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A Systematic Review of the Current Literature on Young Women (aged 10-24) Selling Sex in sub-Saharan Africa

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Abstract

This review focuses on Young Women Selling Sex (YWSS, 10-24 years) in sub-Saharan Africa because they are marginalised and insufficiently researched. The urgency presents itself because worldwide 19-40% of female sex workers initiate selling sex underage, meanwhile 80% of the worlds HIV positive women are in Sub-Saharan Africa during regional a youth bulge. The review analysed the experiences of YWSS, particularly how their social institutional environment affects their health, because environments influence wellbeing. The mixed methods SPIDER analysis used identified 18 articles representing 17 sub-Saharan African countries. Results depict social institutional environments that fail to acknowledge or respond to YWSS's vulnerabilities and marginalisation leading to poor health. YWSS experience social and institutional barriers to accessing general health and legal services, usually in the form of harassment or policies preventing access. YWSS also lack services tailored specifically for youth to access independently, especially minors. This support deficiency increases risks of experiencing violence, poor mental and physical health such as mood disorders, STIs, and HIV. Due to the unforgiving environment, YWSS hide their occupation to stay safe, and seek alternative venues for support such as traditional healers for health and gangs for protection from violence which can be dangerous and exploitative. In conclusion, more research needs to be done on YWSS in sub-Saharan Africa because the understanding of their experiences is limited, especially for minors. Policies on sex work and how to treat minors who sell sex need to be revised with the intent to decriminalise sex work, and ensure that health and legal services are available, accessible, and age appropriate for all YWSS, even minors.

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1 Introduction

In most of the world populations are stabilising, yet in sub-Saharan Africa the youth bulge[1] is growing, and according to a table developed by O'Driscoll, (2020) using UN population prospects, by 2020 over 60% of the sub-Saharan African population was under the age of 25. These young people are the future, and they could uplift their region (contributing socially and economically) by the sheer power they have in numbers, however, several issues threaten that. The youth in sub-Saharan Africa are diverse and among them are the subjects of this study, Young Women Selling Sex (YWSS, 10-24 years).

Selling sex is a taboo occupation in most of the world and it often is referred to using different terms, Historically selling sex has been referred to as "prostitution", however this term has negative associations to criminality, for this reason academia and policy makers have recently started using terms like "sex worker" (used in this study) or "commercial sex worker" (McMillan, Worth, & Rawstorne, 2018). Another term used for selling sex is "transactional sex" which broadly refers to exchanging sexual services for goods, which can vary in nature ranging from casual to committed relationships. Therefore, this term will not be used in this study to maintain a focus on individuals selling sex specifically for money, and those self-identifying as sex workers (McMillan, Worth, & Rawstorne, 2018). This review focuses on females between the ages of 10-24 who sell sex, and throughout the review they will be referred to using one of three terms that

[1] "The relatively large increase in the numbers and proportion of a country's population of youthful age, conventionally 16–25 or 16–30. When infant mortality rates fall but fertility rates do not, at least in the short term, there will be a surge in the number of births relative to preceding years. As this cohort ages it enters the age at which waged employment is the norm. If economic conditions are favourable, as they were in much of Est Asia, the result is a 'demographic dividend', an expansion of labour that contributes to economic growth. But under less favourable conditions, a 'demographic bomb' can result in young people being unable to find employment. It has been argued that this is one factor behind youth political unrest, notably in North Africa and the Middle East in 2011." https://www-oxfordreference-com.proxy.library.uu.nl/view/10.1093/acref/9780199599868.001.0001/acref-9780199599868-e-2075

categorically define them by age, these are: Young Woman Selling Sex (YWSS*), Female Sex Worker (FSW*), Female Minor Selling Sex (FMSS**) (see table 1).

Table 1: Age Defined Group Labels and Abbreviations for the Review

Term	Young Woman Selling Sex (YWSS*)	(Younger/Older) Female Sex Worker (FSW*)	Female Minor Selling Sex (FMSS**)
Definition	Female aged 10-24 who sells sex.	Woman aged >17 who sells sex. FSW aged 18-24 labelled "younger FSW" and FSW aged >25 is labelled "older FSW".	Girls >18 who sell sex.

*This abbreviation is encountered in other studies.

