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Female sex workers use power over their day-to-day lives to meet the condition of a conditional cash transfer intervention to incentivize safe sex

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ABSTRACT

Female Sex Workers are a core population in the HIV epidemic, and interventions such as conditional cash transfers (CCTs), effective in other health domains, are a promising new approach to reduce the spread of HIV. Here we investigate how a population of Tanzanian female sex workers, though constrained in many ways, experience and use their power in the context of a CCT intervention that incentivizes safe sex. We analyzed 20 qualitative in-depth interviews with female sex workers enrolled in a randomized-controlled CCT program, the *RESPECT II pilot*, and found that while such women have limited choices, they do have substantial power over their work logistics that they leveraged to meet the conditions of the CCT and receive the cash award. It was through these decisions over work logistics, such as reducing the number of workdays and clients, that the CCT intervention had its greatest impact on modifying female sex workers' behavior.

1. Introduction

Conditional Cash Transfers (CCTs), shown to be effective in several health and social domains, have recently been tested as a new approach to prevent HIV and STIs (Baird et al., 2012; Björkman Nyqvist et al., 2015; de Walque et al., 2015; de Walque et al., 2014; de Walque et al., 2012; Kohler and Thornton, 2011; MacPhail et al., 2013). CCTs operate by providing cash to beneficiaries when they meet specified targets of the program, such as clinic visits, or testing negative for HIV or STIs. CCTs could be promising for women in particular since cash or lack of cash (poverty) influences engagement in risky sexual behavior among women and their partners (Baird et al., 2012; Cluver et al., 2013; de Brauw et al., 2014; de Walque et al., 2014; Dunbar et al., 2010). Sex workers, a core population in the spread of HIV, who live in poverty and who are financially dependent on their clients could use the cash transfer to bolster their decision-making power over with whom they have sex, how often, and whether or not they use a condom – all important determinants of STI transmission. It is possible, however, that sex workers with more power will be better able to reduce their risk of STIs when a CCT is conditioned on negative STI tests. Some evidence reveals a correlation between power dynamics in intimate relationships and risky sexual behavior (Jewkes, 2012), and that receiving and controlling cash affects relationship power

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(Corroon et al., 2014; Crissman, 2012; Maman et al., 2002). Yet, we know little regarding the synergistic impact of poverty, receipt of cash, and the power sex workers have (or lack) in the context of CCTs designed to reduce risky sexual behavior. The present study examines how a population of sex workers in Tanzania experienced and exercised power with clients in the context of a CCT intervention.

We examine sex worker behavior in the context of the *RESPECT II pilot* study, which was designed to test how sex workers respond to a CCT conditioned on negative STI tests. The study was conducted among 100 female sex workers in Dar es Salaam who were provided baseline STI tests and free treatment, then CCTs conditional on negative STI tests (for syphilis and trichomonas) after 2-months and 4-months. From the 100 sex workers in the *RESPECT II pilot* study, we recruited 20 to participate in in-depth interviews at their final, 4-month study visit. Here, we present the qualitative analysis of these 20 in-depth interviews to assess how sex workers responded to this novel CCT intervention designed to reduce HIV and STI incidence. In the context of this CCT, we explore how participants experience and use their power. We define "power" broadly as the control over a range of choices regarding sex work, including: whether or not to engage in sex work, when to work, which clients to take, how many clients to accept, what price to charge clients, or whether the client uses a condom.

Several recent experiments have tested CCTs to reduce the incidence of HIV and STIs among high-risk groups, with mixed results – some effectively reducing HIV incidence while others had less success (Pettifor et al., 2012). Many studies provide cash once those enrolled in a study engage in a targeted behavior like attending school and these studies suggest a protective effect (Baird et al., 2012; de Brauw et al., 2014; MacPhail et al., 2013). A smaller number of studies have conditioned the cash directly on STI or HIV outcomes to test how this might reduce risky sexual behaviors, as well as STI and HIV incidence. These studies have yielded differing results; for example, an analysis in Malawi found an increase in reported risky behaviors among men after the end of the study (Kohler and Thornton, 2011), while in The RESPECT study in Tanzania, the CCT reduced STI incidence among both men and women who were eligible to receive the largest possible cash transfer (de Walque et al., 2012), and in Lesotho, a conditional lottery ticket reduced STIs most among women and those randomized to receive a larger amount of money through the lottery (Björkman Nyqvist et al., 2015). While these are encouraging findings, we still know little about the pathways through which CCTs work to change sexual and reproductive health behaviors, including sexual debut, risky sex, selection of sexual partners, and condom negotiation. Specifically, there has been little research to date regarding how a woman's control over her intimate relationships could shape how she responds to a CCT intervention. Furthermore, there is limited evidence about whether such interventions shape the control she has in these domains.

