



‘Blowjobs are Jobs Too’: An Exploratory Study into Victimization Experiences of Male Sex Workers in Botswana

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Abstract

This study conducted in-depth face to face interviews with twenty male sex workers (MSWs) servicing sex tourists in Botswana. Expert opinions were also sought with support organizations and the police in Botswana to understand more about male sex work in Botswana. The research questions were directed at exploring (a) how male sex workers experienced and perceived victimisation in their interactions with sex tourists, (b) what role support groups played, and (c) what reforms both male sex workers and support groups propose for the male sex work industry. The article presents their victimisation experiences, health risks and opinions of the support groups. The study found out that MSWs frequently experienced physical violence and sexual assaults such as stealthing, especially male sex workers who identified as gay or bisexual. MSWs never reported their victimisation experiences to the police due to fear of stigmatisation, shaming and possible arrests given the partial criminalisation of sex work. Support groups on the other, as non-governmental organizations offered the much-needed support services such as distribution of lubes, condoms, HIV screening, counselling, and ARV and PrEP access and management for sex workers. This study contributes to the limited literature examining the experiences of MSWs, demonstrating their vulnerability and the need for interventions to mitigate their victimisation and protect their health. Many sex workers emphasised constitutional protections of their rights, the need to decriminalise, as well as the promotion of safety and security. The study argues that traditionally, culture and religion have produced a gender-biased socio-cultural parameters that place males as providers, hence, their vulnerability to victimisation and sexual violence is often unnoticed, which also makes reporting difficult to law enforcement.

Keywords Sex work · Sex workers · Botswana · Criminalisation · Victimization · Reforms · Decriminalisation

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Introduction

Male sex work within the contemporary African social, legal, and feminist discourse remains a very controversial issue that exists as a 'fuzzy legal' activity (Ryan & Kinder, 1996, p. 507). It is largely prohibited in many African countries yet continues in many of these countries within a social framework of limited tolerance and constraint (Awondo et al., 2012; Freude & Waites, 2022). In most African contexts, male sex workers are vulnerable to homophobic stigmatisation and often marginalised, especially in accessing sexual health services and the justice system (Maseko & Ndlovu, 2012; Qiao et al., 2019). Tamale (2014) argued that through the intersection of religion, statutory law, and reinterpreted traditional customs, the complexity of African sexualities was instrumentalised, controlled, and regulated by the patriarchal state, making male sexual victimisation invisible. In this study, sexual victimisation includes 'a wide range of non-consensual sexual experiences such as unwanted sexual contact, coercion, attempted rape, or rape' (Hequembourg et al., 2011).

A report by Arnott and Crago (2009) laments that criminalisation of sex work leaves sex workers vulnerable, particularly to sexual and physical abuse from both the clients and law enforcement agents such as like police and security guards, and especially female sex workers as compared to male sex workers. In their study, sex workers reported assaults, rubber bullets shooting, and being sprayed in their genitals with pepper spray guns (Arnott & Crago, 2009). However, these acts often occur or are reported by street sex workers or those in brothels, which sometimes leads to both lawful and unlawful arrests and sometimes detainment. The report also highlighted faith-based groups, government policy, and anti-prostitution campaigns by NGOs and vigilante groups as a contributing factor to violence, stigmatisation, and scapegoating against sex workers. However, given that the focus of this study is male sex workers in the tourism industry, which occur in more subtle ways, the aim became to establish a holistic picture on Botswana's male sex workers experiences of victimisation in their interactions with sex tourists. In addition, there is a paucity of literature that explores the victimization experiences of men who sell sex.

