National University of Rwanda

Universite Nationale du Rwanda

SCHOOL OF PUBLIC HEALTH
ECOLE DE SANTE PUBLIC

University Avenue
Tel: +250 585 166
Fax: +250 500 014
BP 5229, Kigali
Rwanda
Email: infosph@nursph.org
Website: www.nursph.org

THE ATTITUDES AND PRACTICES OF THE POPULATION OF THE CITY OF KIGALI

TOWARDS FEMALE SEX WORKERS AND THEIR IMPACT ON THEIR HEALTH

A dissertation submitted in partial fulfillment of the requirements for the award of a Master's Degree in Public Health

By:Ms. GAHIRE KANKINDI B. Rose

Supervised by:

Professor MUNYANSHONGORE Cyprien

Kigali, October 2013

TABLE OF CONTENTS

EXECUTIVE SUMMARY 1

RESUME 2

DECLARATION 3

DEDICATION 4

ACKNOWLEDGEMENTS 5

ACRONYMS 6

LIST OF TABLES 7

CHAPTER ONE: GENERAL INTRODUCTION 8

1.1 Definition of key concepts 8

1.2 Background to the study 10

1.3 Problem statement 11

1.4 Rationale of the studty 12

1.5 Study area 13

1.6 Literature review 13

1.7 Specific objectives 21

CHAPTER TWO: RESEARCH METHODOLOGY 22

2.1 Study Design 22

2.2 How to achieve specific objectives 22

2.3 Study Population 23

2.3.1 Determination of sample size 23

2.3.2 Sampling Techniques 23

2.3.3 Data collection techniques 24

2.3.4 Data analysis plan 25

2.4 Ethical considerations 26

2.5 Findings utilization 26

CHAPTER 3: FINDINGS 27

A.QUANTITATIVE APPROACH 27
3.1. Socio-demographic characteristics of the respondents 27
3.2. Attitudes of Kigali City's population towards female sex workers 30
3.2.1 Attitudes towards FSWs by the general population 30
3.2.2 Attitudes of FSWs themselves 31
3.3. Practices towards female sex workers 32
3.3.1 Practices of violence suffered by city of Kigali's Practicing FSWs from their clients 32
3.3.2 Practices towards FSWs by law enforcement personnel 33
3.3.3 Practices towards FSWs by the medical personnel 33
B.QUALITATIVE APPROACH 35
4.1 Attitudes of Kigali City's population towards female sex workers 35
4.1.1 Attitudes towards FSWs by the general population 35
4.1.2 Attitudes towards FSWs themselves 35
4.2. Practices towards female sex workers 36
4.2.1 Practices towards FSWs by their clients 36
4.2.2 Practices towards FSWs by law enforcement personnel 37
4.2.3 Practices towards FSWs by the medical personnel 38
CHAPTER 4: DISCUSSION OF RESULTS 39
4.1. Attitudes of the population towards FSWs in Kigali City 39
4.2. Practices towards FSWs in Kigali City 40
4.3. Occupation risks experienced by FSWs in Kigali City 41
4.4 Analysis on the impact of criminalization of SW towards the health of FSWs 41
CONCLUSION 43
RECOMMENDATIONS 44
REFERENCES 45
ANNEXES 46

EXECUTIVE SUMMARY

Problem statement: In 2012, Rwanda estimated 9822 female sex workers ("**FSWs**") in the country. The real situation could not be ascertained due to lack of adequate data on the hidden population of sex workers in Rwanda. Even though sex work is illegal in Rwanda and penalties are in place, it is still prevalent, especially in urban areas, most especially in Kigali City.

Research objective: To explore attitudes and practices of the population of Kigali City towards FSWs.

Methods: This study was descriptive and cross sectional with quantitative and qualitative approaches. The quantitative approach plotted frequencies about both attitudes and practices of the population towards FSWs. The qualitative approach introduced qualitative insight regarding the public attitudes and practices towards the FSWs. The study included 80 participants, among them 12 former sex workers, 12 practicing sex workers (as at the time of the study), 10 health care providers, 10 law enforcement officers and 36 peasants from the general population.

Results: 50% of the general population considered sex workers as social deviants, 33% as sexual deviants, and 17% as carriers of sexually transmitted infections ("**STIs**"). FSWs acknowledged this attitude from the population and 67% of the FSWs indicated that they intended to quit sex work. It was noted that FSWs are sexually, physically and psychologically violated by their clients who consider them as sex objects, which means that they are prone to all kinds of violence. In addition, law enforcement personnel criminalize and pursue them everywhere and go as far as physically assaulting them in public and in some cases refuse to offer the FSWs medical care when in jail. Furthermore medical personnel would also either refuse to offer care at all, or give care after rebuke or give them undue care after they were identified as sex workers.

Conclusion: The city of Kigali population views FSWs as sexual deviants, social deviants and carriers of STIs, which leads to their degradation and stigmatization by health care and law enforcement personnel and the general public. Behavioral change programs targeting young girls to avoid indulging in early sex; promotion of girl-child education to empower them both socially and economically; sensitization of city of Kigali population, law enforcement and medical personnel to change attitudes and practices towards female sex workers; behavioral change intervention targeting FSWs to encourage them to seek health care; and legalization of sex work in Rwanda as a way of protecting sex workers; need to be addressed to eliminate female sex workers' different forms of mistreatment.

RESUME

Etat de la question: En 2012, Le Rwanda estimait environ 9822 femmes travailleuses du sexe. La situation réelle ne pouvait pas être connue à cause de l'absence des données sur la population des travailleuses du sexe qui est cachée. Même si le travail du sexe n'est pas légalisé au Rwanda et que les pénalités sont en place ; il reste toujours prévalent, spécialement des les milieux urbains, dont le premier est la Ville de Kigali.

Objectif de la recherche: Explorer les attitudes et pratiques de la population de la Ville de Kigali envers les femmes travailleuses du sexe.

Méthodes: Cette étude était descriptive, transversal avec les approches quantitative et qualitative. L'approche quantitative avait montre les fréquences des attitudes et pratiques de la population envers les femmes travailleuses du sexe. L'approche qualitative est venue avec l'aperçu qualitatif a propos des attitudes et pratiques envers les travailleuses du sexe.

L'étude comprenait 80 participants, parmi lesquels 12 anciennes travailleuses du sexe, 12 pratiquantes du sexe, 10 personnel des soins de sante, 10 responsables de l'application de la loi et 36 paysans issus de la population générale.

Résultats: 50% de la population générale considéraient le travail du sexe comme une déviation sociale, 33% comme une déviation sexuelle et 17% comme porteuses des ISTs. Les femmes travailleuses du sexe reconnaissent cette attitude de la population et 67% étaient prêtes a quitter ce métiers. Les femmes travailleuses du sexe étaient entrain d'être violées sexuellement, physiquement et psychologiquement, par leurs clients qui les considéraient comme vendeuses du sexe ; ce qui signifie qu'elles sont sujettes à n'importe quel type de violence. Les responsables de l'application de la loi étaient entrain de les criminaliser et les chasser partout jusqu'à être battues en public et leur refuser de se faire soigner quand elles étaient détenues. Le personnel médical soit leur refusait les soins, les procurait des soins après des réprimandes ou des soins qui n'étaient pas complets ; après avoir su qu'elles étaient travailleuses de sexe.

Conclusion: La population rwandaise voit les femmes travailleuses du sexe come déviantes sexuelle, sociales et porteuses des ISTs ; ce qui fait objet de stigmatisation, dégradation et taquineries par le personnel de sante, responsables de l'application de la loi et les propriétaires des maisons. Les programmes de changement de comportement ciblant les jeunes filles pour éviter les rapports sexuels précoces ; la promotion de l'éducation des filles pour leur renforcer socialement et économiquement ; la sensibilisation de la population de la Ville de Kigali, le personnel de l'application de la loi et le personnel médical à changer les attitudes et pratiques envers les travailleurs du sexe ; les interventions de changement de comportement ciblant les femmes travailleuses du sexe envers la demande des soins médicaux ; et légalisation du travail du sexe au Rwanda comme moyen de protection des travailleurs du sexe ; ont besoin d'être abordés pour éliminer les différentes formes de maltraitance à l'égard femmes travailleuses du sexe.

DECLARATION

I GAHIRE KANKINDI B. Rose, declare that the work contained in this thesis has not been submitted for any award at any other education institution. To the best of my knowledge, this thesis contains no material previously published or written by another person except where due reference is made.

Signature:-------------------

GAHIRE KANKINDI B. Rose

Date:……………………

DEDICATION

To the almighty God who gave me courage and strength to persevere when times were hard.

To my children Charity, Betty, Lilian, Ian, Allan and Egid who encouraged me throughout my study.

To all grandchildren David, Tiffany, Asante Sophia and Ayana, whom I love very much.

ACKNOWLEDGEMENTS

I wish to extend my warm and sincere thanks to the Government of Rwanda, the National University of Rwanda, in particular the School of Public Health, for the academic services offered to me and the support and encouragement given to me throughout the research period for this dissertation.

Secondly, I extend my thanks to my supervisor, Professor Munyanshongore Cyprien for his good humour and academic guidance without which this thesis would not have been realized.

