clients from prosecution as postulated by Levy (2015) has meant that sex workers now operate in secluded and hidden underworld areas where they are facing more risks and harms than before.

3.4 Prevalence Patterns of Substance Abuse among Sex Workers

It is tremendously challenging to provide the precise number of sex workers who abuse substances, but earlier studies on female sex workers revealed a high rate of substances abuse among this populace (El-Bassel, Gilbert, Wittes & Chang, 2001; Cusick *et al.*, 2003, Gilchrist *et al.*, 2005, Ditmore, 2013). Home Office (2013) notes that 95% of women trading in street sex work in the United Kingdom are heroin or crack abusers engaging in 'survival' sex work to sponsor their substance dependency behaviors (Spittal *et al.*, 2003). Gilchrist *et al.*, (2005) in a research on substance abuse and sex work with a sample of N=179 noted that 79% of the sex workers were poly substances abusers in the past 30 days, 96% had a 12 month heroin dependence, 49% had a 12 month illicit tranquilizer dependence, and 72% injected substances in the past 30 days. This testify that substance abuse amongst sex workers is alarming and urgent recuse policies to deal with the problem should be enacted.

Furthermore, Cusick *et al.*, (2003) in a research in the United Kingdom (U.K) revealed that all of the 125 sampled sex workers had experienced a substance abuse problem. The substances mainly abused were crack, cocaine, heroin and non-prescribed methadone. Cusick *et al.*, (2003) further notes that early onset of substance abuse in the U.K was related to the early debut of sex work, with the study revealing that the average age of first sex work for sex workers with substance problems were five months lower than those with no substance problem (19.2 years compared to 19.7 years).

Wechsberg *et al.*, (2009) and Gould and Fick (2008) studies in Cape Town and Pretoria respectively have revealed that sex workers are more likely to abuse substances than people with similar backgrounds, but found that very few uses injecting substance.

Substance injecting sex workers are few in the country, replicating a picayune substance injecting population in the whole country (Parry *et al.*, 2009).

UCSF, Anova Health Institute & WRHI (2015) survey on hazardous drinkers female sex workers (FSW) revealed that there is an overwhelming majority of FSW in Johannesburg of 81.5% (N=764), a simple majority of FSW in Cape Town with 51.4% (N=650), (58.4%) while fewer FSW in Durban at 43% (N= 766) who were classified as hazardous alcohol drinkers. The report further notes that almost half of the FSW in Cape Town (47.9%) have used at least one leisure drug in the prior 12 months (UCSF *et al.*, 2015). Substances consumed differs across the three urban areas, with the most common used by FSW in Cape Town is methamphetamine (18.7%) followed by cannabis (18.4%). In Johannesburg 6.5% uses cannabis, while ecstasy is most commonly used in Durban with 7.9% (UCSF, Anova Health Institute & WRHI 2015).

From the above statistics, it can be concluded that the prevalence of substance abuse among sex workers is high, with sex workers in developed countries injecting substances and those in developing countries, particularly South Africa abusing non-injecting substances.

3.5 The Nexus between Sex Work and Substance Abuse

There is growing consensus among scholars that there is an intrinsic relationship between sex work and substance abuse. The environment and conditions upon which sex workers operate have been cited as the chief motivation to take substance by researchers like Ditmore (2013), Chikoko (2013), Young, Boyd and Hubbel (2000). On the other hand, some researchers especially in Western Europe are of the view point that substance abuse is the reason why most people engage in sex work in order to sustain their substance addiction (Cusick *et al.*, 2003, Home Office., 2006, Spittal *et al.*, 2003, Gilchrist *et al.*, 2006). Leggett (2002) in Mabuza-Makoko (2005) argue that the link between sex work and substance abuse in South Africa is more of effects of sex work as a reason for substance abuse than a causation of substance abuse.

3.5.1 The cause and effect debate on substance abuse and sex work

The Western Europe situation of substance abuse has been largely the motivation for engaging in sex work, with substance problems being a cause for transactional sex work (Ditmore 2013). Cusick *et al.*, (2003) study on sex workers in the U.K found out that the most common background of most sex workers in the country is that most sex workers abuses substance and that they started abusing substances (56% of 125 substance abusing sex workers) before engaging in sex work. Sex work is then a way of sustaining their substance abusing habits.

Substance choice among substance abusing sex workers in Western Europe support that substance abuse is a cause for sex work than an effect. According to the British Home Office (2006), as many as 95% of women involved in street sex work in the UK are heroin or crack abusers engaging in 'survival' sex to fund their substance abusing habits. Studies by Cusick *et al.*, (2003), Gilchrist (2006) also learnt that the commonly abused substances are cocaine, heroin, and sedatives amongst other 'hard' substances. Moreover, these sex workers had a history of living with a substance abuser, have been to prison and have been homeless before becoming a sex worker. These conditions show that these sex workers were exposed to substances earlier before exposure to sex work traumas (Cusick *et al.*, 2003).

Substance abusing sex workers in Africa and America have largely resembled the need to deal with the traumatic experiences of sex work than the desire to sustain addiction habits (Leggett 2002). Sex work in Africa is a culturally stigmatized profession, with sex service providers viewed as people without morals. It is the need to deal with negative societal perceptions that leads some sex workers to substance abuse. Additionally, the conditions upon sex work is practiced is tough and demanding, thus intoxication is used as a way to cope with rough working conditions (Young *et al.*, 2000).

On the other hand, recent researches among substance abusing sex workers has revealed that substance abusing behavior is causing sex work in most parts of the world, not Western Europe only. The need to generate income for substance abusing behavior has been viewed as a reason to engage in sex work (UCSF, Anova Health Institute & WRHI 2015, Chikoko 2013). Asante, Meyer-Weitz & Petersen (2014) notes

that, female street adolescents in Ghana have higher chances of engaging in transactional sex work so as to enhance their substance abuse behaviors. In South Eastern United States cities, some older homeless people who abuses substances like heroin, cocaine among others would exchange sex for substances as revealed by Boeri and Tyndall (2012). Nguyen (2008) study in Vietnam observed that some female street based sex workers would sale sex to sustain substance addiction. The research thus needs to ascertain this complicated relationship between sex work and substance abuse.

3.5.2 Managing the trauma of sex work

Young *et al.*, (2000) researches' with sex workers in the United States of America revealed that sex workers were more likely to abuse substances in managing intrapersonal and interpersonal experiences in light of attributes of their occupation. The subservient, demeaning nature of sex work means that many sex workers tend to feel less buoyant and in control after being sexually involved with a stranger or strangers thus would want to regain that self-assurance and dignity through substances (Young *et al.*, 2000). Chikoko (2013) echoes that the traumatic experiences of sex work among street adolescents who have very limited life experiences of urban life has driven them to substance abuse in order to escape the psychological distresses.

Moreover, there are certain sexual acts that tantamount to various forms of abuse that sex workers are expected to endure (Jones, Irwin, Inciardi, Bowser, Schilling, Word, Evans, Faruque, McCoy, & Edlin, 1998, Morrison, McGee & Rueben, 1991). Young *et al.*, (2000) laments that such fraught, mortifying and at times ferocious circumstances makes it more likely that sex workers would develop physical and psychological anguish and in turn, abuse substances to relieve the trauma. A study by Feucht (1993) on substance abusing and sex work revealed that substances such as crack reduces some sex workers inhibition towards the sex encounter and made them feel more confident and worthy.

Cusick *et al.*, (2005) argue that substances can be used to cope with the protracted and late hours of sex work despite that they escalate the risk of violence. Sex workers tend to work under some of the punitive conditions, sometimes standing in the open, barely

clothed so as to sexually seduce clients, bearing the brunt of cold weathers, in the presence of gormandizing mosquitoes. Under such conditions, the temptations for substances will be too strong to resist, with both licit and illicit substances presenting an accessible means of coping with the distress associated with the degrading aspects of the work. Thus, a large portion of sex workers will become substance abusers at some point in their lives (Plant, Plant, Peck & Setters, 1989).

The numbers of sex workers with post-traumatic stress disorders have been noted to be high. Farley and Barkan (1998) notes that 68% of the 130 sex workers in their sample met the benchmarks for a diagnosis of post-traumatic stress disorder (PTSD). This testifies to the fact that sex work is traumatic, and substance abusing among sex workers is highly inevitable.

3.5.3 The working environments

According to scholars such as Craig (2004) as well as Merton in Masese, Joseph and Ngesu (2012), sex workers abuses substances mainly because of their availability, which is facilitated by substance dealers who in most cases than not works in the same environments with sex workers. In some instances, the activities of sex workers are subject to considerable regulations by pimps or brothel managers, many of whom also function as substance dealers (Wechsberg *et al*, 2008). These sex workers have little or no control over their lifestyles, and in many cases they are forced to take substances so as to boost substance dealers' sales. This does not only happen to brothel operating or pimp managed sex workers, but even to those who work in clubs or bars (Ditmore, 2013).

Access to particular working environments appears to explicate the connection between sex workers' vulnerability to substance abuse (Cusick *et al.*, 2003). This is precisely so because it has been established that there is a correlation between substance problematic use and homeless, with outdoor sex work in streets being practices in dealing houses which happen to serve as sex markets, substance markets and areas where homeless people congregate (Cusick *et al.*, 2003). Ditmore (2013) posits that the duress to use and abuse alcohol is the most predominant of all pressures to use psychoactive substances. Ditmore further quotes a US based sex worker explaining;

Some sex workers who want to avoid drug and alcohol use find legal drinking establishments to be the most unsafe places to work in terms of drug and alcohol temptation and drunk violence and/or harassment because it's not only normalized but expected.

In countries like South Africa, Zimbabwe where sex work is illegal, many sex workers tend to find sanctuary by operating from a legal drinking establishment. Alcohol abuse in such scenarios become rampant as the environment dictates so and it is usually a precondition to be in those places.

3.5.4 Pressure

Masese *et al.*, (2012) argues that it is relatively uncommon that people start using substances on their own. The ecosystems theory is of the conviction that behaviors like substance abusing are a byproduct of a negotiated process between an individual and his/her environment. DSD - LPG (2013) notes that the interest and expectations of peer groups have a profound influence on whether or not a person will try to engage in negative behaviors like substance abuse. United Nations (1992) explains that substance users, just like any other people, seek approval for their behavior from their peers by trying to persuade them to join them in their habit. In such a scenario, when an individual associate himself/herself with a group of people that abuses substances, it becomes probable that he/she will be ensnared into such behaviors.

Within the sex work profession, substance abuse goes with the trade, with pressure from other sex workers rampant (Ditmore 2013). Pressure to take substances from clients as well is common place, with Gould and Fick (2008) postulating that some sex workers end up abusing substances after being pressurized by their clients to do so. Parry *et al.*, (2008) notes that some clients hire sex workers specifically because they intend to take substances with someone, and sometimes sex workers are hired to attend to parties where substance taking will be compulsory. In such situation, these sex workers end up tagging along so as not to miss business as well. Ditmore (2013) notes that refusal to take substances when invited by potential clients may potentially result in losing business.

3.6 Risks and Harms of Substance Abuse and Sex Work

Campbell (2003) defines risk as the likelihoods or 'probability' that a specific incident will occur. Within a harm reduction framework, as noted by Newcome (1992), the risk term is used to define the probability of substance-taking behavior causing a number of consequences like unprotected sexual behaviors or specifically 'risk' sexual behaviors. The National Advisory Committee on Drugs (NACD, 2009) notes that the term 'harm' is used if a particular consequence is viewed as negative.

3.6.1 Risk sexual behaviors

The most immediate threat that substance abusing sex workers face is an increase in the incidences of risk sexual behaviors (Cusick *et al*, 2003). Substances diminish one's ability to function normally and make rational decisions. It is from this conviction that substance abusing sex workers faces a more protracted risk of unprotected sex as they may fail to negotiate for safe sex or correctly use protection during sex (Degenhardt *et al.*, 2007) or easily compromise to have unprotected sex if offered more money to satisfy their substance withdrawal effects (Gilchrist *et al.*, 2012). Gilchrist *et al.*, (2012) quotes a HIV positive substance abusing sex worker participant saying:

The truth is that (there are sexual behaviors' that put you at greater risk of getting HIV), but then if they (clients) pay more... for anal sex... without protection... but for more money... you give in because the need for substances is greater.

