Report on

The Assessment of Economic Strengthening and Risky Sexual Behavior among Vulnerable Women Groups in Selected Towns of Ethiopia

Submitted to:

Save the Children International, TransACTION Program in Ethiopia

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ABH SERVICES PLC, AN AFFILIATE OF JIMMA UNIVERSITY

January 2013

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ACKNOWLEDGEMENTS

To be completed by SCI;
TransACTION partnership organizations:
CVDA,
EKHC
Mekdim Ethiopia,
ORDA,
OSSA,
PADet, and
Tigray Youth Association.

ACRONYMS

ABH	Alliance for Better Health, PLC
AIDS	Acquired immuno-deficiency syndrome
BCC	Behavioral change communication
BSS	Behavioral Surveillance Surveys
CSW	Commercial sex workers
CVDA	Common Vision for Development Association
DH	Drinking house
DHS	Demographic and Health Survey
EKHC	Ethiopian Kale Heywet Church
FGD	Focus group discussion
FDL	Female daily laborer
FGAE	Family Guidance Association of Ethiopia
FHI360	Family Health International 360
HCT	HIV counseling and testing
HIV	Human immunodeficiency virus
IDI	In-depth interview
IEC	Information, Education and Communication
IGA	Income generating activity
MENA	Mekdim Ethiopia National Association
MARP	Most at risk population
MOH	Ministry of Health
NGO	Non-governmental organization
ORDA	Organization for Rehabilitation and Development in Amhara
OSSA	Organization for Social Service on AIDS
PADet	Professional Alliance for Development
PEPFAR	President's Emergency Plan for AIDS Relief
PSI	Population Services International
SCI	Save the Children International
SNNPR	Southern Nations, Nationalities, and People's Region
SSG	Self-help savings group
STI	Sexually transmitted infection
TYA	Tigray Youth Association
USAID	United States Agency for International Development
VCT	Voluntary counseling and HIV testing

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DEFINITION OF TERMS

- *Areqie* and *Tella* House: A small drinking house known as *Areqie-bet* or *Tella-bet* in Amharic; this is a drinking place where lower-class CSWs are found, selling *areqie* (local liquor), *tella* (local brew) and other alcoholic drinks.
- Commercial sex: A sexual relationship where money is paid in exchange for sex.
- Commercial sex partner: A partner who pays money in exchange for s*ex.*
- Commercial sex workers: Women who engage in selling sex in bars, hotels and small drinking houses.
- Consistent condom use: Used a condom every time sexual relations took place.
- Economic strengthening activities: Refers to a portfolio of strategic interventions to ensure household economic security through enhancing asset-building capabilities of target MARPs.
- *Equb*: A traditional saving method in which people who know each other very well gather money every week or month, and take turn by turn; the money can be used for investment, or purchasing various items including basic needs.
- Female daily laborers: Women who are engaged in casual and manual labor, earning wages that are usually paid weekly, fortnightly, or monthly.
- *Idir:* A traditional social welfare association whose membership is based on close acquaintance and/or gender similarity; members get financial, logistic and psychosocial supports when a family member or relative dies.
- Income generating activities: Especially additional IGAs (in addition to primary source of income) can be defined as activities assisting women to secure income through their own personal efforts.
- Mobility: It refers to the movement of persons from one place to another in search of means of livelihood or better way of life.
- Most at-risk population: Is defined as a group within a community with an elevated risk for HIV, often because group members engage in some form of high-risk behavior; in some cases the behaviors or HIV sero-status of their sex partner may place them at risk.
- Multiple sexual partners: having more than one sexual partner during a specified period (e.g. 12 months).
- Non-paying partner: A sex partner of a female sex worker who does not pay money in exchange for sex.
- Non-regular partner: Sex partner who is neither respondent's spouse nor live-in partner. A sex worker is not considered as a non-regular partner. Non-regular partners, in this document, are referred to as casual partners.
- Paying client: Sex partner of a female sex worker who paid money in exchange for sex.

- Pull factors: Those factors that attract women to transactional or commercial sex work, to cities or to daily labor and waitressing work. There is some element of choice in responding to pull factors.
- Push factors: Those conditions or factors that drive women to transactional or commercial sex work, to cities or to daily labor and waitressing work. There is severely constrained choice in responding to push factors.
- Regular partner: Spouse or cohabiting (live-in) sex partner.
- Sex partners' concurrency: Defined as having two or more sexual partnerships that overlap in time. In this study, as in other surveys elsewhere, we defined sex partner concurrency as having sex with two or more people in a period of one month.
- Risky Sexual Behavior: A sexual relationships that expose women to STIs and HIV.
- Self-help Saving Group: An average of 20 participants who know and trust each other to jointly save agreed amounts every week or month so that each member can borrow up to three times of her/his savings mainly for starting IGAs.
- Transactional Sex: Refers to situations, including those in on-going relationships, where sex is exchanged for money/gifts and where there is an understanding that if the money/gifts are not forthcoming, the sex will stop.

EXECUTIVE SUMMARY

TransACTION is a five-year PEPFAR/USAID/Ethiopia-funded collaborative effort of the Save the Children International (SCI) and its partners: Family Health International 360 (FHI360), Population Services International (PSI) and Marie Stopes International. The project commenced work in Ethiopia in May of 2009. TransACTION aims to prevent new HIV infections among most at-risk populations (MARPs) and strengthen linkages to care and support services in 120 towns and commercial hotspots along or linked with eight major transportation corridors.

Purpose: The general objective of this qualitative study is to substantiate the major findings of a series of quantitative, baseline surveys conducted in 2010 as part of the TransACTION project in Ethiopia, examining the relationship between economic strengthening and reduction of risky sexual behaviors among members of female at-risk groups in urban and mobile settings in Ethiopia. The baseline survey findings suggest that targeted MARPs including commercial sex workers (CSWs), female daily laborers (FDLs) and waitresses who engaged in self-help saving groups (SSGs), income generating activities (IGAs) and savings could lead to safer sexual behavior. However, the findings were limited in number of cases and methodological rigor. The qualitative study, together with the baseline survey, also intends to contribute to the knowledge base of information for HIV/AIDS policy and programming with MARPS in Ethiopia.

Methodology: ABH Services PLC conducted the qualitative research study from July to December, 2012. Data collection occurred from July 26 through August 12 in six towns involved in the baseline survey, located in four major transport corridors in five regions of Ethiopia: Afar, Amhara, Oromia, SNNPR and Tigray. The study population consisted of three MARPs and emerging at-risk populations of women: CSWs, FDLs and waitresses involved in peer education programs organized through local implementing partners including Mekdim Ethiopia, EKHC, ORDA, OSSA, PADet, and Tigray Youth Association. The research employed qualitative methods including 29 focus group discussions (FGDs) and 58 in-depth interviews (IDIs). Research participants were selected and recruited with the assistance of SCI and local implementing partners. Women involved in SSGs and non-members of SSGs were purposively selected. Analysis was guided by the study objectives. A thematic analysis of the FGDs and IDIs was used to generate concepts, key themes and patterns. Triangulation of information between methods and with previous quantitative surveys was performed for validation.

Key Findings: Study participants were typically pushed into low-wage work and commercial or transactional sex through poverty. Social networks consisted of several influential gatekeepers who both negatively and positively influenced sexual behaviors, savings practices and engagement in additional IGAs. Participants were generally supportive of the idea that economic strengthening activities positively influenced reduction of sexual partners, condom use and testing for HIV/STIs. Diverse mechanisms were noted for relationships between economic strengthening and risky sexual behaviors. These mechanisms often involved increased income, social networks, future orientation and self-confidence and, ultimately, empowerment leading to safer sexual practices.

I. Part 1: Introduction

1.1 *Overview of the Study*

With a population estimated at nearly 84 million in 2011, Ethiopia is the second most populous country in Africa next to Nigeria. In Ethiopia, the HIV/AIDS epidemic has remained a major public health problem, mainly affecting people in the productive and reproductive age ranges. HIV prevalence in the general population was estimated at 1.5% in 2011.[1] At present, nearly 1.3 million people are estimated to be living with HIV in Ethiopia.[1] National models of HIV prevalence showed the incidence of HIV infection declined by over 25% between 2001 and 2009.[2] Ethiopia represents a stable, low-level, generalized epidemic with marked regional variations driven by most-at-risk populations (MARPS).[3] HIV prevalence varies widely between urban and rural settings (4.2% and 0.6%, respectively).[1] HIV/AIDS prevalence is higher among women (1.9%) than men (1.0%). In urban areas, women are more likely to be infected than men (5.2% and 2.9%, respectively).[1]

An epidemiological synthesis of the HIV epidemic in Ethiopia concluded that the epidemic is more heterogeneous than previously believed.[4] The study further divulged that the epidemic seems to have stabilized or even declined in most of the major urban areas while increasing in smaller towns. Patterns are less clear in rural areas due to the lack of accumulated epidemiological data. Supporting the argument for focusing on particular hotspots and most at-risk population, the study emphasizes that HIV/AIDS programs should not be based on national-level statistics, but need to be more focused geographically, and directed to areas and populations exhibiting higher prevalence.

It is well recognized that vulnerability for HIV is substantially higher in some specific population groups than in the general population and such population groups are identified as most at risk populations for HIV. A MARP is defined as a group within a community with an elevated risk for HIV, often because group members engage in some form of high-risk behaviors; in some cases the behaviors or HIV sero-status of their sex partner may place them at risk. Available data indicate that serodiscordant couples, CSWs, men in uniformed services, long-distance truckers, mobile workers and cross border populations are among most-at-risk populations. Other emerging at-risk groups include young women often engaged in informal transactional sex including domestic workers, daily laborers and waitresses.[5] While the factors for vulnerability and the degree

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1 Central Statistical Agency of Ethiopia and ICF International. Ethiopia Demographic and Health Survey 2011. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ICF International 2012.

2 WHO, UNAIDS, UNICEF. Global HIV/AIDS Response: Epidemic Update and Health Sector Progress towards Universal Access. Geneva, Switzerland 2011.

3 Joint United Nations Programme on HIV/AIDS. Global Report: UNAIDS Report on the Global AIDS Epidemic: 2010. Geneva, Switzerland 2010.

4 Berhane Y. Mekonnen Y, Seyoum E, D. Wilson, L. Gelmon. HIV/AIDS In Ethiopia: an epidemiological synthesis. World Bank Global AIDS Program. April 2008.

5 Amare D. Distribution of Most-at-risk Population Groups and their Perceptions Towards HIV/AIDS. Bethesda, MD: Private Sector Program-Ethiopia, Abt Associates Inc. February 2009.

may differ, these groups share a higher risk of HIV infection that differs from the general population. While some of these groups could be categorized as mobile populations, others fall into economically deprived or vulnerable groups who are likely to engage in high risk unprotected sexual practices.

The national HIV/AIDS policy's IEC strategy[6] gives proper emphasis to vulnerable groups including women, youth, sex workers, mobile groups, street children, and prisoners. Likewise, the strategic framework for the multisectoral response for 2004-2008 identified CSWs, truckers, migrant laborers, uniformed people, teachers, students and out of school youth as the most important vulnerable groups that require special attention. It aims to reduce vulnerability among these special target groups through a number of strategies by: (1) Promoting HIV counseling and testing (HCT) and other behavioral change interventions; (2) Promoting the use of male and female condoms; (3) Providing youth-friendly reproductive health and STI services; (4) Enhancing bargaining and negotiations skills for safe sex where applicable; (5) Strengthening and expanding school anti-AIDS clubs and mini-medias; (6) Integrating HIV/AIDS in life skills education and basic curriculum; (7) Developing youth centers and enhancement resorts; (8) Organizing the youth on voluntary basis and providing peer education; (9) Developing youth centers and entertainment resorts; and (10) Providing safe and alternative income generating and employment opportunities where applicable.

Despite the policy statements and strategies, appropriate prevention interventions are often lacking among MARPs in the country and this represents important challenges within the groups as well as the general population. This is further complicated by the lack of data on the magnitude and spread of HIV, as well as the circumstances that put them at risk, among MARPs in the country.

The TransACTION program pre-determined some population groups for its program intervention. These groups encompass the globally recognized MARPs including sex workers and truckers as well as locally relevant MARPs including waitresses, male and female daily laborers. A brief overview of these groups, concerning the spread of HIV and their vulnerability, based on previously available studies and information is detailed below.

Sex workers: Due to their high HIV prevalence, their increased ability to transmit HIV when co-infected with other STIs, and the broad population groups they reach through their clients, sex workers have often been described as a 'core group', namely, a small group in which the infection is endemic and from whom it spreads to the population at large.[7] The most recent sero-prevalence data on sex workers is available from 594 sex workers who tested via mobile HIV counseling and testing in 40 towns in 2008. Of the 594 female sex workers with HIV results available, 25.3% tested positive.[8] Other recent

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6 HAPCO and FMOH. Ethiopian Strategic Plan for the multisectoral HIV/AIDS response, 2004-2008. Addis Ababa. December 2004.

7 Aklilu M, Messele T, Tsegaye A, Biru T, Mariam DH, Van Bethem B, et al. Factors associated with HIV-1 infection among sex workers of Addis Ababa, Ethiopia. AIDS 2001, 15:87-96.

8 Mekonnen, Y. June 2009. Mobile HIV Counseling and Testing: A new lens through which to view the urban HIV epidemic in Ethiopia. Bethesda, MD: Private Sector Partnerships-Ethiopia, Abt Associates Inc.

data on sex workers emerged from the 2008 MARPs study of Amhara. Among 349 sex workers, 37% tested positive for HIV. HIV prevalence appeared to increase with age - from 26% among the 14-19 years old to 37.7% and 47.7%, respectively, among the 20-24 and 25 or older age groups. Indeed, the recently documented HIV prevalence rates among sex workers compare well with available HIV prevalence data that date back from the late 1980s and early 1990s. The first HIV prevalence survey among female sex workers in the country was available from 1988, i.e. only four years after the first HIV cases were detected in the country. The survey covered 6234 female sex workers operating in 23 major urban areas on the main trading roads of Ethiopia. HIV prevalence rates ranging between 5.3% and 38.1% with a mean prevalence of 17% was reported. A year later, a survey showed about a quarter (24.7%) of the sex workers in Addis Ababa was already infected.[9] By 1990, HIV prevalence reached 50% among sex workers in four major urban areas of the country.[10]

Daily laborers: The vast majority of daily laborers in Ethiopia are young people characterized by high mobility. The recent expansion of roads, buildings and other construction works in the country result in an unprecedentedly high influx of young people from the rural to urban areas. The association between poverty, mobility and infection with HIV has been documented elsewhere in Africa.[11-12] Only recently has the 2005 Behavioral Surveillance Survey (BSS)[13] of Ethiopia included road construction workers among the identified high-risk groups and found this group exhibiting high risk behaviors. For the first time ever, the Amhara MARPs study gathered serologic data among daily laborers. The study found an HIV prevalence rate of 15.2% among 349 daily laborers of both sexes.[14] The noted HIV prevalence in this group appeared 7.5 times higher than the national single-point prevalence estimate of 2.1% and nearly 2.8 times higher than the 5.5% HIV prevalence documented for urban Ethiopia in the 2005 DHS, suggesting that these daily laborers are indeed among the most-at risk population. Frequent partner change, compounded by concurrent sexual relationships with casual, commercial and regular partners as well as low and inconsistent condom use in high-risk sex characterize the sexual behaviors of these daily laborers. The study also confirmed the role of frequent partner change, as measured by the lifetime numbers of sexual partners, as the single most important predictor of HIV risk among the laborers after controlling for socio-demographics and STIs.

Waitresses: There is little sero-prevalence signifying risk of waitresses in Ethiopia for HIV/AIDS. However, the TransACTION 2010 baseline survey provides behavioral data

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9 Mehret M, Khodakevich L, Zewdie D., Ayehunie S, Shanko B, Gizaw G, et al. HIV-1 infection and some related risk factors among female sex workers in Addis Ababa. *Ethiop J Health Dev.*1990c, 4 (2): 171-176.

10 MOH. AIDS in Ethiopia: 1996. Addis Ababa.

11 Bwayo, J., Plummer, F., Omari, M., Mutere, A., Moses, S., Ndinya-Achola, J., et al. (1994). Human immunodeficiency virus infection in long-distance truck drivers in east Africa. *Archives of Internal Medicine, 154*(12), 1391-1396.

12 Rakwar, J., Lavreys, L., Thompson, M. L., Jackson, D., Bwayo, J., Hassanali, S., et al. (1999). Cofactors for the acquisition of HIV-1 among heterosexual men: prospective cohort study of trucking company workers in Kenya. *AIDS, 13*(5), 607-614.

13 HAPCO. 2005 Behavioral Surveillance Survey. 2007.

14 Mekonnen Y & Demissie D. Baseline Survey among Most At-Risk Populations in 12 Towns of Ethiopia. Addis Abbaba: Mela Research PLC, September 2010.

suggesting vulnerability of waitresses in the country. Additional anecdotal evidence suggests that waitresses working in cafes/pastry shops/bars/hotels are exposed to the risk of HIV due to the nature of their work that involves frequent interactions with new customers who are often seeking sexual relationships.

