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Research article

Examining the intersection of prostitution, HIV/AIDS transmission, and stigma in conflict-affected areas: The case of Bahir Dar city

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Abstract: *Home-based commercial sex workers are vulnerable to HIV/AIDS transmission due to their isolation from support networks, limited access to healthcare services, and economic pressure that often lead to risky sexual practices. This study investigates the role of home-based commercial sex workers in the transmission of HIV/AIDS in Bahir Dar city, focusing on the socio-demographic characteristics and living conditions of this vulnerable group. Utilizing a household survey, key informant interviews, focus group discussion, and case studies, data were collected from 180 participants. The findings reveal that a significant proportion of home-based commercial sex workers were young women under 30, often driven into sex work due to limited educational and economic opportunities. Alarmingly, 69.3% of the participants reported that they were HIV-positive, with inconsistent condom use exacerbating health risks. The ongoing armed conflict has intensified these challenges, increasing the demand for sex work while limiting access to healthcare. Despite facing stigma and discrimination, some women are beginning to engage in community support initiatives. The study highlights the urgent need for comprehensive interventions, including educational programs, accessible healthcare, and community support networks, to improve the lives of home-based sex workers and reduce HIV transmission rates.*

Keywords: *HIV/AIDS, home-based commercial sex workers, stigma, socio-demographic factors, Bahir Dar*

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1. Introduction

Commercial sex work is a significant issue in many parts of the world, including Ethiopia, where sex workers are particularly vulnerable to HIV and other sexually transmitted infections (STIs). This vulnerability arises from factors such as having multiple sexual partners, unsafe working conditions, and social marginalization. Additionally, the criminalization of sex work and societal stigma further restrict sex workers' ability to manage these risks (UNAIDS, 2012).

In Ethiopia, sex work has a long-standing history and has notably expanded in urban and tourist areas over recent decades. Key drivers of this growth include economic necessity, conflict, divorce, peer influence, and the commercialization of local alcoholic beverages (Weitzer, 2009;

Betelhem, 2017). This expansion has serious implications for the health and well-being of sex workers and the wider community. Sex work occurs in various settings, ranging from established brothels to informal venues such as bars, hotels, and roadside areas. Formal sex work often involves intermediaries like managers, while informal sex workers—those operating on the streets or from home—are typically harder to reach and more susceptible to violence (Family Health International, 2002; WHO, 2011).

Home-based sex workers in Ethiopia frequently sell low-cost local alcoholic drinks or shisha at their residences, blending sex work with other informal economic activities (Haregewoin, 2018). The HIV epidemic has disproportionately impacted sex workers in sub-Saharan Africa, including Ethiopia, where the prevalence among female sex workers (FSWs) and their trucker clients reached 17% and 13%, respectively (WHO, 2011). This highlights the significant burden of HIV and STIs faced by sex workers in the region.

Prostitution is closely linked with the spread of HIV/AIDS, particularly in regions affected by civil conflict. Such conflicts create instability, displacement, and poverty, driving many women to engage in transactional sex as a survival strategy, which increases their exposure to HIV/AIDS. Research indicates that sex workers in conflict zones face a heightened risk of contracting and transmitting HIV due to limited access to healthcare, lack of protective measures, and coercive work environments (Weitzer, 2009; UNAIDS, 2012). Recent studies have shown that the intersection of conflict and health crises exacerbates these vulnerabilities, making it crucial to address the unique challenges faced by sex workers in these contexts (Mastrorillo et al., 2016).

The dynamics of civil war significantly elevate the risks associated with prostitution. Armed conflicts disrupt social and healthcare systems, complicating the implementation of HIV prevention and treatment programs. The presence of military personnel, displaced populations, and economic desperation creates a demand for sex work, facilitating the spread of HIV. Mathematical models have demonstrated that high-risk behaviors in these environments contribute to epidemic thresholds, increasing the virus's reproduction number (Spiegel et al., 2004; WHO, 2011).

The stigma and criminalization of sex work during civil wars hinder effective interventions. Sex workers are often marginalized and excluded from public health initiatives, making them more vulnerable to violence and disease. This marginalization is exacerbated by a lack of education and resources in conflict zones, where addressing the HIV/AIDS epidemic is frequently overshadowed by immediate survival needs. Consequently, prostitution not only facilitates the spread of HIV/AIDS but also perpetuates cycles of poverty and health inequities in war-torn regions (Aral et al., 2006; Lijalem, 2014).

Ongoing political instability in Ethiopia, particularly in cities like Bahir Dar, has further heightened the vulnerability of women engaged in prostitution to HIV/AIDS. Economic hardships, displacement, and social disruption stemming from political turmoil often drive more women into sex work for survival, increasing their exposure to risky sexual encounters. Access to healthcare services, including HIV prevention, testing, and treatment, is frequently disrupted in such unstable conditions, leaving these women with limited protective resources. Additionally, the instability fosters an environment where violence, exploitation, and unsafe practices are more prevalent, raising their risk of contracting HIV. Coupled with the stigma surrounding prostitution and HIV, many women in Bahir Dar face significant barriers to seeking help.

