Perceived risk of HIV, motives for buying sex and type of sex practice preferred among clients of female sex workers at brothels found in Dar es salaam, Tanzania

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PERCEIVED RISK OF HIV, MOTIVES FOR BUYING SEX AND TYPE OF SEX PRACTICE PREFERRED AMONG CLIENTS OF FEMALE SEX WORKERS AT BROTHELS FOUND IN DAR ES SALAAM, TANZANIA

By

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A Dissertation Submitted in (Partial) Fulfilment of the Requirement for the Degree of Master of Public Health of

Muhimbili University of Health and Allied Sciences
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CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled: ***''Perceived Risk of HIV Infection, Type of Sex Practice Clients Preferred and Motives for Buying Sex among Clients of Brothel Female Sex Workers in Dar es Salaam, Tanzania''*** in (partial) fulfilment of the requirements for the award of the Degree of Master in Public Health of Muhimbili University of Health and Allied Sciences.

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Prof. M.T Leshabari

(Supervisor)

_____

Date

DECLARATION AND COPYRIGHT

I, **Lilian Msaki,** declare that this **dissertation** is my own original work and that it has not been presented to any other university for similar or any other degree award.

Signature: ……..…… **Date:**…….....

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DEDICATION

This dissertation is dedicated to my sister Hyasinta Mbuya, my children Karen, King, Joshua and Nginaruwa for their patience regardless of the loneliness they endured during the pursuit of my studies and research.

ABSTRACT

Introduction

Clients of sex workers are usually men who pay with cash or other resources for sexual services either explicitly or within an agreed package. HIV prevalence among female sex workers (FSWs) in Dar es Salaam is higher (31.4%) than the estimated rate of infection among FSWs in Tanzania which stands at 26.6%. It is estimated that at least 15,000 male clients visit female sex workers for sex in Dar es Salaam every night. The city has about 7,500 FSWs, and it is reported that only 40% of them use condom.

Objective: The main objectives of this study was to assess the perceived risk of HIV, motives of buying sex and the type of sex practices preferred among clients of brothel-based female sex workers in Dar es Salaam.

Methodology: Cross sectional descriptive study designs were used to generate data from clients of sex workers in the city.

Results: A total of 225 clients of brothel sex workers participated in the study. Their age ranged from 14to 70 years. Reported motives for buying sex include lack of sexual satisfaction with permanent partners (35.7%) which was found to be the most common reason while vaginal sex was type of sex preferred by the most clients (92%) and three out of five study participants (61.3%) did not perceive to be at any risk of contracting the HIV infection.

Conclusion & Recommendations

Client of female sex workers in the brothels are motivated to buy sex due to dissatisfaction of sexual pleasure with their permanent partners for 35.7% while most of them at the first day of sex prefer virginal sex 92% and the rest anal. The majority of the clients are not perceive themselves on the risk of HIV for 61.3% Low comprehensive knowledge of HIV coupled with low exposure to HIV prevention services will continue to inhibit appropriate HIV risk assessment among clients of FSWs and thus limit the reduction of sexual risk behaviour among them. Increasing the level of consistent and correct condom use both in clients and FSWs in the brothels is an urgent HIV prevention need in order to mitigate HIV transmission within the general population. Further research is needed to evaluate risk perception of clients of FSWs in different contexts.

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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
FSW	Female Sex Workers
HIV	Human Immunodeficiency Virus
ICOHRTA	International Clinical Operational and Health Systems in AIDS and
MOHSW	Ministry of Health and Social Welfare
MSM	Male who have Sex with Men
MUHAS	Muhimbili University of Health and Allied Sciences
NACP	National Aids Control Program
STI	Sexual Transmission Infection
SW	Sex Workers
TDHS	Tanzania Demographic Health Survey
	Tuberculosis
UK	United Kingdom
UNAIDS	United Nations Programs for AIDS
USA	United State of America
WHO	World Health Organization

DEFINITION OF TERMS

Sex workers: Are women, men and transgendered people who receive money or goods in exchange for sexual services, and who consciously define those activities as income generating even if they do not consider sex as their occupation (WHO, 2013).

Clients: Clients of sex workers are usually men who pay with cash or other resources for sexual services either explicitly or within an agreed package (WHO, 2013).

Brothel: A house or other place where men pay to have sexual intercourse with sex workers.

Anal sex: Is generally the insertion and thrusting of the erect penis into a person's anus and rectum for sexual pleasure.

Oral sex or oral intercourse: Is a sexual activity involving the stimulation of the genitalia of a person by another person using the mouth (including the lips, tongue, teeth or throat) (WHO, 2002).

Vaginal sex: This is when the penis goes into the vagina. It is also known as penetrative vaginal sex, vaginal intercourse, sexual intercourse and just sex (WHO, 2002).

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

Globally, an estimated 36 million people are currently living with HIV, and some 20 million people have already died (UNAIDS, 2001).The epidemic has had quite a significant impact on social capital, population structure and economic growth (UNAIDS, 2001).

Unsafe transactional sex, especially between sex workers and their clients, is said to be among the reasons for increasing HIV transmission. According to Foundation Scelles (2012), prostitution has a global dimension, involving around 40-42 million people worldwide. It is also mentioned that over 90% of those involved in prostitution are dependent on purchasing sex, and that 75% of them are between the ages of 13 and 25 years (Erika et al., 2014).

Female sex workers are a population who face a heightened risk of HIV infection due to biological, behavioral, and structural risk factors. However, three decades into the HIV pandemic, the understanding of the burden of HIV among these women is limited.

A study conducted the United States of America revealed that 77% of men in San Francisco had more than ten sex partners in their lifetime, including 28% who said they had more than 50 partners (Farley, Bindel, & Golding, 2009). A related study in Boston, Massachusetts, found that 61% of sex buyers had a wife or girlfriend and were likely to have been involved with ten or more sex partners in the past five years(Melisa et al., 2011).

In Italy, one study reveals that 98% of female sex workers (FSW) had one-time client, 81.1% had regular clients, and 72.6% had steady partners. Casual and non-paying partners were less frequent accounting for up to 20.4%(Sanit, 2014).

Another study from the USA revealed that 44% of men who purchased sex had an age range of between 12 and 58 years and more than three quarters of them (78%) had engaged in such behaviours by the time they were 25 years of age (Farley et al., 2009).

Men who buy sexual services can be considered a minority within the total male population, yet around 30% of all men are said to have paid for sex at some point in their

life(Sanit, 2014). Men who buy sex from prostitutes have a higher likelihood of engaging in coercive sexual activities, including violence against women, than those who do not engage in transactional sex (Erika et al., 2014).

Clients most frequently buy sex in brothels (60%) or private houses that functioned as brothels (55%) or massage parlours (47%). Other venues where sex is bought include escort agencies (33%), saunas (27%), strip clubs (23%), bars (20%) and private parties (19%) (Sanders, 2008).Many clients of sex workers claim that their decision to buy sex was prompted by misunderstandings in their relationships with their regular sex partners. They also said that they would seek the services of sex workers expecting greater satisfaction due to their humorous behaviours, jokes, funny stories and smile that they get from them (Sanders, 2008).

In Lebanon,58% of clients of sex workers reported that they were alone when they first bought sex and 42% were in a company of their friends, the latter situation is commonly considered to be associated with peer pressure, especially the first time a person buys sex (Jabbour, 2014). The same study also revealed that 30% of male transactional sex clients found their women on the street while 50% obtained sexual services from brothels in their first transactional sex experience.

Sociological studies carried out in various countries indicate that sex with prostitutes is primarily a practice embraced by men(Erika et al., 2014).From the available literature, it can be argued that the number of men who buy sex varies substantially from one country and culture to another(Erika et al., 2014). In Europe, the level of buyers varies from 7% in Great Britain to 39%in Spain(Gremleret al., 2006). In Nordic countries, the range is 11-13% (Anderson et al., 2011).

Within Canada it has been reported that 78%of male clients seeking services from FSWs were heterosexual while 12.5% were homosexual and only 8.3% were bisexual. Some of them were single while others were married, separated, divorced or in polygamous relationships(Atchison, 2010).

Sexual exchange for income generation demonstrates that the micro relationship between sex workers and clients can be a reflection of everyday emotional and physical intimacy without corruptive consequences while narratives from male clients show tensions between their desire for emotional as well as sustenance and sexual intimacy (Sanders, 2008). In one study conducted in Birmingham in the United Kingdom, sex workers spoke frequently of the range of skills they utilized in their job, explaining how the ability to provide sexual services was only one aspect of a complex set of strategies required to attend to their male customers (Sanders, 2006). “It is more likely that men who are not receiving this combination in their conventional relationships look to commercial relationships that provide a certain amount of pleasure and care so that emotional and bodily desires can be fulfilled” (Schwedt etal.2006).

One study on FSWs in Kenya revealed that 41% of clients who engaged in transactional sex practiced anal sex, a situation that was overwhelmingly initiated by the clients thus prompting the FSWs to charge a higher price compared to what they charge for vaginal sex (Mere etal. 2006). The same study also revealed that almost a quarter of the FSWs believed the practice of anal sex carried a lower risk of HIV/STI transmission than vaginal sex.

