Uncovering the Human Insecurities and Coping Strategies of Indoor Sex Workers

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ABSTRACT

The purpose of this article is to explore the human insecurities of indoor sex workers and coping strategies they use to reduce their insecurities of different kind in the case of Woldia Town. The article employed 10 purposively selected indoor sex workers for in-depth interviews and four key informants (2pimps: owners of the bar house and 2 NGOs working on sex workers) as a key informant interviewee. In addition, one FGD was held with indoor sex workers to elicit group ideas about the issue. The article revealed that indoor sex workers are found to be faced with different human insecurities in their work and coping strategies that they are using to reduce their security threats. In general, the study conclude that indoor sex workers are at a high risk of insecurities therefore serious attention must be paid in order to address this problem and it suggests that the government, police department, NGO projects and the community are expected to do a lot to reduce the problem.

Keywords: Coping Strategies, Human Insecurities, Indoor Sex workers,
1. Introduction

There are two dominant schools of thoughts about the object of human security: the traditionalists which are the adherents of the realist school of thought; define human security as a freedom from any objective military threat to the state survival in an anarchic international system, making state as the object of human security (Buzan, Weaver and de Wilde, 1998). Conversely, with the shift in war from interstate to intrastate conflicts, the rise of violence, gender inequalities and disease internally, there has also been a shift from studying human security from the state to the individual level; individuals become the referent object of human security (McCormark, 2008).

However, despite the recognition of individuals as a referent object of human security, women as an individual are still failed to achieve their human security, be it at war or peace times. To the worst, women’s violence has been labeled as a private and domestic matter that falls outside of public discussion and much of the human security discourse. Thus, guaranteeing women’s human security requires rethinking the circumstances, practices and relationships that affect the human security of over half the world’s population (Lewis, n.d: 9).

Today, women do not enjoy the same opportunities as men, especially in developing world like Africa and true in Ethiopia, there is glaring disparities in access to social services, income and employment opportunities (Sarosi, n.d:5). Thus, women still stand at the periphery of economic and political life. This poor living condition of women forced them to engage in to the sex work as a means of survival. As Hardman (1997); Dalla (2002); Brown et al (2006) argued that, there is a strong link between sex work and poverty. In addition, Gould and Fick (2008) argued that the majority of women sold sex as a way to make ends meet. It is, therefore, simple to realize how a woman who is in a poor economic life is obliged to be trapped in to sex work. Therefore, though discrimination, poor economic status, violence and fear of insecurities are common problems of all women due to their gender, the problem worsen for women after they engaged to sex work. Despite this reality, there are few studies conducted on the issue of sex work in Ethiopia. Accordingly, Lijalem (2014) on “Sex Business in Addis Ababa”, Belete (2014) on “HIV/AIDS Related Risk Behavior and Condom Use Skill among Female Sex Workers at Hotspot Areas of the Arada Sub-city in Addis Ababa”, Seged (2015) on “ the lived experiences of sex workers in Bahir Dar City” and Belay (2016) on “Human Security Threats of Street Sex Workers in the case of Gish Abay and Sefen-Selam sub-cities of Bahir Dar City.

However, the above studies did not investigate the unique challenges that indoor sex workers faced in the bar houses and hotels. And the most important thing, no study in the above tries to relate the problems of sex work with the concept of human security and women’s rights lens except the research done by Belay (2016) which tried to analyze the security threats of street sex workers. As a result, this article explored the human insecurities of indoor sex workers and their coping strategies in Woldia Town. Therefore, the article has the following questions:

- What are the human insecurities that indoor sex workers are facing in the study area?
- What coping strategies that indoor sex workers employ to reduce their insecurities?

2. Theoretical and Legal Frame Works of the Study

This article took the human security, as theoretical and human rights of women, as legal, frame works of analysis. Human security, particularly the 1994 UNDP report that put the dimensions of human insecurities, utilized to understand what kinds of human insecurities that indoor sex workers faced in their work and the Human Rights of Women used to understand
which rights of these women are violated in their every-day struggle for survival.

2.1 Human Security

The realist view of human security would not be applicable here due to its very narrow and limiting focus on states as the most important actor and referent object, while the focus of this article is on women as individuals. Therefore, it is more appropriate to use human security as an analytical lens due to its focus on the individual as referent object.

The term human security emerged from empirical research done in the 1990’s, specifically the UNDP report on the New dimensions of human security (UNDP 1994) which emphasized that insecurity was “caused by civil conflict, failed states, natural disasters, poverty, disease, violence and small arms, rather than by inter-state wars” (Burgess & Jonas, 2012).