**This abbreviation was constructed by and for this review.

In the articles reviewed a variety of terms were used to identify the target group and therefore to in order to identify relevant articles this study had to ensure the ages of the participants matched our interests. The table of terms was specifically developed to help standardise the way the target group is addressed throughout. Differentiating between these age categories is necessary for standardisation because internationally people under 18 who sell sex are not considered sex workers. They are deemed exploited and therefore are treated differently in research and society, so the distinction is occasionally necessary to wholly capture their experiences. The terms in the table are partially adapted from ones found in previous research, such as "young women who sell sex", which is shortened to "YWSS", and "female sex worker", shortened to "FSW". The term that is completely new and constructed for this study is "female minors selling sex", with the abbreviation "FMSS", because there was no term identified in the current literature that captured

this specific group. Although research occasionally referred to participants in our target group as adolescents selling sex, this term was not consistent or fitting to use to define legal minors because sometimes the reference included 18 and 19 year olds.

1.1 Problem Outline and Previous Research Overview

In sub-Saharan Africa YWSS belong to an intersection of three identities that are marginalised in society, especially in this region. First, YWSS are female in a region where gender inequality is pervasive and as a result, experience the feminization of HIV since sub-Saharan Africa contains 80% of the world's HIV-positive women (Anderson, 2018). Second, they sell sex, which is illegal in almost all sub-Saharan Africa (NSWP, 2014), leading to a criminalised lifestyle. Third, they are young, and live in a region with limited economic and career opportunities and where age is considered a factor in social hierarchies (attaching a lower status to younger people). Related to this, the World Health Organisation (WHO) assigned YWSS to a group labelled "Young Key Populations", they are people aged 10-24 whose increased probability of engaging in risky behaviours places them at increased risk of HIV (Young Key Populations members include: sex workers, men who have sex with men, people who inject drugs, people in prisons and other closed settings, and transgender people) (WHO, 2015). Despite being identified as a group that is at a high risk for contracting HIV in a continent with regions experiencing a generalised HIV epidemic, limited research has been conducted on YWSS in sub-Saharan Africa. This systematic review contributes to the existing knowledge and research by reviewing existing literature to highlight what is known about YWSS's experiences and point out the gaps in knowledge. The review also uses the existing literature to contribute to policy by revealing how YWSS are being treated compared to how they should be treated socially an institutionally to protect their wellbeing.

