

SEXUAL BEHAVIOURS AND SOME SOCIAL FEATURES OF FEMALE SEX WORKERS IN THE CITY OF ADDIS ABABA

Mengistu Mehret* Lev Khodak.vich, Bekele Shanko.
Fikirte Belete***

SUMMARY: In July 1989 during a survey for HIV infection in Addis Ababa, 2663 randomly selected females working at bars, tej (local wine) houses, tella (local beer) houses, and private red-light houses, who practiced multi-partner sexual contacts (MPSC) were interviewed. The study showed that 7.1% of the adult female population of the capital city regularly practiced multi-partner sexual contacts. More than 85% of them were not married as a result of past divorces. 52.2% of the group had practiced MPSC for less than 2 years and 16.3% for 2-4 years. 98.1% of females practiced peno-vaginal sex only, 1.7%, in addition occasionally practiced peno-rectal, and 0.2% peno-oral sex. Females practicing MPSC in red-light houses had more sexual partners and they were at a higher risk of acquiring sexually transmitted diseases. 17.7% of all groups combined reported experiencing one or more episodes of Sill; gonorrhoea being the leading cause.

INTRODUCTION

The information on the behaviour and sexual practices of individuals in different population groups is of paramount importance for designing intervention strategies in an STD/HIV control programme. A report on the study conducted in 23 urban areas of Ethiopia in 1988 (I) indicated that females practicing multi-partner sexual contacts were at a higher risk of acquiring HIV infection. The quoted study included only bar girls. The present study in Addis Ababa involved four different sub-groups of high risk females. It therefore offers further information on the social status and sexual practices of various groups of females practicing MPSC as well as information on risk factors related to the spread of HIV infection.

SUBJECTS AND METHODS

The target groups selected for the study conducted in Addis Ababa in July 1989 included four categories of female sex workers working at various beverage establishments. The establishments were identified from a census list prepared earlier by the Ministry of Health. These categories were: bars and hotels, tej (local wine) houses, tella (local beer) houses, and private red-light houses. Out of the 284 Kebeles (smallest administrative unit) in Addis Ababa, 40 (14.1 %) were selected by systematic random sampling. This number represented at least one and generally two kebeles in each Kefitegna (next higher administrative unit to the Kebele). The establishments and the subjects of the target population in each category were again selected by systematic random sampling from a census list in order to build up the required sample size. Group counselling on AIDS and

*Department of AIDS Control, Ministry of Health, Ethiopia

**WHO Team Leader, AIDS Control Programme, Ethiopia

The work was carried out by the Department of AIDS Control, Ministry of Health.

HIV infection was followed by individual interviews on the social and health status of the women. Rehabilitated female sex workers, specially trained for this purpose, interviewed the individuals studied. The recorded data were then used for analysis

RESULTS

In all 2663 females were interviewed. The sample size of each target group and some other variables are shown in table 1. The average age of the group in the study was 31.2 years. The mean age varied from 26.3 years for bar girls to 39.5 years for tella sellers; 77.7% of the women in the study group were in the range of 15-39 years. 48.8% of females were illiterate while 33.9% had attained an education ranging from the first to the sixth grade of a general primary school (table 2).

14.5% of the interviewees were married (table 1). Twenty-four percent of the women had only one child, 12.8% had 2 children, and 42.8% had no children. The parity in this study group was 0.12 in the age group 15-19 years while in over 20 years it was 1.72. 21.7% of the study population reported to have been pregnant in the past three years; 58.9% of them had normal deliveries while the others ended in abortion (table 1). Bar girls and women in red- light houses terminated their pregnancies more frequently. 52.2% of the group under study had practiced MPSC for 2 years, 16.3% for 2 to 4 years, and 14.5% for longer than four years (table 3).

