

## **DEMOGRAPHIC AND SOCIAL CHARACTERISTICS OF FEMALE SEX WORKERS IN EGYPT**

By  
Abdel Maksoud N., El Safty A., Salem M.

FROM

---

### **ABSTRACT**

**Background:** An estimated 4.9 million people were newly infected with HIV around the world in 2005. The proportion of women infected by HIV worldwide has grown steadily and it is estimated that half of the people currently infected by HIV are women. Significantly higher rates of HIV infection have been documented among populations involved with sex work than in most other populations. **Aim of the work:** This study aimed at studying the social and demographic characteristics of sex-worker females in Egypt as they constitute the major source of blood born infections specially HIV. These data were collected as part of a baseline study for putting a strategy to reduce the spread of HIV targeting key population groups who are at higher risk of acquiring and transmitting HIV infections. **Methodology:** Detailed documentation of demography and various aspects of sex work were gathered through confidential data from Ministry of justice. Personal interview was performed to fill a designed questionnaire. **Results:** A total number of 90 females were investigated with an age ranging from 15 to 30 years. Thirty per cent were illiterate, while 40 % were primary educated and 20 % college graduated. The motive for practicing this work was to earn money for basic needs of living. **Conclusion:** These data highlight that women struggling with illiteracy, lower social status, and less economic opportunities are especially vulnerable to work as sex worker as they were left with few options to

earn money. **Recommendation:** We recommended an action for HIV prevention in Egypt based on the patterns revealed in these data. Full medical assessment for sex-workers is mandatory to allocate any source of infection and provide treatment if needed. These recommendations are provided to the ministry of justice.

### **Introduction**

Leaders in Egypt -- where HIV prevalence is less than 0.1% -- have not made tackling the disease a priority, and "Egyptians are barely aware that HIV/AIDS exists in their society, (IRIN News/AllAfrica.com reports). AIDS (Acquired Immuno Deficiency Syndrome) estimates that 13,000 people in Egypt -- which has the highest hepatitis C prevalence in the world -- in 2005 were HIV-positive, and according to UNAIDS country officer, trends indicate that the number of new HIV cases in the country are increasing (Joint United Nations Programme on HIV/AIDS -AIDS epidemic update, 2006). Almost 70% of HIV infections in the country occur through sexual transmission, and little is known about HIV/AIDS rates among vulnerable groups including injection drug users, commercial sex workers and men who have sex with men (<http://www.IRINNews/AllAfrica.com>).

Though there is a broad understanding that women in sex work tend to be young and are expected to contribute to their family income, few data are available on their demographic attributes, as many of them

do not openly acknowledge that they are sex workers (Department of Women and Child Development, New Delhi, 2005). Sex work in Egypt is clandestine due to religious and legal environment. For the sexually transmitted infection, specially HIV, it is mandatory to put a program to access the high risk groups "sex workers". It is important to know demographically which women are more likely to be engaged in sex work and when they get involved with sex work.

### **Aim of the work**

Given the forbidden nature of the work, there are no official statistics on how many women are employed in the industry. These invisible sex worker populations are inaccessible to HIV prevention programmes, hence no available health care services for them. Our work aimed at studying the social and demographic characteristics of sex-worker females in Egypt as they constitute the major source of blood born infections specially HIV.

### **Subjects and Methodology**

We were able to interview only a small number of Egyptian women in the field of

sex work which is considered to be a taboo subject in this highly conservative society. Data were collected between January 2006 and April 2006. At each study location, the subjects were contacted and recruited through facilitators for participation in this study. Standardized procedures were followed for interviewing the respondents. Training of the interviewers was done in order to address technical and ethical issues as well as to promote cultural sensitivity. One-to-one confidential interviews were done with subjects using a questionnaire developed by the study team. To ensure confidentiality, the names of respondents were not recorded and hence they could not be linked to the data. Data on demography and on various aspects of when the sex work was started were analyzed. Other data like age, literacy, duration of sex work, and marital status were analyzed to understand factors that facilitated the involvement of these women with sex work.

