

HIV/AIDS, Sexually Transmitted Infections, and Sexual Exploitation Among Commercial Sex Workers in Western Oromia, Ethiopia: A Mixed Method Approaches

Jote Markos Cafo^{1*}, Werku Etafa², Edosa Kifle³, Ayana Chimdesa⁴, Misganu Teshome⁵

¹Wallaga University, Institute of health sciences, school of nursing and midwifery, department of Nursing

²Wallaga University, Institute of health sciences, school of nursing and midwifery, department of Pediatric and child health Nursing

³Wallaga University, Institute of health sciences, Department of Medical laboratory science

⁴Ambo University College of health sciences department of Nursing

⁵Wallaga University, Institute of health sciences, school of nursing and midwifery, department of Midwifery

*Corresponding Author

Jote Markos Cafo, Wallaga University, Institute of health sciences, school of nursing and midwifery, department of Nursing.

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Abstract

Objective: The study aimed to assess Human Immune Viruses, sexually transmitted infections, and sexual exploitation among commercial sex workers in selected towns in Western Oromia.

Methods: An exploratory mixed-method approach study design was employed. The respondents were selected using the snowball and purposive sampling technique. Data was collected using a closed-ended and in-depth interview. Ninety-nine respondents were involved in the study. Quantitative data was entered into Epi Info version 7 and exported to SPSS version 20.0 for analyzing data. The qualitative data analyzed thematically.

Results: The mean (\pm SD) of the respondents was 20.8 (\pm 2.28). Of the total (92.1%) respondents invited to the HIV test, and 8.8% of them were reactive. Seventy percent of the participants replied as they mostly have 2-3 customers in a day. A few (2.2%) of respondents have no interest in shifting their current job. Sexually transmitted infections are reported among 16.5% of the respondents. The sexual violation happened among forty-four percent of the respondents. Peer pressure and conflict with family were factors mentioned frequently by sex workers.

Conclusion: The participants had experienced sexual violation and exploitations. There is a need to conduct further studies to help make appropriate policies and deliver the possible interventions.

Keywords: HIV/AIDS, STIs, Sexual Exploitation, Commercial Sex Workers, Western Oromia.

Introduction

Back Ground Information

Commercial sex is the exchange of money or goods for sexual services. It always involves sex workers, a client and also it frequently involves a third party. Sex work is the provision of sexual services for money or goods [1].

Sex workers in our society are highly stigmatized and subjected

to social discriminatory as a result they consider violence of any form as a normal phenomenon believing as it is the nature of their work. They are very reluctant to report abuse of their rights like rape, insulting, physical harm and sexual exploitations [2].

Sex work in Ethiopia is vast, diverse and conducted openly. Sex workers operate in virtually all hotels, bars and restaurants and there are street workers on most main roads of towns after sunset.

Throughout towns and cities sex workers and clients meet at informal bars that sell the local brew, araki. In some towns these are clustered in slum areas where sex work is practiced explicitly by most of the resident women. The size of the sex worker population is not known but it was suspected that the number of sex workers is growing. A 2010 government report claims that condoms are used in 99 per cent of commercial sex workers [3].

The study conducted in northern part of Ethiopia shows that, about 75.6% of commercial sex workers (CSW) experienced sexual violence in their life time. Out of this sexually violated sex workers 66.8% and 52.45% of them experienced sexual assault and uncommon type of sexual intercourse respectively in their life time of this work [4].

Among commercial sex workers a history of vaginal ulcer or discharge 12 months prior to the study was reported by 5% of sex workers. Alcohol and khat uses are found to be the significant factors with unprotected sex [5].

Recent family health international report shows that, a total of 8134 establishment- based sex workers were identified in Addis Ababa, out of this about 87% were found in hotels, bars and red-light houses. Out of this nearly about 60% of sex workers identified were their age's ranges between 15 to 24 years old [6].

Statement of Problems

Different studies showed that commercial sex workers are increasing in number from time to time. In relation to their number they are also facing different sexually transmitted infections and HIV/AIDS. Now days this problem is global concern of public health. Different scholars also pointed that, commercial sex workers plays a role in rapidly increasing heterosexual transmission of HIV/AIDS [7].

