Understanding the Factors that Influence the Politics of Condom Negotiation during Sex Transactions

The Case of Chimoio, Mozambique

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Presented to
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University of Toronto at Scarborough
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<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>AIDSCOM</td>
<td>The AIDS Public Health Communication Project</td>
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<tr>
<td>CBO</td>
<td>Community Based Organizations</td>
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<tr>
<td>CDC</td>
<td>Centre for Disease Control (and Prevention)</td>
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<td>FSW</td>
<td>Female Sex Workers</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>ICF</td>
<td>ICF Macro (Consulting Firm)</td>
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<tr>
<td>IOM</td>
<td>International Organization on Migration</td>
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<tr>
<td>INE</td>
<td>Instituto Nacional de Estatística</td>
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<td>INS</td>
<td>Instituto Nacional de Saúde</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organizations</td>
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<td>OMES</td>
<td>Organização da Mulher Educadora de SIDA</td>
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<td>RAISA</td>
<td>Regional AIDS Initiative of Southern Africa</td>
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<td>SRHR</td>
<td>Sexual and Reproductive Health Rights</td>
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<td>STI</td>
<td>Sexually Transmitted Infections</td>
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<td>UNAIDS</td>
<td>the Joint United Nations Program on HIV and AIDS</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>VSO</td>
<td>Volunteer Services Overseas</td>
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Chapter 1: Introduction

1.1 Sex Work, Matches and the Canadian

Maria* was a tall, beautiful and smartly dressed woman in her early twenties who sold matches at the major bus terminal along my daily route to work in Maputo, Mozambique. Maria and I got along quite well. Our friendship blossomed early into my yearlong stint in the city. Our conversations tended to go like this: she would ask me questions about the Canadian singer Drake in a mixture of English and Portuguese and I, practicing my Portuguese, would respond in a similar jumble of the two languages. Our interactions began one day as I watched her conduct her business. I was curious (and a bit concerned) as to how she could possibly make an income from selling matches. ² It wasn’t until I began to notice who was buying the matches and the subsequent interaction between herself and the patron, that I understood what was going on. Maria was a sex-worker. Carefully concealed as to not attract attention, Maria met her clients in plain-sight. As she would later tell me, sex-work as portrayed in the Western media I had grown up with, where women stood on corners of streets shielded by the cloak of night— was not a universal story. Sex-work is woven into the culture of communities and exists in multiple facets of society. In later weeks, I gained greater awareness of the sex-transactions around me—from sex-for-school materials to sex-for-prestige. My observations and interactions with this phenomenon only raised more questions, particularly in regards to the safety of these women.

This thesis is written for the Marias that I met.

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1 Her name has been changed to protect her privacy.
2 It should be noted that matches in Mozambique are commonly used for smoking and lighting of gas stoves.
3 Male migrant workers, who are away from regular sexual partners or spouses for long
1.2 Why a Thesis on Condom-Negotiation Strategies of Female Sex workers?

From June 2013 to June 2014, I lived and worked in Maputo, Mozambique with the support of VSO Mozambique. During my time, I worked with the Red Cross of Mozambique and Associação Cross Moçambique, a community based organization working with orphans and vulnerable children. I was also fortunate to have had the opportunity to assist VSO Mozambique in gathering data on female sex workers in Chimoio, Mozambique for a wider Southern African project to be developed on women’s empowerment and economic development—as there was a gap in the understanding of the realities of female sex workers. My role in supporting VSO Mozambique in this project, entitled “Gender Empowerment and Development to Enhance Rights”, was an incredible opportunity for me. Given my initial curiosity in regards to the safety of female sex workers like Maria and the practice-oriented research I would engage in, I could see the contribution I would have in this project—one focused explicitly on sex-work harm reduction programming within the broader context of women’s empowerment and enhancement of their rights in the region.

Maria, and others like her who I would later encounter in Maputo, sparked my curiosity into the services aimed at sex-workers to mitigate the alarming rate of HIV/AIDS in Mozambique and the services aimed to alleviate the burdens and problems linked to poverty and inaccessible sexual and reproductive health services. As I had known, and would later discover in greater depth, there are several social, political and economical issues that must be identified in order to understand the complex nature of existing sex harm reduction strategies with regards to the sex-transaction industry.

Given that I engaged in the data collection process along side VSO Mozambique in the initial assessment with OMES, a partner in Chimoio, Mozambique working with female sex-workers, I was limited both in the number of sites where I could conduct data collection and time had to collect data (three 3-4 day trips to Chimoio). This translated into my inability to critically confront the heteronormative (i.e. female sex workers with

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3 See Appendix A
male clients) and essentialist dialogue of sex-work harm reduction strategies and its reproduction in local contexts with the respondents in the surveys, questionnaires and dialogue. What can be brought forth however, is a critical analysis of existing harm reduction programmes and initiatives. In the particular context of Chimoio, Mozambique, I hope to bring forward up-to-date information on the realities of female sex workers so that CBOs, particularly partners of VSO Mozambique who engage in actively promoting a healthier, safer and securer life for these women, can apply the various nuances and dilemmas that female sex workers face daily that into concrete and grounded sex worker harm reduction programmes and interventions.

1.3 Aim of this Thesis

As one of the main routes for transportation of goods in Mozambique, the Beira corridor, particularly along the main stops of Chimoio and Manica, is not only a sight for frequent sexual transactions, but also high turn over rates of clients per female sex-worker (IOM, 2010). This poses not only an immediate risk to the safety and well being of female sex-workers, but also to their clients and non-paying partners (identified as those not viewed as clients).

Globally, sex workers are amongst the key populations considered at greatest risk for HIV/AIDs and other sexually transmitted infections (Langa et. al, 2014). These women are often stigmatized and marginalized by the community. Furthermore, laws rarely protect sex workers and these women face violence from police and other law enforcement officials in addition to other non-law enforcement actors (pimps, clients, partners, family etc.). Both factors make it harder for sex workers to access legal, social and health services. Moreover, the high mobility of both clients and sex workers themselves, as is the case along the Beira corridor, increases the likelihood of the spread of diseases. The high-turn over rate of clients, given their location of operation further adds to the risk of HIV/AIDs and STI. Lastly, particular communities within the sex industry, such as young sex workers, those without social support, transgendered sex workers, male sex workers and homosexual sex workers, face greater risk given their identities (AVERT, 2015). In all cases, the most common manifestations of these barriers
are the inability of sex workers to negotiate condom use with clients and inability to access sexual health services. This thesis will focus on the barriers that inhibit consistent condom use by female sex-workers in Chimoio, Mozambique.

When evaluating the politics of condom negotiation by female sex-workers, the reason why particular methods are chosen over others is under-researched. This thesis aims to identify the specific factors that influence the politics of condom negotiation between female sex-workers and their clients in Chimoio, Mozambique. In particular, it aims to identify:

- demographic factors that influence the use or non-use of condoms during sex-transactions
- the perceived power dynamic between female sex workers and clients that then influence the use or non-use of condoms during sex-transactions
- spatial factors that influence the use or non-use of condoms during sex-transactions
- how these factors influence the politics of condom negotiation strategies used by female sex-workers during sex transactions with clients

This thesis is intended to enrich existing literature regarding politics of condom negotiation strategies by shedding light upon the under researched field of condom negotiation processes of female sex-workers Chimoio, Mozambique. This research is of use to local civil society organizations and international organizations, like VSO Mozambique and OMES, who have proven to maintain strong interest in the health and well being of female sex-workers operating in Chimoio and the neighboring towns along the Beira corridor. By understanding the circumstances that influence female sex workers choice of approach when negotiating condom usage with clients, civil society organizations and international organizations alike are able to promote enriched sex-work harm reduction programming and interventions in Chimoio, and by extension other popular sites for sex transaction along the Beira corridor (and Mozambique as a whole).
1.4 Thesis Organization

The thesis actively aims to remain reflective and grounded in the experiences of the female sex workers who took part during the data collection process. As such, this thesis will continuously weave together the narratives and experiences of the female sex workers in all aspects, including the choice in terminologies, literature on sex work harm reduction programming and interventions and in policy implications.

In the following chapter, this thesis will provide a background on sex work in Mozambique, in addition to information regarding HIV in the country. Chapter 2 will also explore the existing politics of harm reduction policies and practices within the sex industry in Mozambique, with an emphasis on the existing HIV-reduction strategies—in doing so, identifying the nexus whereby global and local interests meet. In Chapter 3, I will be providing the parameters for this thesis. This will include the research question; the thesis statement; study area and study group. I will also be highlighting the methodology of this research and simultaneously identifying the methodological and ethical challenges of research with female sex workers. In Chapter 4, I will be providing the definition of key terminology used throughout this research. I will assert the validity of these particular choices in definition and analytical lenses of understanding by grounding them with responses from the female sex workers themselves. Chapter 5, the literature review, I will be identifying the prevailing narrative on condom negotiation; poverty spatial vulnerabilities and power with regard to female sex workers. In Chapter 6- The Politics of Condom Negotiation Strategies, I will be providing the data from the data collection process. This will be broken down into three sections. The first will be a description of the female sex workers. This will include socio-demographic information of the female sex workers, their motivations to enter sex work and an illustration of their sex work (from types of clients to violence on the job). In the second section, I will be identifying the knowledge had by the female sex workers in regards to HIV, AIDS, STIs and Sex Work Harm Reduction Programs and Interventions by OMES. The last section will be in regards to their particular experiences with condom negotiation—what has worked, what hasn’t and why they would choose one strategy over another. Chapter 7
will then analyze the aforementioned findings. Two broad thematic factors, structural factors and individual factors, that influence the decision making process made my female sex workers during sex transitions will be noted. With this analysis, chapter 8 will conclude this thesis with tangible programmatic changes for both OMES and VSO Mozambique (and by extention, VSO Mozambique partners working with female sex workers), as suggested by the female sex workers. This section will also include future areas for research.
2.1. Contemporary Sex Work in Mozambique

After nearly fifteen years of civil war (1977-1992), Mozambique’s economy and infrastructure is slowly beginning to grow. However, half the population still remains below the poverty line and as such, many, like Maria, turn to sex-work (UNICEF). For many, particularly those from rural areas, the urban centers have proven to be viable spots for employment. But when there isn’t work to be had, entering the risky world of sex-work is a viable solution. As a strategic transportation route, with several potential clients, the Beira corridor provides the market in which the women are able to engage in transactions. This is, however, concerning from a public health perspective.

Mozambique is one the countries most affected by HIV/AIDS, with HIV at a prevalence rate of 16% amongst individuals between the ages of 15-49, with a rate of 17.8 % in the southern provinces, 12.5% in the central provinces and 5.6% in the northern provinces (USAIDS; INS, INE & ICF, 2009). The majority of those infected are women and young girls (UNICEF). In Mozambique, the rapid rate in which HIV has spread has been noted as being due to the extensive migration of populations, particularly in regions with populations who work in mines in South Africa or as long-range truckers (IOM, 2006; Raimundo, 2010).

As a result of historical patterns and given its proximity to South Africa, the southern provinces of Xai-Xai and Maputo, have had several men working as laborers in the mines of Johannesburg, South Africa or plantations in the province of Mpumalanga, South Africa (Raimundo, 2010). While away, migrant men frequently engage in high risk sexual behavior, given their social contexts⁴, and transmit the diseases, like HIV, to their partners upon return (Crush et. al, 2010). In another example, the main transport routes of

⁴ Male migrant workers, who are away from regular sexual partners or spouses for long periods of times, may live in confined labour compounds or simply around other male migrant workers. These conditions, in addition to difficult work conditions, drug and alcohol abuse (frequent) and the availability of commercial sex can all add as factors that promote risky sexual behavior and render them vulnerable to STIs and HIV (Desmonda et. al, 2005)
Mozambique, the Beira corridor (central Mozambique) and the Maputo corridor (southern Mozambique), are sites with frequent sexual transactions between female sex workers and male truckers (IOM, 2006). The mobility of both female sex workers and their clients increases the risks of HIV (or STIs) to spread amongst the general population. While Mozambique lacks comprehensive data on the extent of commercial sex work and its impact on the HIV epidemic in the country, the vulnerabilities faced by women as a whole during sexual relations is known. Due to the imbalance of social, sexual and physical power, there is great risk that female sex workers are unable to insist on safe sex—thus exposing either themselves, their clients (or future sexual partners of either to HIV or STIs) (Langa et. al, 2014; UNICEF).

There are no laws, legislation or regulations that pertain to sex work in Mozambique (Langa, et al., 2014). Rather, the criminalization of sex work often falls within moral and indecency laws (Respondent, 2013). Consequently, sex-workers (both male and females of varying ages) have little to no legal protection, leaving them vulnerable to exploitation and abuse at the hands of clients and law enforcement. This sense of vulnerability can lead to heightened instances of disempowerment. This, coupled with fear, prevents sex-workers from negotiating safe-sex practices, including condom usage, payment and security.

There are two strategic locations in Mozambique where the risk of HIV and STI exposure (among other risks) for sex-workers is greatest: the Maputo and Beira Corridors. As two points of high human and transport traffic, these sites are optimal for commercial sex exchanges. The high number of potential clients makes these locations attractive to many women (considering or already in the sex-transaction industry), most of whom have few other means of income generation (IOM, 2010). Pushed into this profession for various reasons, many of which are linked to poverty, Mozambican women and those from neighboring countries such as Zimbabwe, turn to sex-work as a source for livelihood. In the riskiest situations, the desire to provide for themselves and their dependents, exposes women to situations where they forsake condom use, exposing
themselves to risks such as HIV, STIs, and physical violence, in the hopes of greater monetary return.

2.2 Sex-Work Harm Reduction Programs and Interventions in the Mozambican Context

Data has shown that HIV prevalence among sex workers is greater than among the general public (UNAIDS, 2014). As the UNAIDS 2014 Gap Report notes:

"Stigma and discrimination, violence and punitive legal and social environments are key determinants of this increased HIV vulnerability. Punitive environments have been shown to limit the availability, access and uptake of HIV prevention, treatment, care and support for sex-workers and their clients" (UNIADS, 2014)

The social, political and legal barriers that inhibit sex workers from seeking legal, social and medical assistance and support has resulted in increased risks to both their own health and wellbeing, but also to their non-paying clients (partners and family) and the health of clients (who, once infected my transmit diseases to other sex workers or their non-paid partners). As such, CBOs, international NGOs and global initiatives have aimed to transform the risks associated with this profession in Mozambique.

In order to combat the risk of STIs, AIDS and HIV, multiple approaches have been taken by CBOs and [international] NGOs to address the risks of acquisition and spreading the disease circumvent these risks. VSO Mozambique for example, under their HIV/AIDS strategy aims to (1) “strengthen capacity of agencies, to provide better services to people living with HIV and AIDS”; (2) “improve awareness of prevention, care and treatment opportunities” and (3) “promote advocacy for the right of people infected and affected by HIV and AIDS”, so that the nearly 15%\(^5\) of the population living

\(^5\) Statistics on HIV prevalence in Mozambique range from 14-16% in the literature and reports.
with HIV and AIDS can be best supported (VSO). While no specific mandate is set for sex-workers, VSO Mozambique actively works with community partner organizations who do work with sex-workers, a key demographic to assist in the fight against HIV/AIDS. One of their partners for example, the CBO Kubatsirana, works with young female sex workers in Manica (a town near Chimoio) who have limited alternative employment opportunities due to a lack of skills. As such, many turn to sex work—a viable source of income given that Manica is a main trucking stop along the Beira corridor. With VSO support, Kubatsirana, a faith-based group, implements peer education projects, where sex workers are able to provide advice and console one another. Moreover, with a generous donation from the Church of Ireland’s Bishops’ appeal, Kubatsirana has also been able to train 28 female sex workers in sewing and hair dressing, so that they could then apply their skills to alterative means of employment, in turn mitigating their risk to HIV and STI exposure (VSO, 2013). Kubatsirana has also utilized other psycho-social welfare projects, such as theater skill development, and soccer teams, to support female sex workers and create a safe environment.

Another group that is active in mitigating the risk of HIV and STI exposure amongst female sex workers in Mozambique is Organização da Mulher Educadora de SIDA (OMES). OMES is a community-based organization that works to transform female sex workers in Chimoio into activists, by teaching them about the importance of condom use and health care and ensure that female sex worker have access to condoms. The newly trained female sex workers (equipped with condoms to hand out) are then expected to raise awareness of the issues and spread the knowledge that they have learnt to other female sex workers and their clients. Through this process of peer education, OMES, unlike Kubatsirana, does not discourage female sex workers from their profession. Rather, OMES provides female sex workers with the tools to be safe in their profession. Simultaneously, OMES partners with local CBOs and agencies to create linkages so that female sex workers can receive counselling, health services including testing for STIs and HIV and access to condoms.
In Mozambique, like other parts of the world, the main emphasis has been to make both male and female condoms available. Providing condoms, is seen as an initial (and very practical) method of reducing the risk of the transmission of diseases, given that they can be quickly and easily disseminated to the greatest number of individuals. In Chimoio for example, condoms are readily available in the offices of CBOs working within the HIV/AIDS sector, sold on the street for reasonable prices and are available at several hostels, hotel bathrooms. Bars were also noted throughout this research process as sites that sold condoms behind the counter for a reasonable price.

Availability of condoms however, does not ensure accessibility or use of condoms. As great as the effort put forward by CBOs and NGOs in making condoms available has been, both my own observation and literature notes that the stigmatization and discrimination experienced by female sex-workers limit their ability to access condoms.

