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2018

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Phiri, Maluti G.M. (2018) African centre for migration and society: exploring help-seeking behaviours amongst migrant sex workers in Rosettenville Suburb, Johannesburg, South Africa, University of the Witwatersrand, Johannesburg, <http://hdl.handle.net/10539/27357>

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University of the Witwatersrand

African Centre for Migration and Society

A Research Report submitted to the Faculty of Humanities, University of the Witwatersrand, Johannesburg, in fulfilment of the degree of Master of Arts - Migration and Displacement studies

Exploring help-seeking behaviours amongst migrant sex workers in Rosettenville Suburb, Johannesburg, South Africa

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March 2018

DECLARATION

I, Muluti GM Phiri, am submitting this work to fulfil the requirements for the degree of Master of Arts at the University of the Witwatersrand, Johannesburg.

I declare that this research report is my own work. It has not been submitted before for any other degree at any other university.

15th March 2018

Muluti GM Phiri

ABSTRACT

In South Africa, just as in most Southern African countries, sex work remains criminalised. As a result, individuals working in the sex industry - especially migrant sex workers - continue to experience many negative health outcomes. Research on sex workers' access to health care services indicate that many sex workers seldom access these services for various reasons (Richter et al,2010). This study explores the help-seeking behaviours amongst self-defined male, female and transgender migrant sex workers in Rosettenville, Johannesburg - both cross border and internal.

The study focused on the kinds of help-seeking ways migrant sex workers utilise; the factors that influence migrant sex workers help-seeking behaviours; perceived gaps in the help seeking behaviours and examined how the mobility of sex workers from one place to another (location) affect their help-seeking behaviours.

A purposive and snowball sampling technique was employed to enrol fifteen participants for the study. A qualitative research design method using in-depth individual interviews was utilised in collecting data. While data analysis was done using thematic data analysis process.

This study found that sex workers exhibit different patterns of help-seeking behaviours, predetermined by other challenges such as competing priorities between the health risks and the need to earn a living/make ends meet

This research found that the high mobility of sex workers compounds the complexities of their help-seeking behaviours. The study also found that working as a sex worker is a part of the self-identity that is constantly kept as a secret from family. This may indirectly link to a lack of help-seeking behaviours as the participants were unable to share any challenges encountered at work with any of their family members.

ACKNOWLEDGEMENT

Firstly, I would like to sincerely thank my two supervisors Jo Vearey and my Co-Supervisor Rebecca Walker, who provided the much appreciated untiring professional support, positive input, encouragement and guidance throughout the study processes. Thank you!

Secondly, my warm heartfelt appreciation to my family: Bright, my friend and dear husband, for your love, understanding, encouragements, support and taking care of the children while I was busy with the research Thank you for preparing the meals and bringing to my desk. Thank you for making things easier for me. To my lovely children Naonga, Suwilanji, Kondwani and Alinane for your unwavering support and love rendered to me throughout the period of this study. Sorry, that I couldn't always be there when you needed me. I hope I can make it up to you. You are all a delight.

I further extend my gratitude to SISONKE and SWEAT for permitting me to undertake my study at their offices and making it possible for me to reach my participants. This would not have been possible without your help. To all peer educators at Sisonke office, thank you for your warm welcome and for providing me with a private office where I conducted my interviews. Special thanks to my research assistant – Sbusiso – Sisonke peer educator who assisted with the participant recruitment process and ensuring that all logistics were in order.

And a big thank you to all the participants who willingly took time off your busy schedules to come and share your lives and experiences with me. I have learnt a lot from you and I hope the struggle for decriminalisation will soon be attained.

Finally, I treasure my fond memories of ACMS class and lecturers of 2017.

I thank you all.

List of Acronyms

ACMS	African Centre for Migration and Society
STIs	Sexually Transmitted Infections
SWEAT	Sex Workers' Education & Advocacy Task Force
WRHI	Wits Reproductive Health Institute
SANAC	South African National Aids Council
HIV	human immunodeficiency virus
WHO	World Health Organisation
PrEP	Pre-exposure prophylaxis
PEP	Post-exposure prophylaxis
UNAIDS	United Nations Programmes on HIV/AIDS
TG	Trans-gender
MSM	Men having sex with men

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CHAPTER ONE: INTRODUCTION AND BACKGROUND

1.1 Introduction

A 2015 World health organisation (WHO) report describes the plight and challenges faced by sex workers in accessing standard health services, stating that:

> "Many sex workers are migrants and otherwise mobile within nation states and are thus, difficult to reach via standard outreach and health services. Sex workers face many obstacles such as cultural, social, legal and linguistic in accessing health services and information", (WHO, 2015: 1).

Similarly, the South African National strategic plan for HIV, TB and STIs (NSP 2017 -2022), recognises that specific populations such as lesbians, gay, bisexual, transgender and intersex (LGBTI), migrants, and sex workers encounter barriers to accessing prevention and treatment programmes (NSP 2017: 4) providers.

> "In South Africa, Sex work has been explicitly criminalised by the Sexual Offences Act (No.23 of 1957) and the Criminal Law (Sexual Offences and related matters) Amendment Act (No. 32 of 2007). This includes the Sex Worker, the client and anyone affiliated or related to the industry, including those living off the proceeds of sex work", (Sonke gender justice, 2017:13).

SANAC's strategic plan highlights the detrimental effects that the Sexual Offences Act has on sex workers. SANAC argues for the promotion of values of equality, dignity and non-discrimination for sex workers in addressing social and structural barriers to health care and human rights protection and services. SANAC further posit that:

> "Criminalisation drives sex workers underground and away from health, legal and other supportive services. It also increases stigma and creates obstacles to accessing programmes and reduces sex worker power, rendering them vulnerable to violence, human rights violations and often bribing police to avert arrests", (SANAC 2016-2019: 18).

As indicated in the evidence above, sex workers are known to face various health challenges which are heightened in the context of criminalisation of sex work and also social stigma

attached to the trade. Research conducted in South Africa (Scheibe et al, 2016), on sex workers access to public health care services indicate that many sex workers seldom access these services for various reasons. This study therefore explored through the broader help-seeking framework the various help-seeking ways in general with emphasis on utilization of health services and psychosocial support**.**

The concept of help-seeking behaviour according to Cornally & McCarthy (2011: 282), is an important framework for exploring and understanding patient delay or prompt action across a variety of health conditions. Linking help-seeking to health, Cornally & McCarthy (2011: 282), define help-seeking behaviour for a health problem as "a problem focused, planned behaviour, involving interpersonal interaction with a selected health-care provider". They argue that this is a complex decision-making process instigated by a problem that challenges personal abilities. Turner (2000), argues for the importance of the concepts of health and illness for social values of human society. Besides western medicine, many people have opted for alternative medical systems.

While I concur with Cornally & McCarthy, however, I will not solely focus on the interpersonal interaction with a selected health-care provider, but explore other ways in which participants seek help for problems – either health, emotional/distressing problems, social or other needs. In view of this, Turner (2000), argues for the importance of the concepts of health and illness for social values of human society, stating that besides western medicine, many people have opted for alternative medical systems. According to Turner, "illness involves discomfort or lack of ease; it is comfort as to strengthen or fortify. The discomfort of disease is the loss of power we experience in situations that are otherwise comfortable", (Turner 2000:9). Indeed, the concept of health and illness as postulated by Turner stand at the core of the social values of human society as they provide expressions to many of our fundamental assumptions about the meaning of life and death.

In South Africa, just as in most Southern African countries, sex work remains criminalised (Richter et al, 2010). As a result, individuals working in the sex industry in South Africa especially foreign sex workers continue to experience many negative health outcomes. Additionally, according to Augustin (2007),

> "Women who work in the sex industry are treated as victims with no agency, while the experiences of men and transgender who sell sex are ignored. Migrants working in

> an informal sector are treated as passive subjects rather than as normal people looking for conventional opportunities who may prefer to sell sex to their other options" (Augustin, 2007:8).

Similarly, in her study, Busza (2004), highlights the comparisons between sex work and alternative employment, pointing out that some sex workers felt sex work presented the most favourable of limited options. This partly explains why women decided to remain in sex work even if they did not originally choose it. This echoes Richter (2013), findings where she stipulates that "sex work was the major livelihood strategy adopted by the study populations, pointing out that sex workers in this study, though most had never completed secondary schooling, were earning more than clerks, sales and services, crafts and related trades, and up to 6 times more than domestic workers", (Richter, 2013: 4).

Despite the above evidence on sex work as a form of livelihood, sex work is criminalised in South Africa. According to Walker and Oliveira, (2015), citing Vearey et al. (2011) and Richter et al., (2012), research from South Africa shows that: "criminalised responses to ('foreign') sex workers results in numerous vulnerabilities, such as gender-based and structural violence, barriers to healthcare, HIV testing and treatment; antiforeigner sentiments from service providers and, problematic access to documentation and socio-legal services", (Walker and Oliveira, 2015:130).

Despite sex work being illegal in South Africa, the industry still continues to operate in different localities. In Rosettenville, a community with a large concentration of immigrants from different parts of Africa comprising both documented and undocumented migrants have recently been at the centre of media reports where there has been trends of xenophobic tensions and violence, criminality, myths and misconceptions about migrants linking them to sex work and the operation of "brothels", (Xenowatch, 2017). Dodson (2002), argued that, "South Africa is a highly xenophobic society, which out of fear of foreigners, does not naturally value the human rights of non-nationals", (Dodson 2002:1). Indeed, xenophobia does exist in South Africa in a general pattern. It exists in streets, in the work place, and in the country's public administration and state structures such as government offices, schools, hospitals etc, (Landau et al, 2005). This researcher observed xenophobic violence in 2008, 2015 and 2016 when it erupted into several outbreaks of violence across the country.

My study site, Rosettenville, falls in the southern suburbs of Johannesburg. It is located in the South of Johannesburg about 10.8 kms from the Johannesburg Central business district. As stated, Rosettenville has many migrants, among these migrants are sex workers. It is prudent to find out how migrant sex workers in Rosettenville go on to seek help for problems considering the hostile environment as reported in the media in 2017.

The WHO (2015), report points out that many sex workers are migrants and otherwise mobile within nation states and are thus, difficult to reach via standard outreach and health services. They face cultural, social, legal and linguistic obstacles to accessing services and information. Cornally & McCarthy (2011), argue that, the decision to seek help is conceptualized in terms of a cognitive process of cost–benefit analysis. This position is concurred by Nelson-Le Gall, cited in the same report (Cornally & McCarthy 2011), stating that the decision to seek help is weighted on the personal cost of seeking help and represents a person's willingness, desire and motivation to seek help. These sentiments are echoed by the WHO (2015), which postulates that violence and lack of control over one's life means that sex workers may give more priority to more immediate concerns for safety and survival than to their health needs and behaviour change (WHO, 2015). The report cites programme experiences with sex workers which suggest that "maintaining health and preventing HIV hold lower priority for sex workers than coping with daily harassment from police" (WHO, 2015: 3). This evidence is supported in a different report, WHO (2015), which highlights the competing priorities of sex workers, arguing that:

> "Taking care of their health is not always their top priority. Some are the primary providers not just for themselves but for other family members. For others, the need to find shelter, food, alcohol or drugs may take precedence over seeking out services for sexual and reproductive health, particularly if those services are inadequate or discriminatory. The lack of access to basic necessities thus also can become a barrier to accessing sexual and reproductive health services", (WHO 2015:17).

Furthermore, the WHO (2015), in its study argues that sex workers are considered to be vulnerable to HIV infection and they have been identified as a key population. The report identifies criminalisation as one of the factors that heighten sex workers' vulnerability to HIV, in the sense that criminalization of sex work contributes to an environment in which violence against sex workers is tolerated. This often results in their reluctance to report

incidences of rapes and or sexual assault to the authorities. Further, structural violence such as attacks and abuse from clients, law enforcement authorities who often have control over their lives impacts negatively on sex worker's health. Structural violence according to the WHO (2015) "makes many sex workers reluctant to seek health care services" (WHO, 2015:2). Failure to report such vices can also be because they fear the police and possibilities of being arrested. In addition, the same report posit that sex workers are often blamed for spreading the HIV to the rest of society because of the stigma and discrimination attached to sex workers and AIDS, which may result in further violence towards sex workers, isolation and not accessing health service.

To reinforce how stigmatisation of sex work in South Africa impacts on sex workers' health, Scheibe et al, (2016), assert how stigma from society results in sex workers experiencing ongoing human rights violations and a high HIV burden. The authors point out that the majority of these sex workers are internal or cross-border migrants.

There are many challenges that sex workers face due to criminalisation of the industry. According to Walker and Oliveira (2015),

> "Criminalised responses to ('foreign') sex workers results in the intersection of increased multiple vulnerabilities, including gender-based and structural violence experienced in the form of police/client harassment and brutality; barriers to healthcare, HIV testing and treatment; anti-foreigner sentiments from service providers and, problematic access to documentation and socio-legal services", (Walker and Oliveira, 2015:130).

Considering these findings, this research explored how migrant sex workers' help seeking behaviour is influenced by the context in Rosettenville, a community regarded as having high criminality, and on and off xenophobic tendencies.

This study used a help seeking concept (Cornally & McCarthy, 2011), to try and explore the help seeking behaviours of migrant sex workers in Rosettenville, their ways of seeking help and the alternatives besides biomedical services. In addition, the study tries to explore the Rosettenville space and how it links to the needs and health of migrant sex workers.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter presents literature on migration, sex work and help-seeking behaviour. The literature will later inform my discussion section.

2.1.1 Migration

The International Organisation for Migration (IOM) defines a migration as "the movement of a person or a group of persons, either across an international border, or within a State. It is a population movement, encompassing any kind of movement of people, whatever its length, composition and causes; it includes migration of refugees, displaced persons, economic migrants, and persons moving for other purposes, including family reunification", (Perruchoud, et al, 2004).

Generally, it can be argued that there are many reasons that cause people to leave their homes and move to other places. Economic reasons have always been among the main reasons for migration (Duncan and Popp, 2017). Life in poverty and despair often forces people to search for a better life. A report, commissioned by the United Kingdom (UK) government (2011), with an international scope covering low income countries, identified drivers of migration and conceptualised into five categories; Economic, Social, political, demographic and environmental. The interactions between these drivers are equally important in determining migration outcomes. The Gov. UK report further discusses the push and pull factors, describing Push factors as those that motivate people to leave their home country while pull factors being those that attract people to move to another location. For example, a person may move in anticipation for job opportunities or for education purposes.

