

# Sexual and reproductive health needs of sex workers in tanzania

[Health & Medicine](#), [Sex](#)



## 1. INTRODUCTION

Around the world sex workers are defined as “ female, male and transgender adults and young people who receive money or goods in exchange for sexual services, either regularly or occasionally, and who may or may not consciously define those activities as income-generating.” The term sex worker has gained popularity over prostitute because those involved feel that it is less stigmatizing and say that the reference to work better describes their experience.

According to UNAIDS,(2005) a sex worker is person who provides sex for money or goods and this may be occasionally or on regular basis. The groups involve female male adolescences and transgender adult, but they don't exactly consider this act as earning money.

It estimated about 1995, 333 million cases of curable sexually transmitted diseases (STDs) occurred in the world, 65 millions of which were from Sub-Saharan Africa alone. WHO, (2007)

In Tanzania sex work is illegal under Tanzanian law. However, sex work is practiced openly in many areas across the country Due to lack of money Many women and children engage into this business due poverty which is caused by lack money???

Sex work in Tanzania including child trafficking is a major problem, especially in Zanzibar and Pemba child sex tourism is largely operated, and majority of them are infected by STI. Many of the children got involved into this sex work

due to various problems for example after becoming orphans after their parents died from HIV/AIDS. ILO, (2001)

Majority of women and youths are the most affected groups due to being unstable economically, socially and cultural. Therefore, it is evidence that lack of money is one of the country determinants. Sex workers are categorized as a mobile population (sex workers) which is at high-risk due to their vulnerability to infectious diseases due to the nature of the work like plasticising sex without use of condom. NACP,(2007).

get tempted easier to exchange sex for money which put them into risk including their partners to acquire sexual transmitted infections including HIV/AIDS. More than 50% of the Tanzanians live below the poverty margin which forces them into sex exploitation. Sex workers usually has low access to health services including screening and treatment of HIV and AIDS. NACP, (2007).

Ford . N. et al, (1999), revealed that in sex worker industry there are different groups involved in this practice men who sell sex to other men and gender issue is not a problem to them.

This report is mainly going to look on Sexual and Reproductive Health needs of female sex workers. There are two types of sex workers direct sex worker and indirect sex worker. Direct Sex Worker is a person, male or female, selling sex as an occupation or main source of income.

Direct Sex Workers may be either street based or based in a brothel or other fixed location, whereby an Indirect Sex Worker is a person, male or female, working in the entertainment business, such as in bars, karaoke canters, beauty salons or massage parlours, who to increase their income also sell sex. It should be noted that not everyone working in these places sells sex.

## **1. 1 Sexual and Reproductive Health needs of sex workers**

Around the world sex workers are regarded as higher vulnerable groups with high prevalence (United Nations, 2003). In order to minimize the prevalence of STI, several steps measures needs to be enforced into this groups.

Education on sexuality-It includes comprehensive sexual education programs including community based health programs

Screening and Treatment of STIs-It involves the screening and treatment of STI for sex workers and community at high risk for various diseases like gonorrhoea Chlamydia including HIV/AIDS and HIP . Screening and treatment has being identified as the effective way for sexual and reproductive needs for female commercial sex workers in Tanzania . Steen, (2002. 2003) in his study revealed that both presumptive for sex workers and community based STI treatment for whole communities at high risk, can reduce the risk of HIV transmission.

FamilyPlanning Services-Ongoing and availability of Contraceptive and counselling services are vital to these groups. Moreover, types and how to comply with the pills is very essential as this will help to minimize the unwanted and unsafe abortions.

Delivery Services-It includes ANC and Delivery services -This type of service

is essential for Sex workers due high number of pregnancies caused by unsafe sex. (Guttmacher Institute 1998).

Condom Use Services (programs). Availability of Condoms and their utilization among female sex workers in Tanzania is vital as many of sex workers are forced to perform unprotective sex by violent clients and the amount of money given.

Establishment of clear policy framework for sex work- It involves development of strategies , legislative changes and its implementation  
Healthcare access- Fare/available access to healthcare services such drop in centre

In Tanzania there are several Reproductive and Sexual health policies that aims to improve and also address the needs of women such as National policy on HIV/AIDS National adolescence health policy but all these policies does not contain provision of sexual Reproductive Health for Female Sex Workers .

The reproductive and sexual health policies that exist within the Tanzanian health system aims to address the needs of women include; the national reproductive health strategy, national adolescent health policy and the national policy on HIV/AIDS. Furthermore, because sex work is illegal in Tanzania sex workers are outside the scope of national HIV/AIDS programmes. However, these policies have no provision for specialized Reproductive Health services for FSWs which is necessary to address the reproductive and sexual needs of Female sex workers.

**Assessment of Unmet Needs.**

Contraceptive services. Family planning helps to reduce the number of highly risk pregnancies that results in high level of maternal illness and death (Health Policy 2009). In every country, sex workers face many of the same dangers and rights problems.