HIV transmission models have estimated that between 2.7% and 30.9%of all new HIV infections are directly or indirectly related to sex work in generalized epidemics in sub-Saharan Africa (Needle et al., 2012). In countries where transmission of HIV is predominantly sexual, having multiple sexual partners is among key risk behaviours. “Sex workers, by virtue of the nature of their work which is characterized by multiple sex partners and frequent coitus, have a higher risk of acquiring and transmitting HIV than the general population” (MoHSW, 2013).

1.2 Problem Statement

Sex work has drawn much attention from researchers especially in the early years of the HIV epidemic. This was mainly because many female sex workers (FSWs) became infected within a few years after the onset of the epidemic (T-MARC, 2009). Sex workers constitute a very important group to consider in HIV interventions because they form a bridge fuelling HIV infection to the general public and vice versa (T-MARC, 2009). In order to effectively control the spread of HIV infection from sex workers, information on why men prefer this type of sexual partners becomes of crucial significance.

Available reports on clients of sex workers in Tanzania show that some of them are married while others are single, divorced, separated or cohabiting (T-MARC, 2009). Reasons for soliciting sex from sex workers are not well documented. Some people assume that men are forced to buy sex because of the unfriendly nature of their sexual relationships with their regular sexual partners (T-MARC, 2009).

Reports of the National Aids Control Program (NACP) in Tanzania show that there are at least 15,000 male clients' of female sex workers every night in Dar es Salaam (NACP, 2011). HIV prevalence among FSWs in Tanzania is estimated to be 26.6%, while in Dar es Salaam the rate is 31.4% (NACP, 2011).This has serious implications with regard to the challenges of controlling HIV transmission from sex workers and their partners to the general population.

So far, there is no study focusing on clients of female sex workers in Dar es Salaam. Little is known about the characteristics of these clients and motives for soliciting sex from sex workers. While many people are aware that sex with casual partners is among ways of contracting HIV, it is not quite clear if partners of sex workers perceive themselves to be susceptible to this infection and the dangers attached to the types of sex they prefer. It is for these reasons that this study was designed.

1.3 Rationale

This study will provide useful information to enable decision makers, in particular the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDEC) and other key stakeholders to design and plan appropriate and sustainable interventions on HIV prevention to sex workers and their clients.

1.4 Research Questions

1. What are the motives driving men to buy sex from female sex workers in the brothels in Dar es Salaam?
2. What are the types of sexual practices preferred by client of female sex workers in brothels in Dar es Salaam?
3. What are the perceived risks of HIV among men who buy sex from female sex workers in the brothels in Dar es Salaam?

1.5 Objectives

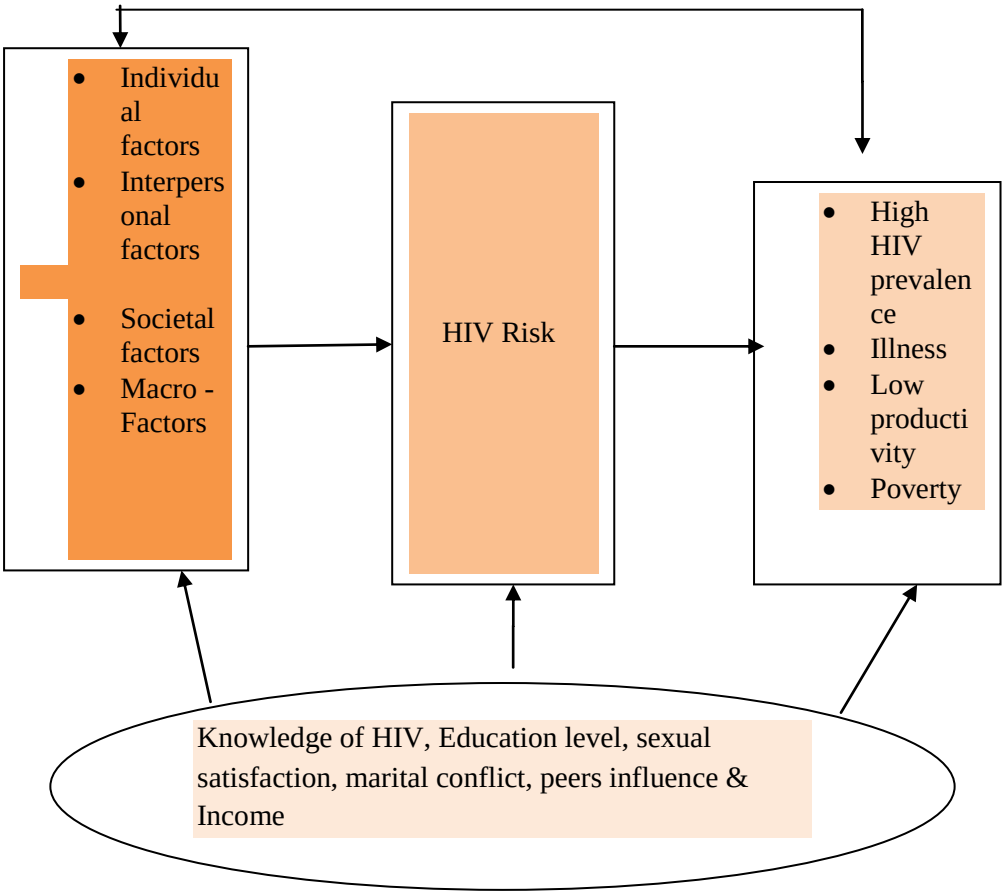
1.5.1 Broad Objective

To assess the perceived risk of HIV and AIDS, motives for buying sex and the type of sexual practices preferred among clients of female sex workers in brothels found in Dar es Salaam.

1.5.2 Specific Objectives

1. To determine the motives driving men to buy sex from female sex workers in the brothels in Dar es Salaam.
2. To determine the types of sexual practices preferred by client of female sex workers in Dar es Salaam.
3. To assess the perceived risk of HIV among men who buy sex from female sex workers in Dar es Salaam.

1.6 Conceptual framework



The conceptual framework above shows that HIV risk in any given society may be influenced by several factors around and the determinants of health behaviour. These may include the followings:

Individual factors: Health behaviour, like other behaviours, is motivated by stimuli in an individual's environment and thereby response to such stimuli may or may not be directly related to health. In this case, the stimuli to an individual level include age, marital status, marital conflict, income, education level, and knowledge of HIV in a given society may expose individuals to the risk of infection (Kundan, Dutta 2014).

Interpersonal factors: The person perceives more social (normative) pressure from others (peers) to engage in the behaviour than to stay away from it. Whatever the consequences of such actions are to health, the people will embrace the behaviour and put it into action to

make them fit in a particular group. This may especially be true in young boys involved in sexual practices at the experimental stage (Farley et al., 2015).

Societal factors: An individual's attitude to a specific action and their intention to adopt it is influenced by beliefs and motivation which come from the person's values, attitudes, drives (instincts), and the influence from social norms. A belief represents the information a person has about an object or action. It links the object to some attributes. Values are emotionally charged beliefs acquired through socialization which make up what a person perceives to be important. The existence of some influential persons in a society engaged in sexual practices to FSWs could make others think it is permissible and feel more comfortable to engage in transactional sex (Eluwa, 2013).

Micro factors: Laws, regulations and policies could put an individual in an uncomfortable state against certain acts in a given society. In those situations, such policies could motivate an individual to reduce dissonance to achieve consonance. In addition, the individual will actively avoid situations and information that are likely to increase the dissonance. This is especially true in areas where selling and buying sex is illegal.

The use of conceptual framework represents conception or a model of what exists in the society. The framework provides a roadmap to the phenomena to be investigated with regard to the motivations and risks involved in the soliciting of transactional sex from female sex workers. The function of this theory is to assist in assessing and refining real goals, to help in developing realistic and relevant research questions, to help in selecting appropriate methods, and in identifying potential validity threats.

However, the objectives of this study are constructed from this conceptual framework based on individual factors only where the responses are expected to sufficiently address the research questions as outlined above. Therefore, the interaction of these variables eventually contribute to a better understanding of the motivations and HIV transmission risks involving clients of FSWs in the Dar es Salaam brothels.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Motives driving men to buy sex from female sex workers in the brothels

The dissolution of love in a stable relationship has been described as another facilitating factor in the partners decision to engage in buying sex(Claude, 2010). The absence of love in a relationship, lack of trust between partners, 'misunderstandings' or 'quarrels' are described as reasons behind the decision to buy sex(Claude, 2010). Sexual behaviours have qualified as different dimension of sexuality among married couples. This includes sexual satisfaction and the frequency sexual activity. Couples conceptualize sexual satisfaction and how they cope with sexual dissatisfactions (Cox et al., 2014).

However, some factors function as the driving force especially prompting male partners to engage in buying sex (Sanders, 2009). It is also claimed that seeking transactional sex among men is partly due to the increase in divorce and decline in marriage, growth in adult entertainment industry that aligns with availability and visibility growth of internal and global communications. All of this results in increase in travel, increase in the amount of adult time spent alone, as well as increase in cultural acceptance with less stigma and change in sexual morality attitudes among men who buy sex(Cox et al., 2014). Some researchers attempting to identify the reasons as to why men buy sex (Farleyet al., 2009) have come up with various explanations including the notion of men's biological imperative or men's basic rights as consumers both of which make them susceptible to be lured into buying sex. Moreover, (Sanders2009)further explains that the motivation for buying sex is driven by the attraction of sexual activity with sex workers who constantly learn and gain experience from a variety sex acts. A varied number of researchers on sex buyers have their findings concluding differently, yet most of them prove to be the same.

