

Socio-Demographic Characteristics and Prevalence of Gender-Based Violence Among Female Sex Workers in Rural Areas, South Africa

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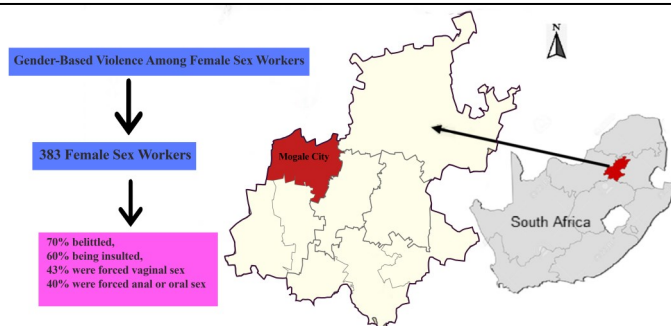
ABSTRACT

In rural areas, a dearth of health care support services, lack of legal protection, and widespread stigma can lead to increased cases of violence and exploitation, making it increasingly difficult for female sex workers to seek help or escape situations of abuse. The aim of this study was to investigate the prevalence of gender-based violence (GBV) among female sex workers (FSWs) in the Westrand District area of Mogale, South Africa. This was a descriptive, quantitative study conducted among 383 FSWs who were selected using a systematic random sampling technique. Data were collected using self-administered questionnaires. About half of the FSWs (45%) were between the ages of 25 and 35. Most of the FSWs were single (91%), and half of them (54%) had completed only secondary education. Results showed that two-thirds of the FSWs (67%) experienced GBV. More than two-thirds (70%) had been belittled, 60% reported being insulted, 43% of FSWs had experienced forced vaginal sex, and another 40% had experienced forced anal or oral sex. Among those who did not report the violence, 18% indicated financial reasons, followed by personal choice. GBV is pervasive among FSWs in Mogale City and hinders HIV prevention efforts as well as access to justice and treatment. An integrated, multi-sectoral GBV strategy that addresses structural risks is required to improve safety and promote access to care and justice.

ABSTRAK

Di daerah pedesaan, kurangnya layanan dukungan kesehatan, kurangnya perlindungan hukum dan meluasnya stigma dapat menyebabkan meningkatnya kasus kekerasan dan eksploitasi, sehingga semakin sulit bagi perempuan pekerja seks untuk mencari bantuan atau melarikan diri dari situasi pelecehan. Penelitian ini bertujuan untuk menyelidiki prevalensi kekerasan berbasis gender (KBG) di kalangan wanita pekerja seks (WPS) di wilayah Distrik Westrand, Mogale di Afrika Selatan. Penelitian ini merupakan penelitian deskriptif kuantitatif yang dilakukan terhadap 383 WPS yang dipilih dengan menggunakan teknik sampling acak sistematis. Data dikumpulkan dengan menggunakan kuesioner yang dikelola sendiri. Sekitar setengah dari WPS (45%) berusia antara 25 dan 35 tahun. Sebagian besar WPS adalah lajang (91%), setengah dari mereka (54%) hanya menyelesaikan pendidikan menengah. Hasil penelitian menunjukkan bahwa dua pertiga WPS (67%) mengalami KBG. Lebih dari dua pertiga (70%) pernah diremehkan, 60% dilaporkan dihina, 43% WPS pernah mengalami pemaksaan melakukan hubungan seks vagina, dan 40% lainnya pernah mengalami pemaksaan seks anal atau oral. Mereka yang tidak melapor, 18% menyebutkan alasan keuangan, disusul pilihan pribadi. KBG tersebar luas di kalangan WPS di Kota Mogale dan menghambat upaya pencegahan HIV serta akses terhadap keadilan dan pengobatan. Strategi KBG yang terintegrasi dan multi-sektoral yang mengatasi risiko struktural diperlukan untuk meningkatkan keselamatan dan meningkatkan akses terhadap layanan kesehatan dan keadilan.

