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Solidarity, Support and Competition among Communities of Female and Male Sex Workers in Mombasa, Kenya

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Abstract

Female and male sex workers are at elevated risk for HIV infection, psychological distress and other adverse health outcomes. It is therefore important to understand how sex workers' social relationships with one another may inform psychosocial support services for this population. We conducted semi-structured interviews to examine the formation and nature of social networks of 25 female and 25 male sex workers recruited from bars and clubs in Mombasa, Kenya. Relationships between and among female and male participants often were formed based on a mutual understanding of the challenging nature of sex work. Both groups described their relationships in terms of friendship and brotherhood/sisterhood and highlighted the following benefits of sex worker social networks: economic benefits, access to information about HIV/STIs and protection, and support against violence from clients and law enforcement agents. Social networks were often threatened by competition for clients and hence could result in conflict. However, many sex workers explained that their sense of solidarity and reliance on one another for health, protection and economic wellbeing helped minimise conflict. The social networks of sex workers could therefore be used to leverage or optimise access to HIV prevention and care.

Keywords

solidarity; HIV; female sex workers; male sex workers; social support

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Introduction

Female and male sex workers in sub-Saharan Africa face significant mental and physical health problems, such as a high risk of HIV, depression, substance abuse, and physical and sexual victimisation (Coetzee et al. 2018; Geibel et al. 2008; Chersich et al. 2007). Despite significant health needs, sex workers also experience barriers to accessing healthcare, including denial of services, and verbal and physical abuse by providers (Scorgie, Nakato et al. 2013; Crowell et al. 2017). Furthermore, stigma and criminalisation of sex work and same-sex practices contribute to negative interactions between sex workers and the police, including arbitrary arrests, physical violence and sexual abuse (Qiao et al. 2019). Such negative interactions place sex worker populations at the margins of healthcare and criminal systems, pushing them away from attaining services that promote their legal protection, health and well-being.

In the face of unmet health and social needs, sex workers may turn to their peers/networks for social support and assistance. Studies in Brazil (Kerrigan et al. 2008), Canada (Argento et al. 2016) and Swaziland (Fonner et al. 2014) show that trust, solidarity and support within communities of female sex workers increase condom negotiation self-efficacy with sexual partners and facilitate condom use. Additionally, HIV risk-reduction interventions based on the promotion of social cohesion and the empowerment of female sex workers' communities in low- and middle-income countries have led to decreases in HIV/STI transmission (Kerrigan et al. 2013).

Among men who have sex with men in general, social cohesion may be protective against depressive symptoms and associated with higher HIV testing and viral suppression and lower HIV stigma (Hussen et al. 2018; Grover et al. 2016; Sivaram et al. 2009). The literature on social cohesion among male sex workers, however, is scarcer. Research with male sex workers in China and the USA suggests a positive role of peer group-based resources with respect to HIV prevention behaviours (Huang et al. 2012; Valente, Mimiaga et al. 2020). However, more studies are needed to understand this group's social networks and how, if at all, these relationships may promote health.

Furthermore, research comparing the experiences of female and male sex workers is limited. A qualitative study with male sex workers in Nigeria found that female sex workers may help to mitigate homophobia against male sex workers when pretending to be male sex worker's girlfriends, thereby giving cover to male sex worker's involvement in same-sex practices (Okanlawon, Adebowale and Titilayo 2013). However, the literature on the relationship between sex workers' solidarity and support, and social and economic outcomes is limited, and no studies have focused primarily on the socioeconomic consequences of social relationships between and within communities of female and male sex workers.

To address these gaps, we examined similarities and differences regarding solidarity, social support, and competition between female and male sex workers who engage clients in bars and clubs in Mombasa, Kenya. For the purpose of this analysis, we operationalise

“communities of female and male sex workers” as relationships between study participants and other sex workers regardless of gender identity.