Research has also revealed that sex workers who trade sex directly for substances have even higher risks of engaging in risky sexual behaviors (Ditmore 2013, Chikoko, 2013). Chikoko (2013) notes that adolescent's sex workers in Harare would sometimes engage in unprotected sex with substance dealers as both the dealers and sex workers will be intoxicated. Gilchrist *et al.*, (2012) quotes a substance abusing sex worker narrating:

If it was (sex) for money I used a condom and if it was for heroin I did not... those who sell drugs... do not want condoms... you are not in a position to negotiate (due to) withdrawal.

Higher risk sexual behaviors have been reported among particularly on both licit and illicit substances like cannabis, crack cocaine abusers (Gilchrist *et al.*, 2005b; Ross *et al.*, 2002; Kwiatkowski & Booth 2000; Inciardi 1995). A study of 506 female sex workers in South Africa who abused alcohol frequently engaged in unprotected sex demonstrating that substance abusing sex workers tend to engage in risk sexual behaviors than non-substance abusing sex workers (Wechsberg *et al.*, 2009).

Olisah, Adekeye, Sheikh and Yusuf (2009) concurs that risky behaviors concomitant with substances abuse are among the central contributors to the spread of HIV/AIDS. This is primarily so because substances can alter brain operation through disrupting the amygdala, a brain part responsible for weighing risks and benefits when making decisions (Ibid) thus engaging in high risk sexual behaviors.

Ditmore (2013) contents that the health risks and harms of sex worker who abuses substances (including licit and illicit substances- alcohol, hard substances, hormones and image- and performance-enhancing drugs) faces increased risk of health harms, including HIV and viral hepatitis than to sex workers who do not abuse substances. Sex work on its own has been identified as putting people at greater risk of HIV and STIs transmission (Gilchrist *et al.*, 2012) precisely so because of hefty numbers of sex partners, hazardous working circumstances and hurdles to the negotiation of consistent condom use (SANAC, 2014). When selling sex is juxtaposed with substance abusing behaviors, risky sexual behaviors also skyrockets, leading to high prevalence of HIV among sex workers.

The global HIV prevalence among female sex workers to be 37% (Baral *et al.*, 2012a) and 37% in Sub Saharan Africa (UNAIDS, 2013) and 56.6% in South Africa (SANAC, 2014). Baral *et al.*, (2012a) further posits that female sex workers were 13.5 times more vulnerable to HIV infections than other women. With Sub-Saharan Africa being regarded as the “global epicenter” of the HIV/AIDS epidemic (Needle, Kroeger, Belani & Hegle 2006), the region contains only 10% of the world’s population but carries more than 60% of the global HIV/AIDS burden, sex workers within the region are highly vulnerable.

HIV transmission risks are also associated with non-injection substance abuse. Cocaine and amphetamine-type stimulants (ATS) can lead to high-risk sexual behaviors by inhibiting judgment and decreasing the likelihood that one will practice safe sex. Methamphetamine, for example, has been associated with increased HIV sexual risk behaviors among men who have sex with men (MSM) and heterosexuals. Risk behaviors include unprotected receptive anal and vaginal sex and greater numbers of sex partners (Appleby, Marks, Ayala, Miller, Murphy & Mansergh, 2005; Colfax *et al.*, 2001). Crack cocaine abusers has been associated with higher prevalence of HIV infection due to greater frequency of high-risk sexual practices such as unprotected sex and sex with multiple partners and with exchange of sex for drugs (Hagan, Perlman, & Des Jarlais, 2011). Male and female CSWs interviewed in South Africa reported using methamphetamine, crack cocaine, or ecstasy before or during sex, and said that using these substances increased the likelihood of high-risk sex, including anal sex, unprotected sex, and group sex (Parry & Pithey, 2006).

The risks of HIV infection amongst substance abusing-sex workers go through the ceiling particularly to those who inject substances. A study by Agarwal *et al.*, (1999) in Manipur, India, found that HIV infection rates among substance injecting sex workers were 9.4 more higher than non-injecting sex workers. A similar research in Ciudad Juarez and Tijuana on substance injecting sex workers produced symmetrical results and found astoundingly high HIV prevalence (Strathdee *et al.*, 2008). Ditmore (2013) posits that there is an increased rate of unsafe injecting, lower condom use, sex with HIV-positive clients and partners, and increased risk of syphilis and HCV among substance injecting sex workers than non-injecting substance abusing sex workers. A serological survey carried out in 2004 in Mombasa confirmed the close relationship between substance abuse, injecting drug substance and HIV/AIDS with 49.5% of IDUs testing positive for HIV, although this is likely an underestimate. This was part of a larger study (Ndeti, 2004) which also documented risky sexual practices among substance users in Kenya.

3.6.2 Physiological risks

Despite using substances primarily as depressant or stimulants, Chesang (2013) warns that if used in excess, it has the capacity to severely damage or even kill body nerves

including muscles and brain cells. The consumption of substance over time will be marked by a progressive change in behaviors. A study conducted by Makhubele (2013) in Mopani District of Limpopo Province in South Africa, revealed that home-made alcohol is commonly referred to as Ndzi ta ku nyisa, meaning “I will beat you up”. One of the respondents in Makhubele’s (2013) dirges the disastrous effects of such substances by noting:

“It is not supposed to be drunk by weak and sick people...Consumers are unable to walk after drinking and they become very weak.”

Excessive consumption of substances also contributes to high early mortality rates amongst sex workers (James, 1976).

3.6.3 Risk substance taking behaviors

Baral *et al.*, (2012b) forward that the risks and harms are even higher for transgender women, many of whom trade in sex work and use substances for recreation or as part of their gender transition. Clark *et al.*, (2008) notes that the risks and harms for transitioning starts from receiving injected cosmetic procedures, and if done by unregulated practitioners, something horribly wrong can happen, resulting in lumps or infections.

In Kenya 38.7% (278/719) of drug users reached through community outreach reported sharing needles, and high prevalence of equipment sharing, including cookers, filters, rinse water and injection solution was also reported in Nigeria, Tanzania, and Mauritius (Ditmore, 2013). The adoption of a high risk injection practice referred to as “flash blood” has been documented among both male and female drug users in Tanzania. This is a practice in which an Injecting Drug User (IDU) who cannot afford to purchase the heroin injects the blood of another IDU who recently injected, in the belief that the blood contains heroin and can prevent withdrawal symptoms. The potential for HIV transmission through the exchange of such a large quantity of blood—usually 3 or 4 ccs is substantial (Gisselquist, 2007). This practice is particularly alarming because it was first identified in female commercial sex workers (CSWs), who are already at increased risk of sexually transmitted HIV infection and have the potential to transmit HIV to their clients (McCurdy, 2005).

3.6.4 Developing substance dependency syndrome

Substance abuse and sex work has been found to be a cause of an endless sequence of sex work and substance addiction (James, 1976). Studies in Britain has revealed that women who abuses substances before engaging in sex work to fund their substance abusing behavior often found themselves heavily addicted as they excessively abuses in order to deal with the traumatic experiences of sex work (Cusick *et al.*, 2003). Young *et al.*, (2000) aptly summarized this situation by noting that it is likely that sex work and substance abuse is a self-perpetuating cycle in which the engagement in one leads to an escalation in the other. A study by Wechsberg *et al.*, (2009) of sex workers in South Africa revealed that participants had developed alcohol dependence syndrome and thus cannot function without taking alcohol. In this case, those who have joined sex work so they may earn an income and then use substances to deal with the experiences of sex work will be trapped in a vicious cycle of substance abuse and sex work.

3.6.5 Violence

According to Ditmore (2013) a significant fraction of substance abusing sex workers experiences violence (physical, sexual and psychological) mainly perpetrated by state agents such as law enforcement officers, staff working in compulsory drug detention centers, clients, intimate partners, family, and other community members. A study by Ditmore (2013) in Sierra Leone, found that over 95% of substance injecting sex workers had experienced violence in the preceding year. WHO & and UNAIDS (2010) laments that 94% of sex workers in Bangladesh had experienced violence from clients, police, gatekeepers, intimate partners or neighbors. The heightened violence on these substances abusing sex worker has also been reported to result in murder particularly in street-based and low-status locations (Ditmore & Thukral., 2012, Potterat *et al.*, 2004). The decreased rational reasoning and ability to be street savvy are attributed reasons for such violence, argues Thukral and Ditmore (2003).

3.6.6 Stigma and discrimination

According to studies conducted by Rekart (2005); Vanwesenbeeck (2001), sex workers all over the globe generally faces stigma and discrimination which affects their self-

esteem, leads to abuse, violence, criminalization and denial of service. The NACD (2009) notes that substance using sex workers are doubly stigmatized and discrimination, which prevents them from reporting abuses to the police as being a sex worker and intoxicated will in the eyes of law enforcement agents, discredit their cases or harshly judged in the court of public opinion.

3.6.7 Arrests

Cusick *et al.*, (2003) study in the UK found out that substance abusing sex workers despite facing the risk of being arrested for soliciting to engage in sex work, they are also susceptible to arrest for substance possession. This is particularly so since in more cases, sex workers are sometimes used as drug mules, as they interplay between substance abuse, selling and sex work interface. In Cusick's research 85% of the 125 participants had at least one conviction that is substance possession or sex work-related offences or both.

3.6 Conclusion

Substance abuse and sex work are intrinsically twinned, with many sex workers taking up the profession to sustain their substance abusing behaviors, and some abusing substances so as to cope with the interpersonal traumas of sex work. The circumstances upon which sex workers operates makes substance abuse inevitable, with sex workers sharing hot spots with substance dealers, being expose to substances in the process and sometimes being invited by their clients to take substances with them, making substance abusing prevalence amongst sex workers high. Intoxication and selling sex brought with it risks and harms to an already vulnerable profession, with the risks of engaging in risk sexual behaviors, risk substance injecting methods, physical harms, violence, arrests amongst other risks and harms.

CHAPTER FOUR

DATA PRESENTATION, ANALYSYS AND DISCUSSION

4.1 Introduction

This chapter will present data, analyse and discuss findings of the research on substance abuse among commercial sex workers in Musina. As defined by Berg (2001) data analysis is a process where data is organized, broken into convenient units, synthesized, examined, and determines what needs to be revealed to others. Thematic content analysis which is, according to Boyatzis (1998) the illustration of qualitative data through subject interpretation will be utilized. The data and findings are structured and presented replicating the research questions used during data collection process. The findings will be centred on the research objectives namely to assess the nexus between substance abuse and sex work and to appraise the harms and risks of substance abuse in sex work.

4.2 Demographic Characteristics of Participants

Data was collected from ten (10) participants and two (2) key informants using in-depth interviews. All participants were females, based in Mushongoville and Matswale phase 6. The key informants were an official from Ministry of Social Development and Sisonke Gender Justice, a NGO working with sex workers in Musina.

Nationality	Number of Participants
Zimbabwe	5
South Africa	2
Mozambique	1
Malawi	1
Zambia	1

Table 1: Nationality and number of participants

Table 1 shows the gender, age and nationality distribution of participants. Five (5) participants were Zimbabwean, with two (2) South Africans, Malawian (1) and Mozambican (1). The difference in nationalities goes to show that the research was conducted at a border town, Musina, which links South Africa and Zimbabwe and also acts as a conduit to other countries up north of South Africa. The high number of Zimbabweans (5 out of 10) is a testimony to the economic collapse of the country, with many Zimbabweans seeking economic refuge in South Africa. These sentiments are also shared by Consortium of Refugee Migrants in South Africa (2009) who argues that Musina is the first stop for a large number of Zimbabweans who to support their families. The diverse nationalities of participants is supported by Chinyakata et al., (2018) who notes that Musina is one of the towns in South Africa ballooning with migrant population. South Africans were two (2) out of ten (10) of participants revealing the high unemployment rates in the country. The research managed to establish participants' age at first transactional sex.