Literature Review

Male sex work is not a new phenomenon, and recently it has been growing in Africa, especially under the booming tourism industry. While many studies have widely evidenced female sex workers in the tourism industry across the world, male sex workers have also been tapping into the tourism industry's potential which has made male sex work more 'globally' visible (Minichiello et al., 2015). Commercial sex in Botswana is illegal and not officially marketed, however, tourism attracts it, and sex tourism will continue to grow under Botswana's booming sex tourism industry where it is being viewed as a growing social problem (Mmeso, 2015). In most studies conducted on male sex work in Africa, sex workers reported financial rewards as motivation for entry into sex work or sex in exchange for necessities or leisure (Boyce & Issacs, 2014, p. 303–4). Enhanced social status was also a motivation to

engage in sex work (Hawkins et al., 2009; Wentzell, 2014). Some researchers demonstrated that apart from material goods and money, sex workers indicated also deriving physical pleasure from some encounters (Leclerc-Madlala, 2003), as well as romance (Poulin, 2008). Sex workers whose primary clientele were men reported a motivation in exploring same-sex desire, given lack of opportunities to express their sexuality, due to illegality and social pressure to marry (Boyce & Issacs, 2014, p. 303). While Boyce and Issacs (2014), Hawkins et al. (2009) and Poulin are studies based in Southern African countries (Malawi, Mozambique, and South Africa), some studies are based in Mexico and the Caribbean, and it is quite interesting to see the similarities. Indeed theoretical frameworks like the Sex Role Theory, have always defined masculinity by questioning the man's role in terms of his biology, that is, being male and placing larger emphasis on the social construction of gender, in this context, being masculine (Connell and Messerschmidt, 2005), hence the provider role that men play has always been used to define their 'masculinity' which highlights masculinities that function in specific cultural contexts and histories. Our societies have always defined traditional or normative masculinity in opposition to femininity as strong, dominant, rational, powerful invulnerable, independent, sexually aggressive, while gender roles make women more likely to experience structural, material, and social deprivation "in general women are not more vulnerable to negative life events than men" (Affi, 2007, p. 387).

While there has been quite a lot of research done on men who sell sex to other men, especially concerning HIV/AIDS in Southern Africa, there have not been any studies of sex workers who provide services to male and female tourists. Similarly, research on male sex workers in African countries, including Botswana, has mostly focused sexual practices and their relationship to vulnerability to the HIV pandemic (Baral et al., 2015; Vu et al., 2013). Indeed, Herold et al. (2001, p. 982), points out that even in the Dominican Republic, research has focused mostly on the possibility of STDs/HIV transmission between the sex workers and the tourists as a concerning sexual health issue. In addition, male sex workers have also been mainly represented in African research as a subset of men who have sex with men (MSM) which hinders understanding their own experiences as a standalone group (Mashumba, 2021).

Furthermore, studies have shown that traditionally, sex work has always been regarded as an "inevitable social institution in society lodged with the assumption that sex is a male right, whether bought, sold, seized in rape, or more subtly coerced like in sexual harassment" (Barry, 1984, p. 26; Mashumba, 2021). The problem with this assumption, is the fact that sex work becomes viewed in the synchrony of male dominance in the patriarchal community (Mashumba, 2021), and according to Truong (1990), this renders it static and unchanging, leading to a conflation of the biological and social, and ignorance of material processes of their formation. Also, the socio-biologists consider sex work as functional to male biology, the feminists consider it as exploitative to women treating them as objects of male gratification, and the sexual politics approach considers sex work as functional to male social power (Truong, 1990). Thus, the victimisation of men is still abstract and underexplored in literature.

Available literature also shows that stealthing is usually done by HIV positive men who actively try to infect HIV negative men with HIV without the latter's

knowledge and consent (Brennan, 2017; Klein, 2014). The literature review also revealed that men expressing a more feminine gender were the most vulnerable to gender-based violence in their interactions with male clients who presented themselves as more traditionally masculine (Dunkle et al., 2013; Javaid, 2016). Literature further reiterates a number of aspects concerning male sexual victimisation, the first being the 'male perpetrator-female victim paradigm' which reinforces regressive ideas of women as victims but never men, hence leads to stigmatisation of sexually victimised males (Stemple & Meyer, 2014). The second aspect is having laws with outdated definitions and categorization of sexual victimisation offenses, as these have traditionally prioritized women sexual victimisation thus excluding males from the definition of rape (Kapur, 2013). The third aspect is that most research focused on sexual victimisation have explored women experiences, hence studies suffer a methodological bias that misses reflections of men as victims (Stemple & Meyer, 2014).

