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Selling sex in the time of AIDS: the psycho-social context of condom use by sex workers on a Southern African mine

SELLING SEX IN THE TIME OF AIDS: THE PSYCHO-SOCIAL CONTEXT OF CONDOM USE BY SEX WORKERS ON A SOUTHERN AFRICAN MINE

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Abstract: This paper provides a detailed account of the social organisation of commercial sex work in a squatter camp in a South African gold mining community. On the basis of in-depth interviews with 21 women, living in conditions of poverty and violence, the paper examines factors which might serve to help or hinder a newly implemented community-based peer education and condom distribution project aimed at vulnerable single women. Attention is given to the way in which the routine organisation of sex workers' everyday working and living conditions, as well as the strategies they use to construct positive social identities despite working in the most stigmatised of professions, serve to undermine their confidence in their ability to insist on condom use in sexual encounters with reluctant clients. However, even amongst this disadvantaged group of women, the interviews suggest that the tendency to speak of women's 'powerlessness' (as is the case in many studies of African women in the context of the HIV epidemic) is unduly simplistic and fails to take account of the range of coping strategies and social support networks that women have constructed to deal with their day to day life challenges. These strategies and networks could serve as potentially strong resources for community-based sexual health promotion programmes.

Key words: HIV, commercial sex work, sexuality, peer education, community, participation, gender, self-efficacy.

INTRODUCTION

This paper examines the psycho-social context of HIV-transmission in a community of commercial sex workers in a gold mining district near Johannesburg in the interests of highlighting factors which might serve to help or hinder a recently implemented community-based peer education and condom distribution project aimed at HIV-vulnerable single women. The South African gold mines employ about 300 000 men, mostly migrants housed in large single sex hostels close to the mines, some distance from their homes and families. Within this context, a thriving commercial sex industry has sprung up, with women coming to the mines from impoverished rural areas both in South Africa and in neighbouring countries, and finding accommodation in a range of informal shack settlements. A recent survey conducted in our area of interest revealed that 25% of miners and 69% of sex workers were HIV positive (Williams, 1999). Most cases are heterosexually transmitted.

In a study conducted prior to the one reported on in this paper (Campbell, 1997), the author examines some of the reasons why mineworkers continue to engage in unprotected sex with multiple partners, often commercial sex workers, despite the fact that most are well informed about the risks of HIV/AIDS and how to prevent it. In answering this question, attention is given to the social conditions under which mineworkers live and work. Most mineworkers come from impoverished rural areas. The hostels, with up to 18 men in a room, far from wives and families, offer scant opportunities for intimacy. Working conditions are particularly dangerous, with a mineworker having a 1 in 40 chance of being killed in a work-related accident in a 20-year working career.[1] In this study, several features of the social construction of masculinity on the gold mines emerged as important determinants of sexual behaviour. Thus, for example, regular flesh-to-flesh sex is seen as necessary for a man's good health. Furthermore, masculine identities serve as a coping mechanisms for the risks and dangers of everyday working lives (with real men being regarded as brave, fearless and willing to risk death in order to fulfil their role as breadwinners). Associated with this macho masculinity is the notion of men having insatiable urges to have sex with an unlimited number of women.

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1 This figure is based on the average fatality rates published by the South African Chamber of Mines for the 10-year period 1984-1993 (Chamber of Mines 1993).

The author concludes that HIV transmission often involves a range of psycho-social and community-level processes which are not addressed by the individualistic biomedical and behavioural HIV-prevention programmes which have dominated HIV-prevention on the gold mines, and that prevention efforts should pay greater attention to the social and community-level determinants of HIV transmission (see also Campbell and Williams, 1999).

The Mothusimpilo Project

Working towards such an expanded focus is the recently initiated *Mothusimpilo* Project, an HIV-prevention programme in a mining community near Johannesburg (Williams and Campbell 1996; 1998). On the one hand the activities of this programme are fairly typical, including the aggressive detection and treatment of other sexually transmitted diseases (STD's), which increase a person's vulnerability to HIV infection, as well as health education and condom promotion. However, project design is based on the insight that changes in sexual behaviour (in particular increased condom use) and health-seeking behaviour (including the appropriate and speedy accessing of appropriate STD treatment) are unlikely to occur without three interlocking factors: the widespread renegotiation of the social and sexual identities of persons living in high-risk communities (Stockdale, 1995); increased levels of perceived control over their health (Bandura, 1996); and the promotion of community contexts which enable and support the desired behaviour changes (Tawil et al., 1995).

Two aspects of the project seek to promote such health-enabling community contexts. Firstly the project will aim for the full participation of target communities in project implementation, through its use of the community outreach peer education and condom distribution approach. Such grassroots involvement aims to increase peoples' sense of health-related empowerment or self-efficacy through transferring responsibility for health promotion from the hands of outside 'experts' into the hands of lay community members. Furthermore, the peer education approach provides a backdrop for members of vulnerable communities to debate and negotiate healthier patterns of behaviour at the collective level, aiming for a reformulation of group norms of sexual and health-seeking behaviour – rather than seeking to persuade individuals to make rational decisions to change their behaviour (as traditional information-based

health education sought to do) (Campbell, 1998; Dube and Wilson, 1997; Ngugi et al., 1996). Outreach work with sex workers will include not only peer education about health risks and the distribution of free condoms, but also the establishment of single women's support groups, burial societies and rotating credit funds in the interests of generating "social capital", viz: cohesive community networks and relationships which are believed to be health-enhancing (Gillies et al., 1996; Kawachi, 1996; Lomas, 1998; Wilson, 1995). Secondly, in the context of growing emphasis on the important role played by community 'partnerships' in health promotion (Gillies 1998), such grassroots communities will be part of a broad alliance of 'stakeholders' in the mining community, who will be involved in project management, including representatives of mine management's, trade unions, provincial health authorities, the national health department and an evaluation team which will evaluate the project over its three-year life.

Project evaluation strategy

It is this project evaluation that forms the context of the current paper. Historically evaluations of HIV-prevention programmes in developing countries have tended to use quantitative outcome indicators, in the interests of measuring biomedical factors (e.g. levels of HIV and other STDs) and/or behavioural factors (e.g. reported condom use, HIV-related knowledge and perceived vulnerability, reported partner relations) at the beginning and end of the intervention (MacPhail and Campbell 1999). While such outcome measures are able to measure *to what extent* the programme's goals have been met, they are less successful at explaining *how* programme outcomes have been achieved (Aggleton 1992). For this reason, in addition to conducting annual surveys of STD/HIV levels as well as social/behavioural factors (including knowledge, attitudes, reported practices and sexual networking) over the three-year life of the project, the evaluation of the *Mothusimpilo* Project will seek to provide an account of the *processes* underlying project outcomes. It will do this by means of a range of qualitative studies which seek to track the psycho-social and community-level processes underlying the impact of the project as reflected in the survey findings (see Campbell and Williams, 1998, for a detailed account of the evaluation strategy).

