

Sexualising the City of Accra: The Lived Experiences of ‘Night Walkers’

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Since time immemorial, man has felt the need to pay for services of a sexual nature, and prostitutes have met the desire of men to satisfy their sexual desires. The subculture of prostitutes is typically characterised by secrecy, stigma and intense occupational involvement and difficulties in leaving the profession. All the major religions in Ghana condemn the practice of commercial sex trade; however, the phenomenon still persists. Narrative inquiry strategy was employed for the study. Individual in-depth interviews were completed with four (4) female commercial sex workers (CSW). Given the complex nature of prostitution, the semi-structured arrangement helped in obtaining the best and most useful information for the study’s objectives. The major instrument used in collecting data was the interview. The study identified various forms of prostitution, it found that girls/women go into prostitution for a wide-range of reasons which could be classified as pull and push factors. The night walkers indicated that they practice safe sex by insisting on the use of condom and the participants also seek treatment immediately they realise they have a health condition and the symptoms persist. It is therefore recommended to focus on addressing the socio-economic causes of prostitution.

Keywords: Prostitution, night walkers, Accra, sexualising, lived experiences

Introduction


Prostitution is often described as the oldest profession; it describes sexual intercourse in exchange for remuneration which is mainly driven by peer pressure, homelessness, drug addiction, and poverty just to mention a few of the driving forces. Prostitution is perhaps one of the oldest human service professions (Weitzer, 2012). It is believed that prostitution has existed with mankind since the beginning of time (Cimino, 2012). According to Reid (2011), since time immemorial, man has felt the need to pay for services of a sexual nature, and prostitutes have met the desire of men to satisfy their sexual desires.

It is argued that prostitution is a deviant behaviour that manifests a state of anomie where society is unable to provide the needed opportunities for individuals to achieve the goals set by the society (Baker, Dalla & Williamson, 2010). He argues further that prostitutes have a separate subculture with norms and values that are unswervingly different from those of the larger society to the extent that they habitually flout the laws of the society. The subculture of prostitutes is typically characterised by secrecy, stigma, and intense occupational involvement and difficulties in leaving the profession. Its ties with criminal underworld leave the prostitute open to harassment not only from police but from other prostitutes and other members of the criminal population (Weitzer, 2014). Main (2012) reported that those women who engage in “street-level” contexts of prostitution, one of the most common forms of sex work, have often

received the lowest pay. Furthermore, Reid (2011) found that women who were “street-prostitutes” encountered higher instances of abuse and violence than did those women who engaged in other contexts of sex work. Notwithstanding the noticeable existence of multiple risks that are associated with the involvement in street-level prostitution, Baker et al. (2010) stated that women in their sample insisted that their involvement in prostitution was the result of their own personal choices. Also, the participants seemingly perceived prostitution as something that enhanced their ability to adapt to certain situations outside of the prostitution environment. Belcher and Herr (2005) advance the findings in that women engaged in prostitution often were focused on temporary, short-term rewards. Overall, participants placed high value on more immediate-gratification motivations, such as money.

There are many sources of healthcare available for commercial sex workers around the globe. They include public hospitals, private hospitals, pharmacies or licensed chemical sellers and herbalist. Some others largely resort to self-medication as an alternative source of care.

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Also, a study conducted by Sihavong et al. (2011) in Laos revealed one-fifth of respondents used private clinics or pharmacies. Therefore, pharmacists/drug sellers remain the commonest and regularly used avenue for medical advice and information. Health seeking behaviour can be explained as the actions and inactions acknowledged by people when they have any health problems and the necessary steps taken to correct those health problems (Mahmood et al., 2009).

The Problem

All the major religions in Ghana condemn the practice of commercial sex trade, however, the phenomenon still persists. The 2010 population and housing census in Ghana put the religious population at over 90% of the total population. By inference, most of the people who engage in prostitution (prostitutes and their clients) might belong to one faith or the other. Therefore, prostitution in Ghana poses grave religious and moral problems that need to be explored.