This study aims to explore the role of prostitution in the transmission and prevalence of HIV/AIDS among vulnerable groups in conflict-affected areas, focusing on the impact of stigma and the marginalization of sex workers in Bahir Dar city, specifically in Kebeles 05 and 06. By examining these dynamics, the research seeks to inform targeted interventions that can improve psychosocial and health outcomes for this marginalized population.

1.1Theoretical framework

Social Ecological Model: This model provides a comprehensive framework for understanding the various layers of influence on individual behavior, particularly for home-based commercial sex workers in Bahir Dar city. This model emphasizes the interplay between personal circumstances and broader social environments, focusing on community and relational levels that are crucial for analyzing the vulnerabilities faced by HB-CSWs (Bronfenbrenner, 1979). At the community level, factors such as social norms, stigma, and discrimination significantly impact the health behaviors of these individuals. The relationships HB-CSWs maintain with peers and

clients can either support or hinder their ability to engage in safe practices, such as consistent condom use.

Health Belief Model: The health belief model complements the SEM by focusing on individual perceptions and beliefs regarding health risks and behaviors. According to this model, individuals are more likely to engage in health-promoting behaviors if they perceive themselves to be at risk for a health issue, believe that the issue has serious consequences, and feel that taking specific actions can reduce their risk. In the context of HB-CSWs, many may not fully recognize their vulnerability to HIV or the importance of consistent condom use due to economic pressures and limited access to healthcare (Rosenstock, 1974). Understanding these perceptions is vital for designing targeted programs to improve health behaviors among this population.

2. Research Methods

2.1 Study setting and population

The study has been conducted in Bahir Dar City Administration particularly in '*Koshekosh Sefer' Kebeles* 05 and 06. Bahir Dar is the capital of Amhara National Regional State and the capital of North Gojjam Zone. It is located in northwestern Ethiopia through a historic route; it is about 485 km to the northwest of Addis Ababa through Mota-Adet road and covers a total area of 42,000 hectares (Hidassie, 2011: 7).

2.2. Study design

This study used qualitative and quantitative methods. According to Creswell and Chakravanti (2004), the mixed-methods approach is a model for social science research combining qualitative and quantitative methodologies which are adequately flexible, accessible and multilayered to interpret real meaning from the collected data. Exploring women living experience and the frequencies they encounter as the result of the pandemic become necessary.

2.3. Methods of data collection

Data collection was undertaken through household surveys, key informant interviews, focus group discussion (FGD), and case studies. A household survey gathered socio-demographic data and living conditions of home-based commercial sex workers (HB-CSWs) through a structured questionnaire, with respondents selected via a multistage sampling strategy. Key informant

interviews and FGDs involved knowledgeable individuals, including HB-CSWs and representatives from relevant organizations. Additionally, the case study examined HIV-positive HB-CSWs for deeper insights.

2.3.1 Household survey

A household survey was conducted to collect socio-demographic characteristics and living conditions of home-based commercial sex workers (HB-CSWs) using a questionnaire, defined as a research instrument for gathering information (Kabir, 2018). A multistage sampling strategy was employed to select respondents from the total number of 280 HB-CSWs. From nine sub-cities, one was chosen using purposive sampling, and two *kebeles* with commercial sex workers were selected. The sample size was determined using Yemane's formula (1967):

$$n = \frac{N}{1+N(e)^2}, n = \frac{280}{1+280(0.05)^2} n = \frac{280}{1+280(0.0025)} n = \frac{280}{1.7} \quad \text{n} = 165$$

The sample was proportionately divided between the two *kebeles* (*Kebeles* 05 and 06), resulting in 67 and 98 respondents, respectively. Systematic selection was made from the registration list, and ultimately, data from 153 respondents were collected in this study. Unfortunately, 12 respondents were excluded from this study due to their withdrawal from the survey.

2.3.2. Key informant interview

According to Bernard (2011), key informants are individuals knowledgeable about their culture who are willing to share information. In this study, key informants included home-based commercial sex workers (HB-CSWs), representatives from the Gender, Children and Youth Affairs, *kebele* administrators, and health experts. Each interview lasted 40-45 minutes. Out of ten key informants, seven were women experts with extensive knowledge and long-term experience in doing jobs related to HB-CSWs.

2.3.3. Focus group discussion

FGD is an effective way to bring people from similar background or experience together to discuss a specific topic of interest (Catherine, 2007). Two FGDs were carried out in two *kebeles* which contained 7 discussants each with home-based commercial sex workers which took 1.5 hours on average.

2.3.4. Case study

A case study is a strategy that employs a number of sources and many techniques to conduct a thorough analysis of one or more instances of a contemporary social phenomenon (Kabir, 2018). The case of three HIV-positive home-based commercial sex workers has been examined in this study to get detail data about their life experience.

2.4. Data analysis

The analysis of the questionnaire was conducted quantitatively using SPSS (Statistical Package for the Social Sciences), version 25. Descriptive statistics were employed to summarize and present the findings effectively. In addition to the quantitative data, qualitative data gathered through interviews, focus group discussions (FGDs), and case studies were analyzed using thematic coding. This approach allowed for the identification of key themes and sub-themes, providing a deeper understanding of the participants' perspectives and experiences. This process involves several steps, including familiarization with the data, generating initial codes, searching for themes, reviewing themes, and defining and naming them.