GRAPHICAL ABSTRACT



Keyword

gender-based violence
hiv infections
sexual behavior
sex workers
violence

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INTRODUCTION

Gender-based violence (GBV) is defined as Any form of gender-based violence that leads to, or is likely to lead to, physical, sexual, or psychological harm or distress for women, including threats of such actions, coercion, or unjust deprivation of freedom, whether occurring in public or private settings. GBV occurs because of normative role expectations and unequal power relationships between genders in a society. GBV can be physical, sexual, emotional, financial, or structural, and can be perpetrated by intimate partners, acquaintances, strangers, and institutions (Muluneh et al. 2020). GBV or violence against women is a global pandemic that affects one in three women in their lifetime (Coetzee et al., 2018). GBV mostly affects women living in low and lower-middle-income countries, but other factors that encourage GBV include cultural norms, lower levels of education, low levels of gender equality, and harmful masculine behaviors.

Globally, sex workers often migrate in search of improved working conditions, yet they frequently face precarious labor conditions and insecure employment in their destination settings. Evidence from the northern and southern hemispheres alike documents unsafe working conditions for FSWs, little access to labor protection, barriers to accessing health services, and poor health outcomes (Shannon et al., 2018). The majority of sex workers have experienced violence in their lives, and the majority have experienced more than one violation. The pervasiveness of violence leads many sex workers to accept it as a normal part of the job, and yet sex work is not inherently violent.

The primary concern that sexes workers encounter on a global scale is the significant prevalence of violence directed towards them. Deering et al. (2014) conducted systematic research and found that the prevalence of sexual violence in sex working populations ranges from 14% to 54%. Research undertaken in Mexico, Thailand, and Kenya among FSWs documented a rise in incidents of physical and

sexual violence suffered by individuals, perpetrated by various offenders (Silverman et al., 2015; Decker et al., 2010; Parcesepe et al., 2016). An Ethiopian study reported that 28.1% had experienced GBV during the last 12 months, among which 12.7% and 22.3% experienced physical and sexual violence, respectively (Debel et al., 2023).

In a context where GBV is endemic, FSWs in South Africa experience particular vulnerabilities to systematic violence, abuse, extortion, rape, and even torture. The criminalisation of sex work in South Africa enables an environment where FSWs are subject to numerous human rights violations, including discrimination, harassment, and abuse at the hands of police officers. Police corruption and violence are recognized as problems in many areas of South Africa, but sex workers are particularly vulnerable to the violation of their legal, labor, and human rights by police, with little access to redress (Mosavel et al., 2012; Coetzee et al., 2017). In a study conducted in Soweto, South Africa, the results showed that the prevalence of exposure to physical or sexual violence in 2020 was 53.8% by intimate partners, 46.8% by clients, and 18.5% by police (Jewkes et al., 2021). Another South African study conducted among sex workers indicated that they had experienced violence by clients during pregnancy (Parnley et al., 2019). In a South African study on the effects of alcohol use on sexual behavior, it was reported that FSWs who drank at hazardous or harmful levels experienced higher levels of physical or sexual violence (Chersich et al., 2014).

Despite efforts to address gender inequality and violence, there is a significant gap in understanding the specific prevalence, nature, and contributing factors of GBV within the context of the female sex worker population in South Africa. The problem is exacerbated by a lack of comprehensive research and data on the extent and dynamics of gender-based violence experienced by female sex workers in South Africa. Therefore, this study aims to investigate

and analyze the prevalence, patterns, and underlying determinants of gender-based violence among female sex workers in South Africa. By addressing this critical gap in knowledge, the research endeavors to contribute to the development of targeted interventions, policies, and support mechanisms that can effectively reduce and ultimately eliminate gender-based violence within this vulnerable population.

