

TRANSACTIONAL SEX AS A RISKY SEXUAL BEHAVIOUR FOR HIV AMONG THE URBAN POOR: A CASE-STUDY OF MUKURU SLUMS IN NAIROBI, KENYA

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Abstract

Transactional sex, i.e., non-marital sexual relationships among friends and acquaintances, is one of the leading pathways through which people acquire the HIV infection. It involves exchanging sex for valuable materials such as money, food, shelter, and clothing. In most cases, transactional sex involves concurrent multiple sexual partners who inconsistently use condoms, thus exposing each other to the risk of HIV infection.

The aim of this study is to examine the factors associated with transactional sex, i.e., passive prostitution, which predisposes individuals to the risk of HIV infection. To realize this objective, we carried out this study among residents of Mukuru slums who had gone to seek voluntary counselling and testing at the Mary Immaculate VCT Centre in Nairobi, Kenya.

This study involved issuing respondents with questionnaires that sought their demographic information, consistency in using condoms, and the kind of gifts they exchanged for sex. From this study, we observed that most respondents exchanged sex for food and money, and that only 25% of them consistently used condoms. We thus concluded that inconsistent use of condoms is one of the risk factors associated with transactional sex that predisposes individuals to HIV infection.

Keywords: Condom use; HIV; Intergenerational sex; Prostitution; Transactional sex; Urban poor

INTRODUCTION

HIV is one of the leading causes of morbidity and mortality. Globally, it is estimated that in 2020 at least 1.5 million people were newly infected with HIV; of which, 1.3 million were adults while 150,000 were children below the age of 15 years. Regionally, sub-Saharan Africa accounted for the 60% of the new cases that were globally reported in that year, of which 670,000 million cases were confirmed in Eastern and Southern African. In Kenya,

where this study was carried out, a total of 33,000 people were reported to have been newly infected with HIV infections in the same year, of which 5200 were children aged 0–14 years while 19,000 and 8,900 were women and men aged 15 years and above, respectively (UNAIDS, 2021).

In 2019, according to the Kenya National Bureau of Statistics (2022), Kenya had a population of 47,564,299 inhabitants, of which 14,835,425 were living in its 372 urban centres. Approximately 4,395,749 people, representing 29.6% of

the urban dwellers, lived in Nairobi City. According to the UN-HABITAT (2007), approximately 60% of the urban dwellers in Nairobi city, live in slums that 'occupy 5% of the total land area of the city'. According to Madise et al. (2012) and Oti et al. (2013), these slums are characterized by high levels of poverty, unemployment, and insecurity, in addition to the unavailability of functional social facilities and amenities such as water and sanitation services.

The prevalence of HIV varies significantly from one geographical location to another as well as from one subpopulation to another. For instance, compared to the general population, the prevalence of HIV tends to be higher among members of subpopulations, such as sex workers, migrant workers, long distance truck drivers, and drug users who inject (Shahum et al., 2022). Geographical locations and subpopulations with high prevalence rates are normally considered 'hotspots' for HIV infections. In phylogenetic studies that involve modelling the HIV transmission, with the intention of understanding and predicting it, such hotspots are considered as sources of HIV infections, from which the virus spreads to susceptible populations (Grabowski et al., 2020). Urban slums are examples of such geographical hotspots, where the HIV prevalence rate tend to be higher compared to non-poor urban neighbourhoods (Magad, 2013). This difference can be attributed to material deprivations that push the urban poor into risky sexual behaviours, that promote HIV transmission, such as unprotected sex, prostitution, multiple sexual relationships, early sexual debut, and teenage pregnancy (Zulu et al., 2002).