A study conducted in one of Swedish sex markets revealed some negativity in which sex workers are profiled and stereotyped whereby African women are sexually represented as 'humble,' Asian women are designed to stimulate the fantasies of the customers whilst men on the other hand appear as anonymous (Schrottner et al., 2006). This stereotyping could also function as another motivation for some men to seek certain kinds of women in pursuit of their sexual fantasies.

2.2 Types of sex practice preferred by clients of female sex workers in the brothels

Sex work is a complex industry which involves some businesses that are hard to unidentified making sexual practices between two communities or geographical areas such as Africa, Asia or Europe differ considerably(Chandra. et al., 2011).In India, it is documented that oral and anal sex are the types of sex clients of female sex workers (FSWs) prefer most and which attract a higher price despite the fact that such sexual practices have a higher chance of transmitting HIV and other STIs (Chandra et al., 2011).

In east African a study conducted in Kenya by a team of researchers concluded that men who buy sex are usually coercive, further reporting anal sex to be a common practice in transactional sex (Mere et al., 2015). While 40.8% of the surveyed FSWs reported having ever practiced anal intercourse, 74.2% of them considered anal intercourse as posing a greater or equally high risk of STI/HIV transmission compared with vaginal sex whose risk was perceived to be low (Ngugi et al., 2006). Only 45.0% of the women reported consistent condom use during anal intercourse and 26.7% never used a condom. A large majority (96.6%) of the participants who practiced anal intercourse reported that the practice was usually initiated by both clients and or themselves. Only 5.0% reported doing so with spouses or long-term partners, while 43.3% reported practicing anal intercourse with regular paying clients and 78.3% with one time paying clients (Ngugi et al., 2006).

Studies on HIV have found sexual intercourse during menstruation to be associated with an increased risk of HIV infection in male partners of female sex workers but not in the female partners themselves (Leclerc and Garenne, 2008).

In Europe and the US, anal intercourse has been found to be the primary choice of most sex buyers and it has been found to be strongly associated with HIV infection. Little is known about the practice of anal intercourse in sub-Saharan Africa(Leclerc and Garenne, 2008).Vaginal intercourse has been described as a fairly common sexual practice preferred in many parts of the Democratic Republic of Congo, Zambia, Zimbabwe, Kenya and Uganda, as well as in Senegal, Mali, Benin and Ivory Coast. About one third of women interviewed in Lusaka Zambia occasionally engaged in this practice by using intra – vaginal substances(Buvé, 2006).

2.3 Perceived risk of HIV among men who buy sex from female sex workers

It has been reported that sex workers underestimate their risk of infection as they tend to rationalize, defend, or justify their behaviours, a typical psychological response to worry, threat, and anxiety arising from the apparent discrepancies between beliefs and behaviours to reduce dissonance them have strong beliefs in fatalism, predestination, and faith based imperviousness to HIV infection (Ankomah, 2011). “Many FSWs believed that one will not die of acquired immune deficiency syndrome (AIDS) if it is not ordained by God” (Ankomah, 2011).Likewise, the same belief exists among clients of female sex workers in the brothels. They do not perceive the risk of HIV as they consider death to be God’s desire thus to use condoms or not it will not change their date of death. Therefore, despite the improvement in HIV prevention knowledge, people still engage in unprotected sex deliberately.

“There is variation among researchers regarding risk perception among people involved in the sex work industry”(Wijnbergen, et al 2013). Some people in Sub-Saharan Africa believe that maintaining a multiplicity of sexual partners is fundamental to men’s nature(Gupta, 2000). It is believed that men seek multiple sexual partners for sexual release – a hydraulic model of male sexuality that seriously challenges the effectiveness of HIV prevention efforts in which a person would not consider oneself as susceptible to HIV infection and other STIs when the person needs to maintain his or her prestige (Gupta, 2000). Buying sex is a transaction in the course of which a customer buys non-procreative sex from a prostitute (Edlund et al., 2001). Depending on his economic status, the customer buys the type of prostitution that is within his means. The prostitution market is structured similar to markets for other goods: there are suitable goods for price-sensitive and non-price-sensitive consumers(Gupta, 2000). Buying sex is similar to any other purchase of a good where the customer chooses the one most suitable for him from a number of alternatives presented and pays the requested amount, thus gaining the right to consume the good.

Overall, HIV risk perception has been reported to be less than 50% among both heterosexual men and women (Lunchters et al., 2015). However, among men who have sex with men HIV awareness is reported to be over 50% (Lunchters et al., 2015).

Most HIV negative men have the feelings that they stand a slight or no chance of contracting HIV (Luchters et al., 2015). There has also been reported no difference in HIV knowledge between men who perceived themselves as having no or slight risk and those who considered themselves as standing a greater risk of contracting the human immunodeficiency virus (Luchters et al., 2015).

The earliest data reported on HIV epidemics in Africa identified female sex workers as a group whose sexual behavior (multiple partners, unprotected sex) made them at the risk of infection(Luchters et al., 2015). The male clients of female sex workers constitute another core group for HIV transmission, but the characteristics of this subset of the population are almost unknown(Farley et al., 2013).Other studies have shown that greater perceived vulnerability to HIV is associated with decreased involvement in risk taking (Farley et al., 2013). However, given the fact that knowledge influences risk perception, maybe the relationship between the two can be considered as an intermediate step between knowledge and behaviour change (Farley et al., 2013).

Another study conducted Dar es Salaam on the perceived susceptibility to HIV infection among homosexual males has found that only (36.7%) of study participants perceived themselves to be at a higher risk of HIV infection.This could be the evedence that most of the key populations do not perceive the risk of HIV infection (Mmbaga et al., 2013). The study shows that abou half (53.4%) of all the participants reported having ever been tested for HIV, and majority (78.7%) were tested more than 4 years preceding the survey. During their last sexual encounter, 36.7% of the surveyed men said they had used a condom and 42.0% reported that they had used a lubricant (Mmbaga et al., 2013).

Sex workers are also less likely to practice safer sex with close relationship partners compared with partners they perceive to be "casual" sexual partners. Because many individuals in close relationships have engaged in HIV risk behaviour over extended periods of time and are unaware of their actual HIV status, practicing unprotected sexual intercourse with a committed partner who has not tested for HIV appears to be a major and unrecognized source of HIV risk (Wijnbergen andPress, 2013).

Sanders (2006) reviews the evidence for higher levels of HIV risk behaviour in close relationships and then presents relevant conceptual and empirical work to explore the psychological processes that may underlie risky sexual behaviour in close relationships, using as a framework the information-motivation-behavioural skills model of preventive behaviour.

The risk perception is low probably due to stigma and irrational fear related to HIV infection, particularly within sex workers (SW), or due to the feeling of guilt which generally follows the access of unprotected sex(Wijnbergen & Press, 2013).Moreover, inadequate knowledge or use of female condom probably contributes to the biased perception of HIV risk (Wijnbergen & Press, 2013).

It is further said that some men who have sexual problems and hold the view that sex workers are able to help them put it in right no matter which way FSWs will use to fix the problem that end up preferring unprotect sex (Sanders, 2006). This unsubstantiated perception could pose a problem regarding the decision to use, as well as the proper use of condom by the clients and the FSWs engaging in transactional sex and make it likely for HIV transmission to take place. Additionally, the disregard for risky sexual behaviour despite is less surprising if people are unaware of the level of risk involved when having unprotected sex. Research takes a clear notice that “Knowing how to reduce risk may not change the behaviour if the level of risk is thought to be low while the degree of the danger of unprotected sex is not often addressed in HIV prevention campaigns”(Ditmore, 2013).

CHAPTER THREE

3.0 METHODOLOGY

3.1 Introduction

This chapter describes the study design, study area, study population, sampling and sampling size, inclusion and exclusion criteria, recruitment of research assistants, pretesting, data collection techniques and tools, variables, ethical consideration, data processing and analysis, and finally the study limitations.

4.2 Observation of the brothels context

Brothels are scattered in different high population density areas in the city. This study involved brothels found in Mwananyamala, Tandale Uwanja wa Fisi, Manzese Sokoni and Msasani in Kinondoni district as well as those operating in Tandika Sokoni and Sudani in Temeke District. Also included were brothels located at Buguruni Rozana in Ilala District. Nearly all of them had small rooms where each sex worker put a bed and her few belongings. The walls of the rooms were decorated with big pornographic posters showing prices for different styles of sex. Each room was rented at a cost of five thousand Tanzania shilling (equivalent to U$2.5) per day. During business hours, sex workers sat in front of their doors dressed in light transparent clothes and potential clients walked along the corridor to make their choices.

In some of the brothels, sex workers were very strict on condom use and any difficult client was forced out. There were special guards who were around the premises to handle clients who refused to get out when asked to do so by the sex workers. This also applied to those who delayed to ejaculate for one reason or another. Some sex workers accepted sex without condom or any style preferred by clients subject to a higher price. A few of them lived in the brothels while others stayed at their own residence elsewhere and came to work on a daily basis. Some of the female sex workershave permanent clients commonly known as (ving'asti) who were not charged money for the sexual services they received. Such clients were most of the time around the brothels drinking alcohol while the sex workers were in normal business with other clients. Business is usually conducted between 7 and 10 pm with each sex worker serving between seven and ten clients. The younger ones said they served up to 15 clients per night and it was not unusual to find ques of potential customers waiting for services. Prices which were displayed in the brothel

rooms varied from 3000 to above 10,000 Tanzanian shillings (U$ 1.5 to U$5) depending on the type of sex and styles the client preferred.