Methods

Context

In the coastal Mombasa area, a hotspot for sex work in East Africa, bars and clubs are the main venues for both female and male sex work (Geibel et al. 2007). Female and male sex workers frequent many of these bars for meeting clients and for non-sex work-related matters, providing opportunities for social and professional interactions between these two groups. In addition to high HIV prevalence, violence against sex workers is common, being facilitated by criminalisation of sex work and homosexuality in Kenya, which makes sex workers vulnerable to arbitrary arrests and police violence (Okal et al. 2011; Valente, Edeza et al. 2020). Even though government-sponsored HIV prevention programmes have included sex workers and men who have sex with men as “key populations” (National AIDS Control Council of Kenya 2016), the criminalisation and stigmatisation of sex workers and sexual minorities in the country contribute to alienating these populations from health and social services.

Participants and Recruitment

Between December 2014 and March 2015, we conducted semi-structured interviews with 25 female and 25 male sex workers recruited from 18 bars/clubs in Mombasa. These bars/clubs were identified by peer sex workers working with the International Centre for Reproductive Health – Kenya based on a previous mapping of sex work venues in the city (Geibel et al. 2007) and reflected the main venues for sex work in Mombasa. Peer sex workers also assisted with recruitment of participants. Participants were included if they were 18 years of age, visited bar/club more than four times per month, solicited transactional sex with a client at bars/clubs in the past three months, and were visibly sober and willing to have their interview audio-recorded. To protect anonymity and confidentiality, pseudonyms are used in the presentation of findings.

Materials and Procedures

Trained researchers conducted interviews in a private space at or near the recruitment venues (i.e. bars/clubs). Interviews were conducted in Kiswahili or English, according to participants’ preference, and lasted 60–90 minutes. All interviews were audio-recorded and transcribed in the original language. Interviews conducted in Kiswahili were then translated into English. Transcriptions and translations were reviewed for accuracy by the study team.

The interview guide encompassed a wide range of topics from context of sex work, sexual identity, social interactions with other sex workers and clients, experiences of violence and victimisation, and access to HIV prevention. In this analysis, we focus on narratives related to social relationships within and between communities of female and male sex workers and social support, solidarity, and conflicts within these relationships.

Written informed consent was obtained from participants prior to the interview. All study procedures were reviewed and approved by the the Kenyatta Hospital-University of Nairobi Ethics Research Committee, the Institutional Review Board at the New York State Psychiatric Institute-Columbia Psychiatry, and the Medical Ethics Committee at the University of Ghent. Participants received KES\$1047 (~US\$12) for study participation.

Data Analysis

Our analytic approach is described in detail elsewhere (Masvawure et al. 2018). Briefly, US and Kenya research team members drafted an initial codebook based on a subset of transcripts using an inductive (i.e. based on emerging themes) and deductive (i.e. based on questions in the interview guide) approach. The codebook was iteratively refined based on subsequent interview transcripts. Twenty-six transcripts were double-coded by two researchers with training and experience in qualitative methods. The researchers met weekly to compare and discuss code applications until there were no discrepancies in coding applications and codes were being applied consistently across coders. The remaining 24 transcripts were then coded individually by one of the two coders. Weekly meetings to resolve coding challenges continued until all transcripts were coded.

Using principles of thematic analysis (Boyatzis 1998), excerpts were analysed for themes regarding female and male sex workers relationships with other sex workers, perceived social, economic, and health-related benefits as well as challenges of these relationships. We initially analysed themes that emerged in interviews with female and male sex workers independently and then explored similarities and differences between groups. Given the exploratory nature of our study, no a priori theoretical framework was utilised to interpret our findings. Data were analysed using Dedoose, a web-based platform for data management and analysis.

Findings

Our sample consisted of 25 female sex workers aged 18–37 years (median=31, IQR=8.25) and 25 male sex workers aged 20–39 years (median=25, IQR=4.25). Seven female sex workers and 19 male sex workers reported having a high school or higher-level education. Only two male sex workers and one female sex worker were married. The majority of the sample had only male clients (24 female and 17 male sex workers), whereas one female sex worker and seven male sex workers had both male and female clients. One male sex worker did not provide information on the sex of clients.