Despite legal restriction and the medical risks associated with clandestine procedure, Tanzanian women obtain abortion from a wide range of providers, including doctors at private clinics, organisation when vacuum aspiration is not available. Women in rural areas have less much access to treatment for abortion complications than do women in urban settings.

Private sector facilities handle more than half of post abortion care cases despite the fact that they charge patients about three times more than public facilities do.

In East Africa in 2003, almost one in five maternal deaths were due to unsafe abortion . Even more common are long term health problem social stigma and infertility. Abortions performed by a skilled person are much more expensive than riskier procedure performed by unskilled provider's .

Therefore it is likely

In Tanzania the need for safe abortion is very important issue especially among FSWs as some of them due the lack of the clear abortion service .

From my own experience when FSWs they get pregnant they end up killing their born infants and wrap them in a bin liner or any plastics bags and throw them along the road.

## 2. ASSESSMENT OF NEEDS

### 2.1 STI Screening

The sexual and reproductive health needs of sex workers have been neglected both in research and public health interventions, like Millennium Development Goals (MDGs) which have almost exclusively focused on STI/HIV prevention. Chacham et al, (2007), revealed that the reasons among this issue are due to the condemnation, stigma and ambiguous legal status of sex work

Majority of Female Commercial Sex Workers (FCSW) often have high rate of STIs due to unprotective sex activities and access to effective STI treatment. Frequent unprotective sexual exposure put sex workers, their clients and other partners all at high risk of acquiring HIV/STIs Steen, (2003).

Reducing the prevalence of Sexual Transmitted infection (STIs) would greatly reduce the risk of transmission of HIV.

### 2.2 CONDOMS

According to (UNAIDS 2000), It is very essential to involve sex workers in policy and programme development and implementation as part of the overall empowerment -building process and for greater programme effectiveness.

Many 100% condom use programs are focused on the experience of Thailand. In the 1990s, Thailand conducted a massive programme on control of HIV which showed a significant drop on visits to commercial sex workers

by half, utilization of condom increased, the prevalence of STDs fell dramatically, and achieved substantial reductions in new HIV infections. Avert (2007).

Similar programs were implemented successfully in Cambodia, Laos, Mongolia and Philippines whereby, in most of these programs local or national authorities, including police, were required to use condoms in every sex act.

### **Use of Contraceptive**

A study conducted by Delvaux, (2003) found that a huge number of female sex workers had limited knowledge of how to use contraceptive pills, condoms and syringes for those who are IV drug users. In Tanzania the use of contraceptive pills among majority of sex workers was very limited which increased the percentage of safe abortion due to poor awareness.

Globally condom use alone is considered problematic by family planning promotion due to fear of birth rate increase or abortion and this happens during the first year of condom use when more accidents are likely to happen (Berer, 1997) .

Another problem is the wide spread provision of non-barrier contraceptive for sex workers might lead to reduction in their use of condom (Delvaux, 2003).

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Healthcare access- Some of the sex workers in Tanzania fear to use Public healthcare facilities due to discrimination and stigma from healthcare workers, other service users, lack of money and insurance due to poverty.

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Many sex workers in East Africa lack access to the insurance system because of their profession. Some are trafficked women from rural area who do not have identification or permanent residence documents they need to get health care. Landipo, (2005) revealed that high attendance to private health facilities like Pharmacies and medical stores; to purchase contraceptive pills contributes to low attendance to public facilities, which can results to poor compliance of the contraceptive pill among sex workers

### Recommendations

Based on findings above, the following recommendations are being made to the national centre for HIV/AIDS and STIs:

#### **Proposed programme components:**

Sensitise policy makers to enact laws which lead to tolerance of FSWs. This will be a cornerstone to destigmatisation and allow these women to enjoy a greater degree of human rights. It will also allow the government to set aside specific funding and to solicit ate further input from the donor community.

Mobilization of FSWs for a systematic STD/HIV/AIDS prevention course that includes participatory education, prevention, and positive living when infected and peer counselling.

The condoms should be free or at a price the FSWs can afford. Proper use of condom is crucial in the absence of a vaccine or cure. It is also important for FSWs to know where to get condoms for example. Clinics, chemists and peer educators also storage and disposal methods should be covered in education.

Although condom is the prevention method of choice, it is not 100% efficient

due to breakage or slipping, meaning that some FSWs will still get infected. Therefore prompt and proper management of STDs which includes counselling, condom use, contact tracing and compliance is vital for prevention of HIV transmission.

Proper use contraceptive pills needed in order to meet compliance and its irrational use.

The FSWs should be trained and offered opportunities for alternative income generating activities. This is because according to the writer's experience, well over 90% of women in Africa are in commercial sex due to poverty and lack of an alternative. The low economic status also interferes with condom negotiation and therefore should be addressed.

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