3.3 Study design

The study employed a cross-sectional descriptive study design.

3.4 Study area

This study was carried out in Dar es Salaam Region. The study area is the commercial and administrative city in Tanzania with an estimated population of 5.2 million (NBS, 2012). The study was conducted in six brothels selected in Kinondoni, Ilala and Temeke districts. The brothels are: Mwananyamala, Uwanja wa fisi, and Manzese Mchikichini in Kinondoni. Temeke Sudani and Tandika Sokoni in Temeke, and the last was Buguruni Rosana in Ilala. Sample size was determined from the above six brothels in Dar es Salaam where large numbers of clients and female sex workers were accessible.

3.5 Study population

The study involved men who buy sex from female sex workers in brothels in Dar es Salaam.

3.6 Inclusion & exclusion criteria

Inclusion criteria

The following criteria needed to be met for enrolment in the study:

- Men who visit the brothels during the time of data collection irrespective of age limit.

Exclusion criteria

- Drunk men (as they cannot provide correct information).

3.7 Sample and sampling technique

Sampling technique

All clients who visited the brothels during data collection were included in the study sample.

Sample size calculation

Therefore, sample size was obtained by using the following formula:

$$N= Z^2P (1-P)/D^2$$

N = Number of sample size required

Z^2 = 1.96 corresponding to 95% confidence Interval

P = Proportion estimated to be client of FSWs in Dar salaam (13.8%)

D^2 = Level of absolute precision (5%)

The sample size required 183 participants. 23% was added to adjust for non-response. Therefore, the total sample size required reached225 respondents who participated in exit interviews upon being serviced by FSWs in the brothels.

3.8 Training of research assistants

Research assistants were selected from among experienced peer educators among female sex workers in the brothels with at least secondary education. These peer educators had previously participated in various field data collection on accessibility of health care services among key population groups in Dar es Salaam. However, before actual data collection they were trained for four days with the intent to familiarize them with the purpose of the study and make them understand the data collection tool that was used for this study.

3.9 Pretesting

Data collection tool (structured interview) was pre-tested in one of the brothels located in Dar es Salaam which has few sex workers and few clients. This brothel was not among those selected for actual data collection. The pre-testing was done to assess the clarity of the questions, time used for conducting the interview and to ensure that data collectors become familiar with the questions and the probes used.

3.10 Data collection technique and tools

Interviews using structured interview guide were developed to collect information on social and demographic characteristic of the clients, perception of HIV infection risk, motives for buying sex, sexual behaviour, and condom use at the first day of buying sex and type of sexual practices preferred by the clients of female sex workers in the brothels.

Interviews were conducted by the researcher and trained research assistants. The interviews were conducted in Kiswahili and took about thirty minutes.

3.11 Reliability and Validity

To increase reliability of the results, a team of research assistants with a minimum of secondary school education was recruited from among well experienced female sex workers who had previously participated in HIV/AIDS risk behaviour studies in Dar es Salaam. These research assistants were trained by the principal investigator for four days on administration of the interview schedule in Kiswahili language. The research assistants helped to guide the principal investigator in brothels in her efforts to meet with clients. The interview schedule was pre-tested to find out any difficulties and to ensure clarity of the questions before actual data collection. The pre-tested participants were not among the respondents in the study and corrections and adjustments to the interview guide were made accordingly following the pilot activity. There was a close supervision of the research assistants by the primary researcher on a daily basis to ensure proper application of data collection methods and procedure.

3.12 Variables and Measurements

Dependent variable

Risk of HIV infection

Independent Variables

- Marital conflicts
- Marital status/widower/far from home
- Sexual satisfactions/ sexual urge/physical looks
- Vaginal/anal/others
- Knowledge of HIV/condom use

3.13 Ethical Consideration

Ethical approval was requested from Muhimbili University of Health and Allied Sciences (MUHAS) Ethical Review Committee and thereafter authorized by all three districts of Temeke, Kinondoni, and Ilala, as well as by local authorities in the respective wards. Written informed consent was sought from all study participants prior to starting interviews. All the study information was read to participants. This included purpose of the research, procedure of the study, benefits and risks, confidentiality, freedom to withdraw and contact information of study personnel.

3.14 Data management and procedure

Data collection tools were numbered to ensure consistent identification. Prior to interview administration, these items were coded in a form that could be entered into the data analysis program. The data were entered and analyzed using Statistical package for Social Sciences (SPSS) version16.0 using which appropriate descriptive and inferential statistics were computed with respect to the various topics covered in the questionnaire.

Descriptive statistics were run to obtain frequency tables for various variables and their proportions. Various statistical tests were conducted to measure the significance of association between variables.

3.15 Dissemination Plan

Results of this study will be disseminated to various stakeholders including presentations in local and international conferences, publication in journals and seminars in the university. The report wills also be shared with the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDEC), implementing partners of HIV/AIDS interventions and local government leaders.

CHAPTER FOUR

4.0 RESULTS

4.1 Introduction

This chapter presents the results of the study. It consists of socio demographic description of the study sample, motives of buying sex, the type of sex clients preferred, and the perceived risk of HIV infection among client's of female sex workers.

4.2 Socio-demographic description of the study participants

A total of 225 clients of brothel sex workers participated in the study. Their mean age was 31.1years with a standard deviation of ± 9.9 years. More than half of participants (58.2%) came from Kinondoni; 54% were single; 68.7% were self-employed; and, 76% had secondary education as summarized in Table 1 below.

Table 1: Background Characteristics of the Participants (N = 225)

Variable	Frequency *(%)*
Age (years	
≤ 24	63 (28.0)
25 – 34	98 (43.6)
≥ 35	64 (28.4)
Marital status	
Married/ cohabiting	41 (18.2)
Single	121 (53.8)
Other*	63 (28.0)
Level of education	
None	10 (4.4)
Primary	31 (13.7)
Secondary	171 (76)
Higher education	13 (5.7)
Occupation	
Employed	51 (22.7)
Self employed	154 (68.7)
Unemployed	19 (8.4)
District of enrolment	
Ilala	52 (23.1)
Kinondoni	131 (58.2)
Temeke	42 (18.7)

** Others were widowed and cohabit*

4.3 Motives for buying sex from FSW

Various reasons were given for buying sex from brothel-based female sex workers. Lack of sexual satisfaction from permanent or regular sexual partners was given as the primary motive for buying sex by 35.7% of the study participants, and 20.5% said attraction to different physical appearance of FSWs is what motivated them to engage in such behaviours. Some of the respondents (12.1%) mentioned looking for varieties of sexual urge, saving time, and being cheap as factors that pushed them into buying sex from the sex workers. See Figure 1 below:

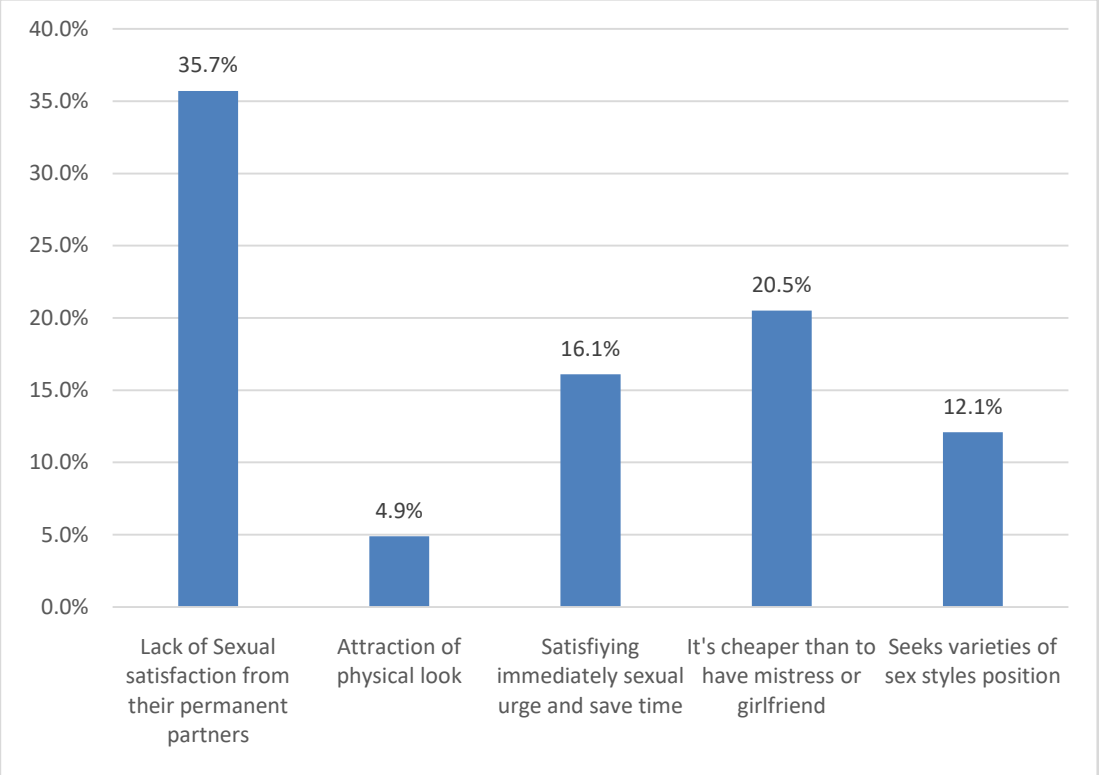


Figure 1: Motives for buying sex from brothel-based FSWs (N=225)

4.4 Sexual practices preferred by male visiting FSW at the Brothel

Most of the participants preferred vaginal sex (92.8%) at first time when they started visiting FSWs in brothels, while the rest preferred anal sex or a mix. On the other hand, on the day of interview, about (75.5%) of the client reported to prefer vaginal sex while (13.7%) reported to prefer anal sex. See Table 2 below.