Studies shows that, there are men, women and transgender people are consider working in the sex industry as a viable choice of job and pointing to the fact that prostitution is far from being the only job that entails high risks and poor working conditions. Some women even argue that prostitution gives them the chance to earn more in a more flexible way. Even though sex workers earn money in a flexible way, several studies proved that prostitutes are at high risk of violence escalating to lethal violence and they are highly vulnerable to sexual exploitation, STIs and HIV/ AIDS [8].

One in five commercial sex workers faced sexually transmitted diseases (STDs) in their life time of sex work. The study shows that there is inconsistent condom use and condom breakages were the major reason to acquire STDs [9].

One systematic review of sub-Saharan countries show that, huge number of young African women who participated in sex for food, money or shelter come from disadvantageous backgrounds, are poorly educated, divorced, and lack of skills for other types of formal or informal employments [5].

A study of female sex workers (FSWs) attending health centers in Addis Ababa found the prevalence of HIV to be 73%. Because of these factors, FSWs have been given high priority in the prevention and control of HIV/AIDS in Ethiopia. Inline to this, the present study shows that a significant proportion of female sex workers reported risky sexual behaviour and symptoms of STIs, which are associated with drug abuse and lower educational attainment. The 12-month prevalence shows that 5% of sex workers reported vaginal ulcer and discharge has been identified among sex workers [3].

The study conducted in Arba-minch shows that, Commercial sex workers highly exposed to victimization, STDs/HIV/AIDS, sexual abuse, physical abuse, psychological torture, anxiety and depression, social isolation & developing low self-confidence [10].

The recent report shows that about 60% of female sex workers exploited in prostitution were the age ranges between 16-to 25 years female. Most scholars pointed that the cause of commercial sex workers are hotel workers barmaids, poverty, migration from rural to urban, early marriage, limited education are may be the possible cause to work as commercial sex workers [10].

Different studies shows that the clients of sex workers are students, business man, government employees and men working in informal sectors (those in poorly paid, unskilled jobs like shoe-shine boy and daily laborers [11].

Identifying the factors associated with STIs/ HIV and sexual violence among commercial sex workers are a pivotal to address the sex workers problem as well as to minimize the risk to the secondary person or their clients. Identifying the determinant factors and mitigating the negative outcomes of this underprivileged group has valuable condition to achieve sustainable development goals. However, there is meagerness of information in this regard in Ethiopia. Therefore, it is the purpose of this study to point out determinant factors to STIs/ HIV and sexual exploitations. This study findings use as a direction for conniving targeted HIV/AIDS and STIs intervention/ prevention for commercial sex workers and their clients in west Oromia, Ethiopian.

Significance of the Study

This study was used to understand STIs and HIV/AIDS prevalence, factors associated with HIV/ STIs and identifying its determinant factors would be assist policy makers and program planner. Understanding of sexual exploitation also gives the opportunity to initiate reproductive health rights of female sex workers in Ethiopia. This study was used implementers to make evidence based decisions about how best to direct program activities and maximize positive outcomes for these underprivileged group. The study findings would help government, non-government organizations and others to design better strategy to initiate and improve the right and care for underprivileged people in the future. In addition, the findings add to the existing literature on most determining factors of STIs/HIV/AIDS and sexual violence of commercial sex workers. This study would also help to suggest concrete preemptive measures to reduce vulnerabilities of sex

workers to STIs/HIV/AIDS and sexual exploitation. After the completion of the research the researchers forward their findings for government and nongovernment organization to mitigate the negative outcome that sex workers facing currently.

Finding of the study also provide valuable information to policy makers and other stake holders in the field of care and support for sex workers. This study also enables academic and researchers to use the information as spring board for other related studies and also as a reference in their data banks.

Literature Review

The study conducted in Nigeria showed that, out of the total respondents 63% are single, 7.4% married and 29.6% are separated sex workers. These shows that the burden of STIs and HIV/AIDS even attack the total family of the sex workers for those who are married and involved in this work. According to the study, 29.6% of participants and 25.9% initiated CSW (commercial sex worker) because of partner pressure and financial reason. Participants reported that they were having 4 clients on average and spend at least 30minutes with them [4].

Systematic review of Sub-Saharan country shows that, across sub-Saharan Africa, female sex workers (FSW) carry a disproportionate burden of HIV, with prevalence commonly 10–20-fold higher than among the general population [5].