55.4% of all the women in the survey had on an average one or less sexual partners per week, 29.9% had 2 to 3 partners, and the rest reported to have 4 to 9 partners. The average number of sexual partners per week varied in each category .Bar girls and women in red-light houses had more sexual partners than the other groups (table 3). Most of the clients were Ethiopian citizens, though a few of the bar girls, 22/966 (2.3%) reported sexual contact with foreigners. Eleven percent of married tella sellers said that they had extramarital sex.

98.1% of the women surveyed practiced peno-vaginal sex only. 1.7%, occasionally practiced peno-rectal sex and 0.2% peno-oral sex. The latter two practices were more frequently reported by the women serving at private red-light houses (2.5%), and by the bar girls (2.0%).

One or more episodes of STD were reported by 17.7% of the subjects in all groups combined; gonorrhoea being the leading cause. Bar girls and women practicing MPSC in red-light houses were more frequently affected by STDs ($p < 0.001$).

DISCUSSION

Before further discussing the results we would like to offer some details on the working environment of female sex workers in Addis Ababa as identified by the surveillance teams.

The employment status of the MPSC females in Addis Ababa varies. Very few bar girls are employed by the bar owners and are paid salary on a monthly basis. Some of them live in the bars, or the others may have their accommodation elsewhere and come to the bars during working hours. Most of the bar girls, however, are not employed by the bar owners, but get the permission of the owners to stay in the bar and look for a casual male partner (usually between 3:00 P.M. and 11:00 P.M.). During their stay in the bars they serve drinks to the customers and assist the bar owners.

Bar owners are females or males. The owner supervises the activities of the girls and the employment of the girls depends in most cases on the choice of the owners. The number of girls in each bar varies depending on the size of the establishment, During the day until 3:00 P .M. only 1 to 3 girls serve in the bars. If a hotel is also serving food the number of workers may be higher, In the evening a smaller bar would have at least two and a larger bar many as 20 women.

Private red-light houses are of two types. Some red-light houses serve some drinks and in addition sex, But most serve sex alone. Some of the women in red-light houses have single rooms, others live in groups of 3 to 4 in a room, These women provide sex or number of customers before midnight. The last client coming near midnight stays overnight.

The amount of money which they charge a sex customer varies from place to place. Women in the Mercato area, for example, would demand lower amounts than women in other areas of the

Table1. Frequency distribution of some social features of the females practicing MPSC in Addis Ababa, 1989

Features	Bar girls	Tej sellers	Tella sellers	Female in Red light houses	All groups
No. Registered	2159	253	1196	1367	4975
No. Interviewed	966	124	791	782	2663
Total population extrapolated	113	1771	8372	9569	34825
Mean age (years)	26.3	33.7	39.5	28.5	31.2
Married %	98(10.1%)	19(15.3%)	255(32.2%)	14(1.8%)	386(14.5%)
Parity	1.1	1.3	1.0	1.0	1.35
Pregnancies within 3 years preceding the survey	272(28.1%)	17(13.7%)	158(20.2%)	158(20.2%)	579(21.7%)
Normal Deliveries three years preceding the survey	127(46.7%)	12(70.1%)	109(82.6%)	93(58.9%)	341(58.9%)

city .The owner of the house charges the women for the use of the bed in the room. Some of the women in red-light houses also work as street girls full profile of street girls could not be made as they were not easily accessible. Further consideration of street girls needs to be made.

Bars are found in many areas of the city , along and near the main roads while most of the private red-light houses are concentrated in the Mercato and Arada areas. Tella houses are located in low socioeconomic areas while tej houses are scattered and are well outnumbered by other establishments. In them, it was usually men who served drinks for the customers. In houses where women served tej, their clients are few and it appears that it is not a preferred area for sexual enjoyment.

Tella selling is an occupation which has been in existence for a long time. This business is not basically aimed at selling sex, the income is mainly from the sale of tella. Unmarried women who do not have another source of income or if the income is not sufficient, sell tella to support their families. They have sex as a secondary activity .Some married women also reportedly sell tella to provide additional income to support their family.

