2014

"I can decide to use the property I have to make money": HIV vulnerability of bar workers and bar patrons in Kumasi, Ghana

Research Report
Operations Research among Key Populations in Ghana

"I can decide to use the property I have to make money": HIV Vulnerability of Bar Workers and Bar Patrons in Kumasi, Ghana

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February 2014

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This study was implemented by Boston University in collaboration with the Kwame Nkrumah University of Science and Technology with support from the President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Agency for International Development under Project SEARCH Task Order No. GHH-I-00-07-00023-00, beginning August 27, 2010. The content and views expressed here are the authors' and do not necessarily reflect the opinion or policy of USAID or the U.S. Government.

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Acknowledgements

Many thanks to Peter Wondergem, Emmanuel Essandoah, and USAID, Ghana for technical and financial support for this research. Kyeremeh Atuahene and the Ghana AIDS Commission have also provided us with critical guidance and input along the way. We are grateful to Kimberly Green, Sam Wambugu, and Nana Fosua Clement at FHI 360 for sharing their perspective and understanding of the HIV programming for key populations landscape in Kumasi specifically and Ghana overall. We also thank our collaborators and fellow researchers at BU CGHD and KNUST. Most importantly, we are grateful for the participation of the many individuals in Ghana who participated in the study. Without their willingness to share their experiences, hopes, and fears, this study would not have been possible.

Dedication

We dedicate this report in loving memory to Delaena Ocloo and to her family. Dela was a much-admired and respected member of the Kumasi field team, and we will miss her.

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Acronyms

ART	antiretroviral therapy
BAR	bar association representative
BO	bar operators
BP	bar patrons
BW	bar waiters
BU	Boston University
CGHD	Center for Global Health and Development (BU)
FBW	female bar worker
FSW	female sex worker
FGD	focus group discussion
GAC	Ghana AIDS Commission
GHC	Ghana cedis
IDI	in-depth interview
KNUST	Kwame Nkrumah University of Science and Technology
NACP	National AIDS Control Program
NHIS	National Health Insurance Scheme
NGO	non-governmental organization
PM	HIV program manager
SGBV	sexual and gender-based violence
STD/STI	sexually transmitted disease/sexually transmitted infection
TB	tuberculosis
USAID	United States Agency for International Development
USD	United States dollars

Executive Summary

Introduction and Rationale

This report provides the findings from a qualitative study exploring the social, economic and behavioral vulnerability to HIV of women working in bars and restaurants in Kumasi, Ghana's second largest city.

This research was conducted by a collaborative team comprised of researchers from Boston University's Center for Global and Health and Development (CGHD) and the Kwame Nkrumah University of Science and Technology (KNUST) School of Medical Sciences. It is one of nine studies under the Operations Research on Key Populations project funded by the United States Agency for International Development (USAID). The study was designed and carried out in collaboration with the Ghana AIDS Commission (GAC).

Reducing vulnerability to HIV infection among key populations in Ghana is a major goal for the National AIDS Control Program (NACP) and the GAC. While a number of studies have explored HIV risk behaviours among self-identified female sex workers and their partners in Ghana, little is known about the vulnerability of women working in small bars and restaurants who may be involved in transactional sex. Further, we have little information about how best to reach this population with services that will enable them and their clientele to protect themselves from HIV and reduce other vulnerabilities related to their health and well-being. To address this gap, this study aimed to explore behavioural, social, and economic factors that contribute to HIV vulnerability; types and extent of transactional sex; the relationship between alcohol/drug use, unsafe sex and transactional sex; and the health and social service needs of this population. The study findings are meant to inform the development and implementation of HIV prevention programs for bar workers and bar patrons.

Methods

We employed qualitative methods in this study, including bar and restaurant mapping, participant observation in bar and restaurants, in-depth interviews (IDI) with female bar workers, male patrons, and bar waiters; key informant interviews (KII) with bar managers, bar association leaders, and HIV program managers; and focus group discussions (FGD) with female bar workers. Purposive sampling was used to recruit study participants. The mapping facilitated the selection of ten bars and restaurants where we recruited participants for the in-depth interviews with bar workers, patrons, waiters and managers. Data collection took place from November 2012 to June 2013. The BU team analyzed the data in QSR NVivo 10.0 software using a thematic approach.

Findings

We conducted 60 IDIs with 36 female bar workers and 24 male bar patrons. The average age of the female bar workers was 25, while the average age of the bar patrons was 32. Participants were surveyed for basic socio-demographic information. Just under half of all female bar

workers (17/36) completed senior high school; however, only one bar worker achieved tertiary education. Of the bar patrons, 10/24 completed senior high school and 6/24 achieved tertiary education. Most bar workers (n=27/36) were single. Out of the 24 bar patrons, 13 reported being single at the time of the interview. Of the bar workers, 17/36 were caring for a child or a dependent while 13/24 bar patrons reported having their own child. Finally, 11/36 bar workers and 5/24 bar patrons migrated to Kumasi either during their childhood or for work purposes.

Transactional sex and sexual relationships

All categories of respondents who participated in this study were in nearly universal agreement that bar employees often engage in transactional sex with their customers. Half of the male patrons interviewed (12/24) reported engaging in such sexual exchanges; female bar employees were, however, not so forthcoming about their own behavior. During the in-depth interviews, not one of the 36 female bar workers was willing to admit to engaging in transactional sex with bar patrons, although some alluded to it as a possibility. The women in our study differentiated these sexual transactions from sex work, distinguishing the sexual transactions of their peers from those of the *roamers* who visited their bar to pick up clients. Male patrons made a similar distinction, drawing a clear line between sex with sex workers and sex with the "hit-and-run" women who work in bars.

Most of the bar workers reported having a boyfriend, a regular partner with whom they shared an intimate relationship. A few of these women said that they first met their boyfriends while working in the bar. The relationship might start out as casual, or even transactional, but may develop into something deeper over time, as the nature of the relationship changes and they no longer view their relationship as "hit-and-run."

Individual and relational factors that affect HIV vulnerability

Our study explored factors at the individual and relationship level that affect bar worker and bar patron vulnerability to HIV. Condom use is rare in relationships between bar workers and their intimate partners whom they may have first met in the bar. A relationship that might have begun as casual or even transactional may become one that is more stable, in which condom use would signal a lack of trust and emotional and physical intimacy. The potential for change in the nature of any relationship poses challenges to individual and couple decision-making regarding condom use and HIV prevention. While condom use at the beginning of a relationship or in one that is clearly transactional in nature might be possible, it becomes more difficult to navigate these issues as the relationship changes to one that is casual (boyfriend potential) or committed (cohabitating or married). The boundaries between types of relationships are not always clear to the individual and may differ from couple to couple.

Sexual harassment by bar patrons appears to be a common hazard of working in a bar. Some establishments offer more protection to the women working there, while others promote the sexual exploitation of women by only hiring attractive women, requiring that they wear short skirts and paying them so little that they need to work for extra tips from men in exchange for sexual encounters. Bar patrons clearly expect sex in return for tipping women, and this expectation can lead to violence against the woman if it is not met.

Structural factors that affect HIV vulnerability

Despite the clear vulnerability of both the women who work in bars and male patrons, very few interventions are addressing these sub-populations while they are working in or patronizing bars. HIV program managers and others confirmed that the focus of HIV prevention programs is on those women who self-identify as sex workers, actively engaging in formal and informal sex work and using the bars as their bases for finding clients. Yet, other women who work in bars as waitresses and who accept tips in exchange for sex do not consider themselves sex workers or *roamers*. This distinction between sex workers who work *out of the bars* and women who work as waitresses *in the bars* who accept tips for sex needs to be further explored and addressed in programming.

Socio-economic factors that affect HIV vulnerability

Bar workers and patrons were uniform in their assessment that women working in bars are paid very little and are driven to top-up their wages by earning extra tips through having sex with patrons. Many of the bar workers were forced to leave school because of the lack of financial support to continue their education. Without achieving higher levels of education, young women are not likely to have the necessary skills to obtain gainful employment that would enable them to earn a living wage, support themselves, and plan for their future. This economic vulnerability to transactional sex may lessen as women enter into more stable relationships, yet these relationships may make these women more economically dependent on their partner.

Interest in HIV and other health services

All respondents in all categories supported the idea of implementing HIV prevention activities in the bars including outreach, peer education, condoms, and health services. Some noted that education and condoms had been available in the past, but that these initiatives had ceased. Bar association representatives were all keen to support and be involved in HIV prevention efforts. Backing from this influential group is critical to the depth and breadth of initiatives that may be implemented in these locations and offers a platform for education beyond individual bars and even beyond Kumasi, including the possibility of support to HIV prevention programs through a national network of bar associations.

Recommendations

The following research, program and policy recommendations emerge directly from the findings, with many picking up on specific needs articulated by IDI, FGD, and KII respondents.

1. **Expand programs that target women working *in* bars who may or may not identify as engaging in transactional sex or sex work.** Current programs target *roamers* working *out of* bars. While targeting this obvious key population for HIV education, prevention, and testing services is critical to Ghana's goal of reaching zero new infections in the near future, the risk of HIV infection (and other harm) for women working in bars and restaurants should also be addressed, particularly regarding condom use in those bars where young women might be expected by management to engage in transactional sex. Although FHI 360 staff in Kumasi stated that outreach programs in bars primarily target sex workers who worked out of the bars, starting in 2012 the SHARPER program began outreach to bar employees. We

recommend that targeting of bar employees should be expanded to all bars in Kumasi. Programs should include the following:

- *Peer education* focusing on sexual health (HIV/STI prevention and treatment, gender-based violence) and referrals to client-friendly services for HIV/STI testing, treatment, gender-based violence services, reproductive health, and maternal and child health services.
- *Condom and lubricant distribution* in the bars. Both women and men who work in bars should be trained to be peer educators.
- *Education/entertainment*: drama, music, and quiz games conducted in collaboration between peer educators and local NGOs to reach bar employees and patrons.

2. **Conduct further operations research among bar staff and patrons to better understand differences in vulnerability faced *by roamers* engaging in *direct sex work* from bars compared to *bar staff* engaged in *transactional sex/indirect sex work*.** There is much speculation about the vulnerabilities to HIV faced by women who do not identify as sex workers but exchange sex for tips, gifts, or favors. BU/KNUST research on bar workers and female tertiary students contributes some critical information about perceptions of risk and risk behavior by women in these contexts (11). Others who fit this category of risk who might also be included are *kayayee* (head porters), market women, and hotel employees. Such research might entail evaluation of programs providing voluntary HIV testing for employees and patrons in social hot spots, extended participant observation to observe social and sexual dynamics in hot spot bars, and (if the necessary funding can be secured) an integrated bio-behavioral survey to measure risk and determine whether or not these groups should be treated as context-specific key populations targeted in HIV and other interventions.

3. **Continue and expand current outreach and peer educator interventions being implemented in sex work hotspots across the country and evaluate the outcomes of these interventions.** Such interventions are currently being carried out in bars as part of the USAID SHARPER project. As SHARPER funding is set to end in 2014, the critical work being done by FHI 360 and its implementing partners with key populations and other potentially vulnerable populations should be continued and scaled up by donors and implementing organizations. Rigorous impact evaluation should be built into the intervention objectives, budget, and timeline.

4. **Mainstream and scale-up existing sexual and gender-based violence (SGBV) programs**. We recommend expanding existing SGBV programs to better protect women who work in bars and restaurants.
    - Self-defense training and confidence building for female bar workers. Education for female and male bar employees about their rights and available assistance in cases of abuse from the Commission for Human Rights and Administrative Justice (CHRAJ).
    - Anti-violence sensitization for patrons. Bar patrons should also be sensitized to the existence and role the CHRAJ in holding men who abuse women legally accountable for their actions.
    - Expanding M-Friends and M-Watchers to include advocates for bar staff.