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Aims of this paper

The interviews discussed in this paper represent the baseline data for a three-year process evaluation of a peer education programme seeking to promote condom use in a particular sex worker community in our region of interest. These interviews were conducted shortly before the programme was implemented. Members of this community will be interviewed again once a year over the three-year life of the intervention -- in the interests of tracking the psycho-social and community-level dynamics impacting on the project's success or failure.

In reporting on the first of three annual sets of interviews, which will serve as the 'baseline' for this three-year study, the goal of this paper is to highlight factors which are likely to help or hinder the programme's goal of promoting increased condom use by commercial sex workers. The analysis of the interviews will be guided by a series of theoretical assumptions about the psycho-social and community-level preconditions for behaviour change. These assumptions are outlined in the 'Aims of interview analysis' section below.

Interview methodology

Open-ended, semi-structured baseline interviews were conducted by the author and a co-interviewer who was fluent in Zulu, Sotho, Xhosa and Swazi. Twenty-one sex workers (aged between 19 and 38 years) serving a particular mine shaft were interviewed in their home languages. Each interview took on average three hours, and consisted of two parts. The first part consisted of a detailed life history interview. The second part focused on details of peoples' working and living conditions, followed by more specific questions relating to health, healing, sexuality and HIV prevention. Interviews were conducted in a shack in the squatter settlement in which informants lived. Living conditions in the settlement were basic, consisting of shacks and with no running water or sanitation. Informants were illegal squatters on private land, and lived under the constant threat of eviction. From early in the morning the first customers (miners who had just completed their night shift) would come and go in a steady stream to buy sex and alcohol, so that throughout the day the community vibrated with the noise of blaring music and shouting. Shacks were generally 'owned' by older women (former sex workers) who sold liquor.

Most shack owners provided free accommodation to three or four sex workers in order to attract men to the premises.

Aims of interview analysis

Interview analysis aimed to explore why women continue to have unprotected sex with multiple partners, despite exposure to health educational materials, and despite the fact that free condoms are available from the mobile clinics that serve the squatter camps. In answering this question, the starting assumption is that sexual behaviour such as condom use is determined by a range of psycho-social and social factors. The first of these is the routine organisation of peoples' everyday working and living conditions, which exercise a range of possibilities and constraints on peoples' behavioural options (Mechanic, 1990). Secondly, sexual behaviour is shaped by collectively negotiated social norms. People are far more likely to change their behaviour if they see that liked and trusted peers are changing theirs, than by making an individual rational decisions to change after being exposed to traditional information-based health educational programmes presented by health experts. It is this insight that has informed the peer education component of the *Mothusimpilo* project which will seek to promote contexts in which people are able to collectively examine those aspects of their working and living conditions that serve as obstacles to sexual health in general and condom use in particular, and to engage in socially negotiated attempts to rework these aspects of their lives in ways that are more supportive of their sexual health. However the likelihood of such attempts succeeding in increasing condom use will be influenced by a third factor, *viz*: levels of perceived self-efficacy and social support. The likelihood that people will engage in health-promoting behaviours is influenced by the extent to which they feel in control of other aspects of their lives and the extent to which they live in a supportive social environment (Berkman, 1995; Prieur, 1990). Successful community-led projects succeed or fail to the extent that they succeed in mobilising already *existing* psycho-social resources and community networks that are most likely to support their health promotional goals (Ankrah, 1993; Kreuter et al, 1997) and succeed in facilitating the development of *new* health-enhancing resources and networks (Campbell, Wood and Kelly, 1999).

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Against the background of these assumptions this paper seeks to explain currently low levels of condom use by sex workers, and to examine factors which might help or hinder the community-based peer education programmes which will seek to increase the use of condoms in commercial sex encounters in Carletonville. These issues are examined through attention to informants' life histories, the social organisation of their work, and the social support structures and relationships that people depend on for their day to day survival. Attention will also be given to issues relating to levels of unity in the sex worker community, as well as peoples' sense of confidence, dignity and self-efficacy, which will influence the likelihood of women working towards higher levels of assertiveness in relation to condom-averse clients in an extremely competitive market-place. (Given that the data consisted of lengthy open-ended interviews, the concept of self-efficacy is loosely operationalised to refer to the extent to which women feel they are in control of their lives in general, and their sexual health in particular. The term is used inter-changeably with the terms 'empowerment', 'confidence' and 'control'.)

It is hoped that attention to these issues will provide a 'baseline' account of the way in which the routine organisation of sex workers' living and working conditions shape the negotiation of sexual encounters, and the associated likelihood that condoms will or will not be used. In addition, given our starting assumption that psycho-social and community-level resources such as perceived self-efficacy and social support play a key role in determining the likelihood that people will act in ways that are protective of their health, we will seek to highlight those aspects of womens' life narratives which threw light on the existence of such psycho-social and community level resources which might form the basis for a programme seeking to increase condom use.

With regard to issues of self-efficacy or empowerment, in the academic literature on sex work there is much debate about the extent to which sex workers in particular contexts are victims of poverty and male dominance, or active and powerful agents setting themselves up in female headed households in ways that challenge the patriarchal restrictions of more conventional lifestyles (e.g. Chant and MacIlwaine, 1995; White, 1990). An extensive literature on HIV/AIDS in Africa highlights the powerlessness of women (ranging from wives to sex workers) to negotiate safe sex in the face of male reluctance to use condoms (e.g. Ulin 1992; T Campbell and Kelley, 1995; Karim et al., 1995; MacDonald 1996; Wood and Jewkes, 1997). A

key goal of community-based outreach health interventions is to promote the development of communities and contexts in which women can reshape their social and sexual identities in more assertive and health-enhancing ways. As such, one of the key features of the evaluation of the Carletonville HIV-prevention project over its three-year life will be to try and trace the extent to which the project does or does not succeed in acting as a catalyst for such processes. In this regard, many analyses of the powerless position of African women are not helpful. What is needed is a more nuanced account of women's lives and sexuality, one which focuses not only on the way in which they are oppressed by patriarchal social relations, but also begins to develop an account of women's strengths and resources, which would form the basis of any successful community-based sexual health promotion programme. This paper aims to contribute to the development of such an account.

INFORMANTS' LIFE HISTORIES

A number of common themes emerged in peoples' accounts of how they had become sex workers. Five of these are discussed here.

The death of a parent or both parents.

