

**Gender, Sex, and Power:
The Public Health Implications of Excluding Male Clients of Female Sex
Workers in HIV Programming**

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Abstract

Female sex workers (FSW) are one of the five populations identified by UNAIDS as being at highest risk for HIV. Due to this increased risk, HIV interventions targeted at FSW are common practice in national-level HIV prevention efforts. While these efforts appropriately work to provide FSW with comprehensive sexual health education, access to reproductive technologies, and social support, they fail to address a critical component of their everyday lives: male clientele. Male clients of FSW are a key bridging population, meaning that they play a crucial role in transmitting HIV from high-risk core groups to non-core groups, such as their wives, girlfriends, or other sexual partners. Despite this, male clients of FSW are rarely targeted by HIV interventions. Focusing all HIV programmatic energy on FSW and excluding male clients is a misstep that places a dual burden on female sex workers; not only are FSW expected to learn safe sex practices, they are also deemed responsible for ensuring that these safe sex practices are followed by their male clientele. These negotiations frequently occur in social environments where male clients hold more power than FSW due to gender norms that shape the policies, economic opportunities, healthcare access, and social support sex workers receive. In order to more effectively decrease the transmission of HIV, the male clients of FSW need to be targeted by HIV interventions. This is especially needed in Eastern and Southern Africa, which is home to 54% of individuals living with HIV globally, despite having only 6% of the world's population. Overall, the most successful HIV interventions will target male clients and FSW, and will also work to support the communities that these individuals are a part of. HIV interventions should be holistic and employ a broad, multi-pronged approach that addresses the medical, financial, social and legal factors that contribute to creating an environment that heightens HIV transmission between FSW and their male clients.

I. Background

At the end of 2018, 37.9 million people were living with HIV globally (World Health Organization). This burden is not divided evenly; Eastern and Southern Africa have been hardest hit. While this region is home to about 6 % of the world's population, it is also home to over half (54%) of the total number of people living with HIV, 20.6 million (Avert, 2019). UNAIDS has identified five key populations that are at highest risk for HIV and these include: people who inject drugs, prisoners and other incarcerated people, transgender people, men who have sex with men, and sex workers. In Eastern and Southern Africa the HIV epidemic is driven by sexual transmission and is also generalized, meaning that it affects the population as a whole. However, certain groups have significantly higher HIV prevalence rates. More than half, or 55% of all sex workers in this region are estimated to be living with HIV (Avert, 2019).

Those considered to be members of key populations for HIV transmission are often the target of research studies and interventions, as they are seen as especially impactful leverage points in the fight to eliminate HIV. Worldwide, a meta-analysis found that female sex workers had 13.5 times the odds of being infected with HIV compared to the general population of reproductive-age women in lower and middle income countries (Semple, 2017).

Consequentially, HIV surveillance and prevention interventions with female sex workers are common practice in the majority of national-level prevention efforts (Fleming, 2015). It should be noted that female sex workers are also repeatedly studied over their non female-identifying counterparts due to the cultural norms and stigma still surrounding non-female identifying sex workers. Further, in Eastern and Southern Africa, around 90% of sex workers are female.

Another reason for focusing on female sex workers is the ease at which they can be recruited in comparison to other populations as they are frequently found in specific commercial sex venues,

organized into collectives, and have continued contact with a network of other female sex workers.

While female sex workers are regularly studied, their male clients are not. Male clients of female sex workers are a notoriously harder population to recruit because they are less easily defined, do not belong to a professional group, and face considerable stigma (Fleming, 2015). In countries where commercial sex is either illegal and/or highly stigmatized, clients are even more difficult to reach and hesitant to participate in surveys (McLaughlin, 2013). That said, there is also widespread agreement that male clients constitute a key bridging population, meaning that they play a crucial role in transmitting HIV to the general population. Male clients of female sex workers have the ability to transmit HIV to their intimate partners as well as to other sex workers. Male clients' inconsistent condom use with female sex workers and very infrequent condom usage with private sexual partners is a key driver of the spread of HIV (Alary & Lowndes, 2004). These bridging capacities can span across geographical spaces, particularly if the male clients are in traditionally mobile occupations, such as truck driving or fishing (Nadol, 2017).

Researchers have found that male clients of female sex workers often refuse to use condoms and usually offer to pay more in order to not use a condom. In one study, male client's refusal to use condoms was found to be the greatest obstacle to protected commercial sexual relations (Barnard, McKeganey, & Leyland, 2004). Condoms are a highly effective method for preventing HIV. While Pre-exposure prophylaxis (PrEP) and Post-exposure prophylaxis (PEP) as well as abstinence and a reduction in the number of sexual partners are all prevention methods that are recommended by the Centers for Disease Control and Prevention, condoms are currently more affordable, readily available, and socially accepted than these medications in most

countries (2019). Further, while PrEP and PEP protect against HIV, they do not protect against other STIs (HIV.gov, 2019). This is not to say that PrEP and PEP do not play a crucial role in decreasing HIV rates; they do. Rather, it is only meant to highlight the importance of ensuring condom access and use given the current social and economic landscape.

Beyond the financial gain that having condomless sex can provide, many female sex workers do not feel empowered to say no to these demands due to the threat of physical and sexual violence (Semple, 2015). Intimidation by male clients coupled with financial insecurity make it extremely difficult for female sex workers to negotiate condom use, even if the sex workers want to use protection. The limited access to healthcare and prevention, as well as the social shaming and stigma that female sex workers face, acts to further compound the issue (Mukunbang, 2017).