### **Results and Discussion**

Sex workers are stigmatized in most societies and religions. The history of medical supervision for sex workers dated back to the fourteenth century when the Pope decreed that prostitutes should be examined regularly for evidence of sexually transmitted diseases. It is difficult to deter-

mine the number of women involved with sex work in Egypt because of the legal environment and society opinion of their being immoral women, just like many other societies.

Female sex workers (FSWs) can be motivated in many ways, the most common of which is financial compensation. Other compensation may be material (e.g. jewels, designer clothes, luxury cars, real estate, or in general, an affluent life style) or to satisfy a certain addiction (e.g. drugs or gambling). In the background that International efforts should be gathered to control sexually transmitted diseases, we reported these data for a sample of FSWs in Egypt, who are the key population group at higher risk of acquiring and transmitting HIV infections. These data are from a baseline study designed to document the socio-demographic and sex work characteristics of FSWs in Egypt and to identify issues that needed particular attention for prevention of HIV and other sexually transmitted infections.

The demographic characteristics of female sex-workers (FSWs) who participated in our study is shown in Table 1. As there is a broad understanding that women in sex work tend to be young, we tried to categorize the studied group according to age sectors. By law, subjects below 18

years are considered to be minors, and they represent 16.7% of our studied group. However 70% were in the age range from 18 to 30 and 13.3% were above 30 years. The age range of FSWs was 15 to 48 years (mean age of 24.6 ± 6.3 years).

The studied group was categorized based on the duration of sex work (table 2). Considering all FSWs together, the mean duration of sex work was 3.4 ± 2.1 years. A total of 12 (13.3%) FSWs reported that they were in sex work for 1 year or less at the time of interview. The majority ( 76.7% ) were practicing sex work for more than 1 year and less than 5 years.

Overall, the proportion of those currently married was 17.78% (16 subjects). As expected, the proportion of single women was the highest among the FSWs (74 subjects 82.2%). These single women included those never married, those separated or divorced from their husbands, or widowed. Women who are separated/divorced from their husbands or are widowed have limited rights and economic independence (Dandona et al., 2006). The full responsibility of single women for the financial support of their families is considered to be a burden that pushed them to seek greater earnings through working as sex workers. The proportion of FSWs who were never married in our studied group

(37.78%) was lower than those who were separated/divorced from their husbands or were widowed (62.22%) (table3). The currently married FSWs were 17.78% of the interviewed subjects and the study indicated that they were engaged in the banned practice with the knowledge and approval of their husbands and male relatives. In some cases, marriages were contracted simply to disguise the fact that "wives" are working as prostitutes.

The street-based FSWs are the informal (unorganized) sex workers as compared with non-street-based FSWs who are more organized. In our study, the proportion of street-based FSWs (64.4 %) was higher compared to the non-street-based FSWs (35.6%) (table 4).

The proportion of those who were never married was much higher among the non-street-based as compared with the street-based FSWs. While those who were once married tends to work as street based FSWs as shown in table (5).

Unplanned immigration from rural to urban areas may be accompanied with economic burden. Our data indicated that 60% of the studied FSWs were immigrants from rural areas.

Illiteracy among our studied group was reported in 36.7% of the FSWs, while

those having the basic education constitute 51% and 12.2% were university graduates.

It is not surprising that illiterate FSWs and those with basic education had a higher representation in sex work as compared with the university graduates FSWs. Both illiterates and those with basic education are likely to have fewer labour market opportunities and hence drown into this direction for financial revenue as it is likely that the earning potential in sex work is larger than what they could earn through other types of work.

Our research team also reported that 93.4% of the studied FSWs had reported non-use of condom with their clients. Dandona and his coworkers in 2005 studied safe sex among FSWs and found that 47.2% of FSWs had reported non-use of condom with at least one of the last three clients, and that the street-based FSWs were at a higher risk of HIV infection because they used condom less often with the clients as compared with the home- and brothel-based FSWs. Several myths and misconceptions about the use of condoms are present in our society as they are used only as a contraceptive means not for safe sex. So the program of HIV prevention should address issue of the use of condom effectively.