5. **Expand interventions to address other forms of vulnerability in addition to vulnerability to HIV.** Our findings indicate that women working in bars earn little for their long hours of work; often need to top-up their formal income from waiting tables by exchanging sex with patrons to make ends meet; do not have the time or money to seek health care for ailments both small and large; and are vulnerable to abuse from bar patrons and employers. One example might include additional income generation training for both female and male bar workers or a small cash transfer scheme. A cash transfer scheme could be conditional to participation in HIV education or empowerment/self-defense activities within their work place. The program might also be unconditional and tied to documented economic need for particularly vulnerable groups including households below a certain income threshold or single women or men with children. The Ghanaian Livelihood Empowerment against Poverty Program (LEAP) sponsored by UNICEF, Save the Children UK, and the University of North Carolina, Chapel Hill through the Transfer Project provides a potential model for such a program. Both conditional and unconditional cash transfer programs have been found to be effective in lifting vulnerable families out of poverty in a sustained fashion.

6. **Work closely with bar associations and local bar owners/operators to implement interventions to improve the health and well-being of bar employees and patrons.** In addition to the activities noted above in #1, bar associations and local owners and operators would benefit from education about and encouragement to join Ghana's National Health Insurance Scheme (NHIS). This might be more affordable if bar associations collaborated to start a private mutual insurance scheme that bar employees can buy into at a rate adjusted to match their ability to pay based on their formal wage. Belonging to the NHIS, will make health care accessible and may also lead to increased health-seeking behavior. Creation of a cash transfer program using the LEAP model could also include providing free access to health insurance for eligible families.

I. Introduction

This report highlights the major findings from a qualitative study exploring the social, economic and behavioral vulnerability to HIV of women working in small bars and restaurants in Kumasi, Ghana's second largest city

This research was conducted by a collaborative team comprised of researchers from Boston University's Center for Global and Health and Development (CGHD) and the Kwame Nkrumah University of Science and Technology (KNUST) School of Medical Sciences. It is a component of the Operations Research on Key Populations project funded by the United States Agency for International Development (USAID). The study way designed and carried out in collaboration with the Ghana AIDS Commission (GAC)

Reducing vulnerability to HIV infection among key populations in Ghana is a major goal for the National AIDS Control Program (NACP) and the GAC. While a number of studies have explored HIV risk behaviours among self-identified female sex workers and their partners in Ghana, little is known about the vulnerability of women working in small bars and restaurants who may be involved in transactional sex (1,2). Further, we have little information about the type of establishments that might be more conducive to or supportive of transactional sex and how best to reach this population with services that will enable them and their clientele to protect themselves from HIV and reduce other vulnerabilities related to their health and well-being. There is an urgent need to explore the drivers of behavioural, social, and economic vulnerability; types and extent of transactional sex; relationship between alcohol/drug use, unsafe sex and transactional sex; and the health and social service needs of this population. In this qualitative study, we collected and analysed in-depth data with the goal of contributing to the accessibility and effectiveness of programs that aim to reach these groups with important HIV prevention and treatment services.

The broad goals of the study were to understand the social, economic and behavioral vulnerability to HIV of women working in bars and restaurants and to inform the development and implementation of HIV prevention programs for bar workers and bar patrons. This research explored the following major areas of inquiry:

- HIV vulnerability of female bar workers and male patrons in Kumasi, including; engagement in unsafe and/or transactional sex;
- HIV knowledge and risk perception;
- Condom use;
- Health services needed by these populations.

II. Background

In Ghana, young women appear to be more vulnerable to HIV infection than their male peers. HIV prevalence is 1.31% among adults in the country, but women account for 64% of new infections among young adults 15-24 years old (3). The most common mode of HIV transmission is unprotected heterosexual intercourse. Most women (91%) women are sexually active by age 25 (4). Women who engage in sex work are particularly vulnerable to HIV infection. In 2011, HIV prevalence among female sex workers was 11.2%, compared to 2.1% among pregnant women (5). In the Ashanti region, current HIV prevalence among female sex workers is 13% (5).

Women trade sex for money or goods in a variety of settings, including bars and hotels. Female sex workers in Ghana are categorized as *seaters* or *roamers. Seaters* work from their homes, while *roamers* are usually young, more mobile than *seaters*, and work in bars, brothels, hotels, and on the streets (1). *Roamers* are more likely to experience forced sex and physical violence, and they are less likely to consistently use condoms with clients (1,5). *Roamers* also tend to be less likely to have been tested for HIV, with only 24% reporting that they had had an HIV test in the past 12 months compared to 39% of *seaters* (6).

Women newly recruited to sex work are particularly vulnerable to HIV infection, due to both biological and behavioral risk factors. An Accra study found about one fourth of *roamers* acquired HIV within the first six months of sex work, suggesting that younger and new sex workers have a particularly strong need for HIV prevention programming (1).

A 2012 study on young female sex workers in Kumasi conducted by BU CGHD and KNUST found that girls and young women who engage in sex work face multiple levels of vulnerability. Most lack education and economic opportunities (7). Upon arrival in Kumasi, they quickly learn from other girls and young women about the income potential of sex work. Push factors such as familial poverty, leaving school, and inherited sex work as well as pull factors including friends, financial need, and lure of economic opportunity in Kumasi contribute to their entrance into sex work. Young FSW reported vulnerability to HIV, violence and exploitation including unprotected sex with regular clients and boyfriends, physical and sexual violence from clients, and abuse by police. Both young FSW and health care providers cited stigma as a major barrier to accessing HIV and other sexual health services (7)

While a number of studies have explored HIV risk behaviors among self-identified female sex workers and their partners in Ghana (1,2,5), little is known about the HIV vulnerability of women working in small bars and restaurants. These women might engage in transactional sex, but they may or may not identify as sex workers. Studies in Sub-Saharan Africa have found that many women who sell sexual services either do not identify as formal sex workers or define their activities as only part-time work (8). Studies of women working in bars in Tanzania have shown a link between the use of alcohol and/or drugs and HIV risk behavior, including low condom use (9,10).

Another 2012 study by BU CGHD and KNUST on HIV vulnerability and prevention needs of female post-secondary students in Kumasi found that transactional sex between female students and male professors/tutors was perceived to be common (11). This study also found that female students get involved in sexual relationships with 'sugar daddies', or older, financially secure men, in order to support themselves while in school. Findings from this study suggest that poverty and lack of economic opportunity as well as desire for higher economic status may increase female post-secondary students' vulnerability to HIV. In addition, the study found that students are often subjected to sexual harassment from their teachers who may expect sex in exchange for grades (11).

Many women working in Ghana's urban bars and restaurants migrate from rural areas in hope of better job prospects. The Ashanti region is a well-known commercial trading center, and Kumasi draws migrants from many areas of Ghana (12). Many women who migrate in search of higher-paying work struggle to support themselves and may turn to selling sex to supplement their incomes (13). With a population of over 1.5 million, Kumasi is an important location in which to understand HIV vulnerability and prevent HIV transmission. Our study contributes to the literature on the continuum of transactional sex by exploring the social, economic and behavioral factors that lead to HIV and other vulnerabilities among women working in bars and restaurants in Kumasi.

III. Methods

Overall design

Our study used qualitative research methods to explore the HIV vulnerability of women working in small bars and restaurants in Kumasi, Ghana. We conducted in-depth interviews (IDIs), focus group discussions (FGDs), and key-informant interviews (KIIs). The IDIs were designed to illuminate individual attitudes and practices, whereas the FGDs aimed to collect information regarding group or community norms. Conducting multiple activities also allowed us to explore our questions of interest from different angles and to triangulate our findings.

Sampling approach and participation criteria

To ensure representation of a wide range of perspectives, we conducted IDIs among female bar workers, male bar patrons, and male bar waiters; FGDs among female bar workers; and KIIs among HIV program managers, bar managers/operators, bar association officials. The total sample size was 108 participants. Study participants were identified and recruited using a purposive sampling approach with subjects recruited from bars selected to participate in the study. KNUST researchers approached workers at the bars in the mid-afternoon. The researchers informed them about the study and inquired about their interest in participating in either an IDI or FGD. Bar patrons were recruited in the same manner, but in the early evening after the workday was over. HIV program managers were recruited from local, national, and international non-governmental organizations in Kumasi. Bar association representatives were recruited from the National Drinking Bar Operators Association and the Ghana Bar Operators Association located in Kumasi.

Table 1: Study Sample Size

Participant	Sample Size
Female bar workers (IDI)	36
Male bar patrons (IDI)	24
Bar waiters (IDI)	6
Bar managers/operators (KII)	6
NGO/Government HIV/AIDS program managers (KII)	6
Bar Association Representatives (KII)	3
Female bar workers (FGD) (4 groups of 8-10)	27
TOTAL	108

To foster the collection of unique data from a wide spectrum of individuals, potential participants were only permitted to participate in one activity (IDI or FGD). All participants received a small incentive to compensate for the inconvenience and cost of participation.

Data collection

Each IDI, KII and FGD was conducted by a team of two trained interviewers in a location deemed safe and convenient and agreed upon by the participant(s) in advance. Interviewers and focus group discussion facilitators were KNUST researchers. At each interview, one interviewer posed initial and follow-up questions to the participant while the second interviewer took detailed notes of questions and answers. The interviewers were bi-lingual in English and Twi and were be able to conduct the interview or discussion in whichever language was most comfortable for the participant. At the end of each day, the local field supervisor checked the interview notes taken during that day to provide input and feedback to the interview teams for future interviews and group discussions. Data collection took place from November 2012 to June 2013.

From all participants, KNUST researchers collected basic background socio-demographic information including age, education, and marital status. However KNUST researchers did not collect the names of participants. In addition, none of the bars were identified by name. Bars identified in the mapping were assigned a unique code. Only the code number was recorded in the field notes. The master code was kept in a locked filing cabinet and in password protected computers in the main research office in Kumasi. No one but the lead researchers had access to the master code list. No bars were identified by name in reports and publications.

KNUST researchers with previous experience conducting qualitative interviews collected all the data. Prior to beginning data collection, BUSPH and KNUST researchers conducted a 4 day training workshop for interviewers. Training of data collectors focused on purpose and objectives of the study, research ethics, interviewing techniques, data management and security, and detailed review of all study instruments. During the training, the FGD, KII and IDI discussion guides were modified as needed by the research team. KNUST researchers then pre-tested and made necessary revisions to the IDI and KII guides. Interviewers were also provided with a list of health and social services resources to distribute to interviewees.

Prior to conducting the IDIs, KIIs and FGDs, KNUST researchers conducted a mapping of all bars in the Central Business District of Kumasi where there is a dense collection of bars and restaurants. The purpose of the mapping was to identify the locations of bars and restaurants, health care facilities, pharmacies and small shops where condoms are sold, and transport hubs (bus and train stations). The mapping was used to randomly select 10 bars and/or restaurants for inclusion in the study.

KNUST researchers also conducted participant observation in bars and restaurants to observe public behavior and interactions between bar workers, patrons, and bar owners and managers. Specific behavior observed included public discussions between bar workers, managers and patrons, drinking, and negotiating sexual encounters. These observations informed the finalization of the other data collection instruments, including the bar worker and patron in-depth interview guides, key informant interview guides, and focus group discussion guide.

Ethical review

The study was approved by the institutional review boards of Boston University Medical Center and KNUST. Prior to beginning an IDI or FGD, each participant provided informed verbal consent. We gave utmost attention to maintaining participants' confidentiality during data collection and analysis. To reduce the risk of inadvertent disclosure of participants' identities and/or practices due to participation in the study, no identifying information was collected. We kept all written materials and audio recordings in locked cabinets in locked offices at KNUST.

Data analysis

Tape-recorded interviews were transcribed and translated from Twi to English simultaneously, since Twi is not widely written and interviewers have oral fluency in both languages. Field notes were written in English, typed, and integrated into the transcripts. Before coding the data, the researchers read the typed interview transcripts and field notes line-by-line and word-by-word for accuracy and completeness. The typed transcriptions of IDIs, KIIs and FGDs were transferred to Boston in electronic files, while the audio-tapes remain in Ghana to confirm data as needed. The BU-based team coded and analyzed the English-version transcriptions in QSR NVivo 10.0 software. We developed codes based on the questions of interest and also in response to patterns that emerged in the data. Where appropriate, we quantified responses to indicate proportions who shared similar views on key questions, though the variety of responses and divergent views were explored. We identified illustrative statements by participants to present in both the text and accompanying tables.