Throughout the data analysis, ethical considerations were paramount. Informed consent was obtained from all participants, ensuring they understood the purpose of the research and how their data would be used. Confidentiality was maintained by anonymizing responses and securely using data. Additionally, the analysis was conducted with integrity, ensuring that findings were reported honestly and without bias, thereby respecting the participants' contributions and the research's overall credibility.

3. Result

3.1. Socio-demographic characteristics of the respondents

A total of 153 home-based commercial sex workers participated in the study. The study revealed varying demographic backgrounds of the home-based commercial sex workers. The data presented in Table 1 reveal significant insights into the demographics and circumstances of individuals engaged in commercial sex work (CSW). Age distribution indicates that a substantial majority (47.1%) of the respondents aged between 18 and 30, with another 43.1% falling within the 31–40 age range. This suggests that most participants were young women in their

reproductive years, highlighting their vulnerability and potential as part of the active workforce. Moreover, the presence of individuals below 18 years old (5.9%) raises concerns about the involvement of minors in CSW.

Educational status is another critical factor, with 59.5% of the respondents being illiterate. This lack of education severely limits their employment opportunities, pushing many towards CSW as a means of survival. The data indicates that educational attainment correlates with economic vulnerability, as those with lower educational levels are more likely to engage in commercial sex work. In terms of marital status, a significant portion of the respondents (45.1%) never married, while 43.8% were divorced. This suggests that many women enter CSW either before marriage or as a result of divorce, indicating that marital status plays a role in their decision to engage in this work. The religious affiliation of the respondents shows a predominance of Orthodox Christians (93.5%), which may reflect cultural and societal norms influencing their choices and circumstances. Additionally, the majority (73.4%) came from rural areas, suggesting that rural-to-urban migration, often driven by political instability, contributes to the growth of CSW in urban settings.

Regarding duration in CSW, most respondents (74.5%) had been involved for 1–3 years, indicating a relatively recent trend in engagement with this work, likely linked with the socio-economic pressures stemming from regional unrest. Finally, the reasons for entering CSW highlight a complex interplay of factors, with 48.4% citing lack of support as their primary motivation. Conflict-induced migration (30.7%) and peer influence (12.4%) further illustrate the socio-economic and relational dynamics at play. This multifaceted picture underscores the need for targeted interventions addressing the root causes of vulnerability among women in these circumstances.

Table 1: **Age, educational, marital status, religion, place of origin, duration and reasons for entering to CSW**

Variable	Category	Frequency	Percentage (%)
Age	Below 18 years	9	5.9%
	18–30 years	72	47.1%
	31–40 years	66	43.1%
	41 years and above	6	3.9%
Educational Status	Illiterate	91	59.5%
	Grade 1–4	28	18.3%
	Grade 5–8	19	12.4%
	Grade 9–12	15	9.8%
Marital Status	Never married	69	45.1%
	Divorced	67	43.8%
	Widowed	17	11.1%
Religion	Orthodox Christian	143	93.5%
	Muslim	9	5.9%
	Protestant	1	0.7%
Place of Origin	Rural	112	73.4%
	Urban	41	26.6%
Duration in CSW	Less than 1 year	9	5.9%
	2–3 years	114	74.5%
	4–5 years	23	15.0%
	More than 5 years	7	4.6%
Reason for Entering to CSW	Lack of support	74	48.4%
	Conflict-induced migration	47	30.7%
	Widowed	13	8.5%
	Peer influence	19	12.4%

Source: Survey, 2024

3.2. The role of commercial sex work in HIV transmission

This study revealed that the majority of the home-based commercial sex workers in the study area were HIV-positive. Most of the respondents, who participated in the interview, explained that they had been infected by HIV after they joined the job of commercial sex work. Similarly, participants in focus group discussions also reported that most of their friends had been infected with the HIV virus and some of them died due to HIV/AIDS while they were in commercial sex work. When they explained the reason for HIV infection, most of them said that this problem came due to non-consistence use of condom. Moreover, some of their clients would agree to use condoms but in some cases condoms would break due to lack of knowledge to use them wisely. As shown in the above table, working in commercial sex work exposed respondents of the study to many infectious diseases. One hundred six (69.3%) of them had been infected with HIV, 11(7.2%) and 4(2.6%) of them were infected with sexually transmitted infections (STI) and tuberculosis, respectively, whereas 32 respondents' health was not affected by the consequence of commercial sex work.