There have been numerous HIV prevention initiatives aimed at female sex workers that include sex education, training on HIV and/or AIDS as well as STIs, voluntary counselling and testing, and condom distribution and advocacy services (Mukunbang, 2017). While these interventions provide invaluable knowledge, linkage to care, and social support to female sex workers, they ultimately only address part of the equation: the female sex worker. Except for three interventions, Avahan, the 100% Condom Use Program, and Hombre Seguro, the male clientele who hold a great deal of weight in condom negotiation have not traditionally been targeted (Pitpitan, 2014; Population Council, 2019; Shahmanesh, 2008).

II. Problem Statement & Significance

As a defined bridging population, male clients have the ability to spread HIV to their other sexual partners, including other sex workers as well as partners outside of the sex industry (Fleming, 2015). Current interventions to decrease HIV transmission neglect to address the

critical role that male clients have in transmitting HIV. Further, many female sex workers and their male clients live in patriarchal societies that stigmatize sex work. The dynamics laden in these interactions give male clients exceptional power, especially in relation to the decision of whether or not to use protection (Mukunbang, 2017). This decision-making power has large impacts for the spread of HIV, as condoms are one of the central HIV prevention methods.

While providing female sex workers with accurate sexual health knowledge, counselling and testing, and condom negotiation workshops is important work, such initiatives fail to address the complex economic and social realities that these women face. Even if a female sex worker might want to use a condom, the threat of male violence, and the financial incentive that male clients provide, may overpower the condom negotiation training received. Survival is a powerful motivator, and money and freedom from physical and sexual violence are crucial to doing so.

Female sex workers shoulder the burden not only of HIV, but the burden of being deemed responsible for preventing its spread as well. While interventions currently advise female sex workers to take certain actions, such as using condoms, they fail to take into consideration how these instructions fail to work when confronted by the accepted gender hierarchy and roles (Masvawure, 2018; Scheibe, 2012). In the struggle to eliminate the spread of HIV, female sex workers are being saddled with an unrealistic amount of responsibility.

In order to more effectively decrease the transmission of HIV, the male clients of female sex workers need to also be targeted by interventions. While female sex workers are a less challenging population to find, study, and work with, this reason alone is not enough to avoid an entire population that has an important role in the spread of HIV. Moving towards understanding male clients' risky behaviors and access to services is essential to a) achieving a more comprehensive understanding of what is driving the current rates of HIV and b) determining how

to best lower them. Further, creating and implementing interventions that educate male clientele on their sexual health, provide testing and affordable contraception, and discuss healthy interpersonal sexual relations have the potential to not only decrease HIV transmission, but make for much healthier, more mutually beneficial sexual interactions between female sex workers and their male clients.

III. Specific Aims

1. Assess the extent to which current HIV interventions target the male clientele of female sex workers and illustrate the public health effects of this exclusion
2. Identify current trends in HIV interventions and analyze the ways in which gender role dynamics and power imbalances affect sexual encounters and overall well-being of female sex workers and their male clientele
3. Discuss implications of findings for future HIV programming and policy; make recommendations for how HIV interventions should be designed, implemented, and evaluated

The main goal of this review paper is to assess the extent to which HIV prevention programming excludes the male clientele of female sex workers and, based off of these findings, discuss the public health implications of this neglect. This paper also aims to identify current trends in HIV interventions and analyze the ways in which gender norms and power dynamics shape the sexual encounters and health status of female sex workers and their male clientele. Lastly, this review will discuss the implications of the findings for future HIV programming and policy, and will make recommendations for how HIV interventions should be structured and executed.

IV. Methods

The first methodological step in this review involved conducting a thorough search of the literature on 1) male client-targeted interventions in Eastern and Southern Africa and 2) current HIV programming. There was no formal time frame of focus. This decision was made for the following reasons: 1) since there was minimal literature on interventions targeting the male clients of female sex workers, there was a need to be as inclusive as possible and 2) the goal of the report was not to focus on a specific time frame; rather it was to synthesize a broad range of knowledge in order to highlight key themes and make informed recommendations on how to structure future HIV-programming. The sources were gathered using PubMed, EMBASE, and Google Scholar. These databases were chosen to ensure that the sources retrieved were credible and diverse. PubMed and EMBASE both offer a wealth of biomedical and life science literature and tend to have a certain degree of overlap informationally. The decision to use the two of them was a way to try and control for any gaps in research that a singular database might have. Google Scholar was utilized because it provides greater access to grey literature and white papers than the more traditionally academic databases do, and these sources were an important knowledge base for this report. Key search terms included: intervention, female sex worker, male clients, Eastern Africa, Southern Africa, and HIV. The selected sources were a mix of academic journal articles, grey literature from governmental organizations and industry, and white papers released by reputable non-profits. Sources that discussed these topics were added until ideas and themes began to repeat themselves, and saturation was met.

Both deductive and inductive thematic analyses were employed in evaluating the sources, though an emphasis was placed on utilizing a grounded theory approach in order to lessen the frequency of defaulting to pre-conceived codes and instead open the analysis up to unforeseen conclusions. Some of these pre-conceived codes included the stigma faced by female sex

workers, the relationship between gender norms and power, and the link between financial need and condom use. Each source was first read and coded for key terms and phrases. Examples of these key terms and phrases include: financial imbalance, lack of trust, social norms, gender norms, PrEP, access to condoms, masculinity, empowerment, violence, criminalization, community-based, stigma, and attitudes towards condoms. The key terms and phrases discovered in each piece were compared to one another and then grouped into larger categories based on overlap. The sources were then read through a second time, and 10 overarching themes were decided upon based off of the following criteria: 1) the frequency with which they were mentioned 2) their ability to shed light on how current HIV interventions are structured 3) how gender norms factor into HIV intervention design and 4) the insight they were able to give towards the types of interventions that have been most successful in decreasing HIV rates. It should be noted that due to the paucity of literature on male-targeted interventions done in east and south Africa, sources outside of these regions were selected in order to 1) paint a fuller picture of existing interventions and possibilities and 2) better inform recommendations as to how interventions should be designed and implemented. Finally, the findings from the source analysis were utilized to inform recommendations for what interventions that target male clients of female sex workers should look like.