Table 2: Type of sex preffered by male visiting FSWsin Brothel (N=225)

Variable	Frequency (%)
Type of sex preferred at firstt time at the Brothel	
Anal	12 *(5.3)*
Vaginal	209 *(92.8)*
Oral	1 *(0.4)*
All 3	1 *(0.4)*
Currently type of sex preferred	
Anal	31 *(13.7)*
Vaginal	170 *(75.5)*
Oral	19 *(8.4)*
All 3	

4.5 Perceived risk of HIV infection

HIV risk perception was generally low in the study sample. Only 38.7% believed their behaviours put them at risk of HIV infection and the rest said they were not have any risk. Even among those WHO said they were at risk, the majority (71.5%) said that the risk was small. Only 17.3% of them believed that their risk was high as summarized in figure 2.

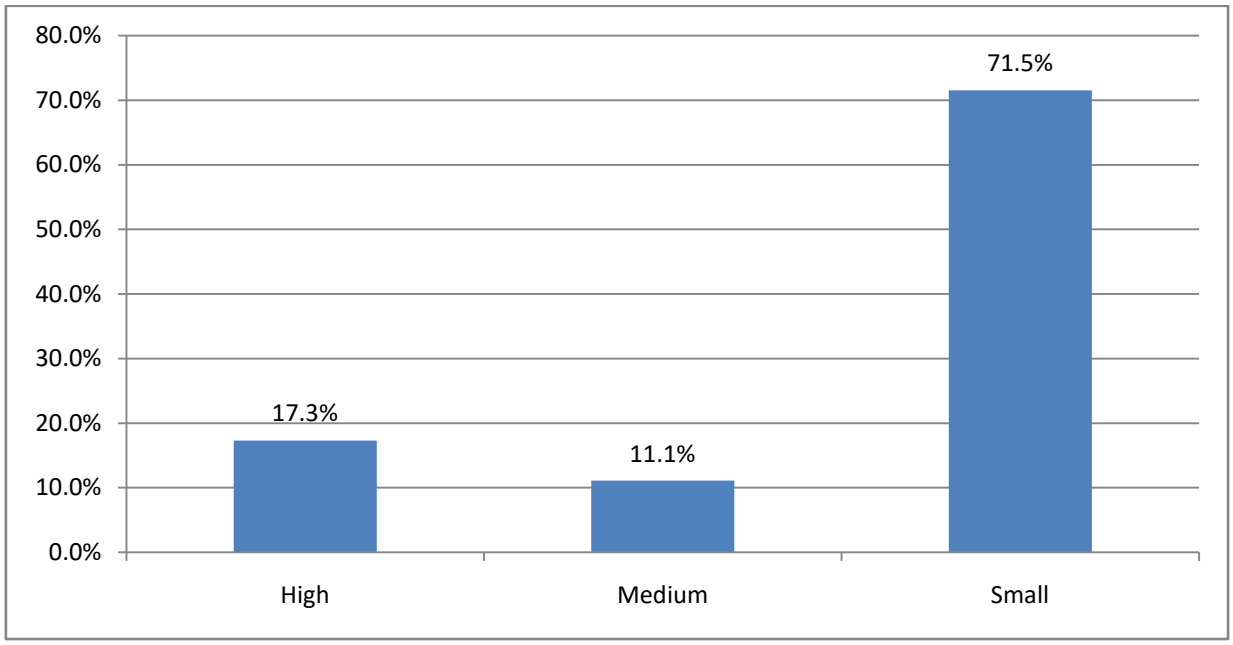


Figure 2: Perceived Risk of HIV Infection among men buying Sex from FSW in brothel (N=225)

The perception that potential risk if HIV infection was high decreased with increasing age varying from 22.2% among youth (than those aged less than 25 years) to 12.5% of those who were 35 years or older.

Table 3: Variation of Perceived Risk of HIV Infection by Age

	Perceived risk of HIV infection			
	Frequency (%)			
Age group	High	Medium	Small	Total
≤24	14(22.2)	4(6.3)	45(71.4)	63(100.0)
25 - 34	17(17.3)	13(13.3)	68(69.4)	98(100.0)
≥35	8(12.5)	8(12.5)	48(85.0)	64(100.0)
Total	39(17.3)	25(11.1)	161(71.5)	225(100.0)

CHAPTER FIVE

5.0 DISCUSSION

The literature that particularly deals with clients of female sex workers is still limited, hence the need to design this study. This investigation has revealed motives for buying sex, types of sex preferred and HIV risk perceptions among clients of brothel-based sex workers in Dar es Salaam, Tanzania. These components are discussed below.

5.1 Motives of buying sex

This study has revealed that lack of sexual satisfaction with wives or regular sexual partners was the most common reason which prompted the interviewed men to seek sexual services from female sex workers in order to fill the gap existing in their existing sexual desires. This finding is similar to what from a studycarried out Glasgow, Scotland, where 66% ofthe respondents interviewed were either married individuals or people living with a partner (McKeganey, 1994). Also, a similarstudy conducted in New Zealand found that 50% of men who bought sex were married orhad permanent partners (Melissa Farley 2009).

Attraction to different physical appearances of the sex workers, need to satisfy immediate sexual desire, and relatively low cost of buying sex from sex workers instead of keeping girlfriends were also among the reasons which prompted male clients in this study to buy sex from sex workers. Similar reasons have been reported from Britain and Spain(Eespere, 2007). The corroboration provided by this inquiry, then, comes to confirm the ongoing trend whereby the desire for sex varieties is considered as among the major forces driving men to seek sexual services from female sex workers.

5.2 Type of sexual practices preferred by clients

Majority of the clients of female sex workers preferred vaginal sex compared to anal sex (92%). However, the youths below 24 years of age mostly preferred anal sex compared to adults. Furthermore, preference for vaginal sex was more common among both married and single male clients compared to other marital categories. This observation is similar to that of a study by Tanzania’s national AIDS Control Program which established a significant relationship between young age and the desire for anal sex (NACP 2011).

Sexuality and sexual practices differ in context because of cultural, social, and environmental differences that exist in the society. Although there is a great variability in sexual practices, particularly in sub-Saharan countries, there are practices associated with taboos in several cultural settings(Kazaura and Masatu, 2009). Such activities include anal sex which can be considered as being on the rise among specific age groups, especially the youth, as mentioned above.

5.3 Perceived risk of HIV of the Clients

Results of this study showthat most of clients of FSWs (61.3%) did not perceive to be at anyrisk of getting infected with HIV. Only 13.3% of the men buying sex in brothels showed concern about the risk of contracting HIV and resorted to condom use forprotection.However, this is dramatically modified by the consistent use of condom and the relative prosperity of sex workers and their clients. The high numbers of clients associated with low income prostitution produce much worse outcomes (Harcourt et al., 2005). Furthemore, in Central Asia the age disaggregation of HIV prevalence in countries reporting to UNAIDS generally reveal a higher prevalencerate among FSWs aged 25 years or older (Baral et al., 2013). This study is similar to the findings from other studieson clients of female sex workers which investigate condom use among clients of female sex workers. Upon being asked whether they usually carry condom when they go for paid sexual encounter, only 28%of respondents in one study answered positively, 45%of respondentsansweredsometimes, and more than 25 percent said that they did not carry condom when they went for paid sex (Sighet al., 2009).

Other studies reported that there were highly significant differences between sex buyers‘ and non-sex buyers‘ assessment of the effects of prostitution. Of the 100 sex buyers interviewed in a study conducted in some parts of Scotland, 67% indicated no or slight negative effects, 19% indicated very negative effects, and 14% indicated extremely negative effects (Farley, et al., 2011)

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

Client of female sex workers in the brothels are motivated to buy sex due to dissatisfaction of sexual pleasure with their permanent partners for 35.7% while most of them at the first day of sex prefer virginal sex 92% and the rest anal. The majority of the clients do not perceive themselves on the risk of HIV for 61.3% among the clients.

6.2 Recommendations

Low comprehensive knowledge of HIV coupled with low exposure to HIV prevention services will continue to inhibit appropriate HIV risk assessment among clients of FSWs and thus limit the reduction of sexual risk behaviour among them. Increasing the level of consistent and correct condom use both in clients and FSWs in the brothels is an urgent HIV prevention need in order to mitigate HIV transmission within the general population. Further research is needed to evaluate risk perception of clients of FSWs in different contexts.

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APPENDICES

Appendix I: Consent Form - English Version

Interviewee No.....

Consent to participate in a study

My name is **Lilian Msaki** I am Postgraduate student at Muhimbili University of Health and Allied Sciences. I am here to study on HIV risk behaviour and motives of buying sex among clients of sex workers.