METHODS

This was a descriptive quantitative study. The study was conducted at a non-governmental organization named the Centre for Positive Care (CPC) in Krugersdorp central, which is in Mogale City sub-district in the West Rand District of South Africa. There are 7,500 FSWs who receive services at CPC in the Mogale City sub-district and were included in the study. The minimum sample size for the study was calculated to be 383 based on a population size of 7,500, a response rate of 50%, a 95% confidence interval, and a 5% margin of error. The sample size was further increased by 10% to 421 to accommodate the projected non-response rate. A systematic random sampling technique was used, where every third FSW in the queue was asked to participate in the study. If any FSW refused to participate, then the following FSW was asked to participate. This process continued until the desired sample size for the study was met.

FSWs attending programs and receiving services at the CPC offices in Krugersdorp were recruited through their coordinator. The coordinator, who is responsible for rendering healthcare services to the FSWs, introduced the researcher to the FSWs, and then the recruitment process was initiated. The researcher presented the protocol, study objectives, and expectations to the potential participants and allowed for questions to clarify their concerns. After the FSWs understood the content and the data collection process, that is, after they understood that their names and identities would be kept private, the FSWs enrolled to partici-

pate in the study. The participants were given printed consent forms to complete, signifying their voluntary participation in the study. The questionnaire was administered in a private office that was provided by the organization to ensure privacy and confidentiality.

The researcher used a researcher-administered questionnaire to collect the data. The experience of GBV was measured as a dichotomous variable based on nine indicators adapted from WHO and work by Decker et al. that assessed exposure to GBV from either partners or non-partners (Decker et al., 2010). The questionnaire was translated into the local language, Setswana, to ensure that the respondents understood what was expected of them and gave appropriate responses.

Data were captured, coded, and analyzed using Stata IC Version 17. Frequency distribution was performed to determine the prevalence of GBV among FSWs. The research proposal was submitted to the Research and Ethics Committee of the Sekafo Makgatho Health Sciences University and approval was obtained from the Sefako Makgatho University Research Ethics Committee (SMUREC). Also, permission from the CPC manager was sought and granted to conduct the study in the Mogale City sub-district in Gauteng.

RESULTS

A total of 383 FSWs participated in the study. About half of the FSWs (45%) were between the ages of 25 and 35. Most of the FSWs were single (91%). In terms of education, half of them (54%) had completed only secondary education, and 12% had a tertiary degree. It was found that 39% of FSWs were foreigners (Table 1).

More than half of the FSWs indicated that sex work was their primary source of income (55%), and 56% had more than two children. One FSW admitted to having had an abortion. Another respondent said that she had given her child away. About three-quarters of

Table 1*Socio-demographic profile and sex work-related characteristics of the respondents*

Characteristics	Frequency	Percentage
Age		
0-15	1	0.26
16-24	84	22.05
25-35	172	45.14
36-49	109	28.61
56-65	15	3.94
Marital status		
Married	33	8.63
Single	350	91.23
Level of education		
No schooling	42	10.97
Primary	87	22.72
Secondary	207	54.05
Tertiary	47	12.27
Religion		
None	149	38.9
Anti-Christ	1	0.26
Christianity	232	60.58
Islamic	1	0.26
Country of origin/nationality		
South Africans	235	60.84
Foreign nationals	150	39.6
Dependence on sex work for income		
Sex as primary source of income	211	55.09
Has additional sources of income	172	44.91
Number of children		
<3	166	43.46
>=3	105	27.48
Aborted	1	0.26
Gave the baby away	1	0.26
None	109	28.54
Years in sex work		
Less than 1 year	40	3.39
1 year	13	72.58
Up to 2 years	52	10.44
3 or more years	278	13.58

the FWSs (73%) had been sex workers for more than three years (Table 1).

Table 2 shows prevalence and different types of GBV experienced by FSWs. Result showed that two-thirds of the FSWs (67%) experienced GBV. It was found that 68% FSWs experienced situations in which customers refused to pay for such services. More than two-thirds (70%) indicated that they had been belittled in their sex work, 60% reported being insulted. About half of them (47%) indicated that they had been scared by people smashing things. More than a quarter (27%) reported to

have been threatened by weapon. The study found that 43% FSWs had experienced forced vaginal sex in their sex work, another 40% had experienced forced anal or oral sex in their sex work.