Although there is abundant data to suggest that globally prostitution has reached alarming proportions; there has been increase in all types of prostitution including lower class prostitution which is more commonly practiced by illiterate and unskilled prostitutes. Nevertheless, prostitution has not been given the desired attention by researchers. Prostitution has been subjected to many inaccuracies and common misconception. It appears that prostitution flourishes more in the cities than in the rural areas especially in slum and highly densely populated areas where business and commercial houses like hotels, brothels super guest houses, joints and night clubs are located in which cash transaction is common. It is ironical that our knowledge of prostitution is either based on hearsay or still reflects our moral and value judgments. Though little is known of the prostitutes' background and conditions that predispose them

towards prostitution. Moralists and other groups have consistently judged and condemned both the prostitute and her profession although for different reasons. It is against this backdrop that this study is conceived because this study rejects any such prejudices.

In an attempt to study prostitution in a cosmopolitan area like Accra, there appear to be certain basic questions that the researcher wants to answer and they are; what is the socio-economic background of the prostitutes? What compelled them to enter the profession? What are the socio-economic factors or conditions that are associated with prostitution? What are the effects of prostitution and how can prostitution be reduced? Questions such as these and many more yet unanswered in the mind of an average person have created the central problem that triggered this study. The present study therefore sought to examine the various dynamics that prostitution has on the lives of the participating women.

Research Design and Methodology

The Study Area

The study was conducted at the Spintex Road in the Greater Accra Region; a suburb of Accra. The name Spintex road originally denotes the road which is parallel to the Accra-Tema Motorway, which is generic and is used when describing the area along the route. Spintex is one of Accra's most popular destinations for homes and commercial purposes. The neighbourhood boasts of a variety of eateries, lounges, pubs and hangouts offering relaxation and pleasure. Prices for homes are largely on the high side, however, there are some places of abode that are moderately priced. Spintex is an all-inclusive neighbourhood with enough activities, facilities and access to business, recreation and housing for everyone (MeQasa, 2019).

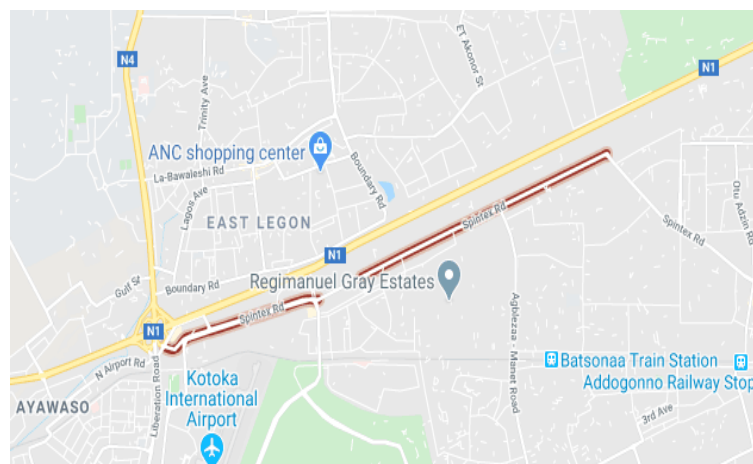


Figure 1: Map of the Spintex Road Source: Google Maps

The Narrative inquiry/biography strategy was employed for the study

In this form of study, the researcher studies the lives of individuals (prostitutes) through the telling of stories. The information gleaned from the stories are "re-storied" by the researcher into a narrative (Creswell, 2013). Ultimately, the narrative interpretations from the participants' lives culminating in a concerted narrative.