Human security as it is known today is basically centered on the individual’s perception of threats and security and varies according to different social contexts (Burgess & Jonas, 2012). In a nutshell, Human security is being conceived as people centered than territory of a state. The life of the people becomes the object of security (Buzan, 1991).

Above all, the UNDP (1994) identified seven interrelated dimensions of human insecurities: economic, food, health, environmental, personal, community, and political insecurities. Of these security threats, this article discussed on the personal, economical and health dimensions of human insecurities of indoor sex workers per se.

- Economic insecurity is associated with a lack of job security, unemployment, lack of a social safety net and social security, precarious employment opportunities, disability, robberies, insufficient income etc.
- Health insecurity involved poor nutrition, diet and lifestyle, environmental causes such as pollution, lack of access to health services, the circulation of communicable diseases such as associated with HIV/ADIS, STI etc.
- Personal insecurity is associated with threats such as physical torture, interstate war, ethnic tension, rape, domestic violence, child abuse, suicide, drug use, (Violent) crime, industrial or traffic accidents, workplace, sexual harassment, psychological destruction.

2.2 Human Rights of Women

The modern history of discussions regarding the human rights of women in the world started in 1945 after the establishment of United Nations Organization (Marjorie, 2001). In 1993, during the UN Conference on Human Rights in Vienna for the first time, women's rights were clearly acknowledged as human rights as well. Women were recognized as a well-organized human rights constituency (Bunch & Reilly, 1994).

Internationally, a declaration on the elimination of violence against women was proclaimed by the general assembly of the United Nations on 20th December 1993 in resolution 48/104. According to its article 3, women are entitled to the rights to life, equality, liberty, and protection, equal protection under law, the right to be free from all forms of discrimination, and the right to the highest standards attainable of physical and mental health. Similarly, under this declaration, women were given the right not to be subjected to torture or other inhuman treatment (Marjorie, 2001).

Furthermore, the UN General Assembly (1979) adopted the Convention on the Elimination of All Forms of Discrimination against Women. Article 6 of this convention stated that States Parties shall take all appropriate measures, including legislation, to suppress all forms of traffic in women and exploitation of prostitution of women. Article 12/1 read as States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning. Article 13(b) of the convention read as
women have the right to bank loans, mortgages and other forms of financial credit. Article 14/2 of the same convention put as States Parties shall take all appropriate measures to eliminate discrimination against women to have access to adequate health care facilities, including information, counseling and services in family planning.

Regionally, the African Union Assembly (2003) adopted a protocol to the African Charter on Human and Peoples' Rights which calls for all States Parties to eliminate discrimination against women and to ensure the protection of the rights of women as stipulated in international declarations and conventions. Article 3/1 of the charter stated that every woman shall have the right to dignity inherent in a human being and to the recognition and protection of her human and legal rights. The same article sub-Article-2 states that every woman shall have the right to respect as a person, to the free development of her personality and protection of women from all forms of violence, particularly sexual and verbal violence.

Article 4/2 of the same charter stipulated that States Parties shall take appropriate and effective measures to enact and enforce laws to prohibit all forms of violence against women including unwanted or forced sex whether the violence takes place in private or public and to punish the perpetrators of violence against women and implement programmes for the rehabilitation of women victims. Article 14/1 of the charter also put as States Parties shall ensure that the right to health of women, including sexual and reproductive health is respected and promoted. This includes the right to self-protection and to be protected against sexually transmitted infections, including HIV/AIDS.

Nationally, the Federal Democratic Republic Constitution of Ethiopia (1995) formulated several laws and policies to promote gender equality. Particularly Article 35 of the Constitution clearly stipulates the rights of women equality. At the same time, article 35 (9) of the Constitution provides the right of women to health care. Article 41/2 of the same constitution provides that every Ethiopian has the right to choice his/her means of livelihood. However, despite the above national, regional and international legal instruments for women`s rights, still women are facing with violence of different kind, and the worst victims of these violence are the sex worker women. Therefore, within this legal frame work, the data has been analyzed and discussed.

In general, while the human insecurity dimensions given by the UNDP (1994) are utilized to categorize and discussed the types of insecurities of indoor sex workers, the legal frame work of human right of women is used to conceptualize which human rights of these women are being violated.

