Commercially sexually exploited adolescent girls: the invisible vulnerable population in Uganda

Uganda’s Situation

18,000
Number of children engaged in commercial sex exploitation in Uganda

26%
Prevalence of pregnancy among adolescent girls who engaged in CSEC

22.5%
The HIV prevalence among girls aged 12-18 years engaged in sex work.

Introduction

Commercial sexual exploitation is a growing, underestimated, and under-represented issue of grave social, health, economic, and policy concern in Uganda. The immediate and long-term public health consequences of commercial sex exploitation undermine investments in education, health, and child well-being, and erode the productive capacity of future generations. Commercial sexual exploitation of children (CSEC) is considered by International Labor Organization (ILO) as sexual abuse by an adult with respect to a child or an adolescent – female or male – under 18 years old, accompanied by a payment in money or in kind to the child or adolescent or to one or more third parties. A child in CSEC is treated as a sexual object and as a commercial object. CSEC includes the prostitution of children, child pornography, child sex tourism, and other forms of transactional sex where a child engages in sexual activities to fulfill key needs such as food, shelter, or access to education¹.

Commercial sexual exploitation is a serious violation of the fundamental human rights of the most vulnerable in our society.

Even though the current number of children engaged in commercial sexual exploitation is not known in Uganda, study reports indicate that the number of children engaged in commercial sex exploitation in Uganda increased from 12,000 to 18,000 children between 2004 and 2011². Adolescent girls aged between 12-17 years are reported to be particularly more vulnerable to CSEC compared to boys of the same age group³. Commercial sexual exploitation is more prevalent in urban centers, tourist areas, fish landing sites and along major transportation routes⁴. A study carried out by UNFPA in 2018 confirmed that this is most likely to occur due to the migration of many poor girls from deprived rural areas to urban centers seeking for job opportunities and better living conditions. Adolescent girls engaged in CSEC are often victimized by community members and harassed by law enforcement officers since they are considered to engage in criminal activities⁵. Furthermore, they lack support from leaders mainly because certain local leaders are the employers of child sex workers while others are the owners of the bars, night clubs and lodges where CSEC takes place⁶.

Risk factors for entry into commercial sexual exploitation

Risk factors for victims of CSEC have been identified at the individual, family, community and societal levels (see figure 1). Adding to this complexity, these factors interact within and across levels and some are interconnected. At the individual level, vulnerability is increased in adolescent girls with a history of abuse or neglect, homelessness, being out of school, running away from home or being forced out of home. Adolescent girls with history of alcohol and substance abuse are also at increased risk. Majority of adolescent girls in CSEC are reported to be particularly more vulnerable to CSEC compared to boys of the same age group³. Adolescent girls aged between 12-17 years are reported to be particularly more vulnerable to CSEC compared to boys of the same age group³.

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⁴UNFPA 2018 study, confirmed these findings, by reporting that 57% of the 473 participants engaged in CSEC lived in urban centers, tourist areas, fish landing sites and along major transportation routes⁵. A study carried out by UNFPA in 2018 confirmed that this is most likely to occur due to the migration of many poor girls from deprived rural areas to urban centers seeking for job opportunities and better living conditions. Adolescent girls engaged in CSEC are often victimized by community members and harassed by law enforcement officers since they are considered to engage in criminal activities⁶. Furthermore, they lack support from leaders mainly because certain local leaders are the employers of child sex workers while others are the owners of the bars, night clubs and lodges where CSEC takes place⁷.
⁵The immediate and long-term public health consequences of commercial sex exploitation of adolescent girls undermine investments in education, health, and child well-being, and erode the productive capacity of future generations.
⁶The interconnection of the risk factors of victims of CSEC.
Family level risk factors for CSEC include poor parenting skills, domestic violence and low economic status and other types of family dysfunction. Inadequate care as a result of orphanhood, child neglect, migration or forced displacement and refugee settings may increase the pressure on adolescent girls to exchange sex for money, material goods or protection. Within communities, cultural norms that fuel CSEC, peer pressure, poverty, living near risky environments. For example, brothels increase the likelihood of CSEC. Poverty has been particularly singled out as a factor that could subsequently prevent adolescent girls in CSEC from leaving the exploitation. Most of the girls engaged in CSEC report that their decision is anchored on the need to escape poverty and meet financial responsibilities including supporting their families, especially in rural communities where there is lack of other viable livelihood opportunities. Majority of the girls are the sole head of their families taking care of their younger siblings or staying with caregivers who may not provide for their critical needs such as sanitary towels.