Table 2: shows participants' age

Participant	Age
Participant 1	27
Participant 2	32
Participant 3	30
Participant 4	19
Participant 5	18
Participant 6	26
Participant 7	22
Participant 8	20
Participant 9	35
Participant 10	24

The above table shows participant ages. The youngest participant is 18 years and the oldest is 35 years old.

4.3 Theme 1: The Nexus between Sex Work and Substance Abuse

There is a contentious debate on the use and abuse of substances in sex work. It is common practise world-wide that people who sell sex also abuses substances (Ditmore, 2013). Stoicescu (2012) notes that substance abuse among sex workers has been a normalised way of life. Scholars like Wiechelt and Shdaimah (2011) argues that there is a strong relationship between commercial sex work and substance abuse, but the question of what motivates the other especially in Africa remains largely unresolved. To this end, the study explored the substance abuse and sex work cause and effect debate.

The demographic traits of participants in this study is quite revealing on this matter. The researcher managed to establish when participants started taking substances and their transactional sex debut (before sex work, at the same time with sex work and after sex work). The study shows that two (2) of the participants started abusing substances before sex work, five (5) at the same time with their sex work debut, and three (3) after sex work.

Substance Abuse	Number of participants
Before	2
At the same time	5
After	3

Table 3: Numbers of participants starting sex work before/after or at same time as starting using substances

The table above shows that the nexus of substance abuse and sex work does in Africa and in Musina mainly starts at entry into sex work. This raises more questions than answers as to what then motivates one to start abusing substances when they have started selling sex. Moreover, the steady number of participants started abusing substance way after entry into sex work. Key informant 1 buttressed these observations and argued that over the years she has seen girls who have lived clean lives (substance free lives) prior selling sex, but this changes once they have joined sex

work. Having noted the incidences of substance abuse and sex work, the research immediately explored the reasons for engaging in sex work. By so doing the research was trying to establish if substances was the motivation for selling sex.

4.3.1 Sub Theme: Reasons for Sex Work

There were plethora submissions made as reasons for engaging in sex work. The research managed to establish from participants viewpoints that the need to survive, by meeting physiological needs propounded by Maslow notably food, accommodation, clothing were the main reasons why participants engaged in sex work. Other participants however reported that they had suffered abuse and neglect and ended up engaging in sex work.

4.3.1.1 Sub Theme: Survival Sex Work

The reasons provided for engaging in sex work by were by large economic (survival sex work). Participants observed that sex work provided a source of livelihood. With high unemployment rates in Southern Africa, many people find little or no alternatives for employment and end up resorting to informal jobs like sex work. The high numbers of Zimbabwean sex workers indicates such a situation with Zimbabwe's unemployment rate of around 90%, (CoRMSA, 2009, Chinyakata *et al.*, 2018) South Africa has thus been providing a sanctuary for economic refugees. This was aptly described by Participant 1 who noted:

There are no jobs in Zimbabwe. The economic situation back home forces us to come here and because jobs in South Africa are also hard to get, I end up selling my body like this.

International sex workers noted that their countries are struggling economically which made them seeks refuge in South Africa. They further explained that with no proper documentation, their chances of getting formally employed in South Africa were next to none. Key Informant 1 described the situation as follows:

Most of these girls you see on the streets are foreigners with no permits or asylums. It's hard for them to get jobs here in South Africa so sex work becomes the only option available.

Key Informant 1 further explained that young women come to South Africa with a preconceived idea that it is 'heaven on earth' and jobs are easy to find only to receive a rude awakening once they set foot in Musina. To these innocent women, many would have never tasted substances and they would be as 'clean as a whistle', only to be transformed by circumstances they face once they commence selling sex.

These submissions go to show that there is something in sex work that pushes sex workers into substance abuse. This is supported by literature which argues that sex workers in Africa and South Africa in particular would be free from substances prior they start selling sex (Nuttbrock *et al.*, 2004, Mabuza-Makoko 2005, Ditmore 2013, Chikoko 2014).

It is interesting to note South African participants all reported to have started abusing substances before joining sex work. Participant 7 had this to say:

I started taking alcohol and smoking weed when I was still in high school. Most of my friends at school would drink and smoke as well. It is our lifestyle.

Upon enquiring if there reasons for joining sex work, participants noted that sex work is an avenue for looking after her children, and not for sustaining their substance abuse behaviours. This was aptly explained by Participant 6 who observed that what drove her to into sex work was the need to take care of her child. She had this to say:

Sex work enables me to take care of my children. The child grant that I receive is not enough for their upkeep and I have to look for other ways of getting money.

Substance abuse to them is just part of their lifestyles, with South African sex workers postulating that even if they are to change jobs now, they were not going to entertain the idea of quitting substances.

The above observation is an indication that substance abuse among the youths in South Africa is high, with Deveau (2008) articulating that the national average rate of substance abuse among young people is estimated to be 36.3%. A review of patterns and trends in substance use and abuse between 1960 to 2010 by Da Rocha Silva (2012) concluded that "[F]air to substantial proportions of young South Africans ($\pm 10-24$

years) generally admit that they (1) have used some substance or other at some time in their life, and that they (2) have done so fairly intensely, i.e. in terms of frequency and the amount of intake". To these participants, substance abuse is independent from sex work, as they regard sex work as a profession, with the need to engage in sex work divorce from their substance abusing behaviours.

Even though these participants did not see their substance abuse behaviours as the reason for joining sex work, one cannot shake off the feeling that the sex work provides them easy access to substances as their working environment are in most cases substances hotspots.

4.3.1.2 Sub-Theme: Abuse and the need for Substances

Other participants noted that the reasons for engaging in sex work were due to abuse. Participants noted that they were subjected to physical, emotional, verbal and sexual abuse by their guardians and partners. Participant 5 narrated her ordeals as follows:

I started taking beer to forget the experiences of rape I was going through from my stepfather. It was so painful, I regarded him as my father. After running away from home, I met girls who introduced me to sex work. It became a bit easy because I now had money to buy food, pay rent and buy more substances.

The above recitation indicates the traumatic effects of abuse and with no counselling in place for the victim, she ended up abusing substances and subsequently joined sex work. Spurrier and Alpaslan (2017) notes that some street sex workers are victims of abuse who failed to get alternative care and ended up being homeless, abusing substances and selling sex.

The study also learnt that abuse can come from intimate partners as revealed by Participant 4. She explained that the reason why she joined sex work was initially to spite her partner as she then started having multiple sex partners until she started selling sex. Participant 4 describes her situation as follows...

I wanted to get back to him for hurting me. I started sleeping with a lot of men. Some would be for free, others for money or substances. That's how I ended up in sex work.

Abuse coupled with substances is a significant motive for sex work. The broken and traumatised soul can try to find solace in negative behaviours and once hooked, one can end up in sex work as learnt by the study. Literature supports these sentiments with Farley and Barkan (1998) found that 68% of the 130 substance abusing in their sample met the criteria for a diagnosis of post-traumatic stress disorder (PTSD), with the PTSD caused by lifetime experiences of violence, both as adults in sex work and as children, rather than by the act of sex work itself.

The discussion above has revealed that substance abuse is not the primary reason for entry into sex work. Having observed that to some sex workers, substance abuse was not the reason for joining sex work, the researcher then tried to establish the reasons for substance abuse on or after joining the trade.

4.4.2 Sub Theme: The trapping factors of substance abuse and sex work

Once one has joined sex work, the research learnt that there are a number of trapping/risk factors than then drives one to substance abuse. These reasons as revealed by participants includes the use for substances to boost confidence and deal with intrapersonal conflicts, pressure from clients and peers, the working and living environments.

4.4.2.1 Sub Theme: Use of substances to boost confidence and deal with intrapersonal conflicts

Prejudices of sex work existed since time immemorial, with the bigotries still rampant especially in conservative African communities (Mabuza-Makoko, 2005). It is common for sex workers to feel vilified, ridiculed by the high morals expecting societies, with their self-confidence disparaged. Henceforth, sex workers in-turn resorts to substance abuse in order to boost their confidence. This need to console the intrapersonal feelings was observed by most of the participants as a common reason for substance intake. Key Informant 1 explained to the researcher that the difference now is on the quantity of

substances, but what she has observed over the years working with sex workers is that the majority takes substances especially alcohol to enable them to trade in sex.

From the entry point into the research setting, the researcher was greeted by the evidently high prevalence of substance use among sex workers. What then becomes a distinguishing point is whether one abuses or simply uses. When the researcher explained the purpose of the study to a group of sex workers who had been gathered by Key Informant 1, the reaction from the population was a discussion to what substances are, with almost everyone murmuring that they only take alcohol and do not regard it as substances. The researcher had to explain that even alcohol according to the definition of the research also constitute substances. On behalf of the roughly fifteen or so members one FSW then shouted:

You know my brother some of us do not really abuse alcohol. We only take say three at most so that we are able to work. I do not think we will be of great use to what you are doing.

After a robust discussion of what substance abuse is, some who just uses but do not qualify to be abusers left. The immediate observation that was made was that there is a constant overlap of substance using and abusing, with almost everyone using substances. These observations were reinforced by Participant 1 who summarised it by saying:

You just can't sell your body when you are sober. You will be too ashamed to even walk around in this community that judges you when they know that you are a sex worker. We all take something before we get to the streets.

The above statement was made whilst the participant was in deep thought, showing that she does not condone being a sex worker, and the rest of sex workers do not condone their jobs as well, and that if it is not for substances that they abuses, or to some just 'uses', they would not be able to sell sex. The connection between substances and sex work thus becomes evident as substances are being abused for confidence boosting in sex work and the need to deal with intrapersonal conflicts of sex work.

Literature concurs with these observations with Mabuza-Mokoko (2005) study on risk behaviours among sex workers in Atteridgeville and Marabastad postulating that sex workers abuses alcohol as a coping mechanism of the negative intrapersonal conflicts they face associated with the sex work profession. Gossop *et al.*, (1994) argues that sex workers abuses substances like alcohol and cocaine during sex work in order to feel more detached from their work and to deal with its psychological stresses. Young *et al.*, (2000) further argues that the subservient, humiliating nature of sex work means that sex workers would tend to feel less confident and in control during work, and in order to regain feelings of confidence, self-worthy and control after being intimate with a stranger(s), they in turn abuses substances (Plant, Plant, Peck & Setters, 1998). Moreover, de Carrvalho, Neiva-Silva, Koller, Piccini, Ramos, Evans and Page-Shafer (2006) notes that street youth in Porto, Alegre, Brazil were using substances for various reasons including as a coping mechanism as they seek to boost their confidence so as to approach male clients and negotiate for transactional sex.

4.4.2.2 Sub Theme: Pressure from Clients and Peers

Sex work as a service profession involves interacting with people of different orientations, substance abusers and non-substance abusers. By mere association, sex workers are exposed to substances, as the relationship between sex workers and their clients more often than not extends from simple provision of sexual gratification, but also involves sharing of substances. Participant 2 describes her interactions with clients as follows:

Our clients always offer us substances. That's how it is in sex work, I get to be offered beer, weed, bronco and sometimes cocaine.

Vulnerability to substances in sex work is quite high. Literature has also shown that clients who seek services of sex workers are usually substance abusers themselves, and the fact that sex workers are offered substances by their clients is not surprising (Morozini, 2013). Having been offered or invited to take substances, participants revealed that they generally feel duty-bound to take those substances if they are to be hired by those clients. Taking substances with clients according to participants seems to be part of the reasons why one can get hired, as this is viewed as the accepted

behaviour. Participant 3 noted that if one turn down a beer offers, one will then most likely lose that client. She had this to say:

I have seen it happening, when I started sex work I didn't take any substances even beer. I realised that I was losing clients because they thought that I was too uptight. I started getting more clients when I started drinking.