Regarding reporting of GBV, most of them (91.5%) reported violence against them at the Centre of Positive Care, followed by SAPS (8%). Those who did not report, 18% indicated financial reason, followed by personal choice (15%) and fear (12%) respectively (see Table 3).

Table 2
Prevalence and types of GBV experienced by FSWs (%)

Characteristics	Frequency	Percentage
Experienced GBV		
Yes	256	66.84
No	127	33.16
<i>Experienced client perpetrated GBV</i>		
Refused to pay for service		
Yes	174	45.43
No	209	54.57
Prevented from doing sex work		
Yes	148	38.64
No	235	61.36
Other economic abuse		
None	381	99.48
Paid less than what was agreed upon	2	0.52
Was belittled		
No	203	53
Yes	180	47
Was insulted		
Yes	161	57.96
No	222	42.04
Was made to feel bad about oneself		
Yes	158	41.25
No	225	58.75
Scared you by yelling		
Yes	107	27.94
No	276	72.06
Scared you by smashing things		
Yes	120	31.33
No	263	68.67
Threatened to hurt you		
No	248	64.75
Yes	135	35.25
Pushed you around		
Yes	110	28.72
No	273	71.28
<i>Slapped you</i>		
Yes	104	27.15
No	279	72.85
Hit you with a fist		
Yes	96	25.07
No	287	74.93
Kicked you		
Yes	74	19.32
No	309	80.68
Strangled you		
Yes	76	19.84
No	307	80.16
Burnt you		
Yes	48	12.53
No	335	87.47
Threatened you with a weapon		
Yes	68	17.75
No	315	82.25
Other physical abuse		
Bit me	1	0.26
None	379	98.96
Pulled my hair	1	0.26
Stabbed and hit me with a bottle	1	0.26
Threw me inside shower	1	0.26
Forced vaginal sex		
Yes	110	28.72
No	273	71.28
Forced anal, oral sex		
Yes	102	26.63
No	281	73.37

Table 3
Reporting of GBV and reasons for not reporting GBV

Variables	Frequency	Percent
Place of reporting		
CPC	151	39.43
None	218	56.92
SAPS	13	3.39
SISONKE	1	0.26
Reason for not reporting		
Being viewed as weak	1	0.26
Case dismissed	4	1.04
Client pays SAPS officials		
Dangerous	1	0.26
Did not know what to do	1	0.26
Embarrassed	1	0.26
Fear	11	2.87
Fear of outcome	1	0.26
Having to explain	1	0.26
Threatened by client	1	0.26
No financial support	16	4.18
It does not help	1	0.26
Misinformed about rights	1	0.26
No assistance	2	0.52
No information	3	0.78
No need	2	0.52
No progress in case	267	69.71
Not prepared to	1	0.26
Not ready	1	0.26
Not sure	1	0.26
People telling me to hold on	6	1.57
Personal choice	14	3.66
Personal reasons	5	1.31
Police do not support FSWs	1	0.26
Police threw me out	7	1.83
Scared	1	0.26
Scared of being judged	1	0.26
Scared of my husband	1	0.26
Sex workers not supported	1	0.26
Thought of other option	5	1.31
Too ashamed	1	0.26
Too risky	1	0.26
Tried many times but failed	1	0.26
Case dismissed	6	1.57

DISCUSSION

This/Sex work is defined as the provision of sexual services by one person (the “sex worker”) for which another person (the “client” or “observer”) trades money or any other markers of economic value (World Health Organization, 2022). This is an umbrella term for the exchange of sexual services, performances, and products; it is not to be confused solely with prostitution. Sex workers often work in hot spots around mines, military zones, harbors, and along transport routes.