Methodology

This qualitative study was informed by the intersectionality framework and the interpretive approach that explored the lived experiences of male sex workers servicing sex tourists in Botswana. Semi-structured face-to-face interviews were used for data collection to explore the experiences of 20 male sex workers in the two cities, Gaborone (the capital city) and Kasane (the tourism hub) between November 2018 and February 2019. The semi-structured interviews used open-ended questions that allowed for sufficient structuring of questions to address specific research dimensions and collected rich data as participants express themselves freely instead of following terms defined by the researcher (Creswell, 2018). In addition, the semi-structured interviews encouraged participants to talk about important issues that allowed the researcher to discover participants' meanings and interpretations of experiences (Kumar, 2014). Similarly, the face-to-face interviews offered a natural encounter where the interviewer built and maintained rapport with interviewees and observed body language and facial expressions, ensuring messages were correctly understood and interpreted (Creswell, 2018). Interviews were also conducted with three support groups and two police representatives to seek expert opinion about the growing phenomenon of male sex work. A thematic analysis was employed to analyse the data with the aid of Nvivo software in the initial stages of coding. In a nutshell, the approach adopted in this study provided an opportunity to gather in-depth information from individuals that are often marginalized and seldom heard, hence helps present their experiences, opinions, attitudes, and offers an exploratory qualitative design that reinforces an understanding and interpretation of meanings, and intentions underlying human interaction (Creswell, 2018; Mashumba, 2021; Van Maanen, 1979).

Ethical considerations

Ethical considerations were reviewed and approved by the Queensland University of Technology Human Research Ethics Committee (UHREC) under application number LM03366, and a research permit was sought from the Ministry of Environment, Wildlife and Tourism, Botswana. Before the interviews, participants were provided with information sheets that outlined the purpose, expectations, the rights, and responsibilities of both the researchers and participants, including ensuring anonymity, confidentiality, and the opportunity to withdraw from the study at any time. Consent was verbal and explicit. A counsellor was also engaged and available to participants who felt distressed during or after interviews. Moreover, the researchers used pseudonyms, altered locations, and removed potential identifying information. These measures ensured that the study complies with ethical conditions as approved. Notes were taken for all the interviews because of the potential for audio recording to breach confidentiality through police subpoena if it were to occur. A research assistant was engaged to help with notetaking, who had a degree in Criminal Justice and understood the risks.

Results

As noted in the methodology section, twenty male sex workers were interviewed, and within them one identified as a transsexual, five identified as 'very straight', while eight were 'very' gay, and six identified as bisexual. Twelve participants indicated being HIV positive and not using condoms sometimes, while eight of the participants were either negative, did not want to disclose, or did not know their status but had condomless sex at times as well. Eleven of the participants also indicated taking Pre-exposure prophylaxis (PrEP) all the time and engaging in unprotected sex at times and accessing PrEP from support organisations. All the male sex workers had experienced some forms of sexual and physical violence. Drugs such as marijuana and cocaine were narrated to be used occasionally by fifteen male sex workers. The age range of the participants of this study was 19–36 years, with the majority being in their twenties. The following themes emerged from interview questions on (a) whether they experienced any forms of victimization, (b) if victimized, whether they reported to the police, (c) whether they had access to health services, and (d) what reforms they proposed could be put in place. The themes and quotes derived from the interview data are as follows:

Experiences of Victimization

While the interviewed MSWs in Botswana are part of the educated class and urban young men, they are still susceptible to victimisation and risks in their line of work. This section presents key quotes of their victimisation experiences as follows:

Physical and Sexual Victimization

Sissyboy narrated,

I once had an encounter with a client who was sniffing cocaine, he brutally beat me up, and he had filled his bathtub with water so when he was busy shagging me, he would dip my head in the water. We then went to the filling station and in front of people he literally took a seatbelt and choked me until I was rescued by the petrol attendants from the car. I then ran and he followed me, but I just kept running till I got home. Because he had seen where I lived, the next morning I heard a knock, he came and apologized... I was really hurt, I had scratches on my body, my neck was red and swollen, it was a painful experience. I can never accept a Russian guy ever again, if I receive a message on Grindr and I see Russia I block them immediately (Sissyboy).

