Gender Issues in STIs/HIV/AIDS Prevention and Control: The Case of Four Private Sector Organisations in Zimbabwe

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ABSTRACT

This article focuses on gender issues in STIs/HIV/AIDS prevention and control in four implementing agencies. The current STIs/HIV/AIDS programme mainly targets workers who in most cases are males, with the hope that they will disseminate any information they obtain to their families. This has however not been the case. Commercial sex workers are the second target group benefiting from special programmes designed to address their particular needs in STIs/HIV/AIDS prevention and control. By targeting male workers and commercial sex workers, the agencies have failed to address married women's issues in STIs/HIV/AIDS prevention and control. Married women who economically depend on their husbands have low decision-making power in STIs/HIV/AIDS prevention. The current 'peer' education programmes, which are mainly a domain of commercial sex workers, have failed to reach married women who stigmatise the education as 'education for prostitutes'. Field data was collected using focus group discussions in Masvingo, Zimbabwe. (*Afr J Reprod Health* 1999; 3(2):81-96)

RÉSUMÉ

Les problèmes de sexe dans la prévention et la maTtrise des MST/VIH/Sida: Le cas des quatre organisations du secteur privé au Zimbabwe. Cet article est consacré aux problèmes de sexe dans la prévention et la maTtrise des MST/VIH / Sida dans quatre agences d'exécution. Le programme courant des MST/VIH/Sida vise surtout les travailleurs-hommes parce qu'il espère ainsi que ceux – ci à leur tour dissemineront toutes les informations reçues à leurs familles. Cela n'a pourtant pas été le cas. Les prostituées constituent le second groupe cible qui bénéficie des programmes spéciaux destinés à répondre à leur besoin par rapport à la prévention et la maTtrise des MST/VIH/Sida. En visant les travailleurs-hommes ainsi que les prostituées, les agences ne sont pas arrivées à s'adresser aux problèmes des femmes mariées dans la prévention et la maTtrise des MST/VIH/Sida. Les femmes mariées qui dépendent économiquement de leurs maris n'ont qu'une très faible autorité quand il s'agit de prendre une décision concernant la prévention des MST/VIH/Sida. Le programme courant de l'éducation des pairs qui regroupe surtout des prostituées n'a pas atteint les femmes mariées; c'est un programme que ces dernières stigmatisent comme une 'éducation pour les prostituées'. Les données ont été recueillies à l'aide des discussions dans des groupes cibles à Masvingo au Zimbabwé. (*Rev Afr Santé Reprod* 1999:3(2):81-96)

KEY WORDS: *Gender, marriage, STI/HIV/AIDS, prevention, peer, education*

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Introduction

The first case of AIDS in Zimbabwe was identified in 1985 (Ministry of Health, 1994 Second Medium Term Plan MTP2 1994-1998).[1] Since then, a large proportion of the country's economically productive population has been dying at an alarming rate. AIDS is now the leading cause of death among Zimbabwean adults, and it is one of the major contributors to the increasing rate of infant, child and maternal mortality (UNIICEF, 1995).[2] The prevalence of HIV/AIDS in Zimbabwe is among the highest in the wodd (World Bank, 1996).[3] According to the World Bank, the most reliable estimates put HIV prevalence at around 30% of the sexually active population.[3] AIDS is now the leading cause of death for children between one and four years of age in Harare, where every ninth child is born HIV positive. The NACP statistics of AIDS cases have been increasing steadily every year. By December 1996, there were 260,000 cumulative AIDS cases, and of these, 12,029 were new cases reported in 1996 (Ministry of Health, 1996). The rapidly escalating AIDS epidemic has negative socio-economic impacts on economic development both at the household and national levels. The gains made by the investment in health services during the first decade of independence are being eroded by the health budgetary demands due to AIDS. AIDS has a major impact even on basic health indicators. The US Bureau of Census had predicted that the peak life expectancy in Zimbabwe of 61, in 1990, could drop to 40 by the year 2010 due to AIDS (World Bank, 1996).[3] The AIDS pandemic is concentrated in the most productive population of the country. As a result, productive sectors, formal, informal or other, are robbed of crucial resources for economic development. Due to the AIDS pandemic, orphans and children in especially difficult circumstances are on the increase in Zimbabwe. NACP estimates a total of 600,000 AIDS orphans by the year 2000 (Matshalaga, 1997).[5]

In addition to its emotional and social effects, AIDS has severe economic effects on households. An adult usually has to care for the patient. Thus, the available time that the person has to work or to care for the children of the household is reduced. If the "breadwinners" are infected, there are additional effects of a loss of their major contributions to the household's income. Poverty implications for the household due to these trends are obvious.