3. Methodology

The article is an exploratory study that seeks to disclose the human insecurities of indoor sex workers in Woldia Town. To achieve this objective, both primary and secondary data were gathered for the study. Therefore, data for the study were drawn and thoroughly examined from a wide range of secondary sources, including textbooks, journals, articles, magazines, newspapers, occasional papers and internet publications. Finally, primary data for the study was collected between October 2019 and February 2020 from indoor sex workers, pimps and NGOs working on sex workers.

4. Result and Discussion

This section describes the finding of the study. The researcher masked the name of the participants and coded them in order to keep the participants of the study secret and to protect them from any form of retribution. The article, firstly, presents the types of human insecurities that indoor sex workers are facing in their work. Secondly; it identifies commonly practiced coping strategies that indoor sex workers are employing to reduce their human insecurities of different kind.
4.1 Human Security Threats of Street Sex Workers

The first objective of this article was to explore the human insecurities of indoor sex workers in the study area. Hence, this section explores indoor sex workers' human insecurities in the context of their everyday life. The article identified personal, economical, and health human insecurities as the major human insecurities for indoor sex workers in the study area. But these human insecurities may not be exclusive in nature rather they may be interrelated in that one insecurity may cause insecurities of all the other. These human insecurities are analyzed case by case below.

4.1.1 Personal Human Insecurities

According to UNDP (1994), physical torture, rape, domestic violence, sexual harassment, and psychological destruction are personal human insecurities. Correspondingly, participants of this study were found to be experienced with physical, sexual, and psychological human insecurities. These personal human insecurities are analyzed case by case below.

Physical Human Insecurities: The article identified physical insecurities of indoor sex workers like slapping, hitting with materials, and being stick with a knife. Despite an international declaration on the elimination of violence against women proclaimed by the general assembly of the United Nations on 20th December, 1993 in resolution 48/104 which stipulated that women have the right not to be subjected to torture or other inhuman treatment (Marjorie 2001), participants were found to be subjected to different physical insecurities.

I. Slapping: As to the participants, slapping is one of their physical human insecurities. One participant explained her experience as follows:

One day I was going to bed with a client that I did not know him before. Before going to the bed we had agreed 400 birr for sexual service for the whole night. And he gave me that money before we made sex. But after he satisfied his sexual thirst he started to ask me that the cost was very high. Finally, in the morning he asked me to return 100 birr for breakfast. But I refused to give that money back. At that time he repeatedly slapped me (3 times) until my teeth were bleeding, and my eye was contused (indoor sex worker; 13 Oct. 2019).

The above explanation tells us that indoor sex workers have experienced slapping when they conflicted with their clients due to money. The clients threatened sex workers and slapped them even after they took sexual services. Another participant expressed her experience in the following manner. “My client slapped me for the reason that I refused to make anal sex”. From this case, indoor sex workers are slapped if they disagreed to give anal sexual service for their clients. Clients ask indoor sex workers to get a service which they did not have an agreement on that. At that time sex workers refused the request of clients that put them to be slap thus they become physically injured.

II. Hitting with Materials: As to participants of the study, hitting with something is another common physical security threat in their work. They are hit by their clients with different materials for different reasons. One participant explained her experience in the following mode:

One day, when I was going to bed with a client, a man who has a cane, asked me how much the price is for the whole night. But when I saw him I felt discomfort and I said 600 birr to judge his conduct. That upset him and he said me that “are you a cow or oxen? You are very costly. Then I said leave me! I did not want to go with you. It was at this moment he beat up me twice by his cane (indoor sex worker; 22 Oct. 2019).

The aforesaid data signifies that indoor sex workers are in a danger of hitting by individuals who want to have a sexual service from them. While the sex workers felt discomfort to go with a client, they told higher price mainly to switch back a client. That made clients aggressive and they hit sex workers by materials what is in their hand.
III. Being Stick with a Knife: Participants explained that being stick with a knife is also another physical human insecurity. One participant explained her experience in the following manner:

This one time when I was going to my regular client’s house, a man from a street (where not a light) jumped and hanged me… he put out his knife from his sock and threatened me to kill with that knife. And he tried to get money…mobile…from me but he can hardly get it because I had nothing at that time in my hand. Finally, he stick in my breech with that knife and ran away while I was shouting for help (indoor sex worker; 4 Nov.2019).

From the above data it is normal to understand that indoor sex workers are put in to physical insecurity of being stick by knife if they have nothing in their hand to give for thieves on the street.