Three key themes emerged with respect to sex workers' relationships: (1) formation and development of social relationships within and between female and male sex workers; (2) health, social, and economic benefits of these relationships; and (3) conflicts that arose from relationships within and between female and male sex workers.

Formation and development of relationships between sex workers

Both female and male sex workers described how empathy and mutual understanding of sex work and of each other's similar life experiences contributed to the development of supportive social relationships. Many participants described their relationships with other

sex workers as highly beneficial to their work, and to a degree, a necessity. As both female and male participants explained:

“Yes, I am comfortable [with talking with other sex workers] because they are my peers. The things I do are the things they also do, and the things I go through are the same things they go through, so I am free to talk to them about anything.”
(*Mark, 21 years old*)

“With someone you work with, you must have a relationship of understanding... you are holding on [to] each other.” (*Mary, 31 years old*)

Some participants discussed how repeated interaction between sex workers in the workplace could lead to friendships over time. As explained by one male sex worker:

“We just meet at the club. Today he [another male sex worker] sees you going with a certain client and maybe he sees that you are being bought a lot [are having many clients] (...) it is how the friendship begins.” (*Peter, 26 years old*)

Female and male sex workers had varying degrees of closeness to other sex workers in their communities. While most described their relationships with other sex workers as friendships, some participants considered some peers to be family.

“I really love having friendship with [female sex workers]... We never disagree... we are usually like sisters.” (*Michael, 26 years old*)

A few male sex workers discussed how some relationships were grounded in common experiences as sexual and gender minorities. Gender expression also emerged as a way through which male sex workers formed relationships and recognised members of their communities. A few gay-identifying male sex workers talked, walked or dressed in ways that let other gay male sex workers know of their status as a sex worker and/or their sexual or gender minority identity. One male sex worker described how similar gender expression could foster friendships and indicate solidarity to each other’s “kind of life”:

“Sometimes we sit somewhere in a group and our friends who are gays come and we talk. We advise each other about going out, how to dress and to walk also. (...) That shows solidarity... You know if you [are a man who] wears a dress, everyone will just know that that one is [a sex worker]... [Or] if I walk on the roads in a dress, it is very easy to tell the kind of life I have.” (*Michael, 26 years old*)

Sexual orientation and gender expression also facilitated social relationships between female and male sex workers. This was illustrated by a female participant who reported having a close affinity with male sex workers with feminine gender expression and by a gay-identifying male participant who perceived female sex workers to favour developing friendships with gay-identifying sex workers:

“We [female sex workers] chat with them [feminine male sex workers] because they are very friendly. They know we are their colleagues. (...) I usually tell them that those [feminine male sex workers] are fellow women.” (*Mercy, 32 years old*)

“Yes, they [female sex workers] are usually my friends. (...) They don’t like hanging out with straight men, they want people like us. Because we are gays.”
(*Matt, 28 years old*)

Benefits of relationships among sex workers

Social support related to sexual health and sex work—Both female and male sex workers reported turning to other sex workers to access sexual health information. Some sex workers reported that friendships with other sex workers facilitated non-judgemental discussions about sex, HIV/STIs, and health issues.

“Sometimes there is no one else you can confide in. If you have a friend who is a sex worker, you wouldn’t then go to someone who is straight [not a sex worker] and start talking about sex, or that you have acquired a certain disease. You couldn’t explain such things to such a person because they wouldn’t even understand. Such things are best discussed with your friend. [a fellow sex worker]” (*Michael, 23 years old*)

These relationships also served as an opportunity for female and male sex workers to share experiences related to sex work. Many participants reported that trust in other sex workers enabled discussion about work-related challenges, such as negative experiences with clients.