Due to the rate at which the problem of AIDS was growing, it was recognised in the mid-eighties that there was a need for coordinated national efforts to work towards the prevention of STI/HIV/AIDS. In 1986, NACP established a multidisciplinary steering committee. The main objective of the committee was to develop policies on key issues involving AIDS, including medical care, public health, home care counselling, intervention, education and communication (IEC), basic legal human rights and gender (NACP, 1986).[4]

The government and NGOs initiated programmes to address the AIDS problems. Structures to coordinate intervention activities were set up. The programmes mainly focused on issues of psychological support and counselling, community home-based care, clinical care, STI control, laboratory diagnosis of blood transfusion, and research. Some of the programmes were targeted at specific sub-groups of the population who were seen to be at high risk of STI/HIV/AIDS infection. Such groups include commercial sex workers, commercial farm workers, industry and commerce workers, long distance truck drivers, youths in school, youths out of school, and women (Ministry of Health, 1994 Second Medium Term Plan MT P2-1994–1998).[1]

There are numerous reasons for the need to focus on gender issues in STI/HIV/AIDS prevention and control programmes. Women constitute a high risk sub-group of the population. In Zimbabwe in 1996, there were 54,744 reported AIDS cases, more than half of who were women. A review of existing literature shows that women are more vulnerable to HIV/AIDS because of certain cultural beliefs and their low socio-economic status. Due to gender power relations, in marriage and other sexual unions, women generally have limited say in the use of protective measures against STI/HIIV/AIDS. In Zimbabwe, the focus on pleasing the man (during sexual intercourse) continues to put women at risk. This is clearly illustrated by women's use of drying agents for "dry sex" as well as not using condoms if the man is not in favour of it.

It is against this background that this study focuses on gender issues in STI/HIV/AIDS prevention and control programmes that are being carried out in four implementing agencies. The agencies

are National Railways of Zimbabwe (NRZ), Commercial Farmers Union (CFU), National Employment Council for Transport Operators Industry (NECTOI), and Triangle (Ltd). Through USAID, a non governmental organisation (NGO) which works in collaboration with the National AIDS Coordinating Programme intervention strategies, Department of STI/HIV/AIDS, ZAPAC, FHI/AIDSCAP was contracted to work with the implementing agencies who work closely with populations at high risk of STI/HIV/AIDS infection.

Brief Background of the Implementing Agencies

The *National Railways of Zimbabwe (NRZ)* is the largest parastatal in Zimbabwe with a workforce of 12,346 and 34,024 spouses and children. Realising the impact of HIV/AIDS on medical aid and pension schemes, the organisation formulated an AIDS policy that became effective on January 2, 1993. Its strategies include the prevention and control of the spread of STD/HIV/AIDS, provision of counselling services and carrying out awareness campaigns. To accomplish the goal of STI/HIV/AIDS prevention and control, the organisation utilises a corps of peer educators drawn from all sectors of the workforce.

Triangle Limited is a settlement of approximately 40,000 people, situated in the southeastern low veld of Zimbabwe. It is located around the agricultural and industrial activities of the sugar producing company, Triangle Limited, hence the name. Triangle Limited employs about 10,000 people in its various divisions, who together with their dependants make up the bulk of the Triangle population. The community also includes people working in the civil service, the railways and other small business ventures. Within the Health and Community Affairs Division of the company, an AIDS Action Committee (AAC) was set up in 1989, which initiated the STI/HIV/AIDS prevention and control programme activities for the community.

The *National Employment Council for the Transport Industry (NECTOI)* is a statutory body established under the Labour Relations Act 16 of 1985. The industry consists of 1,200 operators (employers) and about 70,000 employees. Its primary concern is the promotion of good labour relations and the welfare of people within the transport industry. In its organisational concerns about the AIDS pandemic, NECTOI realised that the industry is particularly vulnerable to STI/HIV/AIDS. In response to this, an STI/HIV/AIDS education prevention and control programme was launched on the 12th of February 1992.

