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Alcohol consumption and high risk sexual behaviour among female sex workers in Uganda

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Alcohol consumption has been associated with high risk sexual behaviour among key populations such as female sex workers. We explored the drivers of alcohol consumption and its relationship to high risk sexual behaviour. Participants were drawn from a cohort of 1 027 women selected from 'hot spots' in the suburbs of Kampala city. We conducted 3 in-depth interviews with 40 female sex workers between 2010 and 2011. Data were analysed thematically, focusing on alcohol use within the context of sex work. Alcohol consumption was very high with only seven women reporting that they did not drink. Alcohol consumption was driven by the emotional and economic needs of the participants, but also promoted by clients who encouraged consumption. Many sex workers only started drinking alcohol when they joined sex work on the advice of more experienced peers, as a way to cope with the job. Alcohol was blamed for unsafe sex, acts of violence and poor decision making which increased sexual and physical violence. Alcohol was reported to affect medication adherence for HIV-positive women who forgot to take medicine. The findings suggest that the drivers of alcohol consumption are multifaceted in this group and require both individual and structural interventions. Alcohol reduction counselling can be supportive at the individual level and should be an integral part of HIV prevention programmes for female sex workers and others such as patrons in bars. The counselling should be addressed in a sensitive manner to bar owners and managers.

Keywords: alcohol, consequences, sex workers, Uganda, unsafe sex, violence

Introduction

Alcohol consumption is a direct or indirect factor in increasing the risk of HIV-infection and non-adherence to anti-retroviral treatment (Mbulaiteye et al. 2000, Chander et al. 2006, Zablotska et al. 2006, Fisher et al. 2007, Shuper et al. 2010). The consumption of alcohol in many countries in sub-Saharan Africa is high (WHO 2011). Attempts at regulation through government policy have not been very effective because of the influence of the alcohol industry as well as the widespread practice of home-brewing/distilling (Bakke and Endal 2009). The over-use of alcohol is associated with mental health disorders, injury, death, and HIV and sexually transmitted infection (STI) infection (Qing Li et al. 2010).

HIV remains a big problem among key at-risk populations, such as female sex workers and their clients. In Uganda, recent studies have shown an estimated HIV prevalence of 37% among female sex workers in Kampala (Vandepitte et al. 2011). The Crane survey report documented close to 18% HIV prevalence among clients (Makerere University 2010). The same report showed that close to 50% of the sexual encounters were preceded by both the client and the sex worker drinking alcohol (Makerere University 2010). Female sex workers, fishermen and truck drivers often engage in heavy drinking which increases their chances of getting infected with HIV (Chersich et al. 2007, Qing Li et al. 2010, Mbonye et al. 2013) as well as increasing the possibility of engaging in risky commercial sex by clients and sex workers (Qing Li et al. 2010) through non-use of condoms (Norris et al. 2009).

This paper explores the drivers of alcohol consumption and associated risky sexual behaviour among female sex workers in Kampala. The aim of this study was to use qualitative methods to explore the life stories and current work practices of these women, and to investigate how past and present experience shapes behaviour.

Methods

Setting

Our study was conducted among female sex workers recruited from bars, night clubs and restaurants in Kampala for a cohort study. The women worked or lived in two suburbs of Kampala away from the central business district. These areas consisted of both one-roomed units located near the main road, where most residents live, and some expensive residential structures. The area supports many busy shops and restaurants during the day. As dusk approaches, the selling of alcohol replaces retail merchandise and the roadsides become drinking places; noisy music blares from loud speakers as patrons gather. Some sex workers stand along the roadside while others enter the bars and night clubs looking for clients.