It is, however, argued that in the process of human mobility, varied forms of changes across multiple geographic and temporal scales are stimulated. Among others, human mobility can impact on social-economic, political, security, poverty, social disconnection, urbanisation, inadequate resources, housing problems and health challenges (Gov. UK 2011). This argument is supported by Turton, (2003), the author asserts that; "behind the phenomena of moving lie deeper and often interrelated patterns of political, economic, ethnic, environmental, or human rights pressures which are further complicated by the interplay between domestic and international factors", (Turton 2003:7). Turton, further argues that, the gap between the developed countries and or cities and the less developed ones increases year

by year, as a result people move to industrialized countries or cities in order to have stable earnings, better employment opportunities and higher standards of living.

2.1.1.1 Migration in South Africa

South Africa, is one of the economically stable countries in the world, attracting migrants seeking new opportunities. Kok (2006), discusses the nature of international migration to South Africa and how it has changed since the abolition of apartheid. He assets that, "previously the only black people allowed into the country where migrant labourers who came to work on the farms and mines, adding that, since then South Africa has attracted many more black professionals including increasing numbers of asylum seekers and illegal labours", (Kok, 2006:15). This argument is echoed by Landau and Segatti, (2009), who state that similar to destination countries around the world, the total number of non-nationals living in South Africa is a mix of documented and undocumented migrants along with refugees and asylum seekers. Further, Landau, and Segatti, (2009), discusses human mobility within South Africa, stating that:

> "…South Africa's previously forbidden cities became primary destinations for migrants from around the country", pointing out that, "over time, they have become increasingly important nodes for migrants from around the continent and beyond seeking profit, protection, and the possibility of onward passage" (Landau, and Segatti, 2009:1).

Additionally, Wentzel and Tlabela in Kok (2006), highlight how the number of migrants coming to South Africa, particularly those originating from the African continent has increased since the early 1990s especially after the country's first democratic elections in 1994.

On the other hand, Landau and Segatti (2009:6), go on to state that:

> "While cross border migration has undeniably increased over the last decade, overall figures are far lower than most South African officials and citizens presume. Moreover, even in the most immigrant-rich parts of South Africa, the number of newly arrived non-nationals is dwarfed by the number of recently arrived citizens. The 2001 South African census found only 477,201 foreign born residents out of a total of close to 45 million" (Landau, and Segatti, 2009:6).

Violence being a common phenomenon towards migrants in South Africa, Landau and Segatti, postulates how South Africa has gone through a period of unprecedented political changes, citing constitutional reforms and an opening of space for political debate. This, the authors argue that, "despite a legal framework guaranteeing international migrants more rights than ever before, migrants remain remarkably vulnerable to socio-economic exclusion, harassment from police, and violence at the hands of state agents and citizens" (Landau, and Segatti, 2009:28-29). Moreover, Kok (2006), quoting Nicholson notes:

> "Despite all the negative things being said about the illegal migrants, it should be appreciated that; the risk they take is indicative of their determination to find work, to help themselves, migrating illegally is a wager, which they might lose, but they know they will definitely lose if they do not migrate. It is indeed, economic risk-taking if of an unconventional kind" (Nicholson 2002). (Kok, 2006:7)

Furthermore, the IOM's World Migration Report (2015), discuss how urbanisation and the increasing significance of global cities as centres of economic prosperity have affected migration flows, both internal and cross border, with almost 20% of migrants living in the world's 20 largest cities in search of economic opportunities and livelihood. The changes effected by these human movements can have different effects at community, government as well as international levels. As argued by Landau et al. (2016), "Africa's rapid urbanisation has largely occurred in an environment of limited state capacity. African cities are growing in the absence of expanding formal employment or state services", (Landau, 2016:2). The author further posit that, the absence of the disciplining force of formal markets and institutions means cities are unlikely to facilitate the kind of identities, often national consolidation seen elsewhere and also raises the spectre of chaos and conflict Landau (2017: 2-3). Additionally, he discusses the "deeply fluid, often socio-politically fragmented, and economically precarious spaces in which many migrants and refugees seek profit, protection, or passage, as very informative for possible policy changes and also activist work", (Landau, 2017:3). However, quoting Hovil (2007), Jacobsen (2007), Landau et al (2016), points out that, it is widely perceived by the receiving country that refugees are a drain on national resources and a social and economic burden to the state as evidenced by the inherent problems of employment were if refugees are not employed, they are a clear burden to the state, yet if they are employed, they are taking jobs from the local community.

On the other hand, Landau, (2016), argues on the fluidity of the cities that they facilitate a kind of "ground-up diversity management and that the people occupying these cities particularly their highly transient peripheral gateways—often see them as entry points to local economic opportunities or passage onward. While their activities and presence there may further their social standing, the registers that often matter to them remain elsewhere", (Landau, 2016:2).

Going by Landau's arguments, it is evident that migrants face precarious situations in their efforts to want to secure themselves a better future in the host country. Indeed, the fluidity of the cities and or suburbs in which migrants settle makes it even more challenging for them to socially integrate in these new communities due to such vices as stigma and xenophobic attacks which are unpredictable in most cases. The common pointer to xenophobic attacks, as Landau points out, is an unfounded claim that migrants take away jobs from locals.

Working in these xenophobic conditions makes it even harder for migrant sex workers involved in a trade that is criminalised in South Africa. Looking at the context of Rosettenville, the focus area for this study, the suburb has a long history of being home to many migrants into South Africa. This dates back to as early as 1899 (Chipkin, 2016). The influx of migrants increased after the decolonisation of Mozambique and Angola in the mid-70s fleeing from the escalated, violence and uncertainty of their colonial homes, moving into Rosettenville. "It is mostly dominated by immigrants from West Africa and recently from Zimbabwe, who have created another social enclave which acts as a safety net for the new arrivals", (Chipkin, et al, 2016:30). These claims are supported by Sibanda (2011), who points out that, although Zimbabwean immigrants are diversely located, Rosettenville was found to be very popular.

The choice of Rosettenville as the area of settlement and location was found to be mainly influenced by one's socio-economic position as well as the fact that it is densely populated and the large concentration of immigrants from other parts of Africa.

Rosettenville has been at the centre of immense media reports because of the violence that rocked the community in February 2017, where there were trends of xenophobic tensions and violence, criminality, myths and misconceptions about migrants linking them to sex work and the operation of "brothels" (XenoWatch, 2017). Indeed, the fluidity of migrants' existence in Rosettenville can be observed here, considering migrants have to establish themselves and find ways of fitting themselves into that society. As much as there can be cohesions between

migrants and locals, tensions between the two groups exists and can be unpredictable. This highlights the precariousness of migrant sex workers in Rosettenville.

Migrant sex workers in general operate in precarious conditions in order to earn a living. Despite the many challenges they encounter with society, they are determined to make a living for themselves. This echoes with the experiences of the sex workers in Kihato's (2013), study where she discusses the discourse of migrant women in Johannesburg describing the experiences of women, their victimization, or their stories of strength and resistance. Kihato postulates that, these women may seem marginal to the city, but their everyday practices show how they produce new modes of urban regulation, creating moral economies and circuits of exchange that transform our view of urban governance and relationships. In this context Kihato discusses "how women reshape our understanding of the margins in relation to the centre where they should not be seen as marginal, but as critical to shaping the city", (Kihato, 2013). Quoting Vearey (2010), Kihato, brings to the fore how these women live in Johannesburg but remain dislocated. She asserts that, they move to Johannesburg for its promise of wealth and safety but face poverty and violence there.

2.1.2 Sex Work as Legitimate Work

The UNAIDS terminology guideline for 2015 states that: the

> "The term sex worker is intended to be non-judgemental and focuses on the working conditions under which sexual services are sold. Sex workers include consenting female, male and transgender adults—as well as young people over the age of 18 years—who regularly or occasionally receive money or goods in exchange for sexual services", (UNAIDS, 2015:5).

While Overall, (1992:709), defines Sex work as the exchange of money for sex acts and services of various kinds, which can include; erotic dancers, strippers, models in the pornography industry, and phone sex partners. SANAC and SWEAT define sex work broadly as the regular professional exchange of sex for cash (Konstant et al, 2015, SANAC, 2015). Bearing all the definitions in mind, for the purposes of this research, however, I will focus on sex work which involves the consensual exchange of sex for money and other incentives such as food, clothing, accommodation etc. In this context sex workers are self-identified, aged 18 years and above. This definition does not include children and victims of trafficking. Sex work in this context takes different forms ranging from the obvious one of working on the streets, brothels, guest houses and the less common one of call girl - where a

sex worker has regular clients who would call up to him/her. In this regard, Overall (1992), postulates that sex work is a commercial enterprise, and evidence strongly suggests that those who engage in it do so primarily, and often exclusively, for economic gain, just like other job opportunities. Similarly, quoting Gould & Fick (2008), Walker and Oliveira, (2015), state that, Gould and Fick's study revealed that most sex workers that they interviewed had entered the sex industry for reasons of financial opportunity and economic need. However, in most cases sex workers are often viewed as victims and without agency. This view is highlighted in the Graduate Journal of Social Science (2015), disputing the argument which is based on an assumed universal morality that sees all sex work as a form of exploitation and thus all sex workers as victims, regardless of whether they have chosen to engage in the sale of sex or not, pointing out that, this kind of structural morality works with the idea that sex workers are out of place.

On the contrary, citing Vanwesenbeeck (2001), Ditmore et al, (2010), who state that sex work is considered legitimate work, arguing that the illegal status of sex work and its consequences do violate the civil and workers' rights and integrity of sex workers (Ditmore, Levy & Willman, 2010). The authors further posit that women particularly women workers are not merely to be viewed as exploited under patriarchy and capitalism, rather women's power to make choices regarding their actions within given circumstances should be encouraged. In this case therefore, sex workers are considered to possess power by virtue of being in the sex industry.

To reinforce this argument, Sonke Gender Justice, (2014), posit that:

> "Like workers in all other industries, sex workers have a range of histories, experiences and lifestyles. They reflect the diverse racial demographic of South Africa, and while many come from low-income backgrounds, evidence shows that irrespective of class, most sex workers make rational choices to sell sex", (Sonke Gender Justice 2014:7).

Similarly, Sanders, (2005), in Ditmore et al (2010) asserts that:

> "rather than singling out sex work as uniquely requiring of women's sexuality in the workplace, the author places sex work at a continuum of sexualised service work performed by women which is likened to other service profession such as, waitressing, nursing and or flight attendant" (Ditmore et al, 2010:35).

These professions, she argues are;

> "gendered and require intimate interaction and display of applicable appearance and emotions". She however points out that, "the question of how sex workers fare

> emotionally, physically and in their larger context flows from a diversity of perspectives on sex workers' agency", (Ditmore et al, 2010:35).

However, the power of sex workers in regards to agency may be compromised because of the criminalisation of the industry. The criminalisation of sex work was based on assumptions that it was seen as a social ill that needed to be eradicated (Sonke Gender Justice, 2014). However, regardless of the criminalisation of the sex work industry, Scheibe et al, (2016: 167), state that, "in 2013 it was estimated that between 132 000 and 182 000 people sold sex in South Africa. Further, according to Walker and Oliveira, (2015), "cross border migrant women selling sex are normally heads of households supporting an average of 5 persons" (Walker and Oliveira, 2015:137). Confirming sex work as an important livelihood strategy for sex workers in South Africa, Richter (2013), in her study postulates that, sex work is a full-time profession for two-thirds of female sex workers, while a substantial number reported never having had a job before sex work.

Arguably, though sex work can be considered as a full time job, the industry however, faces a lot of discrimination and violence from society. Evidence from studies such as Cavalieri (2011), suggests that, the state controls the outcomes of the choices to sell sex instead of empowering individuals who sell sex to make informed choices. Such control, exposes sex workers to precarious work conditions and can challenge the assertion that sex work is "work". Whether sex work is work is another bone of contention. This is a question that has brought a lot of controversy among different disciplines and some non-governmental organisations. For instance, Embrace Dignity, one of the NGOs in South Africa, as quoted by Walker and Oliveira, (2015:142), argue that, 'Prostitution is the oldest *oppression'*. Not the 'oldest profession'. Walker and Oliveira, counter argue that, Embrace Dignity's argument takes the abolitionist stance and enables the collapse of any distinction between those who are forced into sex work and those who make a choice. In this regard, Dworkin (1996), argued that, the political background of the differing stems from the divisions between feminists and other writers on the 'rights and wrongs' of sex work. He states that, the perspectives fall broadly between the abolitionists who seek to eradicate sex work and those that believe that selling sex can be a form of labour.

For the abolitionists, sex work is seen as oppressive, and subjecting women to suffering and victimization (Ditmore et al 2010). To the contrary, Overall (1992), argues that, "under

capitalism, the argument is that, the majority of adult human beings must sell their labour power for some fraction of its value in order to obtain the means of subsistence for themselves and for those who are economically dependent upon them", (Overall, 1992: 709). In this regard, the authors cite cooks, secretaries, and university professors as some of the people who sell their labour power, of which many of them, economic gain may be their only motive. Considering this view, a question is posed as to why sex work should be considered morally any worse than cooking, secretarial service, or professional work. In view of this, Overall, (1992), postulated that, sex work differs in a crucial way from other forms of women's labour, arguing that;

> "While women's work of cooking, child care, or nursing is often commoditized, these forms of labour can and do also exist independently of any form of commercialization or exchange. Sex work by contrast, the authors argue, is defined in terms of buying and selling, in the sense that the services are provided and the customer supplies reward for those services, usually in the form of money, but sometimes also in the form of food, lodging or clothing" (Overall, 1992:716-17).

Further, Overall, (1992), posit that, without this asymmetrical economic exchange the sexual interaction is, by definition, not sex work, but a sexual event or relationship that does not involve service for the sake of material gain. For these reasons, the authors argue that, "buying and selling are inherent in sex work …which is why sexual activity is not essential in sex work but the buying of sexual activity" (Overall, C., 1992:717).

Going by the above literature, indeed sex work is a complex issue which requires joint efforts from the government, non-governmental organisations and all stake holders in order to come up with an understanding which would benefit all the parties involved. This researcher believes that there are more benefits of recognising sex work as work than is with moralising and rejecting it. Similarly, some non- governmental organisations such as Sonke Gender Justice, SWEAT and other scholars (Fick, 2006), are advocating for the rights of sex workers to be recognised. They argue that sex work is work, as such the agency of sex workers should be respected.