Thirdly, I would like to thank all men and women who kindly gave their time to participate in this research paper. My sincere thanks to women who shall remain nameless, who assisted me in accessing their friends and colleagues.

Finally, thanks to my workmates and friends for their tolerance of all my absences and preoccupations over the time allocated to this dissertation.

GAHIRE KANKINDI B. Rose

ACRONYMS

AIDS	**:** Acquired Immune Deficiency Syndrome
ARVs	**:** Anti-Retroviral Drugs
BSS	**:** Behaviour Surveillance Survey
CEDAW	**:** Committee on the Elimination of Discrimination against Women
CRR	**:** Constitution of Republic of Rwanda
CSW	**:** Commercial Sex Work
CSOs	**:** Civil Society Organizations
EDPRS	**:** Economic Development and Poverty Reduction Strategies
FGDs	: Focus Group Discussions
FSW	**:** Female Sex Workers
HIV	**:** Human Immunodeficiency Virus
IGAs	**:** Income Generating Activities
MARPs	**:** Most- At- Risks Populations/Key Populations
MPs	**:** Member of Parliaments
MoH	: Ministry of Health
MINIJUST	**:** Ministry of Justice
NGOs	**:** Non-Governmental Organizations
OL	**:** Organic Law
PH	**:** Public Health
STI	**:** Sexually-Transmitted Infection
UNAIDS	**:** United Nations Programme on HIV/AIDS
UN	**:** United Nations
USA	**:** United States of America
WHO	**:** World Health Organization
CNLS	**:** Commission Nationale de Lutte Contre le Sida
SW	**:** Sex Work

LIST OF TABLES

Table 1. Socio-demographic characteristics of respondents 28

Table 2. Attitude of the city of Kigali's general population towards FSWs 31

Table 3. Frequencies of respondents' consideration to quit sex work 32

Table 4. Forms of Violence suffered by city of Kigali's Practicing FSWs from their clients 32

Table 5. Forms of Violence suffered by city of Kigali's FSWs by law enforcement personnel...33

Table 6 Observations of the FSWs towards treatment of medical personnel...............................34

Table 7 Frequencies by which FSWS consult medical personnel 34

CHAPTER ONE: GENERAL INTRODUCTION

INTRODUCTION

The present chapter provides the background information of the study. It describes the statement of the study and presents the overall aim of the study as well as the specific objectives. The present chapter gives an insight into the research question to be addressed by the study; defines the scope of the study, as well the significance of the study; and terms used in the course of the study.

1.1 Definition of key concepts

1.1.1 Sex work/Prostitution

Sex work is defined as work completed by any person who exchanges sexual services for economic compensation such as money, drugs or alcohol (Bernstein, 2007). This term is used interchangeably with sex worker or "a prostitute" which by definition prostitution also means the sale of sexual services for money, goods, services, commodities or other remuneration (Sandra et al, 2010).

The definition has been extended to include someone who exchanges sex or sexual favors for money, drugs or other desirable commodities (Dalla, 2000). Unlike the word 'prostitute' with its connotations of shame, unworthiness, or wrongdoing, the term 'sex worker' tries to suggest an alternative framing that ironically radicalizes the sex worker identity to normalize prostitutes as 'service workers' and 'care-giving professionals'.

In the Rwandan context, for any sexual service to qualify as an act of prostitution, regularity is emphasized as the present Rwandan penal code defines prostitution to mean involvement by either a man or woman in sex work as an occupation in exchange for consideration (Article 204, Organic Law N° 01/2012/OL of 02/05/2012 instituting the penal code).

1.1.2 Sex worker

A sex worker is commonly defined as a consenting female, male, or transgender adult and a person over the age of 18 who receives money or goods in exchange for sexual services, either regularly or occasionally (Wendy Lyon, 2011). The definition of sex workers can be extended to include persons involved in sexual and sensual activities that can be characterized as 'sex work', to include people who sell pornography, exotic dancers, and massage parlor workers, for reasons that sex work at times involves little or no direct contact with clients for instance pornographic film actors, phone sex operators, adult magazine models and exotic dancers (Koken et al, 2004).

For purposes of this study, the sex workers discussed herein are only consenting female adults over the age of 18 years who regularly engage directly with their clients for sexual services in exchange for economic compensation.

1.1.3 Criminalization

The term 'criminalization' is used throughout this document to refer to punitive measures imposed on sex workers or their clients for engaging in prostitution (whether *per se* or in violation of the conditions of legalized regimes), or for unlawful associated activities.

1.1.4 Legalization

The term legalization refers to a system of criminal regulation and government control of prostitution, wherein certain prostitutes are given licenses which permit them to work in specific and usually limited ways. Although legalization can also imply a decriminalized, autonomous system of prostitution, in reality, in most "legalized" systems the police are relegated the job of prostitution control through criminal codes. Laws regulating prostitution businesses and lives, prescribing health checks and registration of health status (enforced by police and medical agencies), telling prostitutes where they may or may not reside, prescribing full time employment for their lovers, etc. Prostitute activists use the term legalization to refer to systems of state control, which defines the term by the realities of the current situation, rather than by the broad implications of the term itself.

1.1.5 Decriminalization

Decriminalization is usually used to refer to the repeal of laws against consensual adult sexual activity, in commercial and non-commercial contexts. (Prostitutes' rights organizations such as US PROS, and English Collective of Prostitutes prefer to refer to 'the abolition of laws against prostitutes').

1.1.6 Attitude

Attitudes refers to the manner, disposition, feeling, position, etc. with regard to a person or thing; tendency or orientation, especially of the mind.

1.1.7 Practices

Practices means to do or perform habitually or customarily; make a habit of something.

1.2 Background to the study

Sex work has been anomalously positioned in society throughout history and has been referred to as a social evil, especially by women, who are generally regarded in that social category of women who do not adhere to sexual and other behavior norms, who are pitied and despised. They are excluded from mainstream society, and the outcast status denies them any kind of protection from abuse, which protection is given to other citizens (Bindman, 1997).

The outcast status denies them whatever international, national or customary protection from abuse is available to others as citizens, women or workers. This social exclusion renders the prostitute vulnerable to exploitation and by dismissing the entire sex industry as abusive, it also obscures the particular problems and violations of international norms within the industry which are of significant concern to sex workers (Ibid).

The lack of international and local protection renders sex workers vulnerable to exploitation in the workplace, and to harassment or violence at the hands of employers, law enforcement officials, clients and the general public. The need for work protection, including occupational

health and safety provisions, is of particular relevance in the current context of HIV/AIDS. Sex workers without rights in their place of work are uniquely vulnerable to infection with HIV and other sexually transmitted diseases, as they routinely lack the information, materials or authority to protect themselves and their clients.

1.3 Problem statement

A study to ascertain the size of the sex worker population in Rwanda was carried out in 2010 and it estimates that there are 9822 female sex workers in Rwanda (RBC/IHDPC, 2010).

Different countries have taken various approaches with a significant shift away from prohibition and punishment towards, legalization and decriminalization of sex work. Rwanda has opted for the criminalization of sex work under the present penal code. Article 221 of the Rwandan Penal Code stipulates that: "Any person who practices the profession of prostitution shall be liable for a term of imprisonment ranging from six months to three years and a fine ranging from fifty thousand to five hundred thousand Rwandan francs".

By criminalizing sex work Rwanda hopes to significantly reduce the number of sex workers. But the problem still remains as it is evident that deterrence does not do away with the crime completely, so existence of harsh punitive measures does not give a complete guarantee that criminalization of sex work will do away with sex workers.

Though this approach may reduce soliciting openly by sex workers, their clients may choose less visible ways of making contact, which in the long term coupled with other underlying reasons (as seen above) sex workers may persist as they may choose to operate from private premises.

It is evident that many of the occupational health and safety issues faced by sex workers are not unique to sex work, and risk factors are often shared with other occupations. For example in the context of the sex industry work place violence has been documented by a number of authors (Harcourt et al., 200, Plumridge & Abel, 2001; Woodward et al., 2004).

Sex work often involves the emotional or physical care of others, interacting with the public, working alone, working evenings, going into clients' homes, exchanging money, refusing to provide a service, and contact with individuals who are under the influence of drugs or alcohol (Leblanc & Kelloway, 2002). However, as these authors assert, at this time it is difficult to know

how common worker related violence is in the sex industry, but still it is likely that variations in prevalence between different types of sex work may be related to those background factors.

Though sex work involves men as it involves women, women are more likely to experience verbal and sexual abuse while men experience more overt threats and physical assault (Mayhey, 2005). However, in gender balanced workplaces, violence is more likely to be directed to women rather than their male counterparts (Boyd, 2002; Minor-Robino & Cortina, 2004).

Under the EDPRS II, Rwanda targets to improve on demand and access to health care services, and hopes to boost its economy by ensuring that special needs of the Rwandan population are addressed. Under this approach, it targets to reduce gender based violence, and maternal related problems, which are considered key targets. Where female sex workers are part of the female population, its operationalization may be somehow problematic as female sex workers who may have health concerns related to sexual violence (encountered in their daily life as sex workers) may not be addressed as they cannot reach out for health services for fear of being prosecuted or being stigmatized or rebelled. Therefore, our research question is: "*What are the attitudes and practices of the Kigali City population towards FSWs and their impact to their health?*"

1.4 Rationale of the study

Generally this research paper will attempt to provide analysis on the extent to which the attitudes, practices and the legal framework of the city of Kigali's population affect the health of female sex workers in Rwanda.