Sample and data collection

A cohort of women at high risk of HIV was established in 2008 to facilitate following these women for research and provision of primary health care. A total of 1 027 women were enrolled into this closed cohort. A stand-alone qualitative study was designed to look at the social context of high risk sexual relationships among women at high risk of HIV infection in Kampala. All 1 027 women were eligible for this study. A sample was selected by choosing every third woman attending the clinic. We recruited and interviewed 101 women from March 2010 to June 2011. We interviewed each of the women more than once and for those who self-identified as sex workers, we conducted a further interview targeting specific experiences of sex work. This method of repeat interviews enabled the research team to build rapport with the women. The first interview typically was a short one that focused on the background story of the participant and this was followed by a more detailed interview after about one week. In this interview further discussions detailed the participant's lived experiences and how alcohol became a part of their lives. This paper focuses on the experiences of 40 of the women who self-identified as active sex workers.

Four trained and experienced female interviewers conducted the interviews. Each interviewer followed the same woman up to the conclusion of the interviews in order to benefit from the rapport being built after each session. Detailed notes were taken after each interview and a thorough debriefing was held after each interview to facilitate high quality data collection. The local language, Luganda, was used with all the participants apart from one who was more comfortable with English. At the end of each interview we gave each participant 5 000 Uganda shillings (about US$2) and a soft drink.

Data analysis

Data-led thematic content analysis was conducted. Throughout data collection the team (first author and the four interviewers) met and discussed emerging themes. We read the transcripts and developed a code book using NVivo 8 software. Each team member participated in coding, comparing coded scripts to ensure consistency in the use of the codes. Social scientists including the first and last authors led the meetings that discussed the outcomes of the analysis. Whenever there were any differing views we held team meetings and reached a consensus. The analysis included in this paper is based on three broad themes: magnitude of alcohol consumption; factors driving alcohol use; and perceived consequences of alcohol consumption.

Ethical clearance was secured from the Uganda Virus Research Institute's Science and Ethics Committee and the Uganda National Council for Science and Technology.

Results

Sample characteristics

Participants were aged between 19 and 37 years; most of them were from the majority ethnic group in central Uganda, the Baganda (24) with 1 Congolese and 1 South Sudanese. The remaining 14 were from other ethnic groups in Uganda. Two of the women reported being married, while 17 stated that they were in a relationship defined as having a partner with whom they shared an emotional rather than merely a financial attachment. Some of these partners had been regular clients in the past, while in four cases, the partners were in another stable relationship or married elsewhere, with the sex worker providing regular sexual services and receiving material and emotional support. All but 2 of the women had at least 1 child and 11 of the 40 women self-disclosed as being HIV-positive. Since most were not in stable relationships, the burden of child care often fell on these women, with the need for money to support children being one reason for engaging in sex work (Zalwango et al. 2010, Mbonye et al. 2012). Many blamed disadvantaged backgrounds and being orphaned at a very young age or brought up by poor parents/guardians for their inability to continue in school and to get better jobs. Most had only attained primary level education. Many of the women had moved from rural areas in search of work. Women had worked as house maids/helps, in bars as waitresses, in night clubs as Karaoke singers, in massage parlours, as food vendors and as lodge attendants. The need for more money often led the women into sex work.

Magnitude of alcohol consumption

Most participants (33) reported drinking alcohol regularly. These women reported that most of the women who worked in the same places as them drank large amounts of alcohol; drinking was a part of their work culture. Women said that alcohol could be found anywhere and at any time in their setting and it was one way of getting connected to clients who offered to buy drinks. While most participants said that they used to drink alcohol before they moved to Kampala, they reported that Kampala was a setting that made the availability and accessibility of alcohol very easy. For those who moved to other towns for work, alcohol was a prominent feature of life there too.

Types of alcohol and drinking habits

The types of drinks consumed were very varied in content and alcohol levels. Women's narratives suggest that some types of alcohol were for the 'rich' and these mostly included spirits or gin, some of which were locally manufactured but commercially produced, such as the popular Uganda *Waragi* with a 40% alcohol volume. Smaller quantities of this drink are available in sachets, which are sold very cheaply. These were very popular among the women.

> *'To cope with the cold, I drink alcohol while on the street. I buy small packs of gin and sometimes small bottles of gin, which is cheap. I do not take any other substances'* (HIV-negative exclusive sex worker, age 32).