Table 2: Health consequences of sex work on respondents

No.	Variable	Disease	Rating scale Frequency	Percentage
1.	**Health Consequence**	HIV AIDS	106	69.3
		TB	4	2.6
		STI	11	7.2
		Not affected	32	20.9
	Total		153	100

Source: Survey, 2024

As shown in Table 3, 37 (24.2%) participants always used condom to prevent STD including HIV/AIDS and unwanted pregnancy during commercial sex work. Whereas, 78 (51%) of them used condoms sometimes. The remaining 38 (24.8%) of the participants did not use condoms during commercial sex work. In this regard, the participants were asked whether they used condoms or not as a prevention mechanism for HIV and other STIs and their perceptions of their role in transmitting HIV to the rest of the community. Most participants in each focus group discussion and interview replied that they occasionally used condoms and some of them said that they always used condoms to prevent HIV transmission. However, few of them replied that they

did not use condoms at all. Thus, they played a great role in HIV transmission through engaging in sexual intercourse with many clients, and those clients who were infected with HIV could transmit HIV/AIDS to their partners or to other members of the population at large.

This study also assessed the reasons why they did not use condoms during intercourse. The articipants replied that most of them did not use condoms consistently in order to get more money from their clients who wanted to have sex without a condom. Their clients think that sex with condom would reduce sexual gratification and some others replied that most home-based commercial sex workers were HIV-positive, so they became hopeless. A young woman who was working in an in-house commercial sex work for more than five years and now she was living with HIV virus described how she became a victim of the virus as follows:

> *I started this work when I was sixteen years old. One of my female neighbor's friends who were living in Bahir Dar told me she could find a job for me in Bahir Dar and she brought me to the city. First, I did nott know what kind of job she could find for me but upon arrival in the city, she told me that the job was commercial sex work. Since I did not have any option, I agreed with her and she pimped for my first client. I started commercial sex work for the first time in that day. I told my client that I was a virgin. When I told him that I was a virgin, he asked me to conduct the sexual intercourse without a condom and he told me he could pay what I wanted. Then I accepted what he wanted and agreed to what my client had said. I had sexual intercourse with him without a condom and continued the work depending on the interest of my clients. After seven months I became very sick and went back to my family. They did not know what I was doing in Bahir Dar. When I went to the nearby clinic, the clinicians asked me to be tested for HIV and I agreed and gave a blood sample. The result was HIV-positive. My mother got also infected with HIV when she was giving care for me. After that I became hopeless and came back to my work place. Now I have been working for five years in commercial sex work after I became HIV- positive. But, I use condoms as contraceptive occasionally, it depends on the interest of the clients, but I do not tell my clients whether I am infected with HIV or not (March 2024)*[1].

Another girl who was infected with HIV a year earlier told how she was exposed to HIV as follows:

> *I was born in Tis Abay kebele, located 34 km from Bahir Dar city. My life took a significant turn when my parents passed away due to the current conflict when I was just sixteen years old. Following their death, I moved in with my grandmother, who, unfortunately, struggled to provide the necessary support for our daily lives. After few months, my grandmother could no longer provide for my essential needs such as food and clothing. As a result, she made the difficult decision to send me to live with my aunt in*

[1] Case study, 2024

> *Bahir Dar city. My aunt was a home-based commercial sex worker in Bahir Dar. After spending four months with her, she encouraged me to join her in the same line of work to improve our circumstances. At just seventeen years old, I began working as an in-house commercial sex worker. Coming from a rural area, I had little knowledge about safe practices, such as using condoms, and for a year, I had been engaged in unprotected sex with various clients, despite having no interest in or aversion to using condoms. After a year in this lifestyle, I fell seriously ill and experienced significant health issues. I stopped working and spent most of my time sleeping, unaware of the specific health problems I was facing. One day, a friend who was living with HIV visited my aunt's house. She noticed my symptoms and urged me and my aunt to go to a clinic for testing. I agreed to her suggestion. At the clinic, the doctor asked about my symptoms, and after a thorough examination, he recommended that I get tested for HIV. I provided a sample, and the results came back positive; I was also pregnant. Upon learning my status, I felt hopeless and struggled with psychological issues, refraining from medication for three months. Now, I have been living with the HIV virus. Although I am still involved in in-house commercial sex work, I do not use condoms, as I have become indifferent to the risks involved. (March 2024)*[2].

The third case also stated the incidence that forced her to be engaged in commercial sex work as a result of the interruption of her school due to the conflict and how she was infected with HIV/ AIDS within a short period of time as follows:

> *I moved to Bahir Dar town from Dembya Woreda near Gondar when I was sixteen years old. The primary reason for my relocation was to search for a job after I dropped out of school in the eighth grade due to the conflict. After three weeks of searching, I connected with a neighbor from Dembya who helped me find work as a house servant. However, my life took a difficult turn when I faced mistreatment from my employer's husband. Feeling unsafe, I left their home and sought refuge with friends for three months. During this period, I decided to get tested for HIV, as I was well aware of the virus and its implications. Fortunately, my test results came back negative. Despite my negative test, I eventually felt hopeless and saw no other option for survival, especially since many of my friends were involved in commercial sex work. I decided to enter this line of work, and throughout my time as a commercial sex worker, I made it a point to always use condoms to protect myself and my clients from sexually transmitted infections (STIs). Unfortunately, I later contracted HIV after an incident with a client where the condom broke. Two months later, I returned to the clinic for my routine check-up, and once again, I provided a sample. This time, the result was positive. I have been living with HIV for two years now. My life remains intertwined with commercial sex work, where I engage in sexual intercourse with or without condoms, depending on my clients' preferences. Before any sexual encounter, I always encourage clients to use condoms, but I often refrain from disclosing my HIV status, viewing it as a business necessity for my livelihood (March, 2024*[3]*).*

[2] Case study, 2024
[3] Case study, 2024

The study highlights that the ongoing armed conflict has exacerbated the circumstances leading to increased prostitution and subsequent HIV transmission. Many individuals turn to commercial sex work as a means of survival amidst the chaos, further complicating the public health landscape. Their experiences reflect a lack of knowledge regarding condom utilization and a tendency to withhold their health status from clients, contributing to the rise in HIV transmission rates.