This not only presents an experience of violence but also how such an experience shapes the sex worker's perception and attitudes, in this case, they are no longer trusting of clients of Russian background, which indicates how much, in turn, such influences their preferences in clients. Raymond also narrated having been subjected to severe physical violence stating,

"I met a client from Zimbabwe who brutally beat me up, choked me, and my left arm was fractured" (Raymond).

Another participant reported,

I suffered warts, hemorrhoids, anal fistula. They occur when I have had a very rough client. I had no lubricants that day as I had just gone to the bar for a drink but ended up having a client. He would not listen when I told him it was painful and he forced himself on me, and then he paid me peanuts (Gold).

Others also indicated having been subjected to brutal sexual violence.

I had the worst experience with European guy, he was experimenting with sex toys on me, shoving things in me... he was paying well so I had no choice but endure it all (Snookie).

These quotes demonstrate significant experiences of sexual assaults were common amongst sex workers resulting in severe health complications, periods of absence from work for those that were employed as well as a growing distrust of foreigners in the absence of any protection from the government. Montes also noted,

You might be with a murderer and you don't know, your life is in constant danger especially with violent crimes like robberies and sexual assault. We get victimized a lot and there is nothing we can do (Montes).

'Stealthling' as One Problematic Form of Sexual Victimization and Heightened STD/HIV Risks

A major theme was also that of stealthling. Many gay and bisexual MSWs reported another phenomenon they referred to as 'stealthling'. As described by participants, stealthling was referred to as the removal of condoms during anal sex without the sex workers' knowledge, as MSWs narrated their experiences of stealthling in the following key quotes:

...next thing I see was him coming out without a condom, I asked where the condom was thinking it was left inside of me, but he said he removed it a long time ago to enjoy me more. I got so angry, I felt like an object, like a had no right to be asked whether to remove a condom or not... (Ferocious).

This quote is indicative of concerns to the fact that the HIV status of the perpetrator could be unknown to the male sex worker. More quotes emphasised the same sexual victimisation with Frenzy-Chick stating:

It's called stealthling. Just like that without bothering to ask for my permission, he had removed the condom. And I didn't know where he had coz he could have STD's or even HIV/AIDS (Frenzy-chick).

And another stating:

I couldn't feel any difference because I had applied lubrication, I just saw the condom on the floor when we were done. It was so reckless of him because as much as I did not know his HIV status, he did not know mine. Luckily, I had taken PrEP. Co that's what I usually do since one of friends had contracted HIV from men who deliberately did that (Gimil).

Indeed, the quotes evidence that the removal of condoms was without their consent or knowledge, and they did not know the HIV status of the client who did that. This theme was common with the 'very' gay and some bisexual MSWs, thus, this could be linked to their feminine looks as there are stereotypes with regards to gender roles.

Non-reporting of Victimization to the Police

On the question as to whether they reported their victimization to police, none of the male sex workers had reported. Gimil for example, noted, "*I can never enter a police station stay and say 'hey listen, I have been raped while I was prostituting.'*"

Sexyboy also stated, "*I have heard stories of policemen laughing at men reporting they have been raped, I can't put myself through that.*"

Ferocious also stated, *“Police can listen to a woman not a man, they laugh at men. So as an African man I will be stripping myself off my dignity”*.

Chrysenthamum also noted, *“...if I can't tell my friends about it, how can I go to a police station?”*.

All these quotes emphasise a lack of reporting sexual victimisation to law enforcement, and such supports what is already in the literature above.

Male Sex Worker's Use of Pre-exposure Prophylaxis (PrEP) and Access Health Needs

The use of PrEP was common upon answering the question as to whether they accessed any health services. This is evidenced as follows:

I use the Pre-Exposure Prophylaxis. It's free but it works wonders. I have done things, slept with old men whom I could see HIV written on their foreheads, but each time I go to BOFWA to test I'm negative (Chrysanthemum).