"But if my mother calls me and tells me that, ‘my daughter, I need money’. And I feel need is overwhelming (and I don’t have the money), I go and sell sex.”

(15-year-old female minor in CSEC, Namayingo)

“I would love to study, I continue with my education and I finish. I get a job for salary and care for my grandmother.”

(14-year-old female minor in CSEC, Kampala)

A key factor that makes adolescent girls vulnerable to CSEC at societal level is social tolerance to both victimization of girls and perpetration by boys and men. Other risk factors include, economic inequalities, gender inequalities and discrimination, poor enforcement of laws that protect children against CSEC, tolerance to CSEC and limitation of resources to take care of the vulnerable populations of young people. Other victims have profound risk factors other than adolescence, their neurodevelopment stage which favors risk taking and impulsivity highlight the unique vulnerabilities of adolescents to CSEC particularly for adolescent girls.

Figure 1: Risks factors for entry into commercial sex exploitation by adolescent girls

Adopted from the Social ecological model for understanding and preventing violence against children: INSPIRE seven strategies for ending violence against children: WHO 2016

Young, vulnerable and underserved

The impact of commercial sexual exploitation is devastating. Adolescent girls who are victims of CSEC often experience life-long emotional distress and mental health problems. They suffer severe physical and psychological harm. They not only risk injuries from physical violence, unwanted pregnancies, and HIV/AIDS and other sexually transmitted infections (STIs), they also lose self-esteem, feel humiliation, guilt and sadness. Once entrapped in the sex trade, it is difficult for them to break loose. They may live in fear of retribution and have to bear the additional traumas of social stigmatization, marginalization and even rejection by their families and communities. In addition, the cost of CSEC to adolescent girls, families and communities is a significant obstacle to reducing poverty, and achieving gender equality, because at this point, their prospects for decent work as adults are limited.

Risk healthy behaviors

Specific risk behaviors of adolescent girls in CSEC such as, having multiple sexual partners, use of drugs and alcohol coupled with numerous individual and structural factors amplify their vulnerability to adverse sexual and reproductive health (SRH) outcomes compared to their age peers who are not engaged in CSEC. They report higher rates of unintended pregnancies, unsafe abortions, STIs including HIV/AIDS and sexual and gender-based violence (SGBV). A study of female minors engaged in CSEC in Uganda found significantly higher prevalence of pregnancy among adolescent girls who engaged in CSEC (26 %) than those who were not engaged in CSEC (5%). Additionally, adolescent girls in CSEC were four times more likely to have had an abortion compared to their age peers who are not in CSEC. This suggests that CSEC could be a contributing factor to the high rate of teenage pregnancies in Uganda which has stagnated at 25% for the last 10 years. Teenage pregnancy is associated with greater risks of maternal and child mortality, low birth weight and genital fistula. Girls in CSEC are also at an increased risk of contracting HIV because they often engage in unprotected sex with multiple partners. A study on HIV prevalence associated risk of female sex workers in the slums of Kampala revealed higher HIV prevalence among adolescents in sex work compared to the ones who are not engaged in sex work. The HIV prevalence among girls aged 12-18 years engaged in sex work was 22.5% while the HIV prevalence was 13% among the total sample which included youth who were not engaged in CSEC, indicating a higher HIV prevalence among youth.
Inconsistent condom use

While the use of condoms is important for dual protection against unintended pregnancies, STIs, including HIV, most of adolescent girls in CSEC do not use condoms consistently. This is due to poor access to condoms, fear of violence from clients, misconceptions on risks and lack of SRH information. Younger adolescent girls in CSEC aged 14 years and below may be even more vulnerable to adverse sexual and reproductive health outcomes than their older counterparts aged 15-17 years. Some of the reasons for their increased vulnerability are; having less power to negotiate condom use, greater susceptibility to violence and policies that do not support contraceptive use for adolescents below 15 years.