While efforts to increase the availability and knowledge of the importance of condom use is a priority to CBOs working with sex workers, this conversation simultaneously exists alongside a much broader and national dialogue regarding the dissemination of knowledge on how HIV is spread and how individuals are able to protect themselves (UNICEF). On a national scale and with the support of UNICEF, USAID, UNAID and the CDC, there has been the scaling up of prevention activities targeting strategic age groups (10-16). For example, between 2010-2011, UNICEF in conjunction with the Mozambican Ministry of Education and Culture held in-school activities to promote safe-sex practice along with a communication strategy that clearly outlined areas for engaging in dialogue (UNICEF). The hope was to target adolescents (10-14 years of age) so that the upcoming generation would possess the knowledge and skills to live a healthier life. With the Mozambican Ministry of Health, CDC has been involved in preventative and curative support for those with HIV, including female sex-workers. Beyond formal state action, religious communities and CBOs have been active in strengthening their intervention so that it is line with the National AIDS Strategic Plan (2011-2014).
The actions and initiatives noted above constitute as “sex work harm reduction programming”. Whether through public advertisements; peer-education initiatives (where by sex-workers of a CBOs interact directly with other sex workers in areas where sex is exchanged to promote condom use and HIV and STI testing); in-school training; screening of diseases; counselling sessions (for those who are HIV or STI positive or simply necessitate counselling), and increased availability of condoms, efforts being taken to mitigate the various harms that (female) sex workers may face in the profession. This thesis utilizes the sex-work harm reduction outline provided by UNAIDS in their report “Guidance Notes on HIV and Sex Work” (2009) as it reflects the missions and themes observed throughout this research process from OMES, VSO Mozambique and international organizations working in the region. These pillars will be defined and related to the Mozambican context. They are as follows:

**Pillar 1: Assure Universal Access to Comprehensive HIV Prevention, Treatment, Care and Support**

This emphasizes the removal of barriers that inhibit sex workers and their clients from attaining HIV prevention, treatment care and support given the stigmatization of their profession. In addition to this, violence and abuse of sex-workers were noted as being areas to be targeted with “urgency and high-level support” (UNAIDS, 2009, p. 10). It is also noted here that sex-workers should have access to high-quality educational opportunities. In Mozambique however, this has been seen difficult given the infrastructural limitations within the country.

**Pillar 2: Build Supportive Environments, Strengthen Partnerships and Expand Choices**

States should ensure through political and financial support, that community consultation occurs in all phases of HIC policy design, programme implementation and evaluation and that community organizations are enabled to carry out their activities, including the fields of ethics, law and human rights effectively” (International Guidelines on HIV/AIDS and Human Rights, 2006).
This also notes that sex workers should also have access to a “meaningful and comprehensive set of alternatives to sex work that respond to the workers’ individual circumstances” (UNAIDS, 2009, p. 17). This also includes “meaningful alternative employment and livelihood opportunities—jobs, cash grants, microcredit and microfinance” (UNAIDS, 2009, p.17). Advancements in creating alternative opportunities for female sex workers are being incorporated into the broader development agenda. VSO Mozambique, as a part of RAISA, for example, actively seeks to include female sex workers in the G.E.N.D.E.R project. In addressing the health and poverty complexities faced by all women of low socio-economic standing in Southern Africa, this project aims to “simultaneously empower women through raising awareness of sexual and reproductive health rights (SRHR), improving access to comprehensive health services and supporting income-generating activities to alleviate poverty (RAISA, 2014). The data that I collected during my visits to Chimoio is meant to highlight the particular needs of female sex workers in Chimoio, Mozambique, where VSO Mozambique has a long history of project with female sex-workers.

**Pillar 3: Reduce Vulnerability and Address Structural Issues**

Addressing the factors heightening HIV risk and vulnerability among sex workers are noted, not just within this document, but also throughout medical, governmental and non-governmental documentation. UNAIDS (2009) notes that many sex workers (those in money-sex transactions), as is the case for the respondents of this research, migrate from the rural areas to the cities so that they are able to make a livelihood for themselves and their families (UNAIDS, 2009, p. 19). Addressing the structural determinants of HIV risk and vulnerability amongst sex workers however, is challenging given the nature of the profession and the mandates of CBOs that, tied to particular funding regimes, are able to address the macro-issues in order to meet the targeted goals.

Even with the rhetoric of addressing structural issues, it is incredibly difficult to do so given the limited national support and capacity of organizations and the stigmatization of the profession. As such, amongst sex workers interviewed, there was sentiment that the existing and prevailing method of sex work harm reduction strategies
as disempowering and that it is one that is telling sex workers information that they are well aware of, without actively combating the underlying causes for the risks (such as HIV and STI exposure, violence and inability to negotiate condom use). As one respondent stated “Most [programs] are telling me what I already know...it doesn’t change the [fact] that I have to do the work (sex work).” (Respondent, Chimoio).

There are however, organizations that aim to transform these. CBOs like Abavamo in Maputo explicitly aim to “educate and empower” sex-workers in Mozambique (Ellison, 2014). Esperenza Malumbe, the founder of Abavamo, stated that: “No other organization is helping these stigmatized women. People say that these women know nothing but how to have sex, because they’re illiterate. I tell them that their bodies are their livelihood, and so they had to take care of themselves. The men certainly won’t.” (Ellison, 2014).

Other organizations, like OMES utilize peer-support systems to confront the top-down nature that has been associated with the “one-size fits all” sex work harm reduction programmes and interventions that fail to identify the unique experiences of sex workers. They are however, limited in their ability to carry out targeted programming due to tied-aid and mandates to meet targets and objectives set out by funding organizations. Regardless, the work by OMES and CBOs like Abavamo (and Kubatsirana to an extent6) point to a direction where by steady attempts to reconfigure sex work harm reduction programmes are being done. The fact of the matter is however, with all these efforts, there are instances whereby sex-workers are unable to negotiate condom use, or chose not to during sex-transactions (Respondent, Chimoio).

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6 While Kubatsirana supports female sex workers, they actively aim to pull these women out of this profession. Their means of addressing the underlying issues (lack of skills) that force women to see sex work as the only viable means of employment fails to address however, that for many the income that can be generated from sex worker is greater than that through sewing or other skill development training provided by Kubatsirana. OMES and Abavamo however, aim to address the various barriers that they face directly linked to sex work. In essence, while both address complex problems and barriers faced by female sex workers, they way in which solutions are interpreted are very different.
I am a sex worker. I face these issues.

Neither I nor my child can access health care
I am afraid to test for HIV
I only use the local clinic for emergencies because they are so rude
I have more clients than condoms
When I am beaten by clients, I have nowhere to turn
I was detained by the police for carrying condoms
My brothel owner charges me more than 50% of everything I earn
The police took me to their car and took turns raping me
I was sterilized against my will
My landlord evicted me
I have been unable to keep my family fed and housed
Some of my clients refuse to wear condoms

3.1 Parameters of this thesis

3.1.1 Issue

Given the considerable work done by CBOs, international organizations and NGOs, there is a plethora of knowledge and services that engage in sex-work harm reduction programming and interventions. There are however, times where female sex workers in Chimoio cannot or do not negotiate condom use, even when they are aware of the health risks that this may pose.\(^7\)

3.1.2 Research Problem

What are the factors that influence the politics of condom negotiation between female sex-worker and their clients in Chimoio, Mozambique?

3.1.3 Thesis statement

I will argue that the ability and ways in which condoms are negotiated by female sex workers in Chimoio, Mozambique during sex transactions are dependent upon several factors that determine power (authority) during the transaction – such as their ability to communicate with clients (linguistic capital), the spaces in which transactions occur (spatial leverage) and the perceived dynamics of authority between the client and the sex worker. In understanding condom use during sex-transactions as a political space, rather than a “blank canvas” where condoms are either used or not used for a singular reason, we are able to historicize and contextualize the realities of the female sex workers. Ultimately, the aim is to unpack the layers of condom negotiation, so that harm reduction programmes and interventions targeted at these female sex-workers, and those like them are situated in grounded sentiments from the female sex workers themselves.

\(^7\) This is known given the responses from OMES and VSO Mozambique. This was further corroborated by sex workers in Maputo whom I had early encounters with.
3.1.4 Methodology

As mentioned, this research emerged as an opportunity to assist VSO Mozambique in developing the Mozambican component of the regional project G.E.N.D.E.R in Southern Africa. I travelled to Chimoio, a city nearly 1,000km north of where I lived in Maputo, in order to gather data for this project and my thesis. I began this project with some preexisting knowledge; thoughts; questions; perceptions and impressions of sex work in Mozambique, based on conversations with sex workers in Maputo, like Maria. In addition to this, literature review on sex work in Southern Africa (often those on HIV risk perceptions of sex workers in Mozambique and Southern African as a whole, or the experiences of sex works negotiating condom use in South Africa) shaped the way in which I conducted focus groups in Chimoio, as will be explored below in Chapter 3.2 “Methodological and Ethical Challenges of Research with Female Sex Workers”.

While I relied on secondary data, including literature on sex work harm reduction programs and interventions (notably HIV prevention programs) and literature on condom use strategies and barriers facing sex workers in South Africa and globally, it was clear early on that there was a lack research on the factors influencing condom use with regards to sex workers specifically in Mozambique. Generally, Mozambique lacks comprehensive data on sex workers (Langa et.al, 2014). With this in mind, I sought to add to the literate on sex work harm reduction programming and intervention in the region by supporting the G.E.N.D.E.R project.

In order provide the G.E.N.D.E.R project with a grounded and accurate representation of the experiences of the female sex workers interviewed, a value that I wanted translated into this thesis, I relied heavily on primary data. The primary data obtained for this thesis was done during two formal site visits to Chimoio, Mozambique (that were explicitly research motivated and through VSO Mozambique) and an additional visit that I had made to Chimoio for work-related business.
Three different methodologies were used to gather the data: surveys (to gather socio-demographic information); semi-structured focus groups and one-on-one or group informal conversations in public settings including parties and *barracas*. In total, two focus groups were conducted; both formatted as semi-structured focus groups. In the first focus group discussions, the surveys were completed. I attended four parties and made two visits to a *barracas* while in Chimoio. One of the *barraca* visits was during a third visit to Chimoio. Given the sensitive nature of this research, I faced several challenges. The methodological and ethical challenges I faced when collecting data will be identified towards the end of this chapter in section 3.2 “Methodological and Ethical Challenges of Research with Female Sex Workers.”

Upon my return to Canada I delved into more literature on public health and sex work harm reduction publications pertaining to Mozambique and those in Southern Africa, particularly those made by researchers who were in the process of publication while I was in Mozambique (e.g. Pathfinder’s “Integrated Biological and Behavioral Survey among female Sex Workers, Mozambique 2011-2012 (2013) and Langa et. al’s “HIV Risk Perception and Behavior among Sex Workers in Three Urban Center’s of Mozambique” (2014)). Even after having conducted a more in-depth exploration and analysis of literature, news reports and government documents with regards to sex-workers in Mozambique, I was disappointed to find that the great majority of literature focused on HIV statistics and prevention, or the proliferation of condom use, as opposed to an in-depth analysis of factors that would promote condom use or non-use—as I found in literature on sex workers in South Africa (e.g. Trotter, 2007).

I use evidence from my experience, supported by literature, to emphasize the importance of identifying the factors that influence the politics of condom negotiation between female sex-workers and their clients in Chimoio, Mozambique. The existing dialogue regarding sex work harm reduction programs, as a part of a greater initiative to support sex workers in social and economic welfare projects like G.E.N.D.E.R is narrow, often focusing on HIV vulnerabilities without identifying the experiences of female sex workers.

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8 Barracas are makeshift bars and/or restaurants made of sheet metal.
workers and the way in which they manifest during interactions with clients. The evidence that I base my arguments on come from my observations, recording in notes, while in Chimoio; focus group sessions with female sex-workers; informal discussions with female sex works at parties and barracas and friends in Mozambique either working in or associated with the sex industry. I have done my best to maintain the integrity of the information collected in order to translate the experiences and desires of the female sex workers who took part in this researcher so that their needs and goals are reflected in projects like G.E.N.D.E.R.

3.1.5 Study Area

The Beira corridor is the strip of land beginning in Beira, Mozambique and stretching to Zimbabwe’s eastern border (IOM, 2010). Regionally, the central provinces of Sofala, Manica and Tete (provinces where the Beira corridor intersects) account for the highest rates of HIV transmission, partially due to the transport corridor and the high rate of sex transactions occurring in the area (UNICEF). For time and efficiency purposes, this research limited to the city of Chimoio. Chimoio is a major truck stop along the Beira corridor. Less than 100km away from the Zimbabwean border, Chimoio is a busy town with truckers frequently passing.

Moreover, Chimoio was chosen, as it was the site where OMES, a civil society organization working in the frontlines of harm-reduction programming in the sex-work field, is located. Given that OMES is a partner of VSO Mozambique and a key actor in their HIV/AIDS portfolio and a participant of the G.E.N.D.E.R project, I was readily granted access and support to this CBO and their constituents (who all lived in Chimoio). For respondents not associated with OMES and were found at parties or barracas, they too lived in Chimoio.

3.1.6 Study Group

Thirty-six female sex-workers took part in this study in total. Twenty-six female sex workers took part in formally organized focus group discussions at two points in time.

9 Please refer to Appendix H for a map of the Beira corridor
(November 2013 and February 2014). These respondents were all associated in one capacity or another with OMES, a community based partner located in Chimoio, Mozambique but with projects spanning across the Manica province. OMES is an umbrella organization that works independently and with other smaller CBOs in the area to promote projects and policies for the health and wellbeing of female sex workers. In addition to these twenty-six, ten female sex workers were informally interviewed between November 2013-April 2014 at public sites (3 at barracas and 7 at parties) in Chimoio, Mozambique. All respondents had varying years of experience as sex workers varying degrees of engagement with the this form of employment This data collection necessitated that the female sex workers share their particular experiences in situations where they wished to use a condom during sex transactions, but the client refused.

My interaction with the female sex worker respondents could be seen as happening in two parts: the first necessitating my integration into the safe-space of OMES and the second one where I had gained the trust of respondents, resulting in the snowballing effect of future respondents. The initial focus group was organized by Rute Dos Santos, HIV/AIDs Program director at VSO Mozambique. The focus group included 13 female sex workers who voluntarily agreed to take part in both Rute’s initial workshop and subsequently, my focus group. The second focus group on February 2014 utilized a snowball method to attract additional respondents. Having maintained contact with OMES and one of the respondents, the second focus group saw an additional 13 respondents (excluding one from the first focus group). The criteria for recruitment for both focus groups was association with OMES for at least 60 days so that general knowledge of OMES’s sex-work harm reduction programs were known to participants. In addition to this, they were to be over the age of 16 (legal age of consent) and able to speak English and/or Portuguese. I met the remaining ten respondents at random in public settings. Seven of them I had interacted with during parties and established a connection with (general conversation or based on acquaintances or similarities in music

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10 Please refer to Appendix I for a map of highlighting Chimoio
11 This is the age at which an individual is considered legally competent to agree to sexual acts
12 This was not followed during the second focus group session.
tastes). I met the other three through informal introduction from female sex workers I had met via OMES at barracas. The requirement to include the data collected during these interactions was similar to those established for the focus group, although there was no requirement (or probing) as to their interaction with sex-work harm reduction programmes. As such, my intention with regards to the data collected from this would be to use them to support the findings found during the focus group discussions and to add narratives to ground the findings. I was able to find out however (after mentioning my interests in the topic of condom use and my connection to OMES) that all ten women had interaction with OMES at one point or another (although to what degree is unknown).

Note: Given that only female sex workers in Chimoio were questioned during this research, the findings of from this thesis, although perhaps relatable to the experiences of female sex workers along other points of the Beira corridor (or Maputo corridor for that matter), are reflective only of the realities of this small sample group. As such, the findings will by no means act as an accurate representation of the realities of all female sex workers working along this route. For example, the realities of female sex workers working along the ports of Beira may be drastically different to those faced by women working at truck stops in Manica. Rather, the information gathered will act as an honest reflection of the realities of women of the Chimoio region and can be (given the comparative nature) extrapolated to identify trends seen along other points of the Beira corridor and at other sites of major concern to organizations conducting sex-work harm reduction programmes.

3.2 Methodological and Ethical Challenges of Research with Female Sex Workers

Research with female sex workers poses multiple methodological and ethical challenges. The following section will briefly explore the ways in which I had overcome these challenges. Frances M. Shaver, of Concordia University, poses these challenges in her article Sex Work Research: Methodological and Ethical Challenges (2005).
Challenge 1: The Researcher—Positionality and Language

As an identifiable East African Canadian female, I was mindful of my positionality when engaging in the focus groups, survey taking and discussions with sex-workers. I ensured that I was open and upfront about who I was, including my age, and answered the questions directed at me (including personal questions), in a forthright manner. I did so strategically to ensure that a sense of safe-space was created between the respondents and I. I maintained that this research was a learning experience for me and that I was in no way the expert on this subject, as it was based wholly on the lived experiences of my respondents. I believe this approach provided me with greater access to spaces that would have otherwise been closed off to me. In addition to this, my constant effort to speak Portuguese with the Mozambican respondents (and English with the Zimbabwean respondents) ensured that the terms in which our interaction occurred were clearly towards maintaining the integrity of our relationship.