Inf. 8^2 (19), whose father had died in a mine accident 13 years previously, and whose mother had died of a stroke seven years previously, had been forced to leave school when there was no money for school fees. After her parents' deaths she and her two sisters had been taken on by an aunt who eked out a small income as an informal sector hawker. After some time her elder sister had gone into commercial sex work. Luckily a client had fallen in love with her (a hope cherished by virtually all the informants). He had told her to give up her sex work, and he now supported her. After numerous unsuccessful attempts to find a job, at the age of 17, Inf. 8 had been "recruited" by an older woman on the mines. She had no sexual experience and her first sexual encounter was a commercial one. In the interview her major concern she expressed was to raise money for school fees for her 9-year-old sister so that she would not be forced into this

work. "Perhaps if all goes well we can help this child to grow up properly." She was one of only two of our 21 informants who was saving any money, and she was the only one who was open with her family about her profession. She retained a close relationship with her aunt and her sisters who frequently visited her, and who were all aware of the job she was doing. Her attitude towards the clients was one of gratitude. "I respect my clients because they understand our problems, and give us their support."

Leaving school after becoming pregnant

Inf. 7 (22), had left school at the age of fourteen after becoming pregnant. The fathers of each of her two children had both denied paternity and disappeared, leaving her with a distrustful attitude towards men. Herself the sixth of eleven children, and born in a remote rural area, she had grown up with a violent father who had often beat his wife and his children (she revealed scars on her back from these beatings). Her final pregnancy coincided with her father's abandonment of the family to take up with another woman. Her mother tried to support the family through domestic work, but she had died of a stroke three years previously. After her mother's death Inf. 7 had done 'piece work' in the maize fields at home, but her earnings were too meagre to support herself and two children. Leaving the children with her brother and sisters, she had come to Johannesburg two years previously to find work, and drifted into sex work when she was unable to find any other occupation. She had not contacted her family since her departure and said they probably thought she was dead. She felt increasingly disinclined to contact them – firstly because the period of separation made her feel increasingly remote from her old life; secondly because she would feel ashamed to return home without money and clothes for the children (which she couldn't afford); and thirdly because of embarrassment that they would find out that she was involved in commercial sex work. Her attitude to the clients was functional and contemptuous - she said that her only concern was to make money, and she derived no sexual pleasure or companionship from her contacts with then emphasising that she would rather live on her own than take the risk of trusting another man.

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2 Informants are referred to as Inf. 1, Inf. 2 and so on, according to the order in which they were interviewed. This system of identification was agreed on during pre-interview negotiations regarding confidentiality and anonymity.

Leaving an abusive man

Several informants had come to Johannesburg to escape from physically abusive men. Inf. 16 had run away from her husband after he had broken both her arms. Inf. 17, badly scarred on her neck, chest and arms had been severely burned after her former boyfriend had tried to murder her during an argument - locking her in his shack, pouring petrol on it and setting it alight.

Running away from the hardships of home

Inf. 13 said she had 'run away' from home because she could not stand the hardships and poverty of rural life. She had three years of schooling, having had to leave school after her mother died and her father took up with a stepmother who did not like her. She remained unemployed in rural Lesotho for many years, and had four children. Fed up with the poverty and responsibility she left the children with her now elderly father and said she was going to Johannesburg to find work. She had not seen her father or children for several years, and said she did not have any money to send to them. Her father frequently sent her messages through relatives. "He says I must go home to take care of my children. But I can't afford to go and stay with them. I don't know how I would make a living there. I refuse to go back because I don't want to suffer as they all do back home."

Inf. 11 said she had been lured to Johannesburg by a friend who painted a picture of plentiful money and beautiful clothes. Trapped in a bad relationship in an impoverished rural area with a man who drank too much, she left her three children with her mother and husband to come to Johannesburg in search of a better life. She had also had no contact with her family in the seven years since her departure.

These case studies provide the overall context for the material presented in the remainder of the paper. Informants' life histories suggested that in many respects their early life experiences -- characterised by economic deprivation, as well as various forms of physical and psychological

abuse, often at the hands of men -- had not been conducive to the development of a sense of confidence in their ability to take control of their lives. Such early experiences of disempowerment might militate against the success of a health promotional programme seeking to encourage women to take control of their sexual health, particularly through insisting on condom use in the face of reluctant male clients in conditions of poverty.

THE ORGANISATION OF SEX WORK

In this section attention is given to the form taken by sexual encounters in the interests of building up a picture of the interactional context within which sex work is negotiated. The women interviewed reported between 2 and 18 sexual contacts per week, with condoms used in less than 10% of these encounters. Clients tended to prefer straightforward penetrative sex in the missionary position, with the main variation being penetrative vaginal sex from behind. Men usually developed an erection spontaneously while they were negotiating the encounter and prior to any physical contact. Nearly all the women said that they would not engage in kissing or other foreplay, neither would they indulge in any activity to stimulate a man who did not have a spontaneous erection.

Sexual encounters were initiated in one of four settings. Firstly there were brief encounters in the open veld beyond the mine fences. During the day, women commonly gathered in groups of four or five and waited to be approached by clients. Clients would generally approach the group and point or beckon to the sex worker of their choice. She would walk up to him, with a fairly typical interaction proceeding as follows:

> Sex worker: Can I help you? Client: Can you help me? Sex worker: Do you have money? It will be R20 (£2.50). Client produces the money and hands it over. Sex worker gives the money to a colleague for safekeeping. Both client and worker move a little distance away, behind bushes if they are available, but often within sight of colleagues if there are no bushes. Sex worker removes her panties and lies down on her back, client takes his trousers down to just above his knees. Penetrative sexual intercourse takes place (usually taking about 3 minutes). Thereafter they both stand up, dress and the client walks away. Verbal communication apart from the initial negotiation of money is rare.

It was important to have a colleague standing by given that men might pull out a knife after the encounter and demand the money back, or that unemployed men might lie in wait to attack and rob the couple during sexual intercourse.

Similar encounters would take place with men picked up in the mine hostel bars in the evenings or in the informal shebeens in the squatter camp. Less common were all-night encounters, where a client would pay R50 (£5) to stay overnight with a woman in her shack. There was general consensus that a man who wanted to stay all night was probably missing his wife and family in the rural area, and in need of companionship, as opposed to simply wanting physical release, which would be the case with briefer daytime customers.

There are no pimps or middle men or women involved in the sale of sex. Women negotiate directly with their clients, and keep all of the money for themselves.