Evidence suggests that women's economic vulnerability increases their vulnerability to HIV by constraining their ability to negotiate the conditions, including sexual abstinence, condom use and multiple partnerships, and increasing their need to engage in commercial or transactional sex. With increasing infection rates among women and particularly young girls, many have pointed to the potential importance of economic empowerment as a strategy for HIV prevention. However, robust evidence is lacking in the use of economic and livelihood interventions and its impacts on reducing risky behaviors. Most of the evidence that does exist focuses on economic strengthening interventions amongst HIV-positive or affected populations. Virtually no studies have been conducted on the potential of economic strengthening for preventing HIV infection by reducing risky sexual behaviors. Causal links between livelihoods and risky behavior are difficult to obtain given the multiple factors associated with poverty and risky behavior.

1.2 *Objectives of the Study*

The general objective of this qualitative study is to substantiate some of the major findings of a baseline survey conducted in 2010[15] examining the relationship between economic strengthening and reduction of risky sexual behaviors among three vulnerable female groups: CSWs, FDLs and waitresses along transport corridors in Ethiopia.

1.3 *Specific Objectives*

The specific objectives of the assessment are to:

- Look into the push and pull factors as well as other conditions that vulnerable females (CSWs, FDLs, and Waitresses) encounter which could result in risky relationships and livelihood choices;
- Better understand the range of economic activities in which vulnerable females are engaged;
- Determine whether there is a relationship between engagement in economic activities and reduction of risky sexual behavior among these groups (reduction of non-regular sexual partners, using condoms for non-regular sexual partners, and getting tested for STIs and HIV); and
- Explore dynamics between savings practices and sexual risk taking.

1.4 *Research Methods and Approaches*

1.4.1 Study Area and Period

The study was conducted in six towns located in four major transport corridors in five regions of Ethiopia, including Afar, Amhara, Oromia, SNNPR and Tigray regions. The six study sites (Adama, Debre Birhan, Dubti, Finoteselam, Mekelle and Yirgalem) were purposively selected from the 12 sampled towns selected during the baseline study. Fieldwork was carried out from July 26 up to August 12, 2012.

1.4.2 Study Population, Sampling Techniques and Samples

The study population comprises three groups of vulnerable women: CSWs, FDLs and waitresses. Wherever possible and applicable, women who were members of SSGs (as well as non-members) were included in the study. Purposive sampling was employed in selecting the study sites and participants. Selection of the towns was based on socio-cultural and geographical factors to maximize variation as well as the existence of active peer-education programs. The study subjects were selected from peer education programs run by local partners and recruited with the assistance of these partners.

A total of 29 FGDs and 58 IDIs were conducted among the three target groups in the six towns. It should be noted that some of the FGD participants were also selected for IDIs whenever it was not possible to recruit additional individuals.

Table 1: Number of FGDs and IDIs Conducted in the Sampled Towns

Selected Towns	**Samples**											
	FGDs						**IDIs**					
	CSWs		**FDLs**		**Waitresses**		**CSWs**		**FDLs**		**Waitress**	
	SSG	**Non-SSG**	**SSG**	**Non-SSG**	**SSG**	**Non-SSG**	**SSG**	**Non-SSG**	**SSG**	**Non-SSG**	**SSG**	**Non-SSG**
Adama	1	1	1	1	-	1	2	2	2	2	-	2
Debre Birhan	1	1	1	1	-	1	2	2	2	2	-	2
Dubti	-	1	1	1	-	1	-	2	2	2	-	2
Finoteselam	1	1	1	1	-	1	2	2	2	2	-	2
Mekelle	1	1	1	1	1	1	2	2	2	2	2	2
Yirgalem	-	1	1	1	-	1	-	2	2	2	-	2
Total	**4**	**6**	**6**	**6**	**1**	**6**	**8**	**12**	**12**	**12**	**2**	**12**

At most sites, a balanced number of FGDs and IDIs were conducted for informants involved in SSGs and those not involved, except for CSWs at Dupti and Yirgalem sites. However, SSGs for waitresses were found only in Mekelle Town. In the remaining towns, only waitresses that were non-members of SSGs were involved in the study.

1.4.3 Research Methods and Instruments

This assessment is a cross-sectional study employing qualitative methodology. Two qualitative data collection methods, FGDs and IDIs, were employed for the conduct of the study.

The four research tools initially prepared by SCI (FGD and IDI Guides for CSWs, FGD Guide and IDI Guides for FDLs/Waitresses) were translated into Amharic, Afan Oromo and Tigrigna. These are the three major languages commonly spoken in the respective study sites. In most of the study sites, the Amharic version was used to conduct FGDs and IDIs.

1.4.4 Data Collection Procedures and Steps

Training, Pretest and Finalizing the Research Tools:
Prior to beginning data collection, an ABH research consultant, in collaboration with two professionals from the SCI-Ethiopia Office, conducted a one and a half day training session for data collectors in Adama Town. During the training, various issues related to TransACTION Program, MARPs, Economic Strengthening, SSGs and qualitative research methods were discussed in detail.

The four research tools were translated into Amharic, thoroughly discussed and the necessary corrections were made. The Amharic version was selected for discussion as it would be employed in most of the study towns. Accordingly, the data collectors were guided to have clear and common understanding about the questions and terminologies in the research tools in order to ensure consistency and data quality.

Prior to the main data collection, a pretest was conducted on August 24, 2012 in Mojo Town, 25 kilometers from the training site. During the pretest, data collectors were able to identify and modify problematic questions and terminologies according to pretest findings.

Data Collection Process:
Once the sub-teams moved to the study sites, the first step taken was to contact key personnel from SCI Regional Sub-offices and Satellite Offices as well as those from partnership local NGOs, reminding them about the planned data collection activities in advance. These individuals supported the data collectors in selecting the participants of the study, arranging appropriate places for FGDs and IDIs and recruitment and engagement. Study participants were selected in advance by the community mobilizers from the respective partner local NGOs in consultation with the concerned persons from SCI Regional Sub-offices and Satellite Offices. Before conducting FGDs and IDIs, data collectors checked potential participants according to the inclusion criteria.

With the necessary supports from research supervisors and local coordinators, participants in the study were brought to the selected places. Professional, experienced female data collectors including an experienced female moderator and a note taker were

assigned to each data collection site. All the FGDs and IDIs were audio-recorded, labeled and stored on password protected computers.

Inclusion Criteria:
Women were included in the study who were:

- Currently residing or working in one of the six towns selected for inclusion in the study;
- Currently working as a CSW, FDL or waitress as defined in the definition of terms; and
- Members of peer education groups run by local project partners

1.4.5 Data Management and Analysis

With the close support and guidance from the research supervisor and consultant, data collectors carefully transcribed the recorded FGDs and IDIs. Most transcriptions were first written in Amharic and in some cases in Tigrigna. Later, all the transcribed FGDs and IDIs were translated into English and transcripts were electronically recorded.

Based on the major thematic areas from the three vulnerable women's groups, the research consultant prepared a draft outline of contents and shared it with the members from SC/US. Suggested edits were included and the information in the transcribed documents was organized accordingly.

An additional research consultant conducted content analysis guided by the study objectives with the aid of qualitative data analysis software Atlas.ti. The content analyses focused on the following thematic areas: pulling and pushing factors including social networks and mobility and economic strengthening, including savings practices, income generating activities and spending patterns, in relation to reduction of the number of sexual partners, condom use and testing for HIV/STIs.

1.4.6 Ethical Considerations

Throughout the fieldwork, the research team made utmost efforts to conduct this research following ethical guidelines and principles. Before conducting each FGD or IDI, the objective of the study was communicated to the participants in a simplified and understandable way, and their consent was obtained.

1.4.7 Limitations of the Study

The study employed qualitative methods, which provided a large body of in-depth and rich information and also allowed interaction among study participants. However, these techniques (e.g. FGD and IDI) are subject to a number of limitations. Small numbers of respondents, unstructured or semi-structured data collection approaches, and subjectivity of responses are among the major limitations.

A range of FGD participants and IDI informants were selected within the three population groups. Their characteristics such as age and marital status did not vary

considerably from those found for each of the three groups in the randomly selected baseline survey. This suggests that there were no large biases in selection based on these selected characteristics. Professional and experienced female data collectors were engaged to minimize biases during data collection and ensure smooth conduct of qualitative research techniques.

The study is also limited by its geographic coverage. The TransACTION program intervention focuses on 120 towns. However, the six towns involved in this study were selected to represent different types of towns such as size and location. Nonetheless, they are not meant to represent all the towns where the TransACTION program intervention is being implemented.

All participants of the FGDs as well as the IDI informants were involved in the peer education program. Many of the informants were also purposively selected for their involvement in saving programs. The assessment sampled sex workers from establishments: bar/hotels, local drink houses and red light houses. No sex workers working outside of establishments, such as on the streets, were included in the study. Despite the limitations of this selection procedure, the results of the study will adequately substantiate the findings of the baseline study.

II. PART TWO: MAJOR FINDINGS AND DISCUSSION

2.1 *Commercial Sex Workers*

2.1.1 Profile of Commercial Sex Workers

Table 2: Socio-demographic Characteristics of CSWs (FGD Participants)

	%	N
Age Group:		
10-19	17	13
20-29	53	41
30-39	18	14
40-49	12	9
50+	0	0
Marital Status:		
Single	48	37
Married	6	5
Divorced	39	30
Widowed	6	5
Place of Birth		
Urban	55	42
Rural	45	35
Education		
Non-literate	34	26
Read and Write Only	3	2
Primary	49	38
Secondary	13	10
Above Secondary	1	1
Place of Work		
Bar	14	11
Hotel	25	19
Local Drink House	57	44
Others	4	3
Duration of Stay in Town in Years		
>1	12	9
1-5	53	41
6-10	22	17
11-15	10	8
16+	0	0
Work Experience in Years		
>1	12	9
1-5	57	44
6-10	23	18
11-15	5	4
16-20	0	0
>20	1	1
Total		**77**

Table 2 presents selected background characteristics of the CSWs included in FGDs. A total of 77 CSWs participated in FGDs. Slightly more than half of the participants were between 20-29 years of age. Seventeen percent of participants were between 10-19 years

of age, 18% between 30-39 and 12% between 40-49. The majority of the sample was single (48%) or divorced/widowed (45%) with only a small number (6%) of married participants. Slightly more than half of the participants were born in urban areas (55%) compared to rural areas (45%). Approximately one-third of the participants (34%) could not read or write, almost half had received some primary level instruction (49%) and 13% some secondary education. Most of the participants were employed at local drinking houses (57%), followed by hotels (25%), and bars (14%). Slightly less than half of the participants have resided in their current town and participated in sex work for one to five years.

2.1.2 Pulling and Pushing Factors

Push Factors:
FGD participants and IDI informants noted a considerable number of factors pushing women in commercial sex work. The predominant push factor was economic need and vulnerability. These women suggested that those with a large number of dependents (children or elderly family members) or financial obligations would often be forced to migrate or take up sex work. A FGD participant from Dubti stated:

> *"Some of us engage in CSW to solve our families' financial pressure. We give ourselves as sacrifices to help our parents as well as young brothers and sisters. It is expected of us."*

Several FGD participants, in particular, noted that young women from rural areas or from certain ethnic groups (depending on the site) were prone to enter sex work. Reasons given were their educational and economic vulnerability, lack of more positive social networks and the relative ease of getting a higher-income job in sex work compared to other occupations. For example, an FGD participant from Adama stated:

> *"Sex work is a work where you don't need education to apply and it's open for 24 hours per day for any woman. You get more money than other work that is available to young or inexperienced women."*

Another stated:

> *"By the time they come from their places of origin, nobody is willing to hire them as a housemaid; as they come from other areas, the residents of the town may not know and trust them; the new comers are unlikely to get a guarantee to be employed as a housemaid. The only place they can easily get job is in the local drinking house."*

The second most common set of push factors given was "family problems." These problems were wide-ranging but most often consisted of a woman escaping a difficult or even violent relationship or an undesired arranged marriage by migrating to towns. Women may also migrate and eventually enter sex work as a result of the breakup of marriages or loss of a partner. The story of a FGD participant from Yirgalem gives several of these interrelated factors:

> *"After the death of my husband, I faced financial problem and could not go to my family…my father was a drunkard and would beat me. My boss didn't treat me properly when I was a cook in a hotel. Then, one of my friends told me to join sex*

work. The money that I get from CSW cover all my expenses and it helps me much from it I pay for my children's school, for house rent and for our food."

These also consisted of problematic relationships with their own or their in-law parents. Others simply were pushed into sex work through poverty, a lack of income options, and pressure to earn income to alleviate their personal or their family's financial stresses. Some suggested a fear of returning to their families after having engaged in sex work due to shame they would feel and these participants continued to engage as CSWs.

Pull Factors:
Several pull factors were also noted. Several FGD participants suggested that CSWs often begin work as waitresses or FDLs, especially housemaids, prior to entering into sex work. In the course of their work in these occupations, they often come into social contact with CSWs or have initial experiences in selling sex, paving the way for their entry into sex work.

Brokers were often mentioned as instrumental in drawing women, especially women from rural areas or newly arrived in towns, into sex work. An FGD participant from Adama stated that:

"The first person they encounter by the time they enter the town leads them to brokers. Brokers take them to local drinking houses. Then they are sex workers."

Brokers were mentioned as recruiting young women from their homes in rural areas, often taking advantage of a rural household's difficult financial conditions and with false promises, from local drinking houses, and from restaurants and other settings where housemaids, FDLs, and waitresses often can be found.

Other commonly given factors include growing up with a mother or family member involved in sex work, being orphaned or lacking strong family ties, envying CSW's apparent prosperity, peer influences and coming to town as students. Many women mentioned taking sex work up on the side of another occupation to help alleviate financial stresses. This was especially common in women with children.

2.1.2.1 Social Networks

Social networks for CSWs consisted of the following people with both positive and negative influences for both risky sexual behaviors and engagement in savings practices and additional IGAs.

Establishment owners: Participants in this study suggested that establishment owners can have both positive and negative roles. In general, they were portrayed negatively. Establishment owners were mentioned as exploiting CSWs financial difficulties with coercive loans, providing and pushing alcohol or other substances, restricting opportunities outside of sex work and general mobility and often taking large commissions, leaving the CSW with little net income. However, some IDI informants suggested that establishment owners might provide loans in times of illness or financial

difficulty. Others suggested that establishment owners were key to encouraging and providing free condoms and access to testing services.

Brokers: Next to establishment owners, brokers were the most important individuals in a CSW's social network in terms of securing employment. However, like establishment owners, brokers were also mentioned as exploitative and frequently coerced women into sex with themselves and risky populations (truckers and HIV+ men), often unpaid, and exploited CSWs in their commissions. However, a few participants portrayed brokers in a more positive light suggesting that they were instrumental in finding CSWs new positions when they encountered problems or conflicts at their previous place of employment.

Fellow sex workers: Fellow CSWs were the most frequently mentioned individuals providing support for participants in this study. Fellow CSWs aided participants in finding better employment, providing psychological and financial support in times of need, negotiating with brokers and establishment owners and physical security. Participants mentioned sharing of resources and especially cohabitating to decrease rent. Experienced CSWs, especially, were mentioned as helping participants to set up in towns and establishments on their arrival as well as offering advice on savings, additional IGAs and reducing risky behaviors. Several IDI informants noted that experienced CSWs were the first to suggest the importance of using condoms and getting tested for HIV and other STIs. However, several participants also noted that relationships with CSWs before they were sex workers initiated them into commercial sex work.

Boyfriends/husbands: Boyfriends and husbands were primarily seen in a positive light by participants in this study. These partners often gave material and psychological support as well as provided security for CSWs. They were also generally supportive of CSW's efforts to engage in savings and additional IGAs. However, some were mentioned as abusive and exploitative, an additional drain on scarce financial resources and not generally accepting of condom use.

Policemen: Contrary to some previous work, policemen were uniformly seen in a positive light. Participants suggested that they were comfortable approaching policemen to mediate in financial disputes with clients. They also suggested that policemen were key in providing physical security for CSWs.

Savings groups: For those CSWs involved in formal or informal savings groups, these groups were often seen as a source of psychological support and health information. Participants noted that savings groups were often where they first heard of key health messages and strategies for ensuring better health.

2.1.2.2 Mobility

Social networks, or the lack thereof, are also related to mobility. One FGD participant from Adama spelled out the strategy of brokers and establishment owners in systematically isolating a young woman and restraining her mobility:

"The first person they encounter by the time they enter the town is the brokers for those without family and friends and they go to the local drinking house…The women face many problems such as shortage of food and lack of permission from a bar or hotel owner to go out. They live for many years in such conditions and they end up in prostitution. Once they come out of this seclusion, they have no choice."

This seclusion and restricted mobility is often reinforced through exploitative loans that tie a woman to a particular establishment until the loan is repaid. FGD participants and IDI informants also frequently mentioned that addictions to *khat* and alcohol also acted to restrict mobility and tie a CSW to a particular establishment or owner.