Most of sex work in Sub-Saharan Africa takes place within environments that have little or no systematic promotion of safer sex, scant control over clients' behavior and compelling incentives for a high client turnover. Virtually throughout Africa, FSW

experience intense stigma, discrimination and consequent social marginalization, which in turn deepen their vulnerability to HIV acquisition, among other health risks [6].

They face numerous barriers to accessing health and social services, including STI and HIV testing and treatment, post-exposure prophylaxis following rape, and access to condoms [12].

These barriers are further entrenched where sex work is illegal, as it is virtually continent-wide, with the sole exception of Senegal. Criminalization of sex work prevents FSW from reporting violence to the police or seeking legal recourse after rape or sexual assault [13].

Indeed, violence is apervasive theme in the lives of FSW virtually across theregion, with long-term consequences including stress, depression and low self-esteem [14].

The study conducted in Kenya shows that, in a survey of sexwork in urban and rural Kenya, a significant portion reported being raped (35%) or physically assaulted (17%) by a client [15].

A Namibian study founded that 72% of FSW interviewed had experienced abuse, including by clients (18%), intimate partners (16%), and the police (9%) [16].

The Ethiopian government in its Strategic Plan II has a goal to target high risk areas and high risk population groups including CSWs. In Ethiopia, Condom use with regular, non paying partners remains low, posing a substantial risk of HIV infection to sex workers, their partners and the general population [17].

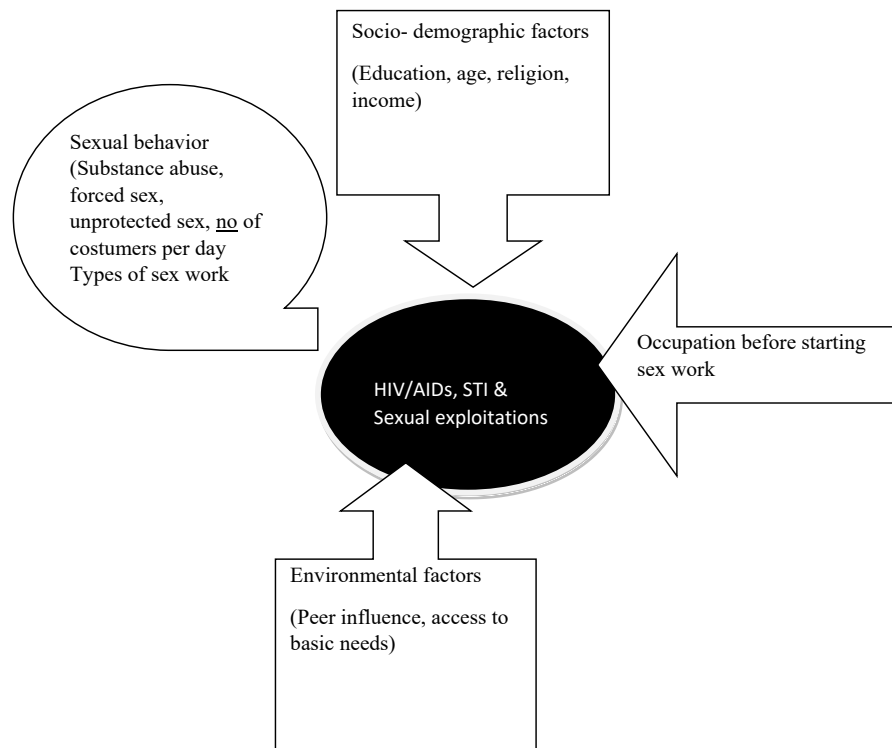


Figure 1: Conceptual framework developed by investigators after rigorous review of the literatures.

Objectives

General Objective

To Assess HIV/AIDS, Sexually Transmitted Infections and Sexual Exploitation among Commercial Sex Workers in Western Oromia, Ethiopia.