V. Findings

Male-Targeted Interventions

At present, there have been three interventions specifically targeted at male clients of female sex workers, in the hopes of decreasing transmission of HIV. They are: Hombre Seguro, 100% Condom Use Program, and Avahan. Hombre Seguro is a sexual risk reduction program

that utilizes motivational interviewing as well as sexual health workshops that include condom use demonstrations, role modeling, and sex-related problem-solving (Pitpitan, 2014).

The 100% Condom Use Program is a collaborative program between local authorities and those involved in the sex work industry, including sex business owners, sex workers, and male clients. The intervention operates under the principal “No condom- no sex,” and utilizes peer education, self-help groups, and policy change to ensure condom usage (Shahmanesh, 2008). Avahan is a behavior change communications program that seeks to increase consistent condom use among male clients of female sex workers through the use of promotional materials, interpersonal communication and mid-media activities (Lipovsek, 2010). The program has led to a significant overall decline of HIV among sex workers, their clients, and subsequently in the general population in some states (Laga, 2011).

While there have been other interventions that have tried to involve the clients of female sex workers, they have not done so in as explicit a manner as the three discussed above. Further, none of these interventions have been rolled out in eastern or southern Africa, let alone the continent of Africa in its entirety. Hombre Seguro took place in the United States and Mexico, the 100% Condom Use Program in several countries throughout Asia, and Avahan in India. There is a complete absence of male client targeted programming in Eastern and Southern Africa.

Key Themes

Community Empowerment & Marketing Campaigns

Empowering female sex workers is a critical piece to decreasing rates of HIV. Empowerment has numerous components, some of which are: education, finance, job opportunities, and healthcare. When female sex workers feel supported, respected, and in

control of their own lives they are much more likely to make choices that protect their health and well-being (WHO, 2009).

Female sex workers and their male clientele are a part of much broader communities that have their own sets of norms and values that in turn affect behavioral choices. There is a need to focus not only on empowering female sex workers, but empowering entire communities.

Community empowerment works to create a supportive, open, and respectful environment for all those involved in sex work (Bekker, 2014). Communities with high rates of participation in education and employment among women have lower rates of risky transactional sex.

(Stephenson, 2013). Further, interventions that have focused on community empowerment, and that have sought to shift the social environment that male clients and female sex workers live in to decrease HIV rates have proven more effective than those that do not (Moore, 2014).

A key tool in creating a social environment that values condom use and promotes respect for both male clients and female sex workers is social media and marketing (WHO, 2009).

Community, district, or national campaigns can be used in the fight to decrease HIV rates.

Campaigns can promote condom use, mutual sexual respect and pleasure, and getting tested.

They can act to inform the public about various sexual health concepts and developments, acting to draw attention to important public health topics. Marketing campaigns also have the ability to reach a very large amount of people, potentially leading to a more efficient spread of change (Côté & Sobela, 2004).

Condoms: Attitudes & Policies

Condoms have long been agreed upon as a key way to stop the spread of HIV. Despite their ability to protect individuals from contracting or spreading harmful infections, they are not always utilized (AVERT, 2020). The reasons for non-condom usage are numerous. For male

clients of female sex workers, often-cited reasons for non-condom use include lack of access to affordable condoms, reduced pleasure, confusion regarding how to properly use them, the belief that condoms will not actually prevent HIV or STIs, and a more consistent relationship with their sexual partner (Fauk, 2018). Condoms have also become synonymous with infidelity in many communities, further diminishing their reputation and subsequent use (Mantell, 2018).

HIV risk alone is not enough to convince individuals to use condoms. There is a need for interventions that not only discuss sexual risk, but that address all of the above stated reasons as well (Pitpitan, 2014). In particular, providing sexual health education that emphasizes pleasure can be extremely effective in getting male clients to use condoms. Providing lube along with condoms, and discussing how to make sex more pleasurable for both partners is crucial to bringing male clients on board with condom usage (Masvawure, 2018).

Many male clients of female sex workers who do not want to use condoms know where to go to have condomless sex; they know which sex workers are more likely to let them engage without protection. This lack of uniformity across female sex workers can lead to a complicated landscape where female sex workers feel pressured to refrain from using condoms because they know that some of their counterparts do, and thus attract more clientele and income (Côté & Sobela, 2004).

Regulation can help solve this uneven distribution. Policies that require brothel owners and other sex work establishments to utilize condoms, at the risk of heavy fines and even closure, have proven to be effective in creating more uniform condom use and taking the burden off of female sex workers to ensure condom use. The 100% condom use program in Thailand passed a policy that mandated brothels and massage parlours to require clients and sex workers to use condoms. If they did not, the establishments were threatened with fines and potential closure. It

should be noted that the program also made sure to distribute free condoms to all of these spaces so that they had access. This policy's effectiveness was very impressive; new sexually transmitted infections among sex workers fell from 13% in Ratchaburi province to less than 1% two months after introducing the program (Shahmanesh, 2008).

Financial Imbalance & Condom Use

Access to financial resources is a matter of both survival and power (WHO, 2002). Among women in poverty, transactional sex is an economic survival strategy. Many female sex workers throughout east and south Africa are in extreme economic need, and therefore enter into sex work for financial reasons. The male clients that visit female sex workers bring the money, forming a power imbalance between the sex worker and the client that leaves the client with almost the complete share of financial power (Stephenson, 2013).