Individual in-depth interviews were completed with the four (4) female commercial sex workers (CSW). These interviews sightsaw the reasons for entry into commercial sex work and continued participation, living conditions, family life, history and children, risks and challenges faced in daily lives. Interviews were obtained from four (4) women who are engaged in all forms of prostitution including street level prostitution, institutional prostitution and freelance prostitution. Ages of the women ranged between 19 and 24 years. Due to the obvious sensitivity of the subject matter, anonymity was assured to the research participants, so the study is purposely choosing to keep demographic information about the participants to a minimum. Perceptibly, names used are pseudonyms also saturation occurred during the data collection, providing reasonable assurance that the sample size was adequate for the study's objectives. Particularly, after approximately three (3) interviews, so the study found that the law of diminishing returns was occurring with the data. As such, adding new individuals to the sample was not adding significant amounts of new insights to the study's overall findings. Consistent with Ghimire et al. (2011), I believe that the sample size was sufficient to the research objectives established for the present qualitative study.

Among the various types of qualitative methodology, I designed the present investigation as a phenomenological research study. As such, my aim in the study was to obtain the perspectives of the participants and to report their perceptions, from the vantage points of their own words, thought, and constructs (Holly & Lousley, 2014). One-on-one interviews occurred at two (2) pubs on the Spintex road in Accra. The interviewer was always a female in order to make the interview situation as comfortable as possible for the participants, due to the sensitivity of the subject. The researcher does not have background with prostitution thereby affording potential greater objectivity on the part of the researcher. During data collection, I utilised semi-structured interview formats. This allowed the participants at times to take the interviews in diverse directions, encouraging them to share with me their own stories that helped me understand their worlds as much as they were able to do so. I believed that, given the complex nature of prostitution and also the other struggles these women experienced, the semi-

structured arrangement helped in obtaining the best and most useful information for the study's objectives.

The major instrument used in collecting data for the study was the interview held with the participants. The interviews ranged from two to four hours each, most were recorded in writing. Open ended questions were employed during the interviews which allowed for testing reliability of responses. The interview schedule has two sections; section one was designed to illicit information about the respondent's socio-economic background and the conditions that predispose her to prostitution. Section two was designed to gather data on the social organisation and modes of operation of the prostitutes. The data collected from the interviews were analysed using descriptive statistics like frequency tables and percentages to interpret data. In analysing the data, the Statistical Package for Social Scientists (SPSS) software was helpful in analysing the data gathered. The analysis process was not allowed to become "automated" by removing the human intuitive and subjective element out of the process. Consequently, all of the findings reported in the present study represent the consensus of all the participants in the study. Overall, the findings showed detrimental relational, social, and psychological effects of women in the sample engaging in prostitution activities.

Social Psychology and Prostitution

Social psychology analytical framework is used in this study to guide and facilitate sense making and understanding of the vivid experiences of female prostitutes around the Spintex area. Social psychology theory is interested in how peoples' thoughts, feelings and behaviours are influenced by the actual and implied presence of others (Weitzer & Boels, 2015). Social psychological explanation of prostitution argues that a combination of social and psychological factors causes some women to go into prostitution. For this theory, there are three main reasons why some women become prostitutes. First are the predisposing factors such as parental promiscuity, parental neglect, child abuse or some other traumatic events in the individuals' life. Another is the attracting factors (Pull Factors) such as belief that women can make an easy life or make a lot of easy money as prostitute. There are also precipitating factors (Push Factors) such as poverty, unemployment, economic challenges or other environmental influences that can push people into prostitution (Pitcher, 2015).

Ethical issues

Attention was paid to ethical issues in this decidedly sensitive area of investigation. The introductory stages of fieldwork were aided by a female bar

attendant, who arranged meetings with the four (4) participants. A number of practical arrangements were made to ensure that contact between participants and the researcher would not risk compromising the safety of either. Meeting times, places, and spaces were arranged to be convenient to participants. Before consenting to participate, participants were however assured they would be able to withdraw from the research, temporarily or permanently, at any time, for any reason or none, without any consequence. These measures to increase participants' confidence in the research process as being a shared endeavour enabled the investigation to follow the stride and daily veracities of participants' lives, which was particularly important given their needs to engage with income generating opportunities that were neither regular nor entirely predictable.

