

PROSTITUTES AND THEIR CLIENTS: A GAMBIAN SURVEY

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Abstract—The social backgrounds and working behaviour of 248 prostitutes in urban and rural areas of The Gambia were investigated. Prostitutes were found to be highly mobile, moving frequently between a number of working locations in The Gambia and neighbouring Senegal, from which most of them originated. The educational level of prostitutes and the standard of living of their natal families were above average. Prostitutes worked on average four days a week and had between two and three clients a night. Condoms were used in up to 80% of contacts. 795 clients of prostitutes were interviewed and found to be on average of low educational and occupational status. Half were non-Gambian and most were currently travelling or living away from home.

INTRODUCTION

It has been suggested that the term prostitution is not widely applicable in Africa [1, 2]. The 'free woman' serving as concubine or mistress to several men does not fit the pattern of the prostitute engaging in brief sexual encounters that preclude emotional intimacy [3]. Nor, it is argued, can women who combine the sale of sex with other lines of work, or resort to it occasionally for specific, short-term ends, be said to be practising prostitution as a profession [4–11].

In The Gambia, however, there exist easily identified groups of women who are primarily or wholly dependent on the indiscriminate sale of sex. They call themselves *chagga* in Wolof, one of the main languages of the Senegambian region, a term which English and French speakers among them translate as *prostitute* and *prostituée*. They live and work in compounds well known to local people, that usually include a bar. They are highly mobile, moving frequently between a number of centres in The Gambia and neighbouring Senegal. Comparable examples of what may undoubtedly be called prostitution have been described in Nigeria, Tanzania and elsewhere in Africa [9, 12, 13].

In Africa HIV infection is transmitted mainly by heterosexual contact. Several studies have shown high levels of seropositivity among groups classed by epidemiologists as prostitutes [14–16]. If prostitution has played an important role in the spread of HIV infection across Africa, an understanding of the lives, work patterns and clientele of the women involved may contribute to its containment. The present paper reports an in-depth study of prostitutes and their clients in The Gambia, a country with a relatively low prevalence of HIV infection in the general population at present but an appreciably higher rate among

prostitutes. A serosurvey conducted in 1988 showed an overall prevalence of 1.6% seropositivity for HIV-2 and 0.1% for HIV-1 infection [17]. Among prostitutes the rates were 25% and 1% respectively. In 1989 the percentage of prostitutes infected with HIV-2 remained the same but the figure for HIV-1 and dual infections had risen to 7% [18].

Prostitutes in The Gambia cater mainly to the common man, not the rich and privileged, an important consideration in view of the distribution of HIV infection. The serosurvey showed prevalence among men with secondary education and white-collar jobs to be lower than average, a pattern at odds with that of other African countries, in which the well-educated professional classes have been shown to be particularly at risk [19]. Certain other occupational groups in East and Central Africa have also been shown to have a high risk of infection, notably truck drivers and migrant workers on mines [20, 21].

Prostitution is by no means a prominent feature of Gambian life. It occupies much the same position as in European countries—a low-life scene that people know exists, but with which the majority have no direct contact. In adjacent Senegal prostitutes are registered and required by law to report for medical examination every two weeks, a system that has the advantage of providing opportunities for health education and the distribution of condoms. In The Gambia prostitution is illegal, and the bars in which prostitutes are known to gather are liable to police raids. Non-Gambian prostitutes (the majority) are then deported and sometimes fined, but they are usually working again at a different location within a few days. In recent years the development of tourist hotels on The Gambia's Atlantic coast has created a small sector of expensive, high-class prostitution that has little overlap with local life and was therefore excluded from the present study.

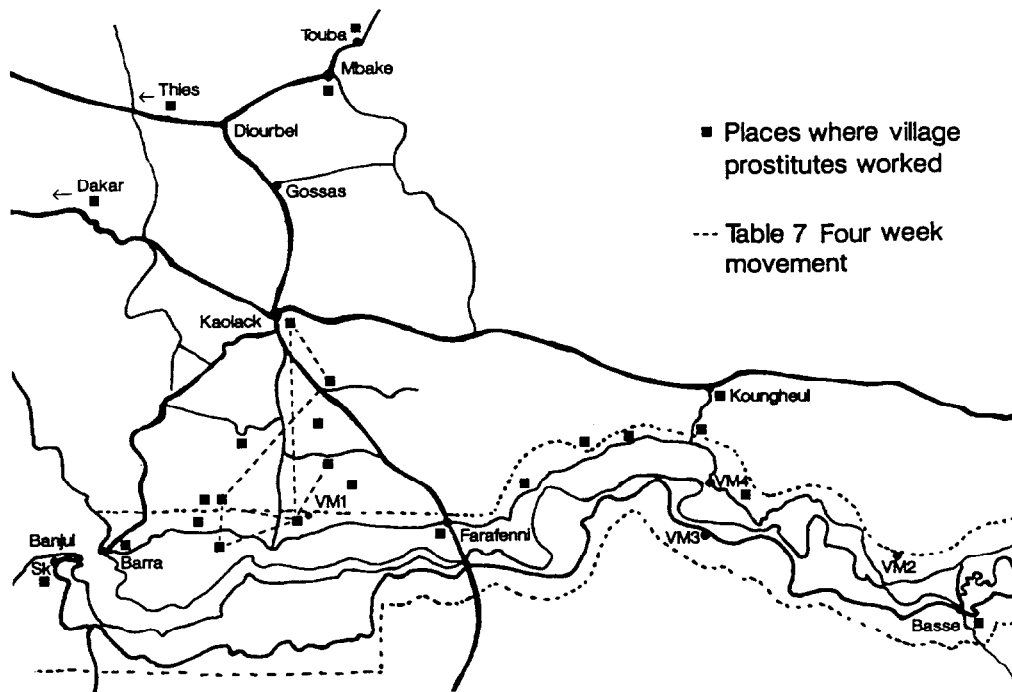


Fig. 1. Study sites including markets visited by prostitutes in the Gambia and Senegal.

CHOICE OF STUDY SITES (SEE FIG. 1)

It was decided to look at prostitution in The Gambia's main coastal urban area and in an up-country town, shown by the 1988 serosurvey to have a higher than average prevalence of HIV infection.

The growth of the capital of The Gambia, Banjul, has been restricted by its situation on a small island at the mouth of the river Gambia, surrounded by mangrove swamps. Urbanisation has been concentrated in an area fifteen kilometers to the south, where several traditional residential areas have spread to form one large conurbation, known as Serekunda. The likelihood of long term co-operation on the part of the owner was a factor in deciding which Serekunda bars to include in the study. Following visits to a number of establishments two bars were eventually selected, one simple and cheap, the other slightly up-market with music and dancing.