“From there [other sex workers] we learn a lot. (...) That is where you get experience, that’s where you learn about (...) the mistakes you have done with your clients. You think you are alone, then you find that your friends also are facing the same kind of shit that you are facing. You find that is normal then you like console yourself.” (*Zacharia, 23 years old*)

A few sex workers reported informing peers about clients who had removed or tampered with condoms in sexual encounters or who had shown signs of STIs so their peers would not engage in sex with these clients:

“If I find you seated with him [a client], I will call you [another sex worker] aside and tell you, ‘this man tears condoms, he did that with me’, or ‘I went with this man and saw blood in his sperms [indicating an STI] so be careful with him.’”
(*Tulika, 37 years old*)

Some female and male sex workers also reported receiving instrumental support for health needs, including reminders to carry condoms and getting rides to the hospital when facing health issues:

“When we leave [for work] we are in many groups, for instance, we are about seven. When we leave, everyone asks each other if they have carried a condom.”
(*Leslie, 36 years old*)

“If you have been infected with a certain disease, you look for a close person to discuss with [another sex worker]. You tell him, ‘I have been infected with this and this’, and you help each other. He takes you to the hospital or shows you where you can get help.” (*Jeremia, 28 years old*)

Financial help and business strategies—Helping each other financially was a common practice among both female and male sex workers. Participants helped other sex workers increase their earnings by referring clients to them.

“We assist each other, for example, if one of us has not gotten anything [any clients], if she has no one, you can connect or guide her to someone [a client], for her to earn something for her rent, food and do other things, to get a livelihood.”
(*Theresa, 26 years old*)

As an expression of gratitude for connecting them with clients, female and male sex workers compensated their peers with commissions and gifts. This was described as *shukrani*, a Swahili term for ‘appreciation’ or ‘showing gratitude by giving back’:

“Yes, I must give them [sex workers who introduced her to clients] commission... just like *shukrani* ... I am the one who just gives them to show my gratitude.”
(*Salome, 23 years old*)

“They [female sex workers] are our best friends. They can help identify those clients (...) [who may be] queer, they can be bisexual, they can be gay. So, they [female sex workers] help us and we split commissions.” (*Henry, 27 years old*)

Among male sex workers, provision of financial support to peers also included paying for sex with other male sex workers who had not been able to get clients when demand for sex work in the region was low:

“In January we don’t get many clients, so a fellow sex worker picks you up [has sex with you] so that you can at least get some work. (...) He [another male sex worker] paid me. I had not found any client on that day.” (*Jafari, 23 years old*)

Additionally, a few participants also reported that price-fixing contributed to maintaining one’s livelihood and that of peer sex workers:

“Those [male sex workers] are our friends. We can even come to share when we are given little money or even agree that today we are charging higher prices.” (*Daliah, 25 years old*)

Group protection against abusive clients and the police—Participants reported that working in groups provided physical safety and protection, making them feel safer and more comfortable in comparison to working solo:

“There is unity for friends [sex workers], especially for those who go to work together because sex workers like going out as a group. (...) I wouldn’t feel much confident when I go out alone. I wouldn’t be much comfortable.” (*Zacharia, 23 years old*)

When in groups, both female and male sex workers reported warning peers about potentially violent clients in order to prevent victimisation by abusive clients:

“If someone has experienced some abuse with a client, you warn your fellow sex workers that if you go with so and so [that client], he will abuse you. So if you go

with him, (...) be careful with him because he does this and that. That is how we help each other.” (*Jeremia, 28 years old*)

A few participants also reported ‘ganging up’ against male clients who had physically assaulted other sex workers, even if they were not friends with one another:

“There are groups. You may find that we walk in pairs, others walk in trios... We cannot stay silent while a man beats you. They [we] usually gang-up to chase away the man, even if we are not friends.” (*Tulika, 37 years old*)

Furthermore, both female and male sex workers relied on their peers for protection from police harassment. Many participants warned each other about areas where other sex workers had been arrested and bolstered each other’s confidence to lodge complaints about negative incidents involving police officers.