Raymond notes, *“I need to protect my family and myself”* and Strong-007 also indicated, *‘HIV+ and had accepted himself, however, to avoid reinfections during condomless encounters or where he is sexually violated’*.

These quotes represent many of the quotes where MSWs indicated that they used PrEP to limit their chances of contracting HIV or for those who were already HIV positive, they reported using PrEP to prevent re-infections. Most participants were also committed to PrEP because of fear of infecting their real-life partners, particularly those who married or in relationships. These use of HIV preventative technologies such as pre- and post-exposure prophylaxis (PrEP and PEP) among the male sex worker community require to be explored in the context of male sex worker's sexual practices and on its own distinct implications in the world of sex work.

Access to Other Health Care Facilities

The participants also reported accessing PrEP and other health facilities with support groups (NGOs) such as the Pilot Mathambo Centre for Men's Health for Men's Health, Sisonke and Nkaikela Youth Group These support groups provide healthcare to sex workers, and such is made possible through two national centers, Tebelepele and Botswana Family (BOFWA), which are usually funded by the United States Agency for International Development (USAID), President's Emergency Plan for AIDS Relief (PEPFAR) and in part by the Government of Botswana. All the participants indicated being happy with the services they get from these providers which included STDs and HIV screening, physical examinations, CD4 counts and ARVs supply and refill, as well as provision of lubes and safe sex accessories like condoms and dams. Counseling services are also availed to sex workers. Botswana male sex workers expressed easy access to health services and adequate provision of sexual health needs with the support groups as they experienced victimization in public hospitals. The narrated that:

I once had a situation in Kasane clinic, I was laying on the bed and the nurse could tell as to what the situation was about, and instead of helping me she called another nurse. What kind of person who has been educated and has a medical dictionary such that she could diagnose by herself, why then call another person for a second opinion on how my ass looks like? That was made to make me feel shame. I can never use a public hospital ever, and life has been good since Tebelopele and BOFWA introduced medical assistance to men who have sex with other men. Another experience relates to my HIV status. I am HIV+. A human rights activist started spreading around the gossip that I was sick, it is very painful... (Sissyboy).

This quote from Sissyboy's interview demonstrates ill-treatment of perceived MSMs in public hospitals. Each support group's specific mandate when it came to the provision of health services is quoted as follows, and note that since these are official mandates support groups will be identified by names as per their consent:

Sex workers cannot openly talk about their health issues like anal warts and STIs, and our government has never implemented any project whereby anal swabs are provided. All the health facilities in Botswana do not check males in the anal areas. Because not only male sex workers do anal sex, but even other Men also who have Sex with other Men. Moreover, Men who have Sex with other Men varies to include married men in the community. We have our own clinic here where every Tuesday, Tebelopele comes here to conduct Testing and STI screening for the sex workers (Sisonke rep.).

The Sisonke representative also emphasised that organisations like theirs were much needed because,

Sex workers are people who are already wounded, and if you send them to the government hospitals whereby, they will be stigmatised and feel that they are being belittled because of their profession, they will never go back. They would rather refer to and go the other route, like traditional doctors and the Black market, until the STIs finish them off (Sisonke rep.).

The Pilot Mathambo Centre for Men's Health also had a similar mandate to Sisonke, except as mentioned earlier, the services are only availed to MSM and MSWs. Their representatives indicated,

To us, sex work comes with identification and acknowledgement of it as work, so our mandate is to create a conducive environment for access to sexual health and sexual rights services for male sex workers and men who have sex with other men. Generally, we do specific programming because there is transactional sex, which does not classify as sex work. We have a clinic here with BOFWA where MSM and MSWs receive their screening, tests, treatments, lubes, and other accessories (Pilot Mathambo Center for Men's Health rep.).