In relation to our general interest in the possibility of increased condom use, informants' accounts of the organisation of sexual encounters suggested that a sparse sex worker-client interactional context, providing minimal opportunities for discussion of condom use, except in the case of the less common all-night encounters. However, as will be discussed below, a range of constraints serve to undermine the likelihood of discussion of condom use even in these all-night encounters -- given the elaborate efforts that women went to to model these encounters on non-commercial sexual situations, and to behave as if all-night clients were regular boyfriends.

In the next section, attention is given to informants' significant social relationships in the interests of examining what social resources are available to them, given the paper's starting assumption that community support networks play an important role in the success or failure of community-based health promotion programmes (Campbell, Wood and Kelly, 1999).

Social relationships

Most informants were single women leading a precarious hand-to-mouth existence, surviving on the proceeds of each day's encounters. Not one was able to give an estimate of her monthly earnings: "I can't count how much money I make a month - when the money comes in I already have a purpose for it." (Inf. 7) Few women had much contact with their families of origin or with their own children. Two had no children. The other 19 had a total of 36 children and two were

pregnant at the time of the interviews. Only two of these children lived with their mothers in the squatter settlement. The remainder had been left with family members at home. It appeared that most had left their children in the care of relatives, saying that they were going to Johannesburg to find work, and had simply never returned. At the time of the interviews four of the 21 women had regular sexual partners (two of these being mineworkers who lived in the hostel and visited on weekends, and two being unemployed men who lived with their girlfriends in the shacks). The criterion for a regular partner was a man who visited regularly and gave the woman an acceptable proportion of his pay packet every month. However the two women with unemployed boyfriends commented wryly that they in fact supported these boyfriends, with one having to pay his gambling debts in addition to this. Every woman said she would immediately give up sex work if she could find a permanent employed partner.

Apart from the four women with boyfriends, a central narrative shaping peoples' self-presentations was how they were completely alone in the world, with no support or assistance. However in the course of the interviews it became clear that women did have a range of varyingly effective sources of emotional, material and practical support in particular sex worker colleagues, other community members and, to a very limited extent, certain of their clients. Their tendency to say that they had no social support might have been a reference to their relative lack of contact with their family networks, a situation which might be regarded as fairly unconventional in an African context. Half of the informants had had no contact with their families for many years (ranging from three to 15 years), with several presuming that their families thought they were dead. But, despite the lack of contact, these absent families did play a key support role insofar as many of them had taken full responsibility for informants' children, who had often been left behind with sex workers' parents or siblings. Some women said they would have to 'go home' if they became too old or too sick old to continue with their work. They hoped that their relatives or children would forgive them for abandoning them and take them in.

Relationships with colleagues

While interview participants did not emphasise the centrality of their relationships with sex worker colleagues in the interviews, it was clear that colleagues constituted their major sources

of social support – particularly with regard to care during illness, lending money and advice. One of the reasons why women might have underplayed the role of their colleagues in their lives was due to their ambivalence about identifying themselves as sex workers, and their desire to underplay this aspect of their lives in giving an account of their identities (see below). However in the course of the interviews it emerged that there is a tremendously strong relationship amongst women, who tend to work in groups of 3 or 4, and who are completely dependent on one another for physical survival in the dangerous conditions of outdoor soliciting where women were frequently robbed at knife-point, raped and sometimes murdered.

However these relationships were not without conflict – in particular conflicts often developed if one woman perceived that another was taking over her regular clients, or if a newcomer appeared to be attracting a disproportionate amount of interest from the clients. Men were never drawn into these conflicts and there was an iron-clad rule that men had the right to choose women for sex, and that women had no power to contest these choices. However, once the man had left the scene, his chosen partner might have to endure either verbal or physical assault from her colleagues. Such fights often became vicious when the participants had been drinking. Several women had scars on their faces which had been inflicted in drunken conflicts with colleagues over men (they referred to the common practice of breaking one's beer bottle and stabbing one's opponent during arguments).

Relationships with other community members

Reference has already been made to the noisy shack community where liquor and sex were available for sale at all times of day and night with a steady stream of miners coming and going from their varying day and night shifts. On the whole relationships between shack dwellers appeared to be supportive. Sex workers preferred to bring their clients home rather than seeing them in the veld. If a client should become violent or abusive, other community members could be called upon for protection. However clients often refused to go to the squatter camp, seeing it as a place where they might be robbed or murdered.

While there appeared to be a high turnover of women coming to and going from the community there also appeared to be a solid permanent core of 'old women' (women in their

40's) who had lived in the community for some time, eventually coming to 'own' a shack abandoned by a previous woman who had died or left. Within the community, these women were known as people who been sex workers in their youth, and given up their work when they got older in favour of the more respectable profession of selling liquor. They also derived respectability from the fact that they 'owned' the shack they lived in. Owning a shack was associated with independence and control over one's life. As one sex worker put it: "It is the old ladies that own our shacks make the rules, we have no control over how we live." However, informants confided that most of these women still engaged in commercial sex, but did so discreetly. Given their status in the community, no one ever referred to this.

These older women often acted as support figures for the younger women – consoling them, advising them, and keeping money for them on the rare occasions when they had money left over after meeting their subsistence needs. (None of the informants had a bank account.) They also presided over savings clubs or drinking clubs composed of groups of women who would meet at one another's shacks.

Women often spoke of the unemployed men that lived in the community. A few of these were also shack owners, and made a living from selling alcohol. Others squatted in other peoples' shacks and spent their days hanging around, drinking and making their living from petty crime, often stealing money from miners who visited the community. Despite the fact that fear of these men was increasingly deterring miners from coming there to buy sex and alcohol our interview participants seemed very tolerant of them. These men appeared to constitute some sort of support system for the sex workers, and in particular provided some protection against potentially violent clients.

Relationships with clients

In the briefer sexual encounters, sex workers tended to have minimal contact with clients. Most commercial encounters were one-off encounters with strangers. However, friendships of a sort might develop between clients and sex workers who frequented particular bars or shebeens, and clients might visit a particular sex worker on more than one occasion.

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Except for two people, every interviewee cherished the hope of forming a permanent liaison with a mineworker, who would agree to support her so that she could give up sex work. Such a man would have a wife and children in his rural area of origin, but he would establish a second home in a shack with a girlfriend. Apart from being a 'meal ticket', a male partner was also an instant source of social status.

> Inf 10: In the mine areas, a single woman can only be respectable if she is known to have had a husband or boyfriend who he died or left her. Those who have never had a man do not get any respect. In this squatter community if you are single its even worse – since the only way we survive is through sex. If you are a single woman here, every one will draw conclusions about your work no matter how discreet you try to be. The only way to be respected here is to have a man.