Study limitations

The study has several important limitations. First, the use of purposive sampling from ten selected bars meant that our participants were not necessarily representative of all bar workers, patrons, waiters and managers in Kumasi. Therefore, our findings are not representative of the entire population of people working in or patronizing bars in this locale. Second, social desirability bias may have led some respondents to say what they believed interviewers wanted to hear. Third, the bar workers we interviewed did not self-identify as sex workers; as a result,

they may have denied engaging in risky sexual and drug using behavior. Fourth, although we did not intentionally ask questions about individual behavior in the FGDs, some FGD participants may have felt peer pressure or other discomfort revealing personal details in front of other participants.

IV. Findings

Nearly all participants indicated transactional sex between bar workers and patrons is common. While none of the female bar workers themselves admitted to engaging in transactional sex, half of the male patrons reported engaging in such exchanges. The most frequently noted reason for transactional sex by respondents of all types is low pay that drives female bar workers to top-up their wages by earning tips in exchange for sex with patrons. Patrons expect sex in return for tipping women, and this expectation may lead to violence if the woman refuses. Bar workers and patrons reported that condom use is rare, especially when patrons are under the influence of alcohol. All respondents also stressed that most women working in bars do not see their sexual relationships with patrons as transactional or a form of sex work. Often the women are looking for a long term partner, and the bar is where they meet men who they hope will fulfill their emotional needs and provide some financial security. In such relationships, condoms are perceived to be unnecessary and undesirable. Those female bar workers engaged in overt exchange of sex for tips would often for-go condom use for increased money.

Findings are presented in the following categories:

1. Socio-demographic information
2. Perceptions of vulnerability to HIV
3. Vulnerability due to transactional sex
4. Other vulnerabilities: alcohol, drug use, and violence
5. HIV knowledge, testing, and condom use
6. Sexual health and STIs
7. Health and social services needed

1. Socio-demographic characteristics of the study population

Sixty IDIs were conducted with 36 female bar workers and 24 male bar patrons. The average age of the female bar workers was 25, while the average age of the bar patrons was 32. Participants were surveyed for basic socio-demographic information (Table 1). Just under half of all female bar workers (17/36) completed senior high school; however only 1 bar worker achieved tertiary education. Of the bar patrons, 10/24 completed senior high school and 6/24 achieved tertiary education. Most bar workers (n=27/36) were single. Out of the 24 bar patrons, 13 reported being single at the time of the interview. Of the bar workers, 17/36 were caring for a child or a dependent while 13/24 bar patrons reported having a child. Finally, 11/36 bar workers and 5/24 bar patrons migrated to Kumasi either during their childhood or for work purposes.

Table 1: Socio-demographic characteristics of IDI and KII participants

Information	Bar Workers (N=36)	Bar Patrons (N=24)	Bar Waiters (N=6)	Bar Operators (N=6)
Average Age	25	32	23	49
Education				
None	1	0	0	0
Primary	6	0	0	0
Junior HS	11	8	0	3
Senior HS	17	10	4	0
Tertiary	1	6	2	3
Religion				
Christian	34	24	6	6
Muslim	2	0	0	0
Tribe				
Ashanti	18	17	4	4
Fanti	1	2	0	1
Ewe	2	0	0	0
Other	15	5	2	1
Marital Status				
Single	27	13	4	1
Cohabitating	4	4	0	0
Married	3	5	2	5
Divorced	2	2	0	0
Children				
Yes	12	13		
No	19	11		
Dependents	4			
Unknown	1			
Migrant to Kumasi	11	5	4	1

2. Perception of vulnerability to HIV

In-depth interviews: Bar workers

Most women thought they were vulnerable to HIV (n=23/36), with over half of these 13/23 indicating that this risk was due to their partners having unprotected sex with other girlfriends.

> *"Even though I didn't trust my partner and we were using condom, I still sometimes become afraid of contracting HIV."* (IDI FBW 034)

Other women suggested that unprotected sex was the main reason for their own vulnerability (n=9/36). Many sited both infidelity and unprotected sex as reasons for vulnerability.

Most women who reported that they were not vulnerable to HIV said that they trusted their partners to be faithful to them.

"I have sex with just one man. I do not think my partner will be having sex with other women while away" (IDI FBW 011)

Women who did not feel at risk explained that they used condoms consistently to prevent infection.

"I always protect myself during sexual intercourse by using condom" (IDI FBW 035)

When asked if she was vulnerable to HIV, one woman stated that, although her boyfriend may be unfaithful while traveling, she is confident that his status remains negative:

"No I am not. My boyfriend's father was a medical doctor abroad. They also have a family doctor who takes care of them. His father checks his blood any time he returns to Ghana because he knew his son was a bad boy. The other man who had sex with me also said, he used a condom." (IDI FBW 031)

Focus group discussion: Bar workers

When asked about vulnerability to HIV among women working in bars, focus groups echoed many of the same sentiments as the individuals participating in interviews. The focus group participants emphasized that multiple sex partners create a major risk for HIV among some of their peers.

"Bar girls are vulnerable especially those who want to be rich quickly and also keep different sex partners." (FGD FBW 003)

"It is very common because we do not know those who patronize this restaurant. If we follow them to have sex with them, then the possibility of acquiring HIV is high." (FGD FBW 002)

A few participants noted that bar girls are at no more risk to HIV than other young women also engaging in sex with multiple partners. For instance, one participant noted:

"The impression has been created as it is only bar girls who are at risk of contracting HIV. Mostly the young girls are at higher risk because they are sexually active" (FGD FBW 003)

Bar patrons

Many bar patrons acknowledged that they were at risk of contracting HIV due to unprotected sex. A few perceived heightened vulnerability when having sex with a one-time partner or a transactional sex partner.

"Yes [I could be at risk for HIV] if I have sex with these hit and run girls who could be infected." (IDI BP 003)

Some of the bar patrons reported that they were not at risk because they used condoms regularly. Others felt that they were not at risk, even when participating in unprotected sex, because they trusted their partners not to infect them.

> *"No I have never used condoms before because I trust the ladies and I don't think they can give me any disease"* (IDI BP 010)

Bar waiters

Most bar waiters indicated that bar girls are indeed vulnerable to contracting HIV from unprotected sex with multiple partners.

> *Yes, if bar girls keep on having unprotected sex, they will be at risk of HIV*. (IDI BW 006)

Bar operators

All six bar managers/operators (BO) interviewed stated that they believed bar workers were vulnerable to HIV. One bar operator suggested that in situations where patrons are intoxicated, a bar worker is vulnerable to HIV in cases of rape:

> "*It depends on the type of bar the person is working in. Bars where there is a disco, someone can get drunk and can even rape a woman. I don't think somebody wanting to rape someone will use a condom."* (KII BO 002).

Another bar operator stated that vulnerability to HIV can depend on how the bar workers are managed:

> "*Yes they are, especially in bars or restaurants that expose their staff for their own selfish interests, it is possible."* (KII BO 005)

HIV program managers

All the HIV program managers interviewed indicated that bar workers are vulnerable to HIV when they engage in unprotected sex with patrons or have several sexual partners. The influence of alcohol was also noted as enhancing risk for unprotected sex.

> *"They are vulnerable because they have unprotected sex, they trade in sex for money, they also deal with people whose identity they do not know."* (KII PM 001)

> *"The nature of their work is serving clients and some of them receive drinks from clients. In instances where the bar girl is drunk they may not be able to negotiate for condom use. And in instances where clients come with money and gifts they are likely to give in."* (KII PM 004)

Some program managers distinguished bar workers from female sex workers, and highlighted that the behavior (which can sometimes be described as indirect sex work) can make them vulnerable.

"They are vulnerable because most of these people who work in bars and night clubs sometimes feel they are not at risk because they are not into commercial sex work but then indirectly their activities are related to that. So, even though they may not be professional commercial sex workers their activities at the bar put them at risk of infecting themselves with HIV....Yes, they are vulnerable to HIV infection because they come in contact with so many clients. And because they feel that they are not, as I said earlier, commercial sex workers most of them do not really see themselves as a risk population but they are." (KII PM 006)

3. Vulnerability due to transactional sex

a) Prevalence of transactional sex

In-depth interviews: Bar workers

Most of the bar workers interviewed acknowledged that transactional sex between bar workers and patrons is common, but also stated that they had neither engaged in transactional sex, nor seen it happen at their place of employment.

"[T]hey do not directly make that intention clear [when they ask you to go out] but they promise you so many things when you go on a date with them. Then, later offer money for sex. I have heard that transactional sex happens in other bars but not this particular bar." (IDI FBW 021)

"Exchanging sex for money does not occur in this bar. Girls may want to go into relationship but not transactional sex. However people transact sex in other bars. I know of a lady who is into transactional sex in another bar. She is using working in the bar as a means to transact her business." (IDI FBW 002)

Other women interviewed stated that transactional sex does indeed happen at their place of employment. Women who denied engaging in transactional sex also made statements later in the interview that indicated they may have gone on dates with clients.

"Yes it is very common here but it depends on individuals. Here we want more customers and when you treat them well, they may take your phone number and ask on phone to order food for them. In so doing some may propose to you. Others may ask your closing time so that they can pick you home." (IDI FBW 007)

Only a few women said they had never heard of transactional sex occurring between bar workers and bar patrons.

"I have heard that there sex workers who roam around bars for customer but never heard of bar workers who transact sex." (IDI FBW 026)

Focus group discussion: Bar workers

Focus group discussions echoed the in-depth interviews. Most focus group participants acknowledged the frequent occurrence of transactional sex between bar workers and patrons, both at their place of work and at other bars. A few focus group participants disclosed that some managers will hire bar workers specifically to engage in transactional sex with costumers in order to increase patronage.

> *"My previous working place for which I can't disclose for confidentiality sake, they do employ workers into transactional sex to work with us. Those ones are not paid by the manager. They receive their pay from their customers"* (FGD FBW 002*)*

Bar patrons

The majority of patrons reported transactional sex occurring among bar girls and bar patrons (21/24). About half (12/24) of patrons reported personal transactional sex encounters with bar girls. Many also said that their friends had told them they could find a woman at a bar with whom to have sex. Bar patrons report many different locations where transactional sex takes place including hotels, the man's house, friend's houses, guest houses, street corners, and the bars themselves. Some of the bar patrons described negotiating a fee for sex, place of sex, condom use, and how long they will spend with each other. The patrons reporting participating in transactional sex noted a range in frequency. Some reported doing it often some reported only engaging in transactional sex once.

> *"If they serve you nicely and you like it, just give some tip and when the opportunity comes have sex with her."* (IDI BP 021)

> *"Yes I have had sex with woman working in bar. The recent one happened about one and half months ago. I saw one bar girl…I called her and proposed to her and she agreed to it. I gave her money afterwards. I do it often."* (IDI BP 011)

Bar waiters

As with female workers, waiters reported that transactional sex between bar girls and patrons does occur, but none admitted seeing it at their place of employment. One waiter noted that he has been asked by patrons to facilitate transactional sex between patrons and his female colleagues.

> *"Though some people ask how they can get access to some of the girls but I don't really consider it important and therefore do not worry myself about that."* (IDI BW 001)

Another waiter suggested that bars with attached guesthouses are places where transactional sex may occur.

> *"Some are different because there are bars that may be involved in exchanging sex for money. The venue may also count. Bars that have guesthouses attached may be involved in exchange sex for money."* (IDI BW 003)

Bar operators

None of the bar operators reported explicitly being aware that bar workers under their management were engaging in transactional sex; however, a third of the bar operators indicated that transactional sex could occur.

> *"We are from different backgrounds and some of them are very bad. During the orientation I tell them 'you don't have to go out with a customer."* (KII BO 005)

> *"Some patrons approach me to ask for some of my girls but I tell them we don't do that here. Sometimes too my facial expression tells them that am not interested. I talk to my girls not to have any issues with patrons when they are working; however, if they want to entertain them after work it's their own problem but I don't give them away to patrons."* (KII BO 006)

One operator stated that other bar owners may promote transactional sex:

> *"Yes, they do that and they have people who come to their bars to request for those ladies. The bar owners hire beautiful ladies for that purpose so that he can also get high patronage."* (KII BO 002)

Other operators stated that any bar worker engaging in transactional sex with patrons would be fired.