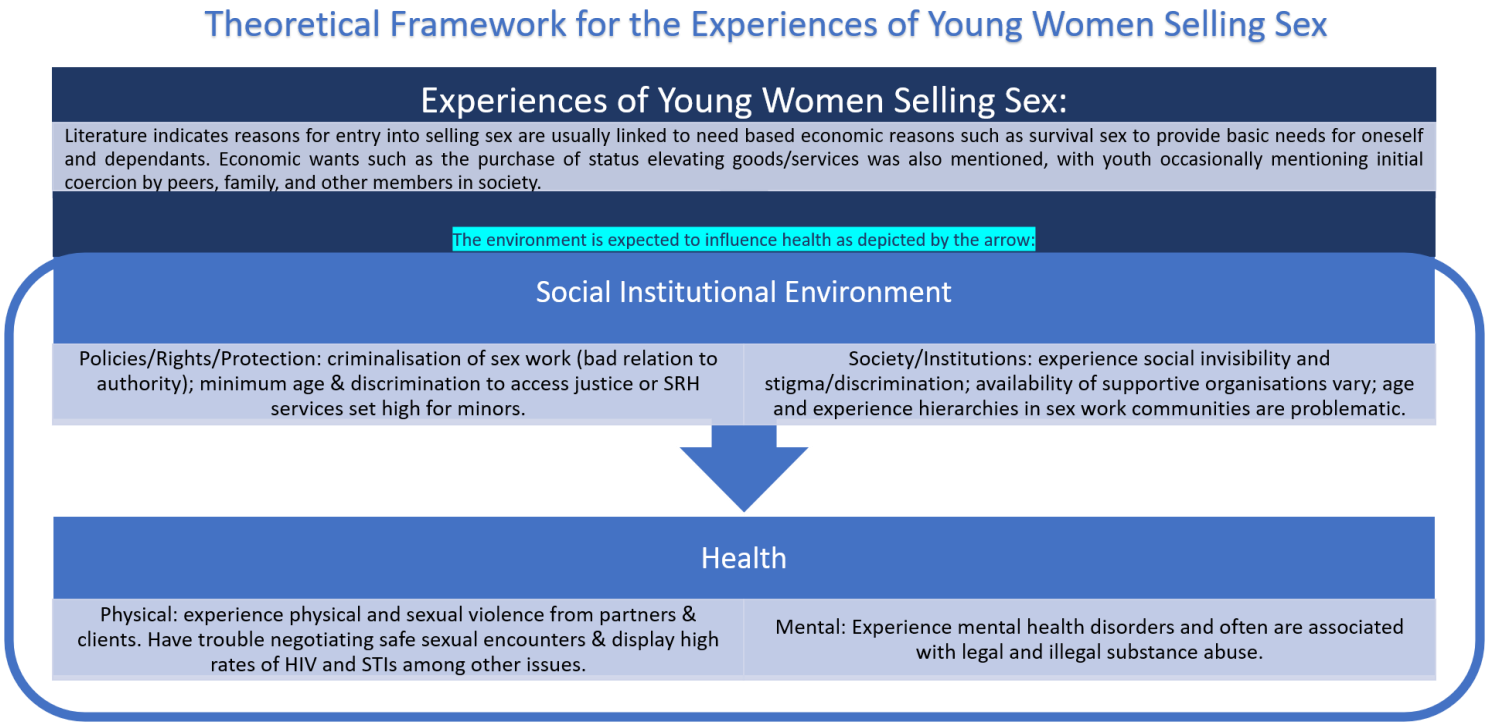
An existing systematic review on FSW in sub-Saharan Africa states that women in the region on average initiated sex work in their early twenties (Scorgie, et al., 2011). However, a worldwide systematic review (that did not contain studies based in Africa) focusing a group labelled "adolescents selling sex", stated that across the globe an average of 20-40% of women report initiating selling sex as adolescents (Silverman, 2011). Both these reviews reveal that around the world women often initiate selling sex as young people. Sex work in the world is performed in various settings ranging from formal establishments such as brothels to informal spaces like streets or bars; according to Scorgie, et al., (2011), sub-Saharan Africa is a region where sex work occurs in various forms but more often without intermediaries in comparison to the rest of the world. FSW in sub-Saharan Africa often suffer discrimination and stigmatisation which leads to instances of physical and sexual violence perpetrated by various sources including partners, clients, and police (Scorgie, et al., 2011). The criminalisation of sex work in the region also affects FSWs ability to access justice for instances of sexual violence from clients; this paired with social discrimination, leads to FSW having poor access to healthcare due to mistreatment at health centres (Scorgie, et al., 2011). The review performed by Silverman (2011) on adolescents who sell sex around the world reveals that the adult FSW experiences that were listed by Scorgie, et al. (2011) also affect minors selling sex (FMSS, <18) including HIV, STIs, and mental health disorder (substance abuse, and/or depression). However, Silverman's (2011) review only contained eight studies and therefore made a point to highlight the need for more research on this population. He stated that this is difficult to do because most of the world is reluctant to allow access to studying minors especially ones engaged in such taboo activities. In any case, Silverman (2011) highlights that the health and safety of young people should take precedence over a debate on whether researching or assisting FMSS is encouraging them to sell sex. This systematic review intends to continue the

conversation that was initiated by Scorgie, et al. (2011) and Silverman (2011), but in the context of sub-Saharan Africa with a focus on women in the Young Key Populations because HIV is still a major threat in several countries in this region, especially in southern Africa (Rucinski, et al., 2020).

1.2 Theoretical Framework and Research Questions

To contribute to the ongoing conversation, this systematic review collected all the published articles describing the experiences of YWSS in sub-Saharan Africa for analysis. The review analyses their social institutional environment and their state of (physical and mental) health, which often reflects their environment. To analyse their state of physical health the review extracts information related to experiences of physical/sexual violence, HIV and STIs (status and related risk behaviours i.e., unprotected sex), and any other mention of bodily harm. For mental health information regarding substance abuse (alcohol and drugs) and mental health disorders is extracted. The social institutional environment analysis scans articles for information regarding the availability of communities and organisations to support them such as settings to build social networks and access support (for healthcare, justice, or psychosocial needs). Social institutional environment also analyses policies affecting YWSS (their rights) and their relationship with protection services/authority like the police. The information selected to be extracted from the articles was inspired by the two above mentioned reviews and other studies that were conducted on groups that closely resemble the target population (general FSW studies from around the world and the few existing studies on FMSS). This background literature helped produce a theoretical framework (fig. 1) that was inspired by the "social ecological approach" which recognises that individuals' behaviour is influenced by environmental factors (i.e., social institutional environment) which in turn affects individual health (Kok, Peters, & Ruiter, 2017).