Women often talked about reducing the amount they consumed and having the ability to control intake. Interestingly, two women claimed not to drink alcohol but when probed further they said that they took 'very little'.

> *'I have never drank alcohol in all my life and I do not even like it, though once in a while, friends give me "waragi" [local gin] to just take a sip but this is very rarely'* (HIV-positive exclusive sex worker, age 26).

One woman said that she had completely stopped drinking alcohol and was focusing on positive living because she was HIV-positive. However, the interviewer observed that whenever she opened her mouth, the distinct smell of alcohol was unmistakeable. This would suggest that women who said they were non-drinkers may have preferred not to disclose their consumption habits.

Drivers of alcohol consumption

We identified several factors that influenced the decision to drink alcohol:

Historical context

The women said that alcohol was available in many places as they grew up. Consumption was an important part of many ceremonies: whether it was at a funeral or a wedding, there seemed to be alcohol. The only difference seemed to be the types that were taken or available. Most of our participants had consumed traditional beer made out of local products like bananas and sorghum. These were usually brewed at home and traditionally kept for the elders to drink. While under-age drinking was discouraged in most families a lack of parental or other adult supervision allowed many children to taste alcoholic drinks.

> *'I learned when I was still at home. We would host or attend family parties whereby they would buy alcoholic drinks and I would also drink. Even at school when we had parties, I would drink it secretly'* (HIV-negative sex worker/bar attendant, age 22).

For such women, drinking alcohol as part of sex work was a continuation of previous behaviour.

Occupational necessity

An overwhelming theme among the women who took alcohol was that the trade of sex work was difficult to manage without a disinhibitor. While a few smoked marijuana, most found comfort in alcohol. While describing how they joined sex work, about 90% of the women mentioned that part of the orientation by their peers involved taking alcohol to gain courage for the work. Some said that they only started taking alcohol when they joined sex work. One woman recounted that her initiation into drinking was a difficult one and she used to vomit, as she took large quantities or mixed drinks. She soon became an 'expert'; in her own words:

> *'…slowly by slowly, I learnt to drink alcohol and when one day I asked my friend for some alcohol, the friend said I had learnt taking it now that I could even ask for it. However, I am now used and even if I do not drink alcohol, I can do sex work. After I had learnt to drink alcohol, my friend suggested that we go dancing. This friend instructed me on the style to dress; to wear mini dresses or even trousers. I already had my mini dresses which I used to wear in the bedroom while still in my marriage'* (HIV-negative sex worker/also washes clothes on commercial basis, age 25).

This was also the case with another woman who mentioned a favourite brand of alcohol which she now preferred. The brand had been introduced to her by a client. Her experience mirrored that of some women who had reached a level at which they consumed as much alcohol as there was on offer and always looked forward to the next drink, making it hard for them to regulate the quantity consumed:

> *'I learnt to drink alcohol after I had been in sex work for one month. I am now an expert and can drink a full crate of beer. And if you can speak some English, they [clients] buy Amarula* [an expensive type of liquor] (HIV-negative sex worker, age 23).

The women assumed that the need for alcohol as a disinhibitor was shared by the male clients.

> *'If men are not drunk, especially the new ones, they fear to ask a woman for sex, they also first drink alcohol to gain courage'* (HIV-negative exclusive sex worker, age 32).

Some women went to the bars to find men while others went to a bar with clients they had met elsewhere before the sexual encounters and negotiations occurred. Other women chose the bar as the location of sex work and found they had to regularly drink alcohol to fit into the crowd. They also encouraged patrons to buy alcohol for them as a negotiating strategy to get a client. Women talked of conniving with bar attendants to replace their drinks with water to avoid becoming too drunk to work. Experienced women knew that one strategy used by the clients was to get the women drunk so they would not need to pay and/or use condoms. One woman observed that: '*…Men buy me alcohol and want me to drink it while they are watching...*', implying that they wanted to ensure she took the drinks presumably in the hope she would become drunk.