The study will serve as reference to future policy makers and legislatures and will influence future planning of strategies for services targeting this group, to be more appropriate and effective for health related initiatives to FSWs.

The research will make the case for better managing of FSWs in Rwanda.

The research will serve as future reference for researchers and academicians.

1.5 Study area

The research was limited to the three districts of city of Kigali comprised of Gasabo, Nyarugenge and Kicukiro districts. The City's urban area covers about 70% of the municipal boundaries and having 30% being rural.[1]

City of Kigali is presently inhabited by approximately one million inhabitants with the youth making up about 60%, and with women making up slightly more than 50%.

According to the 2012 population census provisional results, Gasabo District has the highest population (274,342 males and 256,565 females), followed by Kicukiro (162,755 males and 156,906 females) and lastly Nyarugenge (148,242 males and 136,578 females). 27.7% of the households in the city of Kigali are female headed households, 10.3% are headed by people with disabilities while 19.3% are headed by widows.

1.6 Literature review

Global View on Prostitution

Prostitution or sex work has been documented in most societies throughout history, from brothels in Greece in the fourth century BC, to narratives of Ishtar the Mesopotamian goddess of fertility, who was associated with prostitution (Bullough & Bullough, 1993; Hamel, 2003). However, the institutional contexts within which sex work occurs, the moral and social constraints that impact on sex work and the health of sex workers themselves, vary from society to society and over time (Charrot Seib RB Grad Cert, 2007).

To Charrot Seib, among other factors, legislation, dominant morality, the HIV /AIDS epidemic and feminist theory influence the ways in which sex workers are viewed in society. She asserts that sex work continues to divide feminist thinking, with the main divisions related to whether sex work is defined as degrading and undertaken by women who have no other options, or whether sex work is considered to be a reasoned and legitimate work ‘choice’. For that matter,

[1] See description of the city of Kigali available at : http://www.kigalicity.gov.rw/spip.php?article2

sex work is increasingly being perceived as a social and political problem, whilst sex workers themselves are stereotyped for their deviant sexual behavior.

The idea of choice in prostitution (Jeffreys, 1997) is meaningless as prostitution is essentially about men. Socialist feminist have argued that sex work allows women who would otherwise have worked in poorly paid occupations to make large sums of money. The lack of equal employment opportunities and discriminatory economic climate are some of the underlying factors behind choosing sex work.

Sexual roles are strongly influenced by religion or societal inborn morals which define sex work as a form of deviant sexuality. Pro sex worker feminists argue that it is the people's difficulty in accepting the view that some women stay in the sex industry because they enjoy the work, and so pro sex work feminists have identified sex work as a form of paid labor, to which they call for public protection particularly, the occupational health and safety of sex workers.

Though there are many industries like security and retail industries that are also exposed to violence, policies are developed to minimize such risks. The difference with female sex work lies in community perception about the morality of sex work and the nature and context in which the sex work occurs.

Global approaches to prostitution

Prostitution has been viewed differently over time and across different cultures, but the predominant view is that it constitutes a social problem which has led to adoption of different attempts to control, and sometimes attempts to eradicate it entirely.

Developed countries have introduced mechanism and strategies to manage sex work differently. Some countries like the USA and in the Middle East have taken a prohibitionist approach where all forms of prostitution are unacceptable and therefore illegal. (Mossman, 2007) to the contrary, countries like England and Canada have undertaken an abolitionist approach which is a modified form of prohibition which allows the sale of sex, but bans all related activities (e.g. soliciting, brothel keeping, and procurement).

To Mossman, Sweden is the only country so far to criminalize the buyers of sex rather than sex workers. The aim was to end prostitution, rather than regulate it since it was viewed as violence against women and a barrier to gender equality.

While some developed countries opted for abolitionist and prohibitionist approaches, others such as the Netherlands, Germany, Iceland, Switzerland, Austria, Denmark, Greece, Turkey, the USA state of Nevada, and many Australian states (Victoria, Queensland, ACT and Northern Territory) opted to legalize prostitution, in which case it is controlled by the government and is legal only under certain state-specified conditions including licensing, registration, and mandatory health checks. The underlying premise for legalization of prostitution is that prostitution is necessary for stable social order, but should nonetheless be subject to controls to protect public order and health (Mossman, 2007).

On the other hand some of the developed countries such as New South Wales (Australia) and New Zealand have adopted a decriminalization approach to prostitution by which all laws against prostitution are repealed or legal provisions that criminalize aspects of prostitution are removed (Mossman, 2007). In decriminalized regimes, a distinction is made between (i) voluntary prostitution and (ii) that involving either force or coercion or child prostitution.

Sex work related theoretical scholarships

The phenomenon of FSWs is a source of strong controversy among thinkers and between feminist theorists. Tamale observes that the theoretical literature on sex work is mostly grounded in feminist interpretation of gender and sexuality and she divides these in two major schools of thought.

According to Tamale, the first school of thought is opposed to prostitution for they view it as part of a gender based violence continuum. This school of thought condemns sex work on grounds that it equates to slavery and other forms of social oppression (Tamale, 2011). Different scholars in this school of thought such as Rubin (1975), Dworkin (1993), Mackinon (1987, 1993), Paterman (1988), Christen (1992) and Joffreys (1997) strongly argue against prostitution, holding that it is a manifestation of the exploitation of women's vulnerability (Tamale 2011).

The above mentioned theorists consider sex work to be fundamentally objectionable because, for them it involves women subordination in a way that by commercializing access to female bodies, sex work institutionalizes women sexual subordination and commodification.

Scholars like Tinsman are opposed to the above scholars' point of view and promote a second school of thought on the ground that like other women's work sex work is simultaneously structured by a global capitalist market and by gender relations (Ibid). To this, he holds that sex is central to the way in which all women are exploited in all forms of work.

Theorists like Kuhn and Wolpe, Barret (1980) have argued that the existence of interconnectedness between sex and capitalism means that it is impossible to distinguish women's subjugation in sex work from women in non sex work employment. Theorists like Bell (1994), Lisa (2000) and Larson (2006) all view prostitution as work that should be treated with the same rights and duties as any other work within the formal labor force (Tamale, 2011).

Law, policy and human rights issues related to commercial sex work

Some theoretical views on issues of law and human rights in sex work have been provided in the previous section. However, it is important to keep in mind that in Rwanda amidst a call to decriminalize prostitution, the national framework condemns prostitution with heavy penalties. To that effect, the present penal under Article 205 condemns anybody who engages in CSW in that such a person is liable to a term of imprisonment between six (6) months to two (2) years and a fine of fifty thousand (50,000) to five hundred thousand (500,000) Rwandan francs or one of these penalties.

Social and legal policies on prostitution that are based on sexual moralistic arguments are bound to fail. Some theorists characterize prostitution as a patriarchy tool that reflects societal control and regulation of female sexuality (Tamale, 2011).

Tamale quotes Shaver, 1994 for his assertion that "social and legal policies on prostitution that are based on sexual moralistic arguments (both overt and covert) are bound to fail". Commercial sex work should be evaluated not on the specificity of prostitution but on specificity of women (Tamale, 2011).

Scholars for prostitution find sex work within the human rights frame work, advancing arguments that sex workers are human beings who deserve the same rights and dignity that is accorded to all people. They argue that the health and safety of women who engage in commercial sex work is a question of rights similar to other rights like freedom of speech, education, housing, access to information and so forth (Ibid).

Scholars like Mensah and Brucket, (2012) argue for sex work on the grounds indicated below:

1. Criminalization fuels and fosters violence against sex workers: when sex work is criminalized, sex workers are vulnerable to violence and obliged to choose between their liberty interest and their right to personal security;

2. Criminalization undermines sex workers' access to justice: criminalization creates an adversarial relationship between law enforcement personnel and sex workers. As a result sex workers do not feel comfortable turning to the police when they are in need;

3. Criminalization hinders the ability to maintain physical and sexual health: Sex workers' ability to communicate openly and clearly with clients – including the ability to negotiate safe sex practices is restricted by law that prohibits communication for purposes of prostitution. Social judgment of sex workers is a significant barrier to sex workers' access to health care services. Sex workers face abusive and disrespectful attitudes from health care providers, which prejudices taint the health care providers' ability to adequately assess the situation and act appropriately. As a result sex workers may not receive the services they require and do not feel that they can be forthright without being subject to discrimination;

4. Criminalization denies sex workers the protection of labor laws: Sex workers are excluded from employment standards and legislation. As a result sex workers do not have health benefits, parental or family leave, retirement plans or vacation pay. Nor do they have recourse when they are wrongfully dismissed or discriminated against at work;

5. Criminalization limits sex workers' options: Sex workers who have been criminally convicted find themselves permanently labeled and many employers will not hire a former sex worker. In addition, many jobs are not available to persons with a criminal

record. Sex workers acquire many competencies in the course of their work including interpersonal, business, administrative and problem-solving skills. These competencies and skills are not recognized by employers and by community agencies providing employment assistance. Criminalization positions sex work as an illegal activity and pushes it into the shadows. This context dramatically reduces the options of workers who labor in those conditions. The hidden nature of the industry means that unscrupulous individuals can act aggressively and exploitatively with virtual impunity;

6. Criminalization takes away the right to sexual autonomy: Adult women, men and transgender persons freely consent to exchange sex for many different reasons including physical satisfaction, emotional reward, self-validation and financial benefit. There exists a continuum of socio-economic sexual exchanges from donation to payment. The commercial aspect does not justify a criminal justice response. All persons have the right to choose what they do with their bodies – they have the right to have a baby or have an abortion; to have sex for pleasure or for profit or for both;

7. Criminalization marginalizes and isolates sex workers: Sex workers are members of our communities. They are our mothers, fathers, sons, daughters, neighbors and friends. Criminalization undermines the ability of these citizens to be fully integrated into society. Partners, family members and others who are regularly in the company of a sex worker are vulnerable to being charged under the reverse onus crime of "living on the avails of prostitution.