This financial imbalance is a core factor behind non-condom use. Many male clients will offer to pay female sex workers more money to not use a condom. For female sex workers that are already struggling financially, the opportunity to make a little bit more money can be nearly impossible to refuse (Huschke, 2019). Further, food insecurity, which is a part of living in poverty, is an extremely prevalent issue that female sex workers across Africa suffer from. If the decision comes down to either using a condom, or keeping oneself alive, it is hard to not make the choice to answer to the more pressing need: survival (Lancaster, 2016).

Because of this reality, sources highlighted the importance of ensuring that female sex workers be helped in finding economic support and achieving financial independence (Ngugi, 2012). Interventions that give female sex workers access to economic capital are essential. Micro-credit programs, cash transfers, and job training efforts are critical to shifting these power

dynamics and decreasing the financial dependence that many female sex workers have on their male clients (Stephenson, 2013).

Gender Norms, Equity, and Power

Gender norms are societal constructs that define what a society considers to be male and female behavior. Gender norms lead to the formation of gender roles, which are the roles that males and females are expected to take in a society. For example, a gender norm may be that women and girls are expected to do the majority, if not all, of the housework. A gender role that might arise from this norm is that women and girls may be taught, from an early age, how to properly do traditionally domestic tasks such as cooking and cleaning (Cislaghi, 2019).

Gender norms have a substantial impact on the relationship between female sex workers, their male clients, and the larger communities that they reside in (Carrasco, 2020). Differing gender roles for men and women create non-equitable relationships that lead to substantial power imbalances. These non-equitable gender relationships lead men to have more opportunities financially, educationally, and socially than women have, giving them greater access to social capital and stability (Masvawure, 2018). Through this increased access, male clients come to hold more power than female sex workers, giving them far more say in sexual interactions (Huschke, 2019). A study done on HIV prevention among female sex workers in across sub-Saharan Africa found that gender inequalities are one of the main factors reducing sex worker resilience. In this particular study, resilience was conceptualized as a female sex worker's capacity to adapt and recover relatively quickly from adversity. For example, the low standard of living of some sex workers was considered a factor that reduced their resilience facing unprotected sexual intercourse. In this way, having minimal resources made it harder for female sex workers to "recover" so to speak, from 1) being asked to have unprotected sex as well as 2)

the act of having unprotected sex. Unprotected sex pays more, making it harder for a low-resourced individual to refuse. Unprotected sex also can lead to the transfer of STIs and HIV, which can be much more difficult for an individual with minimal financial resources to pay for and treat (Scheibe, 2012).

Another study specifically looked at gender norms surrounding masculinity, examining how men attempt to construct and enact a particular idealized version of masculinity through paying for sex. As a typical key criterion for achieving the desired masculinity is sexual dominance and experience, the relationships that male clients choose to have with female sex workers are often reflective of this. Further, the study concluded that in HIV interventions it is essential to 1) destabilize the idea of a single idealized masculinity and 2) work towards advocating for broader, more inclusive and achievable versions of male sexuality (Huysamen, 2014).

PrEP: Need and Accessibility

PrEP is one of the most impactful innovations to have occurred in HIV treatment and prevention in the past decade; its utilization has led to substantial decreases in the HIV rates worldwide (Bekker, 2014). However, very few sources discussed including PrEP in HIV programming. Not utilizing PrEP in interventions aimed at decreasing HIV transmission is a loss of an opportunity to achieve a higher level of effectiveness. The papers that did discuss PrEP described it as an important part to HIV prevention for female sex workers, though they often devoted only a small portion of the paper to endorsing PrEP use (Carrasco, 2020).

Further, of the interventions that have targeted the male clients of female sex workers, none of them made providing PrEP to the male clientele a part of their programming. When PrEP was first released, it was targeted at men who have sex with men, as they were deemed at

highest risk. Over time, other groups have been labeled as “high-risk,” and sex workers are one of them. This is a major reason behind why PrEP use is more often directed at female sex workers than at their male clientele (AVERT, 2020). Overall, among HIV interventions that target the male clientele of female sex workers, there is a lack of PrEP being directed specifically at the male clients.

That said, certain authors placed PrEP more front and center than others. One particular academic article argued that policymakers need to ensure that sex workers have guaranteed access to PrEP at all times, and therefore need to enshrine its availability in policy (Carrasco, 2020). Beyond the call for PrEP availability for all those involved in the sex work industry, PrEP should also be aimed at younger and newer entrants to the sex industry, in order to truly put the emphasis on prevention (Fearon, 2019).

Stigma Faced by Female Sex Workers

Female sex workers experience a great deal of stigma as a result of their occupation. One study done in South Africa discussed how the persistent whore stigma that female sex workers face works to continually dehumanize them, leaving them increasingly vulnerable to abuse (Huschke, 2019). Another source, a systematic review on HIV care experiences in Sub-Saharan Africa, found that stigma towards female sex workers is associated with poor linkage to care, retention in care, and ART initiation (Lancaster, 2016). A report released by the Population Council has explicitly called for a need for interventions to work to “foster changes in attitudes among clients and the community” to reduce stigma and violence (2006). Another report released by UNAIDS asserted that one of the key goals that National HIV strategic plans should have is to completely eliminate stigma (2012).