Peer influence

Our results show a strong link between taking alcohol and the social set up of sex workers' lives. They preferred to keep close to each other and usually rented homes in the same neighbourhood. The social stigma that many dreaded seemed to bring them close to each other. When it came to relaxing together, most of these women engaged in practices which had a connection to alcohol taking. They would either be in entertainment places sharing with other friends or these friends would invite them for a drink if they had a rich client offering drinks. Many also learned to carry a drink in their handbags or pockets which they would sip every once in a while. Such pocket size sachets were affordable and easy to conceal. The drinks in the sachets, like the gin mentioned above, tended to have high alcohol content and they occasionally mixed them with other drinks to increase the potency. One woman observed:

> *'I learned to drink alcohol when I was working in the market. I used to go out with my friend and this friend would buy me "waragi" (local gin) for 100 shillings. I was taking the alcohol for pleasure. My friend connected me to a man who bought me drinks which I took on an empty stomach. I took six bottles of pilsner and got so drunk that I did not even know where the man took me. We never even used condoms because I woke up the following morning when my knickers were on the bed side'* (HIV-positive exclusive sex worker, age 20).

Perceived effects of alcohol

Provided ammunition for coping emotionally

One of the challenges most women faced was someone they knew finding out that they were engaged in sex work. Another difficulty was engaging in sex with men who they found repellent (because of their cleanliness or appearance) but who were willing to pay well. The strategy was for them to drink alcohol before starting work in order to provide themselves with some form of cover against the challenge of meeting someone they knew or having to engage in sex with a man they disliked. One woman commented:

> *'I drink alcohol to get tough while in sex work. In sex work you do things you do not want. This way, when you drink alcohol, you can cope with doing what you do not desire as you have no mood to do it, but you need the money'* (HIV-negative exclusive sex worker, age 23).

However, a few women stopped taking alcohol once they became used to sex work because they no longer needed it to get courage. One woman, a 27-year-old HIV-negative exclusive sex worker, said that she feared the possibility of being taken advantage of by clients who might have unprotected sex with her if she was drunk. She took hot tea or maize porridge that was available to fight the night cold. Another woman, who was engaging in sex work without her husband's knowledge decided to avoid alcohol since it might get her into trouble with the law leading to an arrest and the notification of her husband. So she carefully chose her clients and limited their number so that she could return home unnoticed. She said:

> *'Me who does not drink any alcohol there is no way I would get problems with the police, so when I get one client to give me the money I want, I go home and no one asks me where I am from or going because everyone is free to travel according to his or her wish. And since I started to stay with my husband, I go for sex work when I know that my husband will not come back'* (HIV-negative exclusive sex worker, age 23).

Alcohol and sexual decision making

Almost all the women who took alcohol regularly admitted that they had a higher chance of engaging in unsafe sex when they drank. This was either through clients taking advantage of their drunkenness and forcing them into sex without condoms or letting their guard down and not negotiating condom use. One woman (a 37-year-old HIV-negative sex worker/hair dresser) said that she enjoyed the experience of sex whenever she was drunk:

> *'…sometimes the man can caress you and because you are under the influence of alcohol you fail to insist on condom use. By the end of the act, you find yourself having had unprotected live sex which you would not have wanted in the first place. Some men do not accept condom use at all and would do anything not to use it. When I recall such instances, I doubt myself being HIV-negative.'*

However, a few women said that taking a little alcohol gave them enough courage to negotiate condom use and insist on the sex on their own terms. This group included those who reported that, although they took alcohol, they were aware of the consequences and tried their best to avoid taking too much. In extreme cases, these women avoided sex work when they felt they had gone beyond their limits. They recalled stories of women who had had very bad experiences after taking too much alcohol or remembered previous unpleasant experiences when they took too much. One woman said:

> *'When I go to the street, I drink alcohol to be able to overcome shyness. When I do not drink, I sulk and even do not get any clients. When I drink, I feel okay even around my friends. I drink a little alcohol and I am always able to use condoms with all my clients. When a man refuses to use a condom, I do not accept having sex with him. I tested HIV-negative and always have to take care not to get infected with HIV'* (HIV-negative exclusive sex worker, age 23).