   In effect, the law criminalizes personal relationships and therefore undermines the social integration of sex workers and street-based workers are particularly vulnerable to being alienated, ostracized and excluded from the communities in which they live and work. At times these workers are the objects of concerted efforts by vigilante community groups to displace them. It is difficult for sex workers to provide proof of their income. Without an institutionally recognized record of earnings it is very challenging to get access to credit like a mortgage or a car loan; even renting an apartment can be problematic;

8. Criminalization does not necessarily address harm: The prostitution laws are redundant. Very few provisions in the criminal code sanction those who harm, abuse or exploit sex workers;

9. Criminalization legitimizes discrimination: The very existence of 'prostitution' laws positions sex workers (and their partners, employers, drivers etc.) as inherently different from 'normal' citizens and in the process reaffirms and legitimates that perceived difference. Discrimination against sex workers appears justified. In current legal discourse, the identity of people who work in the sex industry is confused with the work they do. All other aspects of those individuals are negated and all their behaviors and relationships are evaluated through the lens of this one activity. This is precisely what stigmatization is. The idea that sex workers are powerless victims in need of salvation is often used to justify criminalization. This delegitimizes and silences sex workers at the same time as it renders their diversity, engagement and agency.

Other advocates for sex workers' rights highlight the fact that legal prohibition of sex work does not eliminate the exploitation of women or male domination over women. It does not abrogate the commodification of female sexuality, nor does it propose viable alternatives for women that engage in the trade. Tamale notes that Tinsman (1992) argues that prohibition attempts to eliminate a source of income without altering the economic realities that make sex work a primary source of income for women all over the world (Tamale, 2011).

Sex work literature in Rwanda

The available data on FSWs mostly concerns the health related outcomes of sex work, with emphasis on sexually transmitted diseases such as HIV and AIDS. Most of the writings on CSW shows how CSW is a diverse phenomenon. The recent survey on estimates of female sex workers in Rwanda (2012 Report) revealed not only the existence of FSWs in number but also showed their areas of operation. According to the report as the term "female sex workers" is mostly understood as those who work from venues and streets only, leaving out those working from home or other means, and as a result, estimates made during the assessment could not reflect the full range of the female sex workers at the site.

According to 2012 the site and population size estimation of female sex workers in Rwanda, the number of identified FSWs is 9822 in number varying from 2591 in the Western Province, 2395 in Kigali City, 2153 in the Southern Province, 1689 in the Eastern Province and 994 in the Northern Province. Operating in a total of 1873 identified hotspots and 1146 sites. Of the 2395 estimated number of female sex workers in Kigali City, the report indicates variations in

numbers to which 841 are for Nyarugenge District, 1017 are for Kicukiro District and 537 are for Gasabo District of which 58% of those are street based, 15% are home based and 27 % are venue based.

Although the existence of FSWs in Rwanda is no longer a denied issue, the question of how to address sex work is still a hanging topic of explicit policy debate today like it is in some other East African Community member countries. These debates occur within the context of public health, disputes of CSW on morality to which voices advocate for punitive measures against sex workers advancing justifications based on deviance and submissiveness of public morals (Binagwaho et al, 2010).

Reports have shown that in Rwanda, sex work is not limited to one gender; there are men and boy prostitutes whose clients are both women and men. But it is factual that majority of sex workers are female. A pattern linked to gender discrimination, which reduces for many girls access to education and training and thus their later opportunities in the formal economy (Bingagwaho, et al, 2010).

Binagwaho and co-authors, (in Health and Human Rights in Practice, 2010) confirmed that like elsewhere, in Rwanda sex workers face social stigmatization. Amidst this problem, the healthy consequences of this pattern are rarely acknowledged in public debates in Rwanda. Neither the health impacts on sex work on individual women nor the wider public health implications receive adequate attention. Existing studies have in common that sex workers in Rwanda face specific forms of social exclusion and work related exposures that greatly heighten their health risks beyond those common to most members of low income communities. Moreover, there may be differential access and quality of care provided to sex workers on the basis of their social status which makes them even more vulnerable to health related problems.

The recent study of sex work in Rwanda (Behavioral and Biological Surveillance Survey among FSWs in Rwanda 2010) indicated that the overall prevalence in HIV infection among FSWs was 51% and the highest HIV prevalence was observed among FSW working in Kigali City: 56% compared to 33% among FSWs in Eastern Province.

On the legal framework, the penal code in force in Rwanda criminalizes commercial sex work. In this regard the penal code under Articles 206, 208, 209, 210, 212 sanctions incitements to

prostitution, management of prostitution aiding facilities (brothel), sharing of proceeds of prostitution by a child, aiding, abetting and protecting prostitution respectively.

1.7 Specific objectives

i. Describe attitudes of city of Kigali's population towards FSWs;

ii. Describe practices done for commercial female sex workers;

iii. Identify occupational risks experienced by FSWs in the city of Kigali ;

iv. Identify threats posed by criminalizing sex work/prostitutes towards their health;

CHAPTER TWO: RESEARCH METHODOLOGY

2.1 Study Design

This research is a cross sectional and descriptive study with a qualitative and quantitative approach using FGDs and in-depth interviews. A quantitative approach was used to give more meaning to data analysis and interpretation while the qualitative approach helped in making sense or interpreting phenomena in terms of the meaning of data people brought to the study using focus groups, document analyses and in-depth interviews.

Descriptive survey research design was used as it aided in analyzing the hindering obstacles that female sex workers face and to determine the frequency associated.

The cross sectional survey research design provided the glue that holds the research project together. It was used to structure the research, to show how all of the major parts of the research project - the samples or groups, measures, treatments or programs, and methods of assignment - work together to try to address the central research questions.

2.2 How to achieve specific objectives

To describe attitudes of the population of the city of Kigali towards FSWs, descriptive statistics were plotted on quantitative findings (attitudes of the population and FSWs themselves), which have been complemented by population insights (qualitative) about FSWs.

Practices by clients, law enforcement personnel and medical personnel were also analyzed qualitatively and quantitatively through descriptive statistics.

The FSWs occupational risks were investigated and analyzed both qualitatively and quantitatively, respectively through descriptive and manual analysis. This has taken into account all those forms of violence and enforcement done to them.

Threats posed towards health by criminalizing sex work were also investigated in two approaches and analyzed both quantitatively (frequencies) and qualitatively (manually).

2.3 Study Population

2.3.1 Determination of sample size

The targeted population for the research was 80 people: distributed as 12 former sex workers and 12 practicing FSWs, to compliment the information got from those within the practice, the sample size also included 10 health care service providers and 10 people working in law enforcement institutions, as well as 36 members from the general population (composed by 20 females and 16 males). The sample size targeted FSWs whose primary source of income is selling sex for money including those operating from the streets, venues (night clubs, bars, hotels and other locations where a large number of people congregate, especially men) and their home (contacting their clients on the phone or through word of mouth or through middle-men).

2.3.2 Sampling Techniques

The sample size of the study population was determined by use of purposive sampling methods because of some essential characteristics inherent to sex work and by use of the snowball sampling method (where participants or informats with whom contact has already been made use their social networks to refer the researcher to other people who could potentially participate in or contribute to the study), (Mack et al, 2005). The purposive sampling method and the snow ball sampling method as used in this study had two sampling strategies as noted below. These methods were used in accessing the 'hidden populations' that is, groups of FSWs not accessible to the researcher through use of other sampling strategies .

The snow ball sampling method was thought to be relevant to this study given that in Rwanda FSWs are categorised as a "hidden population" (RBC/ IHDPC, 2010), it was thought that this sampling method is an appropriate recruitment startegy to get study participants. The first contact was facilitated by a former FSW who is now a prominent activist for health issues and human rights of FSWs. Participants were identified from hot spots where they were likely to get

clients and some known hot spot zones of operation, identified on basis of an existing maping exercise report in Rwanda.[2]

2.3.3 Data collection techniques

I employed two main data collection methods: Primary and Secondary methods. This research used a combination of both these methods in which primary data was collected by way of interviews, (including life experience in-depth interviews of FSWs) focus group discussions with a cross-section of highly-placed workers in the public health and law enforcement to get first-hand information on their views in regards to the research topic. This research used questionnaires administered to different categories including: practicing FSWs, former FSWs, law enforcement personnel, the general population, and health care service personnel.

Focus group discussions (FGD) were also applied to gather group perception, whereas life history was used to deepen idiosyncratic experiences from issues raised during the FGDs which were considered very important in meeting this study's objectives.