Against the backdrop of this important economic and social goal, the borderline between business on the one hand, and pleasure or emotional involvement on the other, was often a blurred one. While a few women adamantly insisted that they got no pleasure from commercial encounters, most said they did derive sexual pleasure from some contacts, and that this pleasure was sometimes linked to emotional attachments to clients. In a context where the best economic option for a woman was to find a regular partner to support her, sex workers were vulnerable to the false promises of unscrupulous men. Many ruefully referred to having wasted a lot of time and money through sleeping with a man 'for free' on the understanding that a relationship would develop, only to find that at the end of the month he disappeared, rather than giving her a proportion of his wages, which would be the sign that he was a regular boyfriend.

The issue of trust emerged again and again in discussing relationships with men. The overall consensus was the men were seldom trustworthy. Women frequently spoke of the heartache of these disappointments.

> Inf 2: Before getting emotionally involved with a man, one needs to get to know him first. At month end he caught simply take his pay packet home to his family, without giving you any money before he goes. Men like to be with many women – they just use them and then often they leave. Interviewer: But many women do have long-standing relationships. Inf 2: Those are women who can stand the heat in the kitchen – even if it hurts them to see what they have to see.

Inf. 10, six months pregnant, badly burned on her legs from fainting onto a fire in an attack of nausea, cried through most of the interview. Short of breath, and walking with difficulty she spoke of the stress of having to sell sex in the wet veld, to men who showed little consideration for her condition. She had been let down by a miner who had fallen in love with her, told her to give up sex work and given her regular money for almost six months, only to disappear shortly after she told him she was pregnant. She referred to the time with him as the happiest months of her life. She spoke of the pride she had felt in the community status she had had for that short period of time as a woman with a man (e.g. to reflect her elevated status as a woman with a man, during this period of time people had greeted her as 'Sister Rose' rather than just 'Rose'). She spoke of the contempt and scorn some community members poured on her now that she had been abandoned.

> Inf. 10: Life around here is not enjoyable, life around here revolves around jealousy. When I was staying with this man I had everything. He cared for me, supported me. I gave up selling sex and settled down, and people around here didn't understand how I had managed to get a boyfriend. When he left after I became pregnant I was forced to take up the job again and now its like people in the community are punishing me, taking revenge. When I suffer from nausea they gossip and sneer at me, telling me that sex workers are not baby-makers, and that we did not come to the mines to make babies.

In short there was evidence for strong networks of social support, but these were tempered by the jealousies and competitiveness of negotiating survival in a hostile environment where they key resources of survival (clients and boyfriends) were in short supply. If, as we assume in this paper, the presence of social support would be an important factor in motivating health-related behaviours such as condom use, the implications of our interviews for the likelihood of successful condom promotion are extremely ambiguous. This point is taken up again below.

FACTORS MAKING SEX WORKIERS PARTICULARLY VULNERABLE TO HIV/AIDS

Within the context of the above discussion of the social organisation of sex work and the support systems available to informants, this section examines some factors that make sex workers particularly vulnerable to HIV infection.

Client reluctance to use condoms

Informants were all aware of the dangers of HIV/AIIDS and said they would prefer to use condoms in every encounter. Clients almost always refused to use them, however, saying that they preferred 'flesh-to-flesh' sex for their pleasure and their health. The principle of selling sex was that 'the customer is always right'. If a man refused to use a condom, the woman dropped the subject and the transaction continued without it. If a woman got too insistent about condom use, the man would take his business elsewhere. Against the background of client reluctance, many women expressed the view that it would be more appropriate to direct HIV-prevention activities at the miners rather than at the sex workers.

> Inf 9: If you could work with the mine workers telling them about all these diseases, how dangerous they are, perhaps they might agree to use condoms. The decision to use condoms comes from them, not from us. We don't have the power to enforce such decisions.

Lack of unity in the community

In the course of the interview, informants were asked whether they thought an HIV intervention might have any impact on the community. About one third gave a tentative 'yes', saying that the fact that so many women had agreed to participate in our interviews was proof of an interest in the HIV project, which was a good starting point.

A key theme running through all their responses was that in order for a pro-condom campaign to be successful there would have to be a degree of co-operation and unity amongst the sex workers in enforcing it. With the client demand for unprotected sex, unless the women

presented a united front, clients would simply take their business to those women who were less committed to sustaining the campaign. Most women felt that the possibility of such unity was unlikely in the face of the chronic shortage of clients.

Inf. 20, who had worked for a spell as a sex worker in the Hillbrow suburb of the city of Johannesburg, ascribed the lack of unity to the lack of ambition of her colleagues in the squatter settlement. She compared her colleagues to the far more ambitious and motivated sex workers in the city centre.

Inf. 20: In Hillbrow they are serious about making money, they don't have time for drinking. The sex workers here are equally interested in money and alcohol, and this is where the problem starts. People in this community have no interest in uplifting themselves.

Inf. 10 referred to the "different mentalities" of people in the community. In particular she highlighted the divisive effects of the poverty and working and living conditions that characterised her community.

Inf. 10: People here think differently from one another, they do their own thing, and mind their own interests. If you make a suggestion, some will interpret it in one way, others in another way. Poverty has created a mentality such that some cannot accept it when another person progresses. They want to see us all remaining at the same low level. If you suggest activities to improve peoples' lives, rather than seeing you as a person being progressive they think that you are showing off, trying to make out that you are better than they are.

Such comments are linked to points made in the following section, which focuses on women's lack of confidence in their ability to assert themselves.

Confidence, dignity and self-efficacy

As has already been said, perceived self-efficacy is a key ingredient in any successful sexual health promotion programme. Women's confidence in asserting their right to insist on condom use cannot be divorced from a more general sense of confidence in themselves. Attention to peoples' life histories pointed to many factors which are likely to have minimised their sense of themselves as confident and valuable. While women tended to refer to themselves as hapless

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victims of poverty and oppression, however, underlying these references was a latent sense of confidence and independence that could provide a valuable resource for community-based sexual health interventions.

Peoples' attitudes to their work represented a kaleidoscope of complex responses. One the whole, they hated it and cited numerous reasons why.

> Inf. 17: The thing I hate about this job are the psychological injuries we sustain. Sometimes you sleep with a person, not knowing if he washes or not. He might have lice, or when you get up you find you have pains in your womb - because the client has drunken herbs for purging which spread diseases. Some people want to touch you everywhere, and do all sorts of things to you. Others talk roughly to you saying 'Open your legs bitch'. Eventually such things wear you down. If it were not for the desperation and poverty I would not be doing this.

Every woman without exception said that the work was unpleasant.

> Inf. 13: It is a difficult job because it makes us into scraps. We grow old, we get diseases, too many diseases. I look different from when I first came here. My skin has got darker, I am losing weight. I used to have a full body, and I am no longer fresh. In this industry many young women are dying. You see them getting thinner and thinner and before you can count to three you hear that they have died. Our lives are at risk, but we just do this because of the problems that we have.