Sexual Human Insecurities: Participants in this study expressed that, they are victims of sexual insecurities. Of the sexual insecurities they faced with; rape, anal and oral sex, heavy and long sexes were identified by the participants. However, this finding is contradicted with Article 4/2 of the African Charter on Human and Peoples’ Rights adopted by the Africa Union Assembly (2003), which prohibits all forms of sexual violence against women including unwanted or forced sex whether the violence takes place in private or public. The sexual insecurities of indoor sex workers are analyzed case by case below.

I. Rape: The article identified rape as one of the sexual personal insecurity of participants. One participant explained her experience of rape in the following way:

I was raped by three guys; one guy paid me 500 birr for a night, and I went with him to the bed where he chose and we met two guys (his friends) in the bed room. When I saw them I was very shocking but they convinced me not to be afraid and to sleep with the one who paid me first. Then after a while, the other two raped me alternatively (indoor sex worker; Dec. 2019).

As to the above evidence, indoor sex workers are vulnerable to rape by persons of more than one. A client come to indoor sex workers and negotiating them to go with him to a bed where he hides his friends and convince sex worker as nothing would happen with her and finally raped her forcefully with his friends together.

II. Anal and Oral Sexes: Participants explained that they faced with anal and oral sexes by their clients. One participant noted that “My clients always asked me to do anal and oral sexes”. Thus indoor sex workers are vulnerable to anal and oral sex by their clients. Clients asked sex workers to have oral and anal sexes if it satisfies them without considering the health ramification for the sex workers.

III. Heavy and Longer Sex: Participants stated that heavy and longer sex is one of their sexual insecurities. A participant shared her experience in relation to this issue in the following manner:

My client asked me to return half money he paid and forced me to leave the bed room after he satisfied his sexual thirst. But, I refused his idea because the time was 8:00Pm so that I had nowhere to go. By this grievance, my client has made very long and heavy sex throughout the whole night that made me very tired to weak up in the next day (indoor sex worker women; 25 Dec. 2019).

The above explanation tells us how the clients did not consider the wellbeing of sex workers rather they made heavy and longer sex without letting them to take rest. Clients consider the amount of money they paid for sexual service and they believe that paying for a night means buying sex workers for that night and thus they made what they want in that night against the will of sex workers.

Psychological Human Insecurities: The article argued that street sex workers are facing with psychological insecurities due to their work. Of these psychological insecurities, feeling of sadness, stress, stigma, labeled as immoral and
criminal, and considered as vectors of disease which all pose psychological disturbance for sex workers are identified by the article. Therefore, these psychological insecurities are analyzed case by case below.

I. Feeling of Sadness: Though sex work generates money for sex workers, they felt sad when they remember their identity as a sex worker. One participant expressed her experience of feeling of sadness. “Though I feel happy when I got good money... I feel sad when I remember my identity as a sex worker.” Inferring from this explanation of the informant, sex workers felt sadness when they bear in mind their sex worker identity despite the work provides money for them.

II. Stress: Participants explained that they experienced psychological stress due to the illegality and stigmatized nature of their work. One participant shared her experience in the following manner:

I have great stress due to the stigmatized nature of my work. You know... the society look down me due to the taboo nature of my work. Generally, neither the society protects me from evil doings against me nor they respect me. I am always in trouble that I may found to be died in the bed room with no relatives of them in their reach (indoor sex worker women; 18 Jan.2020).

As the above data shows that in-door sex workers are faced with stress for the reason that their work is derecognized by the society. Thus put them to trouble of being found dead in the bed room with no relatives of them in their reach.

III. Fear and Anxiety: Participants expressed fear and anxiety as their psychological insecurity due to the nature of their work. One participant put her psychological anxiety. “I am endangering my honor, or safety or future, in order to earn an income or to cover immediate expenses. So I am anxious for my future life”. From this evidence, it is normal to understand that sex workers are in anxious for the reason that they are engaged to this risky and taboo work for the sake of covering temporary living costs. They are in anxiety of their tomorrow’s life situation in that for the sake of money they generate from sex work, they may lose their life.

IV. Stigmatization: The stigmatized nature of sex workers by the society explained in this study is supported by the findings of other studies. According to Lijalem (2014), sex workers faced social stigma and discrimination as a result of the nature of their work. Thus they are humiliated by various people at work and at their localities.

Similarly, this article found that stigma attached to sex workers identity pose a psychological insecurity for indoor sex workers. Participants put their psychological uncertainty due to stigma attached to their identity of sex work. One participant expressed her experience of stigma. “Society... including my neighbors stigmatized me. They did not look in to forces that lead me in to this work (sex work) but they simply attributed bad names to me... as whore monger. At this time I am becoming nervous". Other participant explained her experience of stigma in different way. “People ... clients... passersby and drunken individuals all attributed bad names to me. When they saw me in the bar house they called me as “Hello...” when I remain silent gave me bad names like Daughters of a bitch, promiscuous and so on that put me a headache”.