The Nkaikela representative also stated that,

We provide health services for sex workers working with public health facilities. There is what we call DHMT- District Health Management Teams, each district has a health management team which we work closely with, ensuring that their nurses are trained on key populations like sex workers and men who have sex with other men (MSM). The nurses are sensitized and trained on how to provide services to these people, basically, stigma-free services and without judgment. We have a referral system in place where we refer clients to such facilities when they see our referral slips, and then they will know that this one is from Nkaikela, thus know that they are part of the key populations, so we take on a sensitisation training approach (Nkaikela).

This approach is different from all the other organisations' approaches. It focuses on the training of the healthcare providers in clinics and hospitals so that public hospitals could equally provide services to sex workers without discrimination or stigma.

Proposed Reforms

Male sex workers' views on reforms were parallel. Most male sex workers were of the view that reforms like decriminalisation and education on sex work should be explored. Gimil, for example, noted, "*decriminalisation is needed, followed by legalizing and sensitizing the public about it*" –(Gimil), while Kubby-III noted, "*things are okay the way they are, as no male sex workers are currently getting arrested*" (Kubby-III). Strong-007 was of the perception that "*the focus of reform should be on the promotion of health access, safety and access to justice as well as the promotion of equal rights, as found in the constitution.*" The researcher was of the observation that most male sex workers were not necessarily advocating for reforms as they did not have a problem with its current state. They had already developed strategies of dealing with the partial criminalisation and concealing their sex worker identities from their families and the community, as well as the fact that most of them held tertiary qualifications anticipating a good job they were qualified for. However, the interviewed NGOs and the police also proposed some legal reforms and health reforms. While Sisonke and the Pilot Mathambo Centre for Men's Health specifically proposed decriminalisation and legalisation, Nkaikela proposed rehabilitation of sex workers and sensitization of the public about sex work issues. The police on the other hand proposed revisions of the law to make it clear for easy enforcement. The key quotes are as follows,

I believe that whoever feels that this is work, the government or the public should view and respect it as legitimates work, because we all have bodily autonomy, and we have the right to do whatever we want with our bodies. I would like to see the revisions of the law decriminalising sex work and legalisation, because sex work is the oldest profession in the world, and sex work is done in privacy. Section 155 of the Penal Code is just quiet, it is not saying anything because it says you cannot live off the profits of sex work, and where will they find the evidence? (Sisonke representative).

Nkaikela also noted that,

The issue is the provisions of the Penal Code and the Constitution, which is what is creating friction. And it is political because, really, the law is silent. The reforms on protections and safety are what we need, it is a bit tricky, but we want laws to be revised to include exploitation of sex workers as a crime on its own now ... The public needs to be sensitised that sex workers exist, however we must also rehabilitate sex workers (Nkaikela representative).

The Pilot Mathambo Centre for Men's Health (PCMH) advocated for decriminalisation, which would pave way for legalisation stating that,

Blowjobs are jobs too! At first we need to decriminalise the partial criminalising clause in the Penal Code, then legalize so that sex workers could have the right to associate, formulate and articulate their issues; access services freely and be able to explain to doctors the kind of lifestyle they live without fear of being reported to the authorities. Decriminalisation would create a platform and space for initial engagements (PCMH representative).

In a nutshell, results above demonstrated sexual and physical victimisation experiences, and the reforms proposed included decriminalisation, sensitisation and legalisation.

Discussion

The results of this current study indicated the extent to which men could be victimised by the male tourist clients they serviced. Just like in this study, in their study Dunkle et al. (2013) found that participants also revealed experiences of male-on-male sexual violence victimisation. Despite their victimisation, victimised sex workers did not report to it to the police. Such leads to the minimisation of male sexual victimisation, and according to Stemple and Meyer (2014) 'contributes to a paucity of legal action concerning male sexual victimisation... as well as exclusion of men and boys in scholarship on victimisation.' A study by Wojcicki and Malala (2001) demonstrates the dangers of such victimisation stating that it instills fear which in turn may hinder sex workers' ability to negotiate safe sex practices. Another study by Okanlawon et al. (2013) reported sex workers having risky sexual engagements because of experiences related to being physically abused, threatened, and extorted and generally being forced against their wish, because of their poverty, powerlessness, and insecurity in such situations. Male sex worker's decisions or ability to negotiate for safer sex should, therefore, not be treated lightly but be considered within the structural constraints of poverty and the hierarchal power relations that exist with their clients. Considering the structural constraints of poverty could help examine why many sex workers choose economic survival over potential exposure to HIV (Gupta et al., 1996; Samudzi & Mannell, 2016). Such include unemployment, underemployment, debts and family support burden placed on youth in Botswana, which forced most individuals to sex work (Mashumba, 2021).