In an attempt to champion sex workers' rights, Sisonke Sex Worker Movement led by sex workers for sex workers was launched in October 2003, in South Africa. This was in an effort to bring together sex workers and improve their living and working conditions. The

organisations also aim to fight for equal access to rights and to build a movement of visible, empowered and politically active sex workers, (Sisonke/Sweat, 2017). It is envisioned that once empowered, the sex workers would demand appropriate services, resist exploitation and support each other to challenge criminalisation.

Among other programmes, Sisonke aims to reduce the rate of STIs and HIV transmission by providing HIV prevention services and other related diseases to sex workers and their clients. To achieve this, they have introduced peer education led outreach activities, where trained peer educators (former and current sex workers) provide health talks on HIV prevention and other STIs. "peer educators undergo intensive in-house training that covers health topics. Furthermore, some are trained as human rights defenders as well as perform HIV finger prick testing. Peer educators work in small locations among their social networks making systematic and regular contact with sex workers —both one-to-one and in groups", (Southern African HIV Clinicians Society 2016).

As indicated in the literature above, Sisonke is championing for the rights of sex workers which includes access to health. These issues are key especially with the criminalisation of sex work in South Africa, which can impact on the help-seeking behaviour of sex workers considering that sex workers will remain invisible in most cases. In this respect, Scheibe et al, (2016), argue that, "while sex work remains illegal and highly stigmatised in South Africa, sex workers – the majority of whom are internal or cross-border migrants – will continue to experience ongoing human rights violations and a high HIV burden", (Scheibe et al, 2016:165).

2.1.2 Violence

Violence against sex workers seems to be a common phenomenon in the experiences of sex workers, (Kurtz et al. 2004, Lowman 2000). This has called for a global interest in the nature and extent of violence against sex workers, resulting in research throughout the world describing how between 50–100 per cent of street sex worker samples experience physical, sexual and economic violence in their job, (Kurtz et al. 2004; Lowman 2000). According to the WHO report (2015), many sex workers report frequent violence from other perpetrators including law enforcement officers and other state actors as well as from members of the public and the community at large, (WHO report 2015:90). The same report further states that, violence against sex workers is mostly a manifestation of gender inequality and

discrimination directed at women, transgender or men, as well as individuals who do not live up to the expectations of gender and heterosexual norms. This can be as a result of gay/transgender's feminine appearance, or the manner in which they express their sexuality.

Similarly, Sanders and Campbell (2007), in their findings, support the opinion of some theorists and practitioners that, there is a historical, cultural endurance of intolerance and hostility towards street workers fostered by a general culture of distaste and disrespect towards women who sell sex. From an American perspective, Brents and Hausbeck (2005), argue that, where there is state controlled or regulated sex markets there is evidence of less violence. The authors provide an example of the interviewed sex workers, brothel owners and policy makers in the legalized brothels of Nevada, Las Vegas. The results indicated that of the 40 sex workers interviewed, only one reported violence at work. The authors further postulates that the legalisation of "prostitution" brings a level of public scrutiny, official regulation and bureaucratization to brothels that decreases violence. In a similar study in Germany where sex work is also legalised, Brents and Hausbeck (2005), also found that the regulatory provision reduces violence and insecurities. In respect to this, Kerschl (2004), posit that the system has produced a near total reduction of violence against sex workers by pimps or clients.

In the South African context however, available literature Walker (2017), shows that violence against sex workers is very prevalent. Walker, (2017), in her findings in a research in Johannesburg, discusses how "migrant sex workers face multiple vulnerabilities including discrimination, criminalisation, and many levels of violence, stating that violence against sex workers is often identified at an inter-personal and behavioural level, such as attacks and abuse from clients, the police and the public", (Walker, 2017:59). Additionally, Scheibe (2016), postulate that, "Sex workers and migrants commonly experience a range of human rights violations that affect their health, including stigma and discrimination from law enforcement officers, criminal justice officials and healthcare providers", (Scheibe, 2016:167). Additionally, SANAC sex worker HIV plan (2016-2019), recognises that "criminalisation increases stigma and reduces sex worker power, rendering them vulnerable to violence and human rights violations", (SANAC 2016-2019:18).

Further, drawing from Sonke Gender Justice case study report (2006), it highlights a culture of violence where the offenders, both civilian and police, operate with impunity. The report

states that, “to date there has not been any effective strategic engagement or dialogue between policing authorities, Government and Sex Work advocacy organisations in South Africa”, (Sonke Gender Justice, 2006:3). As a follow up to this report, Sonke urges all stakeholders across the Sex Work Sector to take action, to participate in positive, forward focused action to address the challenges faced by sex workers as documented in the report.

2.1.3 Migration and sex work

According to Richter et al. (2014), “Southern Africa has high internal and cross-border population mobility, and high HIV prevalence. The authors posit that intersections between migration and sex work are underexplored”, (Richter, et al 2014:7).This assertion is echoed by Richter and Vearey (2016), citing Richter et al. (2012), that “in South Africa for instance there is a significant intersection between sex work and migration, pointing out that, research results conducted at four sites in South Africa during the 2010 Soccer World Cup indicated that more than 85 per cent of female sex workers had migrated from their place of birth, with 39 per cent being internal migrants and 46 per cent cross-border migrants”, (Richter and Vearey, 2016:268). Further, Richter et al (2014), in their survey, state that “nearly half of the female sex workers (FSWs) interviewed were cross-border migrants. Stating that, two-thirds of the cross –border sex workers in Hillbrow (Johannesburg) migrated from neighbouring Zimbabwe, mirroring the escalation in Zimbabwean migration to South Africa in search of improved livelihood opportunities following politic and economic instability in Zimbabwe since the early 2000”, (Richter et al, 2014:12-13).

Citing Gould & Fick 2008; Richter et al 2012, Walker and Oliveira (2015) in their study conducted in inner-city Johannesburg, in the suburbs of Hillbrow and Yeoville noted that Johannesburg as a city had the largest percentage of South Africa’s migrants, adding that female migrants who sell sex face a number of susceptibilities due to the criminalised nature of their work. In addition, the authors identify factors such as irregular documentation status, fear of deportation and fear of potential xenophobic attacks to contribute to sex workers’ vulnerability.

Further, Walker and Oliveira, cite other challenges that come with being a migrant, such as “stigma combined with a label of ‘foreigner’ which further heightens negative consequences for cross-border migrants in South Africa” (Walker and Oliveira, 2015:7).

Vetten and Dladla's findings in 2000 on commercial sex workers that, the nature of their experiences was made worse by the illegal stigmatised nature of their work speak to the many challenges that sex workers experience, (Vetten and Dladla, 2000). Similarly, Scheibe et al, (2016), point out that, "Sex workers – and migrants – commonly experience a range of human rights violations that affect their health, including stigma and discrimination from law enforcement officers, criminal justice officials and healthcare providers", (Scheibe et al, 2016.).

Similar findings are discussed by Walker et al (2017), in their article where they explore the intersecting vulnerabilities of non-national migrant mothers who sell sex in Johannesburg. They bring to the fore their struggle to access the benefits of the city and the precarity of the peripheral spaces in which mothers who sell sex operate and experience intersecting vulnerabilities associated with gender norms, race, and nationality. They point out that these vulnerabilities, come out in different ways such as, abuse, discrimination, criminalisation, including various levels of structural and direct violence. Additionally, Richter (2014), postulates that in South Africa, cross-border migrants face high levels of police harassment (Richter 2014: 25) and difficulties in accessing health services because of language problems or xenophobic health care workers (Richter, 2014:8).

Be that as it may, the sex industry becomes even more complex when associated with issues of human trafficking, which sometimes conflates sex work with trafficking purporting that sex workers need to be rescued. According to Walker and Oliveira, (2015), "many migrant women who sell sex are categorised as victims of trafficking and as women who do not make choices", (Walker and Oliveira, 141). In this context, the authors raise concerns around the "merging of sex work with human trafficking in South Africa and how it negatively impacts upon attitudes towards sex work, arguing that there should be a more nuanced discussion around sex work and trafficking", (Walker Oliveira, 2015:141). Further, they argue that, "the fusing together of (migrant) sex work and trafficking entails that the experiences of those who cross borders and sell sex are normally distorted and turned into narratives of victimisation, exploitation and with no self-determination", (Walker and Oliveira, 2015:141).

To the contrary, Walker and Oliveira, quoting Gould & Fick (2008), argue that the majority of sex workers interviewed by Gould et al. had entered the sex industry for reasons of

financial opportunity and economic need. Equally, in their research, participants' (migrant women who sell sex) experiences, revealed very little evidence where trafficking has been identified. The authors, posit that;

> "Instead of the debates and discussions being informed by substantial robust methodologically sound data, they are largely influenced by popular anti-trafficking campaigns". These debates, they argue, "are shaping policies that not only ignore these multiple realities of why women migrate to sell sex. Instead giving an impression that a migrant woman in sex work has been trafficked", (Walker and Oliveira, 2015:141).

In view of trafficking, Schuler (2013), as quoted by Walker and Oliveira, postulates that, the language used by anti-trafficking organisations evidently construct a picture of women as victims, trapped by circumstances, forced into prostitution and in doing so lack in self-respect and dignity. The authors cite Organisations such as Embrace Dignity – based in Cape Town, the Salvation Army and The New Life Centre in Yeoville, Johannesburg, as drawing on moralistic notions that sex work is 'immoral' as such these organisations work to rescue women involved in sex work in order to help them restore their dignity by finding alternative and moral work. To the contrary, Walker and Oliveira (2015), postulates that, international and local research indicates that many urban migrants – especially undocumented migrants – choose to engage in informal livelihood strategies, including sex work, arguing that migrants may enter a city, look for various ways to establish a livelihood to support themselves and their dependents 'back home' and find that informal sector employment is more accessible than that in the formal sector, (Walker and Oliveira , 2015:136-7).

The legal position on sex work in South Africa and the moralisation attached as suggested by literature, encourages sex workers and or migrant sex worker's vulnerability and does not recognise the rights of sex workers to protection. Which is why Non-governmental organisations such as Sonke Gender Justice, SWEAT and Sisonke are calling for the decriminalisation of sex work in order to allow sex work to be recognised as work. This, they argue, will pave way for better conditions of work such as equal rights for sex workers and the ability to work legally as a sex worker and or, as a migrant sex worker.

2.1.4 Sex work, health and the law in South Africa

While sex work in Southern African countries often constitutes an important livelihood activity for migrant sex workers, it is criminalised. As such individuals working in the sex industry especially foreign sex workers continue to experience many negative health outcomes. Similarly, Scheibe et al (2016), postulates that, "Sex workers – and migrants – commonly experience a range of human rights violations that affect their health, including stigma and discrimination from law enforcement officers, criminal justice officials and healthcare providers" (Scheibe et al 2016:167).

Drawing from the health aspect, WHO (2015), reports that sex workers are considered to be vulnerable to HIV infection. The report identifies criminalisation as one of the factors that heighten sex workers' vulnerability to HIV, in the sense that criminalization of sex work contributes to an environment in which, violence against sex workers is tolerated. This often results in their reluctance to report incidences of rape and or sexual assault to the authorities. In addition, the same report posit that sex workers are often blamed for spreading the virus to the rest of society because of the stigma and discrimination attached to sex workers and AIDS, which may result into further violence towards sex workers, isolation and not accessing health service.

According to Walker and Oliveira (2015), citing Vearey et al. (2011) and Richter et al (2012), they posit that "criminalised responses to ('foreign') sex workers results in numerous vulnerabilities, such as gender-based and structural violence, barriers to healthcare, HIV testing and treatment; antiforeigner sentiments from service providers and, problematic access to documentation and socio-legal services" [130]. Additionally, Scheibe et al (2016), point out how sex work remains illegal and highly stigmatised in South Africa, resulting in sex workers – the majority of whom are internal or cross-border migrants –experiencing ongoing human rights violations and a high HIV burden. High levels of unemployment, limited socio-economic opportunities and associated migration dynamics mean that sex work remains a key livelihood option for many cis-gender and transgender women and men in sub-Saharan Africa.

Despite sex work being illegal in South Africa, the industry still continues to operate in different localities. In 2017, Rosettenville, a community with large concentration of migrants from different parts of Africa comprising both documented and undocumented ones, became the centre of media reports where there had been trends of xenophobic tensions and violence, criminality, myths and misconceptions about migrants linking them to sex work and the

operation of "brothels". The attacks by community members were being organised supposedly to eradicate vices such as drugs, crime and sex work in the suburb. Local residents marched to the Moffatt View police station to submit a memorandum calling for action to be taken against foreigners who they blamed for the proliferation of drugs, criminality and sex work in the area. Subsequently, the alleged inaction by police led to widespread violence and looting of shops on 11 February 2017. Of interest to note is the community's dislike and or misconceptions about migrants and linking them to alleged "brothels" and sex work. Such acts of violence thus make it difficult to reach sex workers via standard outreach and health services.

On the other hand, available reports (WHO, 2015), indicates that violence and lack of control over one's life entails that sex workers may give more priority to more immediate concerns for safety and survival than to their health needs and behaviour change. The report cites programme experiences with sex workers which suggest that "maintaining health and preventing HIV hold lower priority for sex workers than coping with daily harassment from police", (WHO,2015).

While sex workers are expected to attend conventional health facilities in South Africa, Stadler & Delany, (2007), argue to the contrary, finding that conventional health services often present barriers to sex workers seeking health care resulting in untreated sexually transmitted infections (STI) and increased risk of HIV infection. Similar unfavourable health care provider attitudes are cited by Pauw and Brener (2003), in their research on barriers to safer sex practices among women street sex workers in South Africa, Cape Town.

In this regard, as much as there is literature on sex workers, it is important also to build on what we know through this literature by applying it in the Rosettenville context in order to understand the intersections of known issues as well as discovering the unknown issues. This research will therefore, contribute to an understanding of how migrant sex workers navigate the Rosettenville context. It is also expected to add knowledge to existing studies on this specific area. In so doing, the study explored how violence, stigmatisation, trends of xenophobic tensions as well as the myths and misconceptions about migrants may influence help seeking behaviours of migrant sex workers to either physical, emotional/distressing problems, social, health symptoms or other needs in Rosettenville. This can in turn help to

champion for policies and programme improvements targeted at sex workers and their preferred method and or alternatives to healthcare.

2.2 Justification

Research on sex worker access to public health care services highlight that many sex workers seldom access these services for various reasons – heightened by the criminalisation and stigma ascribed to the trade. This leads to negative health outcomes for many sex workers, especially migrant sex workers. This study therefore explores through the broader help-seeking framework the various help seeking behaviours, including utilization of health services particularly by self-defined female, male and transgender migrant sex workers – both cross border and internal. Considering that in addition to the criminalisation of sex work, the context in Rosettenville, is hostile towards migrant/sex workers even at the time of doing this research, it was volatile.