Theoretical perspectives

Prostitution is one of the risky sexual behaviours that predispose individuals to HIV, along with coerced sex, and early sexual debut. Prostitution involves the exchange of valuable materials, such as money, food items, alcohol/drugs etc., for sexual pleasure with multiple partners (Fiorella et al., 2015; Keto et al., 2020; Norris et al., 2009). Prostitution can be broadly classified as either active or passive

A) *Active prostitution* is the most common and widely recognized type of prostitution. It involves individuals engaging in sexual activ-

ities with people whom they are not familiar with or have never had prior relationships with. In addition, individuals who engage in this type of prostitution consider themselves as either prostitutes or sex workers. Depending on where prostitutes meet their clients, active prostitution can be further subdivided into either outdoor or indoor. Outdoor prostitution, sometimes referred to as street prostitution, is a type of prostitution where prostitutes actively solicit or meet their potential clients on the streets or other public places such as stadia, clubs, bus stations, concerts, beaches, etc. Most of the individuals who engage in outdoor prostitution come from either broken or poor families. Due to chaos and socio-economic hardships that characterizes such families, most of the individuals who come from such backgrounds engage in this type of prostitution with the aim of raising finances to either meet their basic needs or sustain their drug addictions.

On the other hand, indoor prostitution is a type of prostitution where prostitutes wait or meet their clients in some designated buildings, such as strip clubs, massage parlours, or mega brothels. Strip clubs specializes in selling erotic dances to their clients, while most massage parlours specialize in selling massage therapies that have 'happy endings' i.e., sex after massage sessions. In countries where prostitution is illegal, owners of massage parlours bill their patrons for massage therapy sessions but ask them to give negotiated 'tips' for 'happy endings'. Mega brothels, on the other hand, specializes in selling sex or services associated with sexual activities, such as rooms, sex videos, and drinks (Kopiniec, 2020; Neszméry, 2019; Nowak and Kopsztein, 2009). In addition, there are other indoor prostitutes who specializes in selling escort services to elite members of the upper social class. Their escort services entail being called to offer sexual services in either their clients' homes or in some reserved hotel rooms (Ondrášek et al., 2017). Apart from selling sexual services, prostitutes who specializes in escort services, in some arrangements with their clients, may also offer the impressions of love and affection, such as pretending to be their clients' 'boyfriend/husband' or 'girlfriend/fiancée'. These acts may involve prostitutes spending several days to months, at a fee, while attending to the emotional needs of

their clients, such as going out with them to dance/dinner parties etc.

B) *Passive prostitution*, sometimes referred to as transactional sex, 'survival sex', or friendship with 'benefits', is a less visible type of prostitution that exclusively takes place between people who are familiar with each other, such as friends, neighbours, colleagues, and old schoolmates, etc. These individuals engage in non-marital sexual relationships that involve the exchange of either monetary or non-monetary materials for sexual pleasure. Widespread poverty and limited employment opportunities are some of the forces that push individuals with little or no income into this type of prostitution (Lehmiller et al., 2011; Luke, 2006; Luke et al., 2011; Zamudio-Haas, et al., 2021). According to Dunkle et al. (2004), examples of such non-marital sexual relationships include those that take place between; (1) dating partners, where gifts are used as payment for sexual activities, (2) non dating partners such as those who engage in extra marital affairs (including sugar daddies, sugar mommies, and sugar-babes), and (3) one-off sex for purpose of saying 'thank you' to friends for little favours such as being offered: free drinks in a pub, soft loans / financial assistance, job positions/promotions, somewhere to spend a night, etc. Although activities associated with passive prostitution can appear similar to those of active prostitution, i.e., exchanging sex for valuable materials, what differentiates it from the latter is that individuals who participate in passive prostitution don't consider themselves as prostitutes or buyers of sex. Instead, they prefer to call themselves using various fancy names such as '*sponsors and side chicks*', '*blessers and blessees*', to mention but a few. In addition, unlike active prostitution where its participants exclusively exchange sex for money, participants in passive prostitution also exchange sex for other valuable materials other than money, such as food, shelter, clothing, and financial/emotional/social support (Mampane, 2018; Stoebenau et al., 2011; Zamudio-Haas et al., 2021).