Secondary data was collected by way of visiting and analyzing credible and informative material sources which were considered relevant and reliable to the topic mostly emphasizing on the use of written materials by individuals with a vast knowledge of the research topics, recent academic journals and electronic databases.

The life history in-depth interview was considered for its role in bringing the researcher into the same emotional and social space as the storyteller (Osella, 2006).

The life history approach was chosen to compliment other techniques based on the fact that this would allow a more in-depth exploration of the participants' socialization process and individual experiences which FSWs experienced throughout their lives, and generates perspective, truths and meaning of issues revealed during the FGDs. This approach was used on only 8 sex workers who had also been interviewed by use of a questionnaire; a period of 2 days was left in between administration of the questionnaire and the in-depth life experience to minimize any possible

[2] See a Report of the mapping of hot venues of Sex workers in Rwanda, (CNLS and UNFPA, 2009).

influence of information provided in the questionnaires and information provided under this technique.

To avoid any possible bias, FSWs who were interviewed by use of the questionnaire or by use of life history approach were not included in FGDs in order to limit any kind of bias due to any influence from responses of their peers during the FGDs.

With regards to the contacted persons in real life experience mode of data collection, additional time was spared with each of them individually. After each person gave their consent, each was interviewed aiming at revealing their real life story as far back as they could remember. This was chosen as the researcher considered being more appropriate in informing the researcher and informing the research objectives.

2.3.4 Data analysis

Familiarization with the collected data - the noted data was transcribed in the initial language Kinyarwanda- at this stage I revisited the data to ensure the noted information by each of the participants' interventions was faithfully transcribed as much as possible on the level of FGD and life history data.

All the data as collected from interviews of each category interviewed, (FSWs, former FSWs, general population, law enforcement personnel and health care service personnel) and was transcribed on a different spread sheet per category where each participant had his or her pages and all these were compiled into a single spreadsheet per category.

The second step included a systematic coding of interesting features of each data sheet making a coloration of data relevant to each code. This stage ended up having one datasheet compiling information from all categories of interviewees.

The third step proceeded to search of themes from codes generated at the second step by way of collating codes into potential themes, and gathering all data considered relevant to each potential theme.

The fourth step concerned review of themes and checking whether work in relation to the coded extracts and the entire data sheet, in which case a thematic mapping of analysis was drafted.

The last (fifth) step consisted of defining and naming themes; where a continuous analysis to refine specifics of each theme to get the overall analysis was done. It was on the basis of the selected extracts relating back to the analysis of each question and literature reviewed that I drew this report/study.

2.4 Ethical considerations

The study was authorized by the National University of Rwanda School of Public Health and this same institution facilitated data collection access by way of giving a recommendation letter. To maintain confidentiality, identification of subjects of the study has not been used in the study but use of pseudonyms and informed consent forms were signed by any interviewees.

As the study involved sensitive questions, interviewees were informed of this situation and were also informed of their choice to give out required information and their right to withdraw from the study at any time if they wished. Participants were also allowed to ask any questions relating to the study before giving their consent to be interviewed.

Interviewees were made to understand that the purpose of this research is purely academic and that any information got from them will be kept confidential and that they have the right to object to any particular questions that they may not want to answer.

2.5 Findings utilization

The research findings are to be shared with the National University of Rwanda School of Public Health as masters' dissertation results.

The Ministry of Health and Rwanda Biomedical Center will use the research findings for guidance during elaboration of the National Strategic Plan, to include all components regarding sex work related issues. All other institutions involved in FSWs issues (police, medical personnel and Members of Parliament) will be aware of the findings for the service improvement towards FSWs.

The main impact of this study was to inform stakeholders in the matter about FSWs life conditions, which will influence the development of strategies to improve these conditions.

The findings and results should not be generalized to the overall population of the city of Kigali but can provide important information for future research.

CHAPTER 3: FINDINGS

A.QUANTITATIVE APPROACH

3.1. Socio-demographic characteristics of the respondents

Before starting the actual analysis of interviewees' attitudes and practices (of Kigali City population towards FSWs and its impact on their health in Rwanda), it is important to first present the variables chosen for the identification of the surveyed population. In fact, it is obvious that answers of an individual are partly influenced by his/her individual characteristics, social position, knowledge, and experiences. In that framework and as previously mentioned, the present study data for this research was collected from 80 people including FSWs, law enforcement personnel, health care service providers, and members from the general population.

Concerning the age range of respondents, the most out numbering figure was represented by 45 % with an age range of 21-30 years followed by those in the age range of 31-40 years representing 24% while the least figure of representation had an age range of 41-50 years representing 7%. This indicates that the majority of the people that the sampled group represents are adolescents while the least group represents the elderly group (See Table 1).

Among respondents selected during the study, the majority of respondents were female (55.5%) whereas the minority were male (45%).

According to education levels, those with a secondary level of education (42%) were the most represented followed by those with a primary level of education (26.5%) while the least represented were those with a university level of education (12.5 %).

As regards the marital status, respondents constituted the single, married, widowed, separated and divorced. Most of the respondents were single and constituted 32.5%, followed by those who were married that constituted 30%, while widowed, separated and divorced were each represented by 12.5 %.

With regards to the period spent engaged in sex work, of all FSW respondents those who had long experience doing sex work had been doing it for a period ranging between 9-12 years and

were represented by 8.5% while those with the least period doing the sex work were for a period ranging between 1-3 years and were the majority of all respondents represented by 44 %.

According to the station of operation of sex workers, a big number of FSW respondents, 33% engage in sex work at their homes followed by 25% who operate in bars / hotels, 18 % do it at school neighborhood, 12% have no fixed area of operation, 8% stand on the street and 4% do it within their neighborhoods.

Table 1. Socio-demographic characteristics of respondents

Variable	Category	Frequency	Percentage
Age range (years)	≤ 20	12	15
	21-30	36	45
	31-40	19	24
	41-50	6	7
	≥50	7	9
	Total	**80**	**100**
Sex	Female	44	55
	Male	36	45
	Total	**80**	**100**
Education level	Not educated	15	19
	Primary completed	21	26.5
	Secondary completed	34	42
	University level completed	10	12.5

	Total	80	100
Marital status	Single	26	32.5
	Married	24	30
	Widowed	10	12.5
	Separated	10	12.5
	Divorced	10	12.5
	Total	**80**	**100**
Residence	Urban	56	70
	Rural	24	30
	Total	**80**	**100**
Category according to occupation	Health care service providers	10	12.5
	Law enforcement personnel	10	12.5
	Former FSWs	12	15
	Active FSWs	12	15
	Peasants	36	45
	Total	**20**	**100**
FSWs: Period spent doing sex work (years)	1-3	31	44
	3-6	18	26
	6-9	15	21.5
	9-12	6	8.5

	Total	**24**	**100**
FSWs: Station of operation of sex work	At home	8	33
	At street	2	8
	At hotel/Bar	6	25
	At school neighborhood	4	18
	At neighborhood	1	4
	Any where	3	12
	Total	**24**	**100**

3.2. Attitudes of Kigali city's population towards female sex workers

This section attempts to find out the attitudes and practices of Kigali city's population towards FSWs and sex work in general. It attempts to highlight the extent of their impact on the health of FSWs in the city of Kigali.

3.2.1 Attitudes towards FSWs by the general population

Findings have shown that FSWs in Rwanda face human rights violations such as stigma associated with high level discrimination in many spheres of life.

The findings revealed that FSWs in the city of Kigali are subjected to various forms of stigmatizing comments or gestures in their everyday life. Of these, degrading comments bring loss of honor, labeling FSWs as conduits of sexually transmitted infections like HIV or addressing them by demeaning terms ridiculing or making fun of their identity and criticism. Other forms reported include: sarcastic comments, teasing, and contemptuous looks.

The stigmatizing terms used for female sex workers have strong moral underpinning and arise from the construct of a femininity that is expected to remain devoted to one man and one family. Perpetrators of stigma as reported by the respondents include: family members, spouses/partners, friends, health care personnel, government officials, house owners, colleagues, police and

rowdies (noisy troublemakers). There are differences in the experience of stigma between female sex workers. The form and severity of stigmatizing behavior also varies depending on the perpetrators of stigma. The general public, neighbors, family members, relatives and health care personnel are reported as the major source of stigma and discrimination; and also by their clients as well as the police more commonly implicated in the more extreme forms of violence experienced by FSWs.

FSWs are viewed negatively by city of Kigali's general population, to this, according to interviews conducted with the general population, results revealed that, 50% of respondents consider the FSWs as social deviants while 33% consider FSWs as sexual deviants while only 17 % considered them as carriers of sexually transmitted infections (see Table 2 below).

Table 2. Attitudes of the city of Kigali's general population towards FSWs

Attitude	**Frequency**	**Percentage**
Social deviants	18	50
Sexual deviants	12	33
Carriers of STIs	6	17
Total	**36**	**100**

3.2.2 Attitudes of FSWs themselves

Owing to different causes, it was observed that FSWs chose not to identify themselves as SWs, and most of them live under fear of repression by law enforcement personnel. However, the study has indicated that most FSWs respondents consider SW as a normal profession. To this, findings have indicated that all FSW consider SW should be a protected profession.