Most women said that such diseases were unavoidable, and that there was nothing they could do about them. People referred again and again to disadvantages of the job. These included the risk of STDs and the loss of reputation, evidenced in the insults and lack of respect with which they were frequently treated. Apart from such concrete disadvantages, there were a few vague references to the fact that the job was "simply wrong".

> Inf. 1: I do get affected psychologically by this work. All I can hope is that God will forgive me, because I really have no alternative. Selling your body is not a good thing, it is simply not right.

They also referred to physical wear and tear.

Inf.18: Often one feels pains during sex. Most of the customers have sex with you roughly. Some of them have very large penises. Even if you try and ask the person not to be rough he will ignore you – he will just tell you that he has paid his money – and go on until he is finished.

The notion of 'respect' and 'respectability' form the cornerstone of African social relations (Campbell, 1994). The respectability of women is associated with the roles of wife, mother and home-maker, as well as behaviours reflecting sexual fidelity and sobriety. In taking on the identity of sex worker, living as single independent women, often with minimal contact with their families and children, informants were separated from many of the markers of conventional dignity and respectability. Engagement in frequent sex with multiple partners, unrestrained use of alcohol, and involvement in physical violence were factors which placed them out of the reaches of socially defined dignified womanhood. Informants were clear that by doing their job they had downgraded themselves socially and morally.

Women referred to a range of ways in which the community they lived in made it difficult to practice codes of respect. Thus for example Inf. 11 defined the squatter community as a place where there were no criteria for distinguishing between right and wrong.

Inf. 11: There is a lot of respect at home where I grew up. Here there is no one to guide you on the right path. Even when someone does wrong, no one will say it is wrong. They will say it is right even when it is wrong. Even if you injure someone badly, that will be seen as all right. Its only the police when they come who will say that something is wrong. The people here would defend you saying, 'You were not wrong, it served them right that you injured them.' Truly there is no respect here.

In a companion paper to this one, Campbell (1998) discusses the way in which sex workers in our region of interest regard themselves as 'spoiled' or 'shamed' by their work. Women frequently referred to the job in terms such as 'disgrace' and 'embarrassment'. They said that even children treated them with contempt, a particularly telling sign in a context where they believed that children should treat adults with courtesy, obedience and high esteem. They spoke of the humiliation of being taunted and insulted by mine workers in public places ("they call us whores, bitches and many names for women's private parts", Sex worker, cited in Campbell 1998). They commented on the irony of the double sexual standards which made it possible for

their own clients to treat them with such contempt ("It is only a woman who is downgraded from sleeping around, not a man. Men will always retain their dignity, but women will lose dignity", Sex worker, cited in Campbell 1998)

How do people deal with having a spoiled identity, of working in an shameful profession? Despite having failed to meet many of the conventional criteria for respect and respectability, women had redefined these criteria in terms that were more appropriate to their particular working and living conditions. Norms for respectful behaviour in the context of sex work revolved around elaborate forms of denial of one's profession by never referring to it directly. In this sense, sex work was literally 'the profession that has no name'. Denial took a range of forms. Informants made strenuous attempts to try and ensure that their families at home did not find out what work they were doing. If they had boyfriends, they only sold sex when the boyfriend was out of the house, and boyfriends often colluded in pretending that they did not know that their partner was selling sex.

Women avoided referring to sex directly as much as possible, even amongst themselves:

> Interviewer: What language do you use with your colleagues when you discuss the sale of sex? Inf. 1: We call it working. If I brought a man over for the night I would say to my friends that I am going to work. We don't ever even talk about selling.

In negotiating sexual encounters, a range of euphemisms could be used and women stressed that a respectful client never referred to sex directly. Thus for example a prospective client might approach a woman and tell her that he loved her. She might then retort something like "I have no time for love. Do you have the R20?" He would then hand over the money, and sex would take place with no direct reference to what was going on.

> Inf. 18: When we sit at the bar waiting for clients we pretend we are not selling. If a man approaches me too openly I act as if I am amazed, and insist that I am not selling. I ask him what makes him think this is the case, I might even pretend not to understand the words he is using.

In the veld, the commercial nature of sex could not be disguised, but in interactions with more regular clients, who would visit the squatter shebeens for a drink and then have sex during the course of a social evening, women went to elaborate lengths to model the interaction as if it were a non-commercial sexual encounter. Once the man had indicated that he wanted sex through subtle gestures or indirect reference, he would leave separately from her. She would ensure that they did not return together, so that if she had sex with another man later on, they could behave as if he was the only man she had had that evening. Clearly these ideal forms of behaviour were often transgressed. However they were held up as an ideal, and transgressors – clients who openly propositioned a woman in front of her neighbours, or in front of children, or angry neighbours who used a woman's profession as an insult during an argument – generated anger and bitterness.

Besides these elaborate charades, how else did women deal with their spoiled identity? One way was through a series of justificatory discourses. Predominant amongst these was the discourse of 'having no option'.

> Inf. 16: I give my clients respect by telling them I don't like doing this job. I tell them I only do it due to poverty.

> Inf. 9: This is a job that lowers our dignity. We discuss this often - that we should look for other jobs. But the truth is that there are no alternatives.

Virtually every woman said she had been 'tricked' into starting the job. They all spoke of having been recruited by friends, who tempted them away from their rural homes with stories about jobs in Johannesburg, without telling them the nature of the work. They spoke of arriving and initially refusing to sell sex. Eventually they had been forced into it by a combination of hunger, and the lack of transport money to return home. One woman said she had been so angry with her friend when she discovered the deception that she had beaten her unconscious with a stick, and had spent three months in prison after her friend laid a charge against her.

In a paper reporting on interviews with sex workers in Gambia, the authors use somewhat judgmental language, variously describing sex workers' accounts of their life histories as "lies", "fiction" and accounts that "could not be trusted" (Pickering et al, 1992). Probably this was also

the case in our interviews. Peoples' stories of being tricked into sex work were remarkably similar. It is speculated here that the women in our sample came to the mines with the primary aim of finding male partners to support them but realising full well that they would have to sell sex to support themselves while they pursued this quest.

In terms of our interests in health promotion amongst this group, however, the objective veracity of peoples' accounts is not the most important or interesting feature of the life histories. What is more important is how people reconstruct and account for their life choices, given that these accounts reflect the social identities that play a key role in shaping peoples' sexual behaviour. In this context, the main interest of these stories of origin lies in the role that they play as a strategy of coping with a spoiled identity – the way they are used by women to distance themselves from this stigma in as many ways as possible.