Other participants suggested easier mobility stating that moving to another town or to another establishment was a common strategy for escaping difficult situations, especially when their safety is threatened, or increasing their income from sex work. Several of the FGD participants and IDI informants outlined a pathway from local drinking houses to bars to hotels that led to higher incomes and upward mobility within sex work. Prior to entering sex work, IDI informants frequently began work as housemaids and waitresses and are often enticed into sex work due to their financial difficulties and networks that lead them to engage in sex work. For example, an IDI informant from Dubti stated that:

"I left my hometown with my friend. She left the town by train and I refused to go with her. I was crying on the roadside when one woman came and took me to her house. I worked in her home for about a year. Women [sex workers] advised me not to work for only 30 birr and advised me to join the local drink house to work as sex worker and I made more money. Now I work at a bar with more money."

Like this informant, most informants and FGD participants suggested that increased physical and financial security and the desire to escape exploitative arrangements and relationships—especially physical or sexual violence perpetrated by boyfriends/husbands or regular customers—led CSWs to either leave their current establishment or for another town. Others also spoke of customer preferences for younger and newer women that led to a semi-regular turnaround of CSWs at most establishments. This often led women to seek out new establishments or towns in order to continue earning high incomes in sex work.

2.1.3 Economic Strengthening, Spending and Sexual Practices

Engaging in additional IGAs or saving money may lead to increased economic power that ultimately leads to safer practices. Although the baseline study was limited by a small sample size and methodological rigor, several correlations were found between engagement in additional IGAs or saving money and key risk behaviors including number of sexual partners, condom use, and testing for HIV and STIs. These correlations merited further investigation through qualitative study. This section explores the effects of economic strengthening and spending patterns of CSWs on their sexual practices and their implications on the level of risky sexual behavior.

2.1.3.1 Saving Practices versus Number of Sexual Partners

Engaging in savings was found to be positively associated with number of paying clients among CSWs in the baseline study. CSWs engaging in savings were 177% more likely to have a higher number of paying clients compared to those CSWs not engaging in saving and this correlation was found to be highly significant at the $p \leq 0.01$ level. It is hypothesized that CSWs with more paying clients are likely to have higher incomes and, thus, able to engage in savings above and beyond basic needs. However, having savings in the bank was negatively associated with the number of paying clients. CSWs with savings in the bank were 259% more likely to have a smaller number of paying clients compared to CSWs without savings in the bank and this correlation was found to be significant at the $p \leq 0.05$ level. It might be cautiously hypothesized that having savings in the bank might represent a future orientation, a higher degree of stability or safety that might act as a bulwark against immediate financial need, or a certain level of experience or maturity in CSW, all of which might act to limit the number of sexual partners. Unlike simply engaging in savings, having savings in the bank could potentially lead to safer sexual practices such as limiting the number of sexual partners.

Most of the FGD participants mentioned that savings as a CSW is very difficult given the expenses associated with their work, their cost of living and supporting dependents. Although the majority of participants did not directly not that savings was increased through high risk activity, it is apparent in much of their discussions about extra income earned through increasing the number of partners or foregoing condom use. An IDI informant from Debre Birhan, however, stated:

> *"It is impossible to save if there is no extra money. We invest money to attract new customers by buying clothes and cosmetics. We take more customers to earn extra money. This is the only way to start savings."*

Others suggest that having savings is helpful but not enough to influence the number of sexual partners. An FGD participant from Adama gives this view:

> *"Savings will not change their sexual relationships. This is only done by stopping doing commercial sex work. They will only think about their expenses or about getting more savings and will have more sex partners. They are considering sex work as an income generating activity like we are with our business. I want to sell more injera and women will want to get more men. The only way is to stop sex work completely and work in your [IGA]."*

Several IDI informants take a longer-term view and, although they don't discuss savings in banks explicitly, suggest that accruing savings can eventually help a woman to reduce their number of sexual partners. These informants stress that taking on more partners is a means to the end of saving and leaving sex work and often speak of it as a necessary step to gaining the resources and confidence to leave sex work. One IDI informant from Finoteselam said:

> *"I have saved for several years. Now, when I need money I can use my savings to have a good life. Having sex with many men exposes you to diseases. I become stressed about this. I no longer have to be stressed because with my savings I do not*

have to expose myself to this. I can use my savings for my needs. If I have money for my needs I have no reason to stay in this work."

Several FGD participants and IDI informants also stressed that having a future orientation and a desire to leave sex work reinforces and is reinforced by the existence and amount of savings. As both of these grow, the number of sexual partners is reduced. Finally, the act of saving combined with positive social connections, such as in savings groups, was also noted as influential in the reduction of sexual partners as group member encourage each other to adopt safer sexual practices—as all women in a savings group have an interest in the physical and financial health of the individuals in their group.

2.1.3.2 Saving Practices versus Condom Use

In the baseline study no associations between engaging in savings was found with condom use with paying clients at the $p \leq 0.1$ level. Having savings in the bank also had no association with condom use with paying clients. Despite these findings, hypotheses for these potential relationships included women that save feel more empowered to negotiate condom use and savings and higher incomes might be associated with higher education, which might lead to higher condom usage. However, engaging in savings was found to be negatively associated with condom use among non-paying partners. CSWs engaging in savings were 42% less likely to use condoms with their non-paying partners and this was slightly significant at the $p \leq 0.1$ level. It is not entirely clear why this association was found.

Several FGD participants and IDI informants suggested that savings practices have little effect on condom use. They state that awareness is generally high and condom use is becoming common practice. Due to this generally high awareness and use, most participants did not see savings practices as having an effect. One FGD participant from Yirgalem credited increasing education rather than savings:

"Previously we did not use condoms. The situation is now changed and we all use condoms because the education we have been given. Having savings may help but it is being educated that leads to using condom. Young women from rural areas and new to this town are not educated so they do not use condoms."

However, several of these CSWs do acknowledge that savings groups offer a venue to create awareness and support for condom use in difficult situations. In the same FGD in Yirgalem another participant mentioned:

"In our [savings group] we will discuss with each other how to use condoms to protect us from unwanted pregnancy and HIV. This is one reason why condom use has increased recently."

Savings groups and links to peer groups are also seen as an avenue for easy access to obtaining condoms, especially free of charge. Very few participants suggested that women with savings were necessarily more educated in the formal sense but rather more experienced and had been in the town for a longer period of time as hinted at by the first Yirgalem FGD participant.

Other FGD participants and IDI informants note that several of the threats to condom use mentioned previously might be alleviated by the presence of savings. Most importantly, savings was seen as a buffer against economic need and vulnerability that leads to CSWs accepting higher fees when no condom is used. An IDI informant from Debre Birhan supports this:

> *"A woman that is saving has money available. Because her financial problems are not urgent she doesn't agree to have sex without a condom for more money. If her problems were urgent she would do it for more money and fall to deceiving men."*

Several of the FGD participants noted that savings did have an effect in condom negotiation through increasing a CSW's confidence in this negotiation process and taking out the compulsive financial need for the risky behavior. A few IDI informants not involved in savings groups also suggested that savings does make it easier to access condoms. An IDI informant from Finoteselam states:

> *"Yes, it [savings] does increase our capacity to buy and use condoms. I would have no money to buy condoms if I did not plan to save. We do not want to live at risk for the sake of money."*

However, FGD participants and IDI informants do acknowledge that condom usage with boyfriends or regular partners is a significant problem. One FGD informant from an SSG in Adama states, however, that involvement in SSG groups is beginning to change this:

> *"We have a good understanding about condoms. We have trained fellow women how to use condoms, and we have changed their attitudes. Previously they did not use condoms for the one that they called husband or boyfriend. Nowadays, however, they have understood the importance of using condoms for prevention of unwanted pregnancy and HIV, and they have started using them regularly."*

Nevertheless, there was little evidence from this qualitative study to help explain why savings was inversely associated with condom use among non-paying partners.

Finally, several FGD participants implicitly recognized health as an asset in sex work and took a long-term view vis-à-vis potentially higher short-term income from not using condoms. Savings practices and existing savings helped to tip the balance in favor of a longer-term outlook on health and increased condom usage.

2.1.3.3 Saving Practices versus Testing for STIs and HIV

Engaging in savings was found to be positively associated with being tested for HIV among CSWs in the baseline study. CSWs engaging in savings were 31% more likely to get tested compared to those CSWs not engaging in saving and this correlation was found to be significant at the $p \leq 0.05$ level. Potential hypotheses include both indicators are caused by a third factor such as future orientation or, simply, having savings allows women to cover any potential financial costs associated with getting tested.

Most FGD participants suggested a relatively high degree of testing for HIV and STIs. However, as mentioned previously, there is a significant amount of fear associated with

testing. The participants generally advocated the position that those CSWs with more savings were more likely to get tested. However, they did not suggest a direct link, stating that there was little financial cost associated with getting tested and that testing could frequently be conducted for free. An FGD participant from Debre Birhan stated:

> *"Saving and testing are two different things. Because testing is for free. It has no relation with having money. For example I am tested when I have no money."*

Some participants, however, acknowledged that a women with savings does not have to depend on getting tested through the assistance of employers or establishment owners and can get tested more regularly if they have the money to cover any associated expenses. The most common perception among FGD participants was that having a savings does assist women in overcoming psychological barriers to getting tested such as fear of discrimination, health-related expenses, loss of job or potential partners and a future with HIV or an STI. Savings helped to buffer these fears and assist women in getting the courage to get tested and know their status. An FGD participant from Adama supported some of this with:

> *"The effect of saving on getting tested is that whenever you feel sick and unhealthy you seek medical attention as soon as possible because you have money at hand. That money will help you if you are positive. With savings fear and stigmatization is less of a threat."*

A future orientation towards life was also prominently linked to testing by IDI informants. Both savings and testing were seen as influenced by this characteristic in CSWs. An IDI informant from Finoteselam suggested a link between future orientation and savings:

> *"Sex workers that are concerned about their future will save money. Others only worry about today and spend all their money on daily expenses or waste it on other things."*

Another IDI informant from Dubti made the link explicit between future orientation and testing:

> *"Those who save will get tested regularly. They are interested in increasing their savings. They want to be healthy to continue in their savings. They are more concerned on what the future will bring. Saving has a contribution in developing a vision to want to live long. Because of this, they will be sure to be tested."*

Several participants also mention that those with savings are typically seeking to transition from sex work. These women are often at heightened concern for entering new stages of their lives healthy and, thus, more likely to get tested.

2.1.3.4 Engagement in IGAs versus Number of Sexual Partners

In the baseline study no association between engaging in additional IGAs and number of sexual partners was found at the $p \leq 0.1$ level. Despite this finding, one hypothesis for a potential relationship might be that having more income reduces the need to engage in transactional sex and having less non-regular partners.

FGD participants suggested that women engaged in more than one IGA are more likely to be married or engaged, have a high number of dependents and thus, higher financial need and are highly motivated to improve their lives. Often, participants suggested that women engaged in more than one IGA were seeking a pathway out of sex work. As a FGD participant from Yirgalem outlines, it is this last characteristic that potentially leads to decreasing the number of sexual partners:

> *"[Additional IGAs] have a very good impact. I personally hate the name commercial sex worker and I am ashamed when someone calls me that. [IGAs] help me to remove this name. I am planning to work this fully and and look after my children. My other work helps to reduce number of sexual partners gradually to the point I completely stop selling sex."*

Other participants suggest that working in group-based IGAs helps to bring in positive peer influence in sexual behaviors such as reducing the number of sexual partners. An FGD participant from Dubti states:

> *"I know sex workers that work in a group…they have shops as a group. Their money is increased and they work together. They encourage the group to work less in sex work and see fewer men. Soon they will stop sex work altogether."*

As this statement also indicates, having a second income that is often safer and potentially more reliable might indeed reduce the need to engage in commercial sex and having fewer non-regular partners. An IDI informant from Debre Birhan lends support to this idea, especially linking IGAs to savings:

> *"Other [IGAs] mean additional money. If I am engaged in two [IGAs], then I can save money from one and use the other for living expenses. When my savings grow I can see less men and focus on my business. Perhaps I will not need to do sex work soon."*

Another IDI informant from Adama suggests that engaging in additional IGAs increases confidence as well as income, both of which assists a women in transitioning from sex work and decreasing the number of partners:

> *"It is good to have more than one source of income in this day. It helps us to get confidence to leave sex work, to turn down men. I do not need them. I can depend on my income from my business and not be a sex worker anymore."*

Finally, a number of FGD participants suggested that engaging in additional IGAs also takes time away from sex work and is often time consuming and, consequently, decreases the number of sexual partners.

Other FGD participants and informants, especially those not involved in SSGs tend to think less of the prospects of IGAs in reducing the number of partners. A FGD participant from Adama stated:

> *"[IGAs] don't change sexual relationship unless they stop doing commercial sex work completely. They always have expenses and think of these. They don't stop having sex with men or decrease the number of partners because they always need the money."*

Several other FGD participants and IDI informants suggested that sex work and a higher number of clients, though risky, brought higher incomes compared to other work and fewer clients. Despite a desire to leave sex work, these women suggest that it would take a considerable amount of time for additional IGAs to pay off and make up for income lost through leaving sex work or reducing partners. Some suggested that they were unwilling to take this risk of additional investment of time and energy as well as forego the higher incomes needed to meet their current, often vulnerable, financial conditions.

2.1.3.5 Engagement in IGAs versus Condom Use

In the baseline study positive associations were found between engaging in additional IGAs and refusing sex without a condom for more money. CSWs were 61% more likely to refuse sex without a condom and this was slightly significant at the $p \leq 0.1$ level. However, no association was found between involvement in additional IGAs and use of a condom with a non-regular partner. Potential hypotheses for these relationships might be similar in that both might result from having an alternative revenue stream that limits the benefits of additional money for practicing unsafe sex, or it might result from a third factor such as education. It is not clear why a significant correlation was found for one and not the other among the baseline sample.

FGD participants largely support the potential hypothesis that extra revenue from additional IGAs lessens the financial need that often drives women to accept more money for sex without a condom. An FGD participant from Mekelle supports this with:

> *"Those that engage in other activities use condoms properly. She doesn't have the financial problems that others do. The major factor that pushes us into unprotected sex is lack of money. A woman in [an IGA] does not worry about this. She can sell her goods."*

While the CSWs did not necessarily suggest that women in IGAs were more educated, many did state that women involved in IGAs have a more future-oriented vision, higher self-confidence and are more likely to want to leave sex work. These factors may be independently associated with condom use. However, many FGD participants and IDI informants seem to also seem to endorse the view that involvement in IGAs leads to increased vision, self-confidence and a desire to leave sex work. For example, an IDI informant from Adama states:

> *"These [IGAs] help you get money. I am in this business because I want money. Here I learned to have a vision for the future and to protect myself with condoms. I am confident now I can leave sex work to focus on my business."*

2.1.3.6 Engagement in IGAs versus Testing for STIs and HIV

Engaging in additional IGAs was found to be positively associated with being tested for STIs among CSWs in the baseline study. CSWs engaging in additional IGAs were 55% more likely to get tested for STIs compared to those CSWs not engaging in additional IGAs and this correlation was found to be significant at the $p \leq 0.05$ level. Potential hypotheses include both indicators are caused by a third factor such as education or,

simply, having additional income allows women to cover any potential financial costs associated with getting tested.

As previously mentioned, FGD participants suggested that women engaged in more than one IGA are more likely to be married or engaged, have a high number of dependents and thus, higher financial need and are highly motivated to improve their lives. Often, participants suggested that women engaged in more than one IGA were seeking a pathway out of sex work. Although more education was not explicitly discussed, some FGD participants suggested that women who engage in additional IGAs are more concerned about their future and their health and potentially more aware of the means for safeguarding these such as through testing for HIV and STIs. An IDI informant from Dupti stated:

> *"I am involved in [additional IGAs] because I am concerned about my future, my child's future. I don't want to do sex work and get sick. I need to be healthy for my business. Because of this, I get tested every three months."*

And another FGD participant from Adama said:

> *"Yes, when you have money [from additional IGAs] you become more cautious about health, you want to know your status, whether you are victim of HIV or not. Generally those who understand about the importance of testing get tested more frequently. Lacking money makes you to forget about yourself and what will protect you, but as you get money you take care of yourself and get tested."*

Many of the FGD participants and IDI informants, when discussing the relationship between engagement in additional IGAs and getting tested for HIV and STIs stressed this future orientation as a potential explanatory factor for heightening concern for health and awareness of options for safeguarding their health, especially through testing.

Additional income resulting from engagement in additional IGAs is also frequently mentioned as a factor in getting tested. However, additional income was more often seen as a means for coping with a positive test rather than paying for any costs associated with testing. An FGD informant from Yirgalem explained:

> *"[IGAs] and savings from it increases a woman's testing habit. It helps her if her test is positive so she can use the money to take care of herself. If she can't take care of herself why would she want to know [her status]?"*

There were very few FGD participants and IDI informants that suggested women engaged in additional IGAs were less likely or just as likely as those not involved to get tested. Those that did primarily suggested that women might be too busy working multiple IGAs and testing might take on a lower priority. Others suggest that these women might lose out on opportunities to get tested through the assistance of sex work establishments.