Figure 2: Reasons for inconsistent condom use by adolescent girls in CSEC by age

Source: UNFPA Uganda 2018 study on Assessment of Commercial Sexual Exploitation among female minors in high-risk areas of Uganda

Limited access to health services including sexual and reproductive health information and services.

Adolescent girls in CSEC report experiences of stigma, discrimination and victimization by health care workers (HCW) as one of the greatest barriers to access to SRH services. In addition, HCW may not have sufficient skills, competence or training to deal with the specific health and social needs of adolescent girls in CSEC. The HCW may need specialized trainings such as trauma counselling in order to competently handle health challenges of victims of CSEC. Adolescents are also likely not to have ready cash therefore prioritize their meager income from CSEC to basic needs rather than health services.

Commercial sexual exploitation is a form of child abuse, and a violation of human rights. Law enforcement officers therefore have a responsibility to assist victims and survivors of this crime. However, evidence reveals that girls in CSEC also risk of violence from law enforcement agents.

Men would beat me up if I slept with them and they want to force sleeping with me the whole night even when we had finished having the sex that they paid for. So one would beat me up and slap me in order to sleep with me again. (17-year-old female minor in CSEC, Namayingo)

“You can get a customer, have sex and he tells you he doesn’t have money but remember you are a young child and cannot do a thing so you can’t say a thing because they might even beat you” (15-year-old female minor in CSEC, Kampala)

“… if you go to a health centre and they ask you the job you do and you tell them that you are a sex worker, the health worker will be like ‘you are a sex worker, are you serious - hey, come on over here this girl is telling me that she is a prostitute, what?! A prostitute?’” (15-year-old female minor in CSEC, Kampala)

Difficulty in locating services and programs available to adolescent girls in CSEC is a real obstacle to the girls seeking to access services and to care givers trying to support them. Moreover, facilities that offer services for victims and survivors of CSEC hardly exist in Uganda.

Furthermore, the facilities that do exist are unevenly distributed geographically, lack adequate resources, and vary in their ability to provide specialized care. Similarly, long distance to service areas, lack of SRH commodities such as condoms mainly in rural areas and islands also create significant barriers to access services. Besides, policies and laws that limit access to contraceptives for certain age groups of adolescent girls heighten the existing barriers to access to SRH services among this vulnerable group. This lack of services is associated with an increased risk of long term sexual and reproductive health problems such as infertility resulting from untreated STIs. These barriers call for government and adolescent health programmers in Uganda to ensure availability of youth friendly services which addresses issues of accessibility, availability, acceptability and affordability of SRH services to young people.
Vulnerable, yet invisible in sexual and reproductive health research, programs and policies

Lack of scientific knowledge on commercial sex exploitation of adolescent girls
Lack of scientific knowledge on commercial sex exploitation of adolescent girls creates gaps in empirical data on interventions that address their SRH needs. These girls are largely invisible within the research and programmatic initiatives promoting sexual and reproductive health of adolescent girls in Uganda. Even studies regarding SRH among female sex workers, which are mainly HIV-focused, have neglected adolescents. In part, this exclusion is a result of ethical constraints within many institutional contexts. This therefore rightly makes it extremely difficult to gain permission to conduct research with vulnerable minors such as adolescent girls in CSEC. In addition, SRH interventions that target the needs of adult female sex workers do not address the specific needs of this highly vulnerable group because of legal and policy barriers.

Policies that do not translate into action
Uganda has ascribed to international law that protect children from commercial sexual exploitation, which include: The Convention of the Rights of the Child and signed the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography. In addition, Uganda has established several national laws and policies that protect children from sexual abuse which include but are not limited to,


The listed laws and guidelines establish that:

• All underage persons should be protected against commercial sexual exploitation, regardless of whether they are boys or girls; and regardless of their nationality or any other discriminatory consideration.
• Adults who are directly responsible for the exploitation should be punished by law and with sentences that are appropriate to the severity of the damage caused.
• It is the responsibility of the State to ensure that the victims are protected. The “consent” of persons under the age of 18 to participating in commercial sexual activities cannot lift the illegality of the exploitation; children are victims and any so-called consent does not waive their right to protection.