Challenge 2: Size and boundary

Like any research, the size and boundary of a population matters. This can be a bit problematic in terms of containment when the population size is unknown and the boundaries abstract. This is precisely the first challenge to research with sex workers (Shaver, 2005). Shaver points out that traditional methods of sampling—snowball sampling, key informant sampling and targeted sampling do not necessarily resolve the problem of poor/limited representation of the sample (Shaver, 2005, p. 296). In this research, acquiring an accurate representation of the sample was not an explicit goal. This is for multiple reasons including: time constraints, limited penetration into the daily realities of female sex workers from Chimoio\(^\text{13}\), and limited access given my positionality\(^\text{14}\). However, given that this research emerged as a result of an initial research report for VSO Mozambique to garner a general sense of the factors that influence condom use during sex transaction—the initial use of semi-targeted and then snowballing proved resourceful. This mixed approach has resulted in me avoiding a single type of By limiting my focus with the ultimate aim of utilizing data found to extrapolate to similar

\(^{13}\) There were only so many questions that could be asked in the allotted time.

\(^{14}\) I am a young, East African female who speaks both Portuguese and English
sites of high sex transaction (strategic sites along transport routes), this research simply aims to argue that “These are the realities and sentiments of these women, and is likely to resonate with other female sex workers working along other sites along the transport route”.

**Challenge 3: Problems associated with the visibility of the population**

Given the stigmatized and illegal nature of their work, many sex workers, argues Shaver, are greatly concerned with their privacy (Shaver, 2005, p.297). As such, they may refuse to cooperate or provide unreliable answers in order to not compromise their privacy (ibid). This was of great concern to me. Given that I entered as a researcher of VSO Mozambique and that I was a foreign-Portuguese speaking-East African young female\textsuperscript{15}, I was concerned that I would either face barriers in accessing data, or that the data given to me would be what the respondent thought I wanted to hear. For the focus group discussion I was fortunate to have Rute Dos Santos to bridge the initial gap so that I was able to gain the trust of the female sex workers. This was done through sharing of personal stories and discussion of romantic relationships. The second focus group discussion, created using a snowballing tactic, was similarly open. As well, the discussion with female sex workers in social settings proved to provide rather straightforward answers as the initial aim had not been to simply acquire data and sentiments emerged rather organically through networks. I do however; acknowledge that some answers may not have been completely forthright due to natural protectiveness felt by the female sex workers.

**Challenge 4: Assumptions of Victimization**

Sex work is often associated with victimization. It is common to hear that sex workers do not voluntarily enter this profession. This removes the agency of many sex workers who enter by their own accord given circumstances—in doing so shaping a narrative of their reality to one that they would not ascribe to. Moreover, this process homogenizes the entire population. However, researchers and sex workers alike have

\textsuperscript{15} These spaces included: foreignness, age difference, east-African exoticism, Western researcher
provided evidence to the contrary. This narrative is problematic in the sense that it develops a notion that sex-work is not an identity (i.e. revenue-generating activity) but one of exploitation (Shaver, 2005, p. 297). “Sex-work” is defined as an income-generating activity, in which sex workers provide a service for a monetary or in-kind return (Overs, 2002). This is in contrast to “sexual exploitation”—the exploitation of an individual for sexual purposes. This may manifest as a trafficked individual or as an individual coerced to sell sex. The two are not necessarily mutually exclusive. Regardless, it is crucial that one does not assume the identity of the individual. Those who took part in this thesis identified themselves as sex-workers who engaged in commercial sex-work for economic reasons.

For this research in particular, ensuring that victimhood and stigmatization was not projected upon the bodies of the female sex workers was crucial. As such, the language used during focus groups did not include “prostitutas” or “trabalhadoras do sexo” as to not create an uncomfortable or judgmental environment. Rather the term “mulheres” was used. In creating an environment that does not utilize terms that are, within this context, heavily stigmatized, an environment of trust and openness was formed.

Challenge 5: Assumptions and Conformity to Heteronormative Sex-Transactions

In retrospect, given the way in which the initial focus groups were set up and the types of questions were asked, there was an assumption of heterosexual sex-transactions. The prevalence of these sorts of transactions may be true, given the clientele described by the respondents and other research conclusions, however this may have also skewed the types of responses provided by the women.

Although I acknowledge that this bias may exclude the experiences of some respondents during particular instances in time, it does not affect the outcome of this research with the stipulated sample group and parameters. Given that the parameters were set out to focus exclusively on condom negotiations during penile-vaginal sexual transactions, I believe that the objectives set out in this research will be met. In
acknowledging this limitation, however new avenues for research can be explored in the future.
Chapter 4: Can Condoms be Negotiated?

4.1 Introduction

As this paper delves into the literature regarding condom negotiation strategies and the themes that emerge in regards to condom negotiation, it is important that I clarify some key terms. In this section, I aim to clarify what I mean by condom negotiation, including the reasoning as to why I assert that condoms are negotiated. I will be using Reynaldo Pareja’s research entitled “Why Clients of Sex Workers Don’t Use Condoms (1991)” to guide my analysis on the barriers to practical barrier to condom use (and by extension condom negotiation) during sex transactions between female sex workers and clients. Pareja, a member of the AIDS Public Health communication project (1987-1993) rooted these findings in extensive data collection throughout the duration of this project. The reason I use his assessment regarding barriers to condom use in order to highlight the complexities of condom negotiation is both because it is clearly laid out and reflect the sentiments noted in other literature related to condom negotiation strategies used by female sex workers (see Chapter 5), but also because it echoed the sentiments of the female sex workers who took part in creating this thesis. I will be utilizing the statements from female sex workers who took part in this research in order to ground the logic behind using this piece of research to assert that condoms are to be negotiated.

I will also define and analyze transactional sex, negotiation and power in this section—terms and themes that are reiterated throughout the literature and the data collected. By using relevant literature as well as the testimonials of respondents from this research, I aim to further ground this thesis in the realities and experiences of female sex workers. Given that I explicitly set out to engage in a data collection and analysis process that was both continuously reflective and grounded, utilizing the experiences of female sex workers when explaining condom negotiation was crucial for me.

16 The AIDS Public Health Communication Project (AIDSCOM), a project funded by USAID, aimed to assist developing countries in HIV prevention activities by integrating lessons learned from [western] health education, behavioral science, disease prevention and social marketing (AIDSCOM, 1993).
4.2 Deconstructing the Negotiated Condoms During Sex Transactions

In this thesis, the condoms to be negotiated are male condoms. While female condoms are available, male condoms are the most readily accessible and widely distributed forms of condoms in Chimoio. As stated by one respondent:

“They [condoms] are everywhere. I can walk into any bar, shop or clinic and get some. Even from my friends I can get it [sic]” (Respondent, aged twenty-four, Chimoio)

Male condoms, given that they are to be used by the other party, are to be “negotiated” and are often initiated by the female sex worker (Pareja, 1991). This is not to state that all male clients do not wish to use condoms. Nor does it imply that all female sex-workers wish to use condoms. Rather, given data that supports the argument that male clients engaging a transaction of money-for-sex, without a stipulated relationship identified beyond this, are more likely to request sex without condom use. The reasons for these vary. Reynaldo Pareja (1991) outlines the possible reasons:

1. Physical reasons as to why clients do not want to use condoms
   - The latex causes irritation,
   - The latex adheres to the penis,
   - The lubricant burns and irritates,
   - The lubricant causes a rash, and
   - The heat of the latex causes swelling, allergic reaction and a bruised itchy feeling.

These reasons were also brought up during the discussions with focus groups in Chimoio:

“Men do not like the feeling of rubber” (Respondent, nineteen, Chimoio)
“They say how can we feel any pleasure with this! Even if it is oral they say they need to feel it, even if they know it is not safe” (Respondent, forty, Chimoio)

“They say that the condom is rough and they don’t use it because it will hurt me. But when I say use oil, they say no. They just don’t like it” (Respondent, thirty-one, Chimoio)

“Sometimes, they [clients] say it is like having sex with a garbage bag. Then they become weak [sic]” (Respondent, Chimoio).

2. Psychological reasons as to why clients do not want to use condoms

In Pareja’s findings, “loss of sensation” and “trust” were both key reasons as to why clients may not have wanted to use a condom. From his respondents (including male clients), the use of condoms signaled mistrust amongst female sex-workers and clients, particularly clients whom they had built a rapport with (Pareja, 1991, p. 5). In addition to this, it was perceived from his focus group in the Dominican Republic, that condoms were in some-way an attack on the macho image of males, as condoms may result in a loss of erection). This sentiment was not articulated during the focus group discussions had in Chimoio, however respondents noted:

“When they can not enter [because of the loss of sensation due to condom use], they become frustrated and angry” (Respondent, Twenty, Chimoio).

“They think that if I say “we must use a condom” that it is because I don’t want them to benefit. Then they say that they are clean and defend themselves” (Respondent, eighteen, Chimoio)
3. Economic reasons as to why clients do not want to use condoms
   o There is a belief that because there is sensation lost when condoms are used, it is a money waster.

   “They come for release, but if they can not come because of they condom, or it is too hard, they are loosing [sic]” (Respondent, forty-three, Chimoio).

   o Condoms may not be used during sex-transactions because the use of condoms creates tensions that would lead to confrontation.

Although most respondents stated that they would only engage in sex with clients when condoms were used, regardless of the fact of the client was a frequenter or not, the tensions that arose during their negotiation processes were raised. It can be argued that perhaps the women were not completely forthright in their condom use habits, given the environment that they were in (A focus group on condom negotiation, with the assumption that condoms were to be negotiated, around other sex workers who said they always used condoms). This is an issue that cannot be problematized or deconstructed in this thesis. However, it is clear there are instances when condoms are used, regardless of economic incentives:

   “If says he does not want to use a condom, but that he will pay me more, than I will not use. But I know condoms are important. So I always ask” (Respondent, twenty, Chimoio).

   “Sometimes they try to give me more money to not use a condom, but I refuse” (Respondent, thirty-three, Chimoio)

4. Cultural reasons as to why clients do not want to use condoms
   As mentioned by Pareja, there are several cultural factors and beliefs that may influence the non-use of condoms during sex-transactions. In his study in the Dominican
Republic, the belief that “larger women did not need to use a condom” or disregard to the risks were identified as reasons for condoms to not be used (Pareja, 1991, p.7). In addition to this, the foreignness of condoms (i.e. condoms as a foreigners tool) was mentioned as demonstrated in the comment: “Foreigners don’t feel bad about or ashamed of asking to use a condom. Dominicans do. The difference is cultural” (Pareja, 1991, p.8).

With the reasons listed above, we are able to have a better understanding of the complexities on condom use (and by extention condom negotiation) during sex transactions.

4.3 Defining Transactional Sex

This research acknowledges the complexity of sex-work within the broader “transactional sex relationship” realm. Authors such as Mark Hunter (2002;2009), Chatterji et. al., (2004), Suzanne Leclerc-Madlala (2010) and Jennifer Cole (2009) outline the ways in which sex, love and economic transactions blur in a way that can not be understood within the limited scope of “sex-work” or “prostitution”. Rather, as Hunter notes, what would be perceived in a Western sense as a “client” and “sex-worker” relationship may not necessarily be as clear-cut (Hunter, 2009). The clients and women operate in a complex web of historical and contemporary power mediations. What this means is that each individual engages in the relationship in a strategic matter and this sequence of event emerges as a result of particular events in both the individual histories, and those of the larger space.

Sex work can be broadly understood as either a foreign system to the African (Mozambican) morals and values or as a consequence of events that have “individualized, commodified and casualized African sexual relations” (Hunter, 2009, p.135). “Prostitution” is often seen as a singular manifestation between those dubbed as female sex workers complex and their clients. In his article “The Materiality of Everyday Sex: thinking beyond “prostitution”” (2002), Mark Hunter explores the “sugar daddy” relationships and highlights the important role that gifts have in sexual relationships between men and women (Hunter, 2002). In doing so, Hunter demonstrates that “sex
linked subsistence” (livelihoods) and “sex linked to consumption” are not mutually exclusive (Hunter, 2002, p. 101). Rather the two can be intricately linked given the condition (structural marginalization, external pressures to conform, supplementation of resources etc.) (Hunter, 2002, p.113)

Given this perspective, my thesis narrows down sex-transactions to sex-work as exclusively a livelihood that necessitates sexual services be provided to the client, in whatever manner, for a specified duration of time, without the expectation of non-economic benefits. The length of this timeframe however, is open to interpretation. The crucial component is that the sex-workers, when responding, identified as seeking or receiving clients with the intention of cash-for-sex transactions.

4.4 Defining Negotiation

The framework in which negotiation is understood in this paper is from the normative negotiation theory framework. Negotiation is the process in which two parties engage in a series of decision-making processes to achieve a particular end. Because the two parties are “battling” over a fixed benefit (condom use/non-use)\textsuperscript{17}, the way in which we understand power is crucial. Based on global trends, that state that female sex workers are more likely to request condom use and that male clients are more likely to be the ones to not want to use condoms during transactions, I am maintaining that condoms are negotiated amongst the female sex workers who took part in the data collection process and their clients. This is a train of thought that was maintained throughout this research. In asserting this relationship between female sex workers and their clients, I am better able to analyze the way in which factors, like power, play out during the negotiation process.

\textsuperscript{17} Alfredson & Cungu, 2008
4.4 Defining Power

Power can be understood in multiple fashions, each underlined with distinct cultural assumptions and norms (given their unique locales). When exploring “power” in regards to sex-workers, conceptualization of the term can be particularly problematic as it may inherently be seen as the ability of female sex workers to make all and any choice regarding their profession. I acknowledge that this is not necessarily true for many women who engage in several micro decisions daily that influence their profession as a whole, their transactions and condom negotiations strategies. This paper will utilize Holland et al.’s definition of power when engaging in condom negotiations as: “dispersed constellations of unequal relationships which leaves spaces for human agency, in contrast to a conceptualization of patriarchal power which suggests a unified subordination of women (Holland et al, 1990, p. 341). This research acknowledges that condom negotiation strategies are contingent upon multiple factors engaging in a particular manner given particular circumstances.
5.1 How are Condoms Negotiated? Identifying prevailing Condom Negotiation Strategies

The accepted trend by NGOs, CBOs and international organizations towards increasing the frequency of condom use during sex-transactions is by improving the ability for female sex workers to negotiate condom use with their male clients who are refuse to use condoms\(^\text{18}\) (Alam et. al, 2013, p.814). Condom negotiation does not only encompass the initiation of condom use, but also the ability to turn down clients who do not want to use a condom (Alam et. al, 2013, p.814). There are multiple ways in which condoms can be negotiated by female sex workers, as outlined by Bui et. al, (2013) in Table 1. This chart by Bui et.al, (2013) provides a systematic identification of condom negotiation strategies, including what it means and performance possibilities. As a researcher aiming to understand the factors that influence how and why condoms are negotiated between female sex-workers, this chart was appreciated for several reasons. Firstly, the strategies identified were reflective of strategies used by sex-workers in literature that did explore condom negotiation strategies used by sex workers in other contexts. Secondly, friends of mine in Maputo who were sex-workers and female sex workers from the first focus group when discussing performance possibilities with clients corroborated these sentiments. By the second focus group discussions, I utilized this chart explicitly when identifying condom negotiation strategies used by female sex workers when confronted by clients who explicitly stated that they did not want to use a condom during sex transactions.

I did however, add a 10\(^{th}\) strategy for the second focus group discussion and the interactions with 10 female sex workers at parties and barracas, that was not in Bui et, al’s chart. This option, “no action”, in which the sex worker does not further pursue condom use, emerged as a result of responses from the female sex workers in the first

\(^{18}\) This is not to say that all male clients refuse to use condoms. As was highlighted in Chapter 4, where by the negotiation process is analyzed using literature by Reynaldo Pareja (1991), there are several reasons that female sex workers would not want to use a condom during sex transactions.
focus group who stated that at times they would not pressure clients to use a condom, and have sex without a condom for various reasons. These will be highlighted in the findings in chapter 6.

**Table 1: Condom Use Negotiation Strategies, Definitions and Performance Possibilities**

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Definitions</th>
<th>Performance possibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reward</td>
<td>FSW promises or provides positive consequences if client uses a condom</td>
<td>Emphasize that sex will be more erotic as a reward for condom use</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Introduce the unique design of a condom (e.g. dots, ribs) which will bring about rewarding sensations</td>
</tr>
<tr>
<td>2. Emotional Coercion</td>
<td>FSW threatens to use or uses negative affective consequences in order to persuade client to use a condom</td>
<td>Make a pitiful face if client does not want to use condom</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Client believe that he will feel sorry you if a condom is not used</td>
</tr>
<tr>
<td>3. Risk information</td>
<td>FSW presents information about the risks of STIs or HIV/AIDS to persuade client to use a condom</td>
<td>Tell client that if condom is not used, than one of you could end up with an STI and/or HIV</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tell client that using a condom will protect you both from STI and/or HIV</td>
</tr>
<tr>
<td>4. Seduction</td>
<td>FSW uses (nonverbal) sexual arousal to distract or direct client in order to persuade client to use a condom</td>
<td>Start with foreplay and then pull out a condom when it is time and ask for it to be used</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Get client very sexually excited and put a condom on without saying a word</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use mouth to put a condom on during foreplay with oral sex without saying a word</td>
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<td>---</td>
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</tr>
</tbody>
</table>
| **5. Deception** | FSW uses false information or deception to get client to use a condom | Make up a reason when you want partner to use a condom, even though the real reason is to protect yourself against diseases

   - Make partners think I always use condoms when I have sex, even though sometimes you do not
   - Pretend that you are really concerned about pregnancy, when your true fears are STIs |
| **6. Withholding Sex** | FSW states or threatens that sexual activity will be withheld if client does not use a condom | Tell client that you will not have penetrative sex with him if you do not use a condom

   - Make it clear that you will refuse sex if condom is not used
   - Refuse to have sex with client unless a condom is used |
| **7. Relationship conceptualizing** | FSW uses caring or concern for the partner or relationship in order to get client to use a condom | Let client known that using a condom will show respect for your feelings

   - Tell client that using a condom will really show how he cares for you |
| **8. Autocracy** | FSW uses authority, claim greater knowledge, or flatly insists on condom use | Tell client that a condom must be used because you say so

   - Tell client that a condom must be used because you are the one who makes important decisions in your relationship |
| 9. Direct Request | FSW requests the use of condoms in a direct straightforward manner | Straightforwardly ask that you use a condom during penetrative sex
Make a direct request to use a condom
Be clear that you want to put the condom on |
| **10. No Action** | FSW chooses to no longer request condom use | Comply to having sex without a condom. |

The ability to decide on which strategy to use is however dependent upon several factors; ranging from poverty; power structures of the commercial sex setting, the legal system (and the way in which the female sex workers situate themselves within it); and other socio-cultural factors (Alam, et.al, 2012).