Home-based commercial sex workers are highly vulnerable to HIV infection, with a significant majority contracting the virus after entering the profession. The health risks associated with commercial sex work, particularly concerning HIV and STI transmission, are largely influenced by inconsistent condom usage among workers. Many respondents reported that being HIV-positive, often due to not using condoms regularly during their work. The negative impacts of commercial sex work extend beyond the workers themselves, as clients can easily contract HIV and subsequently transmit it to their families and communities.

Table 3: Frequency and percentage of condom utilization

			Rating scale	
No.	**Variables**	**Items**	**Frequency**	**Percentage**
1.	**Condom utilization**	Occasionally	78	51.0
		Always	37	24.2
		Never use	38	24.8
	Total		153	100

Source: Survey, 2024

3.4. Perceptions of the society about home-based commercial sex workers

Focus group discussions revealed a significant transformation in the perceptions of home-based commercial sex workers in Bahir Dar. Historically, these workers faced substantial stigma, as their profession was deemed unacceptable within local cultural norms. Community members often regarded them as selling their bodies, which conflicted with societal values. However, as the number of commercial sex workers has risen, attitudes are gradually shifting. Increasingly, these individuals are being recognized as part of the broader workforce, leading to the emergence of unique terms like "Koshekosh" and "Beg tera" to describe their workplaces.

Participants noted that this evolving perception has facilitated greater social acceptance, allowing commercial sex workers to engage more actively in community organizations such as Iddir and Ekub. Previously, significant discrimination barred these workers from joining such associations, but recent changes indicate a reduction in stigma, enabling them to participate without fear of exclusion. Most focus group participants from the home-based commercial sex worker groups expressed optimism about their newfound ability to engage in community initiatives. This positive development signifies an important step toward the social integration of commercial sex workers, reflecting broader changes in community attitudes and acceptance (FGD, 2024). One participant from the focus group discussion shared her experience regarding participation in community-based organizations:

> *I can participate in all community-based organizations without facing discrimination, as long as I express interest. However, during Mahiber ceremonies, there is still some bias. When I am invited, I attend their ceremonies, but when I invite them to my Mahiber celebration, no one comes to my house except other commercial sex workers. They believe it is inappropriate to attend a celebration at a 'prostitute's' home, which highlights the ongoing stigma surrounding our community (April 2024)*[4].

Some of the interviewees among home-based commercial sex workers also reported a lack of social relationships with community members, stating that they do not participate in community-based associations like Ekub, Eder, and Mahiber, and face discrimination in social interactions. The society largely excludes commercial sex workers from being recognized as part of the community (Data from interviewees, 2024).

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No.	**Variables**	**Items**	**Frequency**	**Percentage**
1.	**Condom utilization**	Occasionally	78	51.0
		Always	37	24.2
		Never use	38	24.8
	Total		153	100

Source: Survey, 2024

[4] Interview, 2024

3.5. Security and protection

The participants reported that they previously faced significant insecurity and lack of protection while working as commercial sex workers, as the government did not recognize their profession. This lack of support often led to clients refusing to pay after services were rendered. However, the situation has improved as the government has begun to recognize their work and provide security in their communities. Now, they receive payment for their services and pay taxes, with government officials occasionally monitoring their activities.

Despite this progress, home-based commercial sex workers still face cultural stigma and discrimination. While societal perceptions have shifted somewhat, they remain marginalized. The ongoing armed conflict has further complicated their situation, as economic instability has driven more individuals into commercial sex work as a means of survival. This increase in the number of workers has led to a gradual acceptance of sex work as a legitimate source of income, similar to other professions, although significant discrimination persists among the residents of the city.

3.6. Impact of home-based commercial sex workers on the community

During FGDs, community members expressed several challenges associated with the presence of home-based commercial sex workers in their neighborhoods. They noted that their children are adopting behaviors such as premarital sex, chewing *khat*, and using substances like hashish, which are culturally unacceptable. Additionally, there are concerns about changes in dressing styles, sanitation problems such as littering, and even instances of divorce and family breakdowns linked to the existence of these workers.

Most discussants highlighted the impact on children, stating that since home-based commercial sex workers operate in the heart of Bahir Dar, so local children are exposed to their activities and behaviors. This exposure leads to imitation, with children adopting similar dressing styles and addictive behaviors. Some children are even pressured to engage in commercial sex work themselves, resulting in psychological issues and a loss of hope for their futures. A community member shared her experience regarding a friend who is a home-based commercial sex worker in Bahir Dar, who has a 17-year-old daughter.