The *Commercial Farmers Union:* About 2 million people (about 17% of the country's population) live in commercial farms, with most of them living in full family situations. In response to government's warnings of the impending AIDS pandemic, the Commercial Farmers Union (CFU) STI/HIV/AIDS prevention programme was launched in 1986. It was one of the first private sector organisations to implement such programme. CFU is an entirely voluntary project that is run by volunteers. It has no vehicles owned by the project and it uses the existing infrastructures at the various farms. Project coordinators, who are farmers' wives, are responsible for the day to day running of the project. The funding from FHI/HIV/AIDSCAP, which is in turn funded by the USAID, has enabled the project to expand a lot faster as more volunteer coordinators are joining, thus increasing the number of farms that are catered for by the programme.

Methodology

The research mainly employed focus group discussions (FGDs) as a method for collecting field data. The group discussions were conducted in four provinces of Zimbabwe, namely, Matebeleland North (Bulawayo urban); Midlands (Chakari commercial farming area); Mashonaland East (Cross Business Centre) and Masvingo (Chiredzi). Focus group discussions for the four implementing organisations were organised as follows:

National Employment Council for Transport Operators Industry (NECTOI)

Peer educators — A total of 18 participants; 10 female commercial sex workers and 8 male peer educators. The ages of respondents ranged from 22 to about 38 years.

Married women — This comprised a total of 15 married women drawn from nearby communities next to the major business centre, where truck drivers stop along the major routes to neighbouring countries. The married women's ages ranged from 28 to 48 years.

Long distance truck drivers — A total of 20 truck drivers were involved in the discussion. The countries of origin of the drivers were Zimbabwe, Malawi, Zambia and Mozambique. The majority of the drivers were middle-aged, in their late 30s, 40s and 50s.

National Railways of Zimbabwe (NRZ)

Peer educators — This comprised a group of 22 peer educators, 11 females and 11 males, all drawn from NRZ workforce.

Married women — There were 24 spouses of NRZ employees. Almost all the women were not formally employed. They were all drawn from an urban railway company residential area.

Commercial Farmers Union

Married women — The group comprised 20 married women who were also employed on the farms, their ages ranged from the 20s to the 40s and 50s.

Married men — There were 20 married men, also drawn from the farms. Their age ranges were similar to those of the married women.

Peer educators — In addition to the FGDs, 6 peer educators from Maradadi Farm, Thistle Farm and Dodhill Farm were interviewed. They were all male in their mid 30s.

Triangle Limited

Peer educators — This group comprised 24 peer educators drawn exclusively from among the commercial sex workers. Their ages ranged from mid 20s to the 40s.

Women who had used the female condom — This was relatively a small group of 10, drawn from women who had used the female condom. They were made up of 4 married women and 6 commercial sex workers.

Married women — This group consisted of 26 married women. They were mostly spouses of plantation workers. The majority, if not all, was not formally employed. Their ages ranged from mid 20s to late 40s.

Married men — This group was made up of 20 married men. Almost all of them worked for the sugar plantation company. They were made up of both the younger and older generations of married men.

Interviews

Interviews were yet a second major source of data collection. After the focus group discussions, random selection of informants was made from the focus groups for individual interview. After finishing with the project target groups for the implementing agencies, interviews were also conducted with project coordinators, directors and senior officers of the programme.

Data Analysis

All data from the FGDs and interviews were recorded in tapes and notebooks by a note taker. The author of this article facilitated the discussions while a research assistant took notes and at the same time operated the tape recorder. For a comprehensive data capture, after the fieldwork the tapes were replayed and missing information included in the transcripts. The transcripts were then used for analysis of the data.

Findings

Knowledge of STIs/HIV/AIDS Prevention and Control

Knowledge of STI/HIV/AIDS prevention and control is crucial for everybody regardless of the social, economic or cultural status. This is because all members of the society, to certain varying degrees, are at risk of contracting STIs/HIV/AIDS. The four implementing agencies have tended to target their programmes at the actual employees in their companies. The assumption being that the employees would pass on to their families any information, education or preventive measures that they may have learnt or acquired from their workplaces. Majority of the employees is made up of men, except in commercial farms where women are also employed. Men are thus the majority who is privileged to acquire knowledge on STI/HIV/AIDS prevention and control. Focus group discussions revealed that the 'trickle down effect' assumption that has been adopted by the implementing agencies has not had the expected positive impact on families. It is not obvious that a spouse

who has learnt something from the place of work will automatically pass the information to, or practice it with, his/her wife or husband. When women were asked if their husbands ever discussed what they learnt from their workplaces about STI/HIV/AIDS prevention and control, their responses were as follows:

> Some men do not talk freely to their wives, they want to be feared, therefore such men can never discuss what they learn with their wives, they would rather go to prostitutes. (Married woman-NRZ)
>
> Men do not want us to know what they know, they fear that we will be enlightened like their girlfriends and make demands to protect ourselves. (Married woman-Triangle)

In most households, husbands and wives do not discuss anything that has to do with sexuality, STI/HIV/AIDS. Men find it easier to discuss issues of sexuality, or to practice new ways of sexuality, with commercial sex workers than with their wives. Commenting on the issues of commercial sex workers versus wives, a man was quoted:

> I can say or do anything to a commercial sex worker because I would have paid some money, but there must be a difference when it's my wife. I have to be very careful of what I say or do, or else I would be accused of being promiscuous. Women do not want men who bring new ideas all the time, they become uncomfortable.

Because of the communication gap that exists between husbands and wives on sexuality, married women, who are also not targeted by the implementing agencies as a special group, are the most disadvantaged in terms of acquiring information, and they are as a result at high risk of contracting STIs/HIV/AIDS. On the contrary, the implementing agencies have special programmes that were designed to address the particular needs of commercial sex workers. Therefore, commercial sex workers are in a better position since they are both catered for by the implementing agencies and have the opportunity to share information freely with married men who would have acquired it from their workplaces.

The situation is however different in commercial farms where both men and women are workers and thus are considered to be one target group whose needs have to be addressed by the programme. Focus group discussions with men and women in commercial farms revealed that although the women are part of the target group, they still have not acquired as much information on STIs/HIV/AIDS as the men, for various obvious reasons. One of such reasons is the fact that both men and women are treated as a homogenous group with similar needs. This hinders women from acquiring information on STIs/HIV/AIDS prevention and control. A woman from a commercial farm was quoted commenting on the practice of mixing men and women when conducting STIs/HIV/AIDS education thus:

> The topic of STIs/HIV/AIDS prevention and control has sexual connotations and this disqualifies it to be an issue for public discussion. Some of us have our in-laws here at the farm and culturally it is a taboo to discuss issues such as condoms with one's in-laws. It is therefore better to have nothing to do with such discussion. (Married woman, Maridadi Farm, Chakari)

Because women are not comfortable in the mixed groups where issues of STIs/HIV/AIDS prevention and control are discussed openly, or where videos are played, they either do not attend the meetings or attend as passive participants. Another reason that was raised in the focus groups was that women who show too much interest in such issues are usually labelled 'loose', since it is a cultural norm for women not to openly show their sexuality except to their husbands in private.

Peer Education

All the four implementing agencies ran peer education programmes and both males and females could be nominated as peer educators. The main activities performed by the peer educators were:

- to mobilise communities to attend campaigns, dramas, or videos that increase awareness of STIs/HIV/AIDS prevention and control;
- to educate the communities around about AIDS through singing, performing dramas and role plays; and
- to distribute condoms and information education and communication (IEC) materials to the communities.

Peer educators were mainly drawn for training from two major sub-groups of the communities, that is, groups of males employed by the companies and commercial sex workers who interact sexually with the male workers. The research found out that the main reason for choosing these particular groups as peer educators was based on the assumption that they were the ones mainly responsible for the spread of STIs/HIV/AIDS.

Of the two groups of peer educators, commercial sex workers were more active in peer education activities, and this can be attributed to the fact that they were free from marital controls which could hinder their maximum participation, and that they had ample time to meet communities during the day, compared with men who spend the day at work. At Triangle Limited, the peer education programme exhibited signs that it was run by a vibrant and well organised group that was determined to make a positive impact on the community. The peer educators, however, complained that despite their efforts they were not appreciated by many, instead, they were teased and ignored.

Discussions with married women revealed that 'peer' education is stigmatised as a preserve for commercial sex workers. In general, commercial sex workers were stigmatised, especially by married women; hence, married women do not welcome education from them. The two groups (commercial sex workers and married women) are rivals who are actually fighting for the same, that is, men's love, attention and money. Commercial sex workers are seen as the main transmitters of STIs/HIV/AIDS because of their practice of having multiple partners, yet they want to educate married women, who are in most cases faithful to only one sex partner, about prevention of the same diseases. Married women find this arrangement as 'an insult to injury'. They consider STIs/HIV/AIDS peer education as 'education for prostitutes' and thus dissociate themselves from any activities carried out by the peer educators.