> *"I don't usually sack people but if you misbehave I won't spare you. A person may also see that he or she is not happy with the job especially if they came with the motive to steal or become a prostitute and will either get sacked or leave herself,"* (KII BO 006)

HIV program managers

All HIV program managers reported that transactional sex does happen between bar workers and patrons. However, as one program manager indicated, many young women engage in commercial sex.

> *"I will say yes, but I beg to differ and because you asked of my opinion, I am a counselor and I have been a counselor for about 17 years in sexual health. My main area is youth and adolescents so bar girls are within my group of my work. I want to state categorically that it is not only bar girls who engage in transactional sex. There are a lot of girls in my communities and estates who are into commercial sex."* (KII PM 003)

> *"I will say yes to some extent. They are the first point of call when men go to the bar either to drink or seek for sexual engagements. They either do it with them directly or use them to get other girls. For instance where the girls see the guys to be well to do and can pay she is likely to schedule and take that particular client. When they realize that the client involved does not have money, they connect them to other bar girls."* (KII PM 004)

Bar association representatives

The bar association representatives (BAR) also said that it is common for bar patrons to offer money to bar workers in exchange for sex.

> *"It is common when the patrons come to buy drink and eat. They just ask the bar girls who serve them to keep the change of the amount they have paid for their drink and food. This situation does not happen just one day. It becomes a continuous practice and through that the bar patron can have sex with them."* (KII BAR 002)

> *"Some bars do hire women to trade in sex for money because these bar operators make a lot of money from both bar girls and the patrons, but I don't subscribe to that."* (KII BAR 001)

> *"Some girls use their job as a source of trade to have sex with men but since HIV came into light we do tell bar operators to inform their girls to be careful with people they move with."* (KII BAR 003)

> *"Recently a patron wanted to entice my bar worker with money in order to sleep with her. Most of these men are self-employed and their intention is to sleep with them. Some of them are simply womanizers and want to have sex wherever they go. Some bar operators allow prostitutes to operate in their bars. Those bars are well known for what goes on there."* (KII BAR 001)

b) Motivations for transactional sex

In-depth interviews: Bar workers

Although none of the bar workers interviewed indicated that they themselves engage in transactional sex, the vast majority acknowledged that transactional sex between female bar workers and patrons was common. Bar worker IDI participants explained that their wage as a server was 80 to 100 Ghana cedis (USD 35 to 45) a month. The monthly salary is sometimes supplemented by tips, which, according to several bar workers, can be understood as an invitation to date and/or have sex.

> *"Yes, it is common for the workers to have sex with men in order to get money. It all depends on the lady. Some of the girls do it. Some customers even give tips just to sleep with some of the girls."* (IDI FBW 029)

> *"Yes, some customers give tips with the aim of having love relationship with you. But I don't give in. It has happened to me several times. They can plan to have a date with you and when you go out with him he uses that as an opportunity to ask you. But mostly I tell them I don't have time. So I believe the ladies should find reasons not to give in easily to such demands."* (IDI FBW 013)

Respondents were asked to talk about the reasons why bar workers might engage in transactional sex. The vast majority of bar workers emphasized that women who are struggling economically may engage in transactional sex to supplement their income. One participant noted that a bar worker may make an extra 30 Ghana cedis (USD 15) a day by engaging in transactional sex.

> *"How would a woman working in a bar start exchanging sex for the first time?*
>
> *"Some may exchange sex to top up their income. They may calculate their transportation cost and compare the monthly salary. If it is not sufficient, one may decide to take a boyfriend to top up her income."* (IDI FBW 011)
>
> *"Some people's pay is insufficient for them. Though my pay is GH cedis 3.00 thus USD 1.20 per day, I get tips and on some days I get about GH cedis 50.00 about USD 25.00 for a day in addition to my pay which is enough for me. For others, because the pay is not sufficient for them, they tend to transact sex."* (IDI FBW 001)
>
> *"Due to financial constraints, for example, looking at my situation where I have to take care of my mother, if I am not disciplined I will be moving from one man to the other. Some do it to earn additional income, for others it could be laziness to work hard. Peer pressure may also cause people to start having sex for money".* (IDI FBW 004)

In general, relationships of any kind between bar workers and patrons seemed to involve the male patron giving the bar worker money as either a direct tip for sex and/or as support within a relationship.

Bar managers can play a role in introducing patrons to the bar workers:

> *"There are some other drinking spots around where the managers will even introduce a customer to the bar girl and secretly tell her how rich that customer may be. In this case, the bar manager has given the bar girl the 'go ahead'."* (IDI FBW 20)
>
> *"Those women are only working at these bars to attract customers. The bar operators employ them to transact sex alongside with the bar work so that more customers would come to patronize their drinks."* (IDI FBW 023)
>
> *"I have heard that some bar owners encourage the girls to sit on the lap of male customers."* (IDI FBW 015)
>
> *"I believe some bar owners encourage their bar girls to engage in transactional sex judging from the way they allow them to dress."* (IDI FBW 014)
>
> *"I haven't seen such situation here but other places do that. At such places, the money the girl gets is shared between her and her manageress. The managers also feeds these girls daily."* (IDI FBW 035)

Focus group discussion: Bar workers

When asked why bar workers engaged in transactional sex, female focus group participants supported the responses of the female bar worker IDIs. Most focus group participants referenced

financial constraints and the desire to supplement monthly income as the main drivers of transactional sex among bar workers. Some focus group participants commented that it was the woman's choice as to whether or not she wanted to use her body to make money.

> *"It depends on the individual's preferences. Some people are head porters and people look down upon them. Meanwhile that is what gives them their daily income. If another person will chose to transact sex, it is her choice. If you think you can sell water to survive you can and when you want to involve in prostitution that one too is the person's own decision"* (FGD FBW 004)

> *"At times it depends on the situation. For instance my father has passed away and I am not staying with my mother. I am a single mother of one child. I can decide to use the property I have (female sex organ) to make money."* (FGD FBW 004)

Other focus group participants explained that a bar worker might first decide to engage in transactional sex because she observes a coworker making more money by having sex with the patrons. The following quote also provides a not-so-veiled admission engaging in TS with customers.

> *"The services we provide to the customers give us extra money so when a co-worker gets to know of this she would inquire to know which customer gave you money so that she will also find a way of meeting that customer in order to get some tips from him."* (FGD FBW 003)

Bar patrons

Bar patrons universally described men's motivation for transactional sex as sexual pleasure. Patrons were well aware of the bar workers' financial need.

> *"My relationship with some of these women who come my way is not based on love or do not have any commitment towards them. It is just for sexual satisfaction. The ladies do not ask for money before sex; however, after sex I give out money in order to satisfy them."* (IDI BP 018)

> *"Some ladies come into the relationship not based on love but because of financial gains. Especially when they come to your house and realize that you have no woman living with you and you are financially sound."* (IDI BP 013)

> *"The bar girls are beautiful and are neatly dressed so they attract the men who patronize this bar and since their salary are inadequate and they also need money, they are easily influenced by money."* (IDI BP 007)

> *"Not every lady will want to have sex for money but because their income is not enough they do that to supplement it. I believe that if their income is increased they may not be involved in transactional sex."* (IDI BP 007)

> *"It is a monetary affair. When I take a girl and we negotiate and I pay her and that is the end. It is a commercial venture. It is not based on love but pleasure. I support them financially."* (IDI BP 008)

Patrons report transactions of extra tips, evening accommodations, rides, gifts including shoes clothes and bags, food, and money.

Many patrons noted that bar owners intentionally hire female employees open to participating in transactional sex. Patrons believed managers encourage bar workers to dress provocatively in order to encourage patronage.

> *"Most drinking spots intentionally employ these beautiful ladies to serve. The bar owners also encourage these bar girls to wear miniskirts exposing their bodies. Their motive is to attract the men who patronize these bars. And once you get a little bit drunk, the next move is to go in for such a lady."* (IDI BP 012)

Bar waiters

One bar waiter said that bar patrons give money to bar workers in exchange for sex in order to help them financially.

> *"Yes, it may vary according to the person's own way of assessing things. Some think they exchange sex to help the girls who are in need of money. Others marry the bar girl and get her another job."* (IDI BW 005)

HIV program managers

Most of the program managers recognized that women work in bars and restaurants in order to support themselves and that many seek stable relationships with men who provide some economic support.

> *"These are assumptions but there are also proofs that when you get to the bar you will see girls who are very intelligent but are working in the bar because their parents do not have the means to further their education and therefore the reason why they work in the bar is to make some money for a living. If they should have someone who could pay in a relationship it will compliment what they get from the bar."* (KII PM 003)

c) Social perception of bar workers
Bar workers

Almost all bar worker respondents agreed that having a job at a bar is generally perceived as unrespectable for a woman. Many respondents noted that people associate bar work with prostitution.

> *"People see us as prostitutes and others think that we are not trustworthy and it happens in every bar work."* (FGD FBW 008)

Bar patrons

Many bar patrons discussed the dress of bar girls, explaining that provocative dress can indicate whether a bar girl will be open to transactional sex. One bar patron described bar girls as having poor "character" because they are known to have frequent sex.

> *"Some bars do hire in order to improve patronage. The ladies can be identified by the nature of the dresses they wear, tight and short dresses, etc."* (IDI BP 005)

> *"I am always of the belief that these bar girls are not of good character because anyone can entice them to get them into bed."* (IDI BP 013)

Additionally, a number of bar patrons distinguished between bar workers and sex workers.

> *"Mostly those who have sex with men are the bar workers themselves. Those who are commercial sex workers also patronize the bars and restaurants to transact sex with patrons."* (IDI BP 006)

Bar waiters

Bar waiters were asked how the general public perceived bar girls, bar girls who exchange sex for money, and bar patrons who paid for sex. Many bar waiters stated that bar girls are seen as prostitutes by the general public.

> *"They always disregard the ladies, and think that they are all sex workers. If any customer who comes here gets some of the ladies in bed, they can make a generalization that they exchange sex for money. Sometimes people think that beautiful ladies like them should not be doing menial jobs at bars and restaurants."* (IDI BW 005)

Bar waiters also generally noted that that because it is normal for patrons to purchase sex from bar girls, it is not always seen as a bad thing.

> *"Do patrons have different opinions about exchanging money for sex?*
> *To me they think it is usual and people do not know how to give out money for free. They will want to benefit from it at all cost."* (IDI BW 003)

Bar operators

Bar operators were asked how the general public perceives bar workers who exchange sex for money. Half of the bar operators interviewed said that female bar workers who exchange sex for money are often seen as prostitutes or as shameful.

> "*It is very bad. People look down upon them and here, if we get to know it we will just shame you one day."* (KII BO 005)

4. Other Vulnerabilities: Alcohol, drug use, and violence

a) Alcohol and drug use

In-depth interviews: Bar workers

Ten women reported using alcohol, with all of these reporting occasional, non-habitual use. Some women talked about the effects of alcohol on desire for sex.

> *"Taking in alcohol makes you feel excited in anything you do."* (IDI FBW 035)

While another woman said that she does not drink, she noted that drinking:

> *"…arouses sexual desires. It makes it easy to fall prey to a man for sex."* (IDI FBW 005)

Another woman talked about the dangers of becoming intoxicated:

> *"Some of the girls may get drunk and lose consciousness. In that case they will not know whatever goes on in terms of sex."* (IDI FBW 013)

None of the bar workers reported ever using illegal drugs including Chinese capsules, wee (marijuana), cocaine, blue-blue (valium), methadone, crack, heroine, or amphetamines.

Focus group discussion: Bar workers

Bar worker focus groups echoed the sentiments of the bar worker IDIs. Many focus group respondents stated that some bar workers do drink at work, and two noted that it was done in secret as bar workers are generally not allowed to consume alcohol while working. The following quote notes this exchange between FGD participants:

> *Respondent 3: "Yes, some know how to drink but it's not common."*
> *Respondent 2: "Even if you know how to drink alcohol, you can't do it here whilst working"*
> *Respondent 1: "May be the person will hide to drink because if you are caught, it can lead to your dismissal."* (FGD FBW 001)

Focus group participants acknowledged that some bar workers may drink alcohol with patrons or prior to engaging in sexual behavior with patrons.