“When we are united, the county police cannot harass us. We go to the police station and report. We tell them our problems and ask them not to harass us while doing our business. We go as a group of sex workers. (...) They [police] cannot keep coming to disrupt us where we are.” (*Theresa, 25 years old*)

A few participants also reported mobilising their communities to release on bail peer sex workers who had been arrested by the police. When describing one such instance, a male sex worker described this type of support as implying the existence of norms of reciprocity within the group.

“Whenever one of us has a problem, we cannot allow him to suffer. Maybe the police have come there and arrested him, the ones who were near when he was being arrested, we are forced to go to bail him out.” (*Ekon, 26 years old*)

Concealment of same-sex sexual orientation or sex worker status—Some male sex workers reported that being friends with female sex workers helped conceal their engagement in sex work and sexual orientation by making others believe they were in heterosexual relationships, which was perceived to be important given the criminalisation of sex work and homosexuality in Kenya.

“Almost each and every place that I hang out, I have a friend that I hang out with (...) who is a female. Because at the end of the day, she will not blow my cover and she will look like I am someone with [a girlfriend].” (*Henry, 27 years old*)

Conflict between sex workers

Competition for clients—Sex workers indicated that despite solidarity within their community, not all of them felt united. This sentiment was due to the competitive nature of the sex work industry. Many participants reported having quarrels and fights with sex worker colleagues and disputes over clients. In some instances, these fights went beyond the workplace and involved threats or attempts to “tarnish” the other’s image.

“When someone is angry with you [because of competition for clients] during working hours, then know that it is hate, even when you are not at work. Even when they see you outside on the road, they shout at you. Let’s say even if you go do sex

work at night in secrecy, when they see you during the day, they shout at you ‘til everyone knows what you go to do [sex work]... It becomes hate.” (*Chidi, 20 years old*)

Competition for clients also involved lowering the price for the sexual exchange in order to attract the clients of other sex workers:

“We meet sometimes at [a street] when the [clients] are standing beside the road looking at the female sex workers and that female sex worker wants to start charging from 2,000 [shillings, approximately USD20] and I want to charge from 500 or 1,000 so because I am also a sex worker I will go and seduce that client for myself (...) Yes, we compete.” (*Davu, 35 years old*)

Maintaining business reputation by excluding other sex workers—Among male sex workers, maintaining a good reputation by forming groups based on social class, level of discretion and gender presentation was key to keeping good business relations with clients. For a few male sex workers, forming such groups involved intentionally avoiding relationships with peers of lower socioeconomic status, with “tarnished” reputations, or who were perceived to be HIV-positive. As one participant explained:

“In this [sex] business, (...) we have different classes of sex workers, those who will consider themselves going after five-star hotels...[and] those who consider themselves the local joint sex workers (...) How you uphold yourself is the same way you will be treated... You don’t want someone to embarrass you... Those who do not maintain their discretion, we do not align ourselves with them [or those] portraying themselves as queer, because I have some sense or some degree of discretion that I have to uphold, same applies to my clients. My clients don’t expect me to behave like a woman (...) [so] we cannot allow someone else joining this clique. (...) We are looking for people [clients] who have got money to sustain you. We live in apartments that cost [KES\$] 20,000, 30,000, (...) so you wouldn’t want someone [a sex worker not part of the ‘clique’] come ruin your cover.” (*Henry, 27 years old*)

The same participant further described how he also excluded male sex workers from his professional circle based on concerns that a peer’s HIV status could jeopardise his reputation with clients:

“If someone is HIV-positive, we know. If someone is sick, we know, because at the end of the day if you have something that a client might distrust, that means this client might cause harm to that whole clique because (...) he will talk to another client. That client will talk to another client, then it becomes now a whole web of people [who] say, ‘Keep off these people’.” (*Henry, 27 years old*)

Managing conflict—Despite conflict, many female and male sex workers recognised that maintaining a good relationship with their peers and mediating disputes over clients were important:

“Females know you must have a good relationship because you don’t know what someone can take from you ... if you find your colleague, you must know that you

should not treat them badly so that you don't bring fights." (*Daliah, 25 years old, male clients only*)