My choice of Rosettenville as my study site was in part influenced by its cosmopolitan nature described by Chipkin (2016), as a community with large concentration of migrants from different parts of Africa comprising both documented and undocumented ones. Migrants have recently been at the centre of media reports where there has been trends of xenophobic violence in Rosettenville. At the time of doing this research, the situation was volatile amongst sex workers. It is believed that any sex worker seen giving an interview to an outsider is considered as a sell-out, which creates rivalry and perpetuates violence. In 2017, this suburb witnessed wide spread community protests resulting in the burning of some guest houses believed to have been run as brothels by foreign nationals. This sparked my interest to investigate the help-seeking behaviours by migrant sex workers and how they navigate the Rosettenville context. It is my belief that the findings of this study will enhance our understanding of the various help-seeking behaviours, including utilization of health care services embraced by migrant sex workers in a risky environment engulfed with xenophobic violence and criminality, exemplified by Rosettenville.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

In this chapter the research methodology used for the study is described. The section further describes the context and setting in which the study was conducted, the study population, sampling methods, data collection including instruments used, and data management and analysis. The chapter also provides a discussion on the ethical considerations.

3.2 Study aim and objectives

This study aimed to explore and examine help seeking behaviours amongst internal and cross border female, male, and transgender migrant sex workers in Rosettenville, Johannesburg. The main objectives of this study are:

1. To explore the kinds of help-seeking behaviours migrant sex workers utilise, taking into consideration the barriers that sex workers face (e.g. legal, socio cultural, linguistic, economic, discrimination, xenophobia etc.

2. To explore the factors that may influence migrant sex workers' decision to seek help and the determinants of selecting the kind of help.

3. To explore the perceived gaps in the help-seeking behaviour of migrant sex workers, their perceived need for help and actual service utilization.

4. To examine how the movements (mobility) of sex workers from one place to another (location) affect their help-seeking behaviour.

3.3 Description of study setting

Study participants were drawn from Rosettenville, Johannesburg. Rosettenville falls in the southern suburbs of Johannesburg. It is located in the South of Johannesburg about 10.8 kms from the Johannesburg Central business district. According to Xenowatch (2017), Rosettenville is popular with a large concentration of migrants from different parts of Africa comprising both documented and undocumented migrants in the area. Wilhelm et al (2016), argue that the availability of social networks, cheap accommodation and the presence of internal and international migrants from various parts of Africa make Rosettenville an important entry point for new comers.

In 2017, this community flared up in violence ignited by trends of xenophobic tensions and misconceptions about migrants and alleged criminal activities in the community. Members of the community burnt houses allegedly run as "brothels" by foreigners.

Initially the interviews with participants were supposed to be conducted in Rosettenville, however, due to security reasons I was advised by Sisonke peer educators to conduct the interviews at Sisonke offices - which is familiar to most of the sex workers. The Sisonke offices are located in central Johannesburg. The peer educators at Sisonke also work in Rosettenville to provide health talks. In particular, the peer educator I was assigned as my research assistant works directly with sex workers in Rosettenvile. Therefore, they are aware of potential risks that could face both sex workers and the researcher. I was informed that when sex workers are seen to participate in an interview, they are regarded as "sell outs" by their fellow sex workers, thus causing tensions and sometimes violence among themselves and sometimes brothel owners. For this reason, I was provided with a private office at Sisonke where the interviews were to be conducted. Participants were equally concerned about security issues if interviews were to be carried out in Rosettenville. Thus, they were all happy with the Sisonke offices being used for interviews.

Field work was done over a period of one month as an ongoing process. I started off with preliminary preparations of visiting the Sisonke offices to learn more about their work. I also had meetings with two (2) supporting staff from SWEAT to brief me about the work of Sisonke and the peer educators. I was introduced to the peer educators by the supporting staff and the assistant researcher was assigned to me. In addition, I attended a stakeholders meeting (AGM) in Cape Town and several sex worker advocacy panel discussions in Johannesburg. My attendance at these meetings was meant to do some sex worker participant observations and take notes from the discussions.

3.4 Study design

The study used an exploratory qualitative research design. The research design allowed for insights into the factors influencing migrant sex workers help seeking behaviours in Rosettenville, as well as explore alternative forms of help and support they seek. As argued by Seers (2012), qualitative research is primarily exploratory research and is used to gain an

understanding of underlying reasons, opinions, and motivations. It helps to develop ideas or hypotheses for potential quantitative research.

Drawing on in-depth individual interviews with male, female and transgender internal and cross border migrant sex workers in Rosettenville, the qualitative method facilitated the participants to share their experiences from their own frames of reference. The purpose of `including both internal and cross border migrants is to ensure that there is diversity in their experiences as regards to their help seeking behaviours.

3.4.1 Study population

The study population comprised of adult self-defined female, male and transgender cross border and internal migrant sex workers in Rosettenville, aged 18 years and above.

3.4.2 Sampling and Sample size

A sample of fifteen (15) self-defined transgender, female and male internal and cross border migrant sex workers living in Rosettenville were enrolled. In this study, the key informants were purposefully selected. Purposive sampling was used because I intended to purposively sample participants who had certain qualities and knowledge such as being a migrant sex worker, being female, male, transgender and living in Rosettenville.

According to Etikan et al. (2016),

> "Purposive sampling technique is the deliberate choice of a participant due to the qualities the participant possesses. It is a non-random technique that does not need underlying theories or a set number of participants. The researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by virtue of knowledge or experience", (Etikan et al, 2016:2).

Further, snowball sampling technique was employed to enrol participants. "Snowball" sampling is defined by Heckathorn (1997), as a research technique through survey and data registration which is recommended when the population cannot be strictly delimited or detailed. Ideally, a randomly chosen sample serves as initial contacts, though in practice ease of access virtually always determines the initial sample; these subjects provide the names of a fixed number of other individuals who fulfil the research criteria.

Similarly, through Sisonke, I employed snowball sampling considering that this is a sensitive research and participants may not be easily accessible. Sisonke assigned me a male research assistant (a Sisonke peer educator) to work with me. Therefore, the sampling process involved requesting through the assistant researcher, who works with sex workers in Rosettenville, to assist with the selection and enrolment of possible participants. Once selected, the initial participants also provided additional names of would be participants. The assistant researcher helped to share the study information to would be participants detailing the purpose of the study and rights of participants. The participants were individually contacted and most of them expressed willingness to participate in the research. Participants also provided names of other would be participants. Appointments were then secured for individual interviews. The use of the research assistant has both potential ethical challenges/ biases and opportunities. These are discussed under the ethics and limitations sections.

3.5 Data collection

The research assistant assisted me to identify participants as well as help with translation in case of language barrier between the researcher and participants. I am not conversant in any of the local languages. While all participants were informed about the assistant researcher and had no objection for the assistant researcher to sit in the interviews, it turned out that only one interview required the help of the assistant researcher as the rest of the participants were conversant in English. The research assistant coming in from Sisonke helped in earning trust from the sex workers since he was familiar with them and also Sisonke as an organisation is known among sex workers in Rosettenville. The translator needed to be known and trusted by the sex workers for the success of data collection.

In this study, it was important to develop rapport and trust between myself, my assistant and the participants. I developed rapport with individual participants by welcoming them into the interview room. The room provided by Sisonke was a private office away from distractions and helped in maintaining confidentiality. I first started with casual talk and offering participants' refreshments – coffee, sandwich and biscuits. The aim of all this was to help create a relaxed and non-judgmental relationship where participants were able to freely express themselves without feeling threatened.

Before the interviews, I provided information about the study. After the participants were satisfied with the study information, I explained about the consent forms and informed consent was obtained from the participants including audio recording. Initially consent was

supposed to be obtained verbally, but after the change of venue, I consulted with the participants for a signed consent and all participants were willing to sign. The interviews lasted about 45 minutes to 1 hour. Some interviews lasted longer than the estimated time because through probing participants were able to fully express themselves without feeling threatened. Interviews were recorded using an audio recorder. This was done with the permission of participants. It was initially planned that, two interviews would be held in a day, however, in some days four interviews were conducted. This was due to the fact that some sex workers felt comfortable coming as a group because they worked and supported each other during work.

Using an interview guide written in English, one on one in-depth individual interviews were used to collect data. I conducted all the interviews in English. However, due to language barrier, one participant spoke only Zulu and was not conversant with English. Therefore, with her permission, the research assistant sat in this one interview to translate from English to Zulu and vice versa.

3.6 Scope of study

This study explored the various help-seeking behaviours amongst migrant sex workers in Rosettenville, Johannesburg. Further, the study explored through the broader help-seeking framework utilization of health services.

The interview guide tried to expand on the personal experiences regarding the help seeking behaviours of migrant sex workers. Of interest to find out also was from whom migrant sex workers normally seek help (if any), for problems - either physical, emotional/distressing problems, social, health symptoms and other needs. Further, it also explored how long it takes sex workers to take the actual step to seek help once a need to seek help has been identified**.** The study also explored whether or not movement from place to place had an effect on the help-seeking behaviours.

3.7 Data management and analysis

3.7.1 Data Management

I was responsible for the safe storage of data collected in this study and other materials that were used for the study, such as consent forms signed by participants. The data was documented in recorded interviews and the audio recorded data was transcribed verbatim by myself. The recorded data together with the transcriptions were secured in a lockable drawer

at my house. This was to avoid tempering or access of data by unauthorised persons. The electronic data was secured on my password locked personal laptop, only accessed by myself. The final report will be achieved by the department and I will attempt to publish the findings of the research in relevant journals.

3.7.2 Data analysis

According to Ritchie and Spencer (1993), the analyst of the data has to familiarize him/herself in the data. Familiarization according to the two authors involves immersion in the data - listening to tapes, reading through transcripts, studying observational notes while listing key ideas and recurrent themes. Further, Ritchie and Spencer (1993), point out that, this process helps the analyst gain an overview of the richness, depth and diversity of the data, thus providing the analyst with the process of abstraction and conceptualization.

As pointed out by Ritchie and Spencer (1993), during my transcription of data, I gained the in-depth understanding of the data through transcribing verbatim all the audio recorded interviews. This further, resulted in determining four main themes and their sub themes which will be discussed in detail in chapter four. Further, data analysis was done by uploading the transcripts onto a computer software Max-QDA which supported electronic coding and analysis.

On the other hand, Coffey, & Atkinson (1996), discuss data coding as a way of identifying themes in a text in qualitative data. They point out that these can be paragraphs, phrases or sentences.

In reference to data analysis, I used a thematic content analysis approach. According to Anderson, (2007), thematic content analysis is a descriptive presentation of qualitative data. It represents an organised and objective means of defining phenomena. Similarly, Braun, & Clarke, (2006), locate thematic analysis as "a method for identifying, analysing, and reporting patterns (themes) within data. It minimally organises and describes your data set in detail", Braun, & Clarke, 2006:6). The Authors further point out that thematic content analysis examines "the underlying ideas, assumptions, and conceptualisations that are theorised as informing the semantic content of the data", (Braun, & Clarke, 2006:6). This analysis syncs well with my qualitative approach involving in-depth individual interviews seeking to understand those underlining meanings based on the participant experiences. In analysing

my raw data, therefore, I started by familiarizing myself with the collected data, as proposed by Ritchie and Spencer (1993). I listened to the recorded interviews and reading through the transcripts over and over. This was followed by listing key ideas and frequent themes. I then categorised key ideas and recurrent themes to come up with main themes. Further, I uploaded the transcripts onto a computer software Max-QDA which supported electronic coding and analysis. The analysis resulted in the emergence of four main themes: factors that influenced participants to engage in sex work, Incongruity in depicting sex work, perceived barriers to living and operating in Rosettenville, problems related with sex work and coping mechanisms, help seeking behaviour.

In view of my analysis of the results, the responses of participants have been presented unrevised which includes the grammar. This was done with the view of trying to keep the views, ideas and experiences of participants as original as possible.

3.8 Ethical considerations

Ethical clearance was obtained from Wits Human Research Ethics Committee (non-medical) to conduct research. The protocol number is H17/09/28. Further permission to conduct the study through Sisonke was obtained from Sisonke sex workers movement and Sex Workers Education & Advocacy Task Force (SWEAT) head office in Cape Town. Permission was granted after a letter was written to SWEAT explaining the aims and objectives of the study as well as the procedures to be followed. As regards to the vulnerability of research participants. An ethics clearance certificate was also submitted to SWEAT upon request. After the approval, Pamela Chakuvinga, the Assistant National Coordinator for Sisonke, introduced me to the key peer educators working with sex workers in Rosettenville. Pamela assigned me a peer educator who became my assistant researcher. The assistant researcher assisted with the recruitment of the participants. All participants were informed about the research assistant and they gave permission for him to sit in the interviews in case there was language barrier. As it turned out, the assistant only participated in one interview.

The use of a peer educator as an assistant researcher may have created some biases in a way participants were selected which may confound the responses of participants. However, using the assistant was more to the advantage of this study, as already mentioned.

Further, details of the study, a participant information sheet describing the purpose of the study, rights of participants, potential benefits and risks and the procedures involved as well as the criterion for recruitment of study participants was presented to the assistant researcher to help him with the identification and enrolment of participants.

Prior to the interviews, I spent time with Sisonke peer educators building trust with them. This was an important process which in turn indirectly re-assured participants.

Before starting interviews, I assured participants of confidentiality pointing out that, the information attained was to be used specifically for academic purposes. Considering the sensitivity of the study, interviews were conducted in a private office. The office space was provided by Sisonke staff. Additionally, participant's real names where substituted for pseudonyms in order to protect their identity. I however, obtained permission to use the real name of one of the peer educators (Katlego) whose name was constantly mentioned by participants.

Participants were given R50.00 as transport reimbursement to and from the venue of interviews. Initially the R50 was meant to be a reimbursement for taking their time off work to attend the interviews. As explained above the venue for interviews changed from Rosettenville to Sisonke offices due to security reasons, hence the need for transport reimbursements.

3.9 Study limitations

The study has some limitations. Considering the sample size, the results of the research cannot be generalised as representative of all transgender, female and male migrant sex workers in Rosettenville.

A language barrier was encountered with one participant. Therefore, the research assistant sat in the interview and interpreted from Zulu to English and vice versa. I had to probe through the assistant researcher which sometimes proved to be difficult presenting the questions as they were meant to be. However, the assistant researcher worked well with the participant in ensuring that the right message was presented.