> *"The customers drink so when the bar girls follow them to their houses they can influence them to also drink"* (FGD FBW 002)

> *"Some people have sex with guys they don't really love so they take alcohol in order to be able to have sex with them."* (FGD FBW 003)

HIV program managers

A couple of program managers indicated that alcohol affects women's ability to use condoms to protect themselves from STIs and HIV.

> *"In so many ways because with HIV infections, everybody is at risk. Especially working in the bars where alcohol is served every day. People normally have unprotected sex under the influence of alcohol and since they are at the bar, anything can happen."* (KII PM 005)

Bar association representatives

All three representatives indicated that alcohol and drug use by workers is not permitted while the workers are on duty.

b) Experience with violence

In-depth interviews: Bar workers

Participants were asked about their experiences with violence, either intimate partner or other forms of violence. Eight women disclosed that they have experienced intimate partner violence in the form of beatings and rape, or a combination of both. Many women reported experiencing verbal violence and emotional abuse from intimate partners, bar patrons, or employers.

> *"Interviewer: During the past year, did any one hit you, or use physical force or violence on you?*
> *Respondent: I have not been beaten in the past year but my ex-partner with whom I had my child has beaten me before.*
> *Interviewer: How did it happen?*
> *Respondent: He was chasing women and when I complained of it, he fought me and beat me up"* (IDI FBW 029)

Focus group discussion: Bar workers

When asked about violence in and out of the work place, most participants acknowledged the frequent occurrence of verbal abuse primarily by patrons. One woman described how patrons have belittled bar workers for not being attractive enough and suggesting that they should be fired from their position. Others sited times when patrons quickly escalated in anger and insulted the bar workers. A few of these participants noted that this is part of the nature of working in a bar as a female and that they have to learn to accept it.

Several focus group participants talked about times when patrons touched them without permission:

> *"Some customers can touch your buttocks and tell you it is not soft so go and call somebody who has a soft one to come and serve me. Others like making comments such*

as you are not attractive so the manager should sack you from the place." (FGD FBW 003)

While none of the focus group participants stated that they were beaten or raped at the workplace, many respondents did talk about physical violence by boyfriends and intimate partners.

"Even if someone will be raped, I don't think it can happen at the work place." (FGD FBW 001)

"Those who transact sex can also be raped by their customer" (FGD FBW 002)

"Bar girls may be raped but they do not say it" (FGD FBW 003)

Bar patrons

Nine out of the 24 bar patrons reported that they have been physically violent with a woman. Eight of these women were intimate partners and one was a sister. The violent acts reported included slapping, hitting, and beating. Bar patrons said they were violent because the women left for another man, were disobedient, refused to do something when asked, were annoying, cheated, or lied.

No bar patrons reported violence against female bar workers. However, two bar patrons noted situations when men spend money on women and expect sex as compensation. When refused, this has led to violence against the woman.

"I beat the girl because after spending on her, she refused to go home with me. I got annoyed and beat." (IDI BP 009)

"I have never forced a bar girl for sex but I know it is possible because they make a lot of financial demands from customers. So when these patrons get the ladies in question, they try to force them for sex to compensate for the monies they have given them." (IDI BP 016)

Six bar patrons reported having forced sex on or raped a woman. Some of those who reported sexual assault noted that they were impatient to have sex at a time when the woman had refused. One respondent reported rape as an act of retaliation for the woman breaking up with him.

"I used to have a girl friend who had decided without my knowledge that she has broken up with me. One day she passed by my house to see how I was doing and I forcefully had sex with her without her consent." (IDI BP 013)

"I am a machine man (always ready to have sex). If we go inside the room and the lady refuses to have sex with me, I force her, especially when I have taken alcohol." (IDI BP 020)

The majority of the respondents reported that they had never committed violence or rape against a woman, many citing ethical reasons. One respondent said that he prefers consensual sex because it is more satisfactory:

"I don't force a lady to have sex, because if I do that I will not get any satisfaction, so I prefer that she will give it to me willingly." (IDI BP 015)

Bar waiters

When asked about verbal and physical violence towards bar girls, most bar waiters said that they had seen it happen at other bars, but not at the bar where they currently worked. One waiter elaborated, saying that violence could occur especially if alcohol was involved. Another noted that although he had not seen physical violence occur at the bar, he had seen bar girls verbally attacked by patrons.

"No, but there can be some sorts of insults. For instance when a customer comes here to eat and pays the money to a different person mistakenly, some people can accuse you or misinterpret that to be theft or a deliberate attempt to steal money that belongs to one who actually provided the services." (IDI BW 005)

Bar operators

Bar operators were asked if they had ever personally hurt or hit a female bar worker. None of the bar operators reported doing so. Operators were also asked if they had witnessed or been aware of male patrons hitting or physically hurting bar workers. Most operators said they had not ever witnessed a bar worker being physically hurt by a patron. One operator, however, narrated the following incident in which a bar patron sexually harassed then struck a bar worker when she refused him:

"*Yes it has happened once. I was sick at home and I was informed that a patron had hit one of my girls. The girl told me the patron tried to pursue her once but she didn't agree so there was exchange of words between them and the guy slapped her."* (KII BO 006)

HIV program managers

HIV program managers acknowledged that many women experience violence and/or sexual harassment.

I know they experience sexual harassment. Especially when the men are a bit drunk they like touching and holding the women anyhow. That is why most men do not allow their wives to be bar attendants meanwhile they have been going out for other women. (KII PM 002)

"Yes, sometimes when the bar girls are working some men touch their breast, their buttocks, try to hold them etc. I see that as a violation on their sexual right." (KII PM 003)

"They do experience violence especially those at the counter and those who serve. When payment of money becomes an issue as to how much the client owes. Also when men are drunk they are likely to be touching these bar girls willingly or unwillingly.

Some of the patrons also believe that the bar girls are call girls so they abuse them at the least provocation." (KII PM 004)

One program manager indicated that some women may say that they have been assaulted when their clients do not pay them for sex.

Sometimes they claim that they get assaulted especially where their clients do not pay as charged. (KII PM 001)

Bar association representatives

All bar association representatives indicated that physical and sexual violence against bar workers does occur.

Yes, these bar girls experience some form of abuse especially from patrons. They are easily insulted at the least provocation. Patrons also physically abuse them because they are drunk". (KII BAR 001)

"Yes, it happens because if a bar girl receives gifts such as money, clothes, shoes, etc. from patrons and does not allow the patron to have sex with her, such situation can occur, but at times we quickly intervene." (KII BAR 002)

"I once heard that a girl experienced a violent attack while on her way home after closing from duty." (KII BAR 003)

While the association representatives indicated that their members tell bar workers to report any problems or violence incidents to them, neither association has a policy or guideline in cases of violence against bar workers.

5. Knowledge of HIV, testing, status and condom use

a) Knowledge of HIV: Prevention and modes of transmission

In-depth interviews: Bar workers

HIV knowledge was assessed through several questions during in depth interviews with bar workers). Overall, responses were fairly consistent with respect to modes of transmission across all 36 participants.

Almost all bar workers, (n=34/36) indicated that HIV could be transmitted through unprotected sexual intercourse. Further, 30 participants named both unprotected sexual intercourse and infected blood as modes of transmission. Only one participant named the three major modes of transmission: unprotected sexual intercourse, blood, and mother-to-child.

"I think the main mode of transmission is sex without condom. In preventing HIV, you should make your partner use condom whenever having sex with him otherwise you don't

allow him because it is your life. If not, you the girl should use a condom." (IDI FBW 034)

Among all bar workers, about three-fourths (n=27/36) indicated that HIV could be prevented through the use of a condom. Some women stated that the way to prevent HIV infection was to make sure your partner did not pursue other women.

> *"It is easy for someone to get HIV because it is not drawn on people's faces and one may not know who has and who has not. Mode of transmission is having sex and kisses with different men and having blood covenant. It can be prevented by insisting on your partner for consistent HIV test and preventing him from other girls"* (IDI FBW 004)

One participant stated that she did not know how to prevent HIV.

Focus group discussions: Bar workers

Collectively, all participants in each of the four focus group discussions named sexual intercourse and blood as major modes of HIV transmission, and condoms as a major form of prevention. One group named all three modes of transmission: unprotected sex, blood and mother to child.

> *"Respondent 4: I know that HIV is a disease in the blood which is mainly contracted through sex.*
> *Respondent 5. When a person with HIV uses a blade and I have a cut from that same blade I can get HIV.*
> *Respondent 2. HIV can be transmitted from mother to the baby."* (FGD FBW 004)

Individual knowledge, however, varied within the groups. One participant stated that HIV was a spiritual disease:

> *"As I said earlier that some customers who come here are not human beings, as a lady they can send someone to infect you with that disease. And it can be spiritual."* (FGD FBW 003)

Other participants had misconceptions with respect to HIV transmission:

> *"It is not only sex than can make you contract that disease but you can contract through the kind of food you eat. I have even heard that you can contract the HIV/AIDS disease through kissing, the use of used razor blades."* (FGD FBW 003)

Bar patrons

The bar patrons universally reported understanding that HIV can be transmitted through unprotected sexual intercourse. The majority mentioned that condoms prevented HIV transmission and some also mentioned abstinence as means of prevention. However, most noted that abstinence is not realistic:

> *"Because we cannot avoid sex, we have to use condoms properly."* (IDI BP 024)

Many noted additional modes of transmission beyond sexual intercourse such as mother-to-child transmission, sharing sharps and razor blades, and blood covenants. Respondents noted receiving their information about HIV from the following sources: radio, TV, health workers, school, posters, newspapers, internet, movies, friends, and health talks in the workplace. A few respondents had misconceptions regarding HIV transmission including that HIV can be transmitted through sharing nail clippers, kissing, and eating with an infected person.

A few bar patrons noted some of the severe social consequences of being infected with HIV, including stigma, discrimination, and social rejection:

> *"HIV is a deadly disease and when one gets it, it retires your progress in life and people reject you when they become aware of it."* (IDI BP 011)

> *I take [HIV] to be some devilish disease which when infected you will be disowned by all your family and friends. You lose ever respect."* (IDI BP 020)

b) **HIV testing & status**

In-depth interviews: Bar workers

Approximately two thirds of (23/36) IDI participants had ever been tested for HIV, but only seven women indicated that they had obtained an HIV test in the past year. One woman explained that although she was tested, she was never given her results.

> *"Yes, I did it at Komfo Anokye Teaching Hospital around October and I will do it around December ending too. The test is very cheap so I normally do it almost every two months."* (IDI FBW 025)

Two women reported that the only time they had been tested was through an antenatal care clinic during pregnancy:

> *"I was going for antenatal at Atasomanso. The clinic belongs to a doctor, who happens to be the husband of my Aunty. He will never assist you during delivery if you refuse to take the HIV test as proposed."* (IDI FBW 020)

Reasons for never obtaining an HIV test varied, but some women suggested that, due to their work schedule, they were not able to find the time to seek testing.

> *"Yes I have done the HIV test before, when I was in school and it was negative. I want to do it again but due to the nature of my job I have not been able to make it"* (IDI FBW 015)

Other women described being fearful.

> *"I heard most of the machines are not reliable so I am afraid."* (IDI FBW 014)

Finally, one-third (n=12) of women reported knowing their regular partner's HIV status. Some reported going with their partners to obtain a test, while others reported that their partners disclosed their status.

Focus group discussions: Bar workers

A couple of focus group participants stated that bar workers were given the opportunity to test for HIV through work.

> *"Because this place is owned by a medical officer, he makes sure we are all taken through HIV screening on a regular basis….We do monthly screening on HIV/AIDS at Atasemanso Hospital."* (FGD FBW 001)

Bar patrons

Ten out of 24 bar patrons reported that they had been tested for HIV. A number of patrons reported that they had gotten tested while giving blood. Others who had not been tested said they had not had the opportunity or time, but intended to get tested in the future. Some of the respondents who said they had not been tested expressed fear of receiving a positive test.