Sources also discussed how the stigma that sex workers face carries over to their male clientele in a way that encourages secrecy. A need for secrecy plays a role in the difficulty of recruiting male clients to be a part of studies and interventions (Lowndes, 2007). Secrecy encourages individuals to not discuss certain beliefs, choices, and actions; it can lead many people to lie and deny their behavior in order to protect themselves. Thus, the male clients of female sex workers that feel like they need to be secretive due to their association with a stigmatized group may be less likely to participate in studies and interventions as well as remain honest and forthcoming about their sexual practices if they choose to participate. The stigmatization of one group can have ripple effects on several others; further examining the ways in which the stigmatization of female sex workers has led their male clientele to adopt a secretive approach to engaging in sex work can help provide insight in how to best address decreasing HIV rates (Stangle, 2019).

Trust, Condom Usage, & Support

Many female sex workers have “steady” male clients, or male partners that they see regularly. These clients provide a continual source of income and can also give emotional support (Ngugi, 2006). However, one of the main reasons that male clients cite for not using condoms is that they are having sex with one particular sex worker consistently, and so have developed trust in that worker (Voeten, 2002). This is despite the fact that 1) male clients can also have wives or girlfriends and see other sex workers and 2) female sex workers may have sex with various other male clients. Further, female sex workers feel a certain sense of obligation to please these clients, and maintain the steady income that they provide, making them even more willing to forego condom use when asked (Population Council; Ngugi, 2006).

In this way, the relationship built between male clients and sex workers can lead to a level of comfort that discourages condom usage; the trust that the two develop in each other often outweighs the risks of non-condom use (Walden, 1999). This leaves both female sex workers and their male clientele at a much higher risk for HIV. While relationship and trust building are all positive qualities that can have beneficial health effects on the individuals involved, when not paired with a knowledge and commitment to safe sex practices and mutual respect, they can also be detrimental (Lancaster, 2016).

Violence, Criminalization & Condom Negotiation

Violence at the hands of male clientele is a crucial issue that female sex workers face (Population Council, 2006). Female sex workers are subjected to continual physical, mental, and emotional violence, which has been proven to increase the risk of contracting HIV (Avert, 2020). Further, violence directed at female sex workers contributes to their disempowerment and reduces their ability to negotiate condom use, particularly where sex work is criminalized (Bekker, 2014).

When sex work is criminalized, sex work becomes something that must be done covertly outside of the public eye; being discovered as a participant in this sphere can lead to heavy fines or even arrest. The need to escape discovery only exacerbates unsafe sex practices. One study done in South Africa found that in order to avoid arrest, many female sex workers try to avoid things that may identify them as sex workers – like carrying condoms or visiting health clinics for check-ups (Avert, 2020). The fact that female sex workers are operating illegally gives enormous power to their male clientele, who can turn them over to the police, among other things.

This is particularly important in the realm of condom negotiation, as even if a female sex worker might be ready and willing to utilize condoms during the interaction, if their client does not want to, under the threat of 1) physical violence and 2) the law, the likelihood of a condom being utilized during the transaction is slim. Additionally, female sex workers reported being forced to have sex with multiple clients, robbed of their money and valuables, and raped (Population Council, 2006). In sum, the decriminalization of sex work has been touted as the single intervention that would have the greatest impact on the course of the HIV epidemic over 10 years, with reductions in new HIV infections among sex workers and their clients estimated at between 33% and 46% (UNAIDS, 2014).

VI. Recommendations

There is not just a need for HIV interventions that target the male clients of female sex workers; there is a need for HIV interventions that are created, implemented, and evaluated in a sustainable, effective way. Based off of the research findings, this section provides a thorough set of recommendations for how to best do so.

Design, Implementation, and Evaluation: Feminist Theory & Community Empowerment

First and foremost, HIV interventions will benefit from being designed through the lens of feminist theory. Feminist theory is a way of viewing the social world that lays bare the forces that construct and sustain oppression and injustice in order to work towards achieving equity and justice for all (Hemmings, 2005). Further, feminist theory pays special attention to matters of dominance and submission and focuses on intentionally empowering research participants. There is a damaging power imbalance that exists between male clients and female sex workers as a result of gender norms and roles (WHO, 2009). Through utilizing feminist theory, these power inequalities and gender dynamics may be uncovered, helping to 1) ensure that the social position

and dynamic experiences of female sex workers as well as their male clientele will be taken into account and 2) work to create a more equitable, supportive environment for all (Rubin, 2005).

Findings demonstrated that community empowerment is imperative and groups that feel a sense of autonomy over their lives are less likely to take part in risky transactional sex (Stephenson, 2013). Community empowerment refers to the process of enabling communities to increase the amount of control that they feel over their lives. Further, a core tenement of community empowerment is that people cannot be empowered by others; rather they can only empower themselves (though the support of others is crucial to this empowering). Community empowerment assumes that individuals “are their own assets” and aims to create community ownership and action that can lead to powerful social and political change (WHO, 2008). Interventions should utilize a community empowerment approach in order to ensure that the intervention 1) places male clients of female sex workers, female sex workers and those communities that they are a part of at the center of the intervention and 2) works to increase these groups’ feelings of control over their lives, aiming to give them renewed hope and opportunity.

Through grounding the design, implementation, and evaluation of the intervention in both feminist theory and community empowerment, the likelihood of making positive, sustainable change in the lives of male clients and female sex workers, especially with regards to decreasing rates of HIV, increases (Bekker, 2014).

Results also indicated that numerous factors influence HIV rates among male clients and female sex workers: education, finances, social support, and policy shifts are all examples of such elements (Avert, 2020). Therefore, HIV interventions should be multi-pronged, meaning that they should address several aspects or dimensions. In this case, it serves to group these

different aspects into five overarching prongs: finance, laws and policies, social environment, marketing and campaigns, and medical services and technologies. It should be noted that while these prongs are deemed separate from one another, they continuously interact and overlap with one another.