A big number of FSW respondents in the city of Kigali are considering quitting sex work (67%), while 33% are considering persisting in sex work despite problems attached to this practice (Table 3).

Table 3. Frequencies of respondents' consideration to quit sex work

Respondents	Frequency	Percentage
Yes	8	67
No	4	33
Total	**12**	**100**

3.3. Practices towards female sex workers

3.3.1 Practices of violence suffered by city of Kigali's practicing FSWs from their clients

An overwhelming majority of the respondents of FSWs interviewed reported varying degrees of violence suffered at the hands of their clients.

The study revealed that FSWs in the city of Kigali reported that they are beaten, forced to have sex with multiple clients, robbed of their money and valuables, raped, coerced to have sex without condoms or payment, forced to have unnatural sex, abused and harassed by clients. To this the interviews conducted with the practicing FSWs in the city of Kigali, a considerable number of the respondents (42 %) reported to having been raped while 33 % reported to being physically violated, 17% reported to have been inflicted to psychological violence and 8% to other forms of harassments (see Table 4).

Table 4. Forms of violence suffered by city of Kigali's practicing FSWs due to their clients

Form	Frequency	Percentage
Rape	5	42
Physical violence	4	33
Psychological	2	17
Other forms of Harassments	1	8
Total	**12**	**100**

3.3.2 Practices towards FSWs by law enforcement personnel

The overwhelming majority of respondents reported that FSWs experience violence from various sources, including from law enforcement personnel particularly the police and local defense force units and mostly during the night hours. The common forms of violent behavior experienced by FSWs include beating, verbal abuse, and confiscation of money and valuables.

The study results on the part of the law enforcement personnel revealed that FSWs face different forms of violence. In that perspective 40% of the respondents reported FWS are verbally abused in public, 30% reported to have received cases of beaten FWS, 20% FWS reported their money or valuables had ever been confiscated and 10% being humiliated by either law enforcement personnel. Humiliation is more frequent when they chose to operate in public (see Table 5).

Table 5. Forms of violence suffered by city of Kigali's FSWs from law enforcement personnel

Form	Frequency	Percentage
Beating	3	30
Verbal abuse	4	40
Confiscation of money and valuables	2	20
Humiliation	1	10
Total	**10**	**100**

3.3.3 Practices towards FSWs by the medical personnel

The overwhelming majority of respondents (practicing FSWs) reported that they have experienced discriminative treatment from not only the law enforcement personnel but also from the medical personnel and most of the time when their identity is communicated, they are in most cases rebuked, are not attend to on time, and in some cases are not given due care as other female patients.

Female sex workers are perceived negatively when they consult medical personnel. Most FSWs reported that they were subjected to discriminative health treatment compared to other female patients. 42% of the FSWs respondents reported that they were once rebuked by medical personnel but given due care, 33 % reported to have received no medical care at all on basis of their being FSWs and 25% reported that they were not given due care on basis of their identity as FSWs (see Table 6).

Table 6. Practices towards FSWs by medical personnel

Practices	Frequency	Percentage
Was not given due medical care	3	25
Was given no medical care	4	33
Was rebuked but given due care	5	42
Total	**12**	**100**

Findings also revealed that FSWs are also perceived negatively by some medical personnel as carriers of sexually transmitted infections such as HIV. This makes them not only hide their identity before medical personnel but also to opt not to consult public medical service providers.

58% of FSWs reported to have consulted private clinics compared to 25% who consulted public facilities, whereas 25% reported that they do not go for consultation at all (see Table 7).

Table 7 Frequencies by which FSWS consult medical personnel

Responses	Frequency	Percentage
Public health service providers	2	17
Private clinics	7	58
No consultation at all	3	25
Total	**12**	**100**

B.QUALITATIVE APPROACH

4.1 Attitudes of Kigali City's population towards female sex workers

4.1.1 Attitudes towards FSWs by the general population

In the group discussions with city of Kigali's general population, it was noted that FSWs are viewed as sexual and social deviants, carriers of sexually transmitted infections like HIV, Syphilis among others. In an interview with one Joe (not real name) had this to say: "*As a good citizen I consider FSWs as sexual deviants because the sexuality has become habitude for them. This is similar to what the respondents from law enforcement revealed, as they consider them to be not only sexual and social deviants but also consider them to be the cause of most killings in areas where they mostly operate from".*

The FGDs with FSWs underlined avoidance and isolation as the most common forms of discriminatory behavior by the city of Kigali's general population reported by sex workers and reflected by refusal to speak with them, severing existing ties once their identity is revealed, not inviting respondents to social functions, or attending functions organized by FSWs, not touching objects used by FSWs, and severing of social ties. To this, one member of the FGD with FSWs was quoted as saying *"People degrade us. They criticize us saying that we are the ones with loose morals and would sleep with anyone for money. They think that we have bad characters. People think that we do not have any values. They say that we indulge in drinking and sex work. They do not talk to us and also do not allow us to live in the streets where they reside. Every person has something negative to say about us. They say that we take ten people along with us when we die, that their children get spoiled because of us".*

4.1.2 Attitudes towards FSWs themselves

In regard to quitting or persisting with sex work, a member of the FGD with FSWs *One named Zulfate* (not real name) had this to say "*Instead of being detained and violated I prefer to abandon this profession and do other things which are reputable. I would like to do agricultural trade because it is a lucrative business. Right now I'm trying to save some money from SW so that I can invest in the business where I will secure my future life",* and one Amina (not real

name) had this to say *"I cannot abandon this practice because since I was 15 years old, I was in this practice up to now, so I cannot find any other activities come what may"*.

4.2. Practices towards female sex workers

4.2.1 Practices towards FSWs by their clients

Infliction to violence was also noted on the side of the interviewed FSWs, to this, *One Joeline (not real name) was quoted as saying " I was recently abused by my former two clients at one Kigali Hotel when two of my former clients, by coincidence came for my service at ago, as I did not want lose any of them, I tried to play tricks around, but when one of them realized I had some other deal with one Alex, he revealed it to him and both insulted me in public calling me all sorts of humiliating names, and by now I can no longer operate at the same venue despite that it earned me a living".*

Majority of the FSWs interviewed revealed that FSWs in the city of Kigali face physical and psychological violence. One FSW interviewed was quoted as saying *"Some time my clients hit me saying that am an object of trade and so should serve my purpose as we do sex for money, They pull my hair, sometimes they don't pay the price for the service I offer to them, and most of my clients rob me of money and go away"*

In that regard a FSW respondent Josephine (not real name) was quoted saying " *Three years ago I was forced to have sex with two men who were all my clients but who were demanding at the same time, I had one after another, on declining for a second turn I was beaten up, and raped in my own room, when I shouted for help none of my neighbors came to help, and one of them took my golden necklace as payment for the balance he had recently left with me. When I threatened to report, he also threatened to report me to one of my uncles to whom I did not want to know of my profession, so I chose to succumb to him for a night without pay*".

Furthermore, results from the FGD with FSWs indicated that they are not only subjected to different forms of violence but are also stigmatized. Some sex workers revealed that their clients, who had sex with them previously, most of the time insulted them in public and revealed their

identity to others including their families. The FGD also revealed that FSWs hate to be identified as sex workers by anybody and to worsen the situation by their families and friends for purposes of trying to protect their ties with family or friends.

4.2.2 Practices towards FSWs by law enforcement personnel

Humiliation was observed in several interviews conducted. In regard to this, one FSW respondent named Judith (not real name) was quoted saying "*The police humiliate and chase us everywhere, in collaboration with the local authorities. For instance I was imprisoned for eight months just because I am a female sex worker''.*

The FGD of FSWs, added yet another form of problem suffered by the practicing FSWs which is unfair detention as one of the informants Suzan (not real name) was quoted saying "*We are put into jail, sometimes we spend two, three, or five months in prisons and when they release us from detention centers, they take us to our respective rural area where we originate from, but we later come back".*

The findings of the study indicated that FSWs face unfair treatment when detained in detention centers. To this those FSWs who reported that they have ever been detained, reported that their hygienic and health demands were not catered for in any of the detention centers, and for some who were having serious sickness were not attended to at all or on due time.

In that perspective one of the interviewed FSWs had this to say "*I was recently detained for days, and as I had been identified by my profession (FSW) for more than 14 days, the police took no concern of my plea to let me seek medical care, not until I was about to collapse that the head of the detention center agreed to my plea and I was authorized to consult the doctor, and when I consulted the doctor, he recommended it was too late for me and recommended for an operation to my uterus the operation of which I could not afford without earning any money".*

Interviews with law enforcement personnel recognize that some FSWs face violence, as one of them had this to say "*Many cases involving FSWs we meet in our job are focused on physical violence and psychological rather than sexual violence which is usually referred to the national police for further investigation but the most are recorded as physical violence inflicted by their clients".*

Findings of the study indicated that all of the FSW respondents could not report the violence to the law enforcements because they are afraid that once they make a claim they risk to be detained. This is confirmed by group discussions of FSWs in which informants said: "W*e prefer not to do that because our profession is not protected by law nevertheless, we will request advocacy from human rights organizations".*

This is an indication that any forms of violence suffered by FSWs can hardly be reported and recorded to police or local authorities therefore FSWs have no legal protection to address any form of violence inflicted on them.