Married men also expressed disapproval of their wives attending 'peer' education by commercial sex workers. Men feared that if their wives interacted socially with commercial sex workers, they would be influenced to behave in certain immoral ways or would discover some of their private sexual relationships with the commercial sex workers. Therefore, in order to protect their interests, both in their wives and in commercial sex workers, husbands discouraged their wives from attending peer education activities. Thus, both married men and women resented peer education.

The men were at an advantage because they still acquired STIs/HIV/AIDS education from their workplaces as well as when they interacted, socially and sexually, with commercial sex workers. By not drawing peer educators from married women, the programme failed to address their issues in STIs/HIV/AIDS prevention and control. As long as the peer education programme remained a domain of commercial sex workers, the stigma attached to it would remain and married women would always be disadvantaged about the topic of STIs/HIV/AIDS prevention and control.

The existing situation in the four implementing agencies whereby peer educators were all drawn from commercial sex workers and male adult employees had loopholes. The differences in lifestyle and in the social status of the so called 'peers' was too wide that the term 'peer' became irrelevant, and the programme left out some of the crucial sub-groups such as married women and youths.

Participants in focus groups recommended a peer education programme which would draw its members from the various sub-groups that constituted the communities. An effective peer education programme should include youths, married women and men, as well as commercial sex workers, and each of these should be responsible for their respective peers.

Condom Use

The research showed that condoms are rarely used in married unions, and in the rare cases where husbands and wives use them, good reasons are usually given for such practice. Some of the reasons were that the wife was menstruating, had just had a new baby or had a short-term measure of family planning. Both men and women pointed out that situations where condoms are used for STI/HIV/AIDS prevention purposes are not common in marriages due to a variety of reasons. Extracts from married women show these views:

> The fact that we are married makes it difficult for us to make informed choices on safer sex practices. While we may be aware of promiscuity between our husbands and commercial sex

workers, it is difficult to tell a husband to use a condom. There is a strong 'traditional' belief that condoms should not be used with a wife. Use of a condom quickly brings in notions of prostitution in a married relationship. Using a condom in a married relationship makes men feel guilty of extra-marital relationships. (Married woman, Chiredzi)

Majority of us married women are not happy with the use of male condoms. If the female condoms were easily accessible, this would empower us. Firstly, men would be happier since they would still continue their extra-marital sexual activities without the fear of infecting their wives, secondly we married women would be safe from sexually transmitted diseases and AIDS. (Married woman, Chiredzi)

All the above-stated reasons, coupled with some cultural and economic gaps in marriages, are responsible for the unpopularity of condom use in marriages, and make the topic a very sensitive one which cannot freely be discussed between husband and wife.

Discussions with married men from the same community (Chiredzi-Triangle Estate) showed the same views from men. Men still do not see it culturally right to use a condom with a wife they paid bride price *(Lobola)* for. Condom use in a marriage home is stigmatised for prostitution. The majority of men were happy with the idea of a female condom, as they pointed out that their wives would be safe from sexually transmitted diseases they may have contracted from commercial sex workers. They also pointed out that the burden of inserting a condom would be shifted from them to their wives. However, both married men and women complained of the unavailability of the female condom despite the fact that it costed almost four times as much as a male condom.

Discussions about condom use with long distance truck drivers revealed that there is a special group of women that interact sexually with the drivers. These are both married and single women who trade across the boarders to supplement their family incomes. The women travel to neighbouring countries such as South Africa, Malawi, Mozambique and Zambia where they buy goods for resale. The journeys are usually too expensive for the women because of the foreign currency exchange involvement. In order to beat the transportation costs, some of the women seek free transport from long distance truck drivers in exchange for sex. The deal to exchange services, that is sex for transport, is usually not formally discussed between the two parties. No negotiations take place before boarding the truck but once in the truck, both the driver and the woman, who are usually aware of each other's needs, facilitate the exchange.

When drivers were asked how they come to draw the conclusion that the woman wants free transport in exchange for sex, they indicated that they just use their discretion and experience. The driver further explained that in order to make her intentions known, as soon as the woman gets into the truck, she makes herself comfortable and starts making gestures that would arouse the man's attention. The drivers are usually starved of sex due to the high mobility nature of their job, and, thus, are quick to notice any slight move made by the woman, which may suggest that she wants sex in exchange for free transport.