1.1. Drivers of risky sex in commercial sex work

Female sex workers, a core population in the spread of HIV, are important to study yet we know little about how they exert control in their work to practice safer sex with their clients (as defined above: whether or not to engage in sex work, when to work, which clients to take, how many clients to accept, what price to charge clients, or whether the client uses a condom) (Das and Horton, 2014). In sub-Saharan Africa, the culture of selling or purchasing sex and transactional sexual relationships are part of a nuanced social fabric of relationship ties, and women in transactional sexual relationships, including sex workers, possess several domains where they can exert their control (Swidler and Watkins, 2007). While female sex workers are constrained in many ways, and a very specific type of power relationship exists in a commercial sexual transaction that may not be generalizable to power dynamics in other sexual relationships, understanding sex workers' power with their clients may be key to reducing the harm associated with commercial sex work - away from unprotected sex toward safer, protected sex.

High rates of STIs among sex workers globally, driven in part by low rates of condom use in commercial sex transactions, are linked to several factors including economic forces and client preferences, alcohol and drug use by sex workers and their clients, violence from clients, and social norms. Specifically, economic forces and client preferences decrease condom use because clients are willing to pay more for unprotected sex since they prefer sex without a condom (Barrington et al., 2009; Galarraga et al., 2014; Rojanapithayakorn, 1996). For example, an analysis of the market for unprotected sex in Mexico found that sex workers charge an additional 23% for unprotected sex (Gertler et al., 2005; Shah). A cross sectional study of this phenomenon in Democratic Republic of Congo found that among 136 commercial sex workers, 25% engaged in unprotected sex for additional money. According to this analysis, sex workers who had unprotected sex with clients for additional income were more likely to live in lower socio-economic regions of Kinshasa, have a young child to care for, and knew other sex workers who also had unprotected sex for more money (Ntumbanzondo et al., 2006). Similarly, in Tanzania, a qualitative analysis highlighted how motherhood influences HIV risk among sex workers, where sex workers were induced to accept more money for condomless sex to support their children (Beckham et al., 2015). The National AIDS Control Program in Tanzania found that among sex workers who reported not using condoms with their most recent client, 68% did so because the client offered more money for unprotected sex. These data suggest that the financial constraints faced by commercial sex workers operate in conjunction with client preferences for sex without a condom, resulting in unprotected sex that increases the transmission of HIV and other STIs (National AIDS Control Programme, 2010).

Alcohol and drug use among sex workers and their clients make it harder for sex workers to effectively insist on condom use. A 3-year study of 608 Tanzanian women found that unprotected sex was 5 times more likely if either partner had been using alcohol (Fisher et al., 2010). In Mongolia, a mixed methods analysis of 48 female sex workers found that 83% used alcohol before having sex with a client, and that 70% did not use condoms consistently (Witte et al., 2010). As well, violence from clients often leaves commercial sex workers unable or unwilling to negotiate safer sex. For example, an analysis of 106 female, 26 male, and 4 transgendered sex workers among four African countries found that clients acted as though they had 'full ownership' over the sex worker, entitling them to act violently and insist on unprotected sex (Scorgie et al., 2013). A study of couples in Tanzania revealed that intimate partner violence is connected to discordant views within a couple about empowerment and sexual decision-making; however, this study was among the general population rather than among sex workers (Krishnan et al., 2012). In addition, the behavior of peers within the social network of commercial sex workers influences condom use. An analysis of 562 sex workers in China found that condom use increased with the perception that their peer group was pro-condom and that condom use was the norm (Yang et al., 2010), and in Mongolia, violence towards commercial sex workers from clients was shaped by cultural norms and narratives about violence (Witte et al., 2010). As another example, in South Africa, a cross-sectional analysis of 21 female sex works found that their peer network helped them construct positive social identities that enabled them to enforce condom use among clients (Campbell, 2000).