The role that female sex workers (individuals who exchange sex for money, drugs or gifts) play in perpetuating the AIDS pandemic has been studied by many investigators. Sex workers have been viewed as a major reservoir for a variety of sexually transmitted diseases in various parts of the world (2). Sexual exposure to a large number of partners and frequent incidence of STDs put sex workers at a significant risk of HIV infection. Darrow (5) points out that reported data about STDs and sex workers may be biased towards poor sex workers because upper class sex workers are probably less likely to participate in clinical or epidemiological surveys. These issues were considered in our study on sex workers in Addis Ababa, and therefore we included women of medium and lower socioeconomic groups. The upper class female sex workers (usually bar owners who employ the medium and lower class sex workers) were not included because most of them claimed to be married and not practice multi-partner sexual contact.

During the study, 4975 MPSC females were registered in 834 tella houses, 593 bars and hotels, 127 tej houses, and 808 private red-light houses in the 40 kebeles in Addis Ababa. The estimated number of the females practicing MPSC in the capital city is reaching 35,000 or 7.1% of all adult females. This figure is much higher compared to 4603 MPSC females as it was recorded by the Office of the Population and Housing Census Commission in 1984 (4).

Table 2. Educational levels of MPSC females, Addis Ababa, 1989

Educational level (grades)	Bar girls	Tej sellers	Tella sellers	Females in-red light houses	All
Illiterate	254(26.3%)	67(54.6%)	516(65.2%)	462(59.2%)	1299(48.8%)
1-6	399(41.3%)	38(30.6%)	217(27.7%)	249(31.8%)	903(33.9%)
7-8	147(15.2%)	6(4.8%)	23(2.9%)	37(4.7%)	213(8.0%)
9-12	114(11.8%)	7(5.6%)	23(2.9%)	23(2.9%)	167(6.3%)
12+	52(5.4%)	6(4.8%)	10(1.3%)	9(1.2%)	77(2.9%)
Total	966	124	791	782	99.9%

Further, it is interesting to compare the social features of the study groups with the general female population. More than 85% of the MPSC females were single at the time of the study, most having been divorced, while 33% of the general female population is married. Apart from divorces, unwanted pregnancies and deliveries were leading causes of leaving parental families and starting life as commercial sex workers. 77.7% of the study group were in the age range of 15-39 years; the corresponding figure of the Addis Ababa female population is 65% (4). 48.9% of the study group were illiterate as compared to only 24.4% of the general female population (4), indicating that it represented the least literate part of the urban women. The parity in the age group of 15-19 years in the study (0.12) was higher than in the general female population of Addis Ababa (0.09), (4). Among women older than 20 years the parity in the general population (3.64) was higher than that found in the study group, one reason may be that over one third of the women in this study used oral contraceptives regularly (5). Tella and tej sellers had more children than the other two groups.

Bar girls and women in red-light houses were younger than tella and tej sellers. Most of them were less educated than corresponding women of the general population. The four categories of women varied in their social and sexual behaviour. The period of MPSC practice was on average less than five years for the groups except for women in red-light houses. They had the

longest average period in prostitution, of 5.3 years, and had more sexual partners and more episodes of sexually transmitted diseases than the other three groups.

The result of the study indicated that all MPSC females were at a higher risk of HIV infection. Similar to the studies done elsewhere (6,7) our results showed an increased risk of HIV transmission in the women who had more sexual partners.

Peno-rectal and peno-oral sex are rare practices among women in Addis Ababa, an observation similarly found in other urban areas of Ethiopia (I). The study results urge for strengthening the intervention efforts among this population groups:. The emphasis on prevention of HIV and STD transmission, however, should not be limited to sex workers. It is known that both men and women may have multiple partners without being involved in commercial sex work, and it is very hard to identify them as a group. In one pre-AIDS survey, 56% of women attending an STD clinic in Nairobi were reported to have been infected by their husbands (8). A more recent survey of HIV transmission in Kinshasa indicated that the elimination of prostitution would decrease the predicted rate of transmission by 25% (9), but would not interrupt the transmission. One should be cautious not to label female sex workers as a high risk group since it hinders preventive efforts and encourages other women to assume that they are not at risk of HIV infection. To illustrate, a study in San Francisco found that 6% of 354 workers in the sex industry were HIV positive compared to 5% of 646 non-sex workers (10). Access to those who practice multi-partner sexual contact is difficult in many parts of the world because those who sell sex are generally stigmatized. Working with the women who are employed at the specialized establishments, however, has been less difficult in our study. This was due to the help of the urban dwellers associations and community health agents. It should be admitted, however, that there are women in Addis Ababa who practice multi-partner sexual contacts and have not yet been identified.