2.1.3.7 Spending Patterns and Risky Sexual Behavior

FGD participants indicated that they spent much of their income primarily on fulfilling their basic needs including food and house rent or for professional expenses such as cosmetics and clothing. Those with family members, especially children, spent money on remittances to their family or for their children's basic needs and schooling. Several FGD participants and IDI informants suggested having to pay back loans for such things as unexpected illnesses or for school supplies for their children or to pay their brokers. An FGD participant from Debre Birhan linked this to risky sexual behaviors:

> *"I pay for many things. I spend whatever I earn on my children, on my house, on my clothing and there is nothing left over. Maybe I take a loan. How am I to pay? I must find more work with clients."*

This participant makes clear that the women have a number of expenses and the larger the expenses or the more the expenses exceed income, the more likely a CSW is to take risks such as more partners or foregoing condom use in order to be able to achieve more financial stability or to provide.

Substances such as alcohol and *khat* were frequently mentioned expenses. Chewing *khat* was often mentioned as helping women to, as an IDI informant from Debre Birhan stated, "tolerate" sex work. A small number of FGD participants stated that CSWs addicted to *khat* would be more likely to take on additional partners or to not use condoms to support the cost of their habit. Addiction to alcohol, on the other hand, was frequently acknowledged as leading to risky sexual behaviors, especially not using condoms. This occurred due to the influence of alcohol as well as the cost of the habit.

2.2 *Female Daily Laborers*

2.2.1 Profile of Female Daily Laborers

Table 3: Socio-demographic Characteristics of FDLs (FGD Participants)

	%	N
Age Group:		
10-19	33	36
20-29	53	58
30-39	10	11
40-49	4	4
50+	0	0
Marital Status:		
Single	64	70
Married	26	28
Divorced	7	8
Widowed	3	3
Place of Birth		
Urban	46	50
Rural	54	59
Education		
Non-literate	26	28
Read and Write Only	7	8
Primary	35	38
Secondary	28	30
Above Secondary	5	5
Duration of Stay in Town in Years		
>1	8	9
1-5	62	68
6-10	10	11
11-15	14	15
16+	6	6
Work Experience in Years		
>1	17	19
1-5	77	84
6-10	6	6
11+	0	0
Total		**109**

Table 3 presents selected background characteristics of the FDLs included in FGDs. A total of 109 FDLs participated in FGDs. Slightly more than half of the participants were between 20-29 years of age. One third of participants were between 10-19 years of age, 14% were over the age of 40. Nearly two-thirds of the participants were single, one-quarter were married and the remaining 10% were either widowed or divorced. Slightly more than half of FDL FGD participants were born in rural areas (55%) compared to urban areas (45%). Approximately one-quarter of the participants (26%) could not read or write, over one-third had received some primary level instruction (35%) and 28% some secondary education. Compared to CSWs, FDL FGD participants tended to be

younger, were more likely to be single or married, were more likely to come from rural areas and were more educated.

2.2.2 Pulling and Pushing Factors

Push Factors:
The primary push factors for engaging in both daily labor and transactional sex for FGD participants and IDI informants in this study revolve around economic vulnerability and needs. Many suggested that poverty and a lack of other options drove women into daily labor. Given the low and unstable wages associated with daily labor and the relatively high cost of living in the towns, the same factors pushed some FDLs into transactional sex to supplement or earn higher incomes. This vulnerability and need was particularly acute for young women migrating from rural areas and for FDLs with dependents given their increased financial need. FGD participants in Dubti spoke to the former:

> *"Most of FDLs come from rural areas to get a job. In rural areas, there are no job opportunities, only poverty. When they come to town they have no experience or skills. Daily labor is the only job available for them."*

Many participants also went on to explain that there are significant expenses associated with relocating and finding housing in towns. Another FGD participant from Dubti added the link to transactional sex and the additional push factor of providing for family members:

> *"Those [FDLs] who take money for sex are from poor families. Their family expects money from them and they do not care how she gets money. They are only concerned about getting money. After giving money to my family, there is none for house rent, food and clothing on daily labor wages."*

Additional push factors for daily labor include women relocating to towns to escape arranged or problematic marriages and other family problems. For transactional sex among FDLs, several FGD participants and IDI informants suggested that coercive relationships between FDLs and their supervisors or male coworkers, often involving sex, pave the way for FDLs to engage in transactional sex. Finally, several FGD participants suggested that transactional sex among FDLs can potentially transform into commercial sex work and that CSWs often began as FDLs.

Pull Factors:
FDLs also mentioned pull factors for both daily labor and transactional sex. FGD participants and IDI informants often mentioned shame associated with returning to their original homes or families without having earned money. This was very common among former students who have discontinued their education and taken up daily labor. Several of the IDI informants suggested that they wanted their own source of income to buy clothing and cosmetics like they have observed in their peers. Again, given the low wages associated with daily labor, many women either mentioned knowing a fellow FDL or themselves having engaged in transactional sex for gifts such as money, clothes and rent. Finally, transactional relationships with supervisors were not always mentioned as

coercive. At times, FDG participants seemed to discuss such relationships as a voluntary strategy for receiving higher incomes, less intensive work and more permanent positions.

2.2.2.1 Social Networks

Social networks for FDLs consisted of the following people with both positive and negative influences for both risky sexual behaviors and engagement in savings practices and additional IGAs.

Employers: Employers or job foremen are seen as having a key role in an FDL's level of income, intensity of job tasks and job security. FDLs stressed the precariousness of these factors, especially job security or gaining employment. They reported that these factors were heavily dependent on an employer's acceptance and satisfaction. Some FDLs stated that this acceptance was often coercive and based on fulfilling the sexual demand of their employers. Several FDL's mentioned that they lost their jobs or income was withheld due to declining sexual relations with their bosses. Others reported that they agreed to these relationships, often with reservations. Still others suggested voluntarily pursuing these relationships for the expected benefits they might bring. On the positive side, employers were also a source of loans in times of difficulty.

Male coworkers: Similar to employers, male coworkers were generally reported to be abusive and to practice gender discrimination on the job. Some IDI informants stated that they left their place of employment due to problems with male coworkers. FGD participants offered several stories in which FDLs were even raped by their male counterparts. FDLs frequently mentioned establishing sexual relationships with their male coworkers, which may result in more regular partnerships. Condom use in these partnerships was suggested as quite low.

Female coworkers and peers: FDLs mentioned that their peer networks were often a source of information on job opportunities, health advice and savings and IGA opportunities. As well, female coworkers were mentioned as a source of support, especially in times of illness or financial difficulties. Female coworkers were also a source of loans during these difficult periods. FGD participants also noted that these networks were often ethnically based. On the negative side, some IDI informants suggested that they first learned about transactional sex from their coworkers or peers and were often envious of the extra income and purchases of their peers.

Boyfriends/husbands: Boyfriends or husbands were mentioned as a source of psychological and financial support for FDLs and generally accepting of their involvement in additional IGAs and savings practices. However, they were also noted as barriers to practicing safe sex, seen as a source of STIs and HIV through affairs and created additional stresses for FDLs if the relationship ended.

Brokers: Participants in this study infrequently mentioned brokers as members of their social networks. However, some IDI informants stated that brokers assisted in finding daily labor positions and some brokers were instrumental in transitioning FDLs from daily labor to engaging in commercial sex work.

Savings groups: For those FDLs involved in formal or informal savings groups, these groups were often seen as a source of psychological support and health information. FGD participants noted that savings groups were often where they first heard of key health messages and strategies for ensuring better health.

2.2.2.2 Mobility

Slightly more than half of the FGD participants were from rural areas. Many participants also noted that they came from other towns in search of work or better opportunities. Nearly 85% of FGD participants had worked as FDLs for one to five years and two-thirds have resided in their current town for the same duration.

Most FGD participants and IDI informants suggested that FDLs were typically a young and highly mobile population. Changing work places or types of daily labor work was reported as relatively common for participants and informants in this study. Daily labor was seen as temporary, insecure and seasonal in nature. FDLs frequently reported losing their jobs due to decreasing demand for their services or because of difficulties with their coworkers or supervisors. FGD participants also suggest that women voluntarily search for better paying jobs, less labor or time intensive positions and due to disagreements with employers or (often male) coworkers.

Prior to working in daily labor, most participants and informants suggested that they either were unemployed, students or housemaids. Another commonly mentioned strategy for upward mobility was entering into a relationship, often sexual in nature, with their foreman. This was often seen as resulting in higher pay, easier workloads and securer positions in daily labor.

2.2.3 Economic Strengthening, Spending and Sexual Practices

Engaging in additional IGAs or saving money may lead to increased economic power that ultimately leads to safer practices. Although the baseline study was limited by a small sample size and methodological rigor, several correlations were found between engagement in additional IGAs or saving money and key risk behaviors including number of sexual partners, condom use, and testing for HIV and STIs. These correlations merited further investigation through qualitative study. This section explores the effects of economic strengthening and spending patterns of FDLs on their sexual practices and their implications on the level of risky sexual behavior.

2.2.3.1 Saving Practices versus Number of Sexual Partners

Potential hypotheses for relationships between savings practices and number of sexual partners for FDLs are relatively similar as for CSWs. However, the nature of sexual partnerships is significantly different for FDLs. In the baseline study the number of sexual partners is relatively low for FDLs in comparison to CSWs. FDLs with two or more sexual partners in the previous 12 months were relatively rare (4%). Only 10% reported transactional sex with non-regular partners in the previous 12 months. These low

numbers make any potential correlations tenuous. However, no significant correlations were found between savings practices and number of sexual partners.

FDLs participating in this study generally reported difficulty in saving given the low wages of daily labor. No FDL participants in this study mentioned having savings in the bank. In contrast to CSWs, most FDLs suggested that savings and number of partners should be inversely related and generally saw the causal pathway as existence of savings leads to fewer sexual partners. Both FGD participants and IDI informants agreed that FDLs primarily take on additional sexual partners or engage in transactional sex as a means to supplement their low incomes and to meet daily expenses such as for food, clothing and house rent or to receive non-monetary gifts. No participants in this study spoke of these sexual relationships as leading to increased savings. A FGD participant from Yirgalem asked and answered:

> *"When they save money, what will push them to have more partners? A woman who saves won't engage in these sexual relationships. When she faces a shortage of money, she can take money from her savings. If she has savings she will focus on growing that savings and has no time to think of sexual relations. She will gradually decrease her number of partners to one."*

A number of IDI informants supported this view as well as talked about having savings as something to be respected by peers and leads to increased self-esteem and self-respect. Having a large number of sexual partners was generally stigmatized and seen as demeaning. An IDI informant from Finoteselam states:

> *"If she has and saves money, she doesn't want to be in these [transactional] relationships with many men. If she has savings she will stop these behaviors. She will have high respect for herself and confidence. She will have more respect by the community."*

IDI informants also saw the existence of savings as leading to new opportunities like additional or alternative IGAs. These informants suggested that sexual partnerships would be an unneeded distraction to investing time and money into these opportunities.

2.2.3.2 Saving Practices versus Condom Use

Potential hypotheses for relationships between savings practices and condom use for FDLs include: 1) women that save feel more empowered to ask their partners to use a condom; and 2) savings might be associated with higher incomes which are, in turn, associated with higher education and condom use. Savings was found to be associated with condom use with regular partners. FDLs with savings were 86% more likely to regularly use condoms with their regular partners. This relationship was highly significant at the $p \leq 0.1$ level.

Whereas one of the main barriers to condom use among CSWs was the opportunity cost of increased incomes and savings from foregoing condom usage, for FDLs the primary barrier mentioned for condom use was the inability to negotiate condom use with a regular partner. Condom use was found to be generally low among FDL respondents in

the baseline sample; only one-fifth of the respondents reported using condoms with their regular partners. Savings was generally seen as contributing to an FDL's power to negotiate condom use with these partners. An FGD participant from Yirgalem stated this very well:

> *"Most of the time, women are deceived into not using condoms due to economic problems. For instance, if I live under my husband's control and am without work or income, I won't have the power to refuse sex without a condom even if he is gone from home and I suspect he is having sexual relations outside our marriage. If I save money, I will have the power to negotiate and ask him to use condoms."*

Having an independent savings was also mentioned as a means for purchasing condoms and having them available during condom negotiation, especially if her partner is not supportive and generally controls the household income and expenses. When asked to describe FDLs who save money, participants in this study did suggest that they were more likely to be educated and aware of how to protect their health. They also stated that these women are more likely to have a future orientation and to be risk averse. So there is the possibility for support for the role of education and additional mechanisms. However, participants in this study did not directly discuss these potential mechanisms in relation to condom use further.

Savings in groups was also seen as a means for adding in group support and the benefit of information from social networks about condom use. An IDI informant from Finoteselam stated:

> *"Saving is of two types: saving by yourself or saving in a group. Those saving in a group get training about using condoms. There are ladies who understand about condoms; they carry condoms and give to others in their group. Women who are aware of condoms will not have unprotected sex."*

Some IDI informants, however, did suggest that savings is unlikely to have an effect on condom use. They stressed the generally small amounts of savings that FDLs are able to accrue and suggest that this is inadequate to negotiate condom use or to turn down offers of transactional sex without condoms. Instead, these informants suggest that by engaging in these practices, FDLs are more likely to turn financial benefits into savings.

> *"How do you save in our work? Women will enter into risky sexual relationships for financial need. Some women do not even think about HIV and condoms when they see a lot of money. Saving money may or may not help, but I don't think so. How do you save without this money?"*

This is similar to the relationships between savings and condom use seen among CSWs but appears to be a minority view.

2.2.3.3 Saving Practices versus Testing for STIs and HIV

Having savings in the bank was found to be positively associated with being tested for HIV among FDLs in the baseline study. FDLs engaging with savings in the bank were 62% more likely to get tested compared to those FDLs without such savings and this correlation was found to be significant at the $p \leq 0.05$ level. However, it must be noted

that this correlations relied on relatively small sample sizes. Simply having savings (not in the bank) was not associated with testing for FDLs. Despite this lack of association, potential hypotheses include both indicators are caused by a third factor such as future orientation or, simply, having savings allows women to cover any potential financial costs associated with getting tested.

The predominant mechanism for the relationship between savings and testing according to participants in this study involves future orientation. Future orientation may be seen as causing both engagement in savings and testing. An IDI informant from Debre Birhan suggests these causal relationships:

> *"Those who are saving money have their plans for their future lives. This plan means they focus on their health and get tested for HIV."*

Others suggest that future orientation is an intermediate variable brought about by savings and resulting in increased likelihood of testing. An IDI informant from Yirgalem stated:

> *"Before I began saving there was not future for me. I was only living for one day at a time. Now that I have extra income saved I can plan for my future and begin looking to start a business. To be successful, it is very important to know my status and get tested."*

A number of statements made by participants in this study reflect both of these viewpoints making it difficult to discern which mechanism is more likely.

In addition to future orientation, FGD participants and IDI informants link savings to increased self-confidence and less fear of testing. Fear of testing and the effects of a positive result is a major barrier for testing. Several IDI informants question whether knowing their status is positive if they lack the resources to act on this information. According to many FGD participants, the existence of savings, however, begins to tip the balance in favor of getting tested. A FGD participant from Adama stated:

> *"A woman if she has to buy medicine from outside, she can buy from her saving. If she became HIV positive, she lives positively using her saving and working according to her strength. Women who don't have saving will fear to get tested. Because they think if they are found to be positive, life will be more difficult to lead. On the other hand, women who save money are optimistic so it will help them get tested more often."*

Other potential mechanisms consist of increased positive social contacts that encourage and support testing through savings groups. Few participants endorse the hypothesis that having savings allows women to cover direct costs of testing as most point out that testing can be conducted free of charge. However, some IDI informants stated that having savings made it easier to take a day off of work and potentially lose out on income to get tested.

A small number of IDI informants state that savings was unlikely to lead to testing. Some suggested that savings was too small to cover the effects of a positive test and that fear of

a positive result was still too high to overcome with savings. An IDI informant from Mekelle stated:

> *"Fear of being HIV positive is too great for me. I know a woman who tested positive and died shortly after. She had money. What should I do as a poor woman with little savings if I am found to be positive? There is nothing I can do."*

Participants also mentioned that having savings didn't affect whether their partners would get tested and that the support of a partner in getting tested was often more important than savings in getting tested.

2.2.3.4 Engagement in IGAs versus Number of Sexual Partners

In the baseline study no association between engaging in additional IGAs and number of non-regular sexual partners was found for FDLs. Despite this finding, the primary hypothesis for a potential relationship would be that having more income reduces the need to engage in transactional sex and having less non-regular partners.

When asked to describe what type of FDL engages in additional IGAs, participants suggested that women in additional IGAs were more likely to be divorced with children and with greater economic needs. Most study participants stated that the additional income from other IGAs was instrumental in enabling a woman to forego income and gifts from transactional sex. This income and these gifts were the primary reason for engaging with more than one sexual partner. Most FGD participants and IDI informants acknowledged that additional sexual partners increased their risk for HIV, violence and pregnancy and saw these partnerships as something to avoid. In addition, several suggested that additional partnerships took away from their "independence." Avoiding these risks was especially important to avoid for women in precarious financial situations such as a divorced woman with children or a young woman beginning an additional IGA.