### 5.2 Poverty: a Factor Influencing Condom Negotiation Strategies

In the scholarly literature, poverty is noted as being a determining factor for when sex-workers negotiating condoms usage, particularly in scenarios when clients refuse to use a condom. For sex-workers who enter this realm as a source for income, their ability to have clients is the bases of their livelihoods. Negotiating condom use is therefore a critical aspect of their livelihoods, as it could mean the difference between loosing a client due to an irreconcilable difference in desires regarding condom use (and therefore loss of income), or completing a transaction successfully. Successfully completed transactions however, as indicative of the chart, dose not always mean that sex workers ensure condom use. If a client offers more money for sex without a condom, the sex worker may be inclined to opt to not pursue efforts to ensure condom use compromise the knowledge of healthy practices that she has been taught, or the readily made available condoms (Dasgupta, 2013; Wojcicki & Malala, 2001). As was stated by the authors:

"Many women [in South Africa] viewed the possibility to not to use a
condom as a chance to make more money. For example, women reported doubling the price without condoms” (Wojcicki & Malala, 2001, p.109)

There are also instances where the client may refuse to pay for services if a condom is used, which places the sex worker in a difficult position and may engage in the transaction if the desire to elevate herself and her dependents from poverty supersedes her immediate concern for her health (Preston-Whyte, 1999). Many may also feel a fear that by insisting on condoms being used, that they will deter clients (who would go to other female sex workers) and thus limiting their potential earnings (Karim et. al, 1995). Ultimately, poverty acts as an impediment that given no other alternative, promotes the likelihood of situations whereby female sex-workers are put in greater health risk and at a disadvantage when negotiating condom use. As Basu (2010) states:

“When monetary worries multiply with fewer clients, concerns about health become secondary. Health and HIV are contextualized in terms of a future state of being, with the more immediate need to earn money to feed family members and promote the health of children often leading sex workers to give into unhealthy practices” (p.425).

Poverty can also, act as a way to push women to aggressively engage in negotiation strategies for which the outcome is either condom use or no-sex (if condoms are not to be used). This circumstance results in female sex workers to feel as thought they owe it to their dependents to remain healthy and alive. As one participant from Dasgupta (2013) research states:

“I am a sex worker and the sustainer of my family, I am proud of it. If something happens to me, if I am stricken with a fatal disease, there will be nobody to look after my family...” (p. 830)

In essence, what we can see is that poverty does not necessarily result in female sex workers to perpetually engage in sex transactions without a condom. Rather, poverty
can also act as a force to promote safer sex (condom use). Condom negotiation therefore, cannot be understood as exclusively based on poverty. Poverty is only one of several factors, as identified in the literature, whose impacts’ manifest in multiple ways depending on the environment and circumstances female sex workers are in with their clients. These will be looked at below.

5.3 Spatial Vulnerabilities

Spatially, it can be argued that the site in which sex-transactions take place have a great impact on the ability of a sex-worker to negotiate condom use (Trotter, 2007). Sex workers operating in areas where they do not have the support networks, or have a sense of safety, are more likely to engage in condom negotiation strategies with a no-condom use outcome, as they fear reprisals (Trotter, 2007). For example, as seen in South Africa’s prostitution industry, women who engage in transactions from the street face greater risks in terms of violence in comparison to those than those working from determined “safe” spaces, like their homes or designated sites for sex transaction like hotels or brothels (Trotter, 2007). Female sex workers’ ability to negotiate condoms therefore can be influenced by the perceived control they have over the transactional environment. What this means is that the perceived vulnerability experienced by the female sex worker determines their ability to negotiate condom use during sex transactions.

The sites where negotiations for sexual services (and subsequent enforcement of condom use) are made can determine whether or not the sex worker has the ability to assess a client’s character (i.e. possibility for violent behavior or non-payment) and determine if she can refuse the transaction if condoms are not used (Trotter, 2007). For example, women who work from the street tend to negotiate sex-transactions from car or truck windows and have little time to judge the character of the client in relation to those who encounter clients at bars or at designated sites such as brothels or hotels (Trotter, 2007). Female sex workers working from the street must make complex judgments about their potential safety with strangers in a short span of time (Trotter, 2007). Female sex workers in these situations control the space outside of the car, and can refuse sex. However, the moment she enters the vehicle, she enters a space controlled by the client.
The controlling of space however, is not as clear when the sex-worker works out of a space that she does not necessarily control, such as a brothel. She may have the ability to put forward a sense of control however, both she and the client are in a space owned and operated by a third party (Trotter, 2007). This third party could hypothetically support the empowerment of the female sex-worker in the condom negotiation process by enforcing rules.

Cars and other spaces that are foreign to the sex worker are sites where the outcomes are often unknown, and given that the female sex-worker may be operating solo, put her in multiple risks, including non-payment. In Wojcicki & Malala (2007) note from one respondent:

“Sometimes they drop you here in Jo’burg—sometimes when you finished to make business he say to you, you know that I am a come. He says get out of my car and he produces a gin...you can’t do anything, you just jump out of the car.” (Wojcicki & Malala, 2001, p. 105).

Women who work in indoor sex work environments however according to Krüsi et. al, were seen as having increased control over negotiating risks (and condom use) during transactions (Krüsi et. al, 2012). The fear of violence is diminished to some degree, as there is the support of staff, other sex workers or police in some cases if there are instances were the client demands unprotected sex through violence (Krüsi et. al, 2012).

The ability to negotiate condoms with an outcome of condom use is therefore greatly diminished if the female sex worker is in an environment that perpetuates fear without external checks to limit them. The safety (i.e. reduced sense of vulnerability) that allows for female sex workers to engage in negotiation strategies that result in condom use is a product of the structural rationality that describes the needs and constraints of their clients. For example, when transient clients, like those working in maritime industries or others constrained by repercussions on illegal conduct (whether perceived or
real), sex workers, given the particular space, are able negotiating condoms through authoritative and/or direct means and theoretically, be less fearful as there are conceivable consequences for the clients (Trotter, 2007).

Beyond the direct condom negotiation between female sex workers and clients, female sex workers must negotiate their safety with gatekeepers who may be the source of violence, such as the police. The fear that the police maybe involved during confrontations with the client during sex work was a perceived threat to many female sex workers, particularly those who worked out of the street, and was seen as a factor increasing their vulnerability. According to one respondent in Wojcicki & Malala’s study (2001):

“Most people do not get help from the police...They’ll as you questions that traumatize you more like “Did you enjoy it (the rape)?...So I am better staying than going to the police” (Wojcicki & Malala, 2001, p. 105).

Attitudes such as these from the police add to the existing stresses such as poverty and violence during negotiations.

5.4 Understanding the Meaning of Authority during Sex Transactions

As we have seen, there are instances when sex worker feels as though she does not have enough control to actively choose whether condoms will be used or not used during sex transactions when the client pressures her to not use a condom. Frequently, this is due to a perceived or actualized threat of violence. Violence is a reality that faces sex workers working along all terrains. Violence amongst vulnerable groups within the sex industry, including those that have been trafficked is particularly high (Sarkar et. al, 2008, p.227). The use of violence from clients, such as physical abuse and rape, results in a heightened risk of non-payment and exposure to HIV and STIs (Shannon & Csete, 2010). Experiences of disempowerment (such as inability to negotiate condom use during sex transactions or payment), manifesting as a result of violence, inhibit the sex workers
to utilize condom negotiation strategies that are authoritative (direct or withholding sex) and promotes action towards non-direct and less successful strategies such as emotional coercion or reward (Shannon & Csete, 2010; Bui et al. 2013). This view however, reinforces the narrative that the relationship between sex-workers and their clients is inherently imbalanced, placing greater authority in the hands of clients, rather than the female sex workers. While this may be correct in some instances, this is not a universal conclusion.

Sex workers are often viewed as “powerless” in sexual negotiations with regards to influencing clients to wear condoms (Wojcicki & Malala, 2001, p.100). As has been seen however, many sex workers are not only aware of ways to negotiate sex, (as they’ve learned on their own, from peer-educators via CBOs or other sex workers), but successfully employ them (Bui et al, 2013). Peer-educators in particular were seen as having great impact in empowerment and promoting condom-use (Yang & Xai, 2013). In removing the narrative of powerlessness when deconstructing the sequence of ensuring condom use when a client refuses, we are able to garner a more holistic understanding of the realities faced by the female sex worker.

Perceived power possessed (i.e. the authority that female sex workers feel that they possess during sex transactions) is crucial in order to understand the way in which condoms can be negotiated. As mentioned previously, the spaces in which sex-transactions occur may influence the sense of vulnerability experienced by the female sex workers, and in turn influencing their ability to negotiate condom. Characteristics of the spaces where transaction therefore, cannot be the sole explanation on the types of negotiation strategies employed. Trotter noted that in the particular case of dockside sex-work, where the clients are often transient males, female sex workers perceived that they had greater authority over their clients because they had greater knowledge of the region, legitimacy (as natives of the region) and resources in comparison to their foreign clients (2007).
Moreover, the distinct characteristic of the sex worker themselves can play a major role in their ability to negotiate condoms and have a general sense of safety in their profession. In areas where sex work is criminalized, the female sex workers face an increased sense of vulnerability and experience high levels of physical abuse (Wojcicki & Malala, 2001, p.105). The nationality of the sex workers and the associated ability to communicate in the language of the new site (if different) determines whether or not they possess the leverage to successfully negotiate condom use with clients who refuse to. Language can be expanded include general educational background.

For women who migrate to new areas, particularly those who do not have the language capabilities of the new site, they often gravitate towards sex work, as it is a form of employment in which they are able to navigate around language barriers more readily than other forms of employment (such as domestic help), that may not provide as competitive an income (Choi & Holroyd, 2007). The fact that these women, driven by poverty for employment end up working as sex workers for the viability’s sake (i.e. what they can do given their language skills and desired income) and the fact that they could potentially be illegal in the countries that they are working in (further perpetuating their fear of institutions that may arrest them or prosecute them) can influence condom negotiation strategies used by female sex workers (Campbell, 2000; Alam et. al, 2013).

This is not to say however, that all female sex-workers exclusively engage in sex-work as the only means of employment. For some women, sex-worker is not an all-encompassing identity (i.e. “she is only a sex worker”), as they are otherwise labeled as by others. Those identified in Blanchette and Da Silva’s work, viewed sex work as a complementary source of employment given their “traditional” duties as homemakers (primary identification) (2011, p.134). This source of revenue, as opposed to other jobs that may not necessitate skilled labour such as nannies and cleaners and it provides the women with the income needed to support their families in a shorter span of time. (Blanchette & Da Silva, 2011, p.135). With this in mind, sex-work may be seen as a non-essential, but an alternative career for some sex-workers, thus adding additional factors
beyond poverty into the mix when exploring the types of negotiation strategies taken to ensure condom use.

For those who do require sex-work as principle source of income, additional efforts beyond simply engaging in one-off sex transactions may be utilized. There can, at times, be the blurring of economic goals with social goals, as outlined by Catherine Campbell (2000). Maintaining clients serve as a formidable business plan for women. Finding a regular client to support her may release some of the burden she may be feeling (Campbell, 2000). This can however, result in the blurring of lines, where by a client becomes a “boyfriend”, who provides for the sex worker beyond monetary terms, including (but not limited to) purchasing phone credit, food or clothing. These types of relationships however, in the blurring of sex as exclusively and economic transaction to one that blurs it with emotional investment may increase the risk and exposure to HIV and other STIs. This believed to be the case, as outlined in the literature, because often condoms are not used with “boyfriends” as it would reduce intimacy and the bond of the relationship (Godin et. al, 2008; Campbell, 2000).

Moreover, Campbell notes that given that because sex work is dependent exclusively on the demand from clients and the supply (the female sex workers), sex work is economically competitive (Campbell, 2000). Sex workers may reduce their fees, in order to attract more clients, in turn creating animosity amongst other sex workers (Scorgie et. al, 2012). Furthermore, female sex workers may engage in risky behaviors so that they are able to secure clients, including forgoing condom use for longer-term gains (Campbell, 2000). Ultimately, condom use or non use can be seen as being shaped by situational specific factors that are relevant at that particular period of interaction between the female sex worker and her client, and this dynamic may not necessarily remain constant through out all interactions the female sex worker may have with this client or other clients (Choi & Holroyd, 2007).

Even if it may not be employed continently, the ability to negotiate condom use has been seen as an important strategy for HIV prevention (Sarkar et. al, 2008, p.229)
Power is therefore, frequently raised when discussing HIV prevention (as an aspect of sex work harm reduction programming) (Maher, Pickering & Gerrard, 2013, p.58). Power must be analyzed in a manner that reflects the complex realities of female sex workers—as a part of their identity formed out of poverty and/or foreignness; their experiences as a result of the spaces that they occupy and their interactions with other sex workers and clients during distinct periods of time. Ultimately, power, as a manifestation of authority, must be analyzed if one is to understand the politics of condom negotiation strategies used by female sex workers—in this case, those in Chimoio.

5.5 Conclusion

Although the experiences of female sex workers in this region have been studied using methodologies such as integrated biological and behavioral surveillance surveys, epidemiological risk measurements, and/or other forms of qualitative and quantitative research on sexual behavior and health outcomes, little work has addressed the politics surrounding the condom negotiation process itself. As far as I am aware, no research using this line of investigation has been done in Mozambique, although research of this manner has been done in a similar fashion in Cambodia (Bui et. al, 2013), Bangladesh (Alam et. al, 2013), and on a general global scale (Shannon & Csete, 2010). None however, deconstruct the understanding of power outside of the general immediacy (i.e. power is analyzed in the particular moment without analyzing the factors that lead to the ways in which power demonstrates itself in that particular moment). For that reason, this research is unique, as it not only looks at condom negotiations strategies of female sex-workers in an understudied region (Mozambique), inviting new empirical data, but also goes further to unpack the formation of distinct power dynamics between female sex-workers and their clients, as a process of historical events. Ultimately, through an analysis of the data collected in both focus groups and through conversations with female sex workers, I will analyze and identify the factors that allow for favorable condom negotiation outcomes (condom use), as outlined in harm-reduction programming targeted at sex-workers while simultaneously identifying the factors that result in no-condom use and inability to negotiate condom use.
Chapter 6: The Politics of Condom Negotiation Strategies

In this chapter, I will be outlining the findings I have found throughout my data collection process in Chimoio, Mozambique. This will then be followed by an analysis of the key themes that emerge in the subsequent chapter. The findings are divided into three sections. The first section aims to describe the female sex workers who took part in this thesis and their experiences. This is broken down as: (i) a socio-demographic description of the female sex workers; (ii) an understanding of why they entered commercial sex work; (iii) a description of their sex work, including how long they’ve worked as sex workers and where they work; (iv) a description of their clientele and strategies for accessing clients; (v) how often they see clients and (vi) violence they experience while working. In the second section, I will be describing the knowledge of HIV, AIDS, STIs and harm reduction interventions put forward by CBOs. In the last section, I will put forward the experiences that the female sex workers have had with condom negotiation.

The reasoning for this format of presentation is so that you, the reader, are able to imagine the female sex worker(s)—their experiences, their realities and their identities—so that they are not simply statistical information. Rather, I want you to be able to imagine the various types of female sex workers who took part in this thesis and in turn, understand the politics that surrounds their condom negotiation strategies.

6.1 Female Sex Workers: a Description

6.1.1. Socio-demographic of Participants

The characteristics of the thirty-six female sex-workers from both focus groups and interactions are summarized below in Table 2a. The median age range of the participants from the surveys was between the ages of 35-45. However, participants from the subsequent focus group discussions and general conversations were between the ages of 19 Although the female sex workers who took part in the focus group discussions did have a connection to OMES, all their knowledge of sex work harm reduction interventions may not necessarily be from OMES. Although I did not ask if their knowledge of harm reduction interventions only came from OMES, all who took part in the focus group did indicate that they were aware of OMES’s harm reduction interventions.
of 18-30. This variety in age range did not skew the data so much that the responses given were rather similar. As well, the younger respondents were more hesitant to respond on paper as opposed to those in the 41-50 age range (Table 2a).