Study Limitations

The scope of this study was focused on four (4) women, the sample size was limited due to the sensitive nature of the study. A larger sample size of female sex workers in the Spintex area would have given more accurate, generalised results. In addition, despite an extended mobilisation period and ongoing

efforts to earn trust with the researcher, the sensitive nature of the discussions had a skewing effect on participants' responses. Some participants may have given what they believe to be the 'correct' answer rather than a truthful one. To overcome this, a range of tools were used to facilitate the triangulation of common themes and responses. Female interviewer was used to encourage trust. In addition, all data collection methods were made anonymous, in an attempt to ensure participants were comfortable in answering questions.

Results

Characteristic of Participants

A total of four (4) respondents participated in this study; all of the (100) were women engaged in prostitution around the Spintex area. Ages of the night walkers/women that the study covered ranged between 19 and 24 years. All the four (4) participants have had some form of formal education. One is a university graduate, two (2) are high school graduates and one (1) is a Junior High school drop-out (she dropped out at Junior High form 2). The table 1 below presents the participants' demographic characteristic.

Table 1: Participants' Demographic Characteristics

<i>Characteristics</i>		<i>Frequency</i>	<i>Percentage</i>
<i>Sex</i>	Female	4	100
	19	1	25
<i>Age</i>	20	2	50
	24	1	25
	University	1	25
<i>Education</i>	Senior High school	2	50
	Junior High school	1	25

Types of Prostitution

The study identified various forms of prostitution including 'call girls' and escorts, 'in-house' sex workers working in parlours or brothels, 'street-walkers' who sell sex for money through sidewalk solicitations. However, the study participants were basically involved in two (2) types that included institutional prostitution and freelance prostitution. All four (4) participants engaged in institutional prostitution where the ladies exchange sex for financial or other favours in the hotels, brothels and

bars where they themselves have rented rooms to render solicited services to their clients. Two (2) of the participants were involved in freelance prostitution (a single sex operator who usually stays in her home and goes out when there is a request for her services; this form of prostitution is common among female students in tertiary institutions. The table 2 below presents the forms of prostitution the participants were engaged in. One participant also operated as a street-walker and another worked as an escort girl providing companionship and entertainment to her clients.

Table 2: Types of Prostitution

Type of Prostitution	Frequency	Percentage (%)
Institutional Prostitution	4	100
Freelance Prostitution	2	50
Street-walkers	1	25
Escorts	1	25

Entry into Prostitution

As outlined in the social psychological and prostitution analytical framework that a combination of social and psychological factors causes some women to go into prostitution, this study found that high rate of youth unemployment, limited job opportunities, greater rural migration, the high cost of living promote early sexual relations and commercial sex among young women and sometimes young men. The study found that girls/women go into prostitution for a wide-range of reasons which could be classified as pull and push factors where the push factors mostly centre around poverty and an unstable home life while the pull factors could be peer pressure, lovers, pimps and environmental factors. The study revealed that one or more of the factors identified above contributed to the participants' involvement in prostitution and the individual stories are told below. I will call my respondents Khalima (19years), Adwoa (20years), Melwani (24 years) and Lulu (24 years).

Khalima revealed that *"I got into prostitution at the age of fourteen (14) when I was compelled by circumstances at home to drop out of school and help my mum take care of the family (my aged maternal grand mom, my pregnant mom and three younger siblings). It all began when my father died in an accident and my uncles asked us to leave the house and took everything from us. They were not even bothered about my mother's condition and the fact that she was a house wife and therefore had no income. They went for my father's gratuity and took over his bank accounts as well.*

A male neighbour offered the family accommodation temporarily in his out-house for few months. I started hawking sachet water on the streets of Accra, though this was not enough it fed us somehow but along the line, things became very difficult for us when the little money my mother got from my dad's funeral finished and my business was slowing down because of the raining season, we started borrowing money from our host. Unfortunately, we were not able to pay back the money we took from him, he got tired of us and started making sexual advances at me. I gave in to his advances and it was good on face value, he became very kind to us. Unknown to my mom and granny that I was sleeping with the man to make all the money I was bringing home and all the gifts our

host started showering on us. They thought it was because my mom had given birth to a new baby.