Farafenni, the second principal study area, lies on the Transgambian Highway, the road linking northern and southern Senegal that meets the River Gambia at a ferry-crossing about 200 km east of Banjul. Located on the north bank of the river, the economy of Farafenni is based largely on trade, not always strictly legal, with Senegal and countries further afield, such as Guinea, Guinea-Bissau, Mali and Mauritania. The population is heterogeneous and mobile, with a high proportion of short-term visitors in the trading (dry) season. The study in Farafenni also focussed on two bars.

The mobility of prostitutes emerged as a major consideration. In the course of the research it was

learnt that some prostitutes travelled to the weekly village markets (known as *lumoyi*) that serve the trade and shopping needs of the rural population in certain parts of the country, notably on the north bank of the river Gambia. One of The Gambia's weekly village markets, situated an hour's drive west of Farafenni, close to the border with Senegal, was included in the study. Three other village markets were visited on several occasions. Basse, a town at the eastern end of The Gambia was included in the study for a period of three months.

METHODOLOGY

Prostitutes living and working at the bars chosen were contacted individually and asked if they would like to join the study. Some were reluctant at first but the majority soon became enthusiastic participants. Free condoms were distributed regularly and the prostitutes and men working at the bars offered free treatment at the Medical Research Council outpatient department. Women enrolled in the study were not tested for HIV infection, the health status of prostitutes being the subject of a separate MRC investigation [18]. A total of 248 women participated with recruitment continuing throughout the fourteen-month period of the study (March 1989–April 1990). Questionnaires, sexual contact diaries, observation and in-depth interviews were employed to generate as complete a picture as possible of the lives of prostitutes.

The questionnaires, administered to each participant immediately on her enrollment in the study, were designed to provide information on demographic variables, family and marriage histories, ambitions and on sexual behaviour with clients and boyfriends. In common with other studies it was found that questionnaire data on clandestine or illegal activities was liable to be vague or misleading [22]. Prostitutes generally gave false names and replied with straightforward lies to questions on abortion and drug use, for instance. But questions on family history and background also elicited a high proportion of fiction, or at least imaginative elaboration. The younger prostitutes told sad tales of dead, missing, old or crippled parents, and spoke of struggling to support dependent brothers and sisters. Older women related histories of divorce and the sudden death of husbands leaving them with young children to bring up. Closer acquaintance with the respondents suggested such stories could not be trusted. In fact none of those investigated was found to be true. One middle-aged woman wept as she told a particularly tragic family history. But the following day another woman produced a rather similar story, and it was found both were variations on the plot of a film that had recently been shown nearby. Many of the prostitutes later gave accounts of themselves quite different from those they had initially provided for the questionnaire.

After enrollment each woman appeared in the study's records as long as and whenever she worked at one of the bars being monitored—not necessarily that at which she had first been contacted. Local fieldworkers used prepared forms to record on a daily basis details of every sexual contact, including price charged, whether a condom was used and type of relationship (boyfriend, regular or casual client). The 'diaries' thus compiled for each participant, though kept by fieldworkers and simpler in content, followed the same principles as those that have been used in studies of homosexual behaviour [23]. They generated data not only on sexual contacts over a period of time but also on travel patterns, and provided a context for regular meetings and interviews with the women. Diary data was not obtained from the 36 women recruited at village markets and seen thereafter only once a fortnight at most, nor from a further 21 women who stayed only two or three days at any of the bars.

With data being collected daily by two fieldworkers, who knew the women individually, and who were in a position to observe their daily activities, the diaries almost certainly gave more accurate quantitative information on prostitutes' work than the initial questionnaire. Some problems with questionnaire replies derived not from untruths or story-telling but from the difficulty of providing accurate answers to certain questions, such as those dealing with the frequency of regular activities. As in other studies of HIV transmission, the questionnaire asked prostitutes how many clients they averaged each day [15, 16,

24, 25]. Subsequent monitoring showed respondents tended to overestimate the number of clients. A study of couples attending a fertility clinic in the United States found a similar discrepancy in the frequency of coitus recorded by questionnaires and diaries [26]. Work by Conrath *et al.* comparing diary and questionnaire data showed diaries to be consistently more accurate [27]. Prostitutes in their questionnaire replies also tended to overstate the prices they charged, perhaps wilfully given that a certain amount of status attached to charging high prices and that in some bars the women had agreed a minimum price below which they might not want to admit they had accepted clients.

Sixteen prostitutes who were relatively stable, or regular in their patterns of movement, were asked to participate in daily economic monitoring. Every day for a period of four weeks they recorded all income, from whatever source, and expenditure. This provided a further check on numbers of clients and prices charged, and proved useful in building up a picture of the social situation and economic standing of prostitutes. It also put paid to some further common questionnaire statements—that women were practising prostitution only as a short-term means of acquiring the capital to start a business, for example.

The study gathered information on the clients of prostitutes. Since men could be identified as clients only at the time of contact with a prostitute, data had to be obtained by brief interview as they left the prostitute's room. This aspect of the research proved particularly difficult due to the lack of lighting in the areas of the rooms, the availability of more than one exit, and the likelihood of several clients emerging from different rooms at the same time. Furthermore some prostitutes at first instructed their clients not to talk to us. It emerged that they did not want the men to tell us how much they had paid, for fear it would become known that they had been charged less than the bar's agreed price. The problem disappeared as the women realised that we kept all information confidential and that participation in the study brought worthwhile benefits. Then they usually asked their clients to speak to us and to provide a saliva specimen for HIV testing. Surprisingly few declined. The accuracy of the short anonymous questionnaire administered to clients cannot be verified. It covered only the basic demographic variables, price just paid and whether a condom was used.

Clients were tested for their HIV status. It was not practical to collect venous or finger prick blood in the bars. Lighting was inadequate, there were no stable surfaces or privacy and many men were drunk. Clients were therefore asked to provide a saliva specimen using a salivette. This has been shown to be a reliable method of testing for HIV-1 [28, 29] and has been tested against results obtained from blood tests for HIV-2 in The Gambia [30].

It was unnecessary to record the type of sex taking place. Informal discussion with prostitutes and men

in the bars had established that sexual contact was almost invariably confined to straight-forward vaginal intercourse, with little in the way of manual stimulation or other preliminaries. Only twice did we hear of anything different being demanded: one of the rare European clients had two girls at the same time and on one occasion a young local man wanted manual stimulation only.

THE BARS

The two bars regularly monitored in Serekunda, the main coastal conurbation, will be referred to as SK1 and SK2. The more expensive SK1, well known to local people, taxi-drivers and visitors to the area, was prominently situated on a main road by the market area of Serekunda. SK1's main building included a bar, a small restaurant and a dance-floor with sound-system and flashing lights, kept going by a generator when the public electricity supply failed. Outside were eleven rooms available for rent at D25 per night*. The prostitutes spent most of their working hours inside the main building, awaiting clients. The proprietor of SK1 allowed no drugs other than alcohol to be sold or consumed on the premises. Several male staff were employed to look after the music and generator, to check admissions, and to serve in the bar and restaurant. On Fridays and Saturdays men entering after 10 p.m. paid a D5 admission charge. There was a very high turnover of women in SK1, it being the first port of call for prostitutes from Senegal who were not familiar with the coastal area. There was no organisation and often little rapport between the women who lived and worked there.