There are two theoretical perspectives through which transactional sex can be examined. The first theoretical perspective, views transactional sex as a type of market, where individuals sell and buy sexual pleasure. In

this market, buyers consider themselves as 'gift-givers' while sellers of sexual pleasure as 'gift receivers'. In this market, 'recipients of gifts' are usually expected to reciprocate by giving in to the sexual demands of the 'gifts-givers'. The second theoretical perspective opposes the existence of a sex market, it proposes that 'gifts' which individuals give to their sexual partners are only meant to reaffirm their commitment to a relationship (Luke, 2006). Although these two perspectives contradict each other, what is certain is that transactional sex involves multiple sexual partners, which is considered as one of the pathways through which people acquire HIV. In this study, our main objective is to examine some of the risk factors associated with transactional sex that predispose individuals to acquiring HIV infection.

MATERIALS AND METHODS

Study participants

The study participants were heterosexual couples of reproductive ages who reside in Mukuru Slum. Mukuru slum is one of the largest slums in Kenya, that is located within the industrial area of Nairobi. It is divided into over 30 small villages which have names and boundaries that keep on changing from time to time. Some of the oldest villages that have maintained their names over a longer period of time are *Kayaba*, *Fuata Nyayo*, *Lunga-lunga*, *Kwa Ruben*, and *Kwa Njenga*. A good proportion of the current residents of these villages are children and great grandchildren of the former employees of the Kenya Railways Corporation, the defunct Kenya Posts and Telecommunications Corporation, and the defunct City Council of Nairobi.

Data collection

Data for this study was collected, between February 2021 to April 2022, from the residents of Mukuru slums, in Nairobi Kenya, who had gone to seek HIV Voluntary, Testing and Counselling (VCT) services at the Mary Immaculate VCT Centre. We purposively chose Mary Immaculate VCT Centre, over other centres, because of its strategic location to Mukuru slum. It is geographically located on the main road that leads to the western part of Mukuru slum. We employed a systematic

random sampling technique to enlist respondents into this study. The technique involved enrolling every 5th couple in a non-marital sexual relationship who had sought VCT services in this centre. This continued until a sample frame of 280 couples had been reached. At the end of the sampling, we had a total of 56 couples. From each of the 56 couples we enrolled into the study, we randomly picked one of the partners to respond to our research questionnaires. The process of data collection involved issuing respondents questionnaires that sought information on their age, gender, marital status, level of education, employment status, consistency in using condoms, and whether they had engaged in any form of transactional sex. We only enlisted respondents who had voluntarily agreed to participate in the study and who were residents of Mukuru slum. Those who came for VCT services but were not residents of the Mukuru slum were not enlisted into the study. We also obtained informed consent from all respondents before issuing them with the research questionnaires. In addition, we did not collect respondent's personal information.

Statistical analysis

We carried out statistical analysis at the univariate and bivariate levels. The univariate analysis of data involved analyzing the distributions of variables such as age, gender, level of education, marital status, employment

status, age differences between respondents and their sexual partners, consistency in using condoms during sex, and the types of gifts respondents received in exchange for sexual activities. In bivariate analysis, we performed cross-tabulations and chi-square tests to examine:

- the relationships between employment status and gifts/support respondents received in exchange for sex;
- the relationship between the age differences respondents had with their sexual partners and their consistency in using condoms during sexual activities.

We used SPSS 23 to analyse our research data.

RESULTS

Univariate analysis

Table 1 shows the distribution of the respondents' demographics: (a) most of the respondents, 23.2% ($n = 13$) were aged either between 21–25 years or 36–40 years; (b) 26.8% ($n = 15$) of them were male while 73.2% ($n = 41$) were female; (c) majority of them, 41.1% ($n = 23$) had attained secondary school education, while only 1.8% ($n = 1$) had not attended any formal school; (d) majority of the respondents were married, 30.4% ($n = 17$), followed by 28.6% ($n = 16$) who were divorcees; (e) 33.9% ($n = 19$) were unemployed, while 48.2% ($n = 27$) and 17.9% ($n = 10$) were self-employed and employed respectively.