When I realised that I could get money from sleeping with a man, I took advantage of the sexual advances that came from other men too so I started sleeping with various men and had to drop out of school. I was actually enjoying it because I was getting money to fend for my family. By the time I turned 17years, I was deeply involved in prostitution".

Adwoa said *"I got into prostitution because my friends were doing it; I admired them for not haing to ask their parents for everything. With time they introduced me to some of their rich male friends and I started getting money and buying things I needed for myself. I gave my mother some of the money and she was happy about me being a responsible girl (my mom is a petty trader and a single mother of 3). This is how I got into this line of trade".*

Furthermore, Melwani indicated that *"I am an orphan living with an aged aunt who could not do any work to take care of me and my younger brother so I started sleeping with men in the village to make money to take of my aunt and my brother. One day, a friend from the city visited the village and advised me to move to the city. She told me I could make better money in the city and remit home. She said, I followed my friend to the city and for the past 3years I have been in this business and I am honestly making good money as compared to the village so I have not regretted moving from the village to the city".*

Finally, Lulu said *"prostitution became an attractive option because it represented a job earning quick money for her since she comes from a very poor home but determined to have a university education which her parents could not pay for. She said I started sleeping with men to pay for my university education. I was lucky I got involved with rich and generous men who were kind to me. I completed school 2years ago but since I have not got a job yet, I am still into prostitution, I hope to stop when I get a very well-paid job otherwise, I will be doing it on part time basis to supplement my salary".*

Safe Sex and Health Seeking Behaviour among 'Night Walkers'

The night walkers indicated that they practice safe sex by insisting on the use of condom. Lulu said *"some of my clients do not like using condoms; unfortunately, they are the ones that pay very good*

money and also treat me well. I have about three (3) regular clients that would never use condoms so I have no choice but to do it with them without condoms”.

Furthermore, all four (4) commercial participants revealed that they use both orthodox health care and self-medication. They indicated that factors such as accessibility, affordability, availability, efficacy and time influenced the healthcare service choices they made at any point in time. A cheering disclosure from the field indicates that all of the participants seek treatment immediately they realise they have a health condition and the symptoms persist. Here, apart from the discomfort and pain that these patients may suffer which might push them for immediate treatment, it might also be that any knowledge of such conditions by their clients may deter them from transacting business with them; a situation, which they are aware is to their disadvantage. Lulu revealed that *“if the clients know that you have Sexually Transmitted Infections (STI), they will not come to you anymore, besides, it is uncomfortable so we seek treatment as soon as we realise what it is”*.

The current study reveals that all the four (4) participants self-medicate for Sexually Transmitted Infections (STI) and other illnesses. In this study, participants ranked self-medication as the first effort they make towards treating STIs. The increased ease of access to over the counter drugs from the chemists and other sources may be a major contributing factor to self-medication by these sex workers. However, the participants also indicated that they go to the clinics/hospitals when they are very sick and self-medication does not seem to be helping. Also, they use traditional/herbal products when they fall ill.

Implications of Prostitution

The majority of persons experience negative effects whether they are physical, psychological, or legal. All four participants revealed that they experience challenges frequently in practising prostitution. Some of the challenges the participants of this study have experienced included rape, beatings, robbery, harassment from law enforcers, stigmatisation and verbal abuse from clients and the public. Melawani revealed that she has been physically assaulted on a few occasions by clients who refused to pay her the amount of money they originally agreed on; when she insisted on being paid the right amount she was beaten badly.