Another woman commented:

> *'I rarely drink alcohol and when I drink, I make sure not to engage in any sex work. Normally it is one of my regular clients who buys alcohol for me, he contacts me on phone and tells me that he would want to buy me a drink after which he pays me about 20 000 Uganda shillings [about US$8] for sex* (HIV-positive exclusive sex worker, age 26).

These women were proud that they had some degree of control over the potential consequences of alcohol. However, they also acknowledged how difficult it was to manage the consequences of alcohol.

Health related consequences

One of the effects of alcohol was related to the adverse health effects associated with it. Some women noted that when they joined the cohort study they were counselled about the dangers of alcohol and learned about the health risks of drinking too much. Some of the women who were HIV-positive were very concerned about the impact of alcohol on their health. Although most continued taking alcohol, some wanted to stop. Some found that drinking affected their adherence to drugs. As a result some women reported being desperate to leave sex work:

> *'I have spent six months now without taking any kind of beer because it started making me feel stomach pain whenever I drank. Even the [antiretroviral] drugs that I take weaken me and I fail to go out because they make me feel sleepy all the time'* (HIV-positive exclusive sex worker, age 34).

Violence

Violence was often a consequence of alcohol consumption. This violence occurred in several different settings. Sometimes the women fought each other when they were drunk, especially when there was a client to compete for or when a client who supposedly belonged to one woman was seen in the company of another and buying her drinks. Violence was also perpetrated by the clients after buying alcohol for the sex workers. While some clients interpreted this as buying the right to engage in sex, some women insisted on negotiating different terms for the sex. The ensuing disagreements usually led to violence. What made

this violence even more dangerous was that it was rarely reported and usually the women blamed themselves if they fell victim to violence or let the incident pass without any further action. The difficulty of the women's position, in a setting where sex work is illegal, is illustrated by one woman who said:

> *'If a man deliberately refuses to pay, I have no option because there is nowhere to report him, so what I do is to leave the man and maintain my dignity'* (HIV-positive exclusive sex worker, age 44).

Some said that they tried to get their clients as drunk as possible in order to escape un-harmed if they feared violence. In extreme cases forced sex was reported especially if the sex happened at the private homes of the clients. A 34-year-old, HIV-negative exclusive sex worker described one incident:

> *'One time a client bought me and took me to a bar and we drank [alcohol] after which he took me to his home. Before that I had asked him for 20 000 shillings and he said he would give me 15 000 shillings. I asked him to give it to me before we left but he said the money was at his home. After sex, he told me to leave without giving me my money claiming that we had drunk it all. He started beating me up and I fought back, people from around gathered and he told them that a prostitute had stolen his money. When he said this, I had to run for my life. It was already late in the night, I did not know the way and to make matters worse, I left my bag behind when I ran.'*

Later in the interview, this participant seemed to downplay such incidents as inevitable occupational hazards, meaning that violence has in some cases been normalised and accepted as part of the job, and is rarely reported. When they are arrested, some of them are beaten and pressured by some police officers to exchange freedom for sex. Interestingly, none of the sex workers reported ever having given into the pressure by the police for sex, but many were jailed if they had no money to pay the policemen or if they were unwilling to offer sex. One woman told the following story:

> *'If you have money, they leave you, but recently there is a time they arrested me before I had earned any money to give them. They took me to a police station and kept me there for four days [without any charge]. One of the police officers asked to have sex with me and I refused because he did not have condoms and so I spent four days in detention* (HIV-positive bar waitress/sex worker, age 31).

This too is regarded as 'necessary' violence which comes with the illegal trade.