Table 1 – Demographic distribution of respondents

(a) Age (in years)	<i>n</i> (%)	(b) Gender	<i>n</i> (%)
Below 20	6 (10.7)	Male	15 (26.8)
21–25	13 (23.2)	Female	41 (73.2)
26–30	8 (14.3)	Total	56 (100)
31–35	5 (8.9)		
36–40	13 (23.2)		
41 and above	11 (19.6)		
Total	56 (100)		
(c) Level of education	<i>n</i> (%)	(d) Marital status	<i>n</i> (%)
None	1 (1.8)	Never married	15 (26.8)
Primary level	20 (35.7)	Married	17 (30.4)
Secondary level	23 (41.1)	Divorced	16 (28.6)
Tertiary level	12 (21.4)	Widowed	8 (14.3)
Total	56 (100)	Total	56 (100)
(e) Employment status	<i>n</i> (%)		
Unemployed	19 (33.9)		
Employed*	10 (17.9)		
Self-employed**	27 (48.2)		
Total	56 (100)		

* Earns monthly salary from a formal firm/business/organization.

** Engages in informal small-scale businesses, mostly hawking merchandise.

Fig. 1 shows the distribution of respondents according to the age differences with their sexual partners. Half of the respondents (50%) had an age difference of 6–10 years with their sexual partners, 30.4% of them had an age difference less than 5 years, while 19.6% of them had an age difference equal to or greater than 11 years.

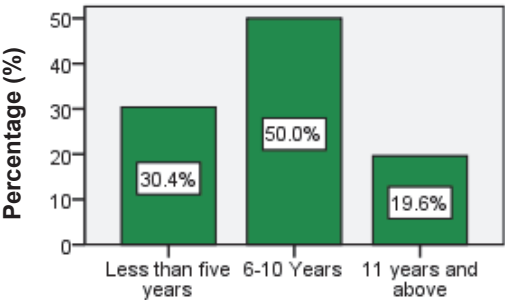


Fig. 1 – Age difference between sexual partners

Fig. 2 shows the distribution of respondents according to their consistency in using condoms. Majority of the respondents (39.3%) did not use condoms at all, 35.7% used condoms inconsistently, while 25% consistently used condoms.

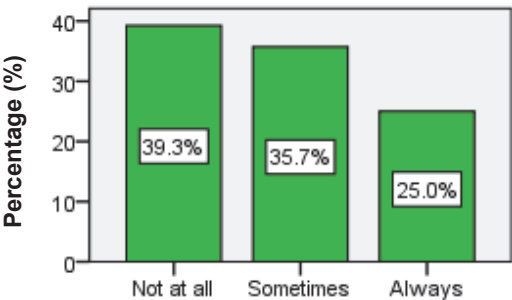


Fig. 2 – Consistency in using condoms

Fig. 3 shows the distribution of respondents according to the types of gifts they received in exchange for sex. Majority of the respondents (32.1%) exchanged sex for financial support, 28.6% for food items such as drinks at a local pub, 16.1% for clothing items including handbags and shoes, 10.7% for shelter i.e.,

somewhere to spend a night, 5.4% for properties such as cars, 3.6% for receiving special favours such as job promotions or car rides, and 1.8% for psychosocial support such as being available to a friend in their difficult moments.