Time factor: On the days of interviews, in some instances participants arrived late for interviews and at the same time they would be in a hurry to go to work. Two participants

raised concern that they would miss on business if they stayed longer. I reminded the participants of their rights to withdraw from the study should they wish to do so. However, the participants refused to withdraw and opted to continue. This incidence somehow, negatively affected the responses of the participants as they seemed to rush in their responses.

Rosettenville is known to be a community with violence and crime. This hostile environment posed a challenge to this researcher in the sense that, initially, I was supposed to physically go to Rosettenville with the assistant researcher to identify and enrol participants as well as carry out interviews. However, for security reasons I was advised by Sisonke peer educators working in Rosettenville, including the research assistant not to conduct the interviews in Rosettenville. The peer educators pointed out that sex workers in Rosettenville operate in different groups and they are against sex workers giving interviews, because of the perception that all interviewers are from the media and portray sex workers negatively. As such any sex worker seen providing interviews is considered a traitor thus causing violence amongst sex workers. This development limited me to interact with the participants in their natural setting as well as allow me to physically understand the context in which participants operate.

3.10 Study funding

The research budget was in part funded by ACMS and self-financed. The funds catered for transport to and from Sisonke, printing and photocopying documents Participant information sheets and consent forms, providing refreshments for participants, transport reimbursements and payment of the research assistant for recruiting participants, air time, setting of interviews and ensuring that all participants have refreshments.
The source of funding did not in any way influence the research and its findings.

3.11 Planned utilization and dissemination of results

The research report will be submitted to the School of social sciences, University of the Witwatersrand (WITS) in partial fulfilment of my Master of Arts in Migration and Displacement studies. Subsequently, the report will be shared with Sisonke and SWEAT.
I will also attempt to publish the findings in some relevant journals.

CHAPTER FOUR: FINDINGS AND DISCUSSIONS

4.1 Introduction

This chapter presents the findings of my research and it discusses them in relation to help-seeking behaviours of migrant sex workers in Rosettenville. The chapter begins with the social demographic characteristics of the participants, followed by a summary of the main themes and sub- themes that emerged from the interviews. The chapter then provides an analysis and discussion of each theme, followed by a conclusion and recommendation.

The themes where determined after all the audio recorded interviews were transcribed verbatim and reading over the text twice (Ryan 2003), and identifying repetitions in the data (Guba 1978), as well as analysing data by uploading the transcripts onto a computer software Max-QDA which supported electronic coding and analysis. Four main themes and their sub themes are presented in a table 1 below.

4.1.2 Social demographic characteristics of participants

Fifteen (15) internal and cross border migrant sex workers aged between 25 and 62 years were first identified from Rosettenville Suburb and invited through Sisonke to participate in the study. Upon accepting the invitations, I then had them consent to participate in this study. The participants self-identified themselves as male, female, gay or transgender migrant sex workers. The average age was 34 years. Out of the fifteen (15) participants nine (9) were from Zimbabwe, one (1) from Mpumalanga, two (2) from Swaziland, One (1) from Lesotho, one (1) from KZN and one (1) from Malawi. However, they all currently reside in Rosettenville. The participants have been in the sex work industry for a period ranging from two to 32 years**.**

The participants' levels of education varied from as low as primary grade seven to high school matric level.

Table1. Respondent's profiles

Name/ Pseudonym	Self-defined gender	Age	Self-defined Sex Orientation	Level of education	Number of years in sex work	Country of Origin
Tracey	Female	62	Cis-gender	Matric	32	Mpumalanga
Lebo	Female	32	Cis-gender	Grade 7	16	Zimbabwe
Kim	Male	25	GAY	Matric	6	Swaziland
Cowboy	Male	33	TG woman	A level	10	Zimbabwe
Nandi	Female	27	Cis-gender	Grade 10	1	KZN
Unathi	Male	36	Cis-gender	Matric	15	Zimbabwe
Candace	Female	35	Cis-gender	Form 4	6	Malawi
Vusi	Male	46	Cis-gender	Grade 11	9	Swaziland
Kimberly	Female	26	Cis-gender	Grade 11	2	Zimbabwe
Bongani	Male	30	Gay	Grade 7	8	Zimbabwe
Bridget	F	30	Cis-gender	Matric	7	Zimbabwe
Belinda	F	29	Cis-gender	Grade 8	2	Zimbabwe
Enoch	Male	33	Cis-gender	Metric	4	Zimbabwe
Bubbles	Male	35	TG woman	Grade 10	3	Lesotho
Mikil	Male	25	Gay (MSM)	Form 4	3	Zimbabwe

Table2. Themes and sub-themes in summary.

Themes	Representative quotation
Factors that influenced participants to engage in sex work. -Economic factors, lucrative business , - Poverty, unemployment	"So I had no other choice. Oh, I had a friend who was staying here, he was staying in Hillbrow, so he introduced me that actually you can make money from something that you like because I like sex, so I thought if I can make money out of it, there is no problem especially if I am doing it in a safer way" (Enoch, 7/12/2017). "Ha, there is no work, you know yaa… and my cousin stayed here so he said no you can come and join me that's when I came" Kim, 07/12/2017.
Perceived barriers to live and work in Rosettenville. ▪ Needs and Concerns of migrant sex workers - Safety - Stigma - Health concerns - Societal concerns	"I have never gone to Rose clinic, I prefer coming to Joburg because this side is better than Rose, because at Rose, the people are still having that mentality to say they are gays before they judge you to being a prostitute, they judge you that you are gay, and then when you say I don't' have a problem with my penis, I am having a problem with my anus, it's another problem. So it is a chain of problems that affect in the community, health, police, everything it's a problem" Kim – 7/12/2017.
Problems related with sex work - Challenges of sex work - Health risks versus economic gain - Physical violence - concealing being a sex worker	"There is too much high risk for health there, because maybe you are hungry and the client came with R100 and the client said to you, "I don't want to use condom"…it's up to you whether you choose or not… and if you don't agree to the client….he will go to other people", Belinda – 7/12/2017.

Help seeking behaviour - Help seeking as a migrant - Mobility and help seeking - Utilization of sexual health services and social services - Perceived barriers of utilization of sexual health services and social services	"If I want counselling, I can go to lifeline, they do for counselling, if I want like health, there is another clinic from Rosettenville to Hillbrow – Esselen Clinic. I have got a problem like…community, Family or police….I come to Sisonke or women's legal centre - yah", Belinda – 7/12/2017.

4.2 ANALYSIS AND DISCUSSION OF THEMES

Based on the table above the following four main themes were identified; *factors that influenced participants to engage in sex work, perceived barriers to live and operate in Rosettenville, problems related with sex work , help seeking behaviour.* The use of sub-themes will ultimately link to the research's main focus on exploring help-seeking behaviours. The themes and their linkages are discussed below.

4.2.1 Factors that influenced participants to engage in sex work.

This section I present some factors as discussed with participants that influenced participants to engage in sex work and how that has subsequently influenced their help-seeking behaviour.

4.2.1.1 Economic factors/poverty/unemployment

People are either compelled or choose to engage in sex work for various different reasons. In this study all the participants cited economic reasons, poverty and unemployment as some of the main reasons that drove them into sex work. These factors that influence participants to engage in sex work, intersect with other themes that feed into the help seeking behaviour of participants. Most of the participants interviewed highlighted the fact that they had a lot of financial responsibilities to deal with including paying rent, school fees and supporting their families, and hence sex work was the only job they could hold on to at the moment.

> "Mmm, sex working is very risky, at the same time it is helping us to put food on the table because we have people that we have to feed at home, even you have to take care of your child, to pay the creche and then buying food for your child and clothes…everything… but the sex work is very dangerous", (Belinda – 7/12/2017).

> "Sex work is bad and good at the same time, its good because it helping us to pay school fees, rent, buy food and even send money at home, because if there is not sex work we don't sent children to go and do all these things, so it's good" Lebo – 4/12/2017.

The need to fulfil the economic responsibilities cited above may compete with a participant's help seeking behaviour in terms of prioritisation of what to do. For instance, the choice of whether or not to seek help for health symptoms may be compromised by the need to go to do sex work in order to raise money to feed the family.

Thirty-five-year-old Candice narrates:

> "Some clients, they don't want to use condoms and I can't go to the streets standing the whole night getting cold if there is a client who offers me extra bucks, I go, I do go and take that risk going with him and do the job without condom, because I can't go home hungry that is the first one. And some of them they force us not to use condoms, that's the highest risk and some of them even if you don't want to do drugs" (Candice – 8/12/2017).

Adanu and Johnson's (2009), postulations that the "the resulting health effect of migration is determined by the conditions under which the migration occurred, the extent of integration into the host society, the social status of the woman in the host country, and the prevailing health conditions in the host country", (Adanu and Johnson, 2009:180), clearly speaks to the findings in my study. The participants in this study shared about the bad conditions at source under which they migrated and unfortunately equally the precarious conditions in which they found themselves in Rosettenville where they are currently working. Like Lebo explains below:

> "This work is challenging…. I had a client in Rosettenville which I went out with. I said we must do the business inside the car but he said l like it outside let's do it while standing. Immediately I turned and bend over, he beat me with an iron and I fainted.

> There he took my money, my bag, maybe I did recover after 5 minutes. I don't know what time I did wake up but luckily I found security I even lost my memory", (Lebo – 4/12/2017).

Similarly, Nandi narrates that:

> "…he was a driver this guy took me as if we are going to do business so he didn't want to go in our guest house because he is a taxi driver he said when people see that is a taxi driver then the community will know. I see that it was making sense, we went to park somewhere in the park, I ask for my money he gave me R50 and I take out a condom he says no I don't want to use a condom. I said let's use a condom and he started to slap me, so I took out the condom, he did what he wanted to do and after that he took back the money" (Nandi – 8/12/2017).

4.2.1.2 Sex Work: coerced or voluntary?

In this study, findings indicate that, while participants never planned to become sex workers at the time of their migration to South Africa, they were also not coerced into the trade. Rather, they started sex work voluntarily for economic reasons and because the trade is thought to be a lucrative business. For example, Lebo explains that:

> "I joined my friends who were already working here, they said come you can find work here. They didn't tell me what job they were doing but I see they were making money, they were managing to do everything paying rent, food, school fees and helping at home. I stay for a long time with no job, I see that am just sitting, so I decided to join them, but them they didn't force me to join" (Lebo – 4/12/2017).

In this regard, Goldenberg, et al, (2014), posit that economic factors as drivers of migration are diverse among women engaged in work and include new economic opportunities, subsistence needs, family obligations, and a desire for social mobility; some women may also engage in mobility specifically for the purposes of sex work. Similarly, participants in this study explained that their initial intention was to come to South Africa and try and find any ordinary work other than sex work – such as working in restaurants, being a house maid/gardener and/or any casual labour work. Unfortunately, these jobs meant for the unskilled, have become highly competitive and very scarce. Findings of this study show that

the lack of these jobs was cited as the main reason why participants decided to be engaged in sex work.

Bridget 30 from Zimbabwe, shares her side of the story:

> "I thought maybe I would come and look for a job and be a domestic worker or work at a restaurant. But you find that it is hard and the people I was with that time, they told me about sex work and I went into sex" (Bridget - 07/12/2017).

Bridget, further added that poverty drove her into sex work. Being the oldest in a family of seven, she felt obliged to financially support her siblings and supplement to her mother's meagre income.

> "I couldn't study further, because poverty was one of them because my mother, I was being supported by my mother who is a single mother and who is a cleaner at the clinic, and I've got 6 siblings and I am the oldest so I had to leave school and look for a job. Firstly, I never wanted to be a sex worker but this situation forces me to. I couldn't find work, how was I going to parent feeding myself. I didn't have a choice the situation forces me to. That's why I ended up doing sex work" (Bridget - 07/12/2017).

The reference made by participants that they intended to look for an "ordinary" job implied to me that they considered sex work to be different from other types of work as given in the example above. Ordinary work can also imply that sex is not the first option in terms of work preference, but rather, as Walker and Oliveira (2015), state in their research, "selling of sex appeared to be the best option amongst limited options", (Walker and Oliveira, 2015:144). In view of why sex work is seen as not "ordinary", my analysis is that stigma and the shame attached to being a sex worker might influence the way participants perceive sex work.

Another illustration of a supposedly failed dream was shared by a 25-year-old Kim, a self-defined transgender man from Swaziland, who narrated how he dreamt to come to study at a University in South Africa. However, the plan did not materialise as he did not meet the required minimum university entry requirements and his second option of entering a college was equally hampered by lack of funds to pay school fees. He explained his ordeal:

> "Ha! There is no work you know yaa… and my cousin stayed here so he said, no you can come and join me. That's when I came. I didn't know anything, I had plans to go to University, but due to the university entry, where I go they said you need this entry, you need this. This and funding you know" I did not plan to do sex work; it was just like boom! (Kim – 7/12/2017).

Although all the participants did not find their anticipated "better" job, it was clear that they all entered sex work rationally and chose to sustain themselves as such. Even though most of the participants claimed that if they found an alternative good paying job they would stop sex work. To investigate whether or not they would indeed stay in such a formal job, was not the scope of this study.

Additionally, although the participants had different stories regarding the choice of sex work as a means to survive, most of them described sex work, despite its challenges, as a lucrative business. One of the participants shared how upon arrival from Zimbabwe, he switched from being a street vendor to a sex worker because the money was not enough.

> "I started selling on the street. I stopped because there are a lot of people selling on the street, there is no money. So I had no other choice. Oh, I had a friend who was staying here, he was staying in Hillbrow, so he introduced me that actually you can make money from something that you like because I like sex, so I thought if I can make money out of it, there is no problem especially if I am doing it in a safer way" (Enoch – 4/12/2017).

As for Unathi, also from Zimbabwe, he held two jobs when he first arrived in South Africa. He worked at a restaurant and sometimes worked part time at a local stadium. However, because, both jobs were poorly paying he decided to stop and enter into full time sex work. It was interesting to hear that sex workers made more money in sex work than was the case if they worked in other casual jobs, such as restaurants, maids or carers. Money was the motivating factor for all the participants. They narrated how sex work has helped them to pay for their rentals, school fees and even to remit money back home in order to support their families.

Considering that participants were not forced to enter sex work, this positively influenced their help seeking behaviour, such that they were able to self-identify as sex workers, which led to peer support. The results further reveal that participants are able to seek help from one another in terms of psychosocial support, advice on sex work issues such as client problems and financial help.