The study found that sex workers in Musina are frequently hired to accompany long distance haulage trucks drivers to destinations like Zambia, Malawi, Tanzania, and Democratic Republic of Congo. During such long road trips, participants noted that they are then pressured to join drivers/clients in taking substances. Participant 7 narrate:

My first time with hard substances was when I was hired to go to Kinshasa. My client would persistently offer me weed and bronco.

Literature concurs with these findings, with Ditmore (2013) arguing that sometimes substances are central part of the interaction between sex worker and client, with some clients inviting sex workers they have hired to share their substances and provide 'party services'.

Participants further testified that the pressure to abuse substances also comes from peers. Substance abusing has in most cases become a normal way of life in sex work. By so doing, pressure to abuse these substances will be exerted to new comers who had just joined the trade. Such pressure comes from senior sex workers who are now substances addicts, as explained by Key Informant 1. Key Informant 1 noted that the pressure to take substances usually comes from informal gangs that these sex workers form, with the primary objective to protect each other from other gangs. She said the following:

These girls when they have just joined sex work, they usually then join a gang, a small crew of fellow senior sex workers of about three, four or so other sex workers. These then will provide protection to the new comer and an area to work in. The new comer usually will end up adopting to the lifestyle of her new friends, and in most cases it involves substance abusing.

The need to 'fit-in' in trades such as sex worker is an important aspect of the profession. This leads to a cycle of sex work and substance abuse, as new comers are also recruited and join the lifestyle of substances and sex.

4.4.2.3 Sub Theme: The Working Environments

The environments upon which sex workers operate in necessitates and promotes substance abusing behaviors. This is because the environment where sex work happens tends to continuously overlaps with environments where substances are found or taken. Such a continuous interaction of environments then exposes sex workers to substance vulnerability, leading to high prevalence of substance abuse among sex workers. The study learnt that sex workers operate from streets hotspots, trucks parks, shebeens and taverns. These environments also harbor substance dealers or are alcohol selling establishments. Illustrating the effects of environments upon where sex workers operate from, one of the participants indicated that:

You see my brother my best working spots is at the truck parks. Those places are also frequented by people who sell weed, 'matombo' and bronco. So it becomes easy for me to smoke or take bronco because those guys are ready to give you those stuffs.

The above testimony unravels that sex workers in Musina operate in the same environment with substance dealers. This places sex workers at an elevated risk of substance abuse as substances will be readily available. When the researcher toured the trucks parks, he saw empty bottles of bronclee, stubs of cannabis and tobacco cigarettes. At one of the parks, a certain gentleman approached the research vehicle and asked what type of substances the team wanted to buy. The participant who was being a tour guide had to explain that the team was only doing a research, upon which the gentleman emphasized the need of not bringing the police to the parks.

Participants also noted that they operated from alcohol selling establishments. In such places, alcohol consumption and cigarettes smoking is the main business and everyone who visits those establishments is expected to consume liquor. The researcher visited some of those establishments and he realized first-hand the awkwardness that engulf

one to be in those places and not consume alcohol. Participant 10 aptly summarized the feelings to be sober minded whilst surrounded by revelers by saying:

It's very discomforting to be surrounded by people drinking beer and you will be sober. Everyone will be looking at you and wondering what exactly is wrong with you. It's like going to a church and not take part in what is happening. You have to have your own beer to fit in.

The above submission goes to show that operating in well-established joints for sex workers brings an expected feeling that they should take substances to fit in with the crowd. To those who also ply their trade from shebeens, the feeling and need to take substances is even more pronounced. This was revealed by Participant 3 who explained:

In shebeens you are all expected to be drinking beer.... The shebeen operators allow us to work from their places provided that we will be drinking beer as well.

Environments upon which sex workers operate from juxtaposes with environments where substances are sold. This makes substance abuse in commercial sex work an inevitable part of the job. To this end, literature by scholars like Ditmore (2013) notes that the substance abuse and sex work is a delicate dichotomy of intricate interactions of sex workers, their clients, and the environment upon which they operate.

Participants who worked in streets during the night explained that they feel that the working environment is not safe and substances enable them to deal with the harsh realities they face. The researcher observed that participants operate in unsafe street corners, under freezing temperatures during winter and barely clothed so as to entice clients. Participant 3 described the streets as follows:

You see Musina is a very tough place to work in. All criminals are found here, and sometimes we have to work in street corners. Sex workers are targeted and kidnapped in the streets. We go to streets in pairs as friends but when one gets hired, you will be forced to remain in the streets alone. If you are sober, my brother, I am telling you will not go and work in the streets.

Key Informant 1 concurred to the fact that sex workers are targeted by robbers whilst working on streets. She noted that the cases of sex workers being kidnapped, raped and robbed and sometimes at worse, killed in the border town are prevalent. Participants lamented that despite the fact that the streets are not safe, the need for an income compels them to work in the streets despite the dangers, and they would only be armed with influence of substances which provides a false sense of security and confidence.

Working on the streets has been reported to be tough as they are forced to do so in winter where temperatures will be freezing. Participants noted that the streets are better paying particularly during winter because the taverns would be less frequented. To the participants, the need to earn a living then induces them to work despite the temperatures. In order to cope with the weather, some participants explained they would have to take bronclee and spirits alcohol to avoid getting flues and cold especially as they would be half covered. Participant 3 had this to say:

You know my brother the streets are a tough place to work in. These substances you are asking about are very helpful. I work in the streets in winter with freezing temperatures, and I cannot put on jerseys and all because men will not see that I am selling sex and they will not be attracted. Sometimes it will be 2:00 am, and I will be there in the streets. Bronclee and spirits helps us to cope in the streets there.

The environments have been noted by literature to be another trapping factor that leads to substance abuse among sex workers. Ditmore (2013) argues that sex workers work in the same environments with substance dealers, and these substance dealers are also clients for sex workers. The pressure will also be on sex workers to also promote substance dealers business by also buying substances. NACD (2009) further notes that for street based sex workers, the working conditions are even more compounding as they work in open spaces, under freezing temperatures and substances provides an easy escape route from such harsh realities.

4.4.2.4 Sub Theme: The living environment

The living environment, which also sometimes doubles as the working environment is another trapping factor for substance abuse among sex workers in Musina. Some sex workers in Musina stays in brothels, popular places where men visit for transactional sex work. Using the snow balling technique, the researcher visited one such place, and the sight tells a story of substance abuse as he was greeted by empty bottles of bronclea, stubs of cigarettes, cannabis, alcohol empty bottles, condom sachets and a dozen men and women wondering all over, with some visibly intoxicated.

One of the participant who was acting as the tour guide explained that everything could be found on that place, as it was harboring from sex workers, substance dealers, and fugitives amongst other groups of people. The environment at the brothel painted a picture that escaping the temptations of substance abuse was an insurmountable challenge than getting hooked to them. Whilst still at it, Participant 2 rhetorically asked:

My brother, if you were living at this place, do you think you would not get tempted to try these substances?

The eco-system theory provides a better appreciation of how the environment influences behavior on organisms. Subsystems within the eco-system theory self regulates and influence each other's demeanors (Potgieter, 1998). The eco-system theorists view point on such practices like substance abuse is that it is a by-product of a negotiated and mutual interaction between the person and his/her environment. Thus, substance abusing to a sex worker is a result of circumstances upon which the user is exposed to, whether they inhibit or disinhibit such behaviors. In this case, the working and living environments of sex workers exposes them to substances, thus substance abusing patterns becomes prevalent.

4.4.2.5 Sub Theme: Abuse of Substance to facilitate group Sex and different sex styles

The study also learnt that sex workers in Musina abuses substances in order to facilitate engaging in group sex sessions and different sex styles. Participants explained that sometimes they meet clients with 'odd' sexual needs, who are willing to pay higher fares. In order to engage in such interactions, participants noted that they then take substances like cannabis, bronclea, tik or alcohol and get intoxicated. This then helps

with subduing the intrapersonal conflict and easing the uncomfortable feelings and emotions that comes with such sexual preferences. Participants observed that even though they are sex workers, some sexual preferences they are made to undertake are traumatizing and tantamount to human abuse or slavery.

Participant 3 had the following to say:

Group sex pays more in spite of the dangers. Sometimes I meet clients who would tell you that they want three-some's. I know the dangers but when amounts like R1500 for a group sex session, what must I do? It will be too good to resist. In such cases, I then take bronco, weed, tik and beer and then agreed to it.

The assertion is an indication that substances are being abused to facilitate engaging in group sex and peculiar sexual preferences. Participants noted that without substances, they would not be willing to do so. Literature concurs with these observations with Chikoko (2014) postulating that sex workers in Harare Central Business District abuses substances as a coping mechanism to engaging in group sex practices. Young *et al.*, (2000) note that power dynamics during sex sessions also pushes sex workers to substance abuse. Morrison *et al.*, (1995) and Inciardi (1993) argues that in transactional sex, the power mostly rests with the client who pays a sex worker to withstand acts that tantamount to various forms of sexual abuse. Young *et al.*, (2000) then argues that such desperate, degrading and at times violent sexual encounters makes more likely that sex workers would then turn to more substances in so as to deal with such horrifying sexual experiences.

4.4.3 Sub Theme: Consider stopping substance abuse if one leaves sex work

Having established the dependent of substance abusing behaviors and sex work, the research further tried to ascertain if participants would also consider stopping substance abuse in the event that they have left sex work. This was compelled by the need to establish if indeed substance abuse was just a by-product of sex work.

By large, there was consensus that participants are willing or would consider stopping abusing substances if they were to leave sex work. The majority of participants noted

that they are abusing substances mainly because of the need to cope with sex work, thus if there is no longer that need, they see no reason to continue abusing substance. Participant 7 explained by saying:

If I am to find another job now or get married, yes I would stop this sex work and substance abuse. I am only taking them because of my situation otherwise I don't really want to take them.

Substances are being used to deal with the traumatic experiences of participants are experiencing in sex work. However, other participants noted that even if they are to stop selling sex, they will continue taking substances. To these participants, substance abuse is independent from sex work despite the fact that it facilitates sex work. Their motivation to take substances is primarily not because of sex work, but mainly because they find pleasure in abusing substance. Participant 7 had the following to say:

I will not stop substance abuse now. In fact I feel that sex work sometimes limits the quantity of substance I take because of the little income I get.

The above submission shows that the participant is somehow hooked on substances and does not envisage life without them. Such reasoning can be related to Key Informant 2 who bemoaned that substance abuse is generally high in Musina even to non sex work populations.

4.5 Theme 2 - Object 2: Risks and Harms of Substance Abuse among Sex Works

The research endeavored to establish the risks and harms of substance abuse in sex work in Musina. Campbell (2003) defines risk as the rate at which some event occurs in the population; risk can also refer to the chances or 'probability' that a specific event will occur (NACD, 2009). The risks as reported by participants' ranges from risk sexual behaviors, violence, economic and social issues. Surrat, Inciardi, Kurtz and Kiley (2004) study in Miami also found out that substance abusing sex workers are at risks of HIV infection, sexual and physical violence.

4.5.1 Sub theme: Risky sexual behaviours

The greatest risk that came out from the research is that substance abusing sex workers are at an elevated risk of engaging risky sexual behaviours. Participants were of the view that sex work on its own places them at an increased risk of harmful sexual behaviours, and the combined substance abuse and sex work further skyrocket the risks, thus making them more vulnerable to HIV, STIs and unwanted pregnancies. Surrat *et al* (2004) posits that as sex workers became more intoxicated, their thinking become more compromised, and they “quit thinking and caring,” which put them at additional risk not only for HIV and hepatitis infections.

4.5.1.1 Sub Theme: Unprotected sex

The abuse of substance during work is generally discouraged as it dampens one’s ability to function properly. In sex work, substance abuse leads to unprotected sex, as condoms will be inconsistently and incorrectly used. Harcourt *et al.*, (2001) notes that unprotected sex increases the risk of contracting and spreading a range of sexually transmitted infections (STIs), including HIV (Darrow, *et al.*, 1991).