4.2.3 Practices towards FSWs by the medical personnel

In regard to practices by medical personnel towards FSWs, one of the interviewed FSWs one Jean (not real names) had this to say, "*I was recently taken to one of the Kigali public health centers by police for treatment (after 6 days of detention for being a FSW) after some days of sickness from sexually transmitted diseases, I was told to keep waiting till others are attended to after all because I am the cause of my own suffering, and it took me four hours to get attended to, when I cried out to the police woman who had taken me to the health center for help, she said I should feel the pain of my own cause".*

Furthermore, the FGD with FSWs explained this trend by highlighting the fact that female sex workers did not go for health care on the ground that they face unfavorable practices from medical personnel or isolation and such attitudes lead to FSWs avoiding consultations with medical personnel. The FGD stressed that FSWs in the city of Kigali are discriminated against, when they reveal their identity to doctors, and that they not only tend to treat them with negligence but they also themselves live under fear of being identified as FSWs and most of them opt to other sources of health care service providers.

This is confirmed by one Janet (not real names) who was quoted as saying "I *cannot seek medical treatment from any of the public medical personnel, all I do nowadays is to go for medications from private pharmacies, but medications for myself, and where it persists, then I would opt for private clinic where I would hope to get due care, otherwise I cannot…"*

CHAPTER 4: DISCUSSION - ANALYSIS OF THE QUANTITATIVE AND QUALITIVE FINDINGS

This chapter consists of a detailed discussion of the results. Attitudes and practices towards FSWs are discussed in regards to existing previous studies and objectives of this study. The discussion was done through triangulation where quantitative and qualitative findings were merged to form one theory.

4.1. Attitudes of the population towards FSWs in Kigali City

Among respondents, 50% consider that female sex work is a social deviance. This has also been asserted through FGDs where respondents reported that SW is a sexual deviance because the sexuality has become habitude for FSWs. This leads to discrimination because it is not socially accepted.

These findings are not different from different views on prostitution. Many authors confirm that sex work influences the way practitioners are viewed in society, and discrimination is the first public behavior (Charrot Seib RB Grad Cert, 2007).

The Rwandan population views FSWs as not only sexual deviants, but also social deviants and carriers of STIs, which leads to FSW stigmatization, degradation, labeling or teasing by family members, spouses or partners, friends, health care personnel, government officials, house owners, colleagues, or some officials from the law enforcement personnel.

One third of FSWs stated that they cannot quit sex work because it is the primary source of income for them, and this is common in many countries as confirmed by other authors where sex work is a primary source of income for women all over the world (Tamale, 2011).

For all kinds of reasons, sex work is criminalized and highly condemned by all these instances not only in Rwanda (Penal Code, art. 206, 208, 209, 201 and 212), but also in many other countries like the USA and the Middle East (Mossman, 2007).

4.2. Practices towards FSWs in Kigali City

Quantitative and qualitative findings confirmed that FSWs are raped (42%), and physically violated (33%) by their clients. They reported to having been beaten even in public, and their money confiscated by clients during the night. Others reported to being harassed, which is a form of psychological violence.

Such findings have been highlighted in Rwanda where it was found that sex workers face specific forms of social exclusion and work related exposures that greatly heighten their health risks (Binagwaho et al, 2010).

Almost one third (30%) of FSWs reported to having been humiliated and pursued by police and local authorities and put in jail. In case they are violated, they fail to report to the police because they fear they may be put in jail since their job is not legalized and they do not have rights. This is the case in many other countries where sex work is criminalized and practitioners are not protected at all (Binagwaho at al, 2010, Mensah and Brucket, 2012).

25% FSWs are not given due care, 33% are not given care at all and 42% are rebuked before they receive due care; after health care providers identified them as sex workers. This pushes FSWs seeking care away from public facilities, with 17% going to private clinics, 58% purchasing drugs in pharmacies; and 25% who do not seek care at all, which in the long run affects their health. Other studies have confirmed that there is differential access and quality of care provided to sex workers on basis of their social status (Binagwaho et al, 2010).

Contexts in which health workers diagnose sex workers creates mistrust and fear of health personnel and significantly becomes an obstacle to sex workers accessing even basic health services. Medical personnel should be sensitive to the difficulty prostitutes have in trusting people and revealing information related to their sex work status and then help them overcome this through the quality of service (Weiner, 1996).

4.3. Occupation risks experienced by FSWs in Kigali City

FSWs in Kigali City experience many risks related to their job. They are forced into having unprotected sexual intercourse, in the hopes of receiving a lot of money promised by their clients until they contract STIs and/or HIV.

To this, findings revealed that 30% of the FSWs reported that they do not care for use of condoms, that what is best for them is to make money. More to this the fact that 29% of the FSWs respondents reported that their clients do not like to use a condom, and because of their desperate need for money most of FSWs succumb to having unprotected sex and risk contracting STIs and/or HIV. This is a clear indication of the FSWs' clients' role in exposing high risks to FSWs health.

All FSWs' respondents from both the groups (practicing and non-practicing) reported that they chose not to report the violence (insults, injuries/violence of different forms) related to their profession as sex workers to any of the law enforcement authorities for fear of revealing their identity which would attract a high likelihood of being apprehended and prosecuted on the basis of their claims. This puts them in a situation where they are unprotected from any form of violence attracting high risks to their health.

As prostitution is banned in Rwanda like in many other countries by law; this clearly implies their health is put at stake and at the hands of their clients since the FSWs do not have rights to claim. They therefore request for legalization of sex work in Rwanda as is the case in Netherlands, Germany, Iceland, etc (Mossman, 2007).

4.4 Analysis on the impact of criminalization of SW towards the health of FSWs

The punitive laws and policies against sex work in Rwanda make it difficult for sex workers to keep and move with condoms particularly when out on street, for fear that they would be used by police as evidence of prostitution and lead to arrest, extortion or abuse. Punitive laws and policies against sex work often make FSWs move to more dangerous and isolated areas, for fear

of being identified as sex workers or make brothels more hidden making access by outreach health workers difficult, and in so doing cuts sex workers off from essential health and social services thus making their health more prone to higher risks.

FSWs consider their job as a paid labor, to which they call for public protection in terms of occupational health and safety standards to be honored, as stated in global view of prostitution (Jeffreys, 1997).

CONCLUSION

This study has sought to explore the impact of attitudes and practices by the city of Kigali's population on the health of the FSWs in Rwanda. Findings of this study suggest internal and external factors that influence FSWs' access and use of health care services. The internal factors are individual problems and experiences while the external factors are related to more structural influences.

The study revealed that the age and level of education empowers FSWs to be self-confident in their negotiations with their clients and in their pursuit of health care services. It was also found that the majority of FSWs (67%) were willing to quit sex work after realizing that there was no benefit instead of being beaten, detained and violated by their clients and law enforcement officers.

The city of Kigali population views FSWs as not only sexual deviants, but also as social deviants and carriers of STIs leading to stigmatization, degradation and teasing by health care personnel, law enforcement and the general public.

Many FSWs live under fear of being identified as sex workers, which makes them not to seek for health care services at all. Attitudes of the medical personnel on FSWs in the city of Kigali make them avoid seeking medical consultation from public health facilities and thus prefer to go to private clinics where they are respected, even though it is more expensive.

The research found that there was no protective law in favor of sex work in Rwanda, which leads to different mistreatment forms by law enforcement personnel, local authorities and medical personnel. For this reason, their health is at risk, given that they cannot report their cases to anyone for assistance and therefore request for protection and even legalization of sex work.

RECOMMENDATIONS

Female sex workers in the city of Kigali are subject to different forms of mistreatment, including rape, detention, physical violence and psychosocial violence; without any legal and social protection. Therefore the following recommendations should be considered:

a) Behavioral change programs targeting young girls (21-30) to avoid indulging in early sex;
b) Promotion of girl-child education to empower them both socially and economically;
c) Sensitization of the city of Kigali population, law enforcement and medical personnel to change attitudes towards female sex workers;
d) Behavioral change intervention targeting FSWs to encourage them to seek health care services; and
e) Legalization of sex work in Rwanda as a way of sex workers' protection.
f) A study to investigate the importance of sex work legalization in Rwanda is needed.

REFERENCES

1. Anderson, H., Marcovici, K., & Taylor, K. (2002). UNGASS, Gender and Women's Vulnerability to HIV/AIDS in Latin America and the Caribbean. December 2002. *Washington DC: Pan American Health Organization*.
2. Barker, G., & Loewenstein, I. (1997). Where the Boys are Attitudes Related to Masculinity, Fatherhood, and Violence towards Women among Low-Income Adolescent and Young Adult Males in Rio de Janeiro, Brazil. *Youth & Society*, *29*(2), 166-196.
3. Binagwaho, A. (2009). Report on adolescents' health and HIV service in Rwanda, in the context of their human rights. Kigali: Doctoral research.
4. Blackmore, J. (1999). *Troubling women: Feminism, leadership, and educational change*. Buckingham: Open University Press.
5. Crisp, B. R., & Barber, J. G. (1995). The effect of locus of control on the association between risk perception and sexual risk-taking. *Personality and individual differences*, *19*(6), 841-845.
6. Deckers, L. (2001). *Motivation: Biological, psychological, and environmental*. Allyn and Bacon.
7. National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF International. 2011. Rwanda Demographic and Health Survey 2010. Calverton, Maryland, USA: NISR, MOH, and ICF International.
8. Weiner, A. (1996). Understanding the social needs of streetwalking prostitutes. *Social Work*, *41*(1), 97-105.
9. Wodi, B. (2005). Gender issues in HIV/AIDS epidemiology in Sub-Saharan Africa. *Wagadu*, *2*.