> *The daughter witnessed her mother's work and, in an effort to support her, dropped out of school and also became a commercial sex worker. When asked why she chose this path, the daughter explained that she wanted to help her mother provide for her education. Unfortunately, after a year, she developed psychiatric issues and stopped working. She subsequently left town, and both her mother and friend have lost contact with her, uncertain of her current situation or well-being (April 2024)*[5].

The respondents expressed concerns about the negative effects of in-house commercial sex work on sanitation in Bahir Dar. They noted that commercial sex workers and their clients often leave behind waste, such as leftover khat, cigarettes, and used condoms, which exposes residents and their children to various infectious diseases and encourages harmful behaviors. Additionally, the participants highlighted the cultural impact, stating that Bahir Dar, as a tourist hub, attracts clients from diverse backgrounds. This exposure leads local commercial sex workers and their neighbors to adopt foreign cultural practices, diminishing their own traditions. Over time, this cultural shift may undermine the city's identity and overall appearance, which many community members find unacceptable.

A community member shared her personal experience regarding the impact of commercial sex work on divorce and family breakdown. She recounted her experience of living for ten years with her three children while her husband worked as a daily laborer.

> *He developed a drinking habit, often consuming local alcohol like "areki" and "tela" in the homes of nearby commercial sex workers. Over time, he began an affair with one of the sex workers, spending nights away from home. Upon discovering his infidelity, she confronted him, leading to their divorce. Now, she is left to raise her children alone without any support, highlighting how commercial sex work contributed to her family's breakdown (April 2024)*[6].

This study highlights that commercial sex work not only has detrimental effects on the health of those involved but also encourages children to adopt harmful behaviors. These activities indirectly hinder national development, as they do not contribute positively to societal growth. Environmental health issues arise from improper waste disposal such as leftover khat, cigarette butts, and condoms which leads to pollution and increased risk of urban flooding during the summer.

[5] Interview, 2024
[6] Interview, 2024

Additionally, commercial sex work contributes to family breakdown, resulting in fragmented families and negatively affecting children's well-being and education. Many children may end up engaging in sex work themselves. This issue is exacerbated by current armed conflicts, which further destabilize communities, disrupt family structures, and increase vulnerability among children, pushing them into commercial sex work as a means of survival.

3.7. Perceptions of home-based commercial sex workers about themselves

During the focus group discussion, nearly all the respondents expressed a sense of inferiority compared to the broader community. They felt marginalized, believing that society does not recognize them as valuable members due to the nature of their work and prevailing societal attitudes. This perception contributes to psychological challenges. Many interviewees echoed this sentiment, stating, "We have lost respect, love, and attention from the community, and we lack self-respect as well. This, in turn, darkens our future and diminishes our hope."

Since they are not considered as part the society, they lose their self-confidence, become hopelessness; this in turn affects their psychological makeup. The following are five common words said during focus group discussion in both groups that were expressed by home-based commercial sex workers about themselves.

Table 4: Common views of the participants about themselves and their work

No.	Some of their views	In Amharic
1.	We are above the dead and below the living.	እኛ ከሞቱት በላይ እና ካሉት በታች ነን::
2.	Poverty makes us inferior to others.	ማጣት ከሰው በታች አደረገን::
3.	Sex work is the most disgusting job.	ይህ ስራ የስራዎች ሁሉ አስጠያፊ ስራ ነው::
4.	It is the most desperate work.	የ ሚጨረሻ ተስፋ አስቆራጭ ስራ ነው::
5.	This is a job that makes me hate my femininity.	ሴት ሚሆኔን የጠላሁበት ስራ ነው::

Source: FGD and interview, 2024

In contrast to the prevailing sentiments, one interviewee shared her positive view on home-based sex work, stating:

> *I am very interested in this job and truly enjoy it. I don't feel any inferiority because this work provides me with the opportunity to earn money for my survival. On average, I make over 400 birr per day, which helps sustain and support my family's livelihood.*

Without this work, I would struggle to make ends meet. I see this job as an employment opportunity, and that's why I am passionate about it (April 2024)[7].

This study indicates that negative community perceptions of commercial sex workers contribute to their poor self-image and hopelessness. Such attitudes significantly impact their psychology, leading to a lack of self-confidence and reluctance to seek change. While most sex workers dislike their profession, they continue due to its necessity for survival, particularly amid the challenges posed by current armed conflicts. Conversely, some view sex work as their primary source of income and express a degree of interest in it.

3.8. Current daily income of home-based commercial sex workers

In-house commercial sex workers enter the industry due to various socio-economic factors. Once engaged, their economic status and daily income become heavily reliant on their clients' financial situations and the hours they work. The majority of the respondents in both the focus group discussions and interviews indicated that their daily earnings vary significantly based on the type of customers and working hours. Most report earning less than 100 birr per day, while a few younger workers, aged fewer than 24, can earn over 300 birr daily.