4.2.2 Problems related with sex work

4.2.2.1 Challenges of sex work

Sex workers face various problems ranging from health risks, physical and emotional violence, harassment from the police, and leaving a double standard life. These problems are compounded by the fact that participants are migrants and some lacking proper documentation. For the transgender sex workers, they also face other challenges that are faced by minority groups such as the lesbian, gay, bisexual, transgender and intersex (LGBTI). As earlier highlighted in the literature review and at the beginning of this chapter, the stigmatization of sex workers disadvantages them and exposes sex workers to various challenges. Stigma can also be attributed to their vulnerability with their clients in their day to day work.

Kihato's (2013), findings based on women living in Johannesburg city, can also apply to sex workers living and working in Rosettenville. Indeed, these migrants live paradoxical lives as Kihato puts it. They face discrimination, violence and stigma from the community and do not receive any support from the law enforcements when they present their cases, which makes them to be invisible officially (Kihato, 2013).

4.2.2.2 Health risks versus economic gain

By virtue of the type of work sex workers are involved in, they are vulnerable to contracting HIV infections as well as other sexually transmitted infections. According to Wojcicki and Malala (2001),

> "Sex-workers have been cited as being particularly vulnerable to STD (including HIV) infection as they lack access to economic resources and positions of power and as such may end up having to choose between economic survival and possible HIV infection", (Wojcicki and Malala, 2001:100).

> Likewise, when it came to health risks, all participants acknowledged that sex work was a very risky business. Regardless of that fact, most participants prioritised this high risk sexual behaviours for monetary gain at the expense of their health. Participants reported that, in most cases clients offer high sums of money in order to engage in unprotected sex with participants.

Belinda 29, while acknowledging the high health risks involved in having unprotected sex, says however, that the need to raise income by all means surpasses the risk factor in decision making.

> "There is too much high risk for health there, because maybe you are hungry and the client came with R100 and the client said to you, "I don't want to use condom", it's up to you whether you chose or not, and if you don't agree to the client he will go to other people" (Belinda – 7/12/2017).

Belinda's account is similar to Tracy 62, who in the same manner considers money to be a better option compared to the health risk behaviour.

> "My profession has risk too much, STI, some of the guys they don't use condom, and if you need money they will say I am gonna give you R200, so let's do it without a condom, then you are at high risk for Aids, STI all those things. So you will go with their choice because you need that money, what can you do?" (Tracy – 4/12/2017).

As for Bridget, who is living with HIV, while acknowledging the health risks involved in sex work, she did not have the knowledge of how she can put herself at any further risk of contracting other sexually transmitted diseases.

> "The health risks, okay I end up with HIV, I get the virus because you see that I didn't know that I am putting myself at risk, I became HIV positive. But since I know Esselen clinic because at Rosettenville, they used to ask where you are working, so now you scared to say you are a sex worker, you just not telling them the story, then they chase you because you are not open, you just came and then you are sick, and then you don't want to be open, you will be ashamed. Then my friends told me about

> Esselen clinic, since I am there now I am in treatment, so even my CD4 count is okay. I know that now I can drink my tablets" (Bridget 7/12/2017).

> Esselen clinic is the only sex-work-specific health care programme which is based in Hillbrow. Esselen is connected to the Wits Reproductive Health and HIV Institute (WRHI). The clinic also provides mobile service providing services to SWs in streets, hotels and brothels, (Scheibe et al, 2010).

It is clear from the narratives that participants are faced with challenges of weighing between the health risks and the need for money. In this case money overshadowed the health risks with all participants. In Bridget's case however, her lack of knowledge on health risks came at her expense, thus contracting HIV.

4.2.2.3 Delayed Help-Seeking Behaviour

It is clear that this outcome of prioritising money subsequently has a negative impact on the help-seeking behaviour of participants as they tend to delay seeking help even upon perceiving negative health symptoms, like Enoch states below:

> "Maybe when I am having STIs, so now, I don't have time to go to the clinic because you see time is money so I decided to buy the umuthi[1] that is cleaning the body, so I drink that umuthi. It helps me to feel better, it's faster than the tablets. I don't have to go to the clinic if I buy" (Enoch – 4/12/2017).

While Enoch acknowledges that his health should be a priority before his work, he does not provide a valid reason for his delayed behaviour in help-seeking from a health facility. In order to save his time of making money at work, he utilizes other unconventional self-prescribed medication in order to deal with his perceived ill health symptoms. It is evident that, Enoch's utilisation of umuthi can be attributed to a number of reasons such as, a lack of time to go to the clinic, the readily availability and easy access of umuthi as well as his tradition in the use of herbal medicine.

However, Enoch's help-seeking of the utilization of umuthi can be a danger to his health. This is because the quality, efficacy and safety of most herbal medicines cannot be

[1] Umuthi is traditional medicines that one gets from herbalists.

guaranteed. According to Ekor (2014), most countries introduce herbal medicines and related products into the market without any mandatory safety or toxicological evaluation. He further postulates that, these herbal products have possible hazards and are barely recognized. Pointing out that, "herbs have been shown to be capable of producing a wide range of undesirable or adverse reactions some of which are capable of causing serious injuries, life-threatening conditions, and even death" (Ekor, 2014).

Similarly, Belinda below delays her help-seeking.

> "Not at all, to be honest because even now I should have been to the clinic long time ago, it was around June when I saw that there is a problem that I am having like the symptoms that is there but I have never acted on it. Because at times I do get sick and I don't do anything and until maybe the sickness goes away." (Belinda – 7/12/2017).

To the contrary, a few participants preferred seeking help immediately upon perceiving negative health symptoms or after engaging in risky sexual behaviours, as Kimberly narrates below:

> "If maybe the condom bursts they are these peer educators that tell us that you can't go immediately to the clinic, you have to wait for the signs and the symptoms but if it's anything, I go straight in the clinic, but since the condom bursts I wait for a week, but for me I go straight in the clinic every time if I have a problem. If I have a small pimple in my private part, I go straight to the clinic" (Kimberly - 7/12/2017).

From the participants' interviews, it is clear that most of the participants have delayed help seeking behaviour, while others self-administered medication by buying from the chemist or herbalist in order to get rid of the perceived ill health symptoms and others seek help immediately upon perceiving health symptoms or after a risky sexual encounter. The results also indicate that participants have different perceptions on their needs for help, hence different help-seeking ways.

This seemingly general trend in delaying help-seeking is confirmed in the WHO report (2015), which highlights, the competing priorities of sex workers, arguing that, "taking care of their health is not always their top priority. The report indicates that violence and lack of control over one's life entails that sex workers may give more priority to more immediate

concerns for safety and survival than to their health needs and behaviour change" (WHO 2015: 17). The report is consistent with my findings with some participants' narratives where they stated that spending time at a clinic seeking help will negatively affect their financial gain as they will lose out on their business. My research, however, also found that some participants sought help quickly whenever they practiced unprotected sex and or when using a condom and maybe there is a breakage of the condom, which was a regular occurrence by many participants. Based on these findings, it may therefore not be correct to assume that all sex workers delay help-seeking in cases where they have perceived health risks.

4.2.2.4 Concealing being a sex worker

In reference to sex work being a lucrative business and enjoyed by participants as stated above, even though participants enjoyed sex work as a better paying job, at the same time they are ashamed to be associated with sex work forcing them to live in secrecy regarding their profession. All participants reported concealing their profession from their families, friends and significant others. They stated that they would never disclose their professional to a friend or family member who is not a sex worker. Participants pointed out that disclosure may lead to discrimination, isolation and exclusion, from their families and communities. In this case, participants had multiple identities such as, that of a mother, father, sister, brother and cousin, at the same time as a sex worker which part of the self-identity is constantly kept as a secret. This kind of secrecy can be associated with society's application of shame and stigmatisation of sex work as being immoral. The fear of being excluded intensifies the vulnerability of sex workers negative health outcomes such as not seeking help for problems which in most cases leads to drug abuse. In this study all participants regretted the fact that they were unable to share their problems faced in sex work with their families. Some participants attributed their mental health issues such as drug abuse to societal exclusion of sex workers.

Candice for example, exclaimed that she would never want her family to know about her being a sex worker. As far as Candice's family is concerned, she is working in a saloon.

> "Hell no! Hell no! My brothers, my sisters they will kill me, hell no! Nobody knows what I am doing. The only reason why I am doing this, I don't want to bother them, my mum died years back, am the last born and tried by all means to look after me, so I created my own…. So let me look after what I created. They can help me, but I can never do business in my home, never!" (Candice – 8/12/2017).

In Candice's story there is fear of rebuke from her family and also self-blame, indirectly implying that she may not under normal circumstances approve of the trade. This indirect self-blame illustrated by many participants shows to some extent that none of them is proud to be a sex worker. They associate sex work to shame. Like Bridget related in her interview:

> "My family just know that am working in South Africa, they don't know that I do sex work. I don't like this sex work because it has too many problems. I am working for my children; I have two children. I need fees, rent, food and books. I wish one day I can get married and stop this sex work" (Bridget – 7/12/2017).

According to available literature, in South Africa, sex workers face stigma that cause them not to reveal their sex orientation or sex work. In her report, Vearey (2010), makes a distinction between two groups of people, those that choose to be the unseen as a way of strategy and those that are marginalised and therefore not seen (Vearey 2010). In this case, sex workers must remain invisible because sex work is illegal in South Africa. Therefore, it is because of these social and political consequences of being a sex worker that makes participants tend to be secretive about their identification as sex workers. Moreover, this kind of discrimination as detailed in the chapter on help seeking, drives participants away from seeking help because of fear of being stigmatised or rejected. This can impact negatively on the help-seeking behaviour of sex workers considering that sex workers will remain invisible in most cases.

4.2.3 Perceived barriers to live and work in Rosettenville

4.2.3.1 Health and societal concerns

In this subsection, I discuss the perceptions of sex workers as regards to access to health and how the community in Rosettenville influences the choices they make when it comes to seeking help at their local clinic. More details on sex workers' health will be discussed under the sub section help-seeking behaviour.

All participants expressed concern with the difficulties associated with seeking health services at a local clinic. They associated this to high levels of stigma by community members which affects their choices of where to seek help. Kim a transgender sex worker, for example describes how hostile the community is which makes it difficult for him to access health care at the clinic in Rosettenville, especially as a transgender person. His story was captured as below:

> "I have never gone to Rose clinic, I prefer coming to Joburg because this side is better than Rose, because at Rose, the people are still having that mentality to say they are gays before they judge you to being a prostitute, they judge you that you are gay, and then when you say I don't' have a problem with my penis, I am having a problem with my anus, it's another problem. So it is a chain of problems that affect in the community, health, police, everything it's a problem" (Kim – 7/12/2017).

Similarly, Belinda raises the same concerns about how difficult it is for her to seek help at a local clinic.

> "It's no longer safe as you know Rosettenville and how it is hard for me to go to the clinic at Rosettenville, I have to take a taxi and go to Esselen, that is my challenge and I wish people they can understand that side like they can have clinics for sex workers like Esselen clinic that would be fine. There is a lot of xenophobia there, since after or before the fights … it was very difficult, maybe we send one of our South African sisters to go and buy or ask something for us at the clinic" (Belinda – 7/12/2017).

Another participant also echoes the same concerns.

> "As I have said earlier, there are questions that they ask at the clinic and the Rosettenville community most of them they don't like sex workers, so I just assume that even the nurses they don't like the sex workers because they are in that area and it's something that they have protested against, so you just get that thing that no I cannot cope" (Nandi – 8/12/2017).

Kim adds:

> "another thing, you find that people who are in the queue they know me, maybe I will be in a queue for STIs and eventually they will know that, that one has an STI. I think it is better away than here at home, in terms of seeking help" (Kim – 7/12/2017).

In light of the above, the findings revealed that the community's non acceptance of sex workers cause participants not to seek help from Rosettenville clinic. All participants were disheartened by the ill treatment they receive from the community which in turn affects their help seeking behaviour. It can be seen that the labelling and "isolation" of sex workers in the

community drives sex workers away from seeking help. These findings can be likened to Grove and Zwi's (2006), findings in their paper: *Our health and theirs: Forced migration, othering, and public health*, in which the authors identify a variety of mechanisms by which refugees, asylum seekers and irregular migrants are positioned as 'the other' and are defined and treated as separate, distant and disconnected from the host communities in receiving countries. The authors argue that this process has the potential to affect health outcomes both for individuals and communities.

Indeed, this is in line with the findings in this study where participants are "othered" as migrants/sex workers and on the basis of their sexuality/gender identity. This othering has influenced the way participants seek health help by self-determining to move to Esselen clinic which is approximately 10-12km from Rosettenville. It is clear that as long as sex workers continue to be "othered" by the community, their ability for help seeking behaviours will continue to be hindered.

4.2.3.2 Safety and Stigma

As earlier stated Rosettenville is a very complex community which has exhibited negative perceptions of migrants, worse still migrant sex workers. This was evident in the 2017 attacks on foreign nationals who the community accused of operating brothels and perpetuating prostitution. This is a community in which participants (migrant sex workers) in this study live and work. Although most of the participants live and work here, in most cases they prefer to work outside of this environment, due to the stigma and negative perceptions on sex work. Okal et al (2011), agued similarly that sex workers face numerous problems in their work due to the law that criminalises sex work. Adding that these challenges have resulted in a number of violent crimes against sex workers where there are instances where some sex workers have been murdered. This literature is consistent with Richter et al (2016), findings in South Africa that the criminalisation of sex work fuels and compounds the stigma attached to sex work.

Findings in my study also show that the migrant sex workers I interviewed in Rosettenville faced similar challenges of stigma, discrimination and violence. In their interviews participants expressed concern at the levels of stigma from their communities which in turn creates danger for them as individuals. On the other hand, such treatment is even worse for minority groups such as LGBTI sex workers. For these groups, other than being sex workers, their sexual orientation fuels more stigma which makes them feel alienated from the

community. Participants identified stigma as a major concern as can be seen from the following narratives. Bongani a self-identified gay participant experiences different challenges as a migrant gay/male sex worker as can be noted in the following:

> "Things are different in Rose (Rosettenville), they are still having the stigma that we don't want gays, because I am gay they believe that there are no men who sleeps with other men, there is no men who buys another men's dick, so there.. you can't. The only thing, you just go to the clinic you say I have got flu, headache - you know the normal. Not just go there and say I slept with this and that. You know to get help you must say I slept with a… without using a condom, my anus is having a rush, my anus is having this and that. So you can't, it's a problem because you don't know what will happen with you after that" (Bongani, 07/12/2017).