These stories serve a useful role in assisting sex workers to sustain a creatively reworked notion of respect and respectability within the context of this least respectable of professions. They serve to reinforce women's accounts of themselves as having no option or as victims of fate. (In the context of sexual health promotion, such accounts which would feed into a broader sense of low perceived self-efficacy which would militate against assertiveness in negotiating sexual encounters.)

Another way in which women distanced themselves from their stigmatised profession was to make frequent reference to leaving the job. They continually referred to their intention to look for alternative work in the future, with domestic work being most frequently mentioned. This was said to have two advantages. Firstly one was assured of a regular and predictable income. Secondly that this was a job where one 'worked with one's hands' or 'with one's whole body', rather than just 'with one's genitals'.

Another frequently mentioned option by women was that of going home to their rural areas of origin. However their accounts of what was preventing them from leaving were often contradictory. Thus for example women who had explained in detail how they had been forced to leave home because there was no work on the white farms, would then express their intention to go home shortly and work on these farms. Many people said that the only thing that prevented them from going home was that they lacked the money for the transport. Yet the money for transport was often not beyond their grasp. It was probably the case that none of them really

intended to go home, but that an emphasis on the temporary nature of the work served as another strategy of distancing themselves from their stigmatised profession.

Several women spoke of their shame at having abandoned their families.

> Inf. 9: On the whole I am a happy person, but I do worry sometimes about going home.... I wonder if my child is still alive or not. Interviewer: Do people at home know where you are? Inf. 9: 1 don't think they know that I am alive...... I'm ashamed and sad that I'm not a responsible mother. Interviewer: What do you mean by this? Inf. 9: That I don't buy food and clothing for the child and I don't visit the child - in these ways I am not responsible.

However they did not act on these feelings. The metaphor of going home served more as a rhetorical device than as a serious option. Informant 15 captured the ambiguity around this image in her statement: "I want to go home, but I don't want to go home", but was unable to explain what she meant by this.

Women did not have happy memories of home. Their home lives had often been sites of deprivation, conflict and abuse. In many ways, despite the dangers and stresses of their daily lives selling sex and the abandoning of their claims to conventional respectability (in coming to the mines, abandoning their children, setting up lives as single women with few responsibilities to anyone except themselves) represented a radical break from the drudgery and restrictions of conventional womanhood.

Buried in the interviews, amongst all the talk about their intentions to return home at the first possible moment, their shame at abandoning their children, the indignity of the work, were a range of comments reflecting this. Some said how they enjoyed the wild, often riotous lifestyle of sex work, where in its good moments life felt like a continuous party. They appreciated the freedom from responsibility and decorum. Inf. 13 feared she would be quickly bored by the domestic routine of cooking, cleaning and child-care which would have been required of her at home. Inf. 9 said she was at her happiest when drinking at the bar with her friends. Inf. 4 reflected the ambiguity that many women felt about the home identities they had given up in a comment in which she started off by idealising home as "a place where one did not have problems", but ended up by saying that she would struggle to cope with its staid routine.

Inf 4: When I'm at home I don't have problems. My friends and sisters are always there so I'm always happy. But I'm also scared that I might get drunk and do funny things that might make me argue with other people. At home men have responsibilities to their wives – if a man were to buy alcohol for me his wife would come and argue with me. Here there is no such problem - I don't have to answer questions to anybody.

Furthermore there were numerous suggestions that the women had developed forms of symbolic resistance to the male desires they depended on for their day to day survival. One such strategy was to remain completely passive during the sexual encounter.

Inf. 17: Some, when they are just about to ejaculate, they ask you to 'shake'. But I make him pay if he wants me to shake, he won't just get me to move without paying for it. If the price is twenty rands I want ten rands extra if he wants me to move.

Another strategy was to emphasise their complete lack of interest in the clients as people, or to emphasise how personally unattractive they found many of them.

Interviewer: Is there any talk between you and the client after you have negotiated the price? Inf. 11: We don't talk. What is there to talk about? This person is not your lover, you don't feel anything for him. You don't even know this person.

Inf. 13: If I client wants to kiss me I refuse. I tell him to get the job over with - he did not come here to kiss me. Generally I just look to the side while it is happening. With some you can't even breathe because of the smell of alcohol or bad breath. Some have sperms that smell bad.

During their more relaxed moments, women would reclaim some of their power by gossiping amongst themselves behind the clients' backs, joking hilariously about penis sizes, or peculiar sexual styles, or the amusing grunting or screaming noises different men would make during orgasm. There were also references to the tedious nature of male desire.

Inf. 10: Men don't have self-control. They are just like animals. You sleep with one now, and then he goes around the comer and sleeps with another woman..... I think its boring - to have a client arrive and you feel tired and make excuses, yet he keeps on pestering you with R20 in his hand.

Reference has already been made to the literature on sex work in other countries and contexts, where it is argued that despite its dangers and uncertainties, sex work gives women some independence from patriarchal restrictions and the endless responsibility and drudgery of their more conventional roles in situations of poverty. In certain respects it is a role which offers women an unusual degree of independence from male control and from the restrictions of the identities of wife, mother and home-maker. Such a sentiment was only expressed directly by one of our interviewees.

> Inf. 20: I can say I am happy at the present moment because I know how to make a living. I don't depend on anyone like I used to before where I used to be shouted at if I had to ask anyone for help. I am happy because there is no one who is questioning me. When I do this job, I don't have to ask anyone for anything - I just work hard, and then I can buy anything I want.

> Interviewer: Would you like to have a boyfriend? Inf. 20: I can say I'm no longer used to having a partner anymore - I don't think I would manage to have a boyfriend ...... Since I'm no longer used to waiting for someone to give me money or to depend on. I'm used to being independent. If I were to find a boyfriend I wouldn't manage to go home as often as I am used to doing. He would want more kids. I would have to stop selling sex - this would interfere with me caring for my family - and I can't stand that.

Inf. 20, cited above, was an exception in the sample in a number of respects. Firstly she was younger and better dressed than her colleagues. Unlike them she had experience of sex within the relatively sophisticated urban context of hotels in the Hillbrow suburb of Johannesburg. Here sex work was practised more openly, for better money, and received greater recognition as a profession. Secondly she was one of the few women in our sample who saw the job as a way of making money to support her family. She herself was one of the children that had been left with an old grandmother by a sex worker mother shortly after her birth, but had taken great pains as a teenager to track down her mother to her workplace in our study community. It was only because she wanted to live near her mother that she chose to spend only part of her time in Hillbrow and the rest of her time in our community of interest. Her life goal was to save enough money to buy a plot in Lesotho and to save money so that her mother could retire from the job and have a dignified old age.