> *"No I haven't tested for HIV because I don't want to think about it to die earlier."* (IDI BP 008)

> *"[An] HIV test is something that I will never do because if I do the test and I am positive, I may have to live with it for the rest of my life…I will never do the test."* (IDI BP 014)

Very few of the bar patrons reported knowing the HIV status of their regular partner, and HIV status did not appear to be regularly discussed between partners. Even fewer reported knowing the status of one-off partners.

> *"I can't tell [if she has been tested] because they are hit and run."* (IDI BP 020)

c) Condom use

In-depth interviews: Bar workers

Bar workers were asked about their knowledge, use and reason for use of condoms. Most (n=27) had ever used condoms, but they all talked about condom use in the context of a relationship with a boyfriend. All women who used condoms said they used them to prevent unwanted pregnancy; however, 13 indicated that they have also used condoms to prevent STIs including HIV.

> *"My boyfriend was a womanizer. I used condoms to protect myself from diseases and infections other ladies may have."*(IDI FBW 031)

> *"Yes, I have used it before. I usually use it to prevent STDs, HIV and unwanted pregnancy."* (IDI FBW 009)

Many women used other forms of contraception including birth control pills and injectable contraceptives to prevent unwanted pregnancy as a result of having sex with their boyfriends.

> *"Yes, I used condoms to protect myself. I buy the male condom because my boyfriend is*

schooling in Accra so I make sure I have some around because he can decide to come to Kumasi Anytime. Apart from condom I use postinol-2 to prevent pregnancy." (IDI FBW 015)

Some women used the calendar method to calculate ovulation and used condoms when they were not in the safe period.

"I used condom with my boyfriend because at that time I felt I was not in my safe period. However, in my safe period we have raw sex." (IDI FBW 016)

"I usually use it to prevent STIs and pregnancy. When I am in my fertile period, I use condoms… But sometimes I don't like it because I am living with only one person and why should I use condom when having sex with him?" (IDI FBW 008)

Only one woman said that she had used the female condom.

Several participants suggested that when one or both parties were consuming alcohol, they were less likely to use condoms. Another participant said that bar workers can be offered more money to have sex without a condom.

Focus group discussion: Bar workers

Focus group participants stated that bar workers can make more money by having sex with patrons without a condom.

Interviewer: "What are the challenges bar girls face in protecting themselves from HIV?"
Respondent 5: "They can be offered big monies to have raw sex." (FGD FBW 002)
Respondent 1: "Sometimes the clients who have sex with a transactional sex worker prefer not using a condom." (FGD FBW 002)

Other participants noted that patrons and bar workers who have been drinking alcohol are less likely to use condoms.

"When you get drunk there is no way you would think about condom." (FGD FBW 003)

Bar patrons

Most bar patrons interviewed reported that condoms were relatively easy to access and purchase. However, reported condom use varied widely. Respondents noted a number of barriers to condom use including making sex unenjoyable, making it difficult to ejaculate, unplanned sex when you do not have a condom, drunkenness that prevents you from remembering to use a condom, condoms not being readily available at the locations where sex occurs. Finally one respondent noted that Ghanaian culture prevents married men from buying condoms and he had to travel a long distance in order to get them. Male respondents noted that condoms are available to purchase in pharmacies and drug stores and thought condoms were available in bars and

restaurants. Motivation for condom use included prevention of pregnancy, prevention of disease, and easy access to purchasing them in stores.

> "*I may even have the condom in my pocket but being drunk makes me forget about it and go raw."* (IDI BP 020)

> "*Society frowns at a married man buying a condom."* (IDI BP 024)

> "*Yes I use condoms sometimes. I keep condoms at times on me ready for action…On the other hand, if there is none, we just have our sex raw."* (IDI BP 020)

Many bar patrons said that condom use depended on the type of sexual encounter or relationship. Most patrons reported sex with a range of partners: bar workers, sex workers, "hit and run girls", girlfriends, and wives. About one third of respondents reported using condoms with casual partners while simultaneously not using condoms with their regular, committed partners such as wives and girlfriends. Many respondents noted the importance of "trusting" their partner in making a decision on whether condoms may be necessary.

> *"If I will have sex with any other woman apart from my wife I do use a condom."* (IDI BP 018)

> "*For the sake of STDs I try and use [condoms] on other girls. I trust my girlfriend so I do not use condom with her."* (IDI BP 004)

Respondents noted varied decision-making processes when deciding whether or not to use a condom. One reported that the decision is solely the man's. A few reported that they take into consideration the preference of their female partners or that their female partners sometimes insist either way. Others noted that women sometimes carry condoms themselves in order to protect themselves.

> *"Sometimes condom is used while other times it is not used. The decision solely depends on the male partner."* (IDI BP 017)

> *"I believe prostitutes rather buy the condom and make sure the man wears."* (IDI BP 016)

> "*I recently had a girl who requested that I use it, which I obliged."* (IDI BP 004)

One respondent told a story of a man he knew who solicited a sex worker and offered higher pay in order to have unprotected sex rather than sex with a condom.

Bar operators

Bar operators were asked if they thought bar workers used condoms. Five out of six respondents said that they were not sure if bar workers used condoms. One respondent suggested that bar workers do use condoms when they are able.

> *"Yes they use condoms. But a woman is not strong enough when she agrees to have sex with you. How many women can say no to sex if there is no condom?"* (KII BO 005).

Bar operators were also asked if condoms were available at the bar or restaurant. Four of the six bar operators said that condoms were available for free or for purchase.

> "*We don't sell condoms here but I have some that I give out for free.***"** (KII BO 006)

> *"As at now we sell condoms here, a strip for GHC 1 and the patronage is good especially on weekends."* (KII BO 005)

Bar waiters

Bar waiters were asked if they believed bar girls had access to condoms and used condoms with intimate partners. Most bar waiters responded that condoms were available, though not at their bars. Half the bar waiters indicated that bar girls used condoms to prevent diseases. Half also indicated that condoms were available in the bar where they worked and they were cheap to buy.

HIV program managers

HIV program managers reported that they had implemented a successful program some years ago, with support from the Canadian government. WAPCAS (West African Project to Combat HIV/AIDS and STIs) targeted condom education and distribution to women in bars and restaurants and hotels as well as women who were petty traders. This program ended in 2006.

> *When we started the program about 80% were not using condoms but later as the program introduced them to condom they started using condom. We cannot tell what percentage are using condoms now but at the peak of the program we recorded 85% consumption."* (KII PM 001)

Based on the original WAPCAS model, a national NGO of the same name now provides STI screening and treatment in bars and also spreads educational messages through peer educators, but these activities seem to be focused on *roamers* working *out of* bars as opposed to women working *in* bars.

> *"We go to the hot spot as patrons and we become familiar with the bar girls and introduce them to what we have. If we are able to get one she will link us to other girls. When we work with them in a more lucrative manner, they can help us recruit more peer educators."* (KII PM 002)

Program managers also indicated that women are not likely to use condoms, especially when the client pays more for sex without a condom.

> *"They are charging clients according to condom use. Those who would not use condoms were charged higher. We were working with sex workers but they all charged based on condom use*." (KII PM 001)

> *"Some use condoms and others do not. The circumstances also depend on the situation.*

Those who have actually received information on the importance of condoms use them. However most of them don't use them because men don't like using condoms and because they receive low remuneration, when these men offer higher pay for raw sex the bar girls turn to agree." (KII PM 002)

One program manager highlighted that bar workers might be more vulnerable to HIV than women who self-identify as sex workers:

Because for most commercial sex workers they know that that is their job so they take precautions, and most of them have been educated on using the condoms. But this is the target population that has not really been given attention to so most of them are not aware of the risks that they are involved in and as a result of that may not even ask or negotiate for safer sex. Yes, they are very vulnerable." (KII PM 006)

Many of the program managers indicated that condom use is rare in those more stable relationships with boyfriends who provide economic support.

"Because they are stationed at a particular place they may have some regular clients and the more they get familiar with the client they don't see the need to use protection, so, gradually as the familiarity grows they seem to trust the person and assume the person is clean in terms of HIV and other infections that puts them more at risk than those who know they are changing clients and therefore need to protect themselves at all times." (KII PM 006)

"Some of them are having stable relationships with people who could sponsor them. I have had interaction with a number of them, though not documented, but informally people are into relationships. There are men who come for them after work, stay overnight, on weekends they cook for them. I will call it their boyfriend because they are not ready to marry them. I see their vulnerability coming from their inability to negotiate for protected sex because of the money they are getting from them." (KII PM 003)

The same program manager elaborated on the lack of women's ability to have safe sex.

"The bar girls' inability to engage in protected sex is very high. It also depends on the circumstance of the sexual act. Some one might think 'sex but health also' while others will say 'sex and forget about health issues.' So with that uncertainty and a relationship that is not stable, you shouldn't take it kindly that you will have a safe sex." (KII PM 003)

Bar association representatives

Two representatives said that their bars have a supply of condoms:

"Yes, I have so many condoms at my bar here and condoms are very affordable even sometimes we give it to customers free of charge." (KII BAR 002)

"Most of the bars have condoms to give to patrons. There are promotional sales for

condoms and some are even given out free of charge." (KII BAR 003)

The other bar association representative said that an NGO used to supply the Association with condoms, but they are no longer providing them.

6. Sexual health and experience with STIs

In-depth interviews: Bar workers

Eight women reported that they had experienced some sort of vaginal infection, some calling the infections sexually transmitted; however, some reported having had candidiasis, a fungal infection that is not usually transmitted through sex. Most of these women diagnosed themselves and sought treatment on their own. None of them reported going to the hospital for treatment, but instead sought care at local pharmacies and herbal shops.

> *"I haven't gone to the hospital for any treatment on STIs. However, I usually visit the drug store for treatment when I observe any itching or rashes in my genital area."* (IDI FBW 007)

> *"Yes I have contracted STI before. I had pain sometime ago after. It happens one day after I had passed urine. I felt some pain in my vagina. I went to the pharmacy shop to complain and was given medicine for treatment."* (IDI FBW 014)

> *"Yes I have treated vaginal discharge before but did not go to the hospital. I bought cream from peddlers."* (IDI FBW 001)

> *"I am now experiencing severe candidiasis and I am treating it. I don't know whether the condition is as a result of the abortion but a friend confirmed that it is as a result of the abortion because she has been a victim. I receive treatment at Adum herbal clinic because STI cases are well-handled with herbal medicine but the place is expensive."* (IDI FBW 35)

A couple of women reported having been tested from the bar:

> *"I haven't gone to the hospital for any treatment on STIs. However, we were screened by health workers at this work place sometime ago. They took our blood samples for some investigations but I was not having any infection as the results indicated. I do not know the specific type of investigations they conducted anyway."* (IDI FBW 008)

Bar patrons

Eight of 24 bar patrons reported experiencing an STI, with 7 reporting having had gonorrhea. Most of the bar patrons who had contracted an STI were not sure which one of their partners might have infected them. Some expected that it was due to causal partners.

"I had gonorrhea. I then went to a pharmacy shop for treatment. It is because of this habit of changing sex partners that brought that infection. Since then I have realized the importance of condom use." (IDI BP 010)

HIV program managers

HIV program managers indicated that bar workers are vulnerable to STIs and some seek care and treatment. Common STIs include herpes, Chlamydia, gonorrhea and syphilis.

"Yes, bar girl, hotel attendants, cleaners tell us what happen in the hotels and bars. For women they mostly come with vaginal discharge, candidiasis, trachomonas vaginalis and Chlamydia or gonorrhea." (KII PM 001)

"They are vulnerable because they are sexually active and most of them do not have information about prevention so they don't normally use condom and they engage in unprotected sex which makes them vulnerable to HIV/AIDS. The last time we did a research we realize that most of them had herpes, syphilis and Gonorrhea but syphilis was the most common followed by gonorrhea." (KII PM 002)

7. Health and social services needed

Many respondents said that they were not able to seek HIV testing and other health services due to long work hours. When asked what services would be helpful in reducing the risk of HIV among bar workers, 58% (n=21/36) respondents said that HIV education, condom provision and counseling and testing should be provided regularly at the work place.