Discussion

Our findings show that alcohol consumption plays an important role in the lives of female sex workers in Kampala. This is in the context of widespread alcohol consumption in the country as a whole (WHO 2011, Neild 2013). The drivers of alcohol consumption among the women in our study relate closely to sex work and the context under which it is performed. Bar based sex workers are always in the vicinity of alcohol and they target clients who are drinking, who themselves use alcohol to negotiate for sex. It has been documented elsewhere that bar based sex workers, including sex workers who work as bar girls, tend to consume larger amounts of alcohol than others (Yadav et al. 2005, Chersich et al. 2007).

What makes alcohol a necessity for many female sex workers is partly due to the social pressure and stigma associated with engaging in a socially stigmatised act. In this case alcohol acts as a disinhibitor and numbs the emotional struggles involved (Scorgie et al. 2012). This may lead to dependency on alcohol (Vandepitte et al. 2011). The relationship between alcohol use and HIV risk was noted in our study and it adds to a growing body of evidence which links alcohol to HIV infection (Zablotska et al. 2006).

Perhaps those women who conceal their drinking habits present a different challenge for possible interventions. Similarly, some women feel that they are in control of their behaviour and are not worried about the effects of alcohol. It is debatable whether these women can sustain the control they talked of. The fact that alcohol is regularly bought by a client may shift the power dynamics into the hands of the clients who then determine the context and conditions of the negotiation process (Wojcicki 2002). As has been documented elsewhere both clients and female sex workers seem to understand that accepting alcohol is consent for sex (Watt et al. 2012).

Because female sex workers use alcohol as a disinhibitor, allowing them to numb the emotional challenges involved, this has inevitably raised the amounts consumed and increased the chances of unsafe sex (Harcourt and Donovan 2005). This is even more apparent when you consider the fact that clients also tend to have consumed alcohol before negotiating with sex workers (Qing Li et al. 2010).

Our study had some limitations. The topic of alcohol is potentially subject to reporting bias, especially after women have attended alcohol reduction counselling as was the case with our participants. However, we believe that conducting repeat interviews by well-trained interviewers who the women knew was helpful in encouraging the women to be frank. We also acknowledge that the women we talked to were drawn from those who volunteered to participate in the cohort study and were from a specific area of the city. While their characteristics may not differ from those found elsewhere, the possibility exists that we might have left out others from different socio-economic backgrounds, and missed the perspective of those who refused to participate and those who could not be reached to take part in the cohort.

We can conclude that there is a real and present danger of high alcohol consumption among female sex workers in Kampala. The problem is driven by the context under which sex work occurs at an occupational and social level. That fact that the overall consumption of alcohol in Uganda is already too high means that it is a broader issue that could require structural interventions to control. For example, packaging alcohol in small affordable quantities allows it to be in the reach of most people, especially women, like many of those in our study, who depend on alcohol. Countries such as Zambia have banned packaging in

sachets to reduce consumption (Meulenbeek and Mwanza 2012), a structural intervention that may be of value in Uganda. Despite the contribution of the alcohol industry to national economies in sub-Saharan Africa, other countries have also taken bold steps to regulate alcohol consumption. In 2008 the Botswana Government placed an unprecedented 30% levy on alcoholic beverages. South Africa and Kenya have also begun to regulate alcohol consumption through legislation limiting how and where alcohol is advertised and marketed (Fritz 2011).

Interventions should also be based on an understanding of the drivers and the consequences of alcohol consumption for groups such as the women in our study. Alcohol reduction counselling has worked in other settings and could be an integral part of ongoing counselling targeting key populations such as female sex workers and their clients. At an individual level, motivational interviewing has been found to be effective in promoting the reduction in alcohol consumption for problem drinkers (Burke 2003) and for addressing alcohol addiction (Watt et al. 2012). Brief interventions, such as counselling to encourage people to alter their alcohol use which is delivered by health workers who do not specialise in alcohol treatment, have been noted to have some success in some populations. However, interventions targeting sex workers have not always yielded significant results (Vandepitte 2013). In addition, given that male clients also consume alcohol and buy drinks for women, they also require targeted interventions. Developing such interventions remains a challenging area for further research and development.

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