SK2, located in a residential area off the main road, was not so easily found by people unfamiliar with Serekunda. It looked much like any other Gambian compound, with two or three rooms merged to form a bar that served both commercially bottled and home-brewed alcoholic drinks. Dealers in marijuana and other drugs could be found on the premises, though this trade was not condoned by the owner. SK2 had no covered meeting-area, no food available and no electricity, music being provided by a stereo cassette-player powered by a car battery and lighting by a few hurricane lamps. Ten rooms, provisioned daily with clean sheets and candles, were rented to prostitutes at D25 per night.

The atmosphere at SK2 was noticeably more cordial than at SK1, with the women sometimes cooking for each other and keeping in touch with past residents. Nearly all patrons at SK2 were Gambians with no more than primary education, whereas SK1 attracted visitors from Senegal, Guinea and other West African countries, and sometimes non-West Africans, extending to the occasional European and Chinese. Drunkenness among the customers was

rare at SK2 but not infrequent among the wealthier and less predominantly Muslim patrons of SK1. Drunkenness and brawling among the prostitutes were common at all the bars.

Activities at two other bars in Serekunda were monitored from time to time when prostitutes from SK1 moved to them. One was situated near SK1 and offered a similar but more relaxed atmosphere, with local and imported drugs commonly available. The other, a more European-style bar in the same general area, with only two rooms rented to prostitutes, was frequented by men from educated and professional backgrounds.

In Farafenni, the other main study area, the more expensive of the two chosen bars, to be called FF1, was situated on the main road. It had a bar, electricity and music and was patronised by officers and men from a nearby army camp, and by traders and businessmen, many of them non-Gambian. It was run by a forceful woman who kept tight control on everyone living and working there.

FF2, owned and run by a late middle-aged couple from Guinea-Bissau, was less conspicuously situated. It had no electricity, no bar and no dance area. The owners periodically brewed and sold local spirits and a number of male residents of the compound traded in local and imported drugs, especially marijuana and a benzo-diazepine known as 'rose', from its brand name, Rohypnol. Early in 1990 a series of police raids on FF2 resulted in most of the drug dealers and prostitutes moving elsewhere. By the end of the year the compound was almost deserted but early in 1991 a new group of women took up residence.

Since prostitutes in Farafenni moved frequently from one place of work to another nearby, a number of other compounds became incorporated in the study. In the Farafenni bars prostitutes waiting for clients generally sat outside their rooms, some of which opened directly on to the street, or by compound entrances. All rooms in Farafenni cost D10 per night.

The weekly village market at which prostitutes were monitored regularly will be called VM1. The market occupied a clearly defined area at the edge of the village. At the furthest point from the village, past a butcher and shacks selling cooked food, on the road leading to Senegal, stood several small bars from which Senegalese beer, Spanish rosé wine, palm wine and local spirits were sold. By the bars were a number of grass shacks which prostitutes rented for D10 per day. Their position at the edge of the market symbolised the marginal status of alcohol and prostitution in this society. The nineteen women recruited into the study at VM1 were extremely mobile, many of them travelling regularly from one village market to the next. Their activities were monitored every fortnight—every other market day—over a nine month period. As their sexual behaviour could not be monitored on a daily basis they were asked each time they appeared at VM1 where they had slept the previous seven

*\$1 = 8 Dalasis.

Table 1. Ethnic group and origin of prostitutes in The Gambia compared with that of the general population

	Gambia	Senegal	Other	Total	Gen. population
Mandinka	4	9	5	18 (7%)	251,997 (40%)
Wolof	6	52	1	59 (24%)	91,004 (14%)
Fula	3	65	7	75 (30%)	117,092 (19%)
Serere	4	53	0	57 (23%)	5032 (2%)
Other	5	21	13	39 (16%)	158,714 (25%)
Total	22 (9%)	200 (80%)	17 (11%)	248	623,839

nights, which provided data on the migration patterns of prostitutes who frequent village markets. Prostitutes were also monitored at three other village markets included in the study for a combined total of 12 weeks—VM2 on the Senegalese border north of Basse; VM3 on the main south bank road; and VM4 on the north bank road (see Fig. 1).

SOCIAL PROFILE OF THE PROSTITUTES

It was found that few of the prostitutes in The Gambia were actually of Gambian origin—only 9% of those monitored in the course of the study. The great majority came from Senegal (80%); a few were from Guinea Bissau (7%), and the remainder from other West African countries such as Mauritania, Mali and Guinea. It is not surprising, therefore, that the ethnic composition of prostitutes differed from that of the Gambian population as a whole. Most were Fula (30%), Wolof (24%) or Sererer (23%)—groups which account for 19%, 14% and 2% respectively of the general Gambian population [31]. Only 7% of the prostitutes in the study were Mandinka, the largest ethnic group in The Gambia (40% of the population). This may reflect the lower percentage of Mandinkas in Senegal and perhaps also their tighter, more traditional family structure (Table 1). With the exception of those from Guinea Bissau all the prostitutes were from Muslim backgrounds.

Without exception all the prostitutes stated that they had started prostitution as an alternative to destitution or to prevent their children or young siblings becoming destitute. This is an explanation readily accepted in both Western and African societies [10, 32–37], but it was not generally borne out by the present study. The great majority of the prostitutes working in The Gambia, especially the younger ones, were, in local terms, by no means destitute. Few appeared to have been rejected by their families. When the mother of a young Senegalese prostitute arrived one evening at SK1 from Dakar, looking for her daughter and hoping to take her home, the girl concerned climbed over the back wall and hid in a neighbouring compound.

Most prostitutes from Senegal made regular trips to see their families. We joined some on a number of occasions, visiting families in Dakar, Kaolock, Gossas, Rufisque and Diourbel. Most enjoyed a higher than average standard of living, with the urban families living in well-furnished cement block houses, equipped in some cases with electricity, refrigerator,

television and hifi equipment. The rural families were not impoverished. Their well-being and warm welcome for the visiting daughter proved she had not faced a dramatic choice of prostitution or poverty.