However, despite the fact that she was so atypical of the women we interviewed, it is suggested that she was one of the few women who had the confidence and the vocabulary to express what for other women was 'unspeakable' – the fact that for all its dangers and stigma, their profession did offer some advantages. As has already been said, for most of our informants sex work was the profession with no name, an identity so stigmatised and so spoiled that they often avoided naming their work even to one another. It is suggested that within this context women lacked the discourse to articulate the fact that although their work represented a departure from the conventional and respectable identities available to women as mothers, wives, family members, home-makers – it did have something to offer women in terms of autonomy and independence.

CONCLUSION

This paper has presented a detailed account of the working and living conditions of a community of sex workers in a mining region near Johannesburg. It draws on interviews which will form the baseline for our on-going study of sexual health in this community, and our investigation of the extent to which a newly implemented peer education programme succeeds in increasing condom use by women. The account of these baseline interviews provided above suggests that they are rich, ambiguous and contradictory with regard to their implications for the likelihood of increased condom use, in a context where women lack both economic and psychological power in relation to male clients.

At one level the interviews suggest that the obstacles to the achievement of the project goal of increased condom use are almost overwhelming, given the multiple layers of disadvantage which sex workers face as stigmatised women in a hierarchically gendered social order, where their lives are characterised by material poverty and physical danger, as well as symbolic dangers such as the negative image of their work, and their related lack of confidence in asserting their interests in relationships with clients. The interview material provides ample illustration of the powerlessness of women which is repeatedly referred to in a large research literature on HIV-transmission in sub-Saharan Africa.

At another level however, there was evidence that women had constructed a range of psycho-social resources which served to empower them in their day to day lives, which could

form the starting point for a programme seeking to enhance women's self-confidence in condom negotiation situations. These included a number of creative coping strategies -- such as their reworking of the concept of respectability within the constraints of their least respectable of professions, as well as various forms of symbolic resistance to the male desire that formed the basis of their work. Thus for example, some women refused to move their bodies during sexual encounters unless they were paid extra. They derived much amusement and solidarity from whispered jokes about clients' sexual styles and penis sizes. They often referred to clients in highly objectified and dehumanised terms, emphasising the contempt and indifference they felt for them as people. There was also evidence for strong (if somewhat erratic) networks of social support amongst sex workers, as well as between members of the squatter community in which our informants lived. Although women often referred to themselves as 'completely alone in the world', and referred to conflict and competition amongst sex workers, in other contexts of the interviews it emerged that bonds between women were particularly strong, bonds which serves as strong resources in times of trouble or danger. There were also strong ties between sex workers and other members of the shack community, as well as a number of informal voluntary groupings, such as women's drinking clubs and friendship circles and rotating credit schemes which women linked into on the rare occasions that they had spare money (see Campbell and Mzaidume, 1999, for further discussion of these).

Moser (1998) argues that rather than portraying people who live in poverty as helpless victims, there is an urgent need for development workers to develop a more nuanced and creative account of the resources that may be available to people despite their poverty. It is argued that the psycho-social coping mechanisms and social support networks highlighted in this paper constitute community "assets" of the type that Moser refers to (p. 1). These assets might form a starting point for projects aiming to achieve greater assertiveness and confidence amongst sex workers in relation to their sexual health, even within the poverty and violence of their working and living conditions.

There have already been some successes in promoting condom use and reducing levels of sexually transmitted disease in equally disadvantaged communities of women in Zimbabwe, Mocambique, Malawi and Zambia (Dube and Wilson, 1996; Ngugi et al, 1996; Wilson, 1995). How might such approaches serve to provide the context for a renegotiation of women's social

and sexual identities, in a way that increases their sense of control over their health, and enhances their motivation to protect it? At the most obvious level, peer educational approaches empower people through transferring health-related knowledge from the hands of outside experts to the hands of ordinary people, increasing their sense of perceived control over their health. Sexual health promotional meetings are conducted by 'peers', members of grassroots communities, who derive respect and recognition for their role in promoting health (Campbell and Mzaidume,1999). Furthermore, such programmes go hand-in-hand with the promotion of support associations for single women, which provide varying forms of psycho-social and economic support (Wilson, 1995). Such meetings and initiatives would rely heavily on pre-existing networks of support and solidarity between sex workers and other community members of the kind outlined in this paper.

At a more subtle level, such approaches have indirectly served to promote a more open recognition of sex work as a profession, through encouraging women to openly organise themselves in groups dedicated to protecting their interests in an assertive and public way. This openness has challenged the tendency for women to shamefully hide their occupations, denying the nature of their work in pursuit of some semblance of conventional respectability. Women's willingness to organise openly around work-related sexual health issues (not the case before the HIV epidemic) has been spurred on by their growing recognition of the life and death implications of HIV/AIDS. Peer educational approaches involve open and often very noisy activities that draw attention to the groups involved in them. Thus, for example, women's groups often compose a song referring to the dangers of AIDS and their determination to fight it, which is sung at the beginning of their meetings to draw attention to their activities, which are generally held in a visible and open space, in an area chosen for its maximum visibility. In a recent interview regarding the peer educational programme in her particular community, the following comment was made:

> I have been a sex worker all my life and I have never talked about it. Today I am going
> to talk about it. It's time we stopped hiding this job of ours, or AIDS will kill us all.
> (*Mothusimpilo* peer educator, quoted in Campbell, Mzaidume and Williams, 1998).

A key reason why people agreed to discuss their stigmatised work so openly in our baseline interview study lay not only in their growing fear about the epidemic (whose impact is only just starting to be felt on a large scale in South Africa). It was also because, in setting up the interviews, much emphasis was laid on the fact that the interviewers regarded sex work as a profession like any other, and had no desire to criticise or judge anyone for their choice of work.

Ankrah (1993) comments that community-based health projects are most likely to succeed when they identify and tap into already existing community resources and assets. It is argued here that peer education groups aiming to promote sexual health amongst sex workers in southern Africa have succeeded in tapping into a range of hitherto unacknowledged but powerful psycho-social and community-level resources and support networks in communities such as the one discussed in this paper. Many of these networks and coping resources might not previously have been explicitly acknowledged, given the way in which women have sought to deny their shameful professions and represent themselves as passive and unsupported victims of fate. However the growing urgency of the AIDS epidemic, possibly combined with a more general climate of growing assertiveness amongst women, has given women in a range of African contexts both the sense of urgency and confidence to acknowledge a range of hidden strengths and resources in the interests of a more assertive approach to their sexual health. The extent to which successes in other contexts can be replicated by the *Mothusimpilo* Project remains to be seen.

Acknowledgements

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