Still another participant backed the above idea in different tone. “It is common to be stigmatized by male. The worst thing, we are stigmatized by non sex worker women. They considered us as sex thirsts. This left a psychological scare for me”. This shows that how much sex workers are below their sisters of the same gender due to the nature of their work which is socially ill.

V. Considered as Vectors of Disease: Participants of this study explained that they are considered as a conduit for the transmission of diseases by the society. The societal consideration of sex workers as vectors of diseases, in turn harms the psychological wellbeing of sex workers. One participant expressed her idea. “Society considers us as the vectors of disease especially HIV/ADIS. People...
did not detach HIV from us. Thus it disgraces me”. Another participant backed the above idea in different tone. “No matter what our health status is… but most people considered us as HIV positive. In that they considered us as the main vectors of the disease. As a result, I am in psychological humiliation of why people think me like”. This data shows that the societal consideration of sex workers as a vector of diseases put them to psychological deformity.

Generally, the above section discusses the personal human insecurities of indoor sex workers. Thus, participants are faced with personal human insecurities of the above kinds in their work in the study area. The next section of this study is analyzing the second human insecurities, economical, of indoor sex workers in the study area.

4.1.2 Economical Human Insecurities

According to the UNDP (1994) lack of job security, unemployment, insecure employment places, looting of properties by robberies and thieves are identified as economic human Security threats of people. Likewise, this article explained the following economical human security threats.

Looting of Properties by Clients: The article explained that indoor sex workers are looted their properties by clients, while they are sleeping in the bed room. Participants are being looted their mobile, necklace and bags forcefully by clients via threatening them to kill and by hiding it while they are at sleep. One participant explained her experience in the following way:

*This one time when I was sleeping with a client forced me to give him all of my properties what I had. He threatens me to kill if I refused to give him all what I had. No one was helping me while I was shouting... He took my mobile, necklace, and even my bag. Leave it others... but my necklace was 12 gram (remorse...) (indoor sex worker women; Feb. 2020).*

Therefore, from the above evidence indoor sex workers are being looted of their properties in the bed room while they are sleeping with clients. Thus, they are in economic insecurities of this kind.

Lack of Job Security in the bar house: Participants in this study expressed as they are put in to economical insecurities due to poorly secured work conditions. They explained that the bar houses where they are working for getting clients are not secured. One participant clearly shared her opinion as follows:

*The work (bar houses) is a full of insecurities and no one try to secure us from these threats. I know that police sometimes come to the bar houses mainly to insult us not to protect us from danger. Police did not chased gangsters, thieves...but only us. It is not the police business whether we looted or robbed our properties. So it is only we ourselves, who can secure our properties and our lives (indoor sex worker women; March, 2020).*

The above data shows that how much insecurities of sex workers are naturalized so that they are taken for granted and no one is held accountable except the poor themselves. As to the data, no one including police who is believed to provide security services for the general public take responsibility for the lives and properties of these women.

Clients Refuse to Give the Money after Having Sex: clients` refuse to give the money for sex workers after taking a sexual service. Participants expressed that this kind of deception comes from their relatively regular clients. A participant shared her experience with regard to this phenomenon. “...After he satisfied his sexual thirst, my regular client refused me to give the money for the sexual service I provided for him”. Likewise, data obtained from key informant interview of a bar house owner supported the aforesaid points. “Clients promised sex workers to give the money after having sex but they denied them later.” From these explanations, one can understand that sex workers are faced with economic insecurity of not paid of the money by their clients. Clients cheated sex workers to pay the money they
agreed for the service they got from them after they satisfy their sexual thirst.

**Clients Forced Sex Workers to Return the Money Back:** According to the participants, clients forced them to return the money after having sex. A participant explained her experience in this way. “...Early in the morning, my client coerced me to give him the money back. When I refused him to give it back, he threatened me to kill. Since I was fresh for this work and even for the town, I was very afraid and gave the money back for him”.

Another participant supported the above idea in different tone. “...A client paid me 400 birr and we go to bed together. But after he satisfied his sexual thirst, he forced me to return half the money he paid”. Likewise, a key informant of a hotel owner asserted that “Clients forced sex workers to return the money after they paid and got sexual services”. As to the data presented here before, sex workers are economically insecure for the reason that they are forced to return the money by their clients after they gave a sexual service.