The majority of the 22 participating Gambian prostitutes preferred at first not to tell us from where in the country they came, but most were eventually more forthcoming and several also invited us to join them on visits to their families. The families of Gambian prostitutes were generally at the lower end of the economic scale. One girl's mother was herself an ex-prostitute who had moved into bar-keeping and liquor-brewing at the village market VM1. Another came from a very poor family in Serekunda, while others were from rural areas and had left home to avoid the drudgery of farming and domestic work or an unwelcome marriage. The prostitutes from Guinea-Bissau, who worked mainly in Farafenni and the lower class bar (SK2) in Serekunda, rarely returned home. Most came from the capital, Bissau.

The educational level of prostitutes was higher than that of Gambian women generally, 89% of whom have had no education at all [31]. Over a third of prostitutes had at least primary education and 14% some secondary or higher education. Nearly all prostitutes were able to speak some French; those with secondary education were fluent and often had qualifications for office work (Table 2).

The age range of prostitutes was 15 to 52, with a mean of 27.8 years. The majority (71%) were divorced with 18%, mainly the younger, never having been married; the remainder were either widows or still married (Table 3). Twenty-five percent of the divorcees had had more than one husband. The most common reason given for divorce was domestic incompatibility, followed by desertion by the husband.

At the time of initial interview 143 women (57%) said they had 'boyfriends', a word the English speakers used to translate two Wolof terms—*far* and *xale*. *Far* referred to a multiplex relationship between partners of roughly equal social status. Men designated *far* were likely to be skilled workers, drivers, barmen or unemployed (Table 4). The relationship could be

Table 2. Origin and educational status of prostitutes

	Gambia	Senegal	Other	Total
None	14 (64%)	132 (66%)	11 (42%)	157 (63%)
Primary	6 (27%)	43 (22%)	8 (31%)	57 (23%)
Secondary +	2 (9%)	25 (12%)	7 (27%)	34 (14%)
Total	22 (100%)	200 (100%)	26 (100%)	248 (100%)

Table 3. Age and marital status of prostitutes

	Single	Married	Divorced	Widowed	Total
15-24	28 (64%)	6 (35%)	55 (31%)	0	89 (36%)
25-34	15 (34%)	8 (47%)	75 (42%)	4 (40%)	102 (41%)
35-44	1 (2%)	2 (12%)	39 (22%)	4 (40%)	46 (19%)
45+	0	1 (6%)	8 (4%)	2 (20%)	11 (4%)
Total	44 (18%)	17 (7%)	177 (71%)	10 (4%)	248 (100%)

Table 4. Occupation of 'boyfriends'

Occupation	Frequency	Percentage
Skilled	37	25.8
Trader	31	21.6
Barmen	20	13.9
Military	18	12.5
White collar	16	11.1
Driver	14	9.7
Unskilled	7	4.8
Total	143	99.4

genuinely affectionate or just a passing liason. A substantial number of such boyfriends, possibly a second or third boyfriend, were men who worked at or otherwise haunted the bars, dealing in drugs or making a living by other dubious means. These men regularly had superficial relationships with a number of girls. *Xale*, on the other hand, denoted a long-term, almost exclusively sexual relationship with a man of higher social status. *Xale* relationships were more common with police, military and wealthy traders (Table 4). Prostitutes hoped police and military boyfriends would give them a measure of protection from arrest or harassment. In about one third of cases the boyfriend did not know that the woman worked as a prostitute.

Only two of the 248 prostitutes enrolled in the study seemed to be maintaining relationships of lasting emotional significance. One had taken up prostitution ten years earlier when her boyfriend was jailed for theft. Reunited, she had continued in the same line while he dealt in drugs, between further

spells in jail. The other, from a wealthy Senegalese family, was married to a man who acted as her pimp; he sat outside her room at night collecting money from her clients. Husband and wife were heavy drinkers of *cana*, a locally brewed spirit, and lived in the most squalid circumstances of any of the prostitutes. Both these women had strong but stormy relationships with their men.

Eighty percent of the women had one or more living children, the childless being largely accounted for by younger girls who had not yet married. Children under twelve months of age were generally cared for by the prostitute herself and lived in her room at the bar. Only a third of all children were in the care of the father or his family. The majority were being looked after by the prostitute's family, either her mother or sister, demonstrating again the close relationship between prostitutes and their natal families. Most women made frequent visits home to see their children, but economic monitoring revealed that they distributed little of their relatively high earnings among the family. Even counting school fees, only about 1% of prostitutes' income went to their families and children (Table 5).

It has been found elsewhere in Africa that women who work in prostitution often have other sources of income [4, 9, 35]. Nearly 40% of the women in the survey claimed to have an alternative occupation that they practised at least occasionally (Table 6). Ten per cent traded in goods of some description, mainly petty items bought on a trip to Senegal or elsewhere,

Table 5. Income and expenditure of prostitutes (420 women days)

Table 2: Income and expenditure of prostitutes (100 women days)					
Income			Expenditure		
Source	Amount (D)	%		Amount (D)	%
Sex	35,574	88	Subsistence	8670	24
Work	4380	11	Cloths etc	8200	23
Other	460	1	Rent	6670	19
			Alc/Cigs	3257	9
Total	40,414	100	Investment	2606	7
Per day	96		Debts/theft	2206	6
			Travel	1830	5
			Family	480	1
			Other	1754	5
			Total	35,673	99

Table 6. The Occupations and areas prostitutes worked in

Area	Occupation					Total
	Nil	Cook	Trade	Hair	Other	
Serekunda	57	1	7	8	10	83 (33%)
Farafenni	51	4	6	13	10	84 (34%)
Villages	15	13	6	2	6	42 (17%)
Other	16	8	8	3	4	39 (16%)
Total (%)	139 (56)	26 (10)	27 (11)	26 (10)	30 (12)	248

or acquired by chance, possibly from a boyfriend. A few regularly travelled to Kaolack in Senegal, where they purchased Rohypnol tablets for resale in The Gambia. Several were involved in buying and selling marijuana. One combined prostitution with the cloth trade, making regular trips between Dakar and The Gambia. Those who claimed hairdressing as an alternative occupation generally served other prostitutes living in the same or nearby compounds. For an elaborate style taking all day to create they could charge as much as D150, equivalent to a week's salary for a skilled labourer, though friends would pay much less. One or two prostitutes sold cooked food outside their rooms at the bars when pregnant or not practising for any other reason.

Daily economic monitoring of sixteen prostitutes over a total of 420 days showed prostitutes earned on average D96 per day, the sale of sex accounting for 88% of the total. Such incomes are comparable with those of senior civil servants, who earn between D2000 and D3000 a month. Economic monitoring showed a considerable range of earnings, though patterns of expenditure were similar. The most successful prostitute, a beautiful girl in her late teens, who came from a well-off family in Dakar, made D3640 over a four week period. A much older woman at the other end of the scale, however, made only D420 over the same period [Table 5].