Table 5: Daily incomes of the respondents

			Rating scale	
No.	**Variables**	**Items**	**Frequency**	**Percentage**
1.	Daily Income	<100	73	47.7
		101-200	54	35.3
		201-300	16	10.5
		>301	10	6.5
	Total		153	100

Source: Survey, 2024

The data indicates that a significant majority of respondents, specifically seventy-three (47.7%), earned a daily income of less than 100 birr. In contrast, only ten respondents (6.5%) reported earning more than 301 birr daily. Additionally, fifty-four participants (35.8%) earned between 101 and 200 birr, while sixteen respondents (10.5%) fell within the 201 to 300 birr range. When asked about their primary source of income, most participants in the focus groups and interviews

[7] Interview, 2024

identified selling sex as their main source. However, some also mentioned selling Areki and Tela (local beers) as alternative means to attract customers and facilitate their sex work.

Table 6: Income source of respondents

No.	Variables	Items	Rating scale Frequency	Percentage
1.	**Source of income**	CSW only	116	75.8
		CSW and selling local drinks	33	21.6
		CSW and daily house servant	4	2.6
		CSW only	116	75.8
	Total		153	100.0

Source: Survey, 2024

According to the data, as illustrated in Table 6, the primary source of income for 116 participants (75.8%) was solely commercial sex work. In contrast, 33 participants (21.6%) relied on both commercial sex work and selling local drinks, while the remaining 4 participants (2.6%) earned income from a combination of commercial sex work and providing daily house services. The findings reveal that most home-based commercial sex workers earn a daily income of less than 100 birr, which is lower than what a daily laborer in construction typically earns. Only a small percentage (6.5%) report higher daily earnings, indicating that younger workers are often in higher demand from clients. Despite their involvement in commercial sex work, many of these women have not seen an improvement in their socio-economic status. Nevertheless, they view commercial sex work as a legitimate job and their primary source of income.

3.9. Customers of home-based commercial sex worker's

The daily income of home-based commercial sex workers largely depends on their clientele. Focus group discussions and in-depth interviews reveal that many of their customers belonged to the "lower economic class," including alcoholics, daily laborers, farmers, and, notably, drivers. These drivers are particularly significant, as they often represent the main source of income for younger commercial sex workers. One participant shared her experience: "My main customers are drivers and merchants from outside the community, who may or may not be married. I use platforms like Facebook and Telegram to communicate with them whenever they need my services. Drivers usually pay me more than other customers" (Interview at *Kebele* 6, Bahir Dar,

2024).This reliance on specific customer groups has been further complicated by the current armed conflict, which affects the overall economic landscape and the availability of clients.

On the other hand, another interviewee explained:

> *My customers include anyone interested in my services, but the most frequent clients are farmers and drinkers, as I sell local alcohol like Areki and Tela. I often use a symbolic method to attract customers by wrapping a stick with paper, indicating the presence of Tela, especially on market days (Wednesdays and Saturdays), even if I have no alcoholic drink available at home. This symbol serves as a way to draw in clients for sex work. Farmers are my primary customers, but typically they can only afford to pay less than 100 birr per encounter (April 2024)*[8].

Table 7: Types of customers for respondents

No.	Variables	Items	Rating scale Frequency	Percentage
1.	**Types of Customers**	Daily laborers	111	72.5
		Farmers	17	11.1
		Drivers	21	16.3
		Others	4	2.6%
	Total		153	100

Source: Survey 2024

As indicated in the above table, the majority of the respondents (72.5%) reported that their customers were daily laborers, while 25 participants (16.3%) served drivers, 17 participants (11.1%) catered to farmers and 4 (2.6%) to others.

These data suggest that home-based commercial sex workers who primarily serve daily laborers tend to earn lower daily incomes (less than 100 birr) due to their clients' limited financial means. Conversely, those whose customers are drivers experience higher daily earnings (300 birr or more), particularly among younger workers. Overall, commercial sex workers benefit from better income levels when catering to drivers. Additionally, many use local alcohol sales, such as *Areki* and *Tela*, to attract clients, often employing symbolic methods to signal availability, regardless of whether the drinks are actually present. This strategy not only helps draw in customers but also contributes to the growth of commercial sex work in conjunction with alcohol sales.

[8] Interview, 2024

3.9. Working Time

The daily income of commercial sex workers is significantly influenced by the timing of their services. Focus group discussions reveal that most respondents operated primarily at night, and there was a notable difference in income levels between night and daytime work. Those who provided services during nighttime tend to earn more compared to their counterparts who worked during the day. This trend highlights the importance of timing in maximizing earnings within the commercial sex industry.

Table 8: Service Time of Respondents

No.	Variables	Items	Rating scale Frequency	Percentage
1.	Service Time	Day time	3	2.0
		Night time	102	66.7
		Any time	48	31.4
	Total		153	100

Source: Survey, 2024

As shown in Table 8, a significant majority of the respondents (102 participants, or 66.7%) provide sexual services primarily at night. Only three respondents exclusively offer services during the daytime, while 48 participants (31.4%) were available at any time, depending on client interest and availability. This pattern is similar to that of street sex workers, as most home-based commercial sex workers operate at night when their clients are free after work. However, as per the explanation of the participants in FGDs and interviews, this nighttime schedule may have psychological implications for their children, as some of these workers had children who might have witnessed their mothers' activities. This duality raises concerns about the impact of their work on family dynamics and child development.