Laws and Policies

When sex work is criminalized, the sex industry is driven underground, leaving female sex workers legally vulnerable (Avert, 2020). To reiterate, the underground nature and illegality of the work leads to a lack of regulations, an unwillingness to openly discuss the experience of being a male client or a female sex worker, and an increased stigma towards those who choose to engage in this kind of work (USAID, 2014). This illegality makes it so that female sex workers cannot go to the police or any other form of law enforcement, giving them less bargaining power with clients, and making them particularly vulnerable to violent sex, rape, beatings, and condomless sex (Huschke, 2019).

While the legality of sex work varies across southern and eastern Africa, the majority of these countries decree that buying sex is illegal (World Population Review, 2020). Because of this, female sex workers in these regions suffer the consequences. When sex work is illegal, the male clients of female sex workers are discouraged from even admitting that they engage in transactional sex, and are encouraged to deny their participation under the threat of heavy fines and jail time (Ngugi, 2012). Further, even if certain southern and eastern African countries deem sex work to be legal, the work itself is typically unregulated and remains exceedingly stigmatized. In this way, the criminalization of sex work, along with the lack of regulations in countries where sex work is legal, is a key contributor to making the male clients of female sex workers a particularly difficult population to target interventions at (Population Council, 2006).

Given this reality, a crucial component behind the level of success or failure of interventions targeted at the male clients of female sex workers is the legal and policy landscape. Countries should work not only to legalize sex work, but put in place firm regulations concerning what kind of behavior is permissible before, during, and after sexual encounters. These regulations should be widely disseminated to the public, so as to ensure that sex workers, clients, and law enforcements officials are all aware of their rights as well as the consequences for different behaviors.

Changing the legal and policy landscape is no easy feat; it usually takes years and years of slow, steady work, numerous advocates, and specific political moments for laws and policies to gain real traction. However, the presence of laws and policies that condone sex work and aim to keep all parties involved safe help to create a more supportive environment for female sex workers and their clients alike. When individuals involved in sex work do not feel the need to hide, and instead feel that their participation is legitimate, and that their needs are being protected, public health interventions aimed at decreasing HIV rates are much more likely to be able to succeed (Scheibe, 2012).

Finance

The majority of female sex workers enter into sex work for financial reasons. This is not to say that all sex workers enter into sex work due to financial pressures, but countless female sex workers have reported that they face a lack of alternative employment opportunities. Sex work, for many, is a way to survive (Stephenson, 2013).

The illegality of sex work and the lack of protections for sex workers exacerbates the financial vulnerability that they face. As sex work is a financial lifeline for many, a chance to be paid more for services is incredibly hard to refuse. When male clients offer to pay more for

condomless sex, declining their proposal can be a matter of being able to put food on the table, pay rent, or obtain a critical medication (Avert, 2020).

Interventions that have an economic strengthening component are crucial to protecting both sex workers and their clients. Cash transfers have been proven effective in HIV prevention work, allowing sex workers to better provide for themselves. There are two main types of cash transfers that have been utilized; those that are conditional on safer sex practices, and those that are directly given to sex workers as a way of decreasing economic vulnerability and encouraging safe and positive sexual transactions. Cash transfers could also be given to male clients of female sex workers on a needs basis, given they meet a certain set of criteria (Bekker, 2014). Along with cash transfers, programs that provide job training and career advice also work to open up opportunities for female sex workers and male clients alike, allowing them to achieve greater stability, social standing, and autonomy (Ngugi, 2011).

Providing financial incentives to encourage safer sex behavior is closely linked to the policy realm. As previously discussed in the findings, the 100% Condom Use Program in Thailand was able to decrease new sexually transmitted infections among sex workers by 13% less than two months after they passed a policy requiring brothels and massage parlours to require that male clients and female sex workers use condoms. If they did not, the establishments were threatened with fines and potential closure. (Shahmanesh, 2008).

Local, regional, and national governments should work together to create similar policies that take the pressure off of the female sex worker, and the male client, to decide whether or not to use a condoms. Policies that require the owners of brothels to enforce condom usage eliminates the difficult negotiations that transpire between female sex workers and their clients (Shahmanesh, 2008). Of course, a lot of sex work occurs on a privatized, individual basis,

making such regulations less applicable. However, overall, having a policy in place to require condom usage would 1) take the entirety of the burden off of female sex workers to use one and 2) discourage male clientele from demanding condomless sex (Scheibe, 2012).

Improving individuals' economic circumstances increases their ability to meet their daily needs, enhances their confidence levels, and gives them a greater overall sense of autonomy. Cash transfers, job training, and career advice all work to accomplish this overarching goal. These tools have the power to have far-reaching effects not only on female sex workers and their male clients, but on the larger communities that they are a part of as well.

Social Environment

For the purposes of these recommendations, the social environment includes a given community's norms, values, and structures (Barnett, 2001). Further, it encompasses workshops and dialogues on sexual health education, interpersonal relationship building, and norm-awareness and norm-shifting.

Education was found to be an essential tool in decreasing HIV rates (WHO, 2002). Interventions targeting the male clients of female sex workers should include educational workshops on sexual health and safety. More specifically, they should have sections on how to prevent HIV and STIs, proper condom use and negotiation, gender norms and roles, gender-based violence, the stigma that female sex workers and male clients of female sex workers face, and sexual pleasure. Beyond delivering presentations and giving out informational handouts on these matters, it is a good idea to include more interactive learning techniques, such as breaking out into smaller groups and role play (Pitpitan, 2014).

