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Triple jeopardy: Adolescent experiences of sex work and migration in Zimbabwe

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ABSTRACT

Adolescence, migration and sex work are independent risk factors for HIV and other poor health outcomes. They are usually targeted separately with little consideration on how their intersection can enhance vulnerability. We interviewed ten women in Zimbabwe who experienced sex work and migration during adolescence, exploring implications for their health and for services to meet their needs. For most, mobility was routine throughout childhood due to family instability and political upheaval. The determinants of mobility, e.g. inability to pay school fees or desire for independence from difficult circumstances, also catalysed entry into sex work, which then led to further migration to maximise income. Respondents described their adolescence as a time of both vulnerability and opportunity, during which they developed survival skills. While these women did not fit neatly into separate risk profiles of "sex worker" "migrant" or "adolescent", the overlap of these experiences shaped their health and access to services. To address the needs of marginalised populations we must understand the intersection of multiple risks, avoiding simplified assumptions about each category.

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1. Introduction

While adolescence, migration and sex work have long been recognised as independent risk factors for HIV and other sexually transmitted infections (STI), they often are targeted separately by health programmes. Interventions for sex workers tend to follow harm reduction principles developed for "most at risk populations," while adolescents are often the recipients of broader population-based strategies to delay sexual debut, reduce numbers of (particularly older) partners, and increase retention in school. Migrants often remain neglected as they can be difficult to locate or follow across settings, although identifiable groups such as refugees or mobile transport workers sometimes receive attention. Yet there has been a little focus on how experiences of adolescence, sex work and migration can intersect and enhance vulnerability, particularly as the individuals involved may not easily identify with any of the categories used to define high risk populations.

This paper presents a case study of ten sex workers in Zimbabwe who experienced both entry into sex work and migration during their adolescence at a time of political crisis and economic collapse. It demonstrates how migration, sex work and adolescence interact to shape risk and resilience. The aim of our qualitative research was to explore how Zimbabwean women perceived their experience as adolescent migrants and sex workers, identify how this affected levels of risk, and consider implications for the design and provision of services to meet their needs. We define migration broadly, to cover movement between geographical areas within Zimbabwe for significant periods of time, cross-border migration into neighbouring countries, as well as short-term mobility to and from a "home base." We explored women's experience of migration for any reason and across their lives.

1.1. Migration, sex work and HIV

Obtaining reliable data on migrants and sex workers is difficult given the clandestine nature of both populations. Even legal and domestic migration tends to be associated with intransience, unstable living arrangements and participation in the informal labour market, which can reduce migrants' contact with authorities. A recent systematic review of available data found that migrant sex workers generally are at higher risk for acute STI and, in developing countries, for HIV (Platt et al., 2012). Migrant sex workers may be unaware of available services, and more reliant on their own support networks to help take measures to protect themselves (Liao et al., 2003; Tucker et al., 2011). Access to care is

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further limited by restrictive work conditions that make it difficult to take time off (Cwikel et al., 2003), and the stigma surrounding sex work (Wolffers et al., 2002).

On the other hand, the "healthy migrant effect" is a well known phenomenon, where individuals who are in good health are the most likely to seek opportunities away from home (Lu, 2008) and studies of some migrant sex workers demonstrate their ability to proactively seek care. Research conducted in Mexico found that migrant sex workers reported better contact with health services and more frequent check-ups (Ojeda et al., 2009). A survey of 400 sex workers in Spain found that migrant sex workers were more likely to use condoms and had lower HIV rates than the Spanish participants (Folch et al., 2008).

1.2. Adolescents in migrant sex worker populations

Sex workers under the age of 18 remain particularly hidden since they are usually considered victims of sexual exploitation, and fear interference from child protection if they become known to authorities (Busza et al., 2011; Kerfoot et al., 2007; Kudrati et al., 2008). Adolescents are less likely to be included in sexual health research, as ethical guidelines often limit recruitment of children into studies, and many researchers fear the controversy that may result from working with vulnerable young people (Silverman, 2011). For example, the UN Protocol to Prevent, Suppress, and Punish Trafficking in Persons defines all under-age sex workers as trafficked (UN, 2000), while the International Labour Organization (ILO) lists sex work as one of the "worst forms of child labour" (UNICEF, 2000). These conventions set laudable global goals, but can complicate efforts to provide services to adolescents or collect data from them (Busza et al., 2004).

