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Authors
Parmley, Lauren
Fielding-Miller, Rebecca
Mnisi, Zandile
et al.

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Obligations of motherhood in shaping sex work, condom use, and HIV care among Swazi female sex workers living with HIV

Lauren Parmley[1,*], **Rebecca Fielding-Miller**[2], **Zandile Mnisi**[3], **Caitlin E Kennedy**[1]

[1]Department of International Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA

[2]Center on Gender Equity and Health, Division of Global Public Health, University of California, San Diego, USA

[3]Health Research Department, Strategic Information Division, Ministry of Health eSwatini, Mbabane, eSwatini

Abstract

Parental obligations influence sexual behaviour among female sex workers (FSW) and may serve as a risk or protective factor for HIV acquisition. How these obligations affect behaviours beyond HIV prevention, including HIV care, is understudied. We analysed 25 interviews conducted with 11 mothers who sell sex and are living with HIV, and 4 key informants as part of a larger study examining the positive health, dignity, and prevention needs of FSW in eSwatini. Despite awareness of HIV reinfection, FSW initiated sex work and engaged in condomless sex due to financial pressures of providing for children. While women attributed having condomless sex to their obligations as a provider, motherhood also served as motivation to engage in HIV care. Further, FSW described children as a source of support in HIV care. Children reminded mothers to take their medications, prepared food to take with medications, and assisted with travel to the clinic.

Keywords

HIV; parenthood; female sex workers; sex work; HIV care

Introduction

In sub-Saharan Africa, an estimated two-thirds of female sex workers (FSW) have children, though data are sparse (Scorgie et al., 2012). Motherhood and pregnancy influence sex work and HIV risk behaviours; some FSW initiate/re-initiate sex work due to maternal responsibilities and pressure to financially provide for children, particularly when they are sole providers (Agha & Chulu Nchima, 2004; Gysels, Pool, & Nnalusiba, 2002; Parmley et al., 2019). Limited employment options, teenage pregnancy, school dropout, food insecurity,

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*Corresponding author, lp2786@cumc.columbia.edu.

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and violent partners pose additional challenges to women seeking to support their households and influence decision-making around sex work (Agha & Chulu Nchima, 2004; Fielding-Miller, Mnisi, Adams, Baral, & Kennedy, 2014; Parmley et al., 2019). Previous research has found that FSW with children are more likely to engage in condomless sex for higher wages, heightening HIV vulnerability (Ntumbanzondo, Dubrow, Niccolai, Mwandagalirwa, & Merson, 2006; Reed et al., 2013).

Motherhood serves as motivation to engage in riskier sexual behaviour (Beckham, Shembilu, Winch, Beyrer, & Kerrigan, 2015) as well as motivation to practice safer sex among FSW (Basu & Dutta, 2011; Beckham et al., 2015). Some FSW, including pregnant and postpartum FSW, have directly linked their decisions around condom use and HIV testing to their children (Parmley et al., 2019; Beckham et al., 2015) though current literature on this topic has primarily focused on the risk of HIV acquisition. There has been less consideration of the role of motherhood in shaping HIV-related behaviours for FSW living with HIV. In this analysis, we used qualitative methods to explore how motherhood influences sex work, condom use, and HIV care for mothers who sell sex and are living with HIV in eSwatini.

Methods

The analysis presented here was nested within a larger study examining the positive health, dignity, and prevention needs of FSW living with HIV in eSwatini. As part of the larger study, in-depth interviews (IDIs) were conducted with 20 FSW living with HIV and 16 key informants who were purposively recruited. Data were collected between June and August 2011, prior to the roll out of Universal Test and Treat. Interviews occurred in English or siSwati and lasted 30–90 minutes. Follow-up interviews with FSW occurred one week after initial interviews. Key elements of the interview guide included topics related to sex work and HIV care. While interviewers utilized an interview guide, data collection was iterative and emergent themes were explored. Interviewers completed reflexive theoretical and methodological memos and met weekly to discuss emergent themes. Persistent observation and prolonged engagement were employed (Lincoln & Guba, 1985). Ethical approval was received from the eSwatini Scientific and Ethics Committee and the Johns Hopkins School of Public Health and verbal consent was obtained. More detailed methods of the larger study are described elsewhere (Fielding-Miller et al., 2014; Kennedy, Barrington, Donastorg, Perez, & Fielding-Miller, 2013).