"We would be very grateful if you could come here for counseling and testing on a regular basis." (IDI FBW 028)

"We want NGOs to distribute condoms to bars and restaurants to be given to customers and bar girls free of charge." (IDI FBW 019)

"You should gather us and educate us on HIV, mode of transmission, prevention and treatment. He should also provide us with condoms because most bar workers may go into sexual relationship with customers." (IDI FBW 009)

"By bringing it to our door steps. Education in the bars." (IDI FBW 012)

Several bar workers noted that their place of employment had in the past provided free condoms to patrons, but for some reason this was not happening at the time of the interview.

"Condoms are no longer available here. We used to share them to our customers for free." (IDI FBW 021)

Other women interviewed said that economic assistance or increase in monthly salary would reduce the need for bar workers to engage in transactional sex with patrons.

> *"A clinical team should come up and test us more often. We also need financial support."* (IDI FBW 030)

Bar patrons

Bar patrons (21/24) reported a need for health education. Many specified a need for education and campaigns focused on sex and HIV in bars, specifically targeting bar patrons, owners, and bar girls. Some patrons also request expanded HIV testing.

> *"People wouldn't want to go to the health center for the education but you can come out and educate us."* (IDI BP 019)

Additionally, patrons note that provision of free condoms in bars and other places where people drink alcohol would make it easier to have safe sex.

> *"There should be more condoms at the eating places and bars to make it more accessible for people who may be drunk but ready to have sex."* (IDI BP 024)

Bar waiters

Bar waiters were asked about what kinds of health services would benefit bar girls and bar patrons. Most respondents said that HIV prevention services should be provided at the bar, as the bar girls work long hours each week. Others suggested specifically that condoms be provided at the bars at no cost to patrons and bar employees. One waiter stated that financial assistance would help ensure the bar girls work hard and avoid engaging in transactional sex.

> *"What will make them work hard is the pay. Their income has to be increased."* (IDI BW 001)

The same man also requested similar assistance for all bar employees.

> *"Yes, HIV programs can be implemented in bars. Programs like condom distribution for workers will be a good idea. Training and education can also help us a lot."* (IDI BW 001)

Bar operators

All six bar operators agreed that HIV education at bars and restaurant would be valuable to the health of employees and patrons.

> *"Yes I'll be glad if such programs are implemented in bars through public education. People will learn a lot from it and they'll be able to tell others about it."* (KII BO 006)

One operator stated that, while he believed HIV education would be useful, counseling and testing at the workplace would not.

> *"I don't think there is the need for HIV testing and counseling especially where you don't engage yourself in activities that can transmit the virus but where you think you need it, there is the need to check. My general view about testing is that one just worries him or herself."* (KII BO 002)

One bar operator suggested that income supplementation would be helpful to bar workers:

> *"Bar girls need money. Some of them want to go to school, others want to travel but no money."* (KII BO 005)

Other suggestions from bar operators included condom provision at the bar or restaurant and education on other STIs such as Hepatitis B and breast cancer.

HIV program managers

Many of the program managers talked about HIV/STI services for women engaged in transactional sex. However, these programs appeared to be focused on self-identified sex workers who work the bars but may not be bar workers. While HIV/STI peer education and condoms are available to self-identified female sex workers in Kumasi, very few services exist for bar workers and these services are primarily focused on STI diagnosis and treatment through the Ghana Health Service and the HIV/STI clinic. It seems that there is very little, if any, HIV prevention outreach targeting female bar workers and male bar patrons. International and local NGOs (FHI 360 and WAPCAS) focus on women who self-identify as sex workers, but do not currently provide education and services to women who work in bars.

> *"We don't directly provide service but our partners do. I know WAPCAS focuses on female sex workers. We could have a few of them because some of our implementing partners work with some hot spots and they distribute condoms and lubricants for peer educators but not specifically targeting the bar girls."* (KII PM 003)

> *"WAPCAS hasn't got bar girls as their target group but for female sex workers, yes they do refer them. They support female sex workers with condoms and lubricant to protect themselves, they teach them about communication on how to negotiate condoms with their sexual partner. So when these girl encounter problems in their sexuality they have confident in the WAPCAS personnel or implementing partners, they go to the drop-in centres. They are assessed and referred to hospital if need be.* (KII PM 003)

However, all HIV program managers indicated that bar workers are in need of specific health and social services. This program manager spoke about two challenges facing women who wish to access health services: hours of operation of health clinics and stigma in the health sector.

> *"Access in terms of time is a need. They work throughout the day and have very little time to visit the hospital. Access in terms of the personnel to deal with is another need.*

Usually they survey the facility before they go there for services. If they find out that the person they are going to deal with is not friendly at all, they hide their sickness. On the other hand if the person receiving them is very receptive and understand their problem they will open up to her. That is access in terms of staff attitude….If they can get services done outside the normal clinic hours or get well trained nurses and doctors to accept their condition they will be happy with that…. Women services should be integrated into the Ghana Health Service program. Community health nurses should be trained by special syllabus to know about bar girls and women services before they come out of school. The training is important because the attrition rate is high." (KII PM 001)

"What the bar girls need is information and awareness on the disease (HIV and STI). They also need clinical services. There is a general attitude where they find it difficult to access health care in the public sector when it comes to STIs, they prefer seeking health care at drop-in centres….I will suggest that if we want to work with bar girls then we need to plan and work with them in the night because that is when the sexually active ones operate. Those who work in the night continue to do whatever they want after closing and that is when we can get results or provide services." (KII PM 002)

Program managers also talked about economic challenges and needs.

"They are on wages and have to supplement their income by having sex with patrons. They cannot resist it. They need financial assistance and job." (KII PM 001)

One program manager advised that the approach to HIV prevention for bar workers be sensitive to women's sense of identity.

"The bar workers do not see themselves as bad or accept the fact that they have sex to make income especially where you have external evaluator coming in to assess them. They will not be ready to give any information. So in the definition of bar girls a lot of things have to be taken into consideration." (KII PM 002)

Bar association representatives

Bar association representatives stressed that both male and female bar workers need easier access to health services. As noted in the second quote, health screening is mandated for bar and restaurant staff, but the representatives felt that this sort of access was not enough to meet the needs of their staff.

"They need sexual and reproductive health services – both the bar girls and the bar boys. This would help them to protect themselves against diseases and also learn a lot of pregnancy issues such as antenatal care, post natal care, etc." (KII BAR 002)

"They need to know about their hepatitis and tuberculosis status. The Kumasi Metropolitan Authority requires that we do this for them. They come to inspect them from time to time." (KII BAR 003)

All bar association representatives were very open and positive about implementation of HIV prevention programs in their member bars.

"It will be very useful to carry out HIV education at bars because it will benefit both bar girls and patrons. I will also suggest that the HIV/AIDS education should be given to members of the association so that they will also teach their employees and the patrons." (KII BAR 001)

"Education is good so I suggest that bar operators should encourage their workers to do further studies. The use of condoms is good and we encourage that is they cannot abstain completely the bar operators should encourage them to use condoms whenever they want to have sexual intercourse. I would suggest health talks on HIV/AIDS screening, counseling and testing." (KII BAR 002)

"HIV prevention programs can be implemented in bars. We want the association to be involved in HIV activities. I think education and counseling will be good for them." (KII BAR 003)

IV. Discussion

As the popular saying in Ghana goes, "it's an open secret" that transactional sex occurs between female bar workers and patrons. All categories of respondents who participated in this study were in nearly universal agreement that bar employees often engage in transactional sex with their customers. Half of the male patrons interviewed (12/24) reported engaging in such sexual exchanges; female bar employees were, however, not so forthcoming about their own behavior. During the in-depth interviews, not one of the 36 female bar workers was willing to admit to engaging in transactional sex with bar patrons, although some alluded to it as a possibility. The stigma for women of engaging in such relationships is a clear disincentive to honesty regarding how they earn extra money to support themselves and their families.

In the recent study we conducted with post-secondary female students in Kumasi, we expected to have a difficult time finding any female students who would admit to being involved in transactional sex (11). Yet, we found seven young women who freely admitted to engaging in sex in exchange for money, gifts, or grades. (Seven is not many, but it was more than we expected.) So we were mildly surprised that, in the current study, we found no women willing to admit to engaging in transactional sex, though they spoke in detail about other women working in other bars who do so frequently. Our findings from post-secondary campuses and, in this study, drinking establishments, conclude that transactional sex is common. So why were bar workers so hesitant to admit to engaging in such relationships? First, women working in bars may be worried about being sacked or disciplined if they admit to engaging in transactional sex, whereas a similar admission in a large educational institution might not hold the same threat for a female student.

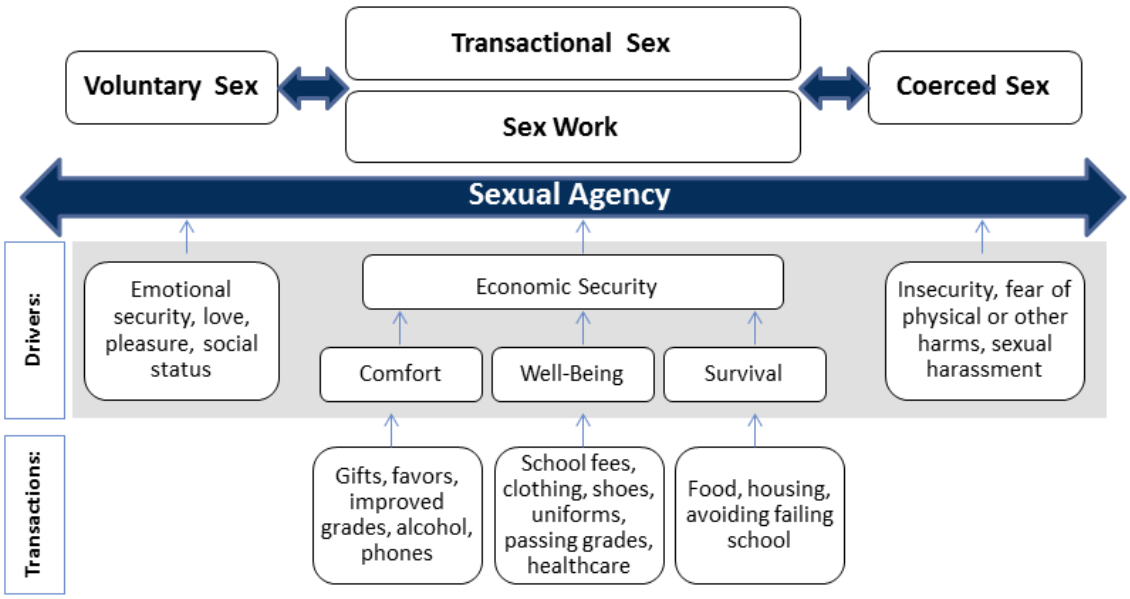
It is also possible that female students attending university or a training college see transactional sex as a right of passage, a way to get by when they are poor students, but only a brief stop on their professional ladder, and, in many cases, their climb out of poverty. Hence, our finding in the study among students that transactional sex was reported by female and male students alike as a norm of campus life. By contrast, women working in bars may find that they have plateaued

on their climb out of poverty, working as they do for low wages and hoping to earn extra tips to purchase necessities and small luxuries in exchange for flirtation and sexual favors. The women with whom we spoke differentiated these sexual transactions from sex work, distinguishing the sexual transactions of their peers from those of the *roamers* who visited their bar to pick up clients. Male patrons made a similar distinction, drawing a clear line between sex with sex workers and sex with the "hit-and-run" women who work in bars.

Another explanation may be that most of the bar workers reported having a boyfriend, a regular partner with whom they shared an intimate relationship. They may be hesitant to talk about their engagement in transactional sex when they have a current partner. A few of these women said that they first met their boyfriends while working in the bar. The relationship might start out as casual, or even transactional, but may develop into something deeper over time as the nature of the relationship changes and they no longer view their relationship as "hit-and-run."