Figure 1: Theoretical Framework for the Experiences of Young Women Selling Sex



Note. Adapted from "Planning theory- and evidence-based behavior change interventions: a conceptual review of the intervention mapping protocol," by G. Kok, L.W.H Peters, and A.C Ruiter, 2017, *Psicologia: Reflexão e Crítica*, 30(1), 1–13. (https://doi.org/10.1186/s41155-017-0072-x). CC BY-4.0.

Based on the theoretical framework and what we know about groups that closely resemble the target group, this review developed the following research question: "According to the current literature, what are the experiences of young women selling sex in sub-Saharan Africa?" The sub question that follows is "How does their social institutional environment affect their (physical and mental) health?". The review hypothesised that the literature would reveal that YWSS have similar adverse experiences to older FSW with additional strains and struggles that are specific to young

people. Furthermore, findings were expected to mention instances of YWSS's environments affecting their (physical and mental) health.

2 Methods

The research question for the study was developed using a mixed methods SPIDER tool[2] to ensure that all viable articles could be incorporated into the review regardless of research type or design (Cooke, Smith, & Booth, 2012). SPIDER is an acronym (sample, phenomenon of interest, design, evaluation, research type), and this is how the tool was used in the current study (see table 2): the sample were YWSS aged 10-24 in sub-Saharan Africa; the phenomenon of interest was the fact that they sell sex; all design types were targeted; the evaluation was of their general experiences (paying attention to how the environment affects health); all research types were targeted.

2.1 Search strategy

Prior to initiating the collection of articles to be reviewed a search was conducted on Prospero to determine that no other systematic reviews have been conducted on the young women selling sex in sub-Saharan Africa. To collect research articles Google Scholar was used as the primary search engine which often provided links to articles in various other research databases. Further searches were conducted on the following platforms to ensure nothing was missing: PubMed, Web of Science, and WordCat. Table 2 illustrates the search terms used in the review, and it is based on the SPIDER tool as illustrated in research by Cooke, Smith, & Booth, (2012).

[2] Guide for the tool: https://libguides.hull.ac.uk/c.php?g=247146&p=1665806

The articles identified were collected in a folder then each abstract, introduction, and methods sections were verified using the inclusion and exclusion criteria described in the next section.

Table 2: The Search Terms Used in this Review for the SPIDER Search

SPIDER Tool	Search Terms
Sample	"young women" OR "adolescent females" OR "underage girls" AND "Africa"
Phenomenon of Interest	"selling sex" OR "sex worker" OR "prostitution"
Design	No terms used because all designs were targeted
Evaluation	"experiences"
Research Type	No terms used because all types were targeted

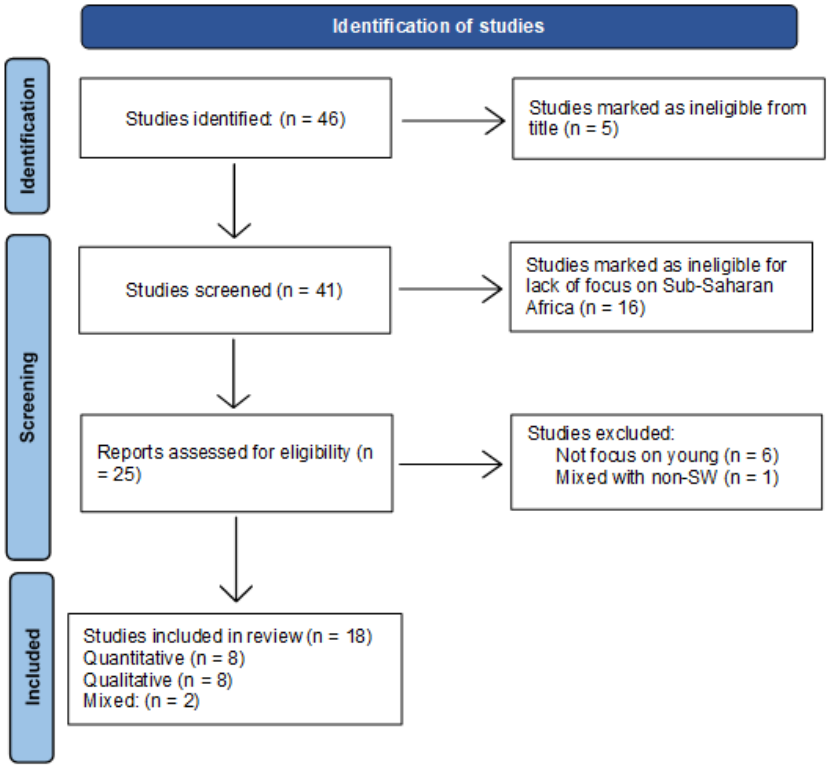
Note. Adapted from "Beyond PICO: The SPIDER Tool for Qualitative Evidence Synthesis." by A. Cooke, D. Smith, and A. Booth, 2012, *Qualitative Health Research,* 22(10), p. 1438 (https://doi.org/10.1177/1049732312452938). Copyright 2012 SAGE Publications.