Understanding the relationship status of the respondents, in particular those who had responded using surveys, served beneficial on multiple fronts. Firstly, knowledge of their relationship status allowed for greater insight as to an additional factor that may have had an influence on the ways in which (or if) condoms were negotiated during sex-transactions. Although stating that they were single, many respondents noted as being in “committed” relationships with clients who provided them with benefits (monetary, in-kind, emotional support etc.) (Table 2b).
Table 2a: Socio-Demographics of Participants

<table>
<thead>
<tr>
<th></th>
<th>Focus Group with Survey (13)</th>
<th>Focus Group Without Survey (13)</th>
<th>Public Interactions (10)</th>
<th>Total (36)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-20</td>
<td>0</td>
<td>4</td>
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<td>7</td>
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<td>21-30</td>
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<td>31-40</td>
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<tr>
<td>41-50</td>
<td>8</td>
<td></td>
<td></td>
<td>8</td>
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<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mozambican</td>
<td>7</td>
<td>4</td>
<td>7</td>
<td>18</td>
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<tr>
<td>Zimbabwean</td>
<td>6</td>
<td>9</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td><strong>Languages Spoken (Primary)</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>English</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Portuguese</td>
<td>4</td>
<td>2</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Shona</td>
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</tr>
<tr>
<td>Shangana</td>
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<td>1</td>
<td>n/a</td>
<td>3</td>
</tr>
<tr>
<td><strong>Languages Spoken (Secondary or Tertiary)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>2</td>
<td>8</td>
<td>n/a</td>
<td>10</td>
</tr>
<tr>
<td>Portuguese</td>
<td>2</td>
<td>2</td>
<td>n/a</td>
<td>4</td>
</tr>
<tr>
<td>Shona</td>
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<td>1</td>
<td>8</td>
<td>10</td>
</tr>
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<td>Chiutewe</td>
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<td>Ndau</td>
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<td>n/a</td>
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<td>n/a</td>
<td>2</td>
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<td>Ndebele</td>
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<td>n/a</td>
<td>n/a</td>
<td>1</td>
</tr>
<tr>
<td>Chindau</td>
<td>1</td>
<td>n/a</td>
<td>n/a</td>
<td>1</td>
</tr>
</tbody>
</table>

The respondents were equal in number between Zimbabwean and Mozambican. Given the proximity to Zimbabwe, this was not particularly surprising. Given the particular region, all participants spoke Shona to some degree, and if speaking another language, spoke primarily (ranked by frequency) in either English, Portuguese. The Portuguese-Shona fluent bilingualism however, was only seen in five of the respondents. Another eleven only spoke in Shona with very limited Portuguese language another six in Portuguese with some limited knowledge of Shona and another five spoke Shona with very limited English. Other languages, such as Chitewe, Sena and Ndau were noted as tertiary languages. It was noted on frequent occasions through both interviews and encounters that knowledge of Portuguese, (reading, writing and speaking) were beneficial.
and those who did not speak Portuguese had a difficult time with non-Shona or English speaking clients. As the national language, Portuguese was seen as a necessary tool to navigate their daily transactions in Chimoio (Table 2a).

For the respondents who took the survey, the educational levels were noted. Although not formally written in the form of surveys during the second focus groups, educational experiences were asked. This was not asked however, of the women during discussions at other sites, as it would not have emerged organically. The reasoning to ask about education levels was 1) grasp a sense of the Portuguese or English literacy rates, languages formally taught in public education in Mozambique and Zimbabwe, respectively and 2) to garner a more holistic image of the female sex workers. All but one respondent indicated at least a secondary school education, with another three having some level of university experience (Table 2b).

For several of the respondents (fifteen) throughout the data collection process, sex work had been their first main job. However others indicated employment as hairdressers, medical assistants, seamstresses, and working within the hospitality field. The hospitality field included working as cleaners, cooks, assistants or as general help in hotels, bed and breakfasts, hostels and dorms. This section was left open for respondents who had answered in the surveys to not their previous employments. Although not probed, the discussion of previous employment emerged organically during focus group discussions when discussion of possible alternative sources for livelihood (Table 2b)
Table 2b: Socio-Demographics of Participants

<table>
<thead>
<tr>
<th>Last Level of Education Completed</th>
<th>Focus Group with Survey (13)</th>
<th>Focus Group Without Survey (13)</th>
<th>Public Interactions (10)</th>
<th>Total (36)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
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<td></td>
<td>0</td>
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<tr>
<td>Secondary</td>
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<td>8*</td>
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<td>19</td>
</tr>
<tr>
<td>University</td>
<td>1</td>
<td>n/a</td>
<td></td>
<td>1</td>
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<tr>
<td>No Response</td>
<td>1</td>
<td>n/a</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Main Employment Prior to Sex-Work</th>
<th>Focus Group with Survey (13)</th>
<th>Focus Group Without Survey (13)</th>
<th>Public Interactions (10)</th>
<th>Total (36)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hairdresser</td>
<td>3</td>
<td>1*</td>
<td>n/a</td>
<td>4</td>
</tr>
<tr>
<td>Hospitality Industry</td>
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<td>n/a</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Seamstress</td>
<td>2</td>
<td>n/a</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Medical Assistant</td>
<td>1</td>
<td>n/a</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Domestic Worker</td>
<td>2</td>
<td>5*</td>
<td>n/a</td>
<td>7</td>
</tr>
<tr>
<td>No Response</td>
<td>3</td>
<td>n/a</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship Status</th>
<th>Focus Group With Survey (13)</th>
<th>Focus Group Without Survey (13)</th>
<th>Public Interactions (10)</th>
<th>Total (36)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>9</td>
<td>5**</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Married</td>
<td>1</td>
<td>n/a</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Widowed</td>
<td>1</td>
<td>n/a</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Long-term Relationship&lt;sup&gt;20&lt;/sup&gt;</td>
<td>0</td>
<td>n/a</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Divorced</td>
<td>2</td>
<td>n/a</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

* = informally asked during focus groups
** = brought up during conversations.

6.1.2 Motivations for Entering Commercial Sex Work

The main reason for entering commercial sex-work according to the respondents was for livelihood purposes and to provide for themselves and their families.<sup>21</sup>

<sup>20</sup> A “long term relationship” was defined as an intimate relationship between two parties with an agreed upon behavior. May be exclusive or not.

<sup>21</sup> It is acknowledged however, that the desire to obtain desirable items may also have been conflated in this response.
“Money from sex is easier than working as a domestic worker. I receive more money to give back to my family” (Respondent, twenty-four, Chimoio).

“When I was in school, my friends did it to pay for their school materials. Now I do it to pay for myself. I am independent but other jobs are difficult to get.” (Respondent, eighteen, Chimoio).

For respondents who were younger and for those with dependents and without a partner, being financially independent and supporting themselves was crucial. Regardless of what was determined as a necessity (food, shelter, cellphone, children’s tuition etc.), the underlying motivation for sex-work for all respondents was financial gain.

6.1.3 Description of Sex Work

All but two respondents began engaging in sex-work, defined exclusively as currency-in-exchange-for-sex, between the ages of 16 and 30. From their recollections, many stated that condoms were not used during their first sex transactions. However, a fair amount had. Who requested the condom to be used was not remembered, although there is the indication that at times clients did request or indicate for condoms to be used before the female sex worker had asked. While this research did not probe into this, the particular circumstances of those interactions, the findings are in line with the notion that there are some clients who wish to use condoms.

As for the length of time that the women have been in the industry, all but one have been there for a minimum of two years, with only one having been there for 21+ years (31 years to be exact). Whether this is in par with statistics in the region is unknown given that there is a lack of comprehensive data on female sex workers in the region.

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22 There is extensive literature on sex-work as beyond currency in exchange for sex. Mozambique in particular sees an epidemic of young schoolgirls exchanging sex (penetrate or not) for other materials including currency.
All sex-workers in this research were autonomous and did not work for someone else (e.g. a pimp). All female sex-workers in the focus groups had ties to either OMES and/or another NGOs/CBOs working in harm reduction programming within the sex-industry. Of the thirty-six women interviewed, twenty-three conducted their transactions primarily from Hotel Madrinha\(^{23}\), where they lived. Hotel Madrinha is a hotel occupied primarily sex-workers and is used as a primary site for sex-transaction given its proximity to the trucker towards the Zimbabwean border. Those who did not engage in sex work from this hotel conducted sex work on the streets (eight). Work on the street is indicative of negotiations for sex happening in the “street” i.e. conversation with clients at gas stations, popular areas—whether the client is in their car or not. This however does not necessitate that sex transaction occurred on the “street” (i.e. alleyways or client’s car). Transaction could also happen in the home of the client or in another secondary location. Five female sex workers indicated conducting service negotiations and transactions in their homes.

6.1.3.1 Clientele, Recruitment Strategies and Earnings

Because they work autonomously, the female sex-workers often rely on themselves to either directly or indirectly (i.e. via a middle-person) to access clients. From the surveys, most female sex workers are approached/approach clients at the hotel, followed by bars/clubs. In instances where clients are brought to the female-sex worker

\(^{23}\)“Hotel Madrinha” may also be referred to as “the Hotel” in this paper. As this is one of the main and well-known locations as a centralized dwelling for sex-workers, many of the respondents who live or lived there referred to it as “the Hotel”. If there were respondents who worked out of other hotels, they did not mention this.
through the facilitation of another individual, the meeting may take place in Hotel Madrinha where they reside or at their homes. Recruitment of clients, particularly new clients, was of twofold struggle. For many women, the language barrier (i.e. not speaking English or Portuguese fluently), meant that they had limited access to particular clients and required the assistance of a middle person to support them. As one respondent said (through a translator):

“Because my Portuguese is not good and I don’t know any English, I need someone to translate for me sometimes. When I go to the bar, I am friends with the DJ. He tells the men that I am a nice lady. Sometimes I pay him 100 meticais (~$3.00 CAD) or more if the client looks wealthy”

(Respondent, thirty-two, Chimoio).

Echoing her sentiments, another member of the focus group said:

“Sometimes my niece helps me. She works in the hostel and brings me to the parties she goes with some of the Chinese workers [who stay at the hostel]”

(Respondent, thirty-five, Chimoio).

In addition to this, accessing a particular clientele was of priority to some women.

“I like the other [non-Mozambican] men more. So I look for them more. They pay me more. Even if it is for something like a blowjob”

(Respondent, twenty, Chimoio).

“The Mozambican men sometimes don’t want to give money. Even the Zim [Zimbabwean] men try [to not pay] but I don’t allow it so they pay me what I say. I make [a] special effort to find the clients who look like they pay best. [sic]”

(Respondent, forty, Chimoio).

The average number of clients seen per week was ten (often recurring clients) to fifty (when there are no recurring clients). The ethnicity of clients had by the respondents
were: Mozambican, Zimbabwean, Portuguese/Brazilian (distinction not made), “White” (i.e. non-Portuguese Caucasians), Chinese and Somali. Regardless of the ethnicity, the clients noted were of varying employment backgrounds and there was no universal correlation made by the female sex workers between employments had by their clients and payment received. Truckers were however, given their presence in the area, the most frequent clientele followed closely by locals. Although no direct answer was given in regards to the charges for particular acts, it was unanimous that vaginal sex was more expensive than oral sex and that depending on the client; anal sex could be more expensive than vaginal sex. Some however, were very explicit in not engaging in anal or oral sex.

“Sex is not with the ass. Even if they give me more money. That is not comfortable [sic]” (Respondent, nineteen, Chimoio).

“You meet some men and they want oral sex only. But with no condom. That is why I never agree. They can say that they can not feel pleasure if it is with a condom and they will not pay.” (Respondent, Chimoio).

Because sex-work was the primary source of income for thirty of the respondents (the other six had it as “supporting” their income), the respondents stated that they were particularly careful in selecting clients. As one said:

“Because this is my livelihood, I need to be careful about the clients I have. If they are forceful and do not want to use a condom, then I can get sick with AIDs” (Respondent, Chimoio).

Others, during interactions at social events, noted similar sentiments. For many therefore, they put in over thirty hours a week into recruiting and transaction of sex.

When distinguishing between types of clients, some respondents noted the prevalence of payment and types of requests as the differentiating factor. For example, in
the surveys, and then reiterated during discussions with female sex-workers at social events, foreign clients (non-Mozambican, non-Zimbabwean) were seen as paying for services more frequently than Mozambicans. Foreign clients however, would more likely to request services such as anal and oral sex that were not to be done by the female sex-workers. Foreign clients were also seen as more submissive in non-truck stop settings (not identified in truck-stop settings). The following comments were reinforced by other women who worked (or had worked) out of bar settings. This respondent was from Zimbabwe:

“These foreigner men will listen to you if you can speak in their language. Sometimes its Portuguese, sometimes it’s English. I think they think it is a [rare] prize [female sex worker speaking their language as a rarity]
(Respondent, Chimoio).

For some respondents, there was a sentiment of needing to prove themselves as “clean” and “classy” female sex workers when scouting for clients in higher-end bars and clubs. As one stated:

“Some of these bars are not like the barracas (makeshift bars and/or restaurants). So when we go we must be able to communicate with these men and then they know that we are locals and we are still in their [affluence] level too.” (Respondent, Chimoio)
6.1.3.2 Drug and Alcohol Use during

Information regarding drug and alcohol use by female sex workers who took part in this research was limited. What is known however is that although drugs were not indicated to have been used as frequently by clients or female sex workers, alcohol plays a major role during the sex-transactions, as either of the following situations may occur: the clients are under the influence prior to the transaction; alcohol is consumed during the transaction by both the female sex worker and the client, or that the female sex-worker is under the influence prior to the transaction.

6.1.3.3 Violence associated with sex work:

It was identified during the initial focus group that the relationship between female-sex workers and the law enforcement in Chimoio had improved significantly over the past 5 years given sensitivity training and greater collaboration between the police forces and the CBOs. Many sex workers however, noted not knowing the legal system enough and were occasional fearful of officers who expected bribery. As one put it: “I have been told it is not illegal, but the officers sometimes still ask for money. So I have it to them so that I do not go to jail.” (Respondent, thirty, Chimoio).

There was no particular trend of who experienced bribery, as one Zimbabwean respondent, who had been in the region for several years noted:

“The newer girls are more scared. Especially the ones who come from Zimbabwe. Some of them do not speak Shona so when the officer with his gun asks for money in Portuguese, they are scared. But if they speak even a little Shona, it will help” (Respondent, forty-five, Chimoio).

Violence caused by clients however, still remains prevalent. In nearly all but one instance noted by the respondents, violence occurred either because the client refused to use a condom or disagreed with the agreed upon payment. In the other instance it was said to be because the client was “incredibly drunk” (Respondent, Chimoio). Women who work in the street in comparison to the Hotel stated that they were more fearful as they did not have the protection in the hotel:
“At Madrinha, there are other women who can protect you and more people to witness. But when I am in their car or I go to the bathroom with them, if they don’t want to listen to me, they don’t and they just do what they want [sic]” (Respondent, Chimoio).

The women who worked out of the hotel were seen as having greater protection in comparison to those who worked out of the truck stops and engaged in transactions in settings without support. For one who worked at the bar:

“Sometime when I am with a client, even if it’s for a rapdinha (quickie) in the bathroom, I am scared because no one knows what I am doing. And if he hits me in the head and steals my things?! That is why sometimes I wish I didn’t work like this. But I need to provide for my family back home [rural area in Sofala province]” (Respondent, twenty-four, Chimoio).

Even when these violent incidences occur, several noted that they do not report because:

- “There are too many clients and I do not know where they stay”
- “I am scared of being beaten!”
- “He will already be gone. It’s too late!” (Respondents, Chimoio)

Many did however state that even if they experienced violence, if money was involved, they would report the incident to friends, those around them and the authorities.

6.2 Knowledge of HIV, AIDS, STIs and Sex Work Harm Reduction Programs and Interventions by OMES

All participants were aware of what male condoms were, where they could be accessed and purchased, how to use them and that they served as a protective measure against STIs, pregnancy and HIV. All respondents were in someway affiliated with a CBO, even if it was just for testing services and access to condoms. All participants who took part in the focus group were aware of OMES’s harm-reduction principles, including
condom distribution, access to counselling services, and STI testing. Given all this, all the respondents stated that they always insisted (verbally or non verbally) that condoms were to be used during each transaction.

“No condom, no sex!” (Respondent, Chimoio).

“If he says he doesn’t want condom, then I tell him no sex. I do not want to catch HIV. Even if he says that he is clean” (respondent, Chimoio).

“I tell my clients to be fearful STDs and HIV and that the condom will protect us” (Respondent, forty, Chimoio).

However, some respondents did state (during focus groups and at parties and barracas) that they would engage in sex without condoms if the client paid more.

“I still need to feed myself. If I say no to one for no condom, and then again, I will have no business!” (Respondent, Chimoio).

“I only do this [sex without a condom] when I have very little money. But not often” (Respondent, Chimoio).

When discussing the health risks that could emerge as a result of sex transactions without condoms during group discussions, all respondents made it clear that they knew of the risk of HIV and STIs. In addition to this, the respondents were aware of various symptoms of STIs and HIV and the risks of transmitting HIV and STIs to others.

“You can not get it from kissing. But you can get it from unprotected sex! That is why I always want a condom” (Respondent, Chimoio).

Note: Although not asked during the focus group discussions, the HIV status of 3 participants were disclosed. These three female sex workers, made it very clear that they
were consistent with condom use with their clients. However, given that they also did not mention whether or not they would engage in sex transactions in dire circumstances. As such, this cannot be analyzed in great depth in the following chapter.

6.3 Experiences with Condom Negotiation Strategies

During focus group discussions, a majority of the time was spent discussing various condom negotiations strategies that the female sex workers used when clients refused to use condoms during transactions. Initially, I did not guide the discussions using the chart by Bui et. al. (2013). I did however, keep these in mind for my own purposes so that I could correlate the comments and sentiments made by the female sex workers in a systematic manner. During the first focus group discussion, a 10th condom negotiations strategy, which I have highlighted in table 1, was put forward. I kept this in mind during the second focus group discussions and during conversations with female sex workers at parties and barracas when condom negotiation strategies were mentioned.