Another participant Cowboy, explains a similar challenge:

> "It is quite difficult, quite difficult, in a way that if you are known to be a sex worker it is a big problem because of the community they have that feeling that because you are a sex worker, we bring drugs (to the community) and a lot of other things and the people will- or our clients, sometimes. Sometimes they tend to think that our clients bring crime to the community" (Cowboy – 5/12/2017).

On the contrary, Enoch who has been in the industry for 5 years, talks about the different side of being a male sex worker, saying that he is on the advantage side compared to his female counterparts.

> "It's not easy, there are a lot of challenges. However, because I am a male sex worker, it is quite different from a female sex worker or a transgender. Because if you are a male sex worker they cannot notice that you are a sex worker, they just think that maybe you are just standing there. Maybe tell them that you are waiting for someone … people that I see being abused the most, its transgender and female sex workers, because we are working almost in the same are" (Enoch – 4/12/2017).

Based on the findings, it seems like all participants did not feel safe to live and work in Rosettenville. It further showed that the community was judgemental and against sex

worker's activities. Thus, this made it difficult to seek help within the community by sex workers. One participant bemoaned how because of stigma and discrimination they sometimes opted to send a local co-worker on their behalf to the local clinic for some health information or drugs. In most cases though, sex workers in Rosettenville are forced to travel to Hillbrow to access medical help from Esselen clinic.

Walker and Oliveira (2015), discuss the extent of risks faced by the combination of being a migrant woman and sex worker. They argue that migrant women selling sex are at increased risks which includes "human rights violations, police abuse, arrest, detainment, deportation, discrimination, access to health care as well as xenophobic violence and death", Richter et al. 2016:137), found similar experiences by sex workers, stating that:

> "Sex workers – and migrants – commonly experience a range of human rights violations that affect their health, including stigma and discrimination from law enforcement officers, criminal justice officials and healthcare providers. High levels of violence perpetuated by clients and police have been widely reported" (Richter et al. 2016:137).

These experiences do impact either directly or indirectly on help seeking behaviours of migrant sex workers as shown by my findings as well. If those entrusted to enforce laws, such as the police, are part of the abusers, it leaves migrant sex workers with nowhere to report any such human rights violations.

4.2.4 Help-seeking behaviour

This section discusses the help-seeking behaviours of my study participants in the context of Rosettenville. This discussion is premised on the understanding that Knowledge of one's own high-risk sexual behaviour may influence ones help-seeking behaviour.

Help-seeking behaviour for a health problem as defined by Cornally & McCarthy (2011) is "a problem focused, planned behaviour, involving interpersonal interaction with a selected health-care provider" (Cornally & McCarthy 2011:282). Further, the authors state that help-seeking for symptoms "involves processes of symptom perception, interpretation, appraisal and decision making in addition to having the ability and motivation to enforce the decision by visiting a health-care professional" (Cornally & McCarthy 2011:282).

The decision-making process, Cornally & McCarthy (2011), argue, starts by the acknowledgment and definition of a problem, thus leading to the decision to act which is essentially influenced by social cognitive factors. Highlighting that with the formation of a behavioural intention will lead a person to select a source of help, making contact and disclosing the problem in exchange for help.

Additionally, Cornally & McCarthy define help-seeking in relation to mental health,

> "the behaviour of actively seeking help from other people, it is about communicating with other people to obtain help in terms of understanding, advice, information, treatment and general support in response to a problem or distressing experience" (Cornally & McCarthy 2011:282).

The above definitions and the broader help-seeking framework lays a foundation for my discussion of the various help-seeking behaviours of my study participants in Rosettenville. The focus includes seeking help for physical, emotional/distressing problems, social, health symptoms and utilization of health services.

4.2.4.1 Help-seeking as a migrant

As discussed in the previous chapters, it is evident that migrant sex workers, face different challenges which includes stigma and discrimination, these can increase for male transgender sex workers. All participants expressed concern about their perceived unfavourable treatment they receive from health personnel at the government clinic in their community – Rosettenville, as well as from community members. As one of the participants Belinda, lamented that, she would go to seek help at the local clinic in Rosettenville for sexual health problems and the services were bad. She recounts in the following story:

> "It was a problem at first when I went to the other clinics because they would yell. If they hear…. They will sometimes call me a kwere-kwere or something (Belinda – 7/12/2017).

Tracy, 62, who has been in sex work for 32 years recounts how the community can affect the way one seeks help. She acknowledges that xenophobia will always be there, but how one deals with it matters.

> "In our days not much xenophobia, although you know that if you are not at home, there will be that thing, as I am here, wherever I go, I always expect that because I am not at home. If they say their things I will just ignore, whatever they are saying. But at Esselen clinic, the treatment in terms of discrimination according to nationalities, I haven't seen that" (Tracy – 4/12/2017).

All the participants talked about how xenophobia, especially in their community negatively influences their decisions to seek help. Participants expressed worry that Rosettenville community in which they live and work has not accepted them. According to participant's narratives stigma has been identified as one of the significant deterrents to help-seeking.

The findings further suggest that participants perceived a number of gaps in their help-seeking, such as the relationship between participants and the community was not conducive due to stigma. As such, the perceived need for immediate help by some participants does not necessarily translate into the actual utilization of help. They either would delay help-seeking or they would seek alternative means such as herbalist or buy self-prescribed medication from Spaza shops, in order to resolve their health problems. These findings are consistent with Vogel et al, (2007), where they argue that, in most cases the cited reason for people not seeking help is stigma. The authors add, that stigma can decrease the likelihood that an individual will seek services even when the potential consequences of not seeking help are severe, such as falling very ill.

4.2.4.2 Utilization of sexual health services and social services

The participants had different perceptions about utilization of social and sexual health services. While some participants utilized these services they also practised self-prescribed treatment in terms of herbal and or traditional (umuthi) medicine. However, for the participants who frequently utilised health services, their motivating factors were the worry of contracting STIs and HIV infections.

> "If maybe the condom bursts they are these peer educators that tell us that you can't go immediately to the clinic, you have to wait for the signs and the symptoms but if it's anything, I go straight in the clinic, but since the condom bursts I wait for a week, but for me I go straight in the clinic every time if I have a problem. If I have a small pimple in my private part, I go straight to the clinic" (Kimberly - 7/12/2017).

Similarly, Candace acknowledges that Esselen clinic is the only clinic she can go to and get treatment without feeling judged. Although she acknowledges that telling the whole truth about unprotected sex can be embarrassing.

> "eish after that I do that neh, I will go to the clinic as ehh, like you go to the clinic, you tell them, condom bursts you can't tell them that you make this agreement because you will be ashamed of yourself, then you can lie there and say the condom bursts then they will give you something in the clinic" (Candace – 8/12/2017)

For Bridget, the time factor in terms of what day of the week it is may predetermine whether or not she needs to go to the health facility. She narrated how Tuesdays and Wednesdays were not as busy as other days, hence she utilises these days for any health checks at the clinic.

Since many participants raised the time factor, it seems as though there are competing interests between waiting in a queue at a clinic or using that time to go and look for clients. The longer it took to be at a clinic, the more the participants said they sought alternative medicines such as traditional muthi or self-prescribed drugs such as Flagyl (metronidazole). This is exemplified through Enoch who spoke confidently about using traditional medicine as a replacement for Western medicine. As for Enoch, umuthi works very well for him and he believes that it works better than Western medicine. He also stated that he has always self-treated his STIs (Enock – 4/12/2017).

While Enoch spoke of the umuthi, Lebo assertively talked about self-prescribed medicine combined with some umuthi and how effective they could be to sex workers. She noted that not every illness needed to be treated at the clinic.

> "I am speaking from experience, I buy Flagyl from the Spaza shop to clean my womb and vagina. If I have a discharge or vagina is painful, I will boil water and then put onion in the boiling water and then I will sit down to allow the steam to come and clean inside. Also in this job you need something to attract clients…some umuthi. It helps us a lot" (Lebo – 4/12/2017).

However, some participants felt that it was important to go to a health facility whenever one felt ill. Nandi highlights the following:

> "For example if you go to …we call it "Estupin", where you go you work maybe when you come back maybe you bath to clean yourself, maybe hours later there is a discharge, I go to clinic and find help. I wanna know what's wrong with me. At the clinic I am happy because they treat me well" (Nandi – 8/12/2017).

Similarly, Cowboy, in his interview commends Sisonke for the knowledge he has acquired about sex work which has enabled him to utilise health services.

> "Do you know, normally most of us, I am not going to lie to you, and we don't go to check at the clinic because okay in the street you know you can feel the pain but we know in the street these things happen, you understand? As long as you are not dead, you say thank God. But now that we know about Sisonke, we do go seek for help, yes but before I never used to" (Cowboy – 5/12/2017).

The findings indicate that most participants did utilise to some extent health services after getting involved in risky sexual behaviours or when they perceive negative health symptoms. Therefore, the knowledge of participant's own high risk sexual behaviour influence their help seeking behaviours. In this case, participants reported clients not wanting to use condoms with a promise of higher pay. As stated above participants also reported regular condom breakages. These perceived high risk incidences compel them to seek help.

In addition, findings reveal that participants were able to seek help from one another in terms of psychosocial support, advice on sex work issues such as client problems and financial help.

As earlier stated by participants that sex work is two chances, the profession has both negative and positive consequences. Other than the good of making fast money, participants mentioned facing challenges like stress in connection with health issues, financial matters and family responsibilities. In this case participants seek help for problems such as distress, social and health symptoms within their social networks and in rare cases professional help such as counselling. In this regard, Kim explains the importance of social support in view of substance abuse among sex workers.

> "When we come to work, you must get at least 2 friends to interact with and to engage with, so that whenever you are drunk, days differ, your body differs every day. I can take vodka today – no today its fine, but the next day it is different. But then we are engaged with each other so that we can say eeh, eeh, man just work not in that manner. Because we get killed when we are drunk, you don't know who took you, you can't even see the registration number, you can't even secure others because when a client comes make sure that you took the registration number. Whenever Kim is not coming back I can say this number took Kim. When you are drunk you can't do such things" (Kim – 4/12/2017).

Bridget talks about her older "sisters" in the trade. She refers to them as older sisters because they have been in the trade industry for a long time and she learns from them. She states that whatever problem she has, she seeks help both social and emotional.

As for Kimberly, although she seeks help in a disguised way from her community member to look after her two small children, she however admits that leaving her children to be baby sat by her community member may cause some problems in the future when she discovers that Kimberly is a sex worker. Kimberly explains that:

> "Every time I ask her to take care of my children, I say I am going for work. She doesn't know what job. I think she knows that I am doing a normal work. She is a very nice lady, she helps me with the kids." (Kimberly – 7/12/2017).

Some participants are members of Sisonke, they recommended and value the support they receive from Sisonke such as the assistance they receive whenever they run into problems especially with the police.

> "So if you have got a problem, any kind of problem, they have got their facilitators, you talk to Sisonke, Sisonke will refer you to those people who gonna sort out your problems. (Tracy – 4/12/2017).

Further, one participant reported receiving emotional support from his Aunt although he has not told her about sex work. He pointed out that he does not feel comfortable talking to other people about his problems, especially to do with sex work.

> "I call my aunt about private matters, she is always giving me good advice, and she does not know what I do" (Enock – 4/12/2017).

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As can be seen from the findings, participants in this research experience psychosocial vulnerability. All participants reported a need for social support in their day to day work. However, most of them pointed out that they prefer talking to friends than accessing professional counselling services. Participants indicated that counselling is not their thing in that they would rather deal with their own emotions. It is also clear that participants seek help from within their circles, thus forming strong bonds.

All participants spoke about the importance of utilization of social services but at the same time spoke negatively about police services which do not favour sex workers.

> "To be honest, it's a waste of time to try to go to the cop station and report the case, the cops will just laugh at you and ask you why you don't go to look for a proper job. So you'll be laughable at the police station" (Candace – 8/12/2017).

To the contrary, all participants expressed satisfaction with the social services provided by Sisonke and Esselen clinic, acknowledging a wide range of services. This is reflected in the following narratives.

> "If I want counselling, I can go to lifeline, they do for counselling, if I want like health, there is another clinic from Rosettenville to Hillbrow - Asselen Clinic. I have got a problem like…community, Family or police….I come to Sisonke or women's legal centre - yah" (Belinda – 7/12/2017).

> "Now I know that when I get raped I can go and report, I can phone them or anything, send them saying please call me, you understand, and then help me and then they give me a lesson" (Bridget – 7/12/2017).

Considering that sex work is a difficult profession and comes with a lot of challenges it is evident from the narratives that the majority of the participants do value psychosocial utilization and recommend the services provided by Sisonke and WHRI. Some of the participants share problems amongst themselves.

For those participants that delayed seeking help, they believed that any ill symptoms may disappear after a few days. While others (mostly women) believed steaming their private parts-vagina after sexual intercourse would help wash away the infections. However, if symptoms persisted they would then seek help from the Esselen clinic.

4.2.5 Mobility and help-seeking

Often sex workers by virtue of their work are a mobile population – moving from one place to another. They can solicit clients where ever they wish**,** this can be done locally within the same country or across borders. Schulze et al (2014), posit that "apart from the global migration patterns, prostitution in itself has also a transnational dimension. Given the strong mobility in the activity, a significant part of prostitutes have engaged in prostitution in more than one country and this is even more frequent in cross-border areas" (Schulze et al. 2014:28).

Findings in my study also depict similar migratory patterns of sex workers within Rosettenville and surrounding suburbs of Johannesburg such as Sandton, Rosebank, Randburg and occasionally they would travel to Pretoria and Mpumalanga. The movements according to participants are normally for a period of one to two weeks and sometimes a month. However, although participants moved from one suburb to another, certain areas where difficult to penetrate, such as Sandton. Participants indicated that street sex work was difficult in Sandton as most sex workers are established in hotels which makes it difficult for new comers. However, Randburg and Rosebank proved to be more popular with street sex work among participants. Participants further indicated that, in most cases they were hired by regular clients to accompany them on a road trip to another town. Truck drivers proved to be popular buyers of sex. What was interesting however is the kind of agency sex workers exhibited in how they carried out their business whilst accompanying the client. They were able to source for other clients in order to make more money. Meaning that they were not obliged to stick only to the client who hired them.

According to participants, the motivating factor of their mobility is to attract new customers, which proves to be more profitable.