Specific Objective

To assess prevalence of HIV and STIs among sex workers

To determine magnitude of sexual exploitations of commercial sex workers

To Assess Factors Associated with HIV/AIDS and Sexually Transmitted Infections

Methods

Study Area and Period

This study was conducted in four big cities of Wollega Zones of Western Oromia, Ethiopia. The big cities of East, West and Horo Guduru Wollega zones were included in the study. Nekemte is 331km far from the capital of the region i.e. Finfine. From West wollega zone two cities Gimbi and Nedjo were included in the study. Gimbi town is 441 km and 110 km far from Finfine and Nekemte town respectively. Horo Guduru Wollega is one of the zones of the Oromia Region in Ethiopia, Shambu town is its capital. Kellem wollega zone, Dembi Dollo town was not part of the study since it is research area for Dambi Dollo University.

Study Design

Community based Cross-sectional study design was used.

Source and Study Populations

The source populations for this study were all commercial sex workers. The study populations were commercial sex workers regardless of years of their involvement in the work.

Inclusion Criteria

All commercial sex workers were included in this study irrespective of their age and work site.

Exclusion Criteria

Sex workers who were critically sick during data collection

Sample Size and Sampling Technique

Since the study participants are special group with rare cases, we have decided to include all commercial sex workers available in the study towns (Nekemte, Ghimbi, Nedjo and Shambu) during the study period.

Sampling Technique: Snow ball sampling method was used to access commercial sex workers.

Sampling Procedure

The selection of sample for this study was by snow ball sampling method in red light hotels. First red light hotels and street of commercial sex workers was identified by investigators. Then snow ball sampling strategies was employed in recruiting participants

into this study. After getting the first commercial sex worker in the Hotel, we have included all in that hotel and asked them to direct us to other Hotels or residents of CSWs found in the town. We have tried to include all cases in the town who had decided to participate in the study.

Data Collection Procedures

Close ended structured questionnaire was used for data collection. Data was collected through an interviewer-administered questionnaire. The questionnaire was adapted from previous literature and extracted from standardized questionnaire and adopted to Ethiopian situation. The questionnaire was prepared in English and then translated by formal translators in to working language then back to English to check for consistency of meaning. Finally Afaan Oromo version was used for data collection. Generally the questionnaire will address all variables.

Data was collected by 10 trained data collectors for 15 days. All data collectors were diploma holders in nursing and laboratory technicians were used to take sample and test for HIV/AIDS after getting permission. For all data collectors, two days intensive training was given, regarding to handling sensitive issue, how to approach, hold personal bias while taking field note and how to handle quality of data and legal issues of the research.

Study Variables

Dependent Variable: Presence of HIV/AIDS, STDs and Sexual exploitation

Independent Variables:

Socio-demographic factors (age, sex, education, income, and religion, years of employment)

Environmental (peer influence and access to basic needs).

Behavioral (substance abuse, unprotected sex, forced sex, average no of clients per day)

Support from family or relatives

HIV awareness, testing, prevention, service utilization

Occupation before sex work (farmer, student, unemployed, servant, tea/ coffee service, waitresses)

Type of sex work (home based, bar, phone based street based) worked in salons (feet-massage, salons and hair salons)

Operational Definition

Occurrence of STIs – Any symptoms of sexually transmitted infections reported by the study subjects was considered as the occurrence of STIs in this study.

HIV/AIDS presence- the Provision of HIV counseling and testing (PHICT) was done for study subjects and if they are positive for this test they were considered as HIV/AIDS positive.

Sexual exploitation- verbal or actionable sexual violence that can happen on CSW can be considered as sexual exploitations.

Data Quality Assurance

The questionnaire was translated first into working language and back to English to assure its consistency. The questionnaire was pre-tested on 5% of CSW in Bako town. This was done to assess for clarity of questions, their sensitiveness as well as understanding of the study subjects about the questions. Discussion was held between principal investigators and data collectors, based on the result of the pre-test and accordingly, some amendments were made. Two days training was given to the supervisors and data collectors on the procedure and how they handle sensitive questions. Data were checked for completeness, accuracy, clarity, and consistency by the supervisors and principal investigator on daily basis. Any error or ambiguity and incompleteness were corrected accordingly.

In Addition to Assure the Quality Of Data

Supervisors and data collectors were selected based on their abilities and skills

Data collectors were trained by investigators about the objective of the study and ways of data collection

Data collectors were encouraged to have a field work diary to put all the notes of the field work for latter consideration.

Each data collector and supervisors was checked the questionnaire for completeness before winding up the interview with each study participants.

Principal investigator had rechecked 10% of the questionnaire at the end of each data collection day.