During the first and second focus group discussions, the ways in which condoms were negotiated were explored. In the first focus group, I put forward different scenarios and a discussion was had regarding the possible outcomes of sex-transactions. During the second focus group discussion, the conversation regarding condom negotiation strategies were more less structured, and conversations brought up similar sentiments to the first focus group discussion, albeit with greater depth in personal narratives. With female sex workers who I met at parties and barracas, the conversations we had on condom negotiation strategies were less in-depth, given the environment that we were in, but there were equally important as some echoed the sentiments of those mentioned during the focus group discussions.

What was unanimously agreed upon was that:

- Sex-transactions in the clients car or at a bar was the riskiest place for the sex-worker as she is does not have the support network if the client becomes violent when he does not want to use a condom
• Age does not necessarily affect the types of negotiation used. As was said by one “I am young, but I still tell the client that they must use a condom” (Respondent, twenty, Chimoio).

• Authoritative approaches (direct request or autocracy) to ensuring condom use was used on all clients as the primary (first) negotiation strategy, regardless of background (where they worked out of, their age, their ethnicity, etc.). However, seduction or relationship conceptualization were also used as a secondary option (in some cases simultaneously) when authoritative approaches failed, whether or not they spoke the same language.

“If he is a client I have more often though and he says he doesn’t want it, I tell him that if he cares about me than we must use and I put it with my mouth. Usually, if they do not listen, I use my mouth to put the condom on” (Respondent, Chimoio).

• Authoritative approaches were preferred as they were direct and did not give space for negotiation. One respondent, who’s views were echoed by others who also operated out of the Hotel stated:

“It’s my space, of course I can say what we do. If I want to use a condom, then we must!” (Respondent, Chimoio).

All respondents noted the using of multiple strategies, or the same strategy multiple times. Many however, were adamant about repeating strategies, stating that said if a client did not want to use a condom, even if they insisted, it would take some time to convince them and that “repeating the same words [strategy] doesn’t help” (Respondent, Chimoio).

Women who worked primarily out of truck stops and the street (and engaged in transaction in a non-hotel or dwelling setting) were seen as using the 10th strategy, “no action” as a secondary strategy more frequently than female sex workers who worked
from hotels or from their homes. For these women, the sentiment was that they feared for their lives if they were to either force condom use. As one respondent stated:

“It isn’t safe to just tell them you want to use the condom all the time. Sometimes may be he will not pay, so I try to trick him and say that if we use a condom I will make it better” (Respondent, Chimoio).

- “Risk Information” as a strategy was not seen as beneficial during sex transactions, as it does not result in condom use for the most part. Rather, More direct approaches and seduction were seen as the most useful, particularly in spaces that were they felt safe. As one respondent said:

“Working in the hotel makes it safer. Because I can just put the condom on him with my mouth and he won’t say anything. And if he refuses, I say we must or no sex. If he refuses again, then I say “no sex!” and he is kicked out!” (Respondent, fifty, Chimoio).
Utilizing the findings mentioned in the previous chapter, this chapter, “Analyzing the Politics of Condom Negotiation Strategies” will analyze the complexities surrounding condom negotiation strategies. The aim of this chapter analyze the findings from both focus groups and interaction with female sex workers at parties and barracas, in order to identify the factors that influence how female sex workers in Chimoio, Mozambique negotiate condom use with their clients and why female sex workers would choose particular condom negotiation strategies over others.

In the first section, entitled “Structural Factors Influencing Decision Making During Sex Transactions” identifies and analyzes two prevailing themes that emerged during my conversations with female sex workers—poverty and violence. These have been relegated to their own subcategory as they encompass a greater reality of complex social, political and economic barriers that impact all aspects of the lives of female sex workers. As such, this section will weave the narratives of the respondents and OMES, in conjunction with literature in order to emphasis and highlight the realities that these women live in.

In the second section, entitled “Individual Factors Influencing Condom Negotiation Strategies” I will identify the distinct factors that influence how female sex workers negotiation condom use with their clients and why female sex workers would chose particular condom negotiation strategies over others, while keeping in mind the structural factors mentioned previously. This chapter will then conclude with a general statement of analysis.

### 7.1 Structural Factors Influencing Decision Making During Sex Transactions

#### 7.1.1 Poverty

Sex work, whether a particular region and globally operate on multiple scales. That is, sex work, as a profession, is one that necessitates the continuous analysis of ones needs, capabilities and enforcement of judgment when engaging in transactions. As the respondents have noted, violence (perceived or experienced) and poverty are two of the
over arching influences that constrain and/or influence the ability for the female sex worker to engage in negotiation strategies that would otherwise demand condom use during sex transactions. A central site along the Beira corridor, Chimoio is a site with ample opportunities for sex workers. A process of decision-making occurs, whereby the unique circumstances of each female sex worker are self-assessed. For many female sex workers, like those in this survey, the outcome of this decision-making process may result in a scenario where they may engage in riskier behaviors, such as sex without a condom, in hopes (or expectation) of greater pay. As noted however, many of the respondents would demand condom use fearing for their health and avoiding exposure to HIV, particularly in an area like Chimoio where the risk is high due to the high traffic of truckers and transients.

Chimoio has proven to be an alluring site to many Mozambican females entering the sex-industry as a source for livelihoods. This is similarly true for Zimbabweans. As a town only 100km from the Zimbabwean town of Mutare (third largest city in Zimbabwe), Chimoio offers greater economic opportunities for the women in comparison to their original sites (Nyangove, 2003). Like many who move from Mutare, or from other parts of Mozambique (particularly other towns in the Sofala and Manica provinces), the lack of support networks was also seen as factors that may have mitigated the inability to engage in condom negotiations. During one focus group setting, one respondent noted that had she had some level of support networks, she may have felt empowered to say no when clients asked for sex without a condom during her initial transactions. She notes that she was only thinking about making money. The lack of social networks to support her decision to demand condom use during the transaction, being fully aware of the risks involved, left her feeling isolated. She felt that she had no other choice but to engage in this risky transaction.

“I was new and I didn’t know anyone, so I did what the client wanted. When I met more women and became close to them, they helped me because they said if I die [because of disease] than who will help my children.” (Respondent, Chimoio).
The use of peer-educators, whether formally through CBOs or informally through friendships, have been seen as crucial in ensuring that not only is knowledge regarding the risks of the profession known, but providing much needed emotional support to sex workers. Peer-educators have also been seen as going beyond the rhetoric of harm reduction by engaging in the realities of sex workers so that an accurate solution to their faced realities can be made. Although Mozambique’s National Strategic Plan (2010-2014) for example recognized female sex workers along with other key groups, including their truck driving clients, as priority groups in the fight against HIV and AIDS, there is a lack of programming that address the specific needs of these issues that add to their vulnerabilities, including poverty (UNFPA). As many have entered this profession as the only viable means to support themselves and their children (Kwarteng & Whitney, 2003). Although perhaps not transforming the structural issue that may inhibit women from even engaging in negotiation strategies, or fail in negotiation strategies where condom use was the goal, peer-educators have served as a vital support group for these women to empower themselves and identify others with similar dilemmas. “The Hands Off!” program, an initiative operating in South Arica, Mozambique and Zimbabwe (all linked by major transport routes in the region), run peer-to-peer- education programs that create work-shops to build self-esteem and provide training on the legal and human rights had by these women under the law (What Works). In grappling with a much larger issue through project implementation strategies that provide women with tools to cope and transform their existing realities (work driven by the desire to survive), than the sex workers are able to equip themselves so that choices can be made when condom negotiation strategies are made, as they are aware that support networks exist.

Lastly, it is important to note that given the extraneous circumstances to provide for her dependents and herself, poverty may also promote circumstances where female sex workers engage in competition with clients for sex workers. This may include willingness to engage in condom-less sex outright or willingness to succumb to demands for condom-less sex. One respondent in particular noted that when she began working in the field, she would engage in riskier activities because of the fierce competition and need
to remain in the field as a viable source of income. In their research in South Africa, Wojcieji and Malala note similar trends and note that sex workers are very conscious of factors that affect the value of the transaction, as reflected in price (2001, p. 113). Activities and behavior leading up to and during sex transactions there will maintain the end goal of economic gains in dire situations. Ways of circumventing competitiveness however, particularly when it is reflected in the price of sex work have included setting unofficial customary rates. This is however never consistent in application and the underselling of services frequently cases friction amongst sex workers.

7.1.2 Violence

Globally, many sex-workers engage in a process where by there is an assessment of their immediate needs and the long-term goals of providing for their dependents. As one respondent explained however, the role as the sole caregiver necessitates that she make judgments for the long term, as “getting a diseases will mean that no one will provide for her child” (Respondent, Chimoio). Condom negotiation can therefore be seen as a secondary act of negotiation that necessitates the initial intentional or unintentional assessment of ones initial standing. When confounded by the threat of violence (from officers, clients, brothel owners etc.), this only adds to the limitations set to negotiation condom use or the types of strategies employed when negotiation condom use. Violence is a lived reality for many sex workers. Although the respondents have noted physical violence from officers as uncommon, violence from clients was seen as frequent.24 In their study, Shannon and Csete (2010) add to existing literature that makes the clear association between violence and condom negotiation among sex workers. The reduction of violence therefore, from whatever source, is seen as a necessary tool to promote the (successful) negation of condom use with clients who refuse to use a condom, so that condoms are used during the transactions (Shannon & Csete, 2010). The authors recommend a multi-pronged approach to ensure that barriers to safety, and that uphold sources of violences are removed, including sex-worker run organizations and

24 This assessment is exclusively based from participants of this research. I acknowledge that there is a broader dynamic of sex-work within the region, including those who have been trafficked including minors. The violence that they face broadens the scope in which violence is to be understood.
policy transformation. Such action has been taken by CBOs such as OMES are active in utilizing both Mozambican and Zimbabwean sex workers as their allies in both ensuring the health and wellbeing of sex workers, as sex work as increased rapidly in recent years, but also for the general goal of reducing the spread of HIV. As Clara, the coordinator of OMES said in 2009:

"Com o aumento galopante da prostituição em Manica era difícil fazer vista grossa à realidade. Há vários estrangeiros, solteiros e com algum poder econômico devido ao comércio ilegal de minerais, e isso atraí as prostitutas”

English: “With the rampant increase in prostitution in Manica (province), it is difficult to turn a blind eye to the reality [at hand]. There are many foreigners, singles and those with economic power [wealth] due to the illegal trading of minerals, and this attracts prostitutes” (Paulo, 2009)

Understanding the influence of poverty and violence, particularly in the ways in which they manifest during sex transactions, is crucial therefore, for CBOs like OMES, and organizations like VSO Mozambique in the quest to ensure the safety and wellbeing of female sex workers. By understanding how it is that poverty has (and continues to) push many women into sex work, and simultaneous understanding the various forces that these women may confront, such as clients with wealth who may pay female sex workers more to have sex without condoms, CBOs are able to best equip themselves on sex work harm reduction programming that is situated in the realities of these women.

OMES has forged its way as an influential group—transforming the way in which sex-work is understood by the larger community, including average citizens and the law enforcement, in order to reduce the stigma associated with the profession. In doing so, the aim has been to foster dialogue and reduce the barriers that have upheld violence against sex workers. Through such dialogue, it has been the hope (and evidence of success) that greater opportunities to report violence, as seen from the responses in Chapter 6, would
emerge. Violence and poverty as both a preceding and withstanding factors influencing the act of condom negotiation must therefore be critically assessed and identified and dealt with (in whatever fashion) prior to grappling with the actual act of condom negotiation.

7.2 Individual Factors Influencing Condom Negotiation Strategies

7.2.1 Analyzing Authority and Communication Skills

7.2.1.1 Portuguese Language Literacy and Rights

Portuguese was spoken as a first or second language by seventeen of the thirty-six participants. The remaining respondents were Zimbabweans and Portuguese would was their third language. Portuguese is the national language in Mozambique and it is the language most frequently used by CBOs and on legal documents outlining their rights, Portuguese language proficiency (reading, writing, comprehension) was seen as an essential skill many sex workers. As one respondent from the second focus group stated:

“Even if things are said in Shona, knowing Portuguese is important so that I know my rights. Now, I have only been told but when I am in front of the police, I want to know it for sure” (Respondent, Chimoio).

Portuguese was seen as an essential tool to navigating the legal and spatial spaces that create barriers in the sex work profession. The inability to communicate in a language widely spoken in the region inhibits both Zimbabwean women who are not proficient in Portuguese and Mozambican women who only speak the local dialects to consistently fight to assert their rights (whether as citizens or basic human rights) in the public domain. One respondent from the second focus group discussion alluded to the fact that because she had not remained in school, she did not know how to speak or read Portuguese fluently, yet understood some. Her inability to speak or ready Portuguese fluently greatly influenced how she understood her rights:

“I am told by OMES and other ladies that prostitution is not illegal, but sometimes the men when they don’t want to pay say that it is illegal and
that they will call the police. Then I believe them because I don’t know.
I’ve never seen the document [outlining her rights as a sex worker]”
(Respondent, Chimoio as interpreted by another female sex worker).

Literacy in Portuguese is not only essential for female sex workers when
acknowledging their rights, it is essential so that they are equipped with grounded
knowledge when confronted by scenarios like that identified above. Moreover, it also
serves as crucial within the broader sex work harm reduction strategies. Although
knowledge of HIV, including support and counselling from medical professionals can be
provided in the local language, resources in these languages, including pamphlets, are
few and far between (Respondent, Chimoio). Active measures to provide sex workers
with the skills to completely understand the literature is beneficial to rid misconceptions
surrounding HIV and STIs and promote a greater sense of dialogue with medical staff.25

7.2.1.2 Verbal Communication to Strengthen Authoritative Condom Negotiation
Strategies

The ability to communicate with a vast array of clients is crucial for sex workers
in a field that is sustained by the desire of clients. As a site with multiple different clients,
of varying ethnicities and socio-economic backgrounds, the ability to verbally
communicate the desire to use condoms is seen as not only beneficial, but in line with the
harm reduction policies put forward by CBOs and international NGOs. As one
respondent stated however:

“Sometimes you can’t tell the man to wear a condom because you do not
speak the same language. Then I try to put it on with my mouth but still he
refuse. I say that it [sex] will be better. They [peer-educators] teach us
that” (Respondent, Chimoio)

Verbal communication was seen as beneficial over non-verbal communication.
This was for several reasons. Firstly, verbal communication through “direct request” or

25 This includes counselling sessions that may serve non-medical needs.
“autocracy” like strategies ensured that the female sex worker was able to maintain authority over the transaction. This was however, used if the women perceived to have authority during the transaction. As noted by Bui et. al (2013), sex workers who engage in spaces that they feel to not be in control (e.g. sex transaction in spaces with no nearby support systems or security mechanism) were less likely to utilize verbal communication in fear of losing the client or inciting violence (Bui, 2013, p. 619) and preferred non-verbal communication strategies.

While English language skills were viewed as a beneficial tool to communicate with non-Mozambican and non-Zimbabwean (Shona) clients, the women indicated that speaking both Portuguese and Shona was essential, even if it meant knowing just simple phrases. Portuguese, the national language was seen as a general platform that all clients, regardless of background were to abide by in transaction etiquette (Respondent, Chimoio). Shona, the regional language spoken by most non-European Zimbabweans and Mozambicans in this particular region, was noted as a language that provided greater intimacy (Respondent, Chimoio). Shona provided the possibility to create safe spaces to communicate with clients (who, as indicated were more likely to be violent when condom use was insisted). For women who did not speak Shona as a first language, but were able to engage in loose conversation given linguistic similarities to other languages, Shona provided them with the cloak to engage in interactions as “locals” and regain some level of authority in spaces where they would occasionally view themselves as not having any.

(Re)Enforcing authority is therefore seen as a delicate manner that must take into account the spatial sense of security and the way in which the client and contact understand each other’s positions. This will be explored later. With this in mind however, verbal communication in languages spoken by clients can still be seen as a vital tool in providing women with the option to negotiate condom use in more direct and aggressive

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26 Shona was noted by this participant as being the “non-White” language and created a sense of “brotherliness” in a non-sexual manner. In this sense Shona was used as a tool to create comfort and familiarity.
manners to ensure that they meet their desired goals in using condoms and protecting themselves (and their clients) from exposure to HIV and other STIs.

7.2.1.3 English Language Skills: Communicating with “Elites”

Before the 2014 FIFA World Cup, thousands of sex-workers in Brazil took free English (and other foreign language) classes (Ghosh, 2013). The logic was that because all jobs required English in this globalized era, English was an essential tool to communicate with clients from all nationalities. It can be argued that if two individuals of completely differing linguistic backgrounds are unable to communicate, English becomes the “common” and “neutral” language of choice given its dominance in the international sphere. For the sex workers of Brazil therefore, speaking English was a way of both expanding the clientele to meet the demands and to also communicate so that the experience is more beneficial to customers (and perhaps resulting in better payment) (Ghosh, 2013).

Language skills are seen as capital to be used in both attracting “desirable” clients and ensuring that the transaction remains on terms aligned with the interests of the sex worker. For example, one respondent during the first focus group discussion during the “scenario” section stated (with support from other members) that “white” clients tended to pay more and if they did not want to use a condom, would listen when she insisted (Respondent, Chimoio). Many respondents who did not speak English knew various phrases like “I love you” and “Yes, Baby”, that were seen to make the transaction more intimate and reduced the perceived risk of disruptions in the transaction (such as non-compliance to agreed upon price, violence or no-condom use after condoms were used).