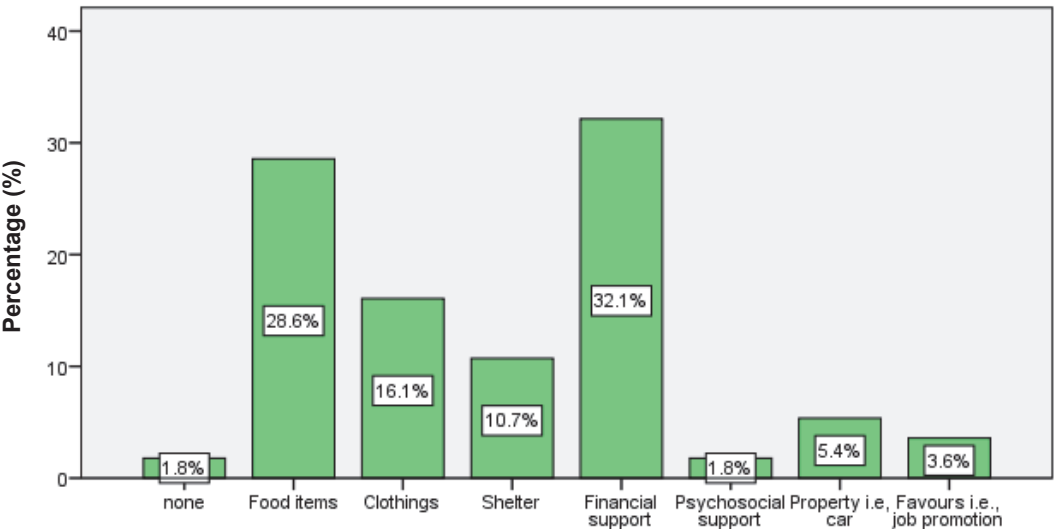


Fig. 3 – Distribution of respondents according to gifts they received in exchange for sex

Bivariate analyses

The first bivariate analysis we performed was on employment status of the respondents and the type of gifts they received in exchange for sexual activities (see Table 2). Our findings showed that, at a more general level (overall total), majority of the respondents, 32.1% ($n = 18$) exchanged sex for money while 28.6% ($n = 16$) did it for food. At a more specific level, majority of the unemployed respondents 36.8% ($n = 7$) exchanged sex for money, 21% ($n = 4$) for clothes and jewellery, 21% ($n = 4$) for shelter, i.e., where to spend a night, and 15.8% ($n = 3$) for food. Among the employed respondents, half of them 50% ($n = 5$) exchanged sex for food, 20% ($n = 2$) for financial assistance, 10% ($n = 1$) for clothes, and 10% ($n = 1$) for shelter. Among the self-employed respondents, 33.3% ($n = 9$) exchanged sex for money, 29.6% ($n = 8$) for food, 14.8% ($n = 4$) for clothes, and 7.4% ($n = 2$) for favours such as job offers or promotions.

The second bivariate analysis we performed was on the age difference between sexual partners and their consistency in using

condoms during sexual activities (shown in Table 3). From the analysis, at a more general level, we observed that 39.3% ($n = 22$) of the respondents had not used condoms during their last three sexual activities, 35.7% ($n = 20$) inconsistently used condoms, while 25% ($n = 14$) consistently used condoms. A closer examination showed that: among the *homogenous age bracket (0–5 years)*, majority of them 52.9% ($n = 9$) had not used condoms at all within their last three sexual activities, 11.8% ($n = 2$) inconsistently used condoms, while 35.3% ($n = 6$) consistently used condoms; among the *intragenerational age bracket (6–10 years)*, majority of them 46.4% ($n = 13$) had not used condoms at all within their last three sexual activities, 39.3% ($n = 11$) had inconsistently used them, while 14.3% ($n = 4$) had consistently used them; Among *Intergenerational age bracket (more than 11 years)*, majority of them 63.6% ($n = 7$) inconsistently used condoms, 36.4% ($n = 4$) consistently used them, while none of them 0% ($n = 0$) had sex without using condoms.