Data Management and Analysis Procedures

Data was first interred to Epi Info 7 and exported to SPSS statics version 20.0 for analysis. Frequencies, Proportions, mean and summery statics was used to describe the parameters investigated. Association between dependent and independent variables were assessed and presented using odd ratios and confidence intervals.

Ethical Consideration

The ethical clearance for this study was secured from Wollega University, College of Health Sciences, Department of Nursing and Midwifery. A formal letter was written to all concerned authorities and permission was secured at all levels from participants. The data obtained from the participants were accessible to the investigators and data collectors only. All questionnaires and samples were given code numbers. All data were transferred to a password protected personal computer. Confidentiality was maintained during pronouncing their HIV test result. Medical lab professional who performed the test pronounced the result to the participant after counseling her.

Beneficence to participants: The research may not give a more concerns than the before but it later may used to revise the support system to modify it, as it is preferable for commercial sex workers all over in Ethiopia.

Non- Malifcence to participants: The pain elicited during sample collection which was done after convincing the participants.

Voluntariness: the participation of individuals in this study was entirely voluntary. Individuals can choose not to participate. This not affect their support what they get from government or non-governments.

Result

Sociodemographic Characteristics of Respondents

A total of ninety one respondents participated in the study. Respondents of the research were from age group 16-26 with the mean age of 20.8 years. From the study participants 52.7% were grown up in rural kebeles in the different areas of the country. Thirty nine (42.9%) were protestant Christians, forty three (47.3%) were orthodox Christian, nine (9.9%) were Muslim religion followers. Regarding educational status, 15(16.5%) of them cannot read and write 9 (9.9%) can read and write, 43 (47.3%) attended 5-8 grade, and only 4.4% of the respondents attended college and University. The minimum income from the work is 500 while the maximum is 3000 Ethiopian Birr/Month.

Table1: Socio-Demographic Status of Commercial Sex Workers in Wollega Zones, Ethiopia.

Variable	Category	Frequency	Percent
Age of respondent	<18	16	17.6
	19-26	75	82.4
Ethnicity	Oromo	80	87.9
	Amhara	3	3.3
	Others	8	8.8
Marital status	Married	3	3.3
	Single	59	64.8
	Divorced	28	30.8

	Widowed	1	1.1
Educational status of respondents	Cannot read and write	15	16.5
	Can read and write	9	9.9
	Grade 5-8	43	47.3
	Grade 9-12	20	22.0
	College and above	4	4.4
Place where grown up	Urban	43	47.3
	Rural	48	52.7
City of residence	Nekemte	22	24.2
	Ghimbi	37	40.6
	Nedjo	14	15.4
	Shambu	18	19.8
Religion	Orthodox	43	47.3
	Muslim	9	9.9
	Protestant	39	42.9
Occupational before CSW	No work	17	18.7
	Farmer	2	2.2
	Student	41	45.1
	House maid	15	16.5
	Waiter	16	17.5
Other income than CSW	No	87	95.6
	Yes	4	4.4
Now living with	Live with husband	1	1.1
	Alone/rental	42	46.2
	With friends in the hotel dorm	48	52.7
Place of your work	Hotel based	62	68.1
	On call where the customer preferred	23	25.3
	Going to customers house	6	6.6
Reason why engaged in CSW	Poverty/lack of money	23	25.3
	Peer pressure	23	25.3
	Death of parents	8	8.8
	Family conflict	29	31.9
	Dismissal from school/University	8	8.8

When asked about their sexual debut, the minimum age of their sexual debut is 12 years while the maximum is 21 years with the mean age of sexual initiation is 16.3 years. The participants have minimum of one year and maximum of eight years work experience. Seventy percent of the respondents replied as they mostly have 2-3 customers in a day. Sixteen percent of the women has

boyfriend with whom they do not use condom, otherwise they always use condom during sexual intercourse. They ask minimum of 200EBirr and maximum of 500Birr and they have always asked 50EB for the owner of the Hotel as what they mentioned as 'mewucha'. Eighty five percent of the participants reported as they can use substance.

Table2: Social and Behavioral characteristics of the participants in western Oromia, 2019.