**Denied by Pimps:** Participants expressed that hotel owners (pimps) to whom they gave money to deposit are denying them to giving it back. One participant explained her experiences as follows:

...I am working in her bar house (pimp). For that reason I believed her (pimp) and gave her 500 birr, at night when I took a bed from her hotel, to safe my money from my client. But unbelievably, when I asked her in the morning, she denied me and she told me that I did not gave for her ... what could I do? I did not have a witness; I lost my money (indoor sex worker women; 3 March, 2020).

The above evidence shows that sex workers are put in to economic insecurity for the reason that the person whom they are count on and gave their money to save it is denying them to return that money back. Thus the hotel owners (pimps) are found to be the causes of insecurities of this kind for sex workers. Generally, as explained above participants are vulnerable to different kinds of economical human insecurities in their work. The perpetrators of sex workers for this kind of insecurity is found to be clients, and pimps in the bar houses. Then this study come up with the other human insecurities of indoor sex workers i.e. health human insecurity.

### 4.1.3 Health Human Insecurities

The UNDP (1994) identified lack of access to health services, the spread of communicable diseases such as HIV/ADIS and other STI as a health human security threats. Analogously, participants in this study identified the following human health insecurities. These insecurities are analyzed case by case below.

**HIV/ADIS:** Participants explained that HIV/AIDS is both actual and potential health insecurity in their work. One participant shared her idea in the following manner:

I knew my health status since 20015 G.C. Unfortunately, I am HIV positive. For this fact I am always in a threat of die. I always disclose myself as HIV positive for my clients in the bed room, and I advised them to use condom. But most of my clients did not care about it. They did not believe me as such. And they forced me to have sex without using condom. ... I refused and even I return their money if they did not believe me as I am positive. Thanks for GOD before this time I resented no one” (indoor sex worker; March, 2020).

From the above explanation, one can understand that HIV is her actual health human insecurity and she is discharging her responsibility to protect the spread of HIV/ADIS to another person and she saves her clients from the diseases. However, clients did not care about their life in that they forced her to have sex without using condom. Another participant pointed that HIV/AIDS is her potential health insecurity threat.

What I am afraid in this work (Sex work) is HIV/AIDS. Thanks for God for his grace, still I am HIV negative. But I do not have a confidence since I am in this work. Because there are many clients,
who intentionally want to damage the condom during sexual intercourse. Our clients did not know our health status and we did not know their health status too. Despite, this fact, I do not know why most clients prefer to have sex without using condom (indoor sex worker; Jan, 2020).

In a similar fashion, a key informant from NGO project office stated that HIV/AIDS is the major insecurity threat for sex workers other than other threats. “...If they lost their money, they can get it tomorrow through working. But if they caught by HIV/ADIS, they lost their life, they cannot be cured tomorrow. Therefore, HIV is their actual and potential health human insecurity for sex workers." These all signifies that HIV/ADIS is the actual and potential health human insecurity of indoor sex workers. Furthermore, sex workers in this study are found to be lacking confidence about their health status though they are still HIV negative for the reason that bad clients are trying to damage condom at the times of sexual intercourse thus put them to the risk of the transmission of the disease.

To make a point, this finding is found to be contradicted with Article14/1 of the African Charter on Human and Peoples’ Rights adopted by the African Union Assembly (2003) which asserted that women have the right to self-protection and to be protected against sexually transmitted infections, including HIV/AIDS.

Sexual Transmitted Infectious (STI): Participants of the study explained that STI is another health insecurity in their work. One participant explained her opinion as follows. “I am not afraid HIV/ADIS only but other STIs too. I feel a great pain in my stomach... I am infected with oviduct infection thus I cannot give a birth”. Inferring from this data, sex workers are in a threat of sexual transmitted Infectious. This finding is supported by UNAIDS (2002) which stated that sexually transmitted infections have also been found to increase infertility rates among women. Thus sex workers are not only vulnerable to HIV but to other sexual transmitted diseases like oviduct infection in their work.

Not Using Condom by Clients- as a Cause of Health Insecurity: Participants explained that forced to have sex without condom is their common health human insecurity. They stated that their clients want to have sex without using condom thus put them in a threat of different sexual communicable diseases. One participant shared her experience as follows. “I am 20 years old. I have one year of experience as a street sex worker. I do not know for what reason but most of my clients forced me to have sex without condom”. Another participant substantiated the above idea in different tone. “I am 21 years old. Some clients asked me to have sex without using condom by promising me to pay high amount of money. But I know that money could not cure me if I am infected”. Furthermore, key informants from NGO projects working with sex workers explained that clients forced sex workers to have sex without condom either forcefully or by promising them to give high price for the service.