Behavioral interventions have been shown to be especially impactful in ensuring that HIV interventions targeting the male clients of female sex workers are successful. In this way,

utilizing methods such as direct counseling and motivational interviewing to further discuss important topics and support participants increases the effectiveness of an intervention as it can create a much stronger interpersonal tie with the individual (Pitpitan, 2014; Wariki, 2012). On a broader level, community dialogues are another powerful behavioral intervention tool that works to include larger swaths of the social networks that male clients and female sex workers live in (Stephenson, 2013). No individual exists alone; even if they receive the education and training in how to prevent HIV and engage in healthy negotiations with others, the influence that their peers and surrounding community of individuals exerts on them is substantial (Avert, 2020). For this reason, interventions need to be mindful of engaging as many individuals as possible in order to produce the most conducive environment for the shifts they are aiming to achieve.

It is especially important that the intervention gives ample educational time to discussing masculinity. An in-depth discussion on what it means to be a man in that particular community, as well as what it means to be a woman, is essential if shifts in thinking are to be made. In a lot of communities around the world, being a man can entail some or all of the following: a disposition towards violence, an inability to back down, failure to show emotion, a need to have multiple sexual partners, a desire to produce numerous offspring, and a heavy emphasis placed on being highly successful financially (Huysamen, 2014). To be clear, these are only some of the more oft-thought of traits; they are certainly not all of them.

Nonetheless, these qualities play an essential role in shaping the interactions between female sex workers and their male clients (Huschke, 2019). If the male clients in question believe that they are better than women simply because of their identity as a man, and have been taught to value violence, engaging in a lot of sex, and getting their way, the way that they act during interactions with female sex workers will reflect that (Couture, 2010). The high rates of

physical and emotional violence experienced at the hands of male clients by female sex workers, as well as the consistent reporting from female sex workers that they do not feel safe, and that they do not feel that they are in control within these relationships, speaks volumes (Avert, 2020).

Working to change this uneven power dynamic through not only educating and encouraging male clients to have discussions about this reality, but also by helping them to discover healthier ways to be masculine, is critical. This task is exceptionally difficult; gender norms and roles are heavily imbedded in communities, and changing them is by no means easy. In order to increase the likelihood of this educational component being impactful, there are several steps that could be taken. First, before implementing the intervention, leaders of the community should be targeted and ideally brought on board; their buy-in lends crucial authority to the programming. Second, members of the community would ideally lead these educational sessions, increasing camaraderie and capitalizing on an existing sense of trust (Stephenson, 2013). While female involvement in these interventions are critical, depending on the community and its structure, the majority of these community members turned peer educators will be male. Lastly, interventions might consider targeting adolescents with their programming, as adolescence is an especially malleable time in an individual's life, and can shape much of the person that they become (Couture, 2010). Overall, it is crucial for HIV interventions to be firmly grounded in the community (s) targeted; they should be community-based and community-led.

Marketing & Campaigns

Creating effective social marketing campaigns are another effective tool in 1) achieving buy-in from community members and 2) shifting social norms and working to change the larger cultural landscape (Côté & Sobela, 2004). In Rakai, Uganda, the Rakai Health Sciences Program created a campaign entitled “Stylish Man” to motivate men in this region to take on a more

active role in HIV prevention. Prior research had shown that the use of a medicalized approach to HIV prevention and care had not resonated with the men in the region, and so the program attempted to “demedicalize” HIV services through a carefully designed public health campaign. The campaign employed, and continues to employ, non-traditional outreach methods including concerts, plays, and the communication of HIV prevention as a value for the stylish man, who in Uganda, is a man who cares for himself and is a role model that men aspire to be (Rakai Health Sciences Program 2013).

The Stylish Man campaign focuses on framing men who use condoms, get circumcised, and go in for testing and counselling as modern, and desirable, Ugandan men. Framing the utilization of these services as “stylish” and “avant-garde” is a strategic way to re-frame HIV. The hypothesis goes that portraying certain health services, especially male circumcision, as fashionable embodiments of modern stylish living will lead to an increased adoption of these services. Key metrics used to evaluate the campaigns success were 1) the level of uptake of voluntary medical male circumcision among men older than 18 and 2) the level of men’s knowledge of HIV-relate care and services. Findings demonstrated that clinic attendance for voluntary medical male circumcision services was substantially higher in the intervention arm, and 90.8% of men in the intervention arm knew about the campaign and had a knowledge of available HIV services, compared with 24.2% in the control arm (Rakai Health Sciences Program, 2015). In this way, the campaign has been successful in shifting the public’s, and particularly men’s, view of and utilization of HIV services.

While the Stylish Man campaign is not a perfect equivalent to the kinds of campaigns that male-client targeted interventions will need, it provides a solid example of how social marketing can be harnessed to reach large numbers of community members with critical

messaging. These campaigns can be taken in numerous different directions. They could target specific detrimental gender norms that enhance the distorted power dynamic between sex workers and their clients; they could provide information on how to use condoms or where to get tested; or they could give a more powerful voice to sex workers and work to promote the decriminalization of sex work more largely.

Medical Services & Technology

Another key component to these interventions is medical supplies and services. There is a need for the widespread distribution of condoms, pre-exposure prophylaxis, and post-exposure prophylaxis at affordable prices (Fearon, 2019). In many circumstances, this will require that they are free. Additionally, there is a need for HIV testing services to become much more widespread. HIV self-testing is rapidly increasing in popularity as it makes testing for HIV much simpler and cost-effective. However, concerns remain about the potential psychological costs of inaccurate results as well as the lack of a medical professional's advice and care if an individual were to receive a positive result (Wood, 2014).