Variable	Category	Frequency	Percentage
Sexual debut	<18	86	94.50
	>18	5	5.50
Reason of sexual debut	Love/friendship	51	56
	Marriage	11	12.1
	Raped	24	26.4
	Business/CSW	5	5.5
Age at start of CSW	<18	44	48.4
	19-26	47	51.6
How often do you use substance	Always	36	39.6
	Sometime	28	30.8
	When I get it	27	29.7
Pregnancy and Delivery	Got pregnant	35	38.5
	Delivered	23	65.7
	Abortion	12	34.3
Use of other contraceptive methods	Used	81	89.0
	Not used	10	11.0
Contraceptive methods used	Pills	14	15.4
	Depo/injectables/	57	62.6
	Implants	10	11.0
Reason of use of the contraceptives	As back up if condom breaks	32	39.5
	To delay menstrual flow	49	60.5

Sexual exploitation among commercial sex workers in western Oromia.

While discharging their work demand, forty four percent of the respondents reported as they have experienced at least one type

of violation of their right (figure 2). Few participants reported attempt of oral and/or anal sex during their stay in the work industry. Regarding their use of any drug prior sexual activity, none of the respondents use other drugs to stimulate or strengthen them.

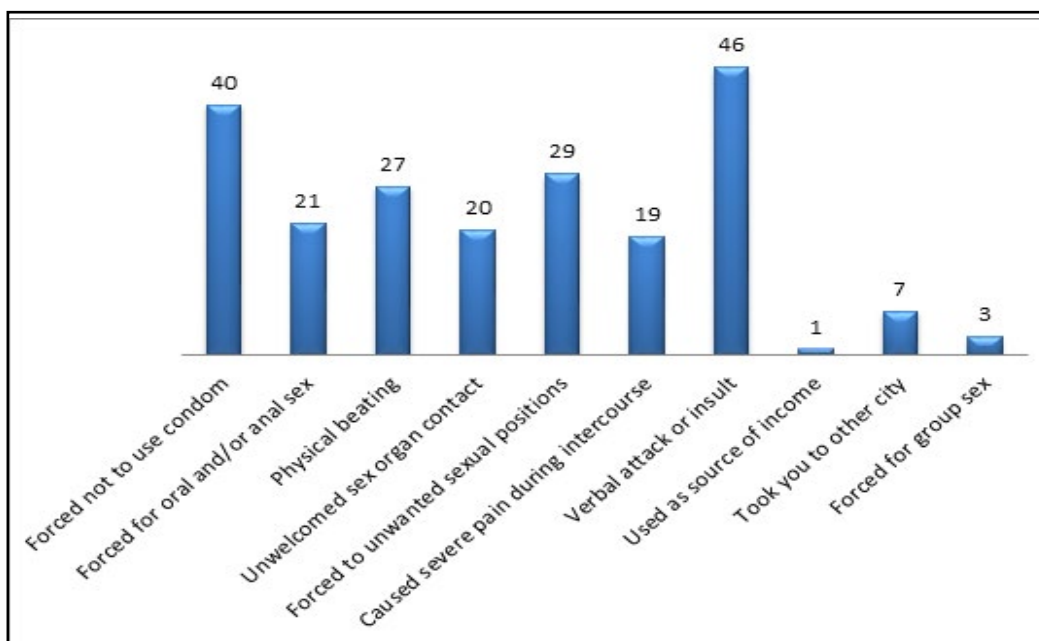


Figure 2: Sexual exploitation among commercial sex workers in western Oromia.

Only 2.2% of the respondents were not willing to quit their current job, while majority of them are willing to leave the job even if they get less paid job sufficient to sustain their live. More than a quarter 16.5% of the respondents had problem of sexually transmitted disease. Among the symptoms of STDs 15 participants reported vaginal discharge, 8 and 7 women reported burning sensation during urination and frank pain.

Among participants of the study, 91.2% have given consent and tested for HIV while the remaining reported that they were tested recently at less than three months duration. Among the tested women, 8.8% were reactive for the test of HIV/AIDS.

Regarding the physical violence during sexual intercourse, women from rural background had risk of 3.45 times (95% CI 1.133, 10.529) when compared with the women from urban background.

Those commercial sex workers who did not use substance experience painful sexual intercourse 3.55 times than those who use substance before sexual intercourse. (95% CI 1.102, 11.47) Women that used other contraceptives were 7.179 times protected against physical abuse 7.179(1.788,28.823).