Therefore, clients want to have sex without condom with those relatively younger girls in the bar houses. This by implication shows that relatively younger girls in the sex work are put in to health insecurities for the reason that most clients want them to have sex without using condom.

Lack of Access to Health Care Services: Participants of the study explained that they cannot access health care services from the government health centers fairly. Some health service providers did not treat sex workers for the reason that they are working this stigmatized work. For this reason, sex workers often avoid accessing health services and conceal their occupation from health-care providers. One participant shared her experience in the following way:

This one time, I was referred by the NGO project working with the sex workers to the public health center to know my health status (blood test), and to get a medical treatment about sexual transmitted diseases. But the health providers
did not welcomed me, they started to laugh at me because they knew what and where I am working for (sex work) by reading the referral paper. Since that time, I did not go to the public Health Centers, but to private Health Centers, where my identity is unknown (indoor sex worker women; Dec. 2019).

From the above information, it is common to say that health service providers often neglect their duty to provide care when seeing sex workers and they are laughing at sex workers on the behalf of treating them. This finding is found to be contradicted with the international human right convention of women instrument adopted by the UN General Assembly (1979) of CEDAW. Article 12/1 of the convention read as all women have the right to access health care services. It is not only but the finding is also contradicted with the right of women recognized by the constitution of Federal Democratic Republic of Ethiopia (1995), Article 35 (9), which stated that women have the right to get health care facilities in the public health centers.

To sum up, this study dealt about the human insecurities of indoor sex workers. Thus, it discussed different human insecurities of this group thematically. Participants in this study pointed that their personal, economical, and health well beings are put in to question by their clients, pimps, and sexual transmitted diseases in their work.

4.2 Coping Strategies of Indoor Sex Workers

The other objective of this article was to investigate the coping strategies used by indoor sex workers to reduce their human insecurities. Participants of this study explained that they used different strategies for the sake of reducing their human insecurities in their work. These strategies are analyzed case by case below.

Hiding and Lying of their Sex Worker Identity: Participants explained that hiding and lying about their sex worker identity is one of their strategies to reduce their human insecurities from the society they lived with. They explained that they hide their sex worker identity to avoided stigma attributed to them by the society of their reach. One participant stated that “I got anxious when someone who knew me asks for my work. I hide my sex worker identity and telling lies as I am working as a housemaid. This is not to be stigmatized by people who knew me”. Other participant put her idea in different fashion. “I did not want to disclose myself for my families. When they asked me what I am doing for, I am telling them as a waiter”. These evidences show that indoor sex workers hide their sex work identity from their family and people they knew not to be blamed and stigmatized as a result of their work. In doing so, indoor sex workers try to reduce their personal human insecurities, particularly psychological insecurities which may posed to them as a result of stigma made by others. This finding is similar to the finding of Seged (2015) in which concealing their work and status is found to be one strategy used by sex workers to reduce stigmas attached to their sex worker identity.

Taking Drugs: Participants took drugs not to be worry about them by memorizing their taboo work. One participant shared her experience. “I feel sad when I remember my work and all my problems. Yes….but after taking drugs (chewing chat…) I do not think seriously about the problems”. This shows that participants experienced feelings of sadness and that they coped through substance abuse. Taking drugs enabled them not to think over the adverse circumstances inherent in sex work. Analogously, another participant substantiated the above idea. “When I feel stress, I smoke cigarette and sleep. After that I forget about what has been worrying me. Yes… It helps me to sleep well”. From this explanations made by participants, it is hardly difficult to understand that sex workers try to reduce their personal human insecurities, particularly psychological insecurity of sandiness and stress by taking drugs. As to the above cases, sex workers forget their problems related to their work and they become free when they smoke cigarette and
chewing chat. Similarly Seged (2015) found that smoking cigarette help sex workers to reduce their stress about their problem in sex work.

**Developing Occupational Skills and Self-Esteem:** Participants explained that they are developing occupational skills and self-esteem to wane down their vulnerability to human insecurities. “I know that the society stigmatized and perceived me as bad girl before I entered to this (sex) work. So I have self-esteem in that I have to say I am not. People may say me as dirty, doomed and immoral but I feel nothing because I know that my work is out of the society’s morality”. Another participant explained how she develop occupational skills and that helped her to reduce insecurities of different kind.