Participants in this study gave considerable support to the hypothesis that having more income reduces the need to engage in transactional sex and having less non-regular partnerships. Most participants were fairly direct on this mechanism such as an FGD participant from Adama:

> *"If a woman engages in an IGA she has the money for her requirements. She does not need to look for money or gifts through sex with men. She does not need to expose herself to HIV or unwanted pregnancy."*

However, a number of other FGD participants suggested that women who tend to be involved in additional IGAs are also those who are more likely to reduce their sexual partners through awareness of risks. An FGD participant from Yirgalem stated:

> *"A woman who goes for [additional] IGAs knows of such things to protect her health. She wants to improve herself and her family's life. So she will not engage with more men for money. She will have one man or maybe not even that."*

As can be seen, this participant also suggested that women are more future oriented as well as aware of health risks. Still others suggested that women involved in additional

IGAs and especially those with children will simply not have enough time, will be too exhausted or will not be interested in engaging additional partners. Another FGD participant from Yirgalem suggested:

> *"Being idle is the reason for engaging in sexual relations. A woman in an [additional] IGA will not be idle. She will be too tired and uninterested in men. She will decrease her number of partners until she has one permanent friend."*

A final mechanism is that involvement in additional IGAs was often said to increase an FDL's social network. This social network might involve women more knowledgable on health and result in positive health behaviors. For example, an IDI informant from Dubti stated:

> *"They [IGAs] can bring change. I work with women in a group. We have a shop in a group. We correct each other if one among us misbehaves. We discuss issues like sex. This discussion is good to bring behavioral changes including sexual partner reduction."*

However, others see little effect of additional IGAs on the number of sexual partners. Many suggested that the number of sexual partners is already very low. This was supported by baseline survey findings. Approximately two-thirds of the IDI informants stated that they have not had sexual relations or have only one partner. Concurrent partners were rare and most did not have direct experience with transactional sex. One IDI informant from Debre Birhan even questioned whether an inverse relationship might hold, especially for starting up a business:

> *"If I want to start a coffee stand, where will I get money to begin? It will not come from my [FDL] salary, it is too small. There are no opportunities for this money. Only a man can help."*

2.2.3.5 Engagement in IGAs versus Condom Use

Engagement in IGAs potentially leads to higher incomes, which may assist an FDL to obtain condoms and negotiate condom use with their sexual partners. Increased education and risk aversion might also be associated with both condom use and engagement in IGAs. The baseline study with FDLs, however, did not find significant associations between engagement in IGAs and condom use with non-regular partners or refusing sex without condom for more money. Correlations were only measured for condom use with non-regular partners, which tended to be transactional in nature. Associations for regular partners were not determined. Despite not finding evidence of these associations, both FDG participants and IDI informants noted the importance of several mechanisms through which additional IGAs influence condom use.

The two most frequently mentioned effects by IDI informants of IGAs on condom use is that additional IGAs lead to: 1) increased awareness and sensitization of condom use through increased social contacts and networks; and 2) power to negotiate condom use with partners through increased self-confidence and incomes/savings. An IDI informant from Debre Birhan captured both of these pathways:

"With my extra business, I have more money and am more capable. I am more aware of condoms and my attitude has become better from when I was just working in construction. As I am involved in many [IGAs], I communicate and gather information about condoms. If I encounter a person that doesn't want to use a condom, I don't accept his request. I can convince him to use a condom or stop the relationship because I earn enough income."

However, for the first pathway, the direction of causality could potentially be reversed. It may be that FDLs with more education, experience and social networks in their towns of residence are more likely to be engaged in IGAs and more likely to be aware of and use condoms. Nevertheless, as this informant suggests, engagement in additional IGAs may lead to new social contacts and networks bringing new, positive attitudes and behaviors. Other IDI informants, especially those that note they are more recent migrants to their current town of residence, simply suggest that extra income from IGAs makes it easier to access and obtain condoms.

FGD participants also highlighted both of these pathways. In addition, participants also frequently mentioned the importance of IGAs in increasing an FDL's self-confidence and future orientation. These characteristics were noted as leading to a relatively high degree of risk aversion and condom use. For some of these participants, their additional IGAs begin to outweigh their work as FDLs and growing their additional IGA becomes an important future goal. As a result, a number of participants suggested that they have become more risk averse as they invest their energies in their additional IGAs. A FGD participant from Yirgalem states:

"My business is improving and widening. I do not want to get sick and lose this and only have [temporary] labor for money. There is no future in seasonal work. I must use condoms with my boyfriend to avoid HIV."

FGD participants also suggested reverse causality in this pathway: that a future orientation leads to engagement in additional IGAs. When asked to describe FDLs who engage in additional IGAs, FGD participants in Yirgalem stated:

"She who does additional work other than daily labor is interested in improving her life. She wants to change herself and doesn't think about sex without condoms. She wants more money for herself and her family. She protects herself against HIV and pregnancy."

Despite positive statements given about these relationships, a number of IDI informants and specific participants in FGDs, despite their involvement in additional IGAs, acknowledged that they often do not use condoms in instances of transactional sex with their non-regular partners. A number of reasons were given that have been previously discussed as barriers to condom use among FDLs. Even more so than transactional sex partners, the majority of IDI informants state that they do not regularly use condoms with their regular partners. FGD participants also supported this finding. Engagement in additional IGAs did not appear to have any effect on condom use with regular partners among the participants in this study. Finally, participants in this study rarely discussed transactional sex without condoms in relation to engagement in additional IGAs.

2.2.3.6 Engagement in IGAs versus Testing for STIs and HIV

It may be hypothesized that having additional income from IGAs allows women to cover potential financial costs associated with getting tested for STIs and HIV. Alternatively, a third factor such as education or risk aversion might help explain the association between these behaviors. In the baseline study there was no association between testing for STIs and involvement in additional IGAs among FDLs. Despite this lack of correlation, there was some support for both hypotheses as well as additional unique mechanisms in the qualitative study sample.

A few IDI informants suggested that extra income from IGAs directly facilitates testing with the extra income being used to cover the direct costs of the test. However, the majority of informants and FGD participants suggest that testing is easily accessible and often free. A few more spoke to the opportunity costs associated with taking a day off of daily labor for getting tested suggesting that those women in IGAs have less of a problem missing a day of work because of their extra income. Another indirect route for this mechanism is that women in IGAs have a wider social network and are often involved in groups. Several FGD participants and IDI informants stated that peer interaction (and pressure) in these networks led to testing. A FGD participant from Mekelle supports this:

> *"If she works her business in a group, she can get counseling and information from her group members. They can encourage her to get tested regularly and support her. If she works more than daily labor where women don't know about testing, it helps her to know more things and get tested."*

As mentioned previously, fear of a positive test is one the most cited reasons for avoiding testing. Many of the responses spoke to such psychological characteristics as future orientation and self-confidence as factors that help overcome this fear. This psychological resilience is also spoken of as being strengthened through participation in additional IGAs. An IDI informant from Debre Birhan supports this with:

> *"A woman with many [IGAs] will get tested frequently to fulfill her plans. I want a good future life. I am interested in my future health and desire to live long and use my income to do better. "*

And a FGD participant from Yirgalem states:

> *"Women in [additional IGAs] will be confident from running their own business. They will test frequently without fear."*

Related to these psychological variables, many FGD participants also noted that involvement in additional IGAs and the resulting higher incomes gives more security in the face of a potentially positive test. Those without money have little incentive to know their status if they have no control over this potentiality. An IDI informant from Adama links involvement in additional IGAs with savings to demonstrate this sense of security:

> *"Working on additional income generating activity, I have more money than the ones who don't. I can save money and use savings if I get sick but women who don't save may not have the money to get tested and seek treatment."*

Despite the lack of an association, FGD participants and IDI informants generally supported the idea that involvement in additional IGAs increases the likelihood for testing despite significant fear of getting tested. There is support that it does so through increased incomes, decreasing financial barriers for testing, increasing positive social networks, increasing security and psychological resilience for coping with a positive test.

2.2.3.7 Spending Patterns and Risky Sexual Behavior

According to most FDL participants in this study, their income is mostly spent on basic needs such as food/clothing for themselves, their partners and their children, school fees and supplies for their children and housing. Rent for housing was seen as particularly problematic as well as the timing of school fees for children as these did not always coincide with times of payment from their daily labor. Consequently, many FGD participants and IDI informants noted that they took loans. Very few however expanded on the conditions of these loans. Other expenses consisted of remittances to family members, especially those in rural areas, monthly payments for *idir* (burial association) and other social obligations, and "social life." Oftentimes, expenses for social life included money for *khat* and alcohol with most acknowledging their relationship to risky sexual behaviors.

Saving money was reported to be very difficult if not impossible mainly because of low wages and rising cost of living, especially house rent. A few reported small savings either personally or through small savings group association. Low wages and high expenses, especially for those with dependents or with acute financial needs, were frequently seen as a catalyst for taking on transactional sex.

2.3 Waitresses

2.3.1 Profile of Waitresses

Table 4: Socio-demographic Characteristics of Waitresses

	%	N
Age Group:		
10-19	33	16
20-29	63	31
30-39	4	2
40+	0	0
Marital Status:		
Single	55	27
Married	16	8
Divorced	27	13
Widowed	2	1
Place of Birth		
Urban	80	39
Rural	20	10
Education		
Non-literate	11	5
Primary	39	19
Secondary	43	21
Above Secondary	7	4
Place of Work		
Hotel	53	26
Café/Tea Room	31	15
Others	16	8
Duration of Stay in Town in Years		
>1	10	5
1-5	69	34
6-10	8	4
11-15	0	0
16+	12	6
Work Experience in Years		
>1	10	5
1-5	84	41
6-10	6	3
11+	0	0
Total		**49**

Table 4 presents selected background characteristics of the waitresses included in FGDs. A total of 49 waitresses participated in FGDs. Nearly two-thirds of the participants were 20-29 years of age and most of the remaining were aged 10-19 years. Fifty-five percent were single, 16% were married and 29% were divorced/widowed. Eleven percent of the participants could not read or write, over one-third had received some primary level instruction (39%) and nearly half 43% some secondary education. The majority of participants worked at either hotels (51%) or cafes (27%). Eighty percent of the

participants were born in urban areas compared to 20% in rural areas. While the participants were similar to FDLs in terms of age, waitress FGD participants tended to be more likely to be single, from urban areas and more educated compared to FDLs and CSWs.

2.3.2 Pulling and Pushing Factors

Push Factors:
Similar to both CSWs and FDLs, primary push factors for engaging in both waitressing and transactional sex for waitresses in this study revolve around economic vulnerability and needs. Many suggested that poverty and lack of other employment options for unskilled women drove them to waitressing. For many, this was combined with family pressures to earn income. An IDI informant Yirgalem stated this in relation to waitressing:

> *"There are no jobs in my hometown. I came here looking for better pay. My family told me to start earning an income. We are a poor family and need money and my father told me to find work in town to help support the family."*

This participant also suggested poverty in combination with family obligations and pressure drove women to leave their homes to find work in towns.

Poverty and low incomes was also frequently seen as a push factor for engaging in transactional sex. An FGD participant from Adama stated this in relation to transactional sex while working as a waitress:

> *"The first problem I want to express is the high price of the goods. In contrast, our income is low, so we can't buy goods necessary for life. The goods in the market don't match with our salary. As a result, we are forced into sex for money. We can't protect ourselves from the unexpected problems with our salary."*

Giving the extra push into transactional sex and even commercial sex work, the majority of waitresses in this study suggested that community members and customers frequently assume that they are sex workers given their attire, their coexistence with CSWs at many of their places of employment and the relatively high permeability between waitressing and sex work: An FGD participant from Dubti says:

> *"They expect us to be seekers of male sexual partners. There are people who insult us and those that push and encourage us to sell sex for money. Some [customers] were asking us to have sexual intercourse with them. If we say no for their request, they abuse us and say 'why are you here?' because they consider our jobs as selling sex.* This is challenging for poor woman without options.*"*

They also mentioned that their places of employment were often negative environments for avoiding opportunities for transactional sex.

Pull Factors:
FGD participants and IDI informants also mentioned pulling factors. Some mentioned shame associated with returning to their original homes or families without having earned money. Others stated that they envied CSWs' apparent prosperity in terms of their clothes and "freedom." Tying both of these together, one IDI informant from Mekelle stated:

"Our salary is not enough with what we need and what we want. This would be enough to the previous generation of my family. I quarrel with them on this. To get enough money for what I want, I have [transactional] sex. I came to this town to escape my family's ideas. They do not understand today's changes and developments at all."

Although this is a complex statement, it speaks to several factors that pulled this woman to the town and to transactional sex. Two other IDIs gave a different take on "freedom," suggesting that they would rather work as CSWs from their home or out of view of customers so as to not be judged or harassed by the public.

2.3.2.1 Social Networks

Social networks for waitresses consisted of the following people with both positive and negative influences for both risky sexual behaviors and engagement in savings practices and additional IGAs.

Establishment owners: Most participants in this study described their relationships with establishment owners negative. Employers were generally seen as manipulative and demanding. Some even stated that owners demand sexual favors from the waitresses as a condition of hiring or gaining extra income and others require women to wear expensive clothes to attract customers at the waitresses' expense. A small number of participants described their relationship with employers as positive. These participants described situations in which owners provided advice, support in times of illness and even health-related messages.

Female coworkers and peers: Although a small number of participants suggested conflicts with their fellow waitresses, most mentioned that this group of peers was the most influential and trusted members of their social networks. Participants mentioned that their peer networks were often a source of information on job opportunities, health advice and savings and IGA opportunities. As well, female coworkers were mentioned as a source of support, especially in times of illness or financial difficulties. Female coworkers were also a source of loans during these difficult periods.

Sex workers: Women working as waitresses in commercial sex work settings, such as in hotels, often described a significant amount of interaction with CSWs. CSW's apparent financial success and even their encouragement to enter into transactional sex or commercial sex work was commonly reported as pulling women into these relationships. On the other hand, a few participants suggested that CSWs were a source of health information and advice.

Boyfriends/husbands: Boyfriends or husbands were mentioned as a source of psychological and financial support for waitresses. However, they were also noted as barriers to practicing safe sex, seen as a source of STIs and HIV through affairs and created additional stresses for waitresses if the relationship ended.

Brokers: Participants in this study frequently mentioned brokers as members of their social networks. Brokers were generally supportive to waitresses in helping them find new places of employment and better paying opportunities. Some waitresses, however, suggested that brokers exploited them financially by changing rates or offering exploitative loans.

Frequent/positive customers: Although most customers were seen negatively, some were reported to provide women with high tips without expectation of sex and to offer advice on health, business opportunities and saving.

Savings groups: For those waitresses involved in formal or informal savings groups, these groups were often seen as a source of psychological support and health information.

2.3.2.2 Mobility

Most of the FGD participants suggested that although they were from urban areas, though not often in their place of birth. They also suggested that there was a large influx of rural women in waitressing positions. Frequent change of town and place of work appeared to be quite common among these participants. Most participants suggested that waitresses were often former students, housemaids and even FDLs. Many also stated that women frequently transitioned from waitressing to commercial sex work, especially women employed in large hotels. Participants primarily mentioned increased income, job security and decreased workload as reasons for transitioning between these occupations. As well, securing a position in a hotel was often seen as career advancement with higher incomes. Better wages were the primary reason for changing establishments followed by the search for less labor or time intensive positions, problems with the clientele and problems with fellow coworkers or abusive owners.

2.3.3 Economic Strengthening, Spending and Sexual Practices

Engaging in additional IGAs or saving money may lead to increased economic power that ultimately leads to safer practices. Although the baseline study was limited by a small sample size and methodological rigor, several correlations were found between engagement in additional IGAs or saving money and key risk behaviors including number of sexual partners, condom use, and testing for HIV and STIs. These correlations merited further investigation through qualitative study. This section explores the effects of economic strengthening and spending patterns of waitresses on their sexual practices and their implications on the level of risky sexual behavior.

2.3.3.1 Saving Practices versus Number of Sexual Partners

Engaging in informal savings or having savings in the bank was not found to be associated with number of regular and non-regular partners among waitresses in the baseline study. Nevertheless, there may be mechanisms such as: 1) savings provides security against economic need, which leads to taking on additional sexual partners; 2) reverse causation between savings and number of sexual partners for informal savings;

and 3) future orientation and risk aversion among women who save, potentially reducing the number of sexual partners.