2.2 Inclusion/Exclusion Criteria

All the identified journal articles in time were considered for the study, including ones with qualitative, quantitative, and mixed designs. Studies discussing the experiences of young women selling sex between the ages of 10-24 in sub-Saharan Africa were the focus. To capture the experiences of minors selling sex (FMSS, 10-18 years) studies of adults (not necessarily young) discussing their experiences selling sex as adolescents or minors were eligible as it is often difficult to find studies with participants younger than 18 years of age. Papers that compare older sex workers to younger sex workers were also admissible. The studies that were excluded discussed experiences of FSWs in general without distinguishing between older and younger sex workers. Studies with participants above the age criteria were only admitted in cases where their aim was

to explicitly discuss experiences of selling sex while young or underage. Furthermore, studies that focused on experiences of child trafficking were not included as this review intends to deal with individuals who are voluntarily selling sex. Lastly, studies that specifically discussed transactional sex were also excluded because transactional sex is different in nature to sex work. Figure 2 below is a representation of the article screening process depicted in an adapted PRISMA flow diagram:

Figure 2: PRISMA Diagram Depicting the Identification of Studies for Review



Note. Adapted from "The PRISMA 2020 statement: an updated guideline for reporting systematic reviews," by M.J. Page, J.E. McKenzie, P.M. Bossuyt, I Boutron, T.C. Hoffmann, C.D. Mulrow, et al, 2021, *BMJ*, (372)71, (10.1136/bmj.n71). Copyright 2021 by PRISMA

2.3 Analysis strategy

The following data was extracted from the studies: source, country, objective, design, sample characteristics, and results which are split to focus on social and legal structures

(availability of community support such as SW organisations/programs, relationship with authority, and policy related experiences), and health (physical and mental). The data collected from the studies will be presented in a table.

3 Results

This section begins by describing the set of articles identified for review by highlighting noteworthy facts about them such as the age ranges commonly identified, and the distribution of countries across the region that were represented in the articles reviewed. Following this, the main question and sub-question are answered through a description of relevant study findings with an accompanying table to illustrate the results (table 3).

The review identified 18 articles that spanned a total of 17 countries, however, they were not evenly distributed across sub-Saharan African regions. Only one study looked at data from 9 countries across sub-Saharan (Burkina Faso, Cameroon, Côte d'Ivoire, The Gambia, Lesotho, Senegal, Kingdom of eSwatini, South Africa, and Togo), meanwhile most of the rest represented the south (8 in Zimbabwe, 1 in Mozambique), followed by east (1 in Tanzania, 3 in Kenya, and 1 in Ethiopia), then west (1 in Ghana and Nigeria), Madagascar was the only island nation represented by 1 article. The findings will be further explored in the discussion section.

Regarding age, the review originally intended to only identify studies that had participants within the age range 10-24 however, there were very few of those, therefore it included studies that recruited participants who were also older than the age range in cases where the focus was on discussing their experiences of initiating sex work young (under the age of 24 or 18). For those who started selling sex prior to the age of 18 the average age of the first sale was 16 years, and for those who initiated after the age of 18, the average age is 22 (Parcesepe, et al., 2016b). The lowest age quoted was in a Ghanaian study where 19% of the participants (n = 9/48) reported having

initiated selling sex between the ages of 12 and 14, and they further stated that they have seen girls initiate selling sex as young as 8 years (Onyango, et al., 2015). A few studies also indicated that FSWs who initiated selling sex prior to the age of 18 also had significantly early sexual debut compared to those who initiated after 18 (Parcesepe, et al., 2016b).