Some participants also described arguments over clients as a potential risk to their business, prompting them to make peace with other sex workers by letting clients decide whom they would choose:

"You end up fighting [over clients] and the client leaves and both of you lose. [So] the client can decide who to pick." (*Mercy, 32 years old, male clients only*)

Occasionally, groups of sex workers acted as third-party arbitrators, mediating and adjudicating conflicts over clients so the group as a whole could remain united:

"When the fight erupts, (...) you can call your friends and then they come mediate. We do not want to fight in front of the client. We will have two, three of our friends, then they decide, 'Okay you will take the client, you will not.' So regardless of whether the decision is good to you or bad, you have to agree to it because at the end of the day it enables us to be one [united] and also avoid those kinds of tension." (*Henry, 27 years old*)

Alternatively, a few participants avoided conflicts with other sex workers by working solo. This was reported even by sex workers who were friends with other sex workers, but who preferred to work alone when looking for clients:

"We can stay together for like 5 minutes while passing time waiting for midnight or 1 AM. Then everyone goes their way because those [are] the hours for getting money." (*Deka, 29 years old*)

"We are in solidarity, but it reaches a point when you are looking for clients, everyone goes by himself." (*Davu, 35 years old*)

Discussion

This study explored the formation, benefits, and challenges of social relationships among communities of female and male sex workers in Mombasa, Kenya, and how these relationships contribute to solidarity, trust and competition among sex workers. By examining relationships of both female and male sex workers, we were able to identify differences and similarities in how sex workers connect with each other. Although most of the literature on sex work has separated female and male sex workers as though they worked and existed in separate social and physical contexts, we show that interactions between these groups, both positive and negative, are habitual aspects of life and that sex workers build community across gender boundaries.

In this study, sex workers acted as peer educators by sharing sexual health and HIV/STI prevention information, encouraging condom use, and discussing difficult work-related situations with peers, including negative interactions with clients. As such, sex workers were potential sources of information related to condom negotiation and other ways to maintain safer sexual practices relevant to their occupation as sex workers. Our findings thus provide context and suggest potential mechanisms through which sex workers' social cohesion and community connectedness may be associated with increased condom use and

enhanced condom negotiation skills (Kerrigan et al. 2008; Argento et al. 2016; Fonner et al. 2014). The role of sex workers in educating members of their communities is promising from a public health perspective, and community-building efforts should be considered as part of future interventions to promote health and prevent HIV/STI transmission among both female and male sex worker communities. Future research should also explore whether there are within-group differences in how female and male sex workers communicate and receive prevention information (e.g. based on number and perceived gender of sexual partners) so as to identify groups of sex workers most likely to benefit from future peer-led risk reduction interventions.

Sex workers relied on their relationships with other sex workers when they needed support to attend healthcare appointments. Similar research with female sex workers in Swaziland (Fonner et al. 2014) and South Africa (Parmley et al. 2020) has indicated that social support from peers facilitated access to healthcare, e.g. through sharing rides to the hospital and providing mutual encouragement to attend clinic visits and adhere to medication regimens. Given that there are manifold barriers to accessing sexual and mental health services among female and male sex workers (Scorgie, Nakato et al. 2013; Okal et al. 2011), peer support may help circumvent barriers to accessing care and mitigate unmet mental and physical health needs.

Similar to previous studies in sub-Saharan Africa (Scorgie, Vasey et al. 2013; Okanlawon, Adebowale and Titilayo 2013), our findings highlight the role of community mobilisation, connectedness and trust among sex workers as ways to prevent violence from the police and clients. Violence enacted by clients and police are common among both female and male sex workers in Kenya, posing several health and social risks (Scorgie, Nakato et al. 2013; Okal et al. 2011; Okal et al. 2009; Valente, Edeza et al. 2020). Being in groups may bolster sex workers' confidence in advocating for themselves and protect against police arrests and the effects of sex work-related stigma and violence. Future research should investigate the role of social relationships and mobilisation in violence prevention and how public health interventions can leverage these group-level resources to prevent violence and promote health among sex workers.