Nonetheless, some information on the involvement of adolescents in migration and sex work is available from cross-sectional surveys, although comparisons across settings are complicated by the use of different age categories. Evidence suggests that between 20–40% of sex workers initiate sex work before the age of 18 (Silverman, 2011) although many studies find much lower proportions. A survey of 237 sex workers in Somaliland, most of whom were migrants, found 6.9% to be aged 15–19 years (Kriitmaa et al., 2010), while among 734 migrant sex workers in Spain, 11% were under 20 years (del Amo et al., 2005). In Cambodia, out of 28,000 sex workers in 2008, estimates concluded that at most 310 were under the age of 18 (Steinfatt and Baker, 2011).

Adolescent sex workers experience heightened risk compared with that of older women, partly due to biological factors, e.g. cervical ectopy (Sarkar et al., 2006). They are also new to sex work and have not yet developed the requisite skills for negotiating protection. Studies of sex workers in Indonesia and China have reported that younger sex workers are less likely to use condoms successfully (Lau et al., 2002). In Indonesia, being under the age of 21 was a significant risk factor for STI diagnosis (Silitonga et al., 2011) and several studies confirm that prevalence of chlamydia, syphilis, HPV and other STI decreases with age (Ford et al., 2000; Surratt, 2007). A recent review of epidemiological studies comparing sex workers by age group showed that adolescent sex workers are at heightened risk of sexual and physical violence and contracting HIV (Silverman, 2011). On the other hand, younger sex workers may find it easier to obtain clients, charge high fees, or maintain the long hours and late nights required by their work compared to older women who may have more family responsibilities (Odek et al., 2009).

Finally, migration itself is associated with initiation of sex work and high risk behaviour among adolescents. For example, studies in Kenya and South Africa reported that adolescents with a history of mobility during childhood had the earliest ages of sexual debut (Luke et al., 2012) and started education later (Richter et al., 2006), while research among highly mobile street children (10–19) in 4 cities of Ukraine found that 56.7% of the girls had ever exchanged sex for gifts or money. Thus existing research has shown that the intersection between adolescence, migration and sex work can affect sex workers' risk profiles, although deeper examinations of the dynamic processes by which this occurs in any given social environment are rarer.

2. Study background

This aim of this study was to examine the relationship between migration and sex work among Zimbabwean women who had initiated sex work as adolescents. Zimbabwe provides a salient example of how structural factors shape young people's choices, given its fragile economic context and recent political upheavals. For many young women, commercial sex presents one of a few livelihood options, but is also associated with high risk of contracting HIV against a background prevalence of nearly 18% among adult women (Zimbabwean National Statistics Agency (ZIMSTAT) and ICF International, 2012).

The study was conducted as a part of wider research on sex workers' social networks, work conditions, risk behaviour and access to health services, particularly HIV testing and treatment (Cowan et al., 2012; Mtetwa et al., 2012a). A qualitative approach was selected for the study in order to explore individual women's narratives, perceptions, and analysis of their own experiences in detail.

2.1. Methods

We purposively recruited participants from four sites with high proportions of migrant sex workers: Mutare, on the Mozambique border, with mines and truck stops in the vicinity; Victoria Falls, an international tourist destination; Hwange, located next to two large collieries; and Harare, the capital city, which draws migrants from rural areas. Eligibility was limited to sex workers aged 18–20 who reported both initiating work as an adolescent (13–19) and a history of migration. We did not enrol adolescents under 18 for two reasons. First, Zimbabwe's national ethical review board requires parental or guardian permission for enrolment of minors under age 16, which is not feasible as many migrant sex workers are not living near their families nor have admitted participating in sex work. Second, asking adults to reflect on their experiences as adolescents is in keeping with common research practice for studies of vulnerable populations, including sex workers younger than 18, who are considered victims of sexual exploitation and trafficking by international conventions, thus conferring obligations to refer them to the relevant authorities for social protection (Goldenberg et al., 2011). Given sex workers' distrust of authorities and reluctance to be identified, this ethical obligation would have posed practical and ethical dilemmas in Zimbabwe.

Eligible sex workers were invited to participate in in-depth narrative interviews lasting 1–2 h, conducted by a female social scientist in the relevant local language (Shona or Ndebele). Written informed consent was obtained for each interview and ethical approval was granted by the Medical Research Council of Zimbabwe. Interviews followed an unstructured guide, leading participants through topics according to the natural flow of conversation. Topics included childhood and family background; important life milestones (opportunities/choices); history of migration and the motivations behind it; entry and experiences of sex work; perceptions of challenges, vulnerabilities, and coping mechanisms; and plans and aspirations for the future.

All interviews were audio-recorded, transcribed and translated into English, and entered into qualitative analysis software (NVIVO 8).

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