We do not have to talk about exchanging services; it's too embarrassing. We just start by talking about other things like the whether, economy and so forth, but from the way the woman talks, sits (sometimes exposing her thighs) and the way she laughs, one can tell that he has hit the jackpot. (Long distance truck driver, GDC Transport)

Normally, condoms are not used in such sexual relationships, the main reason being that both the driver and the woman may have been married. Due to the fact that condoms are strongly associated with commercial sex workers, the drivers revealed that both they and the women find it embarrassing to ask someone's wife or husband to use condom, especially in situations where cash is not involved. By asking for condom use, one is suspecting that the other party is of loose morals. Commenting on the subject of condom use in sexual relationships that do not involve the exchange of cash, a male driver was quoted saying:

It is rude to use a condom when having sex with a married woman. There must be a difference between a commercial sex worker, whom I pay as much as $100.00 per night and a married woman. By using a condom, I will be treating her like a commercial sex worker and I don't think she will like that, respect is the issue here. (Long distance truck driver, GDC Transport)

The fact that no condoms are used between the drivers and female cross-boarder traders exposed a number of people at risk of contracting STIs/HIV/AIDS. The people that are placed at risk by such behaviour include the drivers, the female traders and both their spouses, with whom they also interact sexually when they get back to their homes and with whom they are most likely not to use condoms.

The research, however, showed that both the drivers and the female cross-boarder traders do not engage in unsafe sex just to satisfy their sexual desires, but basically for economic reasons. Most drivers are the breadwinners in their families and would very much want to cut on expenditure in order to save the little they can from their meagre earnings. Thus, instead of seeking services from commercial sex workers who charge exhorbitantly for a short period of intercourse, they would rather have one partner whom they just offer free transport services. On the other hand, the female cross-boarder traders would also prefer to maximise their profits by cutting down on transport costs. By getting a 'free ride', they save on the much-needed foreign currency that they would use to buy goods for resale back home.

Besides the major economic reasons that are given above, the drivers indicated that there are various other advantages that could be associated with such interactions.

> Travelling with a female cross-boarder shopper has multiple advantages. I will be having a travel companion, someone to cook nice hot meals for me as well as a sex partner. It is like I am on a honeymoon or am travelling with wife. (Long distance truck driver, GDC Transport)

Overall, the discussion, although one-sided (with drivers only), showed that the male drivers benefit more from interaction with female cross-boarder shoppers than the women themselves do. The drivers use company resources to take advantage of the women and make them perform 'wifely' duties for them. Given the harsh economic realities that are prevalent in Zimbabwe, it is likely that such interactions would continue, if not increased. Thus, STIs/HIV/AIDS prevention and control interventions need to target these high-risk groups.

Both groups of men and women indicated that majority of men were actively involved in extra-marital sexual relationships with commercial sex workers. The commercial sex workers indicated that the bulk of their clients are married men, with whom they have multiple sexual relationships. The men were also aware that the commercial sex workers that they interact with have several other sexual relationships. The research revealed a number of reasons that explain why promiscuity was so rampant in the four implementing agencies thus:

1. The migrant nature of married women who have to supplement their husbands' incomes by doing agricultural work in rural areas, thus leaving their husbands alone for long periods during the rainy seasons.
2. Most men go for commercial sex workers when their wives are menstruating or have new babies.
3. Men just enjoy secret sexual relationships and varieties of women, which they get from commercial sex workers who have more exiting styles of making love compared with married women. Married women stick to their same old styles because if they bring new ones they may be questioned by their husbands, who would like to know where they learnt those new styles from, and they may even be accused of being unfaithful.

Discussions with commercial sex workers indicated that some of their married clients demand that they have sexual relationships without using condoms, depending on how intimate the two have been. Being intimate with a commercial sex worker is accompanied with a number of responsibilities for both the man and the woman. The man will have to take up the responsibility of a husband, which implies buying groceries and paying children's fees, among other things, while the woman will take up the responsibility of a wife, wash and cook for the man. In such 'steady' relationships condoms are not used, thereby exposing the commercial sex worker, the married man and his wife to the risk of contracting STIs/HIV/AIDS.

Intimate relationships are however not popular with commercial sex workers, who prefer to be paid in cash and not in kind. There are less financial gains in 'steady' relationships compared with having multiple sex partners who are charged for every service rendered. Multiple relationships are also advantageous to the commercial sex workers

who have more decision-making power over the use of condoms.