From the study, participants explained that intoxication has a negative effect on condom use as it compromises their abilities to always ascertain that they consistently use protection with their clients. Elucidating this view point, Participant 1 echoed...

When drunk sometimes i fail to make sure that my client has a condom. It just happens and you will realise it in the morning or after the session.

The above excerpt shows that substances compromises sex workers ability to take precaution by consistently using a condom. These submissions were also shared by other participants who noted that they have had incidents where substances like alcohol, cannabis, bronco, tiki hampered their ability to consistently use condoms. Tadesse *et al.*, (2016) in a study on risks of substance abuse and sex work in Addis Abbaba argues that more than 70% reported not using a condom due to intoxication.

Some reasons for not using condoms as submitted by participants were that sometimes they would have misplaced the condoms or forgot to take them from taverns where they are offered. This, they noted, usually happens when they are highly intoxicated. Literature concurs and notes that substance abuse reduces the likelihood of condom

use and also compromises sex workers ability to negotiate for safe sex (Logan *et al.*, 1998, Gossop *et al.*, 1994).

Moreover, participants noted that they usually let their guide down when they are have been invited by a long term client to take substances with the ultimate aim of being hired to provide sexual services. Participants noted that they have fallen victims to such situations as they end up being intoxicated beyond measure and later fail to use condoms during sex. Other participants observed that they have failed to consistently used condoms with some clients who they felt that they attracted to whilst high on substances. Participant 4 expressed this notion by saying:

Sometimes when I'm high with a long-time client who will be more like a boyfriend we end up doing it straight (without protection). Other times i get offered good money for unprotected sex, I usually turn the offer down but if I am high aah the need for money ends up taking over and i would accept.

Such situations are also observed by DKT (2012) in a qualitative study in China which found out that intoxicated sex workers tend to develop an unreasonable trust towards clients, and some stereotypes and assumptions on clients and financial incentives tend to result in inconsistent condom use among substance abusing sex workers.

On the other hand, some participants noted that substances heighten their sense of awareness and self-preservation and they have never had challenges using a condom when intoxicated. These participants noted that whenever they felt that they are losing control of themselves, they would then call it a day and go home with no client. Moreover, these participants also noted that they always have friends to encourage them to use protection whenever their friends realise that they are too intoxicated to do so. Literature also supports this observations with UCSF *et al.*, (2015) in a study in South Africa reporting that condom use is relatively high even amongst substance abusing sex workers, with the study arguing that more than three-quarters of FSW used condoms on their last session: 76.4% (95% CI 60.9%-90.2%) in Johannesburg, 89.4% (95% CI 84.0%-93.8%) in Cape Town, and 84.5% (95% CI 73.2%-92.0%) in Durban.

Incorrect condom use is another predicament that befall substance abusing sex workers. The condom, if not used correctly, may split defeating its whole purpose. Tadesse *et al.*, (2016) notes that in sex work, the sex workers are usually taught how to wear a condom and encouraged to monitor their clients so as to make sure that the condom is correctly worn.

The research enquired if participants under the influence of substances are able to do the condom wearing procedure (making sure that the penis is fully erect to avoid condom spilling, pressing the condom tip to avoid rupture and putting it on through the side). Responses from participants were that such procedures were hard to undertake when they are intoxicated and in most cases, they leave the client to do the process, unmonitored. Participant 5 had this to say on correct condom use:

Aaah my brother you are asking if I can correctly put on a condom on a client when I will be struggling to open my door and undress myself (laughs).

Participants also reported that they had experienced condom rupture and that it is extremely difficult to feel that the condom has broken when they are intoxicated. Strathdee and Stockman (2010) concurs and argues that substance abusing sex workers are particularly affected by HIV infection the world over because of the elevated rates of risk high behaviours like inconsistent condom use, multiple sexual partners which is heightened when working under while intoxicated.

However, NADC (2009) forwards different observations and reports that sex workers only engage in unprotected sex when rapped, not because of intoxication. Shannon *et al.*, (2009) concurs and argues that it is power dynamics and the inequalities in physical power between sex worker and a client more than intoxication that robs the sex worker an opportunity to negotiate for condom use.

4.5.1.2 Sub Theme: Risk Sexual Styles

Critically observed in the study is the ability of sex workers to avoid or minimise sexual options and positions that causes physical and psychological wear for the intoxicated sex worker but also maximise the client's pleasure. There are certain sexual styles that

increase the vulnerability of a sex worker to physical harm, STI and HIV and sex workers are usually provided (by health promoters) with sexual health education to minimise their risks.

Participants noted that it was common for them to be asked to perform sexual options like oral sex, anal sex, group sex, and other sexual positions that expose them to the risks of STI and HIV infections. These sexual options are in most cases high paying as the clients can double or triple the amount of a normal sexual session. Participants reported that it is usually easy for them to turn down such offers if they are sober, but when the craving for substances has tricked in, or when business is low and they have pressing monetary demands, they are compelled by circumstances to subject themselves to the demands of the client, despite the risks involved. Participant 6 who is a nyaope and tik addict lamented:

You see when the need for a fix has taken over you, you can do anything. I have performed blow-jobs and anal sex just to get money for nyaope.

This is supported by literature with Overs (2002) stating that in most cases when sex workers are faced with the ostensible alternative of safer sex but fewer clients or unsafe sex and high income, sex workers almost customarily, and justifiably, opt for the latter, especially if they are under the influence of substances. The researcher learnt that risk sexual options were mostly performed by hard substance abusers who were willing to do anything just to get substances, with Key Informant 2 submitting that hard substance abusing sex workers are high risk takers; they can do anything for a quick fix or for money.

However, NADC (2009) research reported that sex workers in Dublin have certain standards of what to do and what not to do, in spite being intoxicated. In this case, the study noted that some participants had clearly defined rules around sexual acts, with the majority exclaiming that they would not do anal sex or group sex. On the same subject, some were less emphatic, noting that sexual acts are context-dependent, with room for negotiation (NADC, 2009).

4.5.2 Sub Theme: Violence

Violence as defined by the World Health Organization (2016) is the:

The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.

The common forms of violence amongst sex workers in Musina as indicated by Key Informant 1 are interpersonal violence. These violence acts are usually physical and sexual. The study thus endeavoured to establish the extent of violence in sex work and its dependence on substance abuse. Key informant 1 noted that violence in sex work is endemic, with participants reporting that despite the fact that violence is a normal part of the trade, it is particularly widespread to substance abusing sex workers.

Other studies have also shown that substance abusing sex workers are at a heightened risk of violence. Studies among substance abusing sex workers in South Africa (UCSF *et al.*, 2015) Sierra Leone, (Ditmore, 2013) Zimbabwe (Chikoko, 2013), Dublin (NCAD, 2009), Miami (Young *et al.*, 2000) have all showed high prevalence of interpersonal violence from clients, fellow sex workers, law enforcement agents within this population.

4.5.2.1 Sub Theme: Physical Violence

Physical violence involves intentional acts of making bodily harm to one's self or to the other person. The interviews unravelled that substance abusing sex workers suffers unmitigated violence against each other, violence by their clients, police or strangers.

4.5.2.1.1 Sub Theme: Physical violence from fellow sex workers

The most rampant violence faced by substance abusing sex workers is violence amongst them. Participants noted that substances inhibit their ability to rationally resolve disputes which frequently because of the nature of their job, inevitably arises among them. When conflicts of interests arise when they are under the influence of substances, participants noted that violence is mostly used as a dispute solving mechanism. Disputes in sex work are a common occurrence, with Key Informant 1 lamenting that the sex work is a 'dog eat dog contest', with little if no rules to regulate

the trade. Most of the conflicts encountered in sex work emanate from competition for clients and control of working territories. Key Informant 1 explained the situations as:

Sex work is a very tough trade... These girls are always on each other's throat as they fight to control the working environment... and compete for clients. It is very common for a sex worker to feel that she now 'owns' a client if they have done business together. If that client then gets involved with another girl, then a fight will erupt. The situation is further exacerbated by substances they abuse as they end up not realising that there are other ways of resolving conflicts except through violence.

During an interview with Participant 2, she openly testified in a bragging way that she had a fight the previous weekend with another sex worker who had 'snatched' away her rich client at a tavern. The participant noted that in sex work its survival of the fittest, and one has to be ready to use force if they are to make it in the trade. She had this to say:

My brother sex work is not picnic. I fight with other girls at least twice a week. If I don't do that they will never respect me. They will take my clients every time and do you think my child will understand that there is no bread because another girl took my client? One thing I like about these substances you are asking about is it gives me confidence to approach those girls and fight them.

After the interview with Participant 2, the researcher was fortunate enough to interview the sex worker (Participant 4) who had been victimised by Participant 9. The researcher had to provide a briefing and indicate who had referred him to her. Upon hearing that it was he had been referred by the crew who had 'beaten' her the previous weekend, started narrating the events of on how she was beaten-up. She had this to say:

Yeah it should be that girl who referred you to me. Did she tell you why she wanted to kill me? Is it my fault that her client wanted me on that day? He offered me beer and asked me to dance with him, was I supposed to refuse? Is he her husband? We are all here to make money. I am not afraid of her, today I am going to take Tik and confront her, she took advantage of me because I was too drunk to fight back.

Violence in sex work seems to be an accepted culture of the profession. Substance abuse facilitates violence as sex workers whilst high on substances like tik end up feeling invincible and starts fights. Ditmore (2013) argues that sex workers who take substances are at an elated risk of assaults from other sex workers.

In trying to contextualise violence in sex work, Surrat *et al.*, (2004) argues that the subculture of violence thesis among substance abusing sex workers can be traced to the fact that interpersonal conflict and violence have permeated the lives and experiences of these women from their early ages. It is interesting to note that substance abusing sex workers tend to also report historical traumatic experiences. Such violent encounters will now be a normal part of their daily lives, with disputes being resolved through violence.

4.5.2.1.2 Sub Theme: Physical violence from Clients/Potential Clients

Another source of violence within sex work as reported by substance abusing sex workers in Musina is violence at the hands of their clients or potential clients. Participants bemoaned that they are vulnerable of being assaulted by men in Musina especially from smugglers who also happen to be substance abusers.

The reasons for violence by clients or potential clients on sex workers emanates from potential clients buying substances (alcohol, cannabis, bronclee etc) for sex workers. Being offered substances was regarded by participants as a token which has nothing to do with offering sex services. Having provided substances, participants noted that most men then feel that they have secured the services of the sex worker thus would no longer want her to be entertained by other potential clients. Conflict would then arise when the sex worker who still thinks that she is still vacant entertains other men. Participant 5 described the situation as follows:

I have a problem with these guma gumas who thinks that by buying me substances they have married me. I don't pay my rentals with a bottle of bronclee. If they see that you have been hired by another client they will beat you demanding their substances backs as if you forced them to buy it for you.

Participants reported that now they know the violent clients type such that they avoid receiving substances from them. Some participants argued that sometimes the need for substances will overcome them and end up receiving them from any men despite the dangers of being physically assaulted.

Surrat *et al.*, (2004) argues that among substance abusing sex workers, the rates of client violence alone are some 43 and 13 times higher, supporting the contention that 'female sex workers are enmeshed in a social milieu wherein violence is commonplace and victimization is expected'. NACD (2009) concurs and forwards that substance abusing sex workers faces an elevated risk of being mugged by their dates. Cusick (2006) further argues that sex workers' ability to be street wise may be compromised when they have abused substances making them more vulnerable to all forms of violence and at worse even murder.

Key Informant 1 submitted that the prevalence of assaults against sex workers in Musina is high mainly because most cases are going unreported. This is so because victims are usually undocumented immigrants thus are reluctant to report to the police as they fear that they can be arrested for being illegal immigrants. Participants concur with the fact that they do not report cases of assaults as some of them are known substance abusers, sex workers and illegal immigrants thus are stereotyped by the police as nothing will be done to their cases. Participant 4 had this to say on the reluctance of the police to investigate cases involving substance abusing sex workers:

You know the police now know us. Most of us have cases of substance procession, public drinking, lack of documentations. So if you go there and report your assault case they will not do anything.