The present study identified demographic characteristics as well as the prevalence

and experiences of different types of GBV among FSWs. The median age was found to be 32 years. This means that some women may turn to sex work later in life due to economic hardships, job loss, or financial instability. It is also possible that individuals may enter sex work at different points in their lives based on life circumstances, such as divorce, separation, or the need to support themselves or their families. This finding is substantiated by a study by Kanayama et al. (2022), who found that the median age was 32 years. Moreover, this current study is also supported by Roberts et al. (2018), who found that the median age of the respond-

ents was 33.5 years.

The prevalence of single status among female sex workers can be influenced by a variety of factors, and it's important to consider the diverse and complex reasons that may contribute to this trend. Most of the participants were predominantly single in this study. This finding is similar to that of [Ouma et al. \(2021\)](#), who found that 51.7% were never married. Many individuals turn to sex work as a means of economic survival. Lack of job opportunities or financial instability might drive women to enter the sex industry. Sex work is often stigmatized, and this stigma can affect personal relationships. Social judgment and discrimination may lead to strained relationships or isolation, contributing to a higher likelihood of being single.

In terms of education, most of the respondents had completed only secondary education. Many individuals turn to sex work due to economic hardships or lack of alternative job opportunities. Limited access to education can contribute to a cycle of poverty, pushing some into the sex industry as a means of survival. Low educational levels can restrict employment opportunities outside of the sex industry. This limitation may contribute to a cycle of reliance on sex work for income. This supports an assertion by [Balfour and Allen \(2014\)](#) that poor education and a lack of training and qualifications impact the vulnerability of women, driving them into sex work and reducing the chances of their finding alternative forms of employment. Furthermore, this finding is substantiated by [Eakle et al. \(2019\)](#), who uncovered that most of the women had at least some high school education.

Most respondents stated that their primary source of money was sex work. This finding is supported by a study done by [Ouma et al. \(2020\)](#), in which 64% of the respondents reported that their primary source of income was sex work. Additionally, a study by [Kanayama, Yoshikawa, and Aung \(2023\)](#) found that commercial sex is still a significant source of in-

come for many women, especially those in lower-income nations.

Previous studies conducted by [Roberts et al. \(2018\)](#), [Ouma et al. \(2020\)](#), and [Evens et al. \(2019\)](#) indicated that FSWs experience emotional, physical, or sexual violence in their lifetime. The findings of this study support this as (66%) of the respondents indicated that they have experienced GBV at the hands of their clients. According to [Ouma et al. \(2020\)](#), economic (58.7%) and emotional (52.0%) violence were the most common forms of client-perpetrated gender-based violence. This study found that the most common forms of GBV are sexual, emotional, and economic. This is supported by [Evens et al. \(2019\)](#), who found that emotional and economic are the most reported types.

Some forms of GBV that are frequently experienced by the FSWs include economic violence, where 68% of FSWs indicated that their clients refused to pay for the service rendered. In this context, the economic violence exercised by customers is of great importance in trying to understand the unequal relationship between FSWs and their customers, especially regarding the negotiation process. This is in line with a study by [Kanayama et al. \(2022\)](#), who state that economic violence by customers may be related to understanding the unequal relationship between FSWs and their customers due to the relationship with price negotiations between FSWs and their customers. Moreover, [Kanayama et al. \(2022\)](#) add that economic violence by customers can occur when price negotiations, usually informal, go wrong.

[Evens et al. \(2019\)](#) report that participants experienced emotional violence which included psychological and verbal abuse, threats of physical or sexual violence or harm, coercion, controlling behaviors, name-calling and insults, intimidation, isolation, and bullying. This study found that FSWs have been insulted. This finding is supported by [Coetzee et al. \(2017\)](#), who found that FSWs felt insulted or humiliated by someone in their family in

front of other people.