Table 2 – Cross-tabulation of employment status and gifts respondents exchanged for sex

	None n (%)	Food n (%)	Clothes n (%)	Shelter n (%)	Financial assistance n (%)	Property e.g. car n (%)	Favours e.g. job promotion n (%)	Psychosocial support n (%)	Total n (%)
Unemployed	0 (0)	3 (15.8)	4 (21)	4 (21)	7 (36.8)	1 (5.3)	0 (0)	0 (0)	19 (100)
Employed	1 (10)	5 (50)	1 (10)	1 (10)	2 (20)	0 (0)	0 (0)	0 (0)	10 (100)
Self employed	0 (0)	8 (29.6)	4 (14.8)	1 (3.7)	9 (33.3)	2 (7.4)	2 (7.4)	1 (3.7)	27 (100)
Total	1 (1.8)	16 (28.6)	9 (16.1)	6 (10.7)	18 (32.1)	3 (5.4)	2 (3.6)	1 (1.8)	56 (100)
$\chi^2 = 0.341$									

Table 3 – Cross-tabulation of age difference between sexual partners and consistency in using condoms

	Not at all n (%)	Inconsistent n (%)	Consistent n (%)	Total n (%)
Homogenous age (0–5 years)	9 (52.9)	2 (11.8)	6 (35.3)	17 (100)
Intragenerational (6–10 years)	13 (46.4)	11 (39.3)	4 (14.3)	28 (100)
Intergenerational (>11 years)	0 (0)	7 (63.6)	4 (36.4)	11 (100)
Total	22 (39.3)	20 (35.7)	14 (25.0)	56 (100)
$\chi^2 = 0.010$				

DISCUSSION

Transactional sex, sometimes referred to as passive prostitution, is a risky sexual behaviour that leads to the transmission of HIV infection, not only from one individual to another, but also from one generation to another. Unlike active prostitution, which entails selling sex to strangers for financial benefits, passive prostitution involves exchanging sex for either monetary or non-monetary valuable materials, among people who are familiar with each other but are not in marital relationships. Although people who engage in transactional sex don't consider themselves to be prostitutes, this type of sexual relationship, just like active prostitution, carries with it risks of HIV infection due to the web of multiple sexual partners that are usually involved. In this study, we sought to examine factors associated with transactional sex, i.e., passive prostitution, that predispose individuals to the risk of HIV infection.

The first risk factor we examined was employment status in relation to transactional sex. Our findings showed that 33.9% of the respondents were unemployed, 17.9% were employed, while 48.2% were self-employed i.e., operated small-scale businesses or hawked merchandise along various streets in Nairobi. We further cross-tabulated employment status with the gifts that respondents exchanged for sex. We found that majority of the respondents exchanged sex for either money or food items. This finding is similar to a study carried out in the Czech Republic on prostitution by Ondrášek and Kajanová (2020), where they found that money was the primary motivation behind prostitution. According to Zulu et al. (2002), unemployment and low wages limits the abilities of low-income earners to comfortably satisfy their basic needs and family obligations. As low-income earners reach economic dead ends, out of desperation, most of them usually resort to transactional sex as a source of extra cash to plug financial deficits.

Transactional sex is a sign of deep-rooted poverty that results from imbalanced economic power relations between 'gift givers', who are mostly men, and 'gift recipients', who are mostly women. 'Gift givers' exploit this unequal economic power balance by demanding sex for any goods or services that the 'gift recipients' require of them (Kwena et

al., 2012; Longfield et al., 2004). Thus 'gift recipients' find themselves in disadvantageous and vulnerable positions of being denied access to economic resources, should they fail to give in to the sexual demands of the 'gift givers'. This makes transactional sex a lethal tool, which not only exploits 'gift recipients' but also excludes them from society. Our findings indicate that our respondents preferred to exchange sex for money but were also willing to exchange it for other commodities such as food items, clothes, and shelter. In a study done in Malawi by Kamndaya et al. (2016) among the urban poor also found that material deprivations in the form of unmet basic needs relating to food, housing, and health-care – were among the reasons that drove young people into transactional sex.