*When I was fresh to sex work, I had not any knowledge about the work. But now, I have 5 years ‘of experience, I know how I use condom, how I can negotiate with my client and how I can screen a genuine client from that of pretends. Through developing these skills, I am reducing my insecurities of different kind (indoor sex worker; Nov. 2019).*

From the first case, one can realize that participants cope up their psychological insecurities by developing self-esteem. For warned is for armed. She knows the stigma before she entered to sex work in that she does not worry about the stigmas attributed to her by different individuals as a result of her work. From the second case, it is simple to realize that the more having experience in the work, the better they know different skills necessary to the work and the better they employ these skills to reduce problems they faced. This finding is synonymous with the finding of Sanders (2005d) which states that sex workers are employing personal skills in their interactions with clients to control for violence in their working environment. Therefore, for example, by developing a skill of using condom correctly, a participant reduces her health human insecurities in that she can protect herself from HIV and other STIs. Not less importantly, a participant reduces her personal and economical human insecurities by developing a skill of screening genuine clients.

**Controlling Job Location:** Participants control their work environment to reduce their human insecurities. One participant explained her idea about the issue. “Some clients asked me to go to their dorm; others asked me to go to a bed or hotel where I did not knew. But I did not go to places where my clients chose, but in the bed room of the bar house where I am working for that makes me safe”. The above signifies that sex workers try to reduce their insecurities by not going to a place where their clients chose but only going a place where they feel safe.

**Take the Money First:** Participants explained that they take an agreed amount of money from their clients before having sex. One participant noted that “I have never been cheated by my clients in the history of my sex work experience. Ok… clients ask to have sex before they pay the price. Having they may cheat me in my mind, I would not say ok. But I always take the money first”. Similarly, another participant shared her idea in different tone. “I love the money than my clients… you know it is money that forced me to be a sex worker. So I always took the price first before having sex”. These all evidences show that sex workers try to reduce their economical insecurities by applying “money first principle” and thus they took an agreed amount of money from their clients before they made sex. Therefore, through applying “take the money first strategy” sex workers can reduce the economic insecurity of being cheated by their clients to give the money after they got sexual services.

**Using Condom and Convincing Clients to Use It:** Participants explained that they are negotiated with their clients to use condom to reduce their health human insecurities. Regarding to this strategy, let’s have some participants’ idea as evidence in the following way:

*I do not want to be HIV positive so that I do not compromise clients who do not use condom. You know… I am not selling my life but sexual*
service for my clients. If clients failed to use condom, I advised and convince them to use it. Some clients are rigged, they do not want to use condom. But when I said them “do you forget that I am a sex worker? I am always giving sexual service for different people (those who are positive and negative), I am not yours only, and do not you want your life… Then clients negotiate with me to use condom (indoor sex worker; February, 2020).

Similarly, one of the focus group discussant explained her idea with interesting expression: “You know… a soldier did not leave his gun from his hand to protect an enemy. Likewise, a good farmer goes with his dibber to his farm to give care his crop. In a similar fashion, a good sex worker always goes with condom because it is her work instrument to protect her life from diseases and to give care for her clients”. From the aforesaid data, it is normal to understand that sex workers are using condom consistently in the sense that “no condom- no sex policy” of their own mainly to reduce their health human insecurities. As to the data in the above, sex workers considered using condom as a matter of life and death in that they did not leave condom in their hand as it is their instrument of life.

Generally, from this section, it is simple to realize that sex workers are not passive victims; rather they are employing multiple coping strategies of their own to reduce their human insecurities of different kind in their work and work place.

Conclusion

Women are vulnerable to different human insecurities irrespective of their identity due to their gender and sex. Coming to sex worker women, the problem becomes more serious due to the immorality, and taboo nature of the work. To the point, indoor sex workers are found to be at risk in which their human security is always at risk of danger for the reason that they solicit sex work.

Recommendations

- Government should exert its effort on these people by creating job opportunities in providing vocational training and arranging loan services for them. Thus may help the sex workers to exit from sex work.
- It is better NGOs exert their efforts on the exiting approaches like providing other vocational trainings and capital that enabled sex workers to exit and change their lives than insisting on temporarily solutions.
- These sex workers are not come from another planet, but from the community. Thus they are our families. Therefore, people around should not stigmatize, insult and exclude the sex workers but better to help and advise them to exit from sex work and to engaged in another economic way of life.

References