Chikoko (2013) concurs and argues that most sex workers in Harare do not report cases of violence to the police as being a sex worker is a crime on its own, thus the police will be reluctant to act on those cases. Ditmore (2013) argues that impediment to reporting violence and the lack of inquiry of violence against both sex workers and people who use substances further upsurges their susceptibility to violence.

4.5.2.2 Sub Theme: Sexual Violence

Krug *et al.*, (2002) defines sexual violence as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. For the purposes of this study, sexual violence will include rape which is the physically involuntary or otherwise coerced penetration of the vulva or anus with a penis, other body part or object (Krug *et al.*, 2002), committed by clients and law enforcement agents.

4.5.2.2.1 Sub Theme: Sexual Violence from Clients

Sexual violence as observed in the study is a common occurrence in the sex work profession in Musina, with key informant 1 reporting that substance abusing sex workers are at a heightened risk of sexual violation. Sex workers whilst under the influence of substances tend to gallow in isolated hotspots where they then fall prey to men who kidnap and rape them. Participant 7 noted that she is a victim of such kidnappings as a group of men once pounced on her as she was working on hotspots along N1 highway in Musina. She narrated that she blames substances (tik and cannabis) that made her give her unguided confidence to work alone at midnight. She recounted:

They took turns to rape me. They were saying I am a prostitute I can't be raped. I blame marijuana and tik that made me go there.

Another common occurrence which results in rape as noted by participants is when clients buy substances and then force the sex workers to have sexual intercourse with them. As has already been explained earlier, most sex workers do not regard substances as payment for sexual services, unless they have approached the dealers with sole aim of exchanging sex directly with substances. However, their clients would regard buying substances as payment for sexual services. Participant 3 narrated how she was raped as follows:

I met the guy at our local tavern there. He said he wanted me for the whole night and he started buying me all sorts of substances. When we went to his place and before we did anything I then told him that I charge R500 the whole night. He then started telling me that he was not going to pay since

he had bought me beer and all. I told him that that's not how I work. He took a knife and told me he was going to kill me if I don't either give him the money he had used the whole night or have sex with him. I didn't have the money so I had to let him do whatever he wanted. After all I am a prostitute. Maybe if I was just selling my body only and not taking substances, i wouldn't have been rapped like that.

The above disturbing narration goes to show the harrowing experiences substance abusing sex workers face. The extent of sexual abuse is so rampant that every participant had her own story to tell. Vandepitte *et al.*, (2006) notes that people who sell sex while intoxicated are more likely to experience sexual violence than those who are not intoxicated, particularly in street-based and low-status settings (UNODC, 2012). NACD (2009) further propounds that street-based substance abusing sex workers are at a risk of being sexually abused by customers as they are usually unaccompanied on the streets at late nights.

4.5.2.2.2 Sub Theme: Sexual Violence from State Security Agents

Additionally, participants also noted that they are been sexually abused by policemen and border control soldiers. The sex workers are falling prey to unscrupulous state security agents who abuses their standing and have involuntary sex with sex workers. Participants explained that upon being arrested for crimes like drug possession, public drinking or public indecency (having sex on public places), the police then demand that they have sex with them if they are to be released.

Explaining this dilemma, Participant 3 postulate that she has been subjected to rape three (3) times by police officers who, after arresting her for substance possession (she indicated that she had a packet of cannabis) and also found condoms in her possession, gave her an option of either locking her up and later deport her to Zimbabwe or have sex with one of them. She had to endure the sexual assault as she did not want to be deported to Zimbabwe.

Furthermore, participants revealed that the police in Musina also have a tendency of sexually abusing sex workers they arrest if they realize that they are intoxicated. Participant 5 explained:

He picked me up on Saturday around 2:00 AM as I was coming from Chicago Bar (an alcohol drinking establishment located at the outskirts of Musina town). I was intoxicated and he said he would lock me up and release me on Monday when I sober up. I begged him not to that's when he said I would go sleep with him.

Despite the difference in circumstances, Chikoko (2014) argues that cases of sex workers being sexually abused by police officers are very common, with the police threatening sex workers into submission of having sex with them. Ditmore (2013) concurs and argues that cases of sexual abuse by law enforcement agents on substance abusers are rampant, as the police exploit their substance abusing and sex work vulnerability. Booth *et al.*, (2010) reports that substance abusing sex workers in Russia and Ukraine indicated that they are subjected to being picked up by the police, detained in private residences or bathhouses and subjected to sexual and physical abuses.

The saddening reality to these various crimes committed against sex workers is that they are never reported, just like in violence cases. Substance abusing sex workers feel that they somehow deserve such treatment and that it is a normal and expected part of the job. Key Informant 1 noted that efforts by some victimized sex workers to report such cases has previously gone cold, with no action taken by the police. Some hindrances to reporting such abuses relate to the lack of investigation on earlier reported cases with perpetrators knowing that there will be no consequences to crimes committed against substance abusing sex workers (Rychkrova, 2013). Crago *et al.*, (2008) further posits that this is particularly true to abuse crimes committed by armed uniformed state agents.

4.5.3 Sub Theme: Risk of Arrests

Substance abusing sex workers are at an elevated risk of being arrested than non-substance abusing sex workers. Even though participants noted that they have never

been arrested for engaging in sex work in Musina, they lamented that they continue to brush shoulders with the law on a daily basis, and their cases relates to substance abusing behaviors in sex work. These arrests relates to substance possession, public drinking and public indecency.

4.5.3.1 Sub Theme: Arrests for substance possession, dealing and public drinking

The study learnt that substance abusing sex workers are at a risk of getting arrested for substance possession. Participants noted that sometimes they also act as substance mules selling substances like cannabis, nyaope, bronclee which then subjects them to arrests when the police make random searches in high crime zones where participants also frequent looking for clients and substance abusers. These submissions are shared by DeBeck *et al.*, (2007) who posits that the high cost related with illegal substances means that substance abusers are at risk of engaging in many forms of illegal activities including substance dealing, and acquisitive crime in order to generate an adequate income to support their substance abuse behaviours.

Participants further revealed that they are subjected to arrests for public drinking. As substance abusing sex workers, participants postulated that sometimes they purchase alcohol from bottles stores and then drinks whilst on public hotspots where they will be looking for clients. This then makes them vulnerable to arrests for public drinking and all participants reported that they have been arrested for public drinking at least once.

4.5.3.2 Sub Theme: Arrests for Indecent Conduct

The research also find out that substance abusing sex workers in Musina are at a risk of being arrested for having sex in public places and be charged with indecent conduct. Under the influence of substances, participants noted that they would then take the risk and offer sexual services on open places or public spaces which then result in arrests.

Key informant 1 lamented that arrests for indecent conducts in the sex work is rampant in Musina. She attributed such behaviors of indecent conduct to substance abuse as those working whilst intoxicated tend to ignore the risks of being arrested. Participant 9 submitted the same sentiments and exclaimed:

You know my brother when you are drunk you don't think much. I have been arrested for having sex in open spaces for three (3) times now. When I am high and in the mood of working I can do it (offer sex) anywhere, get my money and go.

Ditmore (2013) forwards that substances coupled with the absence of a conducive working environment, sex workers are exposed to arrests for indecent exposures as streets based sex workers are sometimes forced to service their clients in public places (NACD, 2009).

4.5.4 Sub Theme: Developing a substance dependency behavior

Substance abusing behaviors in sex work put sex workers at a heightened risk of developing a substance dependency behavior. Substance dependency as defined by the National Institutes of Health (2012) is the development of a condition that makes a person unable to function normally without the administration of substances. This condition is caused by a sustained use and abuse of substances that then results in an individually failing to properly undertake his/her normal duties when he/she has ceased taking such substances.

The nature of sex work makes it inevitable for sex workers to continuously administer substances and thus develop a dependence syndrome is an eventuality. Participants noted that they have developed dependency syndromes and suffer from withdrawal effects upon an abrupt failure to take substances. Malenka *et al*, (2009) argues that the state of withdrawal from substance dependence may include physical and psychological dependence.

From the interviews conducted, the research learnt that some participants now struggle to function without the re-introduction of substances within their body systems. The need to take substances in order to provide sexual services have pushed them to being dependent on substances such that they are forced to take them even if they are not working as they struggle to function normally. Explaining this point, Participant 3 who also takes hard substance had this to say:

You see I have been taking nyaope, cannabis, alcohol, bronco for far too long now I cannot even function without them. When I wake up, I make sure that I take some substances before I do anything. These things (substances) are my breakfast now, even if I am not working, I still have to take some substance.

The above statement goes to show the extent of dependence on substance, clearly showing that substances have become part of the participant's lifestyle. The need to take substances in order to reinforce sex work has been compromised as the sex worker has reached heights where her life revolves around substances with everything else being secondary.

4.5.5 Sub Theme: Economic risks

The major motivation for choosing the sex work profession as revealed in the interviews is to have economic freedom for survival. Substances are abused in order to facilitate selling sex. The abuse of substance in sex work seems to bring unintended economic losses that sex workers usually do not anticipate. These effects are using the income obtained from sex work to feed their substance abusing behaviors, being robbed, and sometimes too intoxicated to charge clients.

4.5.5.1 Sub theme: Blowing the income on substances

Participants narrated that their substance abusing behaviors usually results in them blowing the money they would have obtained on substances rather than on critical needs. This self-defeating behavior was reported to be the trend amongst substance abusing sex workers as they end up failing to meet their responsibilities. This trend is high among sex workers who have developed a substance dependency syndrome, whose life now revolves around selling sex to buy substances. Participant 4 explained her circumstances as follows:

You know it's funny, I work so that I can get money to look after my two (2) kids in Zimbabwe. However I fail to take care of him because all my money I buy these substances. I am wasting my time here.

The quotation above shows that the participant is now caught up in a cycle where despite initially started taking substances in order to facilitate selling sex, now she seems to be selling sex in order to buy substances. Key Informant 1 noted that sex workers in Musina are facing a protracted risk of selling sex for them to buy substances, thus negating the reason why they are into sex work. Literature concurs with NACD (2009) notes that maintaining substance dependency is expensive. Though the costs differs from substance types and dependency severity, DeBeck, *et al.* (2007) observes that sustaining the addiction habit gobbles limited resources such that the purpose of engaging in sex work if it was for survival end up being defeated.

4.5.5.2 Sub Theme: Risk of being robbed

Participants noted that abusing substances in sex work has now put them at an elevated risk of being robbed. Participants argued that substances are putting them at risk of being robbed as when intoxicated; they usually let guide and exposing themselves to being robbed. Four participants re-countered that they once got too drunk after bring a client home, passed out after the sex session only to wake up in an empty rooms, with all the property and savings gone. Participant 9 had this to say:

I was too high the other day when I brought a client home. We did two rounds of sex after which passed out. When I woke up everything was gone.

Some of the substances that participants reported taking are too strong and the chances of passing out and being robbed is high.

Other participants revealed that to a sex worker who will be buying alcohol in bars, they risks of attracting thieves are high as Musina harbors a lot of criminals. Participant 7 noted that there are thieves who target sex workers in Musina, and they will tell if one has money by the way they will be buying beer.

Being intoxicated also results in some sex workers working in high crime zones becoming vulnerable to robbers. Ditmore (2013) argues that substance abuse usually results in one's street savviness diminishing, thus becoming susceptible to robberies. Literature further revealed that street-based substance abusing sex workers are not

only at risk of being robbed by clients as they are mostly unaccompanied on the streets late at night, often with large sums of money (NACD, 2009).