Prostitutes were obliged to pay high rentals for their rooms, up to D25 per day compared with D40 to D50 per month for a comparable room in a normal compound. In some bars, prostitutes occasionally took it in turns to cook the main meal; usually they cooked only for themselves or bought expensive cooked food on the street or at the market. On average, food accounted for nearly a quarter of their expenditure. A further quarter went on clothes and cosmetics, including bleaching creams and hairdressing. Nine percent was devoted to luxury items (mainly cigarettes and alcohol) and 5% to travel costs (Table 5).

Alcohol and drug consumption was high among prostitutes. Seventy percent said they drank commercially distributed alcoholic beverages. Six percent also drank locally produced palm wine or *cana* (a strong spirit). Nearly all smoked cigarettes and 22% admitted to regularly smoking marijuana, which is available very cheaply. Many occasionally indulged in drugs like Rohypnol. A small number mentioned taking harder substances when available.

Prostitutes could usually be found at the small inconspicuous compounds which sold *cana*. Some women combined prostitution with *cana* brewing and distribution, a highly lucrative sideline. One prostitute, for example, invested D400 to buy yeast and a bag of sugar which produced 200 litres of *cana*, which sold at D15 per litre—a return of D3000.

It was as difficult to get reliable information on how long women had been engaged in prostitution as on their reasons for starting. Few admitted to long

term involvement, but casual information from their peers often belied their stories. Asked about their hopes for the future, just over half of the women replied that they wanted to get married and settle down. This was not, however, borne out by their actions. During the study period several men wanting to marry prostitutes were refused as not rich enough, or the woman said she did not want to be tied down. Of the seven prostitutes who did marry during the study, four were divorced within a few months. Those who did not want to marry or remarry wished either to set themselves up in business or to have a job.

No more than 8% of prostitutes said that they were happy in their work and had no intention of changing, but over the fourteen month period of the study only two appeared to make a serious effort to change their way of life. Neither found it difficult to make a new start. One was a young girl who had run away from home in Dakar after a row with her father's new wife. She was obviously scared and unhappy with her position. Within three months she had married a man in Serekunda, settled down in his compound and was no longer seen at the bars. The other was one of the many who claimed to be working as a prostitute only to raise the money to start a business. After six weeks she made enough money to buy a sewing machine and became fully employed as a seamstress.

It has been suggested that in African countries with a marked seasonal pattern of rainfall women who farm in the rainy season may turn to prostitution in the dry, when men are travelling and trading away from home [38]. This was not found to be the case in The Gambia. None of the prostitutes in the study returned home to farm in the rains. In fact similar numbers of women were found working at the four main bars in the rainy season as in the dry (averages of 43 and 39 respectively).

Some prostitutes took a lot of trouble over their appearance, particularly those working at SK1, others none at all. Most wanted to be fat (by Western standards) and regularly asked for vitamin pills, which they believed would help them put on weight. Some of the more sophisticated women scented their rooms by burning a mixture of local herbs and perfumes, known as *nemali*. More attention was spent on appearance when large numbers of clients were expected, such as during festivals. Many wore a string of large beads round their waists which clicked when they moved their hips and were considered highly erotic.

There proved to be little in the way of hierarchy or organisation among the prostitutes. The women at FF2 once started an 'Osusu' fund, a common scheme in which each person in turn collects the sum of the contributions of the others. The level of theft from the fund was such that it quickly collapsed. The mobility and individualism of prostitutes in The Gambia raises little prospect of identifying leaders to assist in health education and condom distribution. At times a charismatic woman would gain a certain

amount of respect from others, but she would soon either move on or lose her influence through excessive use of alcohol or drugs, pregnancy or illness. The woman who ran the Farafenni bar FF1, however, became closely involved in a government health education campaign and the distribution of condoms.

Close or long-term friendships between the women who worked in the bars were rare. Sometimes younger girls who arrived together would support each other and share a room for short periods, but after a few weeks or months they would go their different ways. Fighting and stealing among the prostitutes were common. Superficially, however, they formed a close-knit network and it was never difficult to trace a particular prostitute.

Some village market prostitutes worked exclusively at the markets and had little or no contact with the towns, while others travelled to the markets from urban centres. Women of the former type were generally older, more often from a rural background and had less education, but in other social characteristics differed little from those of the latter. Many earned good incomes from the farmers and traders visiting the markets by combining prostitution on the eve of the market with running a restaurant the following day. They rented small shacks with a room at the back for sex and sleeping and a front veranda for cooking and selling food. The usually younger women from the towns travelled independently to the markets but could always rely on meeting up with other prostitutes and low-life friends, the drug dealers, petty thieves and travelling musicians found at every market. They slept at the bars located on the fringes of the market and rented small grass shacks by the day for their trade. They tended to drink a lot and showed little interest in trading or other economic activities.

MOBILITY

Prostitutes working in The Gambia are mobile, moving generally between a set number of locations within the Senegambian region. Ninety four percent of women enrolled in the study had been to Senegal within the previous twelve months but only 11% further afield, mostly to Guinea-Bissau, Mauritania and Guinea. Only five did not move at all during the fourteen month study period. A further thirteen made only one or two short trips away.

The mobility of prostitutes was looked at in two ways: The first method looked at the total number of days between the first and last date on which prostitutes were monitored in any of the study locations, taking reappearances into account. Of the 23,443 woman-days for which we have records, 8766 (37%) were not monitored, meaning the woman concerned was not at any of the survey locations. On 12.5% of the other 14,677 days the woman was recorded as being at a place other than that at which she was first contacted. This means that prostitutes spent

on average 55% of the time between their first and last appearances in our records at the place of first contact. The average length of each visit was, however, only 27 days. The second method used was survival analysis, which showed that within three weeks of being contacted 50% of prostitutes had moved from the bar at which they were first recorded as working, a figure that rose to over 90% after three months. This analysis does not consider the return of prostitutes to the same bar at a later date.

The women who remained at one place throughout the study tended to have strong local attachments. Two already mentioned had close relationships with a husband and a boyfriend. Another had a long-standing association with the proprietor of FF1; she helped at the bar and took charge when the proprietor was away, while continuing to have occasional clients. A woman living in Serekunda with her mother and small children rented a room at SK1 but did not mix with the other prostitutes and returned home after the night's work. One immobile Farafenni prostitute was simply too heavy a drinker to do much more than sleep all day.