English was particularly seen by Mozambican respondents who worked on the street, as a tool to move away from the street and truck based clients and towards more “respected” clients who were to be found at bars, clubs and private.

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27 Sex work is a legal profession in Brazil (Ghosh, 2013).
28 Pollyana Temponi, as written in (Ghosh, 2013)
Although not explicitly stated, the desire to attract “respectable” clients raised sentiments of a blurring of sex-transactions as explored by Hunter (2009) and Cole (2009). The belief is, according to one respondent, by speaking English, the female sex worker presents herself as “worldly” or “classy” and she would then attract a client who would see their relationship beyond a simple “one-night stand” (transaction) (Respondent, Chimoio). Rather, he would return to her more frequently, and the dynamic between the client and the female sex worker would be different from that which the female sex worker has with her “regular” clients (Respondent, Chimoio). This blurring can hypothetically raise additional factors into how condoms are negotiated (e.g. the female sex worker may be less inclined to be authoritative about condom use when the client refuses, because she wishes to keep him as a client (or boyfriend (Respondent, Chimoio). Given that this was not explored in this research, what is known is that possessing the capacity to speak in English opened opportunities for sex workers to engage with clients who were seen as less aggressive and more likely to operate by the guidelines set out (explicitly or inexplicitly) by the sex worker.

7.2.2 Analyzing Authority and Spatial Leverage

As the findings have shown, the location in which sex transactions occur, in addition to factors such as poverty and language skills can give a good indication as to the type of condom negotiation strategies that are to be used, the potential for condom-use outcome as a result of said condom negotiations and the possibility of violence. From the respondents, condom-use (through whatever strategy), was easier to ensure when the transaction occurred in spaces where the women felt that they had authority. This sense of authority is intrinsically linked with how they perceive their clients (in terms of authority) and will be discussed in the next section.

“I can tell some clients, like the Somalis, that what I say goes, because it is my land” (Respondent, Chimoio).

A sense of authority and “legitimacy”, as illustrated in the above comment, can prove beneficial for sex workers engaging in condom negotiation strategies. This is
particularly true when confronted by clients deemed *estrangeiros* (foreigners). Whether true or otherwise, the sex workers, regardless of background often found themselves portraying a sense of authority over a client given their foreignness to Chimoio. During a discussion regarding the types of clients female sex workers had and their relationship with them, two respondents (one from Zimbabwe and the other from neighboring Sofala province), mentioned that in recent years, the greater presence of foreign workers associated with the mines, notably from China and Portugal (working in neighboring province of Tete, who frequented Chimoio for business), allowed them to pretend that they were native to the city. One described an instant where she pretended to know the police and threatened to call if the client refused to pay. As she put it:

“They can’t tell the difference. We are all African to them!” (Respondent, Chimoio).

We can see here that given the ignorance of the client, space can be manipulated to serve the needs of the sex worker, including when it comes to negotiating condom use. This is less likely to work with Mozambican or Zimbabwean clients however, given their greater knowledge of the region, in comparison to other clients. What this goes to show is, that space is not a singular factor that results in power, but is part of a multi-layered system that also encompasses imbedded inequalities.

Engaging in condom negotiation strategies, particularly more confrontational ones such as direct request, necessitates an environment where the female sex worker is able to have a sense of safety and security that violence will not (or will likely not) occur. In this research, the women who worked out of the Hotel were seen as having the greatest sense of safety when negotiating in comparison to their counterparts who engage in transactions in vehicles or bars. The hotel “…is nice because there are a lot of other women and you do not feel alone” (Respondent, Chimoio). Given that the hotel was a well-known site for sexual transactions and a central site for many of OMES’s harm reduction
programming\textsuperscript{29}, the Hotel is a site of both great colleague support but support from Hotel management, peer-educators and other clients who may act as a deterrence for violent confrontation initiated by clients. In contrast, trucks, cars or other spaces foreign to them for \textit{rapidinhhas} or bars do not have the same barriers to violent attacks that would inhibit the ability for the sex worker to engage in sex transactions with a condom.

Power inequalities emerging from spatial settings that marginalize female sex workers limits their ability to control the sex transaction in a way that ensure that condoms are used, if desired. The pervasive threat of violence, given the isolating environments that transactions may occur, the stigmatization of the profession and other confounding variables make sex workers who work in non-centralized spaces the most vulnerable group of sex workers and increases their risk of “failed” condom negotiation strategies. After one focus group discussion, one of the respondents aptly illustrated the following image: Working from the streets is like putting a gun to ones head that has one bullet. Violence (in whatever form), is illustrated as the bullet. Each time a sex worker is with a client who doesn’t want to use a condom and you ask, it is like pulling the trigger, maybe nothing will happen but you are always anxious that the next time they will be more violent. Then one day, like pulling the trigger and a bullet coming out, you are raped. It is a risk but it must be done for survival.

Analyzing power in spatial settings is not a standalone analysis, but one that must take into account the existing factors. Perhaps, like the story illustrated, there is only one bullet. Maybe being young and from out of town adds another bullet. There are several factors that influence how condoms can be negotiated so that the women who want to use them, can— and are able to protect themselves and their clients from diseases.

\textit{7.2.3 Analyzing Perceptions on Female Sex Worker’s Authority in Relation to Clients}

As per our definition of power, sex workers engage in continuous process of rapid and continuous decision-making processes prior to and during sex transactions— including condom negotiation. The findings, showed that when female sex workers have

\textsuperscript{29} There are also activities conducted along other truck stops and sites in Chimoio.
greater perceived, condom use or no-sex outcomes are more frequent. Why this is the case necessitates analyzing what we understand by “authority” and weaving together the other points mentioned previously.

As mentioned, when female sex workers feel as though they are “in control” of the space where the sex transaction occurs, they are more likely to feel safer, according to the respondents, and engage in condom negotiation strategies that are more forceful in persuading the client who requested no-condom sex, to use condoms (whether some form of confrontational or non-confrontational strategies). When exploring the perceived power dynamics between client and sex-worker in scenarios where the client request no-condom sex (and the sex worker wants to use condoms), the micro-factors influencing the macro sex transaction industry can be used when determining her position in the relationship. As one respondent from the first focus group explained, sometimes the sex worker is able to gauge the dynamic between her and the client. However:

“...always in the back of my mind, I worry if it doesn’t go to plan, than what am I going to do?” (Respondent, Chimoio).

For female sex workers, determining their relationship in terms of authority is crucial for sex workers when put in a situation where they must negotiate condom use. In some instances, when transaction occurs in a safe space such as the Hotels or more risky environments such as a car or truck, some key factors that would influence power are known, as mentioned previously. But when transactions occur in settings where both individuals are do not necessarily hold authority, than sex workers must engage in rapid assessments—both in terms of their safety and the possible success of particular condom negotiation strategies.

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30 It must be noted here that use of non-confrontational condom negotiations strategies were not perceived as non-authoritative by several of the respondents. Given the climate of the transaction, requesting that condoms be used, when the client initially refuses, in a sultry manner through non-verbal communication was still seen as maintaining dominance in the space in where the transaction occurred (as per Focus Group 2, Chimoio, 2014).
Globally, there are cases where clients have manipulated the truth in order to pressure sex workers. As Wojcicki and Malala (2009) note, given the external stigmatization of the profession and lack of readily available legal support networks, sex workers are vulnerable to harassment from clients and other bystanders (Wojcicki & Malala, 2001, p. 106). Even if women conduct transactions in spaces where they may feel safe, the external influences may transform this. In the focus group discussions, many women have noted that even if they work out of the Hotel, they may not be able to negotiation condom use effectively, but that it is of greater likelihood in comparison to the street. One respondent recounted an experience where she had a client who was a wealthy Portuguese man. She stated that when he refused to use a condom, even when she said she would only have sex with it, he threatened her with the police, stating that he had high connections and used derogatory words. This story simply highlights that even if the general trend was that condom negotiation strategies with non-Mozambican clients would result in condom use, there are instances where this can change in an instant. The use of threat and derogatory words is a tool to enforce authority over the transaction and actively aims to diminish the self-worth of the sex-worker, who may already be stigmatized in her community.

The stigmatization experienced by female sex workers, the sense of entrapment in this type of work (as it is a viable source of income) and the violence associated with it is not conducive to the mental well-being of sex workers, many who suffer from high instances of depression and post-traumatic stress disorder (Respondent, Chimoio; Alegria et al, 1994, Farley & Barkan, 1998). The female sex workers in this research also saw a lack of education as a factor as intensifying this sense of entrapment. This sense of hopelessness frequently results in the diminishing of a sex worker’s authority during transaction by way of promoting a sense of helplessness and sadness (Wojicicki & Malala, 2001, p. 106).

Determining whether a female sex worker feels as though she has authority, exhibited in her ability to assert her interests during sex transactions can therefore be seen.
as a complex arena that necessitates equipping sex-workers with the support and tools to assert authority in condom negotiations strategies through any viable means. The respondents who worked in the Hotel noted that during for a high percentage of their transactions, they were able to maintain authority over the transaction so that condom negotiation resulted in condom use or no sex. The Hotel provided peer support and a safety net so that if a conflict were to arise, there were allies of the sex worker around. In one story told during the first focus group discussion, one respondent mentioned that during when her friend next door had a client who refused to pay and began to physically attack her. The respondent and others on the floor, including other male clients and “boyfriends” pulled the man off the girl and physically attacked him. Although an extreme case, this highlights the possibility of support. This is in contrast to women who conduct transactions at truck stops, trucks, cars and bars and do not necessarily have nearby support incase tension during the transaction escalates. As one respondent stated:

“When I am in the bathroom of the a bar, even if I am always there and I just picked up the man and never see him, he can still hurt me. Then who will I call? [sic]” (Respondent, Chimoio)

Settings where female sex workers lack the supportive networks or safety nets to discourage violence, may act to diminish the authority that a female sex worker could have during the transaction. Power is therefore a fluid characteristic that interacts with multiple factors in a given environment. When women feel disempowered or lack authority, the outcome of condom negotiation strategies where the aim is for condoms to be used, are likely to be less confrontational and unsuccessful in ensuring condom use. In identifying tangible factors that inhibit sense of security that would otherwise promote authority, CBOs are able to engage in greater capacity the complex nature of this line of work. Attempts are already being seen in Mozambique. CBOs and International organizations such as Pathfinders have increased sex workers access to female condoms,
so that alternative means of ensuring safe sex can be taken\textsuperscript{31}. While this does not confront the issues of violence and diminished authority, it does provide female sex workers with another option. In addition to this, legal education of law enforcement in the Manica province and active distigmatization efforts by OMES have made genuine attempts at transforming the spaces around the sex work industry so that sex workers feel less disempowered when engaging in condom negotiation strategies.

7.3 Conclusion

This chapter aimed to provide a grounded analysis of the various individual structural factors that influence how female sex workers negotiate condom use and why they may be more inclined to pick particular strategies (outlined on Table 1) over others. We can also not as well that while efforts are being made by CBOs like OMES, international organizations targeting public health and international NGOs, there is a lack of targeted interventions to assist the complex issues facing female sex worker in Chimoio—particularly the most vulnerable groups: those who lack Portuguese language skills, those who work in outdoor environments like the street and truck stops and those without the legal status to work in Mozambique. In the final chapter, I will be providing suggestions for OMES and VSO Mozambique, whose activities and interests motivated this thesis. For VSO Mozambique, the concerns raised in this chapter, stemming from the sentiments of female sex worker respondents, can further support the G.E.N.D.E.R project and initiatives run by their local partners.

\textsuperscript{31} As one respondent stated however, clients are often likely to know that a female condom is being used during vaginal-penetrative sex and this may result in greater risk. (Respondent, Chimoio). Male condoms were unanimously seen as the best option.
8.1 The Politics of Condom Negotiation Strategies – A Wrap-Up

This thesis has argued that the ability and ways in which condoms are negotiated by female sex workers in Chimoio, Mozambique during sex transactions is dependent upon several factors—each manifesting as their ability to assert authority in the situation. In evaluating the socio-demographic information of the female sex workers, in addition to information on their motivations to entering sex work and a description of their sex work, I have identified a few themes that would hint to how female sex workers felt during sex transactions. For example, some indicated that the inability to speak Portuguese or English limited the types of clientele that they could access. Others for example noted that the location in which sex transactions take place greatly influence the risks that female sex workers face on the job—with those working from the street as the most vulnerable. As shown in Chapter 6.3, how the individual and situational determinants described by the female sex workers in the earlier pages manifests during condom negotiation was put forward. It was shown here that the identity of the female sex workers (i.e. the language they spoke, their literacy levels, their networks in Chimoio, the location where they worked from) greatly influenced how they would negotiate condoms, particularly when assessing the identities of their clients (e.g. the nationalities of clients, the languages spoken by clients, the economic wealth of clients) in different contexts. The themes and data that emerged from the focus group discussions and conversations at parties and barracas was then analyzed in Chapter 7. In this chapter, the data and themes were divided into two sections: the first analyzing the structural factors (poverty and violence) noted by female sex workers as influences if and how they would negotiate condom use with their clients. The second section looked at the individual factors that influence condom negotiation strategies by female sex workers, including their communication skills, the spaces that the negotiations were to take place and the characteristics of the clients that they were to negotiate condom use with. As this paper has shown, while experiences vary, female sex workers always began with an authoritative approach (direct request or autocracy) to condom use initially when the client refused to use a condom. However, depending on their circumstances (e.g. how badly they needed the money, fear of attack from the client, inability to use other verbal
strategies because they did not speak Portuguese (or language of the client), sense of powerless in the space), female sex workers may not be able to enforce condom use. Those who were seen as the most vulnerable were those working out of the street, who lack the supportive security and social networks to ensure safety while they work, those who are illegal in Mozambique and those who are unable to read in Portuguese (or English) and are therefore unaware of their rights as citizens (or individuals) in Mozambique. These individuals are more likely to be in riskier situations that result in sex transactions where condoms are not used, even though the female sex worker may pursue for it to be used.

8.2 Beyond the Condom Solution? Expanding Sex Work Harm Reduction Programming

For VSO Mozambique and their partners like OMES who work with sex workers in Mozambique, particularly those working along the transport corridors, greater emphasis of a multidisciplinary approach to combating the daily risks faced by these women, including HIV, violence and risky behavior due to poverty must be tackled and/or continue to be tackled. With RAISA, VSO Mozambique has begun implementing the “Gender Empowerment and Development to Enhance Rights”, a project aimed at reducing women’s vulnerability to HIV/Infections through microfinance opportunities and sustainable livelihood approaches (RAISA, 2014). To integrate female sex workers into this would be astounding. During the focus group sessions, women noted the great desire for increased access to Portuguese literacy programs, computer literacy programs, support to open small business and alternative skills development, such as cosmetology training. Under this initiative, these wishes can be achieved.

While this echoes the initiatives by Kubatsirana, another group partnered with VSO Mozambique, the distinction is that efforts will be made that provide the space that if female sex workers choose to remain working as sex workers, they are able to. The resources to be safe and protected while working will be there while simultaneously providing them with the space to engage in alternative forms of employment. In this sense, these interventions and projects is not an “either or” (with regards to being sex
workers or not), but provides women with the agency to choose to remain as sex workers, to leave sex work and utilize the training provided as new employment, or to do a completely different job. By having greater opportunities, and support to actualize these opportunities, women who wish to have alternative sources for income are able to do so. For those who chose to remain in this profession given it’s economic viability, they are able to engage in a manner where they are equipped with additional resources to actively promote a safe environment during their transactions.

8.3 Future Areas for Research

Given recent evidence, whether from literature, international health findings or national research, we have seen that HIV prevalence among sex workers is greater than among the general public. For those working in Chimoio, a main stop along the Beria transport corridor, this is especially high. In the National Strategic HIV/AIDS Response of Mozambique 2010-2014 (2010), it has been recognized as a national concern, given that the rate of transmission due to the high turnover rate and sexual habits of long distance truck drivers (Republic of Mozambique, 2010).

The literature on how and why female sex workers, or sex workers as a whole, negotiate condom use in Mozambique is limited. In my attempt to shine light on these processes, I have limited myself to Chimoio, Mozambique. I would implore however, exploring the differences amongst the experiences between female sex workers in Chimoio with those in Beira, who have the additional factor of seamen as clients. For the women working in Gorongosa, a politically volatile region along the Beira corridor, what are their realities of condom negotiation? For women who work in Manica, a town bordering Zimbabwe, what does the additional factor of border crossings (and high, concentrated traffic) do to the types of condom negotiation strategies that they may use? When looking south, how does the Maputo transport corridor experience relate to the Beira corridor experience, with the proximity to Swaziland and South Africa and great numbers of miners? From a development and practical perspective, research needs to better examine the roots of dominant sex work harm reduction strategies. How can contextualized and precise sex work harm reduction strategies be implemented by local
CBOs with the support of international agendas that seek to meet determined quantitative change over a set period of time? I hope that in the years to come, through practice driven research, a greater range of data on sex workers, particularly on the Mozambican context, can be brought forward.

THE END
AIDSCOM (1993). Lessons Learned: AIDS Prevention in Africa. *USAIDS*


Dasgupta, S. (2013). Poverty as a contextual factor affecting sexual health behavior among female sex works in India. *Qualitative Health Research,* 23(6), 825-833


RAISA (2013) Gender Empowerment and Development to Enhance Rights (G.E.N.D.E.R)—Regional Training of Trainers on the Basic Packages and Priorities of SRH and HIV and AIDS services with particular emphasis on the Adolescent Target Groups. *Concept Rational*


UNAIDS (2009), UNAIDS Guidance Notes on HIV and Sex Work.