Qualitative Part of the Study

As the topic is sensitive, and the respondents are rare and difficult to obtain, we explored sexual information using a qualitative method to triangulate the data and get deep understanding of their work experiences.

Characteristics of the Participants

An open-ended interview guide with probing questions was used to gather information from eight respondents by conducting in-depth interview. Age of the respondents range from 19-28 years and three of them were married.

Table: Socio-Demographic Profile of Commercial Sex Workers in Western Oromia Towns, 2018

Respondents	Respondent's town	Age of the respondent	Years of experience as CSW
1	Ghimbi	18	2
2	Nedjo	24	1
3	Nekemte	20	2
4	Shambu	22	1
5	Shambu	25	1
6	Nekemte	19	3
7	Ghimbi	23	2
8	Nedjo	23	11 months

Initiation into Commercial Sex

The interviewer has wanted to know how they came to start commercial sex as a living in this town. From the following respondent and others, it became clear that poverty and joblessness is one clear factor that is forcing the young girls engage in commercial sex.

“First, I moved to a small town near to this town. I am living with my friend planning to start a small business such as coffee/tea . Unfortunately, we did not get anybody to support us to start the business in that town. While we are struggling to return back to our family, we found one young man and he promised us to support us to start the same business in another town, and he took us to this town. However, by that first night he took us to one hotel and discussed with the owner of the hotel and told us to start the sex work business. Since we know nobody, we were forced to start this work and still we are here doing the same business.” (Participant 1)

It is well understood that marriage is very important in preventing women from many dangerous works and lifestyle. When family breakage happens, many complications will emerge as we can understand from the following woman's lived experience.

I was a respected wife of one child and was living with my husband. After two years of my baby birth, we quarreled with my husband, and I took my baby to my mother, and came to this town to live and I decided to begin in this work to get money for surviving. (Participant 2)

There are different reasons that the participants mentioned as the cause for them to start commercial sex work; conflict with parents, lack of other work, dismissal from University and peer pressure.

Other respondents indicated they joined commercial sex work because of conflict with their family; parents and/or husbands.

Experiences of the Participants Regarding Customers' Behaviors

Commercial sex work is high risk work for sexual transmitted diseases including HIV/AIDS. Consistent and appropriate utilization of condom can prevent them from STD and unwanted pregnancies. Though the women are willing to use condom to protect themselves, the behavior or willingness of their customers matters. The participants shared us their experiences regarding

behaviors of their customers regarding condom use. We have also wanted to know overall behaviors of the customers. All of the eight participants had more or less similar experience from their customers with regard to condom use and other behaviors during sexual intercourse.

Young customers, especially students are not adhered to preventive measures. They ask you to perform sex without using condom, want to use different sexual positions, and unpleasant sexual activities like oral/anal sex and even they do not pay you well. Older customers, especially the married, behave well as long as you satisfy them, and they pay you well and are constant customers. They use condoms regularly, probably because they care for their wives, and families.

Condom Utilization by CSW

When asked about condom use all of the respondents except three replied as they are using condom regularly and consistently despite the request from their customers not to use it. If the customer persisted not to use condom, we will complain and call the Hotel owner and will do the business with that customer. The two participants said they use condoms with customers but with their boyfriends they did not use condoms. One 28 years respondent mentioned that she can forgo the use of condom with her regular customers as well.

Self-Protection Behaviors From Participants

The governmental health institutions perform HIV/STI screening free of charge for commercial sex workers and the municipalities of the towns force the hotels in which the participants work to sent the women to health facility and let them be tested for HIV/STI., usually every three months for HIV/AIDS.

The respondents were asked about regular HIV/AIDS test, and STIs screening, and their responses are summarized as follow:

We were having an HIV test every three months. However, recently they (healthcare workers) have stopped giving us the test. When we go for HIV/AIDS they also ask us symptoms like painful sexual intercourse, burning during urination and vaginal discharge.

Almost all participants know the symptoms of STIs like burning during urination, painful sexual intercourse, and vaginal discharges.

Sexual Exploitations Experiences of CSW

A 20 years old participant shared with us her experience of violence during her regular work life.