Most waitresses suggest that it is very difficult to save given their small salary as compared to expenses. The positive relationship between economic need/vulnerability and taking on additional sexual partners for gifts or money was frequently recognized waitresses in this study. The most widely noted mechanism relates to saving's capacity to minimize this relationship by alleviating, to some extent, economic need and compulsion to take on additional sexual partners. An FGD participant from Debre Birhan linked many of the above ideas when asked what affects the number of sexual partners:

> *"It is money. Women who have no money will take [more] sexual partners for money. If she has savings she might not go with these men. She can stop having sex with men and start her own life with one husband. She can start a new job."*

An IDI informant from Finoteselam mentions that saving money gives women "freedom" from economic vulnerability and need for transactional sex:

> *"The decision to have only one sexual partner is a change for me since I have savings. In our situation, we need to sell sex to men to fulfill our needs. With money, I can fulfill my own needs without men. I am free to have fewer partners."*

Future orientation was also frequently mentioned as a factor in the relationship between saving and number of sexual partners. A FGD participant from Adama suggested that having savings directly leads to increased future orientation leading a woman to utilize her savings for investing in future, a future that involves fewer sexual partners:

> *"[A woman with savings] will invest in her future. She has savings and she will look to her future for better living. With savings, she decides to turn it to her future and invest properly in a business. She will protect herself from risk. It helps her to reduce her sexual partners as she now has vision. Those who have not saved will engage multiple partners for the sake of money."*

Finally, Some participants also suggested that having savings prevents women from having to take loans from establishment owners or brokers. These loans may lead to extended expenses and high interest rates or other such compulsions that only increase economic need and compulsion to take on additional partners.

Some IDI informants, however, noted a potentially negative relationship between saving practices and reducing the number of sexual partners. Several noted that the goal of their savings practices was to buy the clothes, jewelry and cosmetics to make them "better at their job" as one IDI from Finoteselam stated which consists of being more attractive to customers and potentially facilitating transactional sex. In addition, when asked to distinguish between those waitresses who have sex in exchange for money or gifts compared to those that don't, most FGD participants suggested that the former are more likely to have higher incomes. Some even suggested that higher incomes are more likely to lead to ability to save. For example, an FGD participant from Yirgalem stated:

"They [waitresses that engage in transactional sex] will have more income, three times more income, compared to women who don't. Some may make more money in one day than we make in one month. They will have better clothes and less difficulty with rent. They can save the money that is left. They can do whatever they want with their money."

Some relationships are slightly more complicated. An IDI informant from Debre Birhan supported this by suggesting her own strategy for saving:

"I save all my money from sex. When I get more, I can return home to my family…For example from what I observed, there was one woman who most of the time spent her time with men. So in a short time she got a lot of money. She immediately went back to her husband."

This informant suggested that she is engaging in more sexual partnerships in the short term in order to get more savings and to be able to potentially decrease her number of partners in the long term.

Others suggest that savings would have no effect without awareness of health risks. Another FGD participant from Dubti stated:

"She can save the money and put herself in a better place. She can get better health from less sex with fewer men. But this will only happen if she is aware of AIDS, if she knows having sex with more men will lead her to AIDS. Otherwise, having [savings] will not help her from AIDS."

Finally, some IDI informants simply suggested that financial and other vulnerabilities were simply too high and that the level of savings waitresses are able to achieve are simply too low to prevent transactional sex. An IDI informant from Adama stated:

"I know the importance of saving for my needs, but it has no effect on my sexual life. The money [from savings], I don't think, has any impact on my sexual life. It does not change our [waitresses] lives. We [engage in transactional] sex in order to get money to solve our financial problems. There is no other way for our lives to improve that I know."

2.3.3.2 Saving Practices versus Condom Use

Engaging in informal saving practices was not found to be associated with condom use for waitresses with regular or non-regular sexual partners. Despite the lack of association, potential hypotheses for relationships between savings practices and condom use include: 1) women that save feel more empowered to ask their partners to use a condom; and 2) savings might be associated with higher incomes which are, in turn, associated with higher education and condom use. A troubling association between engaging in savings in the bank and condom usage was found. According to baseline survey results, waitresses engaging in saving in the bank were 19% less likely to use condoms with non-regular partners. This correlation was found to be slightly significant at the $p \leq 0.10$ level. It could be possible that given relatively low wages, women who earn extra income through such activities as engaging in transactional sex are more likely to be able to accrue savings.

Condom use was notably low among waitresses in the baseline survey. Among non-regular partners, only 63% reported condom use for the last non-regular sexual partner and only 53% reported consistent condom usage. The majority of FGD participants and IDI informants endorsed the view that savings leads to increased condom use with non-regular sexual partners. For non-regular sexual partners, most waitresses suggested that the primary motivation for not using a condom is to get additional income out of a sexual transaction. Whereas some CSWs and even FDLs saw this as extra income as potentially leading to increased savings, waitresses in this study did not seem to agree. An IDI informant from Finoteselam stated:

> *"Some women [waitresses] I know will not use condoms in [transactional] sex. She wants to get more money for nice clothing and khat. This woman is not a good woman and risks her future. She has no vision for herself and she will not save money for her future."*

She goes on to state:

> *"A woman with savings will not be deceived by men for more money. She will have confidence to say no to such men. She will not risk herself or her future."*

Most waitresses in this study echoed this sentiment, suggesting that waitresses engaging in savings will feel more empowered and more confident to use condoms and to turn down non-regular partners without a condom. The participants suggested important concepts relating to empowerment and future orientation. Unlike FDLs who suggested that women who were more future-oriented might be more likely to engage in savings and thus risk reduction, most waitresses believed that engaging in savings directly contributed to future orientation and risk reduction such as through condom usage.

Many participants also suggested that engaging in savings leads to more awareness and access to condoms. They suggested that savings enhances future orientation and social networks which, in turn, leads to a desire for knowledge to reduce risks. Finally, a number of IDI informants also linked savings to using condoms through a desire to avoid pregnancy (rather than avoiding HIV infection) and to focus on growing and productively using savings such as in an alternative IGA.

A smaller percentage of waitresses in the baseline study reported condom use among regular partners compared to non-regular partners. Only 31% of respondents suggested using a condom in the last sexual encounter with a regular partner and only 18% reported consistent usage. This is broadly supported in the current study. Moreover, fewer study participants suggested that savings has an impact on condom use with regular sexual partners compared to non-regular partners. FGD participants and IDI informants suggested that loss of trust between partners and the risk of losing a regular partner lead women to forego condom use with regular partners rather than higher incomes. For example, an FGD informant from Adama stated:

> *"[Savings] can help for using a condom with our one-time partners, but it may not help with a boyfriend. There are problems in sex within marriage and relationships. Even when we have money we are still dependent. He [regular partner] may pressure*

us to have sex without condom. He may ask 'why do we use condoms.' He may blame us and leave us."

Whereas most participants suggested that savings empowers women to use condoms with non-regular partners, very few suggested that it does so with regular partners because the motivations for the different types of partnerships are different.

2.3.3.3 Saving Practices versus Testing for STIs and HIV

Neither engaging in informal savings practices nor having savings in the bank was found to be associated with testing for STIs/HIV among waitresses in the baseline survey. However, it must be noted that this correlations relied on relatively small sample sizes. Despite this lack of association, potential hypotheses include both indicators are caused by a third factor such as future orientation or, simply, having savings allows women to cover any potential financial costs associated with getting tested.

In the baseline study, approximately half of the waitresses reported getting tested for HIV in the previous six months. Even though this was slightly higher compared to CSWs and FDLs, most FGD participants and IDI informant waitresses in this study reported that fear of testing was likely to hinder the ability of savings practices to increase the likelihood of testing for HIV. An IDI informant from Finoteselam stated:

"Most women fear to get tested because they fear what will happen to them if they are found to be positive. They will face stigma and discrimination from their peers. Savings might help but fear is very high."

Others reported that there is little incentive to getting tested if the woman does not perceive symptoms and that savings does not necessarily increase any potential incentives; some also report that regular partners often restrict women from getting tested and rarely suggested that savings would empower a woman to overcome these obstacles. Finally, many women also suggested that a lack of awareness of testing and any positive effects was the key reason women do not get testing rather than lack of money. An FGD participant from Dubti captured many of these with the following:

"Most of us don't want to test, because we fear greatly the stigma and discrimination. Next to this, lack of awareness and partner pressure are the main factors affecting individuals testing status. Additionally, bad attitudes towards testing can affect the decision. Furthermore, the decision power of females is influenced by their male sexual partner. So, she fears to decide for testing…Savings may help with many of these things, but it is not enough. Testing is free, yet we still don't test. There is great fear."

This participant acknowledges many barriers and like many other waitresses does not see savings as leading to financial or psychological empowerment to counteract them.

Some participants, however, did suggest a positive association between savings and testing. Most of the FGD participants and IDI informants suggesting a more positive relationship stated that savings led to more self-confidence and future orientation.

Some others suggested that women with savings were more settled and senior workers in town who were starting to look to their future and family. Testing was seen as a first step to working towards this future. An FGD participant from Mekelle stated:

> *"The one who saves has been in town for many years. She is interested in marriage and family. She will have confidence and be tested for this future and will monitor her health."*

Others also stated that women with savings would be less fearful of a positive result as they have some means for coping with the effects. A FGD participant from Adama stated:

> *"A woman wants to know her health status and savings inspires getting tested. Saving money brings about huge difference on testing. Even if a woman is HIV positive, she can get treatment and assurance for life."*

Finally, a number of IDI informants stated that many women were fearful that others in their community would see them getting tested and suspect that they were either promiscuous or HIV positive. One IDI informant suggested that savings was key in leading these women to testing because:

> *"It helps her because she can be tested in private clinics to break the fear of stigma and discrimination; because people can suspect her when she goes for VCT or campaigns. They assume as she come for other health problem. So, she may not influenced by others. In addition to this, she has confidence to live and involve in any activity after knowing her status."*

A few additional IDI informants supported this idea that savings helps to ensure privacy and minimize potential stigma associated with testing.

2.3.3.4 Engagement in IGAs versus Number of Sexual Partners

In the baseline study, waitresses engaging in additional IGAs were 65% more likely to have a fewer number of non-regular sexual partners compared to those not engaging in additional IGAs. The primary hypothesis for a potential relationship would be that having more income reduces the need to engage in transactional sex and having less non-regular partners.

Participants in this study gave considerable support to this potential hypothesis that IGAs lead to more income and then to reducing sexual partnerships. For example, a FGD participant from Finoteselam stated:

> *"I am also working now as a hairdresser. I have a good income and my life is changing. If I got more money, I want to work in my own shop. I want this life and not one where I must engage in [transactional] sex, which will only lead to bad things for me. This life is better than previously when I was only a waitress as there is money to pay for my family and [house] rent. I do not need to worry about taking on [transactional] sex."*

A number of FGD participants and IDI informants also suggested that IGAs lead to "independence" of a woman and specifically less dependence on men and sexual partners. This independence was frequently noted as an intermediary between engagement in additional IGAs and number of sexual partners. An IDI informant from Adama stated:

> *"With my business, I do not need more partners. I am independent of them and can focus on my activities."*

There were several variations of this theme, but all mentioned that engagement in additional IGAs promotes this concept of independence and potentially reduces sexual partners. IGAs were also noted as leading to increased self-confidence as well as independence and self-confidence allowed a woman to recognize and avoid risky sexual relationships and to minimize the number of partners. Most participants suggested that waitresses are ideally looking for only one partner and it is only economic need or lack of a secure partner that leads to additional partnerships.

Finally, similar to both CSWs and FDLs, many waitresses suggested that a woman engaging in additional IGAs is simply uninterested, lacks the time and energy to engage in additional partnerships. These additional IGAs were noted as very demanding on a woman's time and seen as a preferable source of income as the participant from Finoteselam suggested.

However, not all participants directly agreed with this hypothesis. Those that didn't most often suggested that engaging in IGAs is not enough and that a woman also must be aware of risks associated with multiple or concurrent partners. An FGD participant from Yirgalem states:

> *"It is not enough to be working at a tea room. This will not teach her to avoid going for relationships with men. She needs to know of HIV and that going with men will bring her HIV."*

There were very few participants that suggested further mechanisms or conditions in which engaging in additional IGAs would not lead to a reduction in the number of sexual partners.

2.3.3.5 Engagement in IGAs versus Condom Use

Engagement in IGAs potentially leads to higher incomes, which may assist a waitress to obtain condoms and negotiate condom use with their sexual partners. Increased education and risk aversion might also be associated with both condom use and engagement in IGAs. The baseline study with waitresses did find significant associations between engagement in IGAs and condom use with non-regular partners in cross-tabulations but was unable to determine the regression coefficient due to perfect collinearity. However, no association was found between engaging in additional IGAs and refusing sex without condom for more money. Correlations were only measured for condom use with non-regular partners, which tended to be transactional in nature. Associations for regular partners were not determined.

Despite not finding evidence of these associations, both FDG participants and IDI informants noted the importance of several mechanisms through which additional IGAs influence condom use.

The most frequently mentioned effects by IDI informants of IGAs on condom use is that additional IGAs lead to the power to negotiate condom use with partners through increased self-confidence and incomes/savings and that additional IGAs reduce economic need and the compulsion to engage in risky behaviors for more money. An IDI informant from Debre Birhan captured both of these:

> *"If she has different [income-generating] activities, she protects herself. She can guide the man and not be led by him. The difference between a woman in this and one not is that the woman with other business will always use a condom. The one that is only a waitress takes sex only for money and may reject condoms. Her only aim is for more money."*

Several IDI informants also suggested that involvement in additional IGAs has little effect on condom use. These informants suggest that, instead, awareness and education about condoms is significantly more important. An IDI informant from Adama stated:

> *"Having other income will not lead to women using condoms. Women here [waitresses in Adama] say they don't use condoms because they don't know about condoms or how to use them. Women need to be aware of condoms first."*

Another IDI informant from Yirgalem suggested that condom use is due to a number of different factors and involvement in additional IGAs may have an effect but not a necessarily large one:

> *"Women don't use condoms for many different reasons, not just one reason. Some don't like their feeling and some don't know about condoms and some won't get their partners to use. I have an additional business and use condoms but also know others with businesses that don't use condoms for many reasons."*

FGD participants also highlighted the influence of additional IGAs on condom negotiation. An FGD participant from Dubti stated:

> *"If you have other income generating activity you believe in yourself and the men also respect you. If he insists to have sex without condom you can tell him that he can leave the place with his money. Most of the time, men respect women who have money."*

In addition, participants also frequently mentioned the importance of IGAs in increasing a waitress's self-confidence and future orientation. These characteristics were noted as leading to a relatively high degree of risk aversion and condom use. For some of these participants, their additional IGAs begin to outweigh their work as a watiress and growing their additional IGA becomes an important future goal. As a

result, a number of participants suggested that they have become more risk averse as they invest their energies in their additional IGAs.

2.2.3.6 Engagement in IGAs versus Testing for STIs and HIV

It may be hypothesized that having additional income from IGAs allows women to cover potential financial costs associated with getting tested for STIs and HIV. Alternatively, a third factor such as education or risk aversion might help explain the association between these behaviors. In the baseline study, waitresses involved in additional IGAs were 59% more likely to be tested for HIV and this was significant at the $p \leq 0.05$ level.

Few waitresses in this study related either of these mechanisms. Instead, they suggested that engagement in additional IGAs helps to overcome the fear of a positive test. Many of the responses spoke to such psychological characteristics as future orientation and self-confidence as factors that help overcome this fear. This psychological resilience is also spoken of as being strengthened through participation in additional IGAs.

Others spoke about IGAs increasing future orientation and this future orientation also leads to increased likelihood of testing. An IDI informant from Yirgalem stated:

> *"Other income activities increase testing habits. Women engaged in [income generating] activities, they dream of bright future, they become eager to know about their health status through getting tested for HIV."*

And this future orientation is continually reinforced as a woman becomes more successful in her IGA, potentially leading to further testing. An IDI informant from Adama stated:

> *"IGAs increase testing; the woman is concerned about her business, and wants to be healthy. She gets tested more often; it is important to get tested for STIs and HIV. If we got tested earlier, we would care for ourselves better."*

Related to these psychological variables, many FGD participants also noted that involvement in additional IGAs and the resulting higher incomes gives more security in the face of a potentially positive test. Those without money have little incentive to know their status if they have no control over this potentiality.

Most participants suggested positive relationships between engagement in additional IGAs and testing. However not all study participants supported this view. One interesting viewpoint on this was offered by an IDI informant from Yirgalem who suggests that once a woman in additional IGAs is tested once, she is less likely to get follow up tests because her perception of risk is low:

> *"If you have additional income [generating] activities and you were tested once, unless you have sex with others, you don't fear about your status. If you are working in more than one job you don't have time to engage in other relationship and you don't fear results of a test. I guess that woman who doesn't have additional income generating activities can test frequently because she has the risk or spent most of her*

time with men. But the other women once she knows her status, she doesn't need to get tested frequently."

2.3.3.7 Spending Patterns and Risky Sexual Behavior

According to most waitresses in this study, their income is spent on basic needs such as food and rent. Many also suggested that clothing, shoes, jewelry and cosmetics took a large portion of their income as their employers often demanded that they "look attractive to draw customers" as an FGD participant from Finoteselam explained. This same participant also pointed out that such purchases and attire led many customers to believe that they were CSWs and frequently led to sexual advances. Many waitresses suggested that they take on transactional sex partners to assist with these expenses.