ANNEXES

ANNEX 1

INTERVIEW INTRODUCTION AND INFORMED CONSENT FORM

I want to thank you for taking the time to meet with me today.

My name is KANKINDI GAHIRE B. ROSE, I would like to talk to you about attitudes and practices towards female sex workers, and the extent of these attitudes or practices to the health of female sex workers.

Specifically, as one of the requirements of obtaining my Masters Degree in Public Health, I am conducting research on "attitudes and practices of the Rwandan population towards female sex workers and its impact to their health" to help informed policy making and efficient health initiatives that can respond to the health needs of female sex workers and guide future research.

On your acceptance, the interview should take less than an hour. And where you allow it, I will be recording the session to allow retention of any of your information on the subject.

Although I will be taking some notes during the session, I cannot possibly write fast enough to get it all down. Because we are using a recorder, please be sure to speak up so that we do not miss your comments or responses.

All responses will be kept confidential. This means that your interview responses and comments will only be shared with my thesis supervisor and I will ensure that any information I include in the thesis does not identify you as the respondent.

Remember, you do not have to talk about anything you do not want to and you may end the interview at any time.

Are there any questions about what I have just explained?

Are you willing to participate in this interview?

____________________	____________________	__________
Interviewee	Signature	Date

ANNEX 2

Measurement of attitudes towards female sex workers:

Questionnaire for FSWs

IDENTIFICATION CODE:……………………………………………

(Tick where appropriate):

1. **How old are you?**

18-25 □

25-35 □

34-50 □

51-60 □

Above 60: □

2. **Are your parents alive?**

Yes □

No □

3. **What is your marital status?**

Married: □

Single: □

Single mother: □

Co habiting: □

Widowed: □

4. **How long have you been working as a sex worker?**

1-5 years: □

5- 10 years: □

10-15 years: □

15-20 years: □

20-25 years: □

25-30 years: □

30-35 years: □

35-40 years: □

40-45 years: □

5. What describes your work? (check all that apply)

Street Worker: □

Massage Parlor: □

Sensual Massage: □

Stripper/Dancer: □

Phone Sex Operator: □

Porn: □

Other: □

(Please specify that other category): ________________________

6. Where do you run your sex worker business? (station of operation) (check all that apply)

At home: □

At street: □

At hotels/Bar: □

At school neigbhood: □

Anywhere: □

7. Do you exclusively depend on sex work? (check what applies to you)

Yes: □

No: □ (Where no specify which other work) ________________________

8. Do you feel contented with your profession?

Yes: □

No: □

Justify your response____

9. What prompted you to join the profession?

(Check and tick the appropriate)

Economic hardships: □

Enjoyment: □

Drug influence: □

Peer group influences: □

Lack of parental care: □

Other □ (specify) ___________________________

10. Have you ever faced any form occupational hazards since you joined the profession?

Yes: □

No: □

11. Have you ever sought professional help (i.e. counselor, psychologist, peer counselor, therapist, social worker, etc) for emotional issues?

Yes □ (if yes, please skip to QN 13)

No □

12. Why didn't you seek any professional help?

Did not know where to go for help: □

Did not know of the existence of this help: □

Had no enough money: □

Services were unavailable: □

Don't need help: □

Fear of social stigma: □

Fear of prosecution: □

Other: □

(Please specify): ________________________________

13. Did you talk to any person about your profession?

Yes: □

No: □ (If no justify your response) _________________________

14. Do you use a condom in your profession?

Yes: □

No: □

(Justify your response): _____________________________________

15. Do you make your clients use a condom?

Yes: □

No: □

(Justify any of your option: _____________________________________

16. How do you conduct yourself when your clients decline to use of a condom?

I refuse non protected sex: □

I succumb but request for high pay: □

17. Do you go for medical checkup on your health?

Yes: □

No: □

18. Do you identify yourself as a sex worker to medical personnel?

Yes: □

No: □

(Justify your (no) response: ____

19. How are you perceived by the medical personnel?

Social deviant: □

Sexual deviant: □

Precise ____

20. Have you ever faced any form of violence within your profession?

Yes: □

No: □

(If no skip Qn …………….. ………)

21. Which form of violence did you face?

Rape: □

Physical violence: □

Psychological: □

Other: □

(Specify which other category): ___________________________________

22. Did you report the suffered violence to law enforcement authorities?

Yes: □

No: □

(If No skip Qn 23………………………………………………………)

23. How were you perceived when you reported the case to law enforcement authorities

Given due care: □

Was given undue care: □

Was given no care: □

Was discriminated: □

Was not attended to: □

24. How were you perceived when you consulted the medical personnel?

Was given due medical care: □

Was not given undue care: □

Was given no medical care: □

Was rebuked but given care: □

25. How did the acts of the medical personnel affect your health?

Negatively: □

Positively: □

None: □

26. What should health care service provider do with regard to FSW ?

Provide health services professionally: □

Provide free treatment to FSW: □

Not discriminate FSW: □

Provide counseling services to FSW: □

Nothing at all: □

Others: □

27. Does the entire population at your residence know about your profession?

No: □

Yes: □

I don't know: □

28. How do they consider your profession?

Social deviant: □

Sexual deviant: □

Liberal profession: □

29. How do you consider your profession personally?

Social deviant: □

Sexual deviant: □

Liberal profession: □

30. Are you considering quitting the profession?

Yes: □

No: □

If no why: ____

31. What are you proposing should be done to you to quit the profession?

Capital support: □

Financial support: □

Human Capacity development support: □

32. Should your profession be legalized?

Yes: □

No: □

No idea: □

Thank you for your kind contribution

Signature: ______________________ Date: __________________

ANNEX 3

Measurement of attitudes towards female sex workers:

Questionnaire for General Public

Identification Code : ___________________________

1. **How old are you?**

   18-25: □

   25-35: □

   34-50: □

   51-60: □

   Above 60:□

2. **What is your marital status?**

   Married: □

   Single: □

   Single mother: □

   Co-habiting: □

   Widowed: □

3. **Have you ever heard of female sex workers in your residence or place of worker?**

   Yes: □

   No: □

4. **What do you think of female sex workers?**

(Precise)____

5. **How did you personally perceive female sex workers vis avis male counterparts?**

(Precise) ____

6. **Do think female sex workers are good for your traditional values ?**

   Yes: □

   No: □

   (Provide explanations to any of your response):

   ____

7. **How do you think Rwandan population view female sex workers?**

   ____

8. **How do you view personally female sex workers?**

   ____

9. **Do you know of any form of violence suffered by female sex workers in their Work as sex workers?**

   Yes: □

   No: □

10. **Which form of violence did most of these victims most face?**

    Sexual violence: □

    Physical violence: □

    Psychological: □

    Other: □ (____________________________)

11. **How did the acts of violence affect the health of the victims?**

Specify: ____

12. **How do you consider female sex worker vis avis male sex worker?**

Specify: ____

13. What are you proposing should be done to female sex workers to quit the practice?

Capital support: □

Financial support: □

Human Capacity development support: □

Other□(specify ____)

14. Should the sex work profession be legalized?

Yes: □

No: □

Thank you for your kind contribution

Signature: Date:

___________________ ___________________

ANNEX 4

Measurement of attitudes towards female sex workers:

Questionnaire for law enforcement personnel

IDENTIFICATION CODE: __________________________

(Tick where appropriate):

1. **How old are you?**

18-25: □

25-35: □

34-50: □

51-60: □

Other (Please specify): ____

2. **What is your marital status?**

Married: □

Single: □

Single mother: □

Co habiting: □

Widowed: □

3. **How long have you been working in your profession?**

2-5: □

5- 10: □

11-15: □

15-20: □

21-30: □

25- 30: □

4. **Have you ever heard of female sex workers in your residence or place of worker?**

Yes: □

No: □

5. Have you ever received any female sex worker as a victim of her sex work practice?

Yes: □

No: □

6. Did any of the victims disclose to you of her profession?

Yes: □

No: □

7. How did you personally perceive her as a sex worker?

Social deviant: □

Sexual deviant: □

Other: Precise ____

8. Which form of violence did most of FSWs face?

Sexual violence: □

Physical violence: □

Psychological: □

Other: □

(Specify which other category): ____________________________________

9. Did you provide to her the requested service?

Yes: □

No: □

10. How do your workmate view the received victim?

Negatively: □

Positively: □

None: □

Other: □

Specify: __________________________

11. How did the acts violence affect the health of the victim?

Specify: ____

12. How do you consider female sex worker vis avis male sex worker?

Specify: ____

13. What are you proposing should be done to female sex workers to quit the practice in sex work?

Capital support: □

Financial support: □

Human Capacity development support: □

Other: □

(specify:_____________________________________

14. Should sex work be legalized as a profession?

Yes: □

No: □

No idea: □

Thank you for your kind contribution

Signature: Date

__________________ _________________