The Sex Role Theory comes in handy here where it ought to be acknowledged that Botswana is a patriarchal society where traditional roles are accorded through sexual division of labor and marriage is highly valued, thus, enabling those who marry to receive special status and privileges. Men in Botswana have often been economically empowered compared to women as they historically headed the family, participated in business-related activities, migrated to cities or neighbouring South Africa seeking better job opportunities, and playing the provider role well (Ntseane, 1999). Thus, men have always held a privileged position, financially, legally, politically, and socially in Tswana society. Those who fail to play this role, despite widespread poverty and rising levels of joblessness (Richter & Morrell, 2015), are often considered “unmanly” as they are not performing what society expects of them, which demonstrates the relational construction of gender identities and widely held beliefs about masculinity (Brown, 2012; Jewkes & Morrell, 2012). Such an arrangement of a man being the breadwinner supports social and labour reproduction, hence for a long time, employment has played a significant role in the reproduction of hegemonic masculinities (Connell, 2016; Morrell et al., 2013). It is not surprising that their vulnerability is not seen, and they conceal their physical and sexual victimisation and the sex worker status to begin with.

Another theme was that of stealthing. The researcher's worry here was that the male sex workers were hesitant to report the stealthing victimisation to the police as rape. It should not matter that the sex was consensual because the condom removal was not consented on. There is generally a lack of scholarship exploring the criminal dimensions of this, especially in relation to consent, however, some studies like Klein (2014) indicate this cannot be separated from deliberate HIV transmission. The perception was that for the ‘very’ gay and some bisexual clients, such victimisation through stealthing was linked to their feminine looks as there are stereotypes with regards to gender roles (Mashumba, 2021). Javaid (2016) and Dunkle et al. (2013) indicate that quite often men expressing a feminine gender were at higher risk of gender-based violence from men who presented themselves as more traditionally masculine. This has also been noted in other studies where authors noted that quite often the fallacy is that male victims ‘asked for it’ (Stemple & Qutb, 2002), and the notion that ‘real men can protect themselves’ (Scarce, 1998) as well as the fallacy that it is unmasculine to report sexual victimisation by a male which increases resistance to reporting (Groth & Burgess, 1980; Stemple & Meyer, 2014).

In addition, it is not surprising that the interviewed NGOs were of the view that health reforms were needed in Botswana. This finds support in a study by Okanlawon et al. (2013) found out that the economic dependence of male sex workers on clients also puts them at risk of increased HIV susceptibility, exploitation and abuse. Dunkle et al. (2013) add that male sex workers in Africa are faced with high risks of exposure to HIV, other sexually transmitted diseases, stigma especially linked to same-sex, substance and drug abuse and unprotected anal sex. In Botswana there is still a culture of denial about existence and growth of issues of sex work and same-sex relations, and activists in Botswana lament the society's continued avoidance of issues hiding behind morality, religion, and culture as causing more problems (Seleke, 2012).

Similarly, representatives of the interviewed support groups were of the view that the absence of a protective legal environment leaves sex workers exposed to many vulnerabilities without the ability to seek redress. That being noted, in my view the law fails to recognise sex workers as persons before the law. The law has been defined as a powerful tool that can either be used to empower sex workers or further victimise them (Vanwesenbeeck, 2017). While Sections 149–58 of the Botswana Penal Code punish procurers, brothel-keepers, and any ‘male persons living on the earnings of prostitution’, the clauses remain vague and difficult to enforce. AVERT (2008) highlights that the Southern African Development Countries (SADC) share this common quality of being silent on sex work or having it partially legal, which barely protects anyone.