We present data from a sub-sample of women who identified as mothers during IDIs. A total of 25 IDIs were analysed from 11 FSW and 4 key informants who spontaneously referenced children/motherhood. FSW participants included in the sub-sample were aged 23–43 years (median 32 years). Narrative analysis and analytical memos were used to analyse data. All transcripts in the original sample were coded by two authors using ATLAS.ti software based on a priori and emergent themes, one of which was children. Among the sub-sample, memos were employed as an analytical strategy to extract meaning from the data (Birks, Chapman, & Francis, 2008); memos were compared iteratively to facilitate within-case and across-case comparisons and identify subthemes within the overarching motherhood theme. Themes presented reached saturation. All names included within the results are pseudonyms.

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Results

Meeting obligations of caring for children

Of the 11 mothers, nine said their decision to start selling sex was influenced by motivations to provide for their children. One participant described her introduction to sex work:

> *He asked me what drink I was drinking, I told him. He then asked me that when I was done drinking I should let him know so that we can go. At first I ignored him and I pretended as if I cannot see him. Mmh, I then thought to myself that maybe I may get money for my kids from him.* (Phila, 30 years)

Most participants reported being introduced to sex work through friends who were selling sex to support their children. Likewise, participants reported introducing friends/family to sex work if they shared similar caregiving responsibilities. When asked about her cousin's response to learning that she worked as a sex worker, one participant responded, *"She didn't say anything. She started coming with me because she also had children."*

Participants felt they had limited employment opportunities outside of sex work, particularly opportunities that allowed women to earn as much money as they would selling sex. As one participant explained. *"I am someone who is unemployed, you see … here there are no jobs and it's a small place … since I still don't have a job that I do, that's [sex work] how I work."* Participants knew that selling sex without a condom could put them at risk for HIV acquisition (prior to becoming HIV-infected) or reinfection as well as other sexually transmitted infections (STIs), but many emphasized that the need for money to support their children was paramount. Competition was discussed frequently; one FSW described sex work as a zero-sum game where children served as motivation to compete against colleagues for clients:

> *We fight over our clients. It happens that one of us doesn't get a client, but I have got it … I will have something to bring to the table for my children, on the other hand she would not be able to feed her children, and then we fight.* (Nokuhanya, 43 years)

Sex work stigma

Several women expressed concerns that their daughters would enter sex work. One FSW reported that this concern propelled her to feel a greater sense of responsibility in supporting the needs of her daughter and providing her with more opportunities than she herself had received as a child:

> *I would give her bus fare and buy her uniforms … because I didn't want her to be tempted to have boyfriends in order to get things that other people have…. I don't want her to go in my footsteps. I want her to have a brighter future than mine.* (Ntombifuthi, 25 years)

Participants avoided disclosing their profession to their partners or social networks out of fear of discrimination against themselves or their children, including concerns partners would stop providing them and their children with financial support. Participants also reported concerns their children would be called names such as *"the prostitute's children"* if

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community members learned of their profession. In the few instances where participants disclosed their occupation, they experienced discrimination as a result of conflicting expectations of motherhood and their profession. One participant reported that her child's father had taken their daughter away from her because of her work, concerned their daughter would *"pick bad habits"* from her.