On a continuum of transactional sex ranging from voluntary sex on one end to coerced sex on the other (Figure 1, adapted from Weissman et al. Continuum of Sexual Agency (14)) bar workers may be involved in relationships along a broad spectrum, at times closer to coercion where they see themselves engaging in survival sex without the exit plan that students have when they leave university for a profession, and at times closer to voluntary sex in intimate partnerships. Some women may be engaging in different types of relationships at the same time or serially.

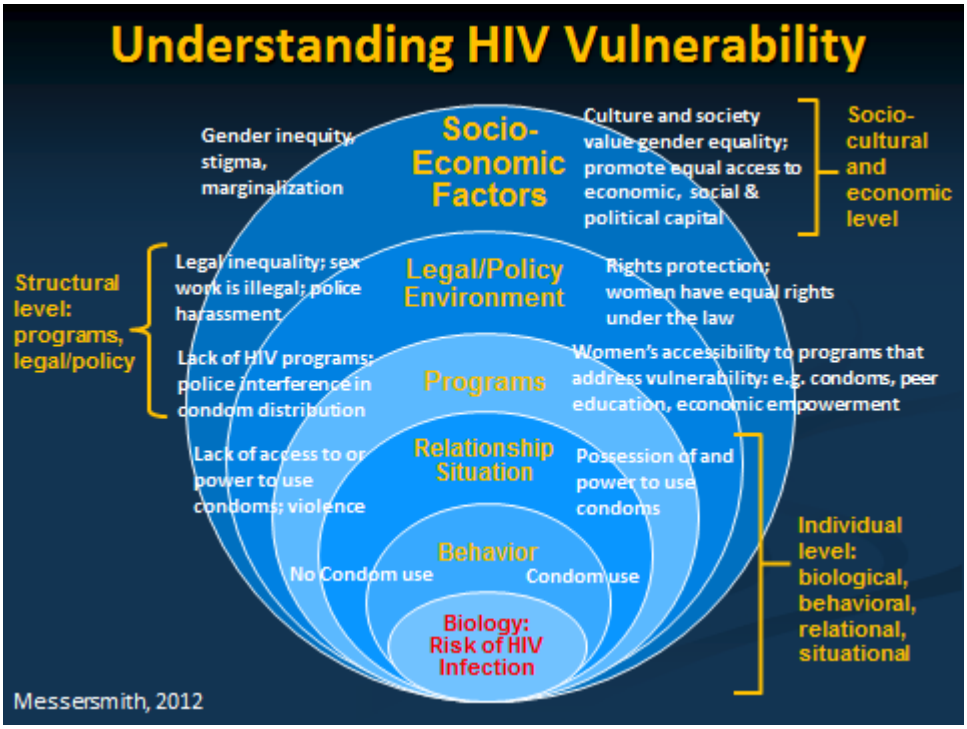
Figure 1: Continuum of transactional sex



Understanding vulnerability from a gender perspective

The ecological framework depicted in Figure 2 is useful for conceptualizing the individual, structural, and social vulnerabilities that heighten vulnerability to HIV, violence, and stigma for women working in bars and restaurants.

Figure 2: HIV vulnerability framework: a gender perspective (15)



Socio-economic factors that affect HIV vulnerability

Bar workers and patrons were uniform in their assessment that women working in bars are paid very little and are driven to top-up their wages by earning extra tips through having sex with patrons. Many of the bar workers were forced to leave school because of the lack of financial support to continue their education. Without achieving higher levels of education, young women are not likely to have the necessary skills to obtain gainful employment that would enable them to earn a living wage, support themselves, and plan for their future. This economic vulnerability to transactional sex may lessen as women enter into more stable relationships, yet these relationships may make these women more economically dependent on their partner.

The cultural context in the Kumasi region and the bar environment promote and facilitate male sexual entitlement, driven in equal part by patriarchal gender norms and the simple fact that women working in bars earn little money and often have many economic responsibilities. This gender power imbalance renders bar workers vulnerable to sexual relationships with men who have money to spend and interest in sex without the need for commitment. In addition, the common perception that bar workers are promiscuous and routinely sell sex promotes stigma

against these women and perpetuates the idea that harassment of and even violence against these women are acceptable.

Individual and relational factors that affect HIV vulnerability

Our study explored factors at the individual and relationship level that affect bar worker and bar patron vulnerability to HIV. Condom use is rare in relationships between bar workers and their intimate partners whom they may have first met in the bar. A relationship that might have begun as casual or even transactional may become one that is more stable, in which condom use would signal a lack of trust and emotional and physical intimacy. The potential for change in the nature of any relationship poses challenges to individual and couple decision-making regarding condom use and HIV prevention. While condom use at the beginning of a relationship or in one that is clearly transactional in nature might be possible, it becomes more difficult to navigate these issues as the relationship changes to one that is casual (boyfriend potential) or committed (cohabitating or married). The boundaries between types of relationships are not always clear to the individual and may differ from couple to couple.

Sexual harassment by bar patrons appears to be a common hazard of working in a bar. Some establishments offer more protection to the women working there, while others promote the sexual exploitation of women by only hiring attractive women, requiring that they wear short skirts and paying them so little that they need to work for extra tips from men in exchange for sexual encounters. Bar patrons clearly expect sex in return for tipping women, and this expectation can lead to violence against the woman if it is not met.

Structural factors that affect HIV vulnerability

Despite the clear vulnerability of both the women who work in bars and male patrons, very few interventions are addressing these sub-populations while they are working in or patronizing bars. HIV program managers and others confirmed that the focus of HIV prevention programs is on those women who self-identify as sex workers, actively engaging in formal and informal sex work and using the bars as their bases for finding clients. Yet, other women who work in bars as waitresses and who accept tips in exchange for sex may not consider themselves sex workers or *roamers*. This distinction between sex workers who work *out of the bars* and women who work as waitresses *in the bars* who accept tips for sex needs to be further explored and addressed in programming.

All respondents in all categories supported HIV prevention activities in the bars including outreach, peer education, condoms, and health services. Some noted that education and condoms had been available in the past, but that these initiatives had ceased. Bar association representatives were all keen to support and be involved in HIV prevention efforts. Backing from this influential group is critical to the depth and breadth of initiatives that may be implemented in these locations and offers a platform for education beyond individual bars and even beyond Kumasi, including the possibility of support to HIV prevention programs through a national network of bar associations.

V. Recommendations

The following research, program and policy recommendations emerge directly from the findings, with many picking up on specific needs articulated by IDI, FGD, and KII respondents.

1. **Expand programs that target women working *in* bars who may or may not identify as engaging in transactional sex or sex work.** Current programs target *roamers* working *out of* bars. While targeting this obvious key population for HIV education, prevention, and testing services is critical to Ghana's goal of reaching zero new infections in the near future, the risk of HIV infection (and other harm) for women working in bars and restaurants should also be addressed, particularly regarding condom use in those bars where young women might be expected by management to engage in transactional sex. Although FHI 360 staff in Kumasi stated that outreach programs in bars primarily target sex workers who worked out of the bars, starting in 2012 the SHARPER program began outreach to bar employees. We recommend that targeting of bar employees should be expanded to all bars in Kumasi. Programs should include the following:
    - *Peer education* focusing on sexual health (HIV/STI prevention and treatment, gender-based violence) and referrals to client-friendly services for HIV/STI testing, treatment, gender-based violence services, reproductive health, and maternal and child health services.
    - *Condom and lubricant distribution* in the bars. Both women and men who work in bars should be trained to be peer educators.
    - *Education/entertainment*: drama, music, and quiz games conducted in collaboration between peer educators and local NGOs to reach bar employees and patrons.

2. **Conduct further operations research among bar staff and patrons to better understand differences in vulnerability faced *by roamers* engaging in *direct sex work* from bars compared to *bar staff* engaged in *transactional sex/indirect sex work*.** There is much speculation about the vulnerabilities to HIV faced by women who do not identify as sex workers but exchange sex for tips, gifts, or favors. BU/KNUST research on bar workers and female tertiary students contributes some critical information about perceptions of risk and risk behavior by women in these contexts (11). Others who fit this category of risk who might also be included are *kayayee* (head porters), market women, and hotel employees. Such research might entail evaluation of programs providing voluntary HIV testing for employees and patrons in social hot spots, extended participant observation to observe social and sexual dynamics in hot spot bars, and (if the necessary funding can be secured) an integrated bio-behavioral survey to measure risk and determine whether or not these groups should be treated as context-specific key populations targeted in HIV and other interventions.

3. **Continue and expand current outreach and peer educator interventions being implemented in sex work hotspots across the country and evaluate the outcomes of these interventions.** Such interventions are currently being carried out in bars as part of the USAID SHARPER project. As SHARPER funding is set to end in 2014, the critical work being done by FHI 360 and its implementing partners with key populations and other potentially vulnerable populations should be continued and scaled up by donors and

implementing organizations. Rigorous impact evaluation should be built into the intervention objectives, budget, and timeline.

4. **Mainstream and scale-up existing sexual and gender-based violence (SGBV) programs**. We recommend expanding existing SGBV programs to better protect women who work in bars and restaurants.
    - Self-defense training and confidence building for female bar workers. Education for female and male bar employees about their rights and available assistance in cases of abuse from the Commission for Human Rights and Administrative Justice (CHRAJ).
    - Anti-violence sensitization for patrons. Bar patrons should also be sensitized to the existence and role the CHRAJ in holding men who abuse women legally accountable for their actions.
    - Expanding M-Friends and M-Watchers to include advocates for bar staff.

5. **Expand interventions to address other forms of vulnerability in addition to vulnerability to HIV.** Our findings indicate that women working in bars earn little for their long hours of work; often need to top-up their formal income from waiting tables by exchanging sex with patrons to make ends meet; do not have the time or money to seek health care for ailments both small and large; and are vulnerable to abuse from bar patrons and employers. One example might include additional income generation training for both female and male bar workers or a small cash transfer scheme. A cash transfer scheme could be conditional to participation in HIV education or empowerment/self-defense activities within their work place. The program might instead be unconditional and tied to documented economic need for particularly vulnerable groups including households below a certain income threshold or single women or men with children. The Ghanaian Livelihood Empowerment against Poverty Program (LEAP) sponsored by UNICEF, Save the Children UK, and the University of North Carolina, Chapel Hill through the Transfer Project provides a potential model for such a program (16). Both conditional and unconditional cash transfer programs have been found to be effective in lifting vulnerable families out of poverty in a sustained fashion (17,18). Creation of a cash transfer program using the LEAP model could also include providing free access to health insurance for eligible families (16).

6. **Work closely with bar associations and local bar owners/operators to implement interventions to improve the health and well-being of bar employees and patrons.** In addition to the activities noted above in #1, bar associations and local owners and operators would benefit from education about and encouragement to join Ghana's National Health Insurance Scheme (NHIS). This might be more affordable if bar associations collaborated to start a private mutual insurance scheme that bar employees can buy into at a rate adjusted to match their ability to pay based on their formal wage (19). Belonging to the NHIS will make health care accessible and may also lead to increased health-seeking behavior.

VI. Conclusion

The findings from this in-depth, qualitative study highlight different types of vulnerabilities to HIV of female bar workers and male bar patrons in Kumasi, Ghana and have important and timely implications for addressing the needs of these populations. That women who work in bars as waitresses may at times exchange sex for money and/or gifts is a function of 1) the status and economic insecurity of unmarried young women with low levels of education and lack of gainful employment and 2) the fact that men have the desire and means to buy sex. These women seek relationships with men, in part, for economic security, yet the relationships with bar patrons may not result in the monogamous relationships that many of these women hope for. While condom use may be associated with and normative in the context of sex work, low levels of condom use between bar workers and patrons is indicative of the uncertainty of risk in casual, yet not explicitly commercial relationships. The combination of engagement in transactional sex combined with lack of self-identification as sex workers, low levels of condom use, and uncertainty of risk leaves these women and their partners vulnerable to HIV and other STIs. Further attention to bar workers and their partners is needed to promote healthy sexual relationships free of infection, coercion and violence. We offer specific recommendations to address these behavioral and structural vulnerabilities with the intention to improve the health and wellbeing of bar workers and patrons.

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