The second risk factor we examined was age difference between sexual partners. Our findings indicate that half of the respondents (50%) had an age difference of 6–10 years with their sexual partners, 30.4% had an age difference of 0–5 years, while 19.6% had an age difference equal to or greater than 11 years. We also examined the consistency of using condoms and observed that only a few of the respondents, 25 ($n = 14$), were using condoms consistently while 39.3% ($n = 22$) were not using condoms at all. Age differences between sexual partners, especially where there is a big difference, has been linked with the transmission of HIV from one generation to another (McCloskey et al., 2021). HIV prevalence rates tend to be higher among older men than younger men. Whenever younger women enter into sexual relationships with older men, their risks of being infected with HIV significantly increases. This significant increase in risk can be attributed to power imbalance, skewed in favour of men, that characterizes such sexual relationships which hinders young women from negotiating for safer sex (Beauchair et al., 2018; Kamndaya et al., 2016; McCloskey et al., 2021). To further examine how intergenerational sexual relationships predispose respondents to the risk of HIV infection, we cross-tabulated age differences among sexual partners with their consistency in using condoms. We observed that 63.6% ($n = 7$) of the respondents who were involved in intergenerational sexual relationships (>11 years) did not consistently use condoms. According to a study carried out in Zimbabwe by

Schaefer et al. (2017), the prevalence of HIV tends to be higher among individuals who engage in intergenerational sexual relationships. This is because HIV prevalence tends to peak among older men aged 25–40 years. Thus, older men are the source from which younger women acquire HIV when they enter into sexual relationships with them (de Oliveira et al., 2017). In turn, younger women pass on the virus to boys and men of their age groups, and the cycle repeats itself. A slow economic growth plays a key role in spinning this cycle by pushing and trapping more people into poverty, thereby making them vulnerable to transactional sex as a means of meeting their basic needs. Transactional sex in return increases the risk and the rate at which people become newly infected with HIV. Consequently, the HIV epidemic worsens the level of poverty by disabling cogs that drives the economy of a country. At the *macro-economic level*, HIV slows economic growth of a country by disrupting the productivity levels of individuals and firms, shrinking the labour force, and by incapacitating mechanisms that generate human capital and investments. Slow economic growth worsens poverty levels, as well as the abilities of the government to raise revenue and to spend resources on social services. At the *micro-economic levels*, HIV severely impoverishes households by altering their income, consumption, and expenditure patterns. As a result of HIV, households are forced to borrow, sell their assets, use their savings, or engage in transactional sex so that they are able to meet their basic needs, pay huge medical and funeral expenses, and educate their family members (Veenstra and Whiteside, 2005).

We also observed that only 25% of the respondents consistently used condoms, while the rest either did not or inconsistently used

them. Why would respondents fail to consistently use condoms? According to Luke (2006) this failure in using condoms can be attributed to differing preferences men and women have when it comes to using them. On one hand, men prefer unprotected sex, i.e., sex without condoms, because they believe that condoms reduces the intensity of sexual pleasure or may make them look less masculine. On the other hand, women prefer safer sex, i.e., with condoms, so that they are protected from unwanted/unplanned pregnancies and sexually transmitted infections. Again, vulnerability and the imbalance of economic power plays a key role in influencing how decisions are made when it comes to using condoms.

CONCLUSIONS

Money and other valuable materials are key determinants of transactional sex. They tilt power balance in favour of those who are in their possession. Those who don't have them are forced to give in to the sexual demands of those who possess them. In this study, we observed that majority of the respondents were willing to exchange sex for money and other valuable materials such as food, clothing, and properties. We further observed, that only 25% ($n = 14$) of the respondents consistently used condoms, while the rest either inconsistently used condoms or did not use at all. We can thus conclude that inconsistent or failure to use condoms is a key factor associated with transactional sex that predisposes individuals to HIV.

Ethical aspects and conflict of interests

The authors have no conflict of interests to declare.

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