Female sex workers often face unique challenges when it comes to reporting GBV. Several factors contribute to their reluctance to report such incidents, and these reasons can have significant impacts on their well-being. More than a third of the FSWs stated that they never reported an act of violence against them. This study is supported by [Leddy \(2017\)](#), who stated that FSWs who experience violence at the hands of their clients or non-paying intimate partners often do not report it to the authorities because of the stigma and blame associated with sex work and GBV, and fears of further violence at the hands of police. The present study also reported similar reasons for not reporting GBV against them. This finding is consistent with that of [Kerrigan et al. \(2013\)](#) which found that in the countries where sex work is criminalized, violence against sex workers is often not reported or monitored, and legal protection is seldom offered to victims of such violence. Furthermore, [Evens et al. \(2019\)](#) assert that many FSWs rarely sought services from health care workers or police following violence. Most of the respondents indicated that they did not have a reason why they did not report acts of violence against them.

Limitations are inherent in any study, and it's important to acknowledge them to ensure a nuanced interpretation of the findings. In the context of a study addressing the prevalence of GBV among FSWs in South Africa, some potential limitations might include: Many sex workers may be reluctant to disclose incidents of GBV due to fear of stigma, legal repercussions, or concerns about their personal safety. This underreporting bias could result in an underestimation of the true prevalence of GBV. Since the study was conducted in a sub-district in South Africa, the findings may not be representative of the broader and diverse experiences of sex workers in South Africa. This could limit the generalizability of the results. Participants may be inclined to provide responses that they perceive as socially acceptable or that align with

societal norms. This bias can affect the accuracy of self-reported data, particularly in sensitive topics like experiences of violence. Because it uses a cross-sectional design, the study only captures a general picture of GBV prevalence at a specific point in time.

CONCLUSIONS

FSWs were found to be young, less educated, and single. GBV was found to be very high among FSWs in rural areas of South Africa. The most common forms of violence were belittling, insults, forced vaginal sex, and forced anal or oral sex. Addressing the prevalence of GBV among FSWs in South Africa demands a multifaceted and compassionate approach. The complex interplay of societal, legal, and economic factors underscores the urgency for comprehensive strategies that prioritize the safety, dignity, and human rights of this vulnerable population. Efforts should encompass legal reforms to decriminalize sex work, fostering an environment where individuals feel empowered to report incidents of violence without fear of legal repercussions. Simultaneously, destigmatizing sex work is essential to challenge societal biases, allowing for a more inclusive and supportive discourse surrounding the rights of FSWs.

Addressing the prevalence of gender-based violence (GBV) among female sex workers in South Africa requires a comprehensive and collaborative approach. Legal reforms and decriminalization efforts should focus on advocating for the decriminalization of sex work to create an environment where sex workers are not subject to legal sanctions, thereby reducing their fear of reporting violence and increasing cooperation with law enforcement. Additionally, law enforcement training should be comprehensive, sensitizing personnel to the unique challenges faced by sex workers and emphasizing non-judgmental, respectful, and supportive interactions in incidents of gender-based violence (GBV). Community outreach and education programs must be implemented to inform

sex workers about their rights, available support services, and health resources, empowering them to make informed decisions and seek assistance when needed. Finally, improving the accessibility of healthcare, counseling, and legal support services for sex workers, along with establishing outreach programs that bring these services directly to their communities, is essential. Longitudinal studies should be considered to track the long-term impacts of GBV on the physical and mental health of FSWs. This could help in understanding the lasting effects of violence and the efficacy of various intervention strategies over time.

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AUTHORS' CONTRIBUTIONS

Phumla Jonas designed the study, formulated the concept, reviewed the manuscript, enrolled participants, collected and analyzed the data, revised the manuscript, performed the field work. Mathildah Mokgatle designed the study, formulated the concept and analyzed the data. Kebogile Mokwena designed the study, formulated the concept, analyzed the data, and revised the manuscript. Muhammad Hoque designed the study, formulated the concept, wrote the manuscript, reviewed the manuscript, analyzed the data, and revised the manuscript. All Authors read and approved the final manuscript.

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COMPETING INTERESTS

The authors confirm that all of the text, figures, and tables in the submitted manuscript work are original work created by the authors and that there are no competing professional, financial, or personal interests from other parties.

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