FGD participants and IDI informants also frequently send remittances to their families out of their small salaries. Payments to brokers and financial support of boyfriends were also common. Many suggested that these expenses from their small salaries further constrain their financial stability.

More so than CSWs and FDLs in this study, waitresses noted a relatively high degree of spending on alcohol, *khat* and *hashish*. Both FGD participants and IDI informants frequently mentioned stories of colleagues with addictions to these substances. They were very aware that these women were at high risk of HIV, other STIs and coerced sex and even violence.

III. PART THREE: SUMMARY OF MAJOR THEMES, CONCLUSIONS, AND RECOMMENDATIONS

3.1 *Summary of Major Themes*

***CSWs**:* Most CSWs suggested that the predominant factors pushing them into sex work relate to economic need and vulnerability. Family obligations and problems were a further driving force. There are a number of gatekeepers in a CSW's social network that both positively and negatively influence women to engage in economic strengthening activities as well as engaging in risky sexual behaviors. Establishment owners and brokers are key members that often lead women to riskier sexual behaviors and were noted as taking advantage of a CSW's economic vulnerability. In contrast, coworkers and peers were generally perceived as positive, lending financial and psychological support and positive health messages. CSWs are also a highly mobile group, frequently moving towns and establishments in search of higher incomes and security.

Most CSWs suggested that informal savings had little or no impact on the reduction of number of sexual partners and is very difficult given their economic needs. However, some CSWs suggested that savings could have a longer-term effect on reducing sexual partners when it reaches a certain level. Future orientation and self-confidence were mentioned as both leading to and resulting from engaging in saving practices. As well, social networks related to saving practices, especially through savings groups, were also mentioned as potentially leading to fewer sexual partners. These findings support those from correlations in the baseline study suggesting that having informal savings was associated with having more sexual partners and having savings in the bank was associated with fewer clients.

Similar mechanisms were suggested for engagement in additional IGAs and number of sexual partners. Psychological factors such as engagement in additional IGAs leading to increased future orientation, confidence and a desire to leave sex work altogether were more prominently mentioned in relation to additional IGAs. Direct relationships such as through additional IGAs leading to higher incomes and alleviating the need to take on more partners for income were also mentioned. Nevertheless, no associations were found in the baseline correlations.

No associations were found between condom use with paying clients and engaging in saving in the baseline study. Participants in this study were mixed in relation to this finding. Some suggested that engagement in savings was unlikely to have an effect or even have a reverse, negative effect on using condoms. Many stated that increased incomes through foregoing condom use increased savings. Others stated that savings minimized threats to condom use by acting as a buffer against economic need. Other positive mechanisms included increased confidence and empowerment to negotiate with partners for condom use and increased awareness through social networks involving savings groups. However, the majority of participants suggested

that savings had little effect on condom negotiation in regular partnerships supporting the negative relationship suggested by correlations in the baseline study.

Similarly, involvement in additional IGAs was associated with refusing sex without condoms among CSWs but not with their non-regular partners. Participants supported the hypothesis that extra revenue from additional IGAs lessens the financial need to accept more money for sex without a condom. Future-oriented vision, higher self-confidence and a desire to leave sex work were also frequently mentioned, but often also as a cause of engaging in additional IGAs rather than an effect.

Engaging in savings was also positively associated with being tested for HIV among CSWs in the baseline study. This occurred despite significant fears of stigma, discrimination and the effects of living with HIV. Many participants suggested that savings also acted as a buffer against these fears and facilitated testing. However, several also suggested no effect given the easy availability of testing and that awareness and education were more important for this behavior.

Engaging in additional IGAs was also found to promote testing in the baseline correlations. CSWs in this study most often suggested that involvement in additional IGAs increased testing as a woman begins to think of a life beyond sex work focusing more on her additional activities and her health and transitioning away from sex work.

***FDLs**:* Similar to CSWs, push factors for engaging in daily labor and transactional sex revolved around economic need and vulnerability. In addition, a large proportion of participants in this study suggested that they migrated from rural areas to increase their economic opportunities and/or to escape family problems such as undesired arranged marriages. FDL participants were considerably more likely to be young and single compared to CSWs and to be even more mobile in terms of migration from rural areas and between daily labor positions. Employers were the most significant member and gatekeeper in FDLs' social networks and were frequently mentioned negatively as exploiting their supervisory positions and directly influencing an FDL's risky behaviors. Coworkers and peers were much more positive, especially with older or more established FDLs providing advice and support for both economic opportunity and health messages.

No significant correlations were found in the baseline study between number of partners and engagement in savings. Most participants suggested extreme difficulty in accruing savings given the low and unstable wages they received. Nevertheless, most suggested that engaging in savings would reduce the number of partners. They suggested that having savings increases the ability of women to turn down potential partnerships by decreasing economic vulnerability. Having savings was also mentioned as an achievement and mark of respect among an FDL's peers and leads to increased self-confidence and positive social networks.

Despite no association being found between engaging in additional IGAs and number of non-regular sexual partners, most participants supported the hypothesis that additional IGAs lead to additional income and decreased financial vulnerability potentially leading women to engage in risky sexual behaviors for higher income. However, many also suggested that women who were drawn to and capable of engaging in additional IGAs were often educated and more aware of health risks. It is uncertain whether this engagement is the cause or effect of such awareness. Another prominent mechanism is that women engaging in additional IGAs do not have the time or energy to pursue additional partnerships due to her intensive efforts to improve her alternative IGA.

Engagement in savings was associated with condom use among regular partners in baseline correlations. Compared to CSWs where condoms were easily available, FDLs suggested that savings facilitated access to condoms as well as in empowering women to negotiate condom use with their non-regular partners. Savings in groups was also a means for receiving health messages such as using condoms and how to negotiate condom use from more experienced and more aware peers. However, several IDI informants stated that savings were simply too small to have an effect.

Engagement in additional IGAs was not found to be associated with increased condom use among regular partners. Nevertheless, most participants supported the view that additional IGAs lead to: 1) increased awareness and sensitization of condom use through increased social contacts and networks; and 2) power to negotiate condom use with partners through increased self-confidence and incomes/savings.

Having savings in the bank was associated with being tested for HIV in baseline correlations. The majority of participants stressed future orientation as mediating this relationship. This orientation and the availability of additional income increased self-confidence and decreased the fear associated with testing. Again, several IDI informants stated that savings were often too small to overcome the fear and other challenges associated with testing.

Unlike savings, involvement in additional IGAs was not associated with being tested for HIV in baseline correlations. A number of participants noted the difficulty in finding time to go for testing when a woman is engaged in multiple IGAs. Many also noted the opportunity costs associated with missing out on FDL work or for their alternative IGAs for taking a day off to get tested. Others, however, were supportive of the idea that involvement in additional IGAs leads to increased testing. A few participants suggest that it does so through increased incomes, decreasing financial barriers for testing, increasing positive social networks, increasing security and psychological resilience for coping with a positive test.

Waitresses*:* Similar to both CSWs and FDLs push factors for engaging in both waitressing engagements and transactional sex for waitresses in this study revolve around economic vulnerability and needs. Social networks included both positive

and negative gatekeepers for waitressing work and transactional sex. Although most establishment owners and brokers were spoken of negatively, some were noted as providing financial and psychological support. Female coworkers and peers were the most frequently mentioned positive actors for their support and facilitating positive messages on health and economic opportunities. CSWs were also mentioned as there was significant social interaction at workplaces between CSWs and waitresses. The influence of CSWs was mixed but a significant number noted that observing the relative prosperity of CSWs was a significant pulling factor for waitresses into transactional and even commercial sex work. Waitresses were also a highly mobile population and frequently moved places of work for higher income opportunities.

Neither engaging in informal savings nor having savings in the bank was associated with the number of sexual partners for waitresses in the baseline survey. Similar to FDLs, waitresses suggest that accruing savings is difficult on their low salaries and that barriers to condom use were too high for savings to have an effect. Reverse causation whereby increased partnerships led to increased savings was often mentioned as a possible mechanism for this relationship. However, most suggested that savings reduced the number of sexual partners through increasing future orientation and preventing exploitative loans through brokers or establishment owners.

Unlike engagement in savings, engagement in additional IGAs was associated with a decrease in the number of sexual partners for waitresses in the baseline study. Participants in this study gave considerable support to this potential hypothesis that additional IGAs lead to more income and then to reducing sexual partnerships, especially as the primary incentive for these partnerships is additional income. Independence afforded by engagement in additional IGAs was a prominent concept as women were more likely to invest time and effort into the additional IGAs and have less left over for additional sexual partnerships.

Engaging in savings was not found to be associated with condom use between waitresses and regular or non-regular partners. However, having savings in the bank led to decreased condom use among non-regular partners. Despite these lack of associations and troubling findings with regard to the latter, most participants suggested that saving led to increased future orientation, awareness and independence from men or empowerment to negotiate condom use with partners. However, many participants noted significant difficulties in negotiating condom use with regular partners, suggesting that these mechanisms were not strong enough to overcome tensions with these partners over condom use.

Significant associations were found in the baseline study between engagement in additional IGAs and condom use. The most frequently mentioned effects by participants of IGAs on condom use is that additional IGAs lead to the power to negotiate condom use with partners through increased self-confidence and

incomes/savings and that additional IGAs reduce economic need and the compulsion to engage in risky behaviors for more money.

Neither engaging in informal savings practices nor having savings in the bank was found to be associated with testing for STIs/HIV among waitresses in the baseline survey. Fear of testing was particularly strong among participants in this study and savings was often not seen as a strong enough incentive to getting tested, especially when the participant does not perceive any symptoms or risk. A few suggested that savings led to increased testing through increased future orientation and some even suggested that savings helps to ensure privacy and minimize potential stigma associated with testing.

Unlike engagement in savings, engagement in additional IGAs was associated with increased likelihood of getting tested for HIV. Most suggested that this engagement helped in overcoming the fear of a positive test. Many of the participants spoke to such psychological characteristics as future orientation and self-confidence as factors that help overcome this fear. This psychological resilience is also spoken of as being strengthened through participation in additional IGAs. Related to these psychological variables, many FGD participants also noted that involvement in additional IGAs and the resulting higher incomes gives more security in the face of a potentially positive test.

3.2 *Conclusions*

Economic need and vulnerability emerged as very influential factors in pushing women into high-risk occupations, sexual partnerships and behaviors. These push factors also influenced movement from rural areas to urban centers, a transition that was particularly difficult and risky for young women with little education and few resources. Similar to the findings in previous studies conducted by TRANSAction in Ethiopia, participants in this study were highly mobile, young and often unskilled—characteristics that typically increased their vulnerability. Gatekeepers were highly influential in a woman's social network and consisted of both positive and negative influences. Negative influences were typically male who occupied positions of power such as supervisors and brokers. Positive influences were typically peers, coworkers and groups of women that formed around economic strengthening and health.

Economic strengthening activities such as engagement in informal and formal savings and in additional or alternative IGAs were designed to intervene in the relationships between economic vulnerability and risky sexual behaviors related to number of sexual partners, condom use and testing for HIV and STIs. Previous surveys found correlations among the studied groups: CSWs, FDLs and waitresses. Several mechanisms were hypothesized for these associations as outlined in the results. However, these mechanisms were tentative and the correlations were limited due to small sample sizes and rigor of quantitative methods.
Nevertheless, the qualitative study provided evidence for several of the hypothesized mechanisms and also suggested additional relationships. Some commonalities for these mechanisms are broadly shared between engagement in IGAs and savings practices and

reduction across the three risky sexual practices of interest. Engagement in these economic strengthening activities was seen to lead to higher incomes, stability, self-confidence, future orientation, awareness and more positive social networks. These were, in turn, seen to lead to increased empowerment to reduce transactional and commercial sex partnerships, negotiate condom use and go for HIV testing. Future orientation emerged as a key mechanism that linked economic strengthening and reduction of risky sexual behaviors that was mentioned nearly as often as increased income in this study. However, it was unclear whether women with higher future orientation, self-confidence and awareness were predisposed to involvement in economic strengthening activities or if these characteristics resulted from involvement. Participants in this study suggested both mechanisms and it is likely that both are involved.

Not all relationships were positive. Most notably, there appeared to be some reverse causation between savings and condom use or number of sexual partners. These two practices were said to lead to increased incomes and women who engaged in these practices were more likely to have excess income to divert into savings. However, the relationship reversed in the case of having savings in the bank, which potentially relates to a longer-term investment in which many of the protective mechanisms begin to predominate.

Finally, not all of the FGD participants and IDI informants suggested positive relationships. Many, especially IDI informants, saw utility in economic strengthening activities but insisted that they were simply unable to minimize the significant barriers and economic vulnerability that these populations face. This perspective likely helps to explain the lack of expected correlation between several of the relationships examined in this study. Another potential explanation is that there was likely a large social desirability bias that prevented women from giving more nuanced perspectives on the relationships between economic strengthening practices and risky sexual behaviors—especially considering that IDI informants rather than FGD participants were more likely to suggest variations from the expected correlations.

3.3 *Recommendations*

Given the scarcity of literature for preventing risky sexual behaviors in MARP groups through economic strengthening, this qualitative study is an important starting point for further investigating these relationships and mechanisms. For example, it would be worthwhile to investigate each of these potential mechanisms in isolation. It would also be useful to incorporate methods and techniques to minimize social desirability bias such as using cross-check questioning. It is also important to understand potential confounding factors such as level of awareness and education or future orientation that selects women for involvement in economic strengthening activities as well as leads to more positive sexual behaviors. It is important to understand the effect of these factors so that these interventions reach those who are most in need and can most benefit from economic strengthening's effects on these factors. Additional study on the difference between interventions involving both economic strengthening and peer education compared to either just peer education or just economic strengthening could also be warranted for looking at interactions between these two types of interventions is also needed. Finally,

research on the impact on the level of savings and the level of incomes received by involvement in additional IGAs on reducing risky sexual behaviors is needed. This will help to identify thresholds in which these interventions reduce the barriers associated with positive behaviors to a level in which women can begin to take advantage and thus, be more likely to prevent HIV infection.

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ANNEXES

Annex 1 Research Tools

FGD Guide for CSWs

Facilitator: please read the following to the group before beginning the FGD.

- My name is _____. I am a part of a group of researchers working for Save the Children trying to better understand how women like you may be at risk of HIV, and how economic empowerment may help to reduce this risk. We would like you to help us understand the risks women in your community face and to share your opinions about what they need to protect themselves from HIV.

- Your participation is voluntary and you have the option to stop talking to me at any time.Your response will be kept confidential and will not be associated with you now or in the future. We will use your ideas and advice and NOT your names – your privacy will be respected. Please remember that what is discussed during this session must remain confidential and must not be shared with anyone outside this session. Also, do not share your own name or the names of others during the discussion. If you don't feel comfortable discussing your personal situation but can share information about others you know (without naming names) that information would be valuable to us as well.

- The information coming from this session will be used by government agencies, NGO's and donors to inform policy and programming decisions. We believe that your opinions and ideas can guide us to better learn about how to better design future interventions aimed at reducing different risks faced by women.

- I appreciate your answering the questions freely and as honestly as possible. There is no right or wrong answer, only opinions which are all equally valuable to us. Please ask me if you have any questions or if you do not understand any question.

- When I am in focus groups I sometimes forget a lot so I use a recorder to help me remember. I will only use this for me and no one else will listen to it.

- This discussion will take 1 ½ - 2 hours. If you have any question before we start do not hesitate to ask! If you are all ready, I will begin the discussion.

FGD details

01. FGD number: _____
02. Facilitator's Name: _____
03. Note taker's name: _____
04. Number of FGD participants: _____
05. Type of participants (CSWs, FDLs, Waitresses): _____
06. Location/town where FGD is conducted:_____

07. Date of FGD (DD/MM): _____/_____
08. Start time: _____
09. End time: _____

Participant's code	Age	Education 1=cannot read/write 2=completed primary 3=completed secondary	Marital Status 1=Single 2=Married 3=Divorced 4=Widowed 5=Other, specify_____	Place of birth (urban /rural)	Sex work Venue 1=Bar 2=Brothels 3=Local drink house 4=Others, specify Street-based Home-based	# of years worked as sex worker (in this plus other areas)	For how long have you worked as sex worker in this area?
P1							
P2							
P3							
P4							
P5							
P6							
P7							
P8							
P9							
P10							
P11							
P12							

Ice-breaker/Introductions

1. Now let us use the Koosh to introduce ourselves. Pass this ball around and introduce yourselves and tell us briefly about you; where you come from and what do you do for living.

2. What are the main challenges that women like you face in their daily lives?

Remember: *keep the discussion on track and probe with follow up questions as necessary ("tell me more", "I don't understand how that works", "Does everyone else agree?" "Is this always the case?").*

Social Networks and mobility

3. Are women like you originally from this town? *Probe: if from other town, how long have you been? How long likely to stay? What is the approximate proportion of migrant women involved in CSW in this town?*
    a. What was it like when they arrived? Were there any circumstances you felt put you (or women like you) at risk for HIV?

4. Do women like you have good friends in this community upon which they can rely on in case of a serious need?
    a. If yes, did the participation in the savings group contributed to this in any way?