Table 3 Sexual Practices of MPSC females in Addis Ababa, 1989

Features	Bar girls	Tej sellers	Tella sellers	Females in-red light houses
Average duration of MPSC	2.7yrs	3.5 yrs	2.8yrs	5.3yrs
Average No. of Partners				
Per week	2.3	1.4	1.1	4.2
Frequency of sex Practiced:				
Peno-Rectal	20(2.0%)	0	6(0.8%)	19(2.4%)
Peno-Oral	3(0.3%)	0	0	1(0.1%)

Integrated preventive programmes designed to decrease the risk of HIV hetro-sexual transmission in general are likely to achieve greater success than those which focus exclusively on prostitution Further study should be conducted in Ethiopia to identify the different modalities of multi-partner sexual contacts such as "wives, friends", or as casual sexual service providers and their role in the spread of the virus.

REFERENCE

1. Mehret M, Khodakevich L, Zewdie D, Ayehunie S, Getachew G, Bekele S, Hailemichael M, Asefa G, Faail Ka, Mengesha Y, Demiaaew B, Tigist K, Tadesse F, Semunegus L, Refisa B. Prevalence of HN Infection in 23 Urban Areas of Ethiopia. XXVI Ethiopian Medical Doctors' Assoc. Meeting, May 1990; Abstract 60.
2. Padian N.S. Editorial Review, Prostitute Women and AIDS: Epidemiology. AIDS 1988; 2:413-419.
3. Darrow RW. Prostitution and Sexually Transmitted Disease. In Sexually Transmitted Diseases, edited by Holmes KK, Mardh PA, Sparling PF, Wiesner PI, New York: McGraw Hill 1984; 109-116
4. Population and Housing Census of Ethiopia, 1984. Analytical Report on Results for Addis Ababa, Office of the Population and Housing Census Commission Addis Ababa, January 1987.
5. Mehret M, Khodakevich L, Bekele S, Almaz G/K, Hawlte B, Fikirte B. Pregnancy/STD protective Means Used by HN High Risk Group Females in Ethiopia. XXVI Ethiopian Medical Doctors' Assoc. Meeting, May 1990; abstract 58.
6. Jonathan M Mann. HN Infection and Associated Risk Factors in Female Prostitutes in Kinshasa, Zaire. AIDS 1988; 2: 249-254.
7. Ralzenstein DA, Latif M, Bassett MT, Emmanuel C. Risk for Heterosexual Transmission of HN in Zimbabwe. International Conference on Acquired Immuno deficiency syndrome(AIDS), Washington,D.C. June 1-5, 1987; abstract M.8.3.
8. Carlebach I. Juvenile Prostitution in Nairobi. In : Studies in Prostitution (East, West and South Africa, Zaire and Nevada). Ed : Muga E. Nairobi, Kenya, Literature Bureau, 1980; 70-129.
9. Auvert R, Moore M, Bertrand W, Kashala T-D. Prostitutes and HN Transmission in Zaire: Computer Based Projections. N International Conference on AIDS, Stockholm, June 1988; abstract 5141.
10. Cohen I, Poole L, Lyons C, Lockett G, Alexander P, Wofsy C. Sexual Behaviour and HN Infection Risk among 354 Sex Industry Women in a Participation Based Research and Prevention Program. N International Conference on AIDS, Stockholm June 1988; abstract 4049.