Purpose of the Study

This study is conducted in partial fulfilment of the requirement for the award of Master degree in Public Health of MUHAS. The finding of this study will support entire community, Ministry of health, developing partners, implementing partners and other stakeholders to initiate different interventions for this key population and their clients to reduce prevalence of HIV in Dar es-Salaam. Thereafter to reach the word ambitious target of 3zero's and 90-90-90 strategies Kindly collaborate to provide correct information's in order to reach the target above, for the better life for all.

What participation involves

If you agree to take part in the study, you will be interviewed to answer and explain details as per interview guide used. This will take between 15 and 25 minutes to be completed.

Confidentiality

I assure you that, whatever information received will be kept strictly **CONFIDENTIAL** and will be used only for research purposes. Your name will not be written in this report. All information collected from the study will be entered in computers with identity codes known by interviewer only.

Risks

We do not expect any harm as a result of your participation in this study. There may be some questions that you are not willing to answer; do not hesitate to tell the interviewer your feeling on those questions. However, you may need to refer the researcher to somebody for more clarifications and supporting data. You may reject to answer any particular question and also you may end the interview session at any time you wish.

Right to withdraw

It is voluntary to take part in this study. You can withdraw your participation at any time, even if you accepted at the beginning. Refusal to participate in this study has no penalty.

Benefits

The information you provide will lead the assessment of HIV risk and motives of buying sex among clients of sex workers in the brothels. Hence will provide evidence based for the need to initiate interventions for this key population for prevention and treatment of HIV in Dar es Salaam

Who to contact

If you have any question about the study, do not hesitate to contact the researcher, **Lilian Msaki**

Muhimbili University Health and Allied Sciences,

P.O. Box 65001,

Dar es Salaam. Tel: +255 712810333.

You may also contact the supervisor, **Professor M. Leshabari**,

Muhimbili University Health and Allied Sciences,

P.O. Box 65001,

Dar salaam. Tel No: +255 719361193

Professor Said Aboud

Chairman of Research & Publication Committee

MUHAS

P.O Box 65001

Dar es Salaam: Tel +255222152489

Do you agree to participate in the study?

I have read the contents in the consent form and understand.

I agree I do not agree

Signature of participant……

Signature of interviewer……..... Date....……

Appendix II: Ethical Clearance - Kiswahili Version

FOMU YA RIDHAA

Namba ya Msailiwa…….

Ridhaa ya kushiriki katika utafiti

Ninaitwa Lilian Msaki mwanafunzi wa shahada ya uzamili wa Afya ya Jamii katika chuo kikuu cha Sayansi ya Afya na Tiba Muhimbili. Nafanya utafiti wa kuangalia Vihatarishi vinavyoweza kupelekea maambikizi ya VVU, kwa wanaume wanonunua ngono kutoka kwa wadada poa kwenye madanguro, pamoja na tabia nyingine hatarishi kwa mkoa wa Dar es salaam.

Madhumuni ya utafiti

Utafiti huu unafanyika ili kukamilisha masomo ya shahada ya uzamili wa Afya ya Jamii katika chuo kikuu cha Sayansi ya Tiba Muhimbili. Utafiti una lengo la kutambua ni kwa kama wanaume wa Dar es salaam wanaonunua ngono kwenye madanguro wana uelewa wa tabia hiyo hatarishi ambayo inaweza kupelekea maambukizi ya VVU na vihatarishi vinginevinavyoambatana na hicho hapa jijini Dar es salaam.

Umeombwa kushiriki katika utafiti huu kwa sababu wewe/idara/sehemu/kitengo chako ni muhimu katika kudhibiti na kumaliza kabisa maambukizi ya virusi vya ukimwi Tanzania

Tafadhali naomba ushirikiano wako katika kutoa taarifa juu ya hali halisi ya udhibiti na uelewa wa masuala ya VVU. Matokeo ya utafiti huu yatatumika kuonyesha kiwango cha uelewa au kutoelewa hatari ya kupata maambukizi ya VVU kati ya wanaume wanao nunua ngono kwenye madanguro Dar es salaam hatimae kutengeneza miongozo itakayo weza kupunguza hali iliyopo.

Masuala yanayohusu ushiriki:

Iwapo utakubali kushiriki katika utafiti huu, utasailiwa masuala yaliyo kwenye mwongozo wa usaili ili kutoa maelezo husika.

Usiri

Nakuhakikishia kwamba majibu, taarifa, maoni na ushauri wowote utakaotoa utatumika kuweka mikakati mipya ya kupunguza maambukizi kwa wadada poa wenyewe, wateja wao na jamii nzima kwa ujumla. Jina na cheo chako hakitaandikwa katika taarifa hii. Aidha,

taarifa zote zitaingizwa kwenye kompyuta kwa kutumia namba za utambulisho ambazo zinajulikana kwa msaili tu.

Madhara

Sitegemei kuwa ushiriki wako katika utafiti huu utakuwa na madhara yoyote. Iwapo kuna maswali ambayo hutayapenda, unaruhusiwa kutoyajibu au kumwelekeza msaili kwa mtu mwingine kwa maelezo zaidi. Aidha, una uhuru wa kutoendelea na usaili wakati wowote.

Haki ya Kujitoa/ kutoshiriki katika utafiti

Ushiriki wako katika utafiti huu ni wa hiari. Una hiari ya kujitoa katika utafiti huu wakati wowote hata kama ulikubali mwanzoni. Kujitoa kwako hakutaathiri stahili zako kwa namna yoyote ile.

Manufaa

Taarifa utakazotoa zitasaidia kujua hali halisi ya hatari ya kupata maambukizi ya VVU na kuweka mikakati ya kupunguza kiwango cha maambukizi kwa jamii na taifa kwa ujumla

Watu wa Kuwasiliana

Iwapo una suala lolote kuhusu utafiti huu, unaweza kuwasiliana na mtafiti, Lilian Msaki Chuo Kikuu cha Sayansi za Afya na Tiba, Muhimbili,

S.L.P. 65001,

Dar es salaam. Namba ya simu: 0777 438209

Pia unaweza kuwasiliana na Msimamizi wa utafiti huu, Profesa M.T. Leshabari

Chuo Kikuu cha Sayansi za Afya na Tiba, Muhimbili,

S.L.P. 65001,

Dar es salaam. Namba ya simu: +255 716 580 657

Profesa Said Aboud

Mwenyekiti wa Tafiti na Machapisho

Chuo Kikuu cha Sayansi za Afya na Tiba, Muhimbili

S.L.P 65001

Dar es salaam: Namba ya simu +255222152489

Je umekubali kushiriki katika utafiti huu?

Mimi……nimesoma maelezo katika fomu hii na kuelewa.

Nakubali

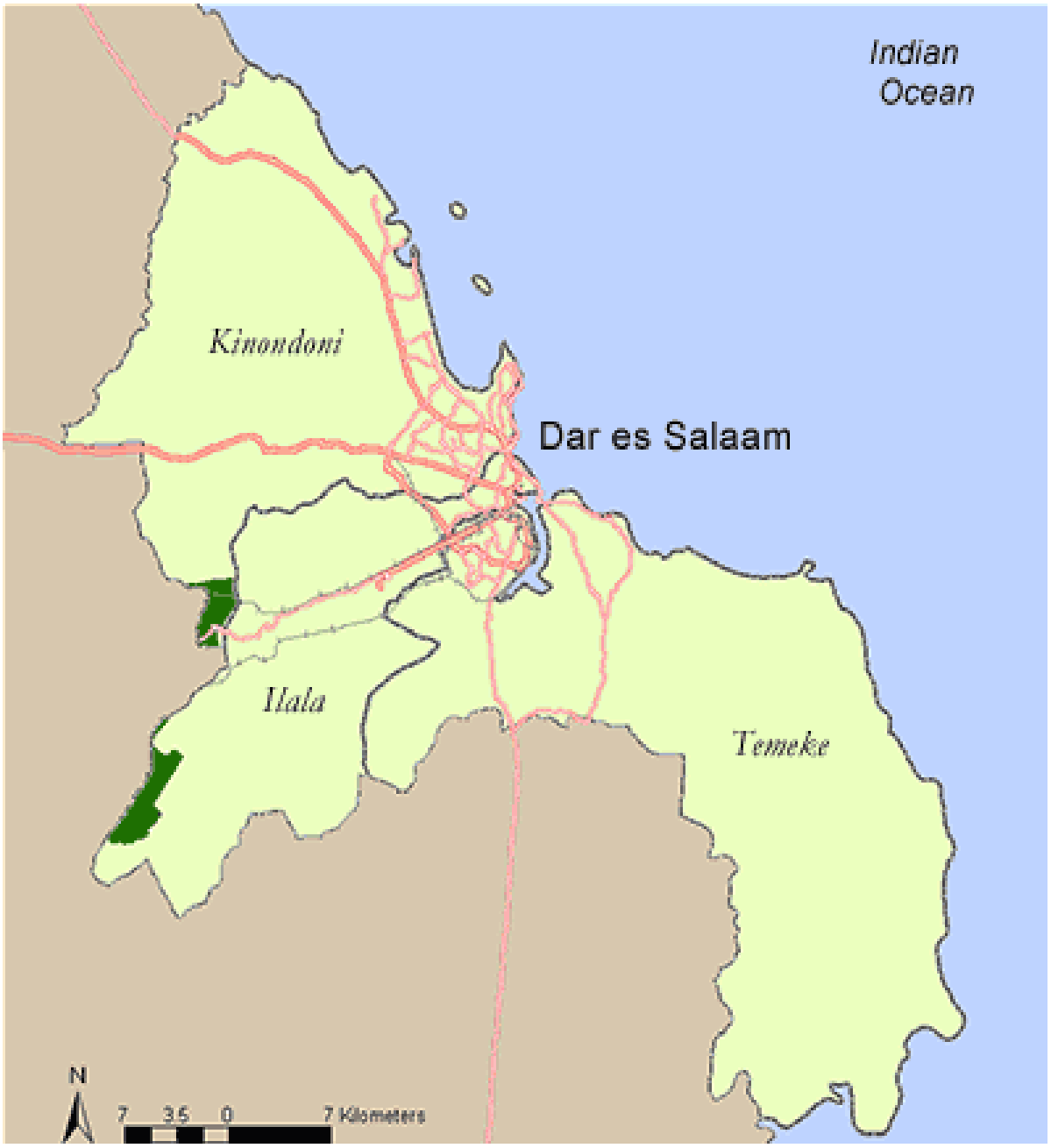
Sikubali

Sahihi ya Msailiwa……

Sahihi ya Msaili.....……

Tarehe ……..