Almost every customer abuses you verbally. Some customers especially when they are intoxicated by consumption of alcohol, abuse you physically like either by beating, slapping and compressing our breast. Some customers after getting satisfied, they try to change position and when you resist they can abuse you, I had such experience.

From their single income they pay 50 Birr for “mawucha”; the payment that CSW female must pay for the hotel or the bar owner

just because they use the hotel room even if it is for “short” while the regular payment for the room is secured by male.

Discussion

In this study 64.8% of the commercial sex workers were single women and more than half of them, 52.7% were grown up in surrounding rural areas and moved to nearby towns.

Majority of the sex workers reported that they use hotel in which they are residing in a group as a dormitory, while others live in their rental house and work in specific hotel at night. They reported that they will pay what they call ‘mewucha’ for the hotel when they get the room from the Hotel. Only few of the sex workers, who found to be well economically mentioned that they can bring their clients home for their work, otherwise, others do not like to take customers to their home because they are at risk for violence/ exploitation by their customer. The study from Uganda has also shown that the women who have financial freedom will take their customers to home and have better opportunity to negotiate safe sex. Similar to our finding the sex workers who totally depend on sexual work for survival work in hotels and have less chance for negotiation [17].

According to this study 44% of respondents were forced not to use condom during intercourse which is less than the study conducted in northern Ethiopia in which 55.6% of the participants were pressured to have sex without condom. In our study 23.1% of the commercial sex workers were forced to engage in uncommon sexual modalities like oral and anal sexual intercourse. In northern Ethiopia 52.4% of commercial sex workers were forced to be involved in uncommon sexual practices. These differences might be possible because the study in Northern Ethiopia has had higher number of participants. In our study, 22% and 29.7% of the respondents had unwelcomed genitalia touching and had physical injury by their customer respectively. The study from Northern Ethiopia showed 60% and 45.6% response of the same variable [18].

Thirty one percent of the participants engaged in commercial sex work after divorce and had economic problem because of the divorce in this study. These numbers is less when compare with Senegalese study were 63% of sex workers were divorce and had economic problem to enter sex work. This might be because divorce is not common in the study area. However, it is now increasing [19].

Our study revealed as 29.7% of the respondents were physically abused and 50.6% of them were verbally abused. These findings are far smaller when compared to the study from India in which 38% were abused physically and 98.7% of them had verbal attack. These differences might be because of the time difference as many things are changed now than before and may be cultural differences may exist [20].

The findings of our study showed the overall prevalence of STIs

was 16.5%. This finding is consistent with a study conducted in Malawi among CSW that reported 20% of STDs. When compared with a result from Addis Ababa where prevalence of STD was 47.9% our finding is lower. The probable reason for this discrepancy might be time of the study; recently the participants are getting more awareness than before so that they are more protected (21).

Conclusion and Recommendations

Conclusion

Many factors forced women in the study area to enter sex work. Lack of work (joblessness), marital breakdown, conflict with parents, dismissal from education and peer pressure are among the factors. Majority of the participants were verbally abused during their business and even in their daily lives. Unusual sexual practices like oral and anal sex were practiced in the study area on few participants but the practice emerged in the study area. Condom utilization among the commercial sex workers is good. However, most of the customer's request not to use condom. The commercial sex workers participated revealed that they do not have regular screening for HIV/AIDS and they are exposed for STDs including HIV/AIDS. Most of the participants use self-treatment for STDs. Almost all participants are willing to stop this business in the future even if they find small business to sustain their live.

Recommendations

Based on the results of the study, the following recommendations are set for different stakeholders.

Health bureau of the town: Commercial sex workers must have regular HIV/AIDS testing to be involved in the business, so it is recommended if the bureau perform testing regularly.

Women affairs of the town: The office must work to ensure right of the women engaged in the business since their customers are violating their rights.

Security of the town: The security of the town have to check living status of the commercial sex workers, since most of them are living in substandard living room of the hotels.

Researchers: The action oriented researches are needed to identify multiple problems of the commercial sex workers in the study area.

Wollega University: Based on the finding, almost all of the commercial sex workers are willing to leave this business. So the university can create more safe work for these participants.

Strength

The study has focused on sensitive issue of rare population.

Limitations

Since the study was cross-sectional it cannot demonstrate direct cause and effect between dependent and independent variables.

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