Motherhood as a facilitator to condomless sex

Participants reported selling sex without a condom to earn higher wages. Key informants described children's hunger and transport fees as reasons FSW would agree to condomless sex. Women felt particularly vulnerable to economic pressures when there was no food in the home:

> *People come with a lot of money and tempt you. They tell you that they will pay more if you don't use a condom. You find that that person will tempt you at the time you need money most because you have no food at home.* (Siphokazi, 26 years)

Higher wages associated with condomless sex motivated some participants to engage in condomless sex with clients who had unknown HIV statuses and potential STIs:

> *When a client wants flesh to flesh, I agree because it is the money he is going to pay with that I am after, even if he has an infection that I see, I will agree because I want the money.* (Nokuhanya, 43 years)

Many women were reluctant to disclose their HIV status to their clients, even when clients pressured them to have sex without a condom, as they believed they would lose clients or make less money. *"The money that the person promises"* was motivation in non-disclosure, and in interviews women often framed this decision within the context of their need to provide for their children.

Children as a source of support in HIV care

Participants described children as a source of support related to living with HIV, and motivation to stay healthy. Some women reported children would assist them with travel to the clinic if they became ill from opportunistic infections. Further, children would remind their mothers to take their antiretroviral therapy (ART), and would contribute to preparing food so their mothers did not take their medication on an empty stomach:

> *My kids are also used to it [HIV]; they remind me when it's time for my tablets. When I haven't eaten, they make me soft porridge so that I eat before I take the medication.* (Nokuhanya, 43 years)

> *What makes me take care of my health is because I usually think that I cannot be killed by something that can be prevented… and end up leaving my children, you understand?* (Thandi, 31 years)

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Discussion

We found that motherhood motivates many women to initiate sex work, and influences treatment and condom use behaviour among mothers who sell sex and are living with HIV. Participants were aware of HIV infection risk for clients and reinfection for themselves, but balanced concerns with their desire to provide for their children. Similar to Beckham et al.'s (2015) findings, many mothers who sell sex described accepting higher wages for condomless sex. This is consistent with, and offers some explanation for, quantitative findings that FSW living with HIV are no more likely to use condoms than FSW with unknown or negative HIV statuses in eSwatini (Baral et al., 2014). Participants were clear on the risks of condomless sex and actively considered how they could best manage risks while maximizing their ability to provide for their children. For several participants, the motivation to provide for their daughters so their daughters avoided *"going in [their] footsteps"* prompted them to engage in condomless sex. Given trade-offs participants felt were necessary between their health and their children's future, individual-level interventions emphasizing knowledge of HIV infection/reinfection as a means of increasing condom use among FSW are unlikely to be effective. Structural interventions that address systematic inequalities in employment, education, and legal rights and community empowerment approaches to strengthen social cohesion may be more effective in this context.

While women described their obligations as a provider as one of many motivations to have condomless sex, motherhood also served as a protective factor, influencing engagement in HIV care. Further, several FSW described children as a source of emotional and physical support in their care, similar to other regional findings exploring children as caregivers to TB infected and TB and HIV co-infected family members (Hunleth, 2017). Recognizing the supportive role of children in HIV care for mothers living with HIV, particularly mothers who sell sex and who face unique adherence and treatment barriers, is an avenue for future research.

Although data for this analysis come from a sub-sample of participants, we reached data saturation on themes presented, as confirmed through persistent observation, prolonged engagement, memoing, and dialogue among co-authors. As motherhood was not an interview guide topic, we do not know whether participants excluded from this analysis were mothers. While interviews were not designed to explore motherhood, motherhood emerged as highly relevant to sexual behaviour and care seeking. Data were collected prior to the roll out of Universal Test and Treat and information on ART use and adherence was not systematically collected. Despite limitations, this article provides an exploration of the topic of motherhood and sex work among FSW living with HIV.

Conclusion

This article extends previous findings to suggest that motherhood is an important factor for FSW beyond behaviours related to HIV prevention. Obligations of providing for children influenced mothers to engage in sex work and participate in condomless sex for higher wages. Conversely, raising children served as motivation to seek HIV care for FSW and FSW received HIV care support from their children. Our findings warrant further research

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on the role of children in parental HIV care for FSW living with HIV and indicate structural interventions may be more successful at improving condom use for mothers who sell sex than individual-level interventions.

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