It is imperative to ensure that these services are high-quality and confidential, particularly for the male clients of female sex workers, who interact less with the medical system than women do (Cameron, 2010). It should also be noted that increasing links between HIV services and other sexual and reproductive health services such as family planning services, gynecological services and maternal health, leads to increased health outcomes for female sex workers. Working to integrate health services and treatment benefits male clients and female sex workers alike, increasing the ease and speed at which individuals can receive the level of care that they require (Avert, 2020).

Additionally, online platforms and applications can be utilized to spread accurate sexual health information, connect individuals with nearby doctors and treatment, and collect anonymous male client and female sex worker perspectives. Web-based programs have incredible potential to greatly increase access and decrease cost, time, and energy expended (Huysamen, 2014). However, they require that individuals have digital access, which is not always the case. Nonetheless, the power that the digital world holds is considerable and should not be ignored.

VII. Discussion

There are currently no HIV interventions that directly target the male clients of female sex workers in Eastern and Southern Africa. Instead, HIV programming is aimed at female sex workers alone. That said, supporting female sex workers is extremely important. More specifically, interventions that target female sex workers with sexual health education and empowerment building are crucial. Women, and female sex workers especially, have long been systematically denied access to resources, and putting money, healthcare, knowledge, and confidence into their hands is critical (Ngugi, 2012). However, focusing all of the programmatic energy on the female sex workers, and excluding the male clients of these female sex workers from the conversation, is a mistake. It is a mistake that places a kind of dual burden on women. Not only are female sex workers expected to learn safe sex practices, they are also deemed responsible for ensuring that these safe sex practices are followed by their male clientele. This reality operates within the bounds of a patriarchal framework.

This patriarchal framework becomes apparent in the case of using protection; female sex workers are expected to just “say no” to condomless sex and insist upon condom usage. But if the male clientele of these female sex workers aren’t receiving the same kinds of sexual health

and behavioral interventions, and if their very masculinity is in fact at odds with using contraception, why would they agree to do so? Further, under the threat of violence, and the promise of making a higher wage, why would a woman protest?

Female sex workers do not exist in a vacuum. And nor do their male clients. Every female sex worker, and every male client, is a member of a community. Each community has its own history, structure, and societal norms and values that members are asked to abide by. If only one group in the community is receiving information while others aren't, information access becomes increasingly uneven and individuals begin to operate on different playing fields. If female sex workers are being instructed to use condoms, but their male clientele are not receiving that same messaging, there will be consequences. Female sex workers and their male clients need to be on board. The burden should not continue to solely fall on female sex workers.

The consequences of not getting male clients on board are glaring and wide-ranging. Physical violence, sexual abuse, mental health deterioration, and HIV and infection all result from the lack of programming to this group (Scheibe, 2012). Further, male clients of female sex workers are a part of a much larger sexual network; some clients are married, others have multiple girlfriends, while still others have sex with numerous female sex workers. Male clients have the ability to spread HIV across individuals and social circles that do not typically intermix. If not addressed with programming, male clients can be a key driving force behind HIV spread (Center for Communications Program, 2010).

VIII. Conclusion

While HIV interventions that target the male clients of female sex workers are much needed in Eastern and Southern Africa, the most impactful HIV interventions are those that do not solely target male clients. However, the most powerful HIV interventions are also not those

that only focus on female sex workers. Rather, the best HIV interventions target both groups, and additionally attempt to focus their efforts on supporting the communities that these individuals are a part of. The most successful interventions are those that are holistic and so employ a broad, multi-pronged approach that includes addressing the medical, financial, social and legal factors that contribute to creating an environment that heightens HIV transmission between female sex workers and their male clients (UNAIDS, 2019).

This realization can be overwhelming. There is always a finite amount of time, energy, and financial resources, and decisions need to be made. In this way, while HIV interventions that incorporate advice in each of the discussed categories are of course ideal, HIV interventions come in a variety of sizes and capacities, and so what is more important is for those in charge of the intervention to think through all of these dimensions while designing, implementing, and evaluating programs. Taking the time to become grounded in context, and analyze the numerous factors that contribute to a given issue, consistently leads to more impactful programming (WHO, 2018).

To ensure that HIV interventions works towards health equity, and stay true to a community empowerment approach, it is critical for male clients of female sex workers, as well as the female sex workers, to remain at the center. These individuals need to be asked what their needs, wants, and realities are- and they need to be meaningfully involved in the design and implementation of the intervention itself. How this involvement looks will vary from community to community and that is alright; paying attention to context is paramount.

Putting these individuals at the center requires that the male clients of female sex workers, as well as female sex workers, are not just seen as pawns in the quest to decrease HIV rates.

Rather, they need to be viewed as critical, autonomous players in the fight to eliminate HIV, that ultimately deserve to lead healthy, happy lives.

While the male clients of female sex workers are certainly part of the “problem” so to speak of high HIV rates, they are also unquestionably essential to the solution. Engaging male clientele with targeted educational programming on sexual health and safety, gender roles and norms (with particular attention paid to masculinity), negotiation skills, and career development, will work to bring male clients and female sex workers on more level playing fields. This kind of educational programming will go beyond asking male clients to use condoms to prevent HIV. It will explain why the choice to use condoms with sex workers is an act of empathy and maturity. It will work to better align the interests and values, of male clients and female sex workers, aiming to create safe, enjoyable sexual transactions that leave both parties feeling respected.

Finally, there is a need to shift the way empowerment is thought about. Empowerment of sex workers does not solely involve working directly with them. It also involves working on others, such as their male clientele, and the larger environment that they occupy. While this is a more indirect form of empowerment, it is one that has direct effects. Holistic, context-specific and community-driven interventions that target male clients, female sex workers, and the larger communities that they are a part of are crucial in the fight to decrease HIV rates not only across Eastern and Southern Africa, but across the world.

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