Appendix III: Map of Dar Salaam



Appendix IV: Questioner – English Version

No	Questions	Response
Section 1 **Preliminary Information**		
1	Interviewer ID	
2	Brothel ID	
3	District	
4	Date of Interview	------/----------/20-------
5	Time of Interview	
Section 2 **Demographic information** Let's us start our conversation by talking a bit about yourself		
6	How old are you	[----------]
7	Where are you staying	1.Ilala 2.Kinondoni 3.Temeke 4. Other specify ……. **7 Refused**
8	What is your marital status?	1. Married 2. Single 3. Separated 4. Divorced 5. Widowed 6. Cohabitating **7. Refused**
9	What is the highest level of education you have completed?	1. No formal schooling 2. Primary school drop out 3. Secondary school completed 4. Secondary school drop out 5. High school (form six)

		6. Post-secondary education **7. Refused**
10	What kind of work do you do?	1. Government employee 2. Employed in private sector 3. Employed in the parastatal sector 4. Petty trader 5. Student 6. Unemployed **7. Refused**
Section 3 **Let's us talk about men and women on sexual work**		
11	What do you think is a driving force for men to buy sex from FSWs	1. Satisfy immediate sexual urge 2. Entertainment, 3. Pleasure 4. Seeks varieties 5. Resolve conflicts 6. Sexual stereotypes **7. Refused**
12	Is there a difference when you have sex with ordinary partner compare to female sex worker?	1. Yes 2. No If yes go answer next question
13	Why do you think its difference?	1. Can get sexually satisfaction easily 2. Convenience 3. No commitment, 4. No emotional Connection 5. Because of sexual skills they have 6. Result of Intoxication **7. Refused**

Section 4 **Sex behaviour involve many sex practice in the city, let us talk about it a bit**		
14	There many ways of enjoying sex which of the following ever heard of?	1. Vaginal 2. Oral 3. Anal 4. Masturbation 5. Both Apart of these are there other practices? If yes what are they…….
15	What precaution did you take at the first time when you buy?	1. Condom 2. Nothing
16	Do you have friends who buy annual sex from FSWs	1. Yes 2. No
17	What type of sex do you think your friends prefer most and probe it themselves from female sex workers	1. Anal 2. Vaginal 3. Oral 4. Masturbation 5. Others (explain) **7 Refused**
18	Which one of the sexual practice you prefer than other?	1. Anal 2. Vaginal 3. Oral 4. Masturbation 5. Both 6. Others (explain) **7. Refused**
19	On average, how many female sex workers do you buy sex from each month?	1. 1FSW 2. 2FSW 3. 3FSW

		4. 4FSW 5. 5FSW 6. 6FSW and above **7. Refused**
20	How frequency does you buy sex from FSW?	1. Daily 2. Weekly 3. Monthly 4. Sometimes **7 Refused**
21	Do you often change brothels of buying sex?	1. Yes 2. No If yes answer next question
22	How frequency did you change the brothels?	1. Days 2. Weekly 3. Monthly 4. Years 5. Sometimes **7 Refuse**
23	How frequently have you changed partners in the same brothels	1. Daily 2. Weekly 3. Monthly 4. Sometimes 5. Never change 7 **Refuse**
24	Could you explore a bit about uses of condoms in this sexual business?	……. ……. …….

	Section 5 **Let's us discus a bit, when men decide to buy sex**	
25	How old were you when you first started buying sex?	1. Age..... 2. I don't know
26	What type of sex practice did you prefer at the first time	1. Anal 2. Vaginal 3. Oral 4. Masturbation 5. Other **7 Refused**
27	The first time you buy sex where did you do it	1. Hotel 2. Street 3. Brothel 4. Home 5. Others **7 Refused**
28	On the average how much did you pay in that time for one ejaculation?	…….
29	Normally what is the cost of one ejaculation???	……..
30	Currently how much did you pay?	……..
	Section 6 **You have been answered very well, now lets us talk about challenges men face when buying sex from Female Sex Workers**	
31	In your opinion, what are the chances of a person like you contracting HIV/AIDS infection?	1. High 2. Medium 3. Small 4. Non
32	Is it possible for someone like you to get a confidential test to find out whether you are infected with HIV?	1. Yes 2. No
33	Do you know where to test for HIV	1. Yes

		2. No
34	Did you ever voluntarily undergo HIV test?	1. Yes 2. No 3. If Yes answer next question
35	Please do not tell me the result, but did you find out the result of your test?	1. Yes 2. No

Appendix V: Data Collection Tools – Kiswahili Version

Maswali ya utambuzi wa tabia hatarishi zinazoweza kuleta maambukizi ya VV, na kichocheo cha kunua ngono kwa wadada poa wa kwenye madanguro kati ya wanaume wa Dar es salaam.

No	**Swali**	**Jawabu**
	Sehemu ya 1 **Utambulisho**	
1	Namba ya mhojiwa	**[----------]**
2	Namba ya Danguro	**[----------]**
3	Wilaya	**[----------]**
4	Tarehe ya Kuhojiwa	**----------/----------/20------**
5	Muda wa kuhojiwa	**[----------]**
	Sehemu ya 2 **Taarifa binafsi za mhojiwa** **Tuanze majadiliano yetu kwa kuzungumza kidogo kuhusu maisha yako**	
6	Una miaka mingapi	**[----------]**
7	Unaishi wapi	1. Ilala 2. Kinondoni 3. Temeke 4. Sehemu Nyingine…… **7 Hataki kujibu**

8	Je mahusiano yako ya kindoa yako vipi.?	1. Ameoa 2. Hajaoa 3. Wametengana 4. Wameachana kwa talaka 5. Wanaishi bila ndoa **7 Hataki kujibu swali hili**
9	Je una elimu ya kiwango gani?	1. Hajasoma kabisa 2. Hakumaliza shule ya msingi 3. Amemaliza shule ya msingi 4. Amemaliza kidato cha nne 5. Amemaliza kidato cha sita 6. Amemaliza elimu ya juu **7 Hataki kujibu swali hili**
10	Je unafanya kazi gani?	1. Muajiriwa wa serikali 2. Muajiriwa wa shirika lisilo la kiserikali 3. Amejiajiriwa na shirika la umma 4. Amejiajiri 5. Mwanafunzi 6. Hana kazi **7 Amekataa kujibu swali hili**
Sehemu ya 3: **Ebu tuone pia ni nini kinamsukuma/mpelekea/kinachochea wanaume kununua ngono**		
11	Je kwa mtazamo wako ni msukumo gani unaowapelekea wanaume kununua ngono?	1. Huridhishwa kingono kwa haraka 2. Ni burudisho 3. Ni furaha 4. Kutokana na ugomvi wa kutoelewana kwa wenza 5. Kupenda kubadilisha maumbile ya wanawake kingono 6. Ni tabia ya kingono iliyozoeleka tu **7 Amekata kujibu swali hili**

12	Je kunautofauti kufanya ngono na wadada wauza ngono na mwenza wa kawaida?	1.Ndio 2. Hapana Kama ndiyo jibu swali linalofuata
13	Je kwanini unafikiri kuna ya utofauti?	1. Ni rahisi kumpata dada poa kwenye maeneo yake 2. Ni bei rahisi 3. Ni rahisi kwa wanume wenye midomo mizito ya kutongoza 4. Ni sehemu ya kujifunzia ngono kwa vijana wadogo wanaoanza 5. Wadada poa wana mbinu mbalimbali za kimahaba 6. Wana lugha za upendo, utani na vichekesho zinazokufanya ujisikie raha **7. Amekataa kujibu swali hili**
Sehemu ya 4: **Tendo la ununuzi wa ngono** **Ni wanaume wengi wananunua ngono katika hili jiji, ebu tuongee aina ya ngono wanaume wanapenda zaidi**		
14	Kuna njia nyingi za kufanya ngono, ni ipi kati ya hizi umewahi kuisikia?	1. Kinyume na maumbile 2. kwa kutumia ukeni 3. Mdomo 4. Vyote 5. Kupiga punyeto Mbali na njia hizi kuna njia nyengine? Kama ndio zitaje …….
15	Je ni tahadhari gani ulichukuwa kwa mara ya kwanza ulivyonunua ngono na hivi sasa?	**……**
16	Je una rafiki anaefanya ngono kinyume na maumbile kwa dada poa?	1. Ndio 2. Hapana