The only prostitute with a fixed travel schedule traded in cloth between Dakar and either Farafenni or Serekunda, spending two weeks in Senegal, two weeks in The Gambia. Most women were opportunistic in their travel patterns, moving to a different bar or town on whim, or following rumours of better business elsewhere, or because friends happened to be going that way. Movements within one town were sometimes initiated by quarrels between women. In the course of one year a prostitute first contacted in Farafenni moved as follows: first to SK1, where she quarrelled with a number of other residents, then to another Serekunda bar. There she became involved in selling marijuana. This new business took her to Barra, a ferry terminal town on the north bank of the river Gambia opposite Banjul. Having moved regularly between Barra and Serekunda for several months, she continued both lines of work, marijuana dealing and prostitution, further afield, first at Kaolack in Senegal, then at Basse at the eastern end of The Gambia. From Basse she moved to Zinguinchor in southern Senegal for two months of the dry season. She then returned to Basse and finally, at the end of the study, to Serekunda. Another woman first contacted in Farafenni moved to Barra on marrying a trader there. After three months she divorced and resumed prostitution first in Kaolack, then again in Farafenni, where she embarked on a relationship with a man living at FF2. Four months later, finding herself pregnant, she tried to rejoin her former husband in Barra but he was not prepared to take her back.

Almost all the women involved in prostitution at the weekly village markets were constantly on the move. Records for 36 village market prostitutes were obtained for a total of 516 woman-days, some being seen almost every fortnight, others only once or

Table 7. The four week travel of one prostitute

Day	Place			
	Week 1	Week 2	Week 3	Week 4
Monday	Kaolack	Menneh	Kaolack	Menneh
Tuesday	VM1	VM1	VM1	VM1
Wednesday	VM1	VM1	VM1	VM1
Thursday	K Jain	K Jain	Kaolack	Prokhane
Friday	K Jain	K Jain	Kaolack	Prokhane
Saturday	VM1	Ndofane	Kaolack	Kaolack
Sunday	Menneh	Ndofane	Menneh	Kaolack

twice. One hundred and sixteen of these days (22%) were spent in the village at which the women were first contacted, the remainder in 25 different locations, most within one day's travel of the original point of contact (see Fig. 1). Although extensive, the movements of village market prostitutes, as indicated by one four week record (Table 7), sometimes followed a fairly regular pattern.

SEXUAL BEHAVIOUR OF PROSTITUTES

The 434 days of the study generated records of 14,677 woman-days. There were no sexual contacts with either boyfriends or clients on 4574 days (37%). On the other 10,103 days individual women had between one and 25 contacts each. There was a considerable range in activity both between women and between the same woman at different times. Thirteen of the 248 prostitutes enrolled in the study had clients on less than half the days they were monitored. Others had at least one client nearly every day. A prostitute can in principle choose whether to work or not, but it was usually impossible to distinguish whether a prostitute's day was contactless through choice or bad luck. A woman would rarely not make an appearance at the bar in which she lived and worked, but some days she would try harder than others to attract men. She might pass the night chatting and drinking with friends without much thought for business. Prostitutes did not generally distinguish days of work and days of rest. Many worked consistently for a few weeks and then slackened off for a while.

The thirteen prostitutes who worked less than 50% of the time monitored were either pregnant for some of the period, had a second source of income, or managed to live off their friends and colleagues much of the time. The woman associate of the owner of FF1 accepted clients only occasionally at a price considerably higher than the normal rate. A pregnant woman at FF2 gave up prostitution for several months but remained at the bar, making a steady income from selling cooked food in the street outside her room. Another FF2 prostitute regularly allowed days to pass without a client, but being young and attractive she could charge high prices when she did get round to working and paid off her debts by buying drinks and cigarettes for the other bar residents.

The women who had clients nearly every day tended to be very matter of fact about their occupation,

charging the same price to every client and doing without boyfriends. One such woman had been in the Guinean army for ten years. Throughout her two and a half months in Farafenni she was never observed to drink alcohol or to waste time chatting with other bar residents. She dressed well, kept her room tidy and did not accept any joking and fooling from clients.

Questionnaire replies gave a mean of 3.8 clients per woman per day. Data from the sexual activity diaries, however, produced lower figures—2.6 clients per day counting only days on which the woman had at least one client, and 1.7 clients per day including all days monitored. The difference in results obtained from questionnaires and diaries is statistically significant ($P < 0.001$).

Some women rarely had more than one or two contacts a night, but others were consistently more active. Twenty-five turned out to be the largest number of contacts recorded in a twenty-four hour period. This was achieved over a festival by a woman in her mid-twenties, a heavy drinker who tended to spend her working days and nights cruising the compounds where *cana* was sold. She was very casual with her services, sometimes charging the standard D10, at other times she accepted no more than a drink, cigarettes or a couple of aspirins.

There was little relationship between age and number of clients; women aged less than 25 years had on average 1.7 clients per day, compared to 1.6 for women over 35 years. Prostitutes did most business during the dry season (November to May), when more men were travelling and trading around the region. It varied little by day of the week, except for a drop on Sundays (from a daily average of 72.6 clients recorded to 64.2). Public holidays and religious festivals showed a marked increase in clients, with an average of 4.9 per woman recorded on Independence Day, 4.8 on New Year's Eve, 4.1 on Christmas Day and Iu-ul Kabir (a Muslim festival), and 3.7 on Koriteh (end of Ramadan)—figures significantly higher than the average of 1.7 on other days ($P < 0.001$).

Of a total of 26,272 sexual contacts recorded, 1374 (5%) were with boyfriends, the remainder with clients. Prostitutes normally waited for potential clients to speak to them, though occasionally they approached wealthy-looking men. The sexual encounter itself occurred without any pretence of enthusiasm on the prostitute's part. Clients and prostitutes rarely exchanged more than the essential minimum remarks, even when they had to wait together outside a room for another couple to finish. Single contacts with clients usually lasted about ten minutes, including the time taken for negotiation of price and use of a condom. Probably few prostitutes learnt their clients' names or would have recognised them afterwards. Six percent of men (1648) remained the whole night with the prostitute. Half these clients had only one sexual contact during the night, a third had two contacts and the remainder between three

Table 8. All night contacts and area (boyfriends and clients)

Area	Single	All night	Total
Serekunda	13,581 (97%)	432 (3%)	14,013 (100%)
Farafenni	9919 (90%)	1155 (10%)	11,074 (100%)
Other	1124 (95%)	61 (5%)	1185 (100%)
Total	24,624 (94%)	1648 (6%)	26,272 (100%)

and five. Seventy percent of all-night contacts were recorded in Farafenni, a border town with a high throughput of travellers (Table 8). Men who stayed all night did not receive any more personal treatment; breakfast, for example, was not provided. Very few women (3%) had sexual contacts during their periods. Those that did always insisted on a condom, so that the client would not know.

At all the bars there was an agreed minimum price—D20 at SK1, D10 elsewhere. Undercutting undoubtedly occurred. When sometimes older, less attractive women were seen to be getting the most clients at SK1, and rumoured to be undercutting, a pretext for a quarrel was soon found and the transgressor driven from the bar. The mobility of rural prostitutes made peer group enforcement more difficult; lower prices were sometimes openly charged at the village markets. On one occasion, after rumours of good business the previous week, an exceptionally large number of prostitutes appeared at VM1. When demand for their services was no more than usual, they were reduced to charging as little as D3 to earn their taxi fares back to their base. Normally, however, there were sufficient clients for most women to stick to the agreed price.