Commercial sex workers at Triangle exhibited high levels of empowerment when it comes to dealing with men who refuse to use condom. Their awareness of the consequences of unsafe sex has empowered and helped them to make informed choices. The commercial sex workers, however, meet some men who in turn violently refuse. The research revealed that such men usually beat up the commercial sex workers. In retaliation, the commercial sex workers also organise themselves to deal with such characters. Once beaten, they form a group and they beat the man up the next time he comes to the beer hall. This reaction by commercial sex workers has yielded some positive results, as it has come out to be a form of education for men who refuse condoms and at the same time bringing positive results for STIs/HIV/AIDS prevention and control efforts. Overall, the commercial sex workers at Triangle are informed and empowered about STIs/HIV/IADS prevention and control, and credit can be given to the highly active peer education programme in which most of them are part and parcel.

While on a wider scale the majority of commercial sex workers showed that they use condoms, discussions with males revealed contradictory sentiments. According to the male participants in the focus groups, there are various factors that determine condom use in any sexual relationship, including those with commercial sex workers. The factors may be social, cultural or economic. Drunkenness was mentioned to be one factor that determines condom use. If both the male and female partners are drunk, they just have sexual intercourse without thinking about the future consequences, and in most cases commercial sex workers are picked from beer halls where they drink. In some cases, the two would not enjoy intercourse when wearing condoms and would remove them in the process. The men complain that it is not worth one's money to have sex wearing a condom, and they liken it to 'having a sweet in its paper' or 'getting into a shower while wearing a raincoat'. Commenting on having intercourse while wearing a condom, a male was quoted saying:

> Sometimes the heat from a woman's body drives me to remove a condom even in the middle of intercourse; I cannot discharge while wearing a condom. I think the women feel the same because they never object when I remove the condom in the middle of the act. (Long distance truck driver, GDC Transport)

Economic factors also contribute to the decision-making powers of the people involved. Commercial sex workers at Triangle, who are employed and prefer to be called single women, have a higher level of decision-making power when it comes to condom use. They can afford to turn down a man who refuses to use condom. Other commercial sex workers who depend solely on commercial sex work are in a different position. If they turn a client down they tend to loose out and may end up not being able to pay rents, buy food and maintain themselves and their children. A commercial sex worker whose only source of livelihood is in commercial sex work said:

> If one insists on condom use, she may become unpopular and loose customers. What usually happens is that, if one turns a man down because he has refused to use a condom, the next thing is that she will see the same man going in with her neighbour. The best bet is therefore to do what the customer wants and keep your fingers crossed that you won't contract STIs/HIV/AIDS. (Commercial worker, Cross Business Centre)

Sharing the same sentiments about condom use with commercial sex workers, a man was quoted saying:

> When it comes to sex for money, the man is in charge because he is the one paying and the 'customer is the king'. It is entirely up to him to choose whether to use a condom or not, and for the love of money, the woman accepts anything that I order her to do. (Male, NRZ)

Overall, the discussions with groups of married men/women and commercial sex workers in the four implementing agencies showed that all the groups are at high risk of contracting STIs/HIV/AIDS. Married women are the most disadvantaged sub-group because they have very little say concerning sexuality and STIs/HIV/AIDS in a marriage relationship, due to gender power relations, among other things.

Conclusion

Married women constitute the most uninformed sub-group on issues relating to STIs/HIV/AIDS prevention and control. This is mainly due to the fact that they resent peer education that is conducted by commercial sex workers. Condom use is associated with promiscuity, and it is regarded as a preserve for commercial sex workers. Married couples, thus, do not discuss the topic in their homes for fear of being accused of being unfaithful. This, however, places the married woman at high risk of STIs/HIV/AIDS infection, considering the promiscuous nature of most married men.

Gender power relations in favour of males as well as the prevailing harsh economic realities force women in general to have less decision-making power over issues relating to sex, STIs/HIV/AIDS prevention and control. On the contrary, commercial sex workers have a relatively higher degree of empowerment in STIs/HIV/AIDS prevention and control, compared with their fellow married women. This is related to their ability to make choices and their access to condoms and other STIs/HIV/AIDS preventive measures. They are also more knowledgeable, conscious about the subject, and have the capacity to mobilise themselves as a common sub-group in issues of STIs/HIV/AIDS prevention and control.

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