4.5.5.3 Sub Theme: Risk of clients refusing to pay because they had bought substances for the sex worker

There were widespread indications from participants that some clients tend to refuse to pay sexual services because they were supplying substances prior engaging in sex. The research learnt that the most common seducing strategy used by clients in taverns is by asking if he can buy a drink for the lady. After a night of sharing substances, the two may end up sleeping together and sometimes the sex worker might not reveal that she is a sex worker only to demand her payment in the morning. This then usually results in conflict as the client would be claiming that he bought substances for her. Participant 3 had the following to say:

You know my brother our profession is funny. Sometimes I work in taverns where clients offer me to beer. Sometimes after spending the night together they then refuse to pay me simply because I took his beers.

Key Informant 1 noted that to young sex workers who are yet to master the art of the sex work trade, the tendencies of getting into a relationship with a client without clearly spelling out the terms and conditions are very common.

4.5.5.4 Sub Theme: Risk of being too intoxicated to ask for payment

As amusing as it sounds, some participants noted that sometimes they get too intoxicated that they forget to ask for their payment. Discussions revealed that those who take hard substances tend to then get so high that they then end up providing free services, albeit unintentionally. Participant 3 noted:

Aaah my brother this will sound funny (chuckles). I sometimes get drunk that I forget to ask for my money. It's even worse when I am working from my home, I can service a client and let him go without asking for my money.

Such is the effects of substance abuse in sex work!

4.5.5.5 Sub Theme: Risks of not working because of hang-over/withdrawal effects

Participants noted that a combination of substance abuse at work and not having someone to report to would usually mean that sex workers can have hang-overs and fail to work. Explaining this point, Participant 3 noted:

You know here we don't report to anyone. Sometimes we get so much drunk that the next day we would not even go to work. This is bad for us as we also have financial responsibilities to meet.

Valuable production time is being lost due to substances, and as reported by the National Drug Master Plan (2012-2016), substance abuse is responsible for unmitigated loss of revenue amounting to over \$15 billion annually. Withdrawal and hangover effects have also been reported in studies by Ditmore (2013) and NACD (2009), with both authors arguing that substances has adverse effects on the participants' ability work as many would report sick due to the effects.

4.6.6 Sub Theme: Social Risks

The combined effects of substance abuse and sex work have been noted to have catastrophic effects upon the social fabrics. The research explored how substance abusing behaviors among sex workers impact family and community relationships. The biggest observation that was quick to be made was that Musina provided a haven for substance abusers to be away from the glaring eyes of close family members as most participants were far away from their families. Those who engage in sex work and abusing substances are largely migrants, thus their families are not close by to witness what has become of their family member(s).

Key Informant 1 indicated to the researcher the devastating effects of substance abuse in sex work as she narrated that the combination of the two has of recently claimed a victim, a young girl who passed on in December 2017. So fresh was her death that when the researcher engaged one of the deceased's close friend, she expressed agony and one could tell that she was still mourning. Such is the devastating risks of substance abuse in sex work, with Sharma (2009) bemoaning that families are the

biggest victims of substance abuse, having to bear the brunt of watching their loved one injecting, sniffing or drinking their lives away, shrinking from responsibilities and becoming strangers from the rest of the family and or community.

On the participants' side, they regarded their inability of taking care of their loved ones as their biggest regret on substance abusing and selling sex. They noted that the primary reason why they have joined sex work is to be able to have an income which enables them to take care of themselves and their families. There was consensus that substance abuse is now a risk to their fundamental goals, as their lives now permeate on selling sex for substance abuse. This was aptly captured by Participant 6 as:

You see my brother I have children to take care of, those children are now being looked after by my mother. The money I get here instead of sending it home I am now using it to buy these substances (showing the researcher a bottle of bronclea).

Chikoko (2013) concurs with this observation and reports that substance abusing sex workers in Harare have mostly abandoned their social responsibilities, as they are consumed by the urban fast substance filled life.

4.7 Conclusion

The research explored the nexus between sex work and substance abuse and the risks of substance abuse among commercial sex workers in Musina border town. The findings show that there is a strong relationship between sex work and substance abuse, with substances being abused in order to cope with the challenges of sex work. Even though some participants started abusing substances prior engaging in sex work, the general observations made is that participants joined sex work for reasons other than to sustain their substance abuse behaviors. The trapping factors into substance abuse in sex work is the need to facilitate confidence boosting in order to engage in the highly sensitive trade, peer pressure, the working environment amongst other factors as presented above. Working under the influence of substance is subjecting sex workers to the risks of engaging in risk sexual behaviors notably engaging in unprotected sex and other sexual interactions that then expose sex workers to dangers of HIV/STIs etc.

Participants further noted that being substance abusing sex workers exposes them to arrests, violence and economic loose.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The focus of this chapter is to give a summary of key findings and recommendations of the study. This research sought to explore substance abuse among commercial sex workers in Musina. The objectives that guided the research were to assess the nexus of substance abuse and sex work and to appraise the risks and harms of substance abuse and sex work. The summary of major findings of the study will be presented guided by themes discussed in chapter three, with recommendations for further research and other courses of action suggested.

5.2 Restatement of the Aim and Objectives of the Study

The study aims to explore and describe substance abuse amongst commercial sex workers in Musina, Limpopo Province. The research's overall aim was achieved through two objectives that the guided data collection. The following objectives informed data collection:

- To assess the nexus between substance abuse and sex work -

This objective was achieved through gathering information from primary participants who are substance abusing sex workers and key informants who works with substance abusing sex workers. The findings shows that the relationship of sex work and substances is convoluted, with substances being abused so as to enable sex workers to trade sex for money without considering any moral and ethical values of the society. The research revealed that even though some participants started abusing substances prior sex worker, they do not engage in sex work to sustain their substance abusing behaviors. Substances are abused so as to facilitate providing sex services.

- To appraise the risks and harms of substance abuse in sex work –

This objective was achieved through soliciting information on the perceived risks of substance abuse and sex work. Participants and key informants provided valuable information and noted that the greatest and most catastrophic risks substance abusing sex workers are facing are risk sexual behaviors, unmitigated violence, arrests, and economic loss. In this case, the research observed that substances are providing short term benefits but have devastating middle to long term risks.

5.3 SUMMARY OF MAJOR FINDINGS

The summaries of major findings are as follows-

5.3.1 Nexus between substance abuse and sex work

The research notes that the reasons why participants have resorted to sex work is more because of the push factors than the pull factors. These push factors are mainly economic with participants submitting genuine reasons that relates to their inability to get formal employment due to the saturated and shrinking job market in Southern Africa. Sex work thus is providing an alternative as participants noted that they have responsibilities to take care of themselves and their families. Faced with such a dilemma, non-South African participants argue that South Africa posed to be a better option after being pushed by circumstances in their home countries. Upon getting to South Africa, on the Musina Border Town, participants reported receiving a rude awakening as the search for employment proved to be a futile exercise as the unemployment rate is also high in the country and their situations further made hopeless by lack of proper work documentations. Thus, they resorted to selling sex for a living. Many of these participants noted that they were not taking substances prior joining sex work. South African sex workers also noted that they also joined sex work in order to eke a living. The high unemployment rate in the country seems to have forced many people into odd professions.

5.3.1.1 The trapping factors of substance abuse and sex work

The major conclusion that can be made is that substances do not necessarily drive people into sex work in Africa. Even though some participants (2) reported to have started abusing substances before sex work, their reasons for engaging in sex work is

not primarily to get substances. These participants, like the rest of the participants established that substances enables them to cope with the intrapersonal emotions of sex work and facilitates confidence boosting which is critical in selling sex.

5.3.1.2 Dealing with intrapersonal emotions and boosting confidence

The nature of sex work antagonizes the intrapersonal feeling and emotions of those who sale their bodies for money. This stems from societal perceptions on sex work, with the conservative African societies viewing it as immoral. To such end, it is normal for those who trade in it to have vindictive intrapersonal emotions, and in order to deal with such feelings and emotions many sex work resort to substance abuse.

Moreover, since the sex work profession is regarded as immoral in African societies, participants noted they abuse substances so as to boost their confidence. As revealed by the study, sex workers also have to approach potential males marketing themselves so as to get clients. That process of a woman approach a man and offering sexual services is very odd in African societies. To boost their confidence to then approach clients, participants reported that they have to abuse substances.

5.3.1.3 Pressure form peers and clients

Sex workers equally feel that they are pressurized to abuse substances by their clients and peers. Participants reported that they are continuously offered substances by their clients or potential and feel obliged to take them as it also constitutes part of the hiring process. When offered substances, it is mandatory for sex workers to take them as declining will more likely result in loss of business. Such trapping factors make sex workers vulnerable to substance abuse.

Additionally, the research learnt that sex workers are further pressurized to take substances by their peers. Sex workers tend to form informal small gangs for security reasons. It is commonplace that within those small gangs, substances are abused and new members who constantly join these groups feel compelled to abuse substances. This creates a cycle of substance abusing behaviors in sex work.

5.3.1.4 The working environments

The environments upon which sex workers operate has been noted to promote the use and abuse of substances. These working environments include taverns, shebeens, truck parks and street hotspots. The environments overlap as they are also establishments upon which substances are sold. To some of the establishments, substance consuming is a prerequisite for frequenting those places. It thus becomes inevitable that sex workers find no escape route but end up abusing substances.

5.3.1.5 The Living Environments

Places where sex workers live facilitates and promotes the abuse of substances. Sex workers in Musina live in places that are more like brothels, with men constantly visiting such places. Moreover, substance dealers also tend to target such living areas selling substances like cannabis, tik, bronclea. This exposes sex workers to substances leading to high prevalence of substance abuse.

5.3.2 Risks of substance abuse in sex work

The abuse of substances in sex work exposes sex workers to risks that threaten to undo the short term benefits accrued by abusing substance. Substance abusing sex workers are at an elevated risk of engaging in risk sexual behaviors, violence, arrests, economic loss and failure to family responsibilities.

5.3.2.1 Risk sexual behaviours

By its very nature, sex work exposes sex workers to risk sexual behaviors, making them highly susceptible to HIV/AIDs, STI infections. Selling sex means that one would have multiple sexual partners, which puts one at risk of various sexual infections. The study learnt that substance abusing sex workers have low condom use as the need for money and working under the influence of substances results in failure to consistently use condoms. Moreover, substances reduce their ability to correctly use protection during sex, resulting in increased chances of HIV and STI infections.

Furthermore, the abuse of substances makes sex workers engage in risk sexual behaviors like oral sex, anal sex and other sexual positions that exposes sex workers to

harm. To the intoxicated sex workers, the need for money makes them less in control and ignores all the dangers of risk sexual behaviors.

5.3.2.2 Violence

Violence is rampant in sex and particularly among substance abusing sex workers as substances disinhibit one's ability to make appropriate decisions. The violence substance abusing sex workers are facing are physical and sexual assaults. These acts of violence are perpetrated by clients and potential clients, other sex workers and state security agents.

5.3.2.2.1 Physical violence

The rampant violence in sex work emanates from clients/potential clients to sex workers and sex workers to sex workers. These incidents erupts when a misunderstanding on payment model to substance abusing sex workers as sometimes potential clients would assume that buying substances for would be payment for sex. After such a misunderstanding, sex workers most find themselves at the receiving end of violence from clients.

Substance abusing sex workers also faces an elevated risk of physical violence from other sex workers. Conflicts of interests on clients and working spots usually create tension, which is then resolved by fighting.

5.3.2.2.2 Sexual Violence

Another type of violence that substance abusing sex workers suffer is sexual violence. Allowing clients to buy substances for them, sex workers become exposed to sexual assault as clients would then regard the money spend on substances as payment for sexual services. Moreover, state security agents also tend to sexually abuses sex workers as they are immigrants with no proper documents.

5.3.3 Arrests

The risks of arrests in sex work in Musina are high, especially on substance abusing sex workers. The study learnt that substance abusing sex workers in Musina faces

expanded risks of getting arrested for substance possession, public drinking and public indecency (having sexual intercourse in public places).