Higher prices were charged when the opportunity arose but with other prostitutes present and available at the negotiating point a woman had to be fairly sure of her ground before mentioning a higher figure. Men from outside the Senegambian region were always charged more, with Europeans in the top bracket (Table 9). A European tourist was once charged D600 at SK1, plus D30 for the condom (which the prostitute had been given free), but such windfalls did not occur often. For several months a group of South-East and Far-East Asian construction workers came regularly to SK1; they were charged D40. Men from Nigeria and East African countries were charged between D50 and D100. At the village market VM1 a young, plainly inexperienced Gambian was charged D80 by a prostitute and teased by all the women afterwards. Prices did not rise over festivals and other periods of peak activity.

Table 9. Mean price paid by men of different national origins (single contact clients)

Race	Total No.	Mean price	SD	Range
Senegambian	23,183	17.9	9.3	3–80
Other African	35	49.2	20.2	25–125
Asian	12	42.0	22.1	30–50
European	20	148.5	81.9	80–600
Total	23,250	18.0		

Table 10. Prices charged and average number of contacts by age group (single contact clients)

Age	Mean price	SD	Contacts/day	SD
<25	23.0	9.2	1.7	1.0
25–34	20.2	5.8	1.7	1.0
>34	15.3	9.1	1.6	0.9
Total	18.0		1.7	

Younger women charged higher prices on average (Table 10), but with individual prostitutes changing their prices according to their current place of work price was also found to be significantly related to bar and location. One woman in her mid-forties, for example, charged a set price of D20 in SK1 but D10 in FF1. In Farafenni and at SK2 (the lower class Serekunda bar) women charged on average D14 compared to D24 at the other bars in Serekunda and in Basse ($P < 0.001$). The mean age of prostitutes at the cheaper bars was 27.9 against 24.7 at the more expensive.

Questionnaire and diary data, analysed for average price, again produced different results. Questionnaire replies (which made no distinction between overnight clients and single contacts) gave a mean of D24, while sexual activity diaries showed a mean of D18 for single contacts (range D3 to D600) and D123 for overnight contacts (range D50 to D500). The diaries indicated that prostitutes were rarely able to raise their prices and that no woman was able to charge more than D25 a single contact on a regular basis.

Clients interviewed after contacts were asked how much they had paid. In 317 cases, when it was known which prostitute they had visited, their replies could be compared with the woman's diary record. In 58% of such comparisons client and prostitute were found to have reported the same price, but in 34% the client had given a lower figure than the prostitute, and in 8% (mainly at the higher class bars SK1 and FF1) a higher price. Clients' replies suggested certain prostitutes had not admitted in their activity diaries that they regularly charged less than their colleagues.

CONDOMS, STDs AND ABORTION

During the study condoms were distributed daily to prostitutes at the bars. Clients and men working in and around the bars were given condoms on request. About three-quarters of the women were already familiar with condoms. Prior to this intervention, some prostitutes, particularly those who had worked regularly in Senegal, where regular medical checks for STDs are mandatory, had bought condoms from pharmacies. Others had relied on clients or had 'borrowed' off friends.

Data from both questionnaires and diaries showed that when condoms were easily available prostitutes used them in 80% of their contacts with clients in urban areas. At the village markets, however, where condoms were more difficult to obtain and many

Table 11. Use of condoms with clients and boyfriends

Type	Condom used	Condom not used	Total
Client	20,944 (80%)	3954 (20%)	24,898 (95%)
Boyfriend	65 (5%)	1309 (95%)	1374 (5%)
Total	21,009 (80%)	5263 (20%)	26,272 (100%)

clients were not familiar with them, they were used in only 53% of contacts. It was not clear to what extent prostitutes used a new condom for each contact with clients who stayed the night and had more than one contact. The data shows that as the number of clients per woman rose condoms were used on proportionally fewer occasions. When prostitutes had eleven or more clients a night, condoms were used on average for only half the contacts. Supplies may have run out or prostitutes become blasé as the night progressed. On the main peak period festivals mentioned earlier, condom usage fell to 58% of contacts. We found, in common with studies of prostitution in Europe, that condoms were rarely used in contacts with boyfriends (Table 11) [39–42].

The overall figure of 80% condom use with clients derived from prostitutes' questionnaire replies and diary-keeping is probably something of an exaggeration. It compares with 61% condom use reported by the 795 clients interviewed immediately after contact. Of the 317 clients whose questionnaire replies could be checked against the corresponding prostitute's diary, 76% gave the same answer as the prostitute on condom use, 22% said they had not used a condom when the prostitute said they had, and 2% *vice versa*. The comparison with clients' replies suggests that prostitutes reported condom use more accurately than price per contact.

Asked in the course of the questionnaire what method of contraception they employed, only 8% of women mentioned condoms, though most had already stated that they used condoms with clients. Asked how they tried to protect themselves against STDs, 33% mentioned condoms. It may be that some respondents thought that with condom use already having been discussed, a different answer was expected to these subsequent questions. The replies suggest that prostitutes associated condoms more with the prevention of STDs than with contraception.

Prostitutes gave a lot of thought to the question of the prevention of STDs. They had all had experience of STDs and frequently found themselves in need of treatment. Sixty-two percent said they inspected their clients and rejected any that showed signs of disease. No prostitute was in fact observed to reject a client for this reason. Thirteen percent said they used antibiotics as a prophylactic, which meant in practice taking one capsule per day of whatever antibiotic happened to be available in local markets. A variety of other preventative methods were mentioned, including douching with disinfectants and wearing ju-jus (charms).

Men working in and around the bars routinely complained of symptoms of STDs, the expression '*daan ma fire*' (literally 'I have been fired') often being heard. Prostitutes' reluctance to use condoms with 'boyfriends' may account for the apparently high incidence of STDs among such men. As many of them have sexual relations with the prostitutes working at the bars, they may be an important conduit of infection. Men at the village markets seemed to suffer to an even greater extent than those in urban areas from the symptoms of STDs, presumably due to their distance from pharmacies or clinics.

In their questionnaire replies 35% of women said they had terminated a pregnancy by abortion at least once in the last five years. A further 27 women were known to have had an abortion during the course of the study. Abortion is illegal in The Gambia and few women were prepared to give information on how or where they obtained them. Younger women and those working predominantly in Serekunda appeared more likely than others to have made use of a recognised hospital or clinic. A number of establishments perform abortions for a fee in the region of D400. Women based in Farafenni and the villages seem usually to have gone to pharmacists or resorted to self-administered methods. One Farafenni prostitute drank washing blue and an infusion of leaves from the neem tree (*Azadirachta indica*) for several days. When this failed to induce an abortion, a pharmacist operated on her with forceps. Three days later, bleeding profusely, she was taken to a health centre.