Economic activities, spending and savings

5. How did you end up engaging in CSW? *Probe: What are the major challenges in performing these activities? Are these activities any different from past activities you used to perform?*
6. What are the characteristics of women that usually engage in more than one IGA? *Probe: why? Are women that engage in more than one activity more or less poor relative to women only engaging in one activity? Are CSWs that engage in more than one activity better off or not and what the reasons behind for being better off or not?*
    a. Has the SC program contributed in any way to engaging in these additional activities? *Probe: how did it contributed to this?*
7. Do you know of any particular economic activities in which women like you have engaged in, and have turned out to be very successful?
8. How do women like you generally spend their income? *Probe: basic needs (e.g. food)? Children's education, etc.?*
9. What financial pressures do women in your situation face?
10. Are you expected to give money to anyone? *Probe for family, boyfriends, broker, others*
11. Are you or women in your situation able to save? How?
    a. If yes, how would women like you usually use their savings? *Probe: investing money in productive activities, use it in emergency cases.*

Intimate/sexual Relationships

12. What kinds of sexual relationships do CSW in this community have? With whom?

Probe: are they regular or non-regular sexual partners? How many sexual partners in a year does a typical CSW in this community usually have?

13. Are there women who take money for sex who don't think of themselves as CSW? And why or why not?
14. Approximately how many sexual partners do women like you have in a year?
    a. What are the factors that influence the number of sexual partners?
15. Why do you think young women enter into sex work? *Probe for: Economic need/poverty, need to support children or other family; deserted by husband/boyfriend, second generation sex work, voluntary or coerced into sex work, peer influence, other reasons?*
16. How much money or gifts can a woman earn from selling sex one time? *Probe: Types of payment (money, gifts, favors).*
    a. What are some of the conditions that influence level and type of payment (including condom use)?
17. What do you think distinguishes female who sell sex from those who don't?

Probe: Do they come from wealthy or less well-off families? Do they have dependants? Do they have different tastes in clothes and other luxury goods?

a. Do you think that learning how to save would have an effect on women that sell sex?
b. If yes, can you describe this? What effects would it have on personal relationships? On sexual relationships?
c. What effect would engaging in additional income generating activities have on personal relationships and sexual exchanges?

18. Has your financial situation caused you to stay in a risky or harmful relationship longer than you wanted to stay? Or do you know anyone in this situation? **If yes:**
    a. Do you think that learning how to save would have an effect on women in your situation? Describe. *Probe: What effects would it have on personal relationships? On sexual relationships?*
    b. What affect would engaging in additional income generating activities have on being exposed to these risky or harmful relationships?

Condom use

19. How regularly do women like you use condoms? *Probe: in which types of relationships they use and do not use condoms?*

***Remember**: as you ask question below, make sure you know the types of relationships that they talk about (e.g. regular versus casual partners).*

a. What are the factors that influence condom use? *Probe: economic needs, partner pressure, knowledge about risk of unsafe practices.*
b. How do you think that learning how to save could help women like you have protected sex? *Probe: reduce need to engage in commercial or transactional sex, improved ability to refuse unsafe sex, increased ability to pay for condoms.*
c. How do you think that having additional income generating activities could help women like you have protected sex? *Probe: reduce need to engage in commercial or transactional sex, improved ability to refuse unsafe sex, increased ability to pay for condoms.*

Testing (Link to ES)

20. Do women in your situation regularly get tested for STIs or HIV?
    a. Which factors influence yours or other women's decisions to get tested? *Probe: ability to pay for services, knowledge, access to testing, fear of stigma and discrimination in the community if tested positive.*
    b. How do you think learning how to save could help women like you to get tested more often?
    c. How do you think that having additional income generating activities could help women in your community to get tested more often?

21. Is there any other information you would like to share with us that would help us understand the lives of women and the relationship between economic power, personal relationships and HIV risk?

Thank you for your time and for sharing your thoughts with us.
FGD Observations and Notes:

FGD Guide for Female Daily Laborers and Waitresses

Facilitator: please read the following to the group before beginning the FGD.

- My name is _____. I am a part of a group of researchers working for Save the Children trying to better understand how women like you may be at risk for HIV, and how economic empowerment may help to reduce this risk. We would like you to help us understand the risks women in your community face and to share your opinions about what they need to protect themselves from HIV.

- Your participation is voluntary and you have the option to stop talking to me at any time.Your response will be kept confidential and will not be associated with you now or in the future. We will use your ideas and advice and NOT your names – your privacy will be respected. Please remember that what is discussed during this session must remain confidential and must not be shared with anyone outside this session. Also, do not share your own name or the names of others during the discussion. If you don't feel comfortable discussing your personal situation but can share information about others you know (without naming names) that information would be valuable to us as well.

- The information coming from this session will be used by government agencies, NGO's and donors to inform policy and programming decisions. We believe that your opinions and ideas can guide us to better learn about how to better design future interventions aimed at reducing different risks faced by women.

- I appreciate your answering the questions freely and as honestly as possible. There is no right or wrong answer, only opinions which are all equally valuable to us. Please ask me if you have any questions or if you do not understand any question.

- When I am in focus groups I sometimes forget a lot so I use a recorder to help me remember. I will only use this for me and no one else will listen to it.

- This discussion will take 1 ½ - 2 hours. If you have any question before we start do not hesitate to ask! If you are all ready, I will begin the discussion.

FGD details

01. FGD number: _____
02. Facilitator's Name: _____
03. Note taker's name: _____
04. Number of FGD participants: ____
05. Type of participants (CSWs, FDLs, waitresses): _____
06. Location/town where FGD is conducted:_____
07. Date of FGD (DD/MM): _____/_____
08. Start time: _____
09. End time: _____

Participant's code	Age	Education 1=cannot read/write 2=completed primary 3=completed secondary	Marital status 1=Single 2=Married 3=Divorced 4=Widow	Place of birth: (urban /rural)	For how long have you worked as daily laborer in this town?	Specific type of work
P1						
P2						
P3						
P4						
P5						
P6						
P7						
P8						
P9						
P10						
P11						
P12						

Ice-breaker/Introductions

1. Now let us use the Koosh to introduce ourselves. Pass this ball around and introduce yourselves and tell us briefly about you; where you come from and what do you do for living.

2. What are the main challenges that women like you face in their daily lives?

***Remember**: keep the discussion on track and probe with follow up questions as necessary ("tell me more", "I don't understand how that works", "Does everyone else agree?" "Is this always the case?").*

Social Networks and Mobility

3. Are women like you originally from this town? *Probe: if from other town, how long have you been? How long likely to stay? What is the proportion of FDL that are migrant to this site/town?*
    a. If migrant, what was it like when they arrived? Were there any circumstances you felt put you (or women like you) at risk for HIV?
4. Do women like you have good friends in this community upon which they can rely on in case of a serious need?
    b. If yes, did the participation in the savings group contributed to this in any way?

Economic activities, spending and savings

5. How did you end up working as a FDL/waitress? *Probe: Are these activities any different from past activities you used to perform? What are the major challenges in performing these activities?*
6. Do FDL/waitresses/ you engage in more than one activity?
    a. What are the characteristics of women that engage in more than one income generating activity? *Probe: Are women that engage in more than one activity more or less poor relative to women only engaging in one activity? Are FDLs/waitresses that engage in more than one activity better-off or not and what are the reasons behind being better-off or not?*
    b. Has the SC/TransACTION program contributed in any way to engaging in these additional activities?
7. Do you know of any particular economic activities in which women like you have engaged in, and have turned out to be very successful?
8. How do women like you generally spend their income? *Probe: basic needs (e.g. food)? Children's education?*
9. What financial pressures do women in your situation face?
10. Are you expected to give money to anyone? *Probe for family, boyfriends, broker, other*
11. Are women like you able to save? How?
    a. If yes, how would women like you usually use their savings? *Probe: investing money in productive activities, use it in emergency cases.*

Intimate/sexual Relationships

12. What kinds of intimate/sexual relationships do FDL/waitresses in this community have? With whom? *Probe: are they regular or non-regular sexual partners? How many sexual partners in a year does a FDL/waitress in this community usually have?*
13. Do some people have sex without being given anything?
    a. Are you (or others like you) under pressure from anyone to start new sexual relationships? What role does your work play in this?
    b. What do women expect from their partners/boyfriends?

Probe: Could you please explain the types of gifts the women expect? What kinds of sexual partners would women expect gifts from?

14. What are people's reactions to a girl who has sex without being given anything?
15. What do you think distinguishes FDL/waitresses who have sex in exchange for money or goods from those who don't? *Probe: Do they come from wealthy or less well-off families? Do they have dependants? Do they have different tastes in clothes and other luxury goods?*
    a. Do you think that learning how to save would have an effect on personal relationships and sexual exchanges?
    b. If yes, can you describe this? What effects would it have on personal relationships? On sexual relationships?
    c. What affect would engaging in additional income generating activities have on personal relationships and sexual exchanges?

16. Approximately how many partners do FDL/waitresses have in a year?
    a. What are the factors influencing the FDL/waitresses to engage into sexual relations with men? *Probe: Peer influence, pressure from employers/site managers, brokers, etc*
    b. What are the factors influencing the number of partners?
    c. How would learning how to save have an effect on the number of sexual partners?
    d. How would engaging in other economic activities have an effect on the number of sexual partners?
17. Has your financial situation caused you to stay in a risky or harmful relationship longer than you wanted to stay? Or do you know anyone in this situation?
    a. Do you think that learning how to save would have an effect on women in these risky/harmful relationships? Describe. *Probe: What effects would it have on personal relationships? On sexual relationships?*
    b. What effect would engaging in additional income generating activities have on being exposed to these risky or harmful relationships?

Condom use

18. Do women regularly use condoms? *Probe: in which types of relationships they use and do not use condoms?*

***Remember**: as you ask question below, make sure you know the types of relationships that they talk about (e.g. regular versus casual partners).*

    d. What are the factors that influence condom use? *Probe: economic needs, partner pressure, knowledge about risk of unsafe practices.*
    e. How do you think that learning how to save could help women in your community have protected sex? *Probe: reduce need to engage in commercial or transactional sex, improved ability to refuse unsafe sex, increased ability to pay for condoms.*
    f. How do you think that having additional income generating activities could help women in your community have protected sex? *Probe: reduce need to engage in commercial or transactional sex, improved ability to refuse unsafe sex, increased ability to pay for condoms.*

Testing (link to ES)

19. Do women in this community regularly get tested for STIs or HIV? And how often?
    a. Which factors influence their decisions to get tested? *Probe: ability to pay for services, knowledge, access to testing.*
    b. How do you think that learning how to save could help women in your community to get tested more often?
    c. How do you think that having additional income generating activities could help women in your community to get tested more often?

20. Is there any other information you would like to share with us that would help us understand the lives of women and the relationship between economic power, personal relationships and HIV risk?

Thank you for your time and for sharing your thoughts with us.
FGD Observations and Notes:

IDI Guide for CSWs

Social Networks and mobility

1. Do you come from an urban or rural area? Is this town nearby? What did you or your family do for livelihood there prior to your coming?
    a. What factors influenced your decision to stay or come to a new town?
    b. If you are not from this town, how long have you been here?
    c. How long are you likely to stay?
    d. What was it like when you first arrived? Were there any circumstances you felt put you into unsafe relationships (unsafe for any reason) or at risk for HIV?
2. Do women like you have good friends in this community upon which they can rely in case of a serious need?
    c. If yes, has participation in the savings group contributed to this in any way?

Economic activities, spending and savings

3. What activities do you currently do to earn a living? *Probe: do you do any other activity in addition to this one?*
    a. Are these activities different than the ones you used to do in the past?
    b. Which factors influenced your decision to change or remain doing these activities?
    c. Did the SC program have any influence on the current activities that you do?
4. How do you generally spend your income?
5. Do you face financial pressures? Which ones?
6. Are you expected to give money to anyone? If yes, how much do you give per month?
7. Are you able to save? How?
    a. If yes, how do you use or are planning on using these savings?

Intimate/sexual relationships

8. What factors or circumstances contributed to your entering into sex work? Did you find there was a point where you actually decided to sell sex, or did it start in some other way? *Probe for: economic need/poverty, need to support children or other family, deserted by husband/boyfriend, second generation sex work, and voluntary or coerced into sex work, other reasons?*
9. How much money or what types of gifts do you generally receive in exchange for having sex one time?
    a. What are the factors that affect the level of payment including condom use?
10. Do you feel you have ever exposed to risk of contracting HIV because of financial pressures? Which ones?

a. How do you think that learning how to save could have an effect on your sex work?
b. How do you think that engaging in additional economic activities would affect your sex work?

11. Approximately how many non-paying partners do you have in a year?
    a. What are the factors influencing the number of non-paying partners?

Condom use

12. Can you describe the factors that influence using a condom? *Probe: economic needs, partner pressure, knowledge about risk of unsafe practices.*
    a. How are these factors different between a paying and non-paying partners?
    b. How regularly do you use condoms with paying and with non-paying partners?
13. How do you think that learning how to save could have an effect on having protected sex? *Probe: reduce need to engage in commercial or transactional sex, improved ability to refuse unsafe sex, increased ability to pay for condoms.*
14. How do you think that engaging in additional economic activities would affect condom use? *Probe: reduce need to engage in commercial or transactional sex, improved ability to refuse unsafe sex, increased ability to pay for condoms.*

Testing (link to ES)

15. How often do you get tested for STIs or HIV?
    a. Which factors influence your decision to get tested? *Probe: ability to pay for services, knowledge, access to testing, fear of stigma and discrimination.*
    b. How do you think learning how to save could help you to get tested more often?
    c. How do you think that having additional income generating activities could help you get tested more often?

IDI Guide for Female Daily Laborers and Waitresses

Social Networks and Mobility

1. Do you come from an urban or rural area? Is this town nearby?
    a. What factors influenced your decision to stay or come to a new town.
    b. If you are not from this town, how long have you been here?
    c. How long are you likely to stay?
    d. What was it like when you first arrived? Were there any circumstances you felt put you at risk for HIV?
2. Do you or women like you have good friends in this community upon which they can rely on in case of a serious need?
    d. If yes, did the participation in the savings group contributed to this in any way?

Economic activities, spending and savings

3. What activities do you currently do to earn a living? *Probe: do you do any other activity in addition to this one?*
    a. Are these activities different than the ones you used to perform in the past?
    b. Which factors influenced your decision to change or remain doing these activities?
    c. Did the SC program have any influence on the current activities that you do?
4. How do you generally spend your income?
5. Do you face financial pressures? Which ones?
6. Are you expected to give money to anyone?
7. Are you able to save? How?
    a. If yes, how do you use or are planning on using these savings?

Intimate/sexual relationships

8. What kinds of intimate/sexual relationships do you have? With whom? *Probe: are they regular or non-regular partners? How many sexual partners in a year do you usually have?*
9. How often do you have sex without being given anything?
    a. What do you expect from your partners/boyfriends?
    b. Do you think that learning how to save would have an effect on your personal relationships and sexual exchange?
    c. If yes, can you describe this? What effects would it have on personal relationships?
    d. What effect would engaging in additional income generating activities have on personal relationships and sexual exchanges?
10. Approximately how many partners do you have in a year?
    a. What are the factors influencing this?
    b. How would learning how to save have an effect on this?
    c. How would engaging in additional economic activities have an effect on this?
11. Has your financial situation caused you to stay in a risky or harmful relationship longer than you wanted to stay? Or do you know anyone in this situation?
    a. Do you think that learning how to save money would have an effect on being exposed to these situations?
    b. If yes, can you describe this? What effects would it have on personal relationships and sexual exchanges?
    c. What effect would engaging in additional income generating activities have on being exposed to these risky or harmful relationships?

Condom use

12. Can you describe the factors that influence using a condom? *Probe: economic needs, partner pressure, knowledge about risk of unsafe practices, employers' pressure.*
    a. How are these factors different between different types of partners?

b. How regularly do you use condoms?

13. How do you think that learning how to save could have an effect on having protected sex? *Probe: reduce need to engage in commercial or transactional sex, improved ability to refuse unsafe sex, increased ability to pay for condoms.*
14. How do you think that engaging in additional economic activities would affect condom use? *Probe: reduce need to engage in commercial or transactional sex, improved ability to refuse unsafe sex, increased ability to pay for condoms.*

Testing (link to ES)

15. How often do you get tested for STIs or HIV?
    - ***a.*** Which factors influence your decision to get tested? *Probe: symptoms, ability to pay for services, knowledge, and access to testing, fear of stigma and discrimination in the community.*
    - **b.** How do you think learning how to save could help you to get tested more often?
    - **c.** How do you think that having additional income generating activities could help you get tested more often?

Annex 2: Research Team Members

1. Dr Mengistu Tafesse, Research Supervisor (MD, and Pediatrician)
2. Abraraw Tesfaye, Research Consultant (MA, Social Anthropologist)
3. Fitsum Workneh, Research Assistant (MPH)
4. Abnet Aynalem, Research Assistant (MPH)
5. Kidan Abrha, Research Assistant (MPH)
6. Weyzer Tilahun, Research Assistant (MPH)