Law reform advocates suggest that legitimising sex work through decriminalisation would offer the enjoyment of protections that come with the recognition of their equality with others, enable them to conduct business in safe workplaces, and unionise (Overs & Loff, 2013; UNAIDS, 2009). Abel et al. (2010), in their assessment of the decriminalisation of sex work in New Zealand, identified that although legalisation did not curb social stigma surrounding sex work, the sex workers’ legal rights provided some leverage against discrimination and stigmatisation. Rekart (2005) indicated such reduced the harms as it allowed for successful harm-reduction strategies to be employed, such as training in condom-negotiating skills, safety tips, and safety guidelines for brothels. This finds support with Gardner (2001) who states that under the current legal environment, there is lack of protection and preventative efforts are impeded, leaving sex workers vulnerable to HIV infections and many forms of exploitation. Other authors argue that criminalisation invariably penalises the sex worker but not the client, which builds a setting where sex workers suffer being labelled as criminals and face human rights abuses (Gardner, 2001). Many have argued that such criminalisation is ‘barking at the wrong tree’ as it does not offer any solutions for structural conditions that sex work is rooted in (Vanwesenbeeck, 2017). The Open Society Foundation (2007) argues that laws and policies must always be based on good evidence of what works to protect the rights and health of sex workers. WHO (2012) argues for decriminalisation, just like the Sisonke and PMH. It is argued that decriminalisation possibly could have the largest impact on HIV prevention where many reports have indicated 33–46% reduction in HIV infections among sex workers as it curbed violence, police harassment and paved access to safer working conditions as well as access to adequate health care services (Decker et al., 2015; Shannon et al., 2015). Barnett et al. (2010) argue that decriminalisation of adult sex work which will enable male sex workers to make healthier and safe choices when engaging in any form of consensual sex work. Overs and Loff (2013) emphasise that decriminalisation alone, however, will not work as tackling the health and human rights of sex workers requires multi-faceted and setting-specific reforms. The UNAIDS Guidance Note on Sex Work (2009) particularly recommends the removal of punitive laws, stigma, practices, policies, and discrimination which often lead to exposure to violence, more vulnerability, less access to health, human rights violations, and exclusion from contributing to their social and economic development.

WHO (2012) suggests for countries to adopt the WHO evidence-based interventions including support for safer sexual and drug-use behaviours, condom promotion and provision, partner notification and beneficial disclosure, identification, and treatment of sexually transmitted infections (STIs), psychosocial support, HIV testing, and counselling for partners and family members (p. 2). While such health interventions could work, they need to be coupled with the above discussed legal reforms. Evidence from New Zealand has shown that decriminalisation works in the improvement of the health of sex workers (Abel, 2014; Armstrong, 2014, 2016). Platt et al. (2018) also reminds us that sex work is closely linked to poverty, homophobia, and substance abuse, which in turn shape the health and welfare of the sex workers. All these are structural factors. In Sub-Saharan Africa the environment quite often double stigmatises male and transsexual sex workers pushing them underground and invisible. There is, however, lack of data on the interplay between criminalisation, removal of structural factors predisposing people to sex work, and health outcomes, which is an area recommended for future studies.

Conclusion

The findings of this study indicate that the common motive for entering sex work is the need to make money and provide for the family as most sex workers were faced with financial difficulties. Male sex workers face a wide range of vulnerabilities and face both physical and sexual victimization. Traditionally, culture and religion have produced a gender-biased socio-cultural parameter that placed males as providers, hence, male sex workers are fearful of reporting their victimization to the police. Both sex workers and support groups argue for the decriminalisation. Decriminalising sex work in Botswana may help provide opportunities for legal protections, safer spaces, and provide access to justice to prevent the victimisation of MSWs as revealed in this study. This study argues that identifying the risk factors is significant for building appropriate and effective prevention strategies. However, this study is not without limitations. One of the limitations of this study is that MSWs in Botswana are not a hegemonic group, they are diverse and originating from various ethnic backgrounds, having different sexualities and different upbringings. Certainly, their experiences are not representative or generalizable, but unique and thought-provoking.

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