Similarly, Lulu revealed that she once fell a victim to a robber who snatched her bag from her in the early hours of the day (2am) when she was returning home. She had this to say; *“we are exposed to a lot of risks on the street. This business is a very risky one and therefore you need to be smart and careful. I tried to be careful but on that fateful morning (it was a very good day for me because I*

was with a very kind and generous white man), I decided to go home early because I made good sales and I was also very tired. While I was waiting for the uber taxi I ordered for at the pick-up point, a few metres away from the hotel, someone snatched my handbag from behind and run into the darkness. That was how I lost my money, mobile phones and other valuables in the bag”.

The study found that the ‘night walkers’ also experience some form of mental health problems partly due to the abuse suffered in practising prostitution. The street walker participants indicated that daily stressors such as avoiding arrest and the fear of violence from customers worsen mental health problems. Stigmatisation also exposes prostitutes to psychological ills; unfortunately, the participants revealed that it is something they contend with everyday once the people they encounter know they are prostitutes. Khalima said *‘I do not go to the clinic in my area, I go for treatment in clinics far away from this area. Some of the workers in my community clinic know what I do so I am always looked down on when I go there for treatment. I decided on not going for treatment there anymore. I usually self-medicate; if the condition persists, then I go to the clinic*. Adwoa also had this to say *‘my mother is a petty trader, some of the residents refused to patronise her goods because her daughter is a prostitute’*.

Discussions

The study submits that there are different types of female sex workers, including institutional prostitution, freelance prostitution, street-walkers and escorts. This finding is confirmed by the assertion of Henslin (2010) who revealed that there are as many as twenty-five (25) types of prostitution that prostitutes practice.

The study also revealed that the key causes of prostitution are broken home, parental death or neglect, peer pressure and poverty. This is in line with the findings of Gungul (2014) who reported that women go into prostitution because of negative elements in their backgrounds; a broken home, parental promiscuity or child hood traumas that are conducive to such deviant activities. The study further revealed that prostitution is a manifestation of a pathological background which is in line with the work of Reid (2011) which has been used to describe prostitution as ecological factors-that compel some girls to become prostitutes because of discontent and unhappy home environment. Prostitution flourishes in an environment of misery and poverty; it is as a result of the disintegration of the family and the fruits of misery and hunger. Some parents claim that poverty led them to sell their children into prostitution and street children also resort to prostitution because they see it as one of the means of survival.

Furthermore, this study found that prostitutes encounter challenges such as rape, beatings, robbery, harassment, stigmatisation and verbal abuse from law enforcers, clients and the public. The findings of this study are in consonance with the findings of Matovu & Ssebadduka (2012), which indicated that the damaging effects prostitution has on the prostitutes' emotional and physical health is incontestable, principally among street prostitutes.

The current study reveals that majority of participants self-medicate for STI's and other illnesses. Self-medication has been shown as a factor influencing delay in seeking care from health facility, this finding is in line with Gyasi, Mensah & Siaw (2015) and Agambire's (2013) study. In this study it was revealed that prostitutes resorted to self-medication first and visited health facilities only when symptoms persist. This was due to the perceptions of the commercial sex workers (CSW) that it is easy to get antibiotics from licenced chemical sellers, pharmacy shops and drug peddlers. That may be one of the several reasons why most CSW's self-medicate. The increased ease of access to drugs from nearby sources may be a major contributing factor to self-medication by CSWs. Other empirical evidence about self-medication in Ghana points to the fact that it is less expensive compared with hospital treatment whereas others believe hospital treatment is also associated with long delays, a reason they think influences their decision to self-medicate (Agambire, 2013). This finding about high prevalence of self-medication corroborates other findings in other populations in Ghana (Donkor et al., 2012). Moreover, given the background of the study participants which shows that majority of them can read and write, it becomes easier for them to access information either through internet or friends, so they can easily know which kind of treatment may be helpful for their conditions.

Conclusion and Recommendations

The social psychological question of prostitution is "why people go into prostitution". Theoretical and empirical evidences available have revealed that a sizeable percentage do so, not as a choice, but as the last option to their socio-economic challenges. Prostitution exposes the individual, his/her clients and the society to a lot of harmful situations. Rather concerted efforts should be made to curb the malaise of unemployment, gender inequality, sexual abuse and poverty which stand as push factors to socially disapproved behaviours. Poverty situations actually expose women to situations that force them to have no option than to 'commodify' their mouth, rectum and vagina. It is therefore overbearing to focus on addressing the socio-economic causes of prostitution.