> "…there are too many places to go and make money, you can't stay here in one place, here in Rosettenville, you can go to Mpumalanga…when you are old in the place, they will end up not buying you any more, then you have to go to another place…move" (Tracy 4/12/2017).

Similarly, Nandi states that:

> "Yes, you know you cannot start in one place, sometimes you can go to the clubs, sometimes you can to Sandton, sometimes you can go to Kilimanjalo, sometimes you can go to Rosebank, you understand? You can go everywhere to look for money." (Nandi -8/12/2017).

Mobility in search of business was echoed by all the participants. There seems to be networks of sex workers in every suburb. The findings show that participants were able to connect with their colleagues in other suburbs and jointly do sex work.

> "I stay with friends when I go somewhere. It is difficult because you don't know the place and some clients are mad they can just dump you somewhere and they refuse to use a condom… I heard sometimes you can call someone from Sisonke if you are in trouble, I don't know" (Bridget -7/12/2017).

Mobility was further seen as not just to find new clients, but that one stood a chance to make more money in new places outside of Rosettenville.

> "You get very good money when you work outside Rose, because there are some women who just drive around to look for men to have sex with. So I go maybe to Sandton or Rosebank, you just stand on the street. It is good money. At least us male sex workers we don't have problems like our female sex workers' friends, like violence, rape those things" I always negotiate to use a condom. For the clinic I don't have problems since I don't stay far away" (Enoch – 4/12/2017).

Another transgender sex worker narrates how working outside Rosettenvile works to his advantage because of new clients.

> "Sometimes it becomes boring to work in the same area. They can buy you many times outside and they pay you nicely, very nice, but as I said earlier, you can meet clients with different sizes some you can't handle and when you get a cut it is a problem. So you have to wait to go to Esselen clinic the next day when you are in Rose" (Kim – 7/12/2017).

Goldenberg et al. (2014), argue that "mobility and migration correlated with reduced control over sexual negotiation with intimate partners and reduced health care access" (Goldenberg, et al, 2014:1), Similarly, my findings were that some participants expressed concern about operating outside Rosettenville as they felt it was not safe to work in an area one is not familiar with. Like Bubbles indicated:

> "I don't do that; I just work in Rosettenville instead of moving to another place. I have my own place; I live in the guest house so I take my clients there. It's easy. If there is an accident, I can have no problem to go to the clinic" (Bubbles – 4/12/2017).

Candace also sought to be on the safer side by avoiding moving outside of Rosettenville.

> "It is better to work here where I know everyone, if something happens then I don't have to stress about coming home or going to the clinic. It is safe here because you don't know what the client will do next" (Candace – 8/12/2017).

It is clear from the data that there are mixed feelings about sourcing clients away from participants usual setting. Although the economic opportunities are perceived to be high, the entire subject of help-seeking is very complex. Majority of the participants interviewed agreed that mobility makes it difficult to seek help in a new place and this poses a negative effect on their health. This corresponds with postulations of Goldenberg, et al (2014) that "mobility for sex work …may confer risks through less control over work environment and isolation from (familiar) health services" (Goldenberg, et al, 2014:1).

However, some participants also mentioned that considering that their movements are within the nearby suburbs of Johannesburg, participants are able to go back home in a short space of time to seek help. Participants acknowledged that though there is a risk in delayed help-seeking in terms of health access, they always find a way of going to the clinic even if it will take some time. Furthermore, it is also indicated from the data that participants became vulnerable in terms of negotiating for condom use when they are in a new space.

The help-seeking behaviours of participants while in transit is very diverse. Not only do they utilise all the available help within their new setting, but also they are able to navigate the precarious situations in order to seek help in their familiar setting which is Esselen clinic - a setting that respects and embraces them as self-determining individuals.

Generally, what came out of the responses from participants is that most of the participants had knowledge on sexually transmitted infections, prevention and treatment. Results also indicate that participants reported that, as much as they would want to stick to using condoms, they are unable to do so because unprotected sex involves higher pay.

Findings also shows that most of the participants are knowledgeable on the use of Post-exposure prophylaxis (PEP) and Pre-exposure prophylaxis (PrEP). Participants were also aware that because of their susceptibility, they were expected to seek health care and that not doing so would result in serious consequences. Although this knowledge has been acquired participants do not utilise it accordingly. In this view, findings in this study reveal that, there were discrepancies between participant's knowledge, risk awareness and the actual behaviour of seeking help.

CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion: Key Findings

While popular discourses portray sex workers as victims with no agency, to the contrary, my study adds to the body of an increasing number of literature that challenge the victimhood discourse of sex workers. I conclude that some sex workers (those who willingly enter in to sex work) are active, self-determined individuals who entered the trade consciously and voluntarily. The complexity of decision making by sex workers, heightened by the need to make an income, condom use negotiations and health and safety considerations, all intersect to influence the resultant help seeking behaviours.

Migrant sex workers utilised different help-seeking strategies ranging from psychosocial peer support, health utilisation and alternative help from herbalists. This took the form of immediate to delayed help-seeking depending on the kind of help sought. On the other hand,

despite the fact that all participants were aware of risky sexual behaviours, they still engaged in those risky behaviours for economic gain. Moreover, some participants had misconceptions about prevention of sexually transmitted diseases such as washing the vagina (douching) immediately after sexual intercourse. This behaviour impacted negatively on their help-seeking behaviour. Therefore, despite participants being knowledgeable about STIs, HIV Prevention and Treatment services, their help-seeking behaviours in practice contrasted this knowledge to a great extent.

Factors that influenced migrant sex workers help-seeking behaviours included but not limited to the need to earn money which overshadowed the perceived health risks and hence the delayed help-seeking tendencies. Further, long waiting hours on queues at health facilities was a deterrent for sex workers to go to the clinics as time was an important factor in their business.

The high mobility of sex workers compounds further the complexities of their help-seeking behaviours. The pursuit of business opportunities in new places, sex workers faced difficulties to seek help in a new place, hence delayed help-seeking and this had a negative effect on their health. Vulnerability increased in terms of negotiating for condom use when in a new space meeting new clients.

Working as a sex worker is a part of the self-identity that is constantly kept as a secret. This kind of secrecy can be associated with society's shame and stigmatisation of sex work as being immoral. This is a perceived gap in the help-seeking behaviours as the sex workers cannot seek family support in cases of problems. Worse still, the stigma and discrimination participants experience in their community also negatively impacts on their help-seeking such that they cannot visit the clinic for fear of being identified. This kind of discrimination causes participants to be invisible not only in their community but to society as a whole, thus pushing them further away from seeking help.

5.2 Recommendations

While the sample size of this qualitative study may not allow for generalisation of findings, the findings can however, pave way for future investigations on reaching the minority groups and improving the help-seeking behaviours of migrant sex workers in Rosettenville and possibly elsewhere. The following are recommended:

- That the SALRC report (2017) and its findings that the legislative options of non-criminalisation and regulation were not preferred options, should be revisited by parliament to assure human rights of sex workers.
- Since SANAC recognises, through the NSP 2017-2022, the need to work closely with key population including sex workers, it should lead advocacy campaigns to decriminalise sex work.
- Department of Health should establish sex worker friendly clinic spaces where sex workers can freely access without feeling shunned, stigmatised or discriminated.
- Considering that there is only one mobile clinic that operates in Rosettenville, it would be vital to provide more mobile services so that sex workers do not have to travel long distances to seek help.
- The environment for sex workers in Rosettenville is very hostile. There is need to sensitize the community about sex work in order to get rid of stigma and discrimination.
- The department of health should intensify health education and sensitization to government health providers on key populations and their human rights. This will strengthen help-seeking from key populations.

The findings and recommendations from this research may contribute to an understanding of migration, sex work and help-seeking in Rosettenville. The results may also help to contribute to the existing knowledge that can help improve better health services and programming for sex workers.

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Appendices

Appendix 1. INTERVIEW GUIDE

The purpose of this research study is to explore the various help-seeking behaviours amongst migrant sex workers in Rosettenville and attempt to understand the help seeking strategies, including access to health care.

The interview guide asks about your personal experiences regarding your help seeking behaviour.

All the information you provide in this interview will be kept confidential and not in any way connected to you.

Your participation in this research is voluntary (meaning it is your choice to participate or not to).

The interview will take about 45 minutes to 1 hour.

Social demographics information

Age

Education

Occupation

Marital status

Children

Country of origin

Please tell me about your work

How long have you been in this field

Explain how you started/what prompted you

Explain any health risks related to your profession

Explain how you have dealt with these issues (health risks? Have you sought help?)

Do you seek help for problems (either physical, emotional/distressing problems, social, health symptoms, or other needs?

From whom do you normally seek help?

When you have recognised that you need help with the above mentioned, how long does it take you to take the actual step of seeking help?

Explain what prompts you to seek this kind of help

Explain your satisfaction or lack of it with these services

Does your position as a migrant sex worker affect your decision to seek help? **If so how?**

What are your experiences with the different help services you have sought

Explain to me what you think are some of the opportunities and challenges of seeking help in your area?

Does your work cause you to be mobile moving from place to place?

Explain how changing residences affects your help seeking choices

Explain how your coming in this country/area has affected your help seeking choices?

Would you use the same help as to when you where in your own country.

How can you rate your help seeking say out of 10?

Thank you for your time.

Muluti Phiri

Appendix 2. Participant Information Sheet

Project title: Exploring help-seeking amongst migrant sex workers in Rosettenville, Johannesburg

Introduction

Greetings**,** my name is Muluti Phiri. I am a student studying towards a Masters Degree in Migration and Displacement degree at the University of the Witwatersrand (Wits). The study is part of the course requirement. In this study, I am trying to explore and examine health seeking behaviours of migrant sex workers in Rosettenville, Johannesburg.

Invitation to participate

I am inviting you to be part of the study. However, before you agree to be part of this study, it is important that you understand what is involved in the study. Should you have any questions about the study, please feel free to talk to me.

What is involved in this study?

If you agree that you are going to participate in the study, I will ask you to participate in an interview and participation is purely voluntary. The interview will be a discussion between the researcher and yourself. During the discussion you will be asked to share your experiences of your help seeking behaviors to health care services in Rosettenville, Johannesburg. In this study 10 to 15 migrant sex workers will be interviewed. The sample size will also be determined by data saturation, in the sense that should I continue getting new information after 15 participants, data collection will continue and vice versa. The interview will take about 30 to 45 minutes**.** The interview will be audio recorded if you give me permission to do so. Recording will allow us to capture all the information you shared during the interview.

Will any Procedures Result in Discomfort or Misunderstanding?

During the interview, some questions may make you uncomfortable or sad. Should this happen, you are free not to answer such questions. Further, for any reasons, you also have a choice to withdraw from the study at any time. If you wish not to answer any further

questions or withdraw from the study, this will not affect your relationship with me in any way nor the organization you are affiliated with.

However, should you require support or counselling as a result of the interview, I will help you to access appropriate services that are available free of charge. **The organization name is Life Line and the contact person is Connie Mahange – Tel. 011 728 1331 Cell No. 083 951 0378**

Are there any Risks for me?

In general, there are no major risks involved for your participation in this study. However, there may be rare instances in which participants may experience some form of stigma and alienation from their friends and family while participating in this study as you may be identified by others as a sex worker.

For any participant who may be an undocumented/illegal migrant, there may be a potential risk of fear to be identified as such. However, for this study, this risk would be mitigated by not collecting details that may identify the participant to avoid exposing them to the risk. Also confidentiality will be assured.

Possible Benefits of this study.

If you chose to participate in this Study, the information you will share may help us to contribute to future improvement for migrant sex workers and their help seeking behavior to healthcare services in Rosettenville.

Reimbursement

There will be R50 reimbursement given to you as compensation for taking your time off from work to participate in this research.

Confidentiality

The interview will be a one on one interview with the researcher. An additional researcher will be used in case of language barrier between the researcher and the participant. The additional researcher will be introduced to you before the interviews. The additional researcher is yet to be identified.The interviews will be conducted in privacy. The information you are going to share with me will be kept confidential. The audio tapes will only be accessed by myself, my supervisors and other researchers. They will be locked up in a safe place**.**

You are going to pick a different name other than your own to call you by. Your real name will not be used in this research and will not be linked to your comments. No personal information that can identify you or other participants as participants in this research.

Anonymity

Considering that you may be known by other sex workers, it is possible for you to be identified. In this case anonymity cannot be guaranteed.

Further information

If you require any further information or have any questions/complaints on the study please contact me (Muluti Phiri) Muluti.phiri@gmail.com. Mobile number: +27711500113

You can also contact my study supervisors through email: Rebecca Walker. bexjwalker@gmail.com and Jo Vearey. Jo.Vearey@wits.ac.za

HREC(N-M) Secretariat contact details: Shaun.Schoeman@wits.ac.za or 0117171408.

Appendix 3. Verbal Consent Form for Participant

Project title: Exploring help-seeking behaviour amongst migrant sex workers in Rosettenville, Johannesburg

I agree to be interviewed by the researcher.

Yes

No

I consent to the interview to be audio recorded.

Yes

No

The research has been explained to me and I understand about the research.

Yes

No

I have been informed that my participation is purely voluntary and that R50 reimbursement will be given for taking time off from work.

Yes

No

I have been informed about potential risks of the research.

Yes

No

I have been informed that I can choose to withdraw from the study when and if I want to.

Yes

No

I have been informed that confidentiality will be maintained.

Yes

No

I have been informed that anonymity cannot been guaranteed

Yes

No

I have been informed that the interview will take 30 to 45 minutes.

Yes

No

I have been informed that counselling services will be provided if needed.

Yes

No

I have been informed that my agreement to participate in the research is assumed if I consent to the statements in this form.

Yes

No

Contact details have been provided for further enquiry.

Yes

No

Participant Pseudonym: _____

Researcher_____

I, Muluti Phiri, herewith confirm that the above participant has been fully informed about the study and has given verbal consent to participate as indicated above.

Printed Name_____ Signature_____

Date _____

Appendix 4. Audio-recording Consent Form

Project title: Exploring help-seeking amongst migrant sex workers in Rosettenville, Johannesburg

I have been explained to the reason for audio-recording in the interview.

I understand that I can choose whether to participate in the interview or not. I can also choose whether to be audio recorded or not.

The researcher will take measures to ensure that the recording is kept in a confidential and safe place.

I give consent for the interview to be audio recorded.

Participant Pseudonym: _____

Researcher_____

I, Muluti Phiri, herewith confirm that the above participant has been fully informed about audio recording and has given verbal consent to be recorded.

Printed Name_____ Signature_____

Date _____