17	Je ni aina gani ya ngono marafiki zako hupendelea?	1. Kinyume na maumbile 2. Kwa kutumia ukeni 3. Mdomo 4. Kupiga punyeto 5. Njia nyengine **7. Amekataa kujibu**
18	Je ni aina gani ya ngono huwa unapendelea sana kufanya unaponunua?	1. Kinyume na maumbile 2. Kwa kutumia ukeni 3. Mdomo 4. Nyingine (itaje) **7 Amekataa kujibu**
19	Je ni kama wadada wangapi unaweza kununua ndani ya mwezi mmoja?	1. Dada poa 1 2. Dada poa 2 3. Dada poa 3 4. Dada poa 4 5. Dada poa 5 6. Dada poa 6 au zaidi **7. Amekataa kujibu**
20	Je una weza kununua ngono mara ngapi?	1. Kila siku 2. Kila wiki 3. Kila mwezi 4. Sio mara kwa mara **7 Amekataa kujibu**
21	Je huwa unabadili madanguro?	1. Ndio 2. Hapana Kama jibu ni ndio jubu swali linalofuata
22	Mara ngapi huwa unabadili madanguro?	1. Kila siku 2. Kila wiki 3. Kila mwezi 4. Kila mwaka

		5. Mara zote **7 Amekataa kujibu**
23	Je huwa unabadili wadada poa mara ngapi kila unapokuja kwenye danguro?	1. Kila siku 2. Wiki 3. Mwezi 4. Kila wakati 5. Sibadilishi **7 Amekataa kujibu swali hili**
24	Unaweza kuzungumziaje matumizi ya kondumu katika biashara hii?	……. …….....
Sehemu ya 5: **Umri wa kuanza kununua ngono** **Ebu sasa tuone ni kwa umri gani watu wanaanza kununua ngono**		
25	Je unakumbuka ulianza kununua ngono ukiwa na umri gani?	1. Umri..... 2. Sikumbuki
26	Je unakumbuka mara ya kwanza ulinunua ngono ya aina gani?	1. Kinyume na maumbile 2. Kwa kutumia ukeni 3. Mdomo 4. Punyeto 5. Sehemu nyingine **7Amekataa kujibu**
27	Je unakumbuka mara ya kwanza uliponunua ngono ulifanyia wapi ?	1. Hotelini 2. Mitaani 3. Kwenye danguro 4. Punyeto 5. Sehemu nyengine **7 Amekataa kujibu swali hili**
28.	Je unakumbuka ulilipia kiasi gani cha fedha kwa mshindo mmoja wakati huo?	……..

29	Je kwa kawaida wanunuzi wa ngono wanalipia kuanzia kiasi gani kwa mshindo mmoja?	…….
30.	Je kwa hivi sasa unalipia kiasi gani cha fedha kwa mshindo mmoja?	……
	Sehemu ya 6: **Kutambua hatari ya maambukizi ya VVU kwa wanaume wanaonunua ngono kwa wadada poa wa madanguro**	
31	Je unafikiri umejiweka kwenye hatari ya kupata maambukizi ya vvu kwa kiasi gani?	1. Kikubwa 2. Cha kati 3. Kidogo 4. Hakuna 7 **Hataki kujibu**
32	Je unafikiri kuna umuhimu wa wewe kupima VVU na kujua hali yako ya maambukizi kwa hiari?	1. Ndio 2. Hapana 3. Naogopa Kama ndio jibu swali linalofuata
33	Je unafahamu huduma hizi za upimaji wa VVU zinapatikana wapi?	1. Ndio 2. Hapana
34	Je ulishawahi kupata huduma hizi za upimaji wa VVU kwa hiyari yako?	1. Ndiyo 2. Hapana Kama ndio jibu swali lifuatalo
35	Je mshauri alikueleza majibu yako? Kama ndio samahani usinieleze aina ya majibu ulioambiwa.	1. Ndio 2. Hapana

Asante sana kwa ushiriki wako

Appendix VI: Ethical Clearance - MUHAS

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

Directorate of Postgraduate Studies

P.O. BOX 65001
DAR ES SALAAM
TANZANIA.

Website: http://www.muhas.ac.tz

Tel: +255-(0)22-2150302 Ext 207.
Tel (Direct): +255-(0)22-2151378
Telefax:255-(0)22-2150465
E-mail: dpgs@muhas.ac.tz

Ref. No. MU/PGS/SAEC/Vol.XVI/30

19th December, 2015

Ms. Lilian Msaki
MPH-Executive Track
MUHAS.

RE: APPROVAL OF ETHICAL CLEARANCE FOR A STUDY TITLED: "PERCEIVED RISK OF HIV INFECTION AND MOTIVES FOR BUYING SEX AMONG CLIENT OF BROTHEL FEMALE SEX WORKERS IN DAR ES SALAAM, TANZANIA"

Reference is made to the above heading.

I am pleased to inform you that, the Chairman has, on behalf of the Senate, approved ethical clearance for the above-mentioned study. Hence you may proceed with the planned study.

The ethical clearance is valid for one year only, from 17th December, 2015 to 16th December, 2016. In case you do not complete data analysis and dissertation report writing by 16th December, 2016, you will have to apply for renewal of ethical clearance prior to the expiry date.

Dr. E. Balandya
DEPUTY DIRECTOR, POSTGRADUATE STUDIES

cc: Director of Research and Publication
cc: Dean, School of Public Health and Social Sciences

Appendix VII: Permit Kinondoni

KINONDONI MUNICIPAL COUNCIL

ALL CORRESPONDENCES TO BE ADDRESSED TO THE MUNICIPAL DIRECTOR

Tel: 2170173
Fax: 2172606

In reply please quote:

Ref. KMC/F.6/5



MUNICIPAL DIRECTOR
KINONDONI MUNICIPAL COUNCIL
P. O. BOX 31902
2MOROGORO ROAD
14883DAR ES SALAAM

Date 27/01/ 2016

Lilian Msaki,
Muhimbili University of Health and Allied Sciences,
P. O. Box 65001,
DAR ES SALAAM

RE: **RESEARCH PERMITT**

Refer to the above heading.

I am pleased to inform you that your above request has been considered by the Municipal Director, and has offered you a place to conduct research.

Upon receipt of this letter, please report to the **Ward Executive Officer - Tandale, Mwananyamala and Msasani** for commencement of your research.

During the period of research you are required to obey the rules and regulations of the institution as they will be defined by the supervisor of the research.

Hoping to see you soon

.....
A.B. Tutuba
For: **THE MUNICIPAL DIRECTOR**
KINONDONI

For: MUNICIPAL DIRECTOR
KINONDONI MUNICIPAL COUNCIL
DAR ES SALAAM

Copy : Director,Post Graduate Studies,
Muhimbili University of Health and Allied Sciences,
P. O. Box 65001,
DAR ES SALAAM

Appendix VIII: Permit Temeke

TEMEKE MUNICIPAL COUNCIL

[All letters should be addressed to the Municipal Director]

Tell: +255 22-2851054
Fax: +255 22-2850640
E- mail: temekemanispaa@tmc.go.tz
website: www.tmc.go.tz

P.O.Box: 46343,
Mandela Road
DAR ES SALAAM,
TANZANIA.

Ref. No. TMC/MD/ U.21/30

Date: 28.06.2016

WEO MIBURANI AZIMIO TARDIKA
TMC

RE: RESEARCH PERMIT Ms LILIAN MSAKI

Please refer to the heading above

This is to inform you that, permission is granted to the above mentioned student/Researcher from MUHAS to conduct research on PERCEIVED RISK OF HIV INFECTION AND MOTIVES TO BUYING SEX case study of TEMEKE MUNICIPALITY
This permit will effect from the date of this letter.

Please give with necessary assistance.

Mbelle MBE
For: MUNICIPAL DIRECTOR
TEMEKE

For: MUNICIPAL DIRECTOR
TEMEKE

Copy to: - Student/Researcher Ms LILIAN MSAKI

From MUHAS

Appendix IX: Permit - Ilala

The United Republic of Tanzania

Prime Ministers' Office

REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT

ILALA DISTRICT
Phone Address:

Phone No: 2203185/2203182

In reply quote: **Ref. No:** AB.60/87/01/

[redacted]
ILALA

DISTRICT COMMISSIONER'S OFFICE
ILALA DISTRICT
P. O. Box 15486,
DAR ES SALAAM

Date: 29/11/2016

RE: RESEARCH PERMIT

~~Prof./Dr./Mr./~~Mrs./MS./Miss: LILIAN MSAKI,
from The MUHIMBILI UNIVERSITY, she/he has been permitted to undertake a field work research on "PERCIVED RISK OF HIV AND MOTIVES OF BUYING SEX AMONG RECIENTS OF SEX WORKERS – DSM"

The case study at Ilala District from 10/2/2016 *to* 10/3/2016

Therefore, you are asked to give the said researchers necessary assistance and Cooperation.

District Administrative Secretary
ILALA

Copy: LILIAN B. MSAKI Mny: KATIBU TAWALA (W) ILALA

Principal/Vice Chancellor,
MS A NDYEKIZA
DIRECTOR OF POSTGRADUATE STUDIES