However, there is no specific policy or law on CSEC in Uganda, while progress of implementation of existing laws and policies is also too slow to curtail the steadily growing vice. The lack of a specific policy to address CSEC and weak implementation of laws protecting girls from CSEC such as the Penal Code Act 2007 which criminalizes sexual intercourse with children below 18 years and related policies are some of the key policy gaps in eliminating CSEC. In addition, the government interventions that target victims of CSEC often focus exclusively on removing the adolescents from sexual exploitation than addressing the socio-economic factors that pull girls from their families, schools and communities, as well as the provision of necessary health services. Besides as referred to earlier, there are reasonable fears that interventions by law enforcement will drive them underground, placing them at, perhaps, and even greater risk. These fears have been exacerbated by documented abuses by police across multiple hot spots during raids to remove adolescents from sex work venues. However, acceptance of these obstacles as excuses for inaction is neither an ethically nor a practically viable option. All stakeholders must find a way to hold the reality that, there are adolescent girls who are victims of commercial sexual exploitation in Uganda, they are highly vulnerable and their rights to health and safety must be protected.

Reducing vulnerabilities

1. Reduce risk factors to entry to CSEC by: keeping girls in schools, eliminating the cultural, social and economic inequalities that contribute to CSEC, and ensuring equitable access to resources, services and opportunities.

2. Invest in closing knowledge gaps in order to make adolescent girls in commercial sex exploitation more visible through research and monitoring so that their needs are recognized and prioritized by public health programmers and policy makers. Emphasis should be placed on national research agenda aimed at, advancing knowledge and understanding, developing effective interventions and evaluating the effectiveness of existing interventions, laws and policies that protect adolescent girls from CSEC.

3. Strengthen implementation of laws and policies that protect adolescent girls from abuse. This can be realized by reviewing existing policies such as the Children’s act 2011-2015 to incorporate detailed guidance on CSEC and strengthening the implementation of existing laws in order to deter sexual abusers. The laws should include particular emphasis on deterring demand for CSEC by men.

4. Create and maintain a system for sharing information on how to prevent, identify, and respond to commercial sex exploitation in Uganda. This will include a database of national, district and community level resources for victims of and those who are vulnerable to CSEC, to enhance their access to justice, care and social protection services.

5. Increase access to quality sexual and reproductive health services for adolescent girls engaged in CSEC by removing social, structural and economic barriers. Interventions addressing structural barriers such as laws and policies that promote stigma and discrimination are more essential for this vulnerable group. In addition, integrating SRH services into voluntary services such as education, job skilling, legal services and protection is important in increasing access for this particular group.

6. Create safe, sustainable and nurturing environments at all levels from family, community, schools and national level. This can be achieved through implementation of various policies, frameworks and guidelines such as the National Sexuality Education Framework, the Uganda National Parenting Guidelines, among others and supporting families to access decent work alternatives through government initiatives like Operation Wealth Creation (OWC), Youth Livelihood Programme (YLP) and Social Assistance Grant for Empowerment (SAGE) among others for families whose children are at risk of CSEC.

Conclusion
The impact of CSEC is devastating. Adolescent girls who are victims of CSEC often experience life-long emotional distress and mental health problems. They suffer severe physical and psychological harm and adverse SRH outcomes such as unwanted pregnancies, unsafe abortions and STIs including HIV/AIDS. Moreover, the lack of adequate data on the magnitude of CSEC, specialized services on victims and survivors of CSEC, information of available services and programs supporting girls in CSEC greatly hinder access to services for this vulnerable group. Since commercial sexual exploitation is a cause and consequence of multiple vulnerabilities, it must be simultaneously confronted at several different levels. A multisectoral approach serves better in this regard, as it represents opportunity for addressing multiple risks and vulnerabilities by key sectors of health, education, justice, finance, and gender labor and social development with support from parents and community leaders and other key stakeholders.

All stakeholders must find a way to hold the reality that, commercially sexually exploited adolescent girls in Uganda are highly vulnerable to adverse SRH/ HIV and GBV outcomes and their rights to health and safety must be protected.

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