Illiteracy, again, is associated with less economic opportunities. and makes HIV/AIDS awareness more difficult. Traditionally in the Egyptian rural society, women after marriage are expected to take care of the household, children, and assist with the work of the men of the household (for example - work in agriculture) but are not encouraged to work outside their household for generating income as that responsibility lies with the men. However, with increasing poverty and decreasing economic opportunities, married women are increasingly seeking work outside their households to generate income. And, it is likely that the earning potential in sex work for the poor and illiterate women is larger than what they could earn through other types of work. Most of the sex workers interviewed in our study were unemployed. This spells out why they sell sex as a source of income to support themselves and, in some cases, their families.

The legal situation in muslim countries against prostitution carries death penalties and hence has significant bearing on the effectiveness of HIV/AIDS programmes targeting sex workers. Pre-marital and extra-marital sex is considered socially unacceptable in the conservative Islamic countries as in many other countries. It is also illegal, and can result in stiff prison sentences.

Table (1) Age distribution of the studied group:

<b>Age</b>	<b>No.</b>	<b>%</b>
<= 18 years	15	16.7
>18 : <=30 yrs	63	70.0
> 30 yrs	12	13.3
<b>Total</b>	<b>90</b>	<b>100</b>

Table (2) Duration of sex work:

<b>Duration of work as sex-workers</b>	<b>No.</b>	<b>%</b>
< = one year	12	13.3
> 1 year - <=5 years	69	76.7
>5 years	9	10.0
<b>Total</b>	<b>90</b>	<b>100</b>

Table (3) Marital status of the studied group:

<b>Marital status</b>	<b>No.</b>	<b>%</b>
Never married	34	37.78
Currently married	16	17.78
Separated	9	10.00
Divorced	23	25.56
Widowed	8	8.89
<b>Total</b>	<b>90</b>	<b>100.00</b>

Table (4) work place of the studied group:

Work place	No.	%
Non- street based FSWs	32	35.6
Street-based FSWs	58	64.4
Total	90	100

Table (5) Relation between marital status and place of work of the studied group:

Marital status	Non- street based FSWs (No.= 32)		Street-based FSWs (No.= 58)	
	Never married	23	71.87%	11
Was once married	9	28.23 %	47	81.03%
X2 test and P value	p < 0.001			

Table (6) Distribution of the studied group according to the residential area:

Residential area	No	%
Rural	54	60
Urban	36	40

Table ( 7 ) Educational level of the studied group:

Education level	No	%
Illiterate	33	36.7
Basic education	46	51.1
University graduates	11	12.2

## Conclusion

These data highlight the fact that women struggling with illiteracy, low social status, and less economic opportunities are especially vulnerable to being infected by HIV, as sex work may be one of the few options available to them to earn money.

Recommendation: We recommended an action for HIV prevention in Egypt based on the patterns revealed in these data. It is also recommended that sex workers in Egypt, considered a "high-risk" group, should be given regular HIV/AIDS tests in an effort to prevent the spread of the disease. Full medical assessment for sex-workers is mandatory to discover any source of infection and provide treatment if needed. We urge greater protection for the homeless and more public awareness regarding sexually transmitted diseases. These recommendations are provided to the ministry of justice to start necessary

steps to launch the HIV prevention program, in collaboration with the ministry of health.

## References

1. Dandona R, Dandona L, Gutierrez JP, Kumar GA, McPherson S, Samuels F, Bertozzi SM, and ASCI FPP Study Team. (2005): High risk of HIV among non-brothel based female sex workers in India. *BMC Public Health*.;5:87. doi: 10.1186/1471-2458-5-87.
  2. Dandona R, Dandona L, Kumar GA, Gutierrez JP, McPherson S, Samuels F, Bertozzi SM, and ASCI FPP Study Team (2006): Demography and sex work characteristics of female sex workers in India. *BMC Int Health Hum Rights*. 2006; 6: 5.
  3. Joint United Nations Programme on HIV/AIDS. *AIDS epidemic update 2005*. Geneva; 2006.
  4. Department of Women and Child Development. *Convention of elimination of all forms of discrimination against women: India's First Report*. New Delhi; 2005.
- <http://www.IRIN News/AllAfrica.com>