Some sex workers also moonlight as substances peddlers as they try to augment their salaries. By so doing, sex workers are prone to arrests for substance dealing and possession. Moreover, it is quite common that substance abusing sex workers tend to drink liquor in public areas, thus getting arrested for public drinking. Additionally, intoxicated sex workers also tend to service their clients in public places, resulting in arrests for public indecency.

5.4 Conclusions per Major Findings

The study provided an exposition that substance abuse in sex work has short term benefits but possesses insurmountable risks and harms upon substance abusing sex workers in Musina.

5.4.1 Is Substance Abuse a precursor of Sex Work?

The study of substance abuse among sex workers in Musina can conclude that substances are not the main reasons for engaging in commercial sex work. This is so because most sex workers involved in the study started abusing substances on joining or after joining sex work. Those who started abusing substances prior to engaging in sex work do not regard substance abuse as a reason for joining sex work.

The reasons forwarded as the motivation to engage in sex work relate to the trade's ability to provide an income to take care of sex workers and their families. Substances are just taken as a coping mechanism to the depressing effects of selling sex.

The trapping factor also promotes the abuse of substances as sex workers. Sex workers' main clientele base are also people who abuse or use substances. This constant exposure to substance abusing clients compels sex workers to join in substance abuse. Additionally, they operate in environments where substances are sold, further exacerbating the exposure and likelihood that sex workers will abuse substances.

5.4.2 The short term benefits of abusing substances whilst selling sex

The perceived benefits of abusing substances in sex work are by large short term. Sex work exposes workers to intrapersonal conflicting emotions and feelings, as the trade is not only illegal in South Africa; it is regarded as immoral but the conservative African societies. This results in intrapersonal tension and in order to temporarily ease the tensions, sex workers then abuses substances. Moreover, these despising morals results in low confidence when sex workers are working and substances are abused to facilitate confidence boosting.

The perceived benefits of substance abuse in sex work can all be regarded to be short term. Substances can only enable sex workers to cope in sex work for a few hours only, as intoxication has a limited. The effects of working under the influence however are lifetime consequences, posing serious health risks and harms.

5.4.3 The Risks of Substance Abuse in Sex Work

Working under the influence of substances further exposes sex workers to a plethora of risks. The research unravels that risk sexual behaviors skyrockets with the abuse of substances, so do incidents of violence, arrests, economic loss and neglect of social responsibilities. Substances disinhibit rational reasoning resulting in the inability to correctly and consistently using protection during sex, engaging in risk sexual styles like anal sex, oral sex. In the event that conflict arises, substances minimize the chances that such disputes are resolved peacefully, with violence being metered by both clients or potential clients and other sex workers. Furthermore, sexual assaults are high to substance abusing sex workers. Having their judgment compromised, sex workers end up being arrested for having sex in public places, and sometimes for substance possession.

5.5 Recommendations

Having observed the motivations for substance abuse in sex work and its potential risks, the researcher would like to proffer some recommendations. The researcher will suggest possible alternatives that primarily prevent getting into sex work and then substance abuse and secondary harm reduction initiatives that can minimize the chances of substance abuse in sex work as a coping mechanism.

5.5.1 Preventing Strategies

These are primary prevention strategies aimed at avoiding entry into sex work.

5.5.1.1 Providing Asylum Assistance to Migrants to Avoid Entry into Sex Work

There is need to provide a place of safety with food and accommodation for immigrants who find themselves stranded and desperate at Musina Town. Young women who have crossed the border in search for greener pastures end up in a precarious situation as sometimes they will not have anywhere to go, thus resorts to sex work. If temporary shelter is availed to women in such situations, the number of girls turning to sex work for survival will diminish, thus the number of substance abusing sex workers decreases as well.

5.5.1.2 Empowerment initiatives for women

Some women engage in sex work and subsequently abuse substances because of lack of empowerment initiatives they can utilize to provide a source of livelihood. It is the researcher's view that women with minimum or no education be afforded empowerment initiatives in self-help projects like broidery, market gardening e.t.c so as to reduce chances of women joining sex work and also avail alternatives to those in sex work for them to leave the trade. These alternative professions have limited trapping factors that lead one to substance abuse.

5.5.1.3 Identifying at Risk Females in Communities

Efforts that seek to identify females who are at risk of substance abuse which leads to sex work should be locally available in communities. These may be adolescent and young females who are victims of abuse, neglect or extreme poverty which are push factors to sex work and or substance abuse. To achieve this goal, Non-Governmental Organizations should play a critical role by providing socio-economic and or psychosocial therapy to at risk populations.

5.5.1.4 Aggressive policing against substances

The police should aggressively act against substance dealing especially in border and major towns. Border towns and major urban settings seem to be the hub of substance

dealing due to their economic viability. Thus if the police vigilantly deal with the proliferation of substances and make sure that the streets are safe from substances, the prevalence of substance abuse will be minimized.

5.5.2 Intervention Strategies

These are secondary intervention strategies aimed at minimizing the adverse effects of substance abuse and sex work.

5.5.2.1 Harm reduction strategies

Harm reduction offers a framework for ascertaining a range of approaches to target risks and harms of substance use, not the substance use per se (NADC, 2009). Emphasis is on the short term pragmatic goals over the long term more idealistic goals. The primary endeavor of this approach is a need to reduce the catastrophic effects of substance abuse on the individual and community or society level despite the users continuing to abuse.

5.5.2.2 Working off the streets

In an effort to lessen the risks concomitant with street-based work, in particular the risk of street-based violence and sex workers should try to work off streets. Sex workers may work more in brothels or other legal establishments where there is better security than on streets.

5.5.2.3 Staying safe on the streets

Being on the streets requires that sex workers stay vigilant and safe all the time. NGOs and the police should thus provide training and awareness on how sex workers can stay safe on the streets, and these strategies includes self-defense training, working in pairs, avoid working into the deep night, taking vehicle number plates of clients etc.

5.5.2.4 Staying in control

It is critical that sex workers maintain control over themselves and the situation at all time. Staying in control is ensured by being in control of the sex negotiations. This involves the sex worker stating the prize and the setting where it will happen during the initial seduction stages. In sex work, it is paramount that sex workers frequent places

they are familiar with so as to minimize being isolated in an usual place and possibly, being robbed or beaten.

5.5.2.5 Avoiding working when heavily intoxicated

It is paramount that sex workers are advised and encouraged not to work when intoxicated which increases their risks to risk sexual behaviors, violence amongst other occupational hazards. In order to achieve this, sex workers can form teams upon which they monitor each other just to ensure that those who are heavily intoxicated do not work and stay safe.

5.5.2.6 Building healthy working relationships with law enforcement agents

It is vital that sex workers build healthy working relationships with the police. This enables them to report cases where they have been victimized and thus helps in reducing the incidents of such crimes happening. Moreover, sex workers can assist in providing critical information on other crimes as their profession entails dealing with people of different orientation. To achieve this, the Department of Social Development should facilitate building a working relationship between sex workers and the police.

5.5.2.7 Peer Information Sharing

Traditional harm reduction practices have should also be used by sex workers, with peers sharing information to enable safety and minimize violence amongst sex workers. Such systems as the 'ugly mugs' and 'bad date have been used in Western countries for awareness amongst sex workers can be introduced to sex workers in Musina. An ugly mug is a person who assaults sex workers or does not want to use protection during sex, and a bad date is a list a community response aimed at promoting safety in sex work. Thus sharing such information creates a database for sex workers to avoid such person thereby reducing the risks they may encounter.

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APPENDEX 1: Consent Form

Dear Participant.

I, Svinurai Anesu, kindly request for your participation in this study through an interview. This interview is part of my research I am conducting in fulfilment of a Masters of Social Work degree with the University of Limpopo. This research is aimed at exploring and describing substance abuse among commercial sex work: a case of Musina, Limpopo Province. Your participation in this research will help in understanding sex work and substance abuse and inform intervention strategies to curb challenges experienced.

- Participation is voluntary
- The researcher will adhere to all the research ethics with an emphasis on confidentiality
- You are required not to cite your real name in this interview
- There are no benefits in terms of money or favors for participation
- Feel free to omit areas where you are not comfortable to provide response

Signed.....

APPENDIX 2: Semi Structured Interview Guide

1. Biological Information

- Nationality
- Sex

2. Nexus of substance abuse and sex work

3. When did you start taking substances (before sex work, at the same time with sex work, and after sex work?)

4. Reasons for Sex Work and Substance Abuse

5. Where do you get your substances?

6. Do your clients/friends buy you substances?

7. Explain your working conditions?

8. Working and Living Environment?

9. What made you take substances?

10. Consider to stop substance abuse if you stop sex work?

11. What are risks of substance abuse in sex work?

- Risk sexual behaviors
- Violence
- Financial
- Social

12. Any other issues on substances abuse and sex work you may want to discuss?

THANK YOU SO MUCH FOR YOUR PARTICIPATION.

APPENDIX 3: Interview Guide for Key Informants.

1. Can you describe and explain substance abuse prevalence patterns among sex workers in Musina.
2. Is there any interaction of substance abusing behaviors and sex work?
3. What are the trapping factors in sex work that may determine substance abuse?
4. What are some of the risks and harms sex workers face as a result of substance abuse
 - risk sexual behaviors
 - violence
 - financial
 - social
 - legal

THANK YOU FOR YOUR PARTICIPATION

APPENDIX 4: INTERVIEW MINUTES

PARTICIPANT 6

The interview takes place at the participant residence under a Mangoe Tree Shade.

Time estimated to be around 3.20 P.M to 3.55 PM.

Participant is female, Zimbabwean, 26 years.

Theme 1: Nexus of substance abuse and sex work

- I take substance in order to sell sex
- Its hard to sell sex when I am sober
- People judge me because I am a sex worker, but with substances I wont care anymore
- You just can't sell your body when you are sober. You will be too ashamed to even walk around in this community that judges you when they know that you are a sex worker. We all take something before we get to the streets.
- Started abusing substance at the same time with selling sex. My friend got me into sex work because I wanted money to look after my child after my baby-father dumped me.
- I did not want to sell sex because I was raised in a Christian family. After taking beer and smoking weed, I was able to put on miniskirts and went to the bar to look for clients
- We have dealers who supply us with substances,

- We also buy substances from bars, nightclubs etc
- Most times my clients are the one who buys me substances especially beer, weed, tiki
- I can buy one beer for myself before I start working in the bar, but then I will get more clients buying me beer. This usually happens at weekends, Fridays, Saturdays when our clients want to have a good time.
- We work in tough environments, we always fight for clients.
- I have my long term clients. If another sex worker takes them we fight.
- I work from anywhere, but mostly clubs, at night and street corners
- When I get a client, I can service him here at home or sometimes his place or lodge. I prefer doing it at a place I know.
- I was once beaten by a client at his place. He didn't want to pay because he had bought me substances
- Sometimes we get robbed, sometimes clients refused to pay. The police are our clients but they don't pay.
- I think I will consider stopping abusing substance if I find something else to do which is not sex work

RISKS

- Sometimes I fail to check if my client is putting a condom or not. This happens when I am too drunk. I will only realize it later.

- Its easy to give in to unprotected sex when the money is good and when I am high as well. Some clients they are more like my boyfriends now.
- Working along N1 you can get robbed. I have been robbed there. This happened when I was drunk.
- We are sometimes arrested for having sex in public places or drug possess or for being in South Africa illegally.
-

APPENDIX 5: Ethical Clearance



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**TURFLOOP RESEARCH ETHICS
COMMITTEE CLEARANCE CERTIFICATE**

MEETING: 06 April 2018

PROJECT NUMBER: TREC/49/2018: PG

PROJECT:

Title: Substance abuse among Commercial Sex Workers: A case study of Musina, Limpopo Province.

Researcher: A Svinurai
Supervisor: Prof JC Makhubele
Co-Supervisors: N/A
School: Social Sciences
Degree: Master of Social Work


PROF TAB MASHEGO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-031

Note:

- i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
- ii) The budget for the research will be considered separately from the protocol.
PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.