UNAIDS (2014), The Gap Report


Prevalencia do HIV
ANC 2007

- < 10%
- 10.1% - 15%
- 15.1% - 20%
- > 20.1%

África do Sul, ANC 2006
Malawi, ANC 2005
Tanzânia, THIS 2003/4
Zimbábue, ANC 2004
Zâmbia, DHS 2007
Suazilândia, DHS 2006

(University of California San Francisco School of Medicine, 2009)
Appendix B

Características do trabalho

Por favor, leia com atenção. Se você tiver alguma dúvida, por favor, pergunte Mandekh Hussein ou Rute Dos Santos. Se você não quiser responder a todas as perguntas, você pode ignorá-los.

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<tbody>
<tr>
<td>Bar / Clube</td>
</tr>
<tr>
<td>Hotel</td>
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</table>

<table>
<thead>
<tr>
<th>Localizações primárias para o sexo negociados:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bar / clube</td>
</tr>
<tr>
<td>Casa de um amigo ou colega</td>
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</table>

<table>
<thead>
<tr>
<th>Número médio de clientes por semana:</th>
</tr>
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<tbody>
<tr>
<td>0-5</td>
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</table>

<table>
<thead>
<tr>
<th>Média de vezes que você tomou álcool durante as relações sexuais negociadas:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sempre</td>
</tr>
</tbody>
</table>
Média de vezes que você usou drogas quando ter relações sexuais negociadas:
Sempre  Na maioria das vezes  Às vezes  Raramente  Nunca

Média de vezes que seus clientes estão bêbados:
Sempre  Na maioria das vezes  Às vezes  Raramente  Nunca

Tempos médios de clientes induzidos drogas:
Sempre  Na maioria das vezes  Às vezes  Raramente  Nunca

Grau em que as fontes de renda do trabalho (por favor, coloque um)
☐ Sex trabalho é minha principal fonte de renda
☐ Sex trabalho apoia o meu rendimento, mas não é a principal fonte de renda
☐ Sex trabalho não suporta a minha renda. Eu recebo minha renda de outras atividades.

Número médio de horas trabalhadas (incluindo procurando clientes):
0-5  6-10  11-15  16-20  21-30  31+

Quantas vezes você é confrontado pela polícia / oficiais militares:
Sempre  Freqüentemente  Às vezes  Raramente  Nunca

Que medos que você tem sobre o seu trabalho?
As doenças sexualmente transmissíveis  Violência de Clientes
Violência de Polícia / funcionários militares  não vou ser pago
Outros: ______________________________

Quantas vezes você é pago quando um cliente estrangeiro?
Sempre  Freqüentemente  Às vezes  Raramente  Nunca

Quantas vezes você é pago quando com um cliente local (Moçambique)?
Sempre  Freqüentemente  Às vezes  Raramente  Nunca

Quantas vezes você sofrer violência a partir de:
cientes:
Sempre  Freqüentemente  Às vezes  Raramente  Nunca

Polícia / oficiais militares:
Sempre  Freqüentemente  Às vezes  Raramente  Nunca

Outros (__________________________________________):
Sempre  Freqüentemente  Às vezes  Raramente  Nunca

Quantas vezes não relatam esses incidentes? Por quê?
Sempre  Freqüentemente  Às vezes  Raramente  Nunca

porque: _______________________________________________________________________________________________________________________________________

Final
Obrigada por suas respostas!
Appendix C

Please read carefully. If you have any questions, please ask Mandekh Hussein or Rute Dos Santos. If you do not wish to answer any questions, you may skip them.

Your age: 16-20  21-30  31-40  41-50  50-60
                         60-100

Your ethnicity: Mozambican  Zimbabwe  Zambia Malawi
South Africa  Other: ________________

Languages Spoken by you: English  Portuguese
Others: ____________________________________________

Last level of Education completed:
Primary  Secondary  University  No Schooling

Main Job Prior to Sex Work: ____________________________________________________

Relationship Status: Single  Married  Widowed
Long-term relationship (boyfriend/girlfriend)

Characteristics of sex work

Age at first traded sex: 0-16  16-20  21-30  31-40
                           41-50  50-60  60-100

Was a condom used at first traded sex? Yes  No  Do not remember

Who requested condom use at first traded sex?
Me  Client  Do not remember

I have been working in this industry for:
0-1 years  2-5 years  6-10 years  11-15 years
16-20 years  21+ years

Primary location for approaching clients:
Bar/Club  Street  Truck Stop  Designated residence
Hotel  Other: ______________________________

Primary locations for traded sex:
Bar/Club  Vehicle  Their
home  My home  Hotel
Home of a friend or colleague
Other: ______________________________

Average number of clients per week:
0-5  5-10  11-15  15-20  21+
Average times you have taken alcohol when having traded sex:
Always Most of the time Sometimes Rarely Never

Average times you have used drugs when having traded sex:
Always Most of the time Sometimes Rarely Never

Average times your clients are drunk:
Always Most of the time Sometimes Rarely Never

Average times of drug induced clients:
Always Most of the time Sometimes Rarely Never

Degree in which work sources income (please put a ✔)
☐ Sex work is my primary source of income
☐ Sex work supports my income, but it is not the main source of income
☐ Sex work does not support my income. I get my income from other activities.

Average number of hours worked (including looking for clients):
0-5 6-10 11-15 16-20 21-30 31+

How often are you confronted by the police/military officials:
Always Most of the time Sometimes Rarely Never

What fears do you have about your work?
Sexually transmitted diseases Violence from Clients Violence from Police/Military officials Not being paid Others: ____________________________

How often are you paid when with a foreign client?
Always Often Sometimes Rarely Never

How often are you paid when with a local (Mozambican) client?
Always Often Sometimes Rarely Never

How often do you experience violence from:
Clients:
Always Often Sometimes Rarely Never
Police/military officials:
Always Often Sometimes Rarely Never
Others (__________________________________________):
Always Often Sometimes Rarely Never

How often do report these incidences? Why?
Always Most of the time Sometimes Rarely Never
Because:

Thank you for your responses!
## Appendix D

### Portuguese Translation of Bui et.al’s, (2013) Condom Negotiation Strategies

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>1. Premio</strong></td>
<td>A trabalhadora do sexo promete as consequências positivas para o parceiro se o preservativo é usado.</td>
<td>Enfatizar que o sexo será mais erótico se o parceiro usar preservativo</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Introduzir o design original de um preservativo (por exemplo, pontos, costelas), que trará sensação gratificante.</td>
</tr>
<tr>
<td><strong>2. Coerção emocional</strong></td>
<td>A trabalhadora do sexo ameaça usar ou usa as consequências das emocionais negativos, para convencer o parceiro usar um preservativo.</td>
<td>Faça um rosto triste se o parceiro não quer usar um preservativo.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diga ao parceiro que eu vou sentir-me frígida durante o sexo se o preservativo não é usado.</td>
</tr>
<tr>
<td><strong>3. Sobre o risco</strong></td>
<td>A trabalhadora do sexo dar os informações sobre os riscos de DSTs ou HIV/ SIDA para convencer o parceiro usar um preservativo.</td>
<td>Diga ao parceiro que se não usar o preservativo, haverá maiores riscos de doenças sexualmente transmissíveis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diga ao parceiro que um preservativo vai proteger-nos de HIV / SIDA e DST</td>
</tr>
<tr>
<td><strong>4. Sedução</strong></td>
<td>A trabalhadora do sexo usa a excitação sexual não-verbal para distrair o parceiro e para convencer o parceiro usar um preservativo.</td>
<td>Comece a brincar e apresentar o preservativo quando é tempo</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fazer seu parceiro muito animado sexualmente e, em seguida, colocar o preservativo sem dizer uma palavra</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use a boca para colocar o preservativo sem dizer uma palavra</td>
</tr>
<tr>
<td><strong>5. Engano</strong></td>
<td>A trabalhadora do sexo usa os informações falsas ou engano para obter o parceiro usar um preservativo.</td>
<td>Criar uma razão que eu quero que o parceiro usar o preservativo, mesmo que minha razão, é para me proteger de DSTs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Deixe que ele acha que eu usar um preservativo cada</td>
</tr>
</tbody>
</table>
vez que tenho relações sexuais, apesar de eu não fazer
Finjo-me que eu estou preocupado com a gravidez, mesmo que minha razão, é para me proteger de DSTs

| 6. Retenção de sexo | A trabalhadora do sexo diz ou ameaça que a atividade sexual será retido se o parceiro não usar um preservativo. | Diga parceiro que eu não vou ter sexo com penetração com ele, se não usar um preservative
Deixe claro que eu não vou fazer sexo se preservativo não é utilizado |
|---------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 7. Conceituação do relacionamento | A trabalhadora do sexo usa o carinho ou o preocupação com o parceiro a fim de obter o parceiro usar um preservativo. | Diga o parceiro que o uso do preservativo seria mostrar respeito por meus sentimentos
Diga o parceiro que iria significar muito para o nosso relacionamento se ele uso o preservativo
Diga o parceiro que o uso do preservativo seria realmente mostrar como ele aprecia de mim |
| 8. Autocracia | A trabalhadora do sexo usa a autoridade, afirma um maior conhecimento ou insiste o usar um preservativo. | Diga o parceiro que um preservativo deve ser usado porque eu digo assim
Diga o parceiro que um preservativo deve ser usado, porque eu sou o único que toma decisões importantes em nosso relacionamento |
| 9. Pedido Direto | A trabalhadora do sexo solicita usar um preservativo. de forma direta e simples. | Em uma maneira simples, pedir que usamos um preservative durante o sexo com penetração |
| 10. Sem ação | A trabalhadora do sexo escolhe nenhum pedido o uso de preservativos mais | Faça um pedido direto para usar um preservativo.
Eu sou claro que eu quero colocar o preservativo.

Cumprir a ter relações sexuais sem preservativo.
Appendix E

Guiding Focus Group Discussion Topics

1. Factors that affect the decision to use/not use condoms including payment, personal security, competition (with other female sex workers) and safe-sex practices
   a) Through the use of sticky notes, please write down or draw the factors that affect your decision to use/not use condoms (e.g. payment received, personal security, competition with other FSW and general safe-sex practices. We will take these sticky notes and then discuss these feelings as a group.

2. Agency and Power (of once self, client and female sex-workers as a whole)
   a) Describe agency and power (vague description)
   b) Ask what agency and power means to them (more oral discussions, but also sticky notes again to be put on a separate large peace of paper)
   c) Using the sticky notes from before, what feelings do you have that these are associated with the power/agency that you possess?

3. Distinct performance possibilities
   a) Scenario 1: 2:00am at truck stop (where trucks stop or in bars at the truck stop) and we meet Lana. She is a 17-year-old Mozambican who has been in this field of work for only 5 months. What are the different problems that may arise (if any) if she is to ask for a condom to be used. Would she? Why or why not?

      • Young Moz (not long in job) approaches/is approached by Moz man at truck stop and conducts business in:
        i. Car
        ii. Hotel
        iii. Her home
        iv. His home

      • Young Moz (not long in job) approaches/is approached by Zim man at truck stop and conducts business in
        i. Car
        ii. Hotel
        iii. Her home
        iv. His home

      • Young Moz (not long in job) approaches/is approached by Portuguese/White/Chinese man at bus stop and conducts business in
        i. Car
        ii. Hotel
        iii. Her home
        iv. His home

   b) Scenario 2: At the same truck stop Lana is, there is another woman named Lidia. She is a 27 year old Mozambican who has been in this line of work for only 3 months. What are the different problems that may arise (if any) if she is to ask for a condom to be used. Would she? Why or why not?
• Late 20s Moz (not long in job) approaches/is approached by Moz man at truck stop and conducts business in:
  i. Car
  ii. Hotel
  iii. Her home
  iv. His home

• Late 20s Moz (not long in job) approaches/is approached by Zim man at truck stop and conducts business in
  i. Car
  ii. Hotel
  iii. Her home
  iv. His home

• Late 20s Moz (not long in job) approaches/is approached by Portuguese/White/Chinese man at bus stop and conducts business in
  i. Car
  ii. Hotel
  iii. Her home
  iv. His home

c) Scenario 3: Lastly at this truck stop is Sara. She is a 22-year-old Zimbabwean woman who has been in this line of work for nearly a year months. What are the different problems that may arise (if any) if she is to ask for a condom to be used. Would she? Why or why not?
  • Zim woman (nearly year of experience) approaches/is approached by Moz man at truck stop and conducts business in:
    i. Car
    ii. Hotel
    iii. Her home
    iv. His home

  • Zim woman (nearly year of experience) approaches/is approached by Zim man at truck stop and conducts business in
    i. Car
    ii. Hotel
    iii. Her home
    iv. His home

  • Zim woman (nearly year of experience) approaches/is approached by Portuguese/White/Chinese man at bus stop and conducts business in
    i. Car
    ii. Hotel
    iii. Her home
    iv. His home

  • Zim woman (nearly year of experience) approaches/is approached by Moz man at truck stop and conducts business in:
    i. Car
    ii. Hotel
    iii. Her home
    iv. His home

  • Zim woman (nearly year of experience) approaches/is approached by Zim man at truck stop and conducts business in:
    i. Car
    ii. Hotel
    iii. Her home
    iv. His home

  • Zim woman (nearly year of experience) approaches/is approached by Portuguese/White/Chinese man at bus stop and conducts business in
    i. Car
    ii. Hotel
    iii. Her home
    iv. His home

d) What differences do you think would have come up if these women had met the men:
  i. At bars outside of truck stops
  ii. On the street
  iii. (Anywhere else they mention)
e) What differences do you think would have happened if the women had been in this line of work for much longer?

4. Identify individual relationships and situation specific determinants of exchange related to risk (i.e. boyfriend relationship vs. local vs. foreign).

What are the differences in condom negotiation with locals (Mozambican) vs. Foreign clients (if any)? Is there a difference between clients and “boyfriends”? Who constitutes as a “boyfriend”?

5. Process of negotiation (i.e. action taken if first strategy does not work. In particular, what will be looked for is the manner in which FSW progress after utilizing particular strategy with corresponding performance possibility. What will be looked at is whether or not FSW will remain using said strategy, but employ different performance possibilities, or progress to using alternative strategies. Moreover, what factors dictate initial strategy used [and subsequent strategies employed]?) IF NOT CLEARLY IDENTIFIED BEFORE
Preservativo Estratégias de Negociação no Corredor da Beira
Termo de Consentimento Livre

Eu, (nome impresso) ________________________ confirmar que:

1. Eu consentimento para participar neste workshop, que consiste de dois componentes:
   a. vistoria
   b. discussão em grupo

2. O objetivo deste workshop é reunir dados sobre as características de estratégias de negociação do preservativo.

3. Haverá uma discussão geral sobre os tipos de estratégias de negociação do preservativo conhecido e sua eficácia percebida. Sem as características de identificação será utilizado. Todas as respostas permanecerão anônimo. Na versão final, você vai ser usado como um entrevistado numérico (entrevistado n° 1, etc.) Sua identidade numérica não será revelado a qualquer membro do grupo.

4. O pesquisador, Mandekh Hussein, vai usar as informações recolhidas neste workshop para seu projeto de pesquisa. Essas informações também serão compartilhadas com VSO Moçambique e organizações parceiras que trabalham em programas de redução de sexo danos.

5. Eu entendo que com a minha permissão, a entrevista será gravada em áudio e posteriormente transcritas.

6. Estou ciente de que o pesquisador será a única pessoa com acesso aos audio-tapes/notes.

7. Todas as minhas perguntas sobre o processo de entrevista foram respondidas a minha expectativa.

8. As respostas que eu fornecer o pesquisador serão mantidas em sigilo

Inscrava-se: ________________________ Data: ________________________

Cadastre abaixo SOMENTE APÓS A CONCLUSÃO DA ENTREVISTA.

1. Concordo que as informações dadas durante este workshop podem ser usados como dados para a tese que está sendo escrito por Mandekh Hussein

2. Concordo que esses dados podem ser usados por VSO Moçambique e as suas organizações parceiras para informar os programas de redução de sexo danos.

Inscrava-se: ________________________
Data: ________________________
Appendix G

Condom Negotiation Strategies in the Beira Corridor
Consent Form

I, (print name) _____________________________________ confirm that:

1. I consent to take part in this workshop which consists of two components:
   a. Survey
   b. Group discussion

2. The goal of this workshop is to gather data regarding characteristics of your sex work and condom negotiations strategies. This will be private and will not be used in the second component of the workshop.

3. There will be a general discussion regarding types of condom negotiation strategies known and their perceived effectiveness. No identifying characteristics will be used. All responses remain anonymous. In the final draft, you will be used as a numerical respondent (respondent #1 etc.). Your numerical identity will not be revealed to any member of the group.

4. Rute Dos Santos of VSO Mozambique will be present in this workshop and will act as a Portuguese translator.

5. The researcher, Mandekh Hussein, will use information gathered in this workshop for her research project. This information will also be shared with VSO Mozambique and partner organizations working in sex-harm reduction programs.

6. I understand that with my permission, the interview will be audio-recorded and later transcribed.

7. I am aware that the researcher will be the only individual with access to the audio-tapes/notes.

8. All of my questions about the interview process have been answered to my expectation.

9. The answers I provide the researcher with will be kept confidential.

Sign: _________________________ Date: ___________________________

Sign below ONLY AFTER COMPLETING THE INTERVIEW.

1. I agree that information given during this workshop can be used as data for the thesis being written by Mandekh Hussein.

2. I agree that this data may be used by VSO Mozambique and its partner organizations to inform sex-harm reduction programs.

Sign: _________________________ Date: ___________________________
(Beira Corridor)