Sex workers' social relationships had a positive impact on their financial well-being and enabled the development of different strategies to ensure secure livelihoods. The economic benefits of these relationships were both direct, such as referring clients to each other or paying commission to peers for referrals, and indirect, by learning strategies to improve their business. Research indicates that sex workers often turn to their peers when financially vulnerable and, in some instances, have even initiated microfinance programmes (Scorgie, Vasey et al. 2013; Fonner et al. 2014). Future research should investigate the extent and impact of business strategies used by sex workers and their potential role in multi-level public health interventions. Additionally, more research is needed to understand potential differences in the health and economic benefits obtained from relationships with peer sex workers based on the frequency (e.g. weekly or daily vs. occasionally) and location (e.g. online vs. at bars and clubs) of sex work.

Social relationships within communities of sex workers may have complex or contradictory impacts on stigma and discrimination against sex work and same-sex practices. On the one hand, non-normative gender expression grounded positive relationships among male sex workers and between female and male sex workers. On the other hand, we have also described intra-group stigma and segregation of sex workers based on perceived social class, gender identity and presentation, and HIV status. Distrust and conflicts within communities of sex workers may reflect disempowerment and violence to which sex workers are exposed, as well as the internalisation of stigma against sex workers and sexual minorities (Güler 2020). Similarly, economic vulnerability and the need to ensure one's livelihood may strain relationships and lead to conflict between sex workers. Conflicts between sex workers may ultimately lead individuals to withdraw from communities of peer sex workers and therefore fail to obtain the benefits of community engagement and connectedness. Future research should examine conflict within communities of sex workers, including that related to intersecting forms of stigma and social segregation, as well as strategies to overcome barriers to positive social relationships among these communities.

Our study contributes to understanding of the role of social organisation and cohesion in health and social outcomes. Social cohesion involves both a network element (i.e. the number of individuals and density of social connections in one's social networks) and a cognitive/social element (i.e. perceived trust, social norms and values) (Putnam 1993). In this study, the existence of bars and clubs frequented by female and male sex workers provided opportunities for individuals to meet and establish social networks. These networks then facilitated the development of mutual understanding and relationships of trust and reciprocity. In this context, sharing information and strategies to prevent HIV, other STIs and violence and improve economic gains facilitated the development of trust and solidarity and added meaning and value to relationships and strengthened social ties among sex workers. However, the formation of tightly-knit, cohesive social relationships may also lead to the exclusion of individuals who do not meet the social expectations of these networks. Given the positive and negative aspects found around sex worker's relationships in this study, research exploring interest in and acceptability of interventions that leverage social cohesion among female and male sex workers in Kenya is warranted.

Limitations

Study findings must be interpreted in light of their limitations. Our sample consisted of bar/club-based female and male sex workers from Mombasa, Kenya, and as such, the generalisability of our findings is limited. For example, the perspectives of sex workers working online may not be represented in this study. Additionally, one-on-one qualitative interviews can give rise to power dynamics that may lead participants to provide socially-desirable responses, particularly regarding behaviours that are criminalised and stigmatised. In order to minimise social desirability bias, however, we developed interview guides with open-ended, non-judgemental phrasing of questions and interviewers were trained in how best to elicit candid responses.

Conclusion

To our knowledge, our findings are the first account of formation, development, health and socioeconomic benefits, and challenges related to social relationships within and between communities of female and male sex workers in Mombasa, Kenya. We found that, in general, female and male sex workers characterised their relationships with peer sex workers as friendly and supportive. Relationships were often formed out of mutual understanding and trust that positive relationships would be beneficial for individuals' well-being and livelihood. However, we also observed violence and marginalisation among sex workers, particularly in the context of competition for clients and maintaining reputation in a setting where the stigmatisation of sex work and same-sex practices is high. Our findings have implications for how best to build upon sex worker solidarity with one another to increase education, services and prevention of HIV/STI; enhance mental and physical health; address negative interactions with clients and police, and help with financial and economic needs.

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