It was thought that some women may have been using lubricants or stimulants which were abrasive, causing small scratches which might facilitate the transmission of the HIV virus. Many women shaved their pubic hair in the belief that this reduced problems of itching and was attractive to men. Vaseline and a number of oily cosmetics available in local markets were used as lubricants. Stimulants, usually mentholatum, were used only with boyfriends. No quantitative data was obtained: fieldworkers tended to drop questions on these subjects when the principal investigator was not present.

CLIENTS OF PROSTITUTES

The 795 clients interviewed after contact with prostitutes ranged in age from 15 to 60, with a mean of 27.8. Two thirds were single, with 28% married and the remainder either divorced or widowed. Married men were generally older and more frequently found in Farafenni and the village markets. As with the prostitutes, Mandinkas were under represented and Wolofs and Fulas over represented compared with the general population. The majority of Wolofs were from Senegal, while the Fulas originated from all parts of the region (Table 12).

Clients tended to be mobile and to visit prostitutes when away from home. Nearly a quarter of the clients had arrived at the town or village at which they were

Table 12. Ethnic group and origin of clients

Ethnic gp	Gambia	Senegal	Other	Total
Mandinka	170 (38%)	12 (5%)	7 (6%)	189 (24%)
Wolof	103 (23%)	115 (51%)	0	218 (27%)
Fula	73 (16%)	51 (22%)	75 (60%)	199 (25%)
Jola	49 (11%)	20 (9%)	1 (1%)	70 (9%)
Other	49 (11%)	29 (13%)	41 (33%)	118 (15%)
Total	444 (99%)	227 (100%)	124 (100%)	795 (100%)

interviewed within the last week, and almost half within the last month. Only 19% were in their natal area (Table 13).

The educational level of clients was generally low. The majority had no formal education or had attended Koranic schools only. Only 19 of the 795 had received any education beyond secondary school level (Table 14). All occupational categories were represented. A third came from the lower end of the scale—unskilled labourers, hawkers, bar workers, musicians and unemployed, for example. Slightly under another third were skilled workers, such as welders, mechanics and bakers. Thirteen percent were drivers, of both long-distance trucks and local taxis. Nine percent were farmers, all of whom were interviewed at village markets. Men in white collar and military occupational categories accounted for only 8% of the total (Table 15).

Saliva samples for testing were obtained from 558 men. A number failed to produce sufficient saliva, others feared that there might be a drug on the cotton wool they were asked to chew and some thought they could be identified through the tests. Thirty-one of the tested samples were positive for HIV-2, one for HIV-1 and two had dual infection, giving a prevalence of 6%, a figure similar to that found among STD patients attending the Medical Research Council outpatient department [43].

Only one variable was found to have a significant relationship with HIV infection in clients. Men who had just used a condom were more likely to be infected than those who had not ($P = 0.04$) (Table 16). The most probable explanation is that these men were more likely to have made frequent use of prostitutes and to have had previous experience of STDs. They had learnt too late the protective value of condoms. In a pilot questionnaire respondents had been asked how many times they had visited prostitutes in the last six months and questioned on their experience of STDs. But these questions had to be dropped. They caused some resentment and were plainly not being answered truthfully in many cases.

Table 14. Education of clients

	Number	Percentage
None	463	58.2
Primary	147	18.5
Secondary	166	20.9
Tertiary	19	2.4

Table 15. The occupation and origin of clients

Occupation	Gambia	Senegal	Other	Total
Bar/unemp	69 (15%)	58 (25%)	26 (21%)	153 (19%)
Unskilled	52 (12%)	23 (10%)	16 (13%)	91 (11%)
Farmers	31 (7%)	22 (10%)	21 (17%)	74 (9%)
Drivers	75 (17%)	16 (7%)	12 (9%)	103 (13%)
Skilled	141 (32%)	61 (27%)	27 (22%)	229 (29%)
Traders	30 (7%)	27 (12%)	20 (17%)	77 (10%)
White collar	46 (10%)	20 (9%)	2 (1%)	68 (9%)
Total	444 (100%)	227 (100%)	124 (100%)	795 (100%)

Table 16. Use of condoms and HIV status of clients

Condom	HIV		Total
	Pos	Neg	
Yes	26 (7.9%)	304 (92.1%)	330 (100%)
No	8 (3.5%)	220 (96.5%)	228 (100%)
Total	34 (6%)	524 (94%)	558 (100%)

CONCLUSIONS

In The Gambia prostitutes represent an important reservoir of HIV infection, and their considerable mobility means that they are likely to be a significant factor in its spread, particularly through rural areas. The study found the movement of prostitutes was generally confined to the Senegambian region. If they had been travelling to areas of higher prevalence further afield there would be even more cause for concern. Their clients come largely from the surrounding, fairly low prevalence countries.

Interventions to prevent the infection of prostitutes and their clients are likely to succeed only if the inevitability of this profession is accepted. Women do not go into prostitution because it represents the only alternative to destitution. In this area of West Africa, as also in nineteenth century France, for instance, prostitutes come from all sections and classes of society [44]. Certainly some women want and can be helped to find alternative occupations, but their place will always be taken by others. Therefore the education of prostitutes in the risks they face and how best to protect themselves, their clients and boy-friends, represents the most hopeful strategy.

The provision of condoms is at the moment the most effective method of controlling the spread of

Table 13. Length of time clients have been in location where interviewed

Location	<1 week	1 wk-1 mth	1-12 mths	12 mths +	Total
Serekunda	72 (38%)	119 (66%)	106 (76%)	232 (81%)	529 (67%)
Farafenni	75 (40%)	48 (26%)	31 (22%)	48 (17%)	202 (25%)
Villages	42 (22%)	14 (8%)	3 (2%)	5 (2%)	64 (8%)
Total	189 (100%)	181 (100%)	140 (100%)	285 (100%)	795 (100%)

HIV infection. This study has shown that when condoms were easily available prostitutes used them with from 60% to 80% of their clients, a level of use that could almost certainly be increased with a greater effort at training and education. It is equally important to focus educational messages on men who are liable to be clients of prostitutes; in particular men who are mobile and whose work takes them away from home. Attention must also be paid to prostitutes' relations with boyfriends, from the point of view of both the prostitute and the 'boyfriend'.

The supply of condoms to bars in the larger towns should be an easy task, though distribution to village markets might prove more difficult and expensive. Condom use should be promoted heavily by all available means for at least a limited period of time, and local traders encouraged to stock them, with perhaps the men selling cigarettes and other items outside the bars being a target group. If they find a profit can be made from condoms and they are able to obtain regular supplies, they will be well placed to keep both prostitutes and clients in the bars and rural markets supplied.

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