References

- Agambire, R. (2013). Healthcare Seeking and Sexual Behaviour of Clients Attending the Suntreso STI Clinic. *Journal of Biology, Agriculture and Healthcare*, 3(10), 92–101.
- Baker, L. M., Dalla, R. L. & Williamson, C. (2010). Exiting prostitution: An integrated model. *Violence Against Women*, 16, 579–600.
- Belcher, J. R. & Herr, S. (2005). Development of a grounded theory: Moving towards a theory of the pathways into street prostitution among low-income women. *Journal of Addictions Nursing*, 1, 117–124.
- Cimino, A. N. (2012). A predictive theory of intentions to exit street-level prostitution. *Violence Against Women*, 18, 1235–1252.
- Creswell, J. W. (2013). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage.
- Donkor ES, Tetteh-Quarcoo PB, Nartey P, Agyeman IO (2012). Self-medication practices with antibiotics among tertiary level students in Accra, Ghana: a cross-sectional study. *International Journal Environ Research and Public Health*, 9(10), 3519-29.
- Freudenthal, S. (2011). Community perceptions and treatment-seeking behaviour regarding reproductive tract infections including sexually transmitted infections in Lao PDR: a qualitative study. *Journal of biosocial science*, 43(03), 285-303.
- Gungul, T. T. and Samson, A. J. (2014). Prostitution as a social evil in Nigeria: Issues and challenges. *International Journal of Peace and Conflict Studies*, 2(1), 29-35.
- Ghimire, L., Smith, W. C. S., & van Teijlingen, E. R. (2011). Utilisation of sexual health services by female sex workers in Nepal. *BMC Health Services Research*, 11(1), 1.
- Gyasi, R. M., Mensah, C. M., & Siaw, L. P. (2015). Predictors of traditional medicines utilisation in the Ghanaian health care practice: interrogating the Ashanti situation. *Journal of Community Health*, 40(2), 314-325.
- Holly, J., & Lousley, G. (2014). The challenge of change-improving services for women involved in prostitution and substance use. *Advances in Dual Diagnosis*, 7(2), 80-89.
- Mahmood, S. S., Iqbal, M., & Hanifi, S. (2009). Health-seeking behaviour. *Health for the Rural Masses*, 67-76.
- Main, G. L. (2012). Women on the edge. *Journal of the Early Republic*, 32, 331–347.
- Matovu, J., & Ssebadduka, B. (2012). Sexual risk behaviours, condom use and sexually transmitted infection treatment-seeking behaviours among female sex workers and truck drivers in Uganda. *International journal of STD & AIDS*, 23(4), 267-273.
- MeQasa (2019) Accra Neighborhood Watch: Spintex. <https://meqasa.com/blog/accra-neighborhood-watch-spintex/>. Accessed April 28, 2020.
- Pitcher, J. (2015). Sex work and modes of self-employment in the informal economy: diverse business practices and constraints to effective working. *Social Policy and Society*, 14(01), 113-123.
- Reid, J. A. (2011). An exploratory model of girl's vulnerability to commercial sexual exploitation in prostitution. *Child Maltreatment*, 16, 146–157.

Sihavong, A., Lundborg, C. S., Syhakhang, L., Kounnavong, S., Wahlström, R., & Weitzer R (2012). *Legalizing Prostitution: From Illicit Vice to Lawful Business*. New York: New York University Press.

Weitzer R (2014) The social ecology of red-light districts: A comparison of Antwerp and Brussels. *Urban Affairs Review* 50(5): 702–730.

Weitzer R and Boels D (2015) Ghent's red-light district in comparative perspective. *Sexuality Research and Social Policy* 12(3): 248–260.