4. Discussion

The socio-demographic analysis of home-based commercial sex workers in Bahir Dar reveals alarming trends consistent with findings from other regions facing similar socio-political challenges. A significant proportion of the respondents, around 66.7%, were under 30 years old, highlighting their vulnerability to exploitation in an environment marked by economic necessity (World Health Organization, 2021). This demographic is further compromised by educational

deficits, with 59.5% of the participants unable to read or write, limiting their employability and pushing them towards sex work as a means of survival. This pattern aligns with research conducted in various contexts, indicating that lower educational attainment is a common risk factor for women entering the sex trade (Patterson et al., 2020). Motivation for entering commercial sex work in Bahir Dar reflects a complex interplay of personal and societal pressures. Nearly 48.4% of the participants cited a lack of support and job opportunities as key motivators, a finding echoed in other studies that identify economic hardship and limited job prospects as primary drivers for women entering sex work (Beyene, 2019).

Additionally, 30.7% of the participants were influenced by conflict-induced migration, while 12.4% mentioned peer influence. This multifaceted motivation underscores the urgent need for comprehensive support systems addressing both social and economic barriers. The health implications of this situation are dire, as 69.3% of the participants reported being HIV-positive. The prevalence of inconsistent condom use (only 24.2% of the respondents reported consistent use) elevates their risk of transmission, mirroring global trends that show sex workers are disproportionately vulnerable to HIV due to a combination of structural, social, and behavioral factors (UNAIDS, 2020). Reasons for inconsistent condom use include client preferences for unprotected sex and financial incentives, which resonate with findings from studies in other regions where sex workers face similar challenges (Morris et al., 2018).

The ongoing armed conflict in the region has exacerbated these vulnerabilities, pushing many women and girls into urban areas and commercial sex work as a survival strategy. This aligns with research indicating that conflict often leads to increased rates of sex work due to economic instability and displacement (Zachariah et al., 2019). The chaotic environment has contributed to an increase in unprotected sex and the spread of HIV, as access to healthcare and support services remain limited in conflict-affected areas.

Furthermore, the study reveals the societal impact of home-based commercial sex work in Bahir Dar. While cultural stigma and discrimination persist, there are signs of evolving societal attitudes, with some workers gaining support through community-based organizations (Tadesse & Belayneh, 2022). However, the presence of commercial sex workers has also introduced social challenges, such as exposure of children to harmful behaviors, which is consistent with findings

from other studies that link sex work to adverse social outcomes for families (Ghimire et al., 2021).

Economic factors also influence the daily income of sex workers, with many earning less than 100 birr per day. This income disparity is similar to findings elsewhere, where sex workers often cater to lower economic class clients, which limits their earning potential (Kumar et al., 2020). Additionally, the reliance on specific customer groups and the timing of work primarily at night raises questions about the psychological implications for their children, mirroring concerns raised in other studies about the impacts of sex work on family dynamics (Bennett, 2019).

Overall, the study indicates a profound sense of marginalization among home-based commercial sex workers, reflecting societal attitudes that devalue their work. While some participants express pride in their ability to provide for their families, the overarching narrative remains one of struggle and stigma, consistent with findings from previous research on the psychological impacts of sex work (Sullivan, 2021). This complex relationship underscores the urgent need for interventions that not only address health risks but also tackle the socio-economic factors driving women into commercial sex work.

5. Conclusion and recommendations

The study reveals the complex interplay between political instability, prostitution, and HIV/AIDS transmission in Bahir Dar city's conflict-affected areas, particularly in *Kebeles* 05 and 06. Economic hardships, displacement, and social disruption resulting from political turmoil often push women into sex work as a means of survival, thereby exposing them to risky sexual encounters. In these unstable conditions, access to healthcare services, including HIV prevention programs, testing, and treatment, is frequently compromised, leaving women with few resources to protect themselves against infection. Moreover, the prevailing instability fosters an environment where violence, exploitation, and unsafe practices are more common, further heightening the risk of contracting HIV. The stigma associated with both prostitution and HIV exacerbates the situation, as many women in Bahir Dar encounter substantial barriers when seeking help, often fearing discrimination.

Therefore, interventions must address multiple levels of influence to create sustainable change. At the individual level, researchers suggest focusing on perceived susceptibility to HIV/AIDS

and benefits of prevention, while addressing barriers to healthcare access. Community-level interventions should also focus on reducing stigma through awareness campaigns and fostering inclusive dialogue, as successful conflict and stigma reduction programs. Moreover, health organizations play a crucial role in bridging individual and community levels by providing educational materials on safe sex practices and regular health screening. This multi-level, integrated approach aligns with evidence-based practices for addressing HIV/AIDS among vulnerable populations in conflict zones, emphasizing the importance of community mobilization and service integration to create sustainable impact. Finally, government agencies must also ensure stable and peaceful environment and accessible healthcare services and HIV prevention programs.

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