The main question presented in the review introduction was as follows, "According to the current literature, what are the experiences of young women selling sex in sub-Saharan Africa?". The short answer is that YWSS in sub-Saharan Africa experience marginalisation, criminalisation, and poor physical and mental health. The following sub-question "How does their social institutional environment affect their [physical and mental] health?" helps contextualise the experiences of YWSS as possible products of their environment. Therefore, it is fitting to state the findings regarding the reasons why YWSS started selling sex in the first place, because this provides an initial context for their experiences. The literature reveals that often the main reason young people and minors start selling sex is for financial reasons such as experiencing poverty, orphanhood (children headed households), or to elevate one's economic status (Crankshaw, 2021) (Van Bavel, 2017). One study in Zimbabwe illustrates in their findings that FSW use their income to "take care of their children/siblings, buy food, for beauty treatments (manicure, pedicure, hairdo), rent, school fees, and buying clothes, particularly 'skimpy' outfits that their parents refuse to buy" (Chiyaka, et al., 2018). More studies are acknowledging that the range of reasons young women choose to engage in selling sex are more diversified than simply for survival; some are seeking to improve their lifestyle and purchase goods and services that allow them to raise their status in society. In any case, the outlined findings determining entry into selling sex generally suggest that most YWSS experience financial need in a social institutional environment that has a scarcity of alternatives for them earn money to survive or thrive in society. Some of the studies

that interviewed adults who had started selling sex as minors reported having initially been forced or coerced by family members. However, this research attempted to identify people involved in selling sex voluntarily therefore the issue of trafficking and coercion for young people will not be addressed in this study.

The research revealed that the social institutional environment of YWSS is one that lacks policies acknowledging their intersectional identity but contains policies for fragments of their identity that do not serve intersectionality and can be damaging to them (such as programs for sex workers that do not apply to FMSS, or youth programs that do not acknowledge their involvement in selling sex). The review detected two main relevant ongoing policy debates related to YWSS. First there is discourse on how the criminalization of sex work is a problem for YWSS because working illegally increases their risks for experiencing harmful situations that affect health. The problem is illustrated in the rates of police harassment, the highest rate of police harassment in the articles was reported in Kenya where 44.9% of the girls had been victims (Roberts, et al., 2020). The consensus about criminalisation being bad was included in most of the recent studies except for a 2008 Ethiopian study which mentioned that there was an intention to implement policies geared towards eradicating sex work altogether (van Blerk, 2008). The other ongoing debate in policy (and academia) is around how to best serve the health and legal needs of young people without encouraging FMSS to sell sex while underage. This policy arrangement according by age can cause barriers for YWSS (especially minors) in accessing health, or legal services, as illustrated in Tanzania where minors require an accompanying adult to report sexual assault and need parental consent for medical examinations (Van Bavel, 2017).

The experiences of YWSS when it comes to health are also very vulnerable because they are often victims of violence, inconsistent condom users, afflicted by STIs and HIV, while

simultaneously going through a fragile psychological developmental stage when they are more susceptible to mental health disorders (substance abuse and mood disorders). Among the articles reviewed, the rates of violence (both physical and sexual) from clients and sexual partners (intimate and casual) among YWSS ranges from 15.4% (Inguane, et al., 2015) to 82.5% (Hensen, et al., 2017). The range is very wide but nonetheless reveals alarming numbers as illustrated by one Zimbabwean study that compared the situation from 2013 to 2016 and found that the instances of violence for FSW had increased more among young FSWs aged 18-19, from 22.9% to 47.4%, compared to FSWs aged 20-24 who experienced a smaller increase from 23.8% to 24.1% (Chabata, et al., 2019). With regards to condom use, one article analysing Mozambique encapsulates the range of inconsistent condom use in recent sexual encounters among participants as varying from 29.7% to 50% across different regions of the country (Inguane, et al., 2015). It has been established that inconsistent condom use is due to a number of reasons including, financial reasons and fear, however, the review also found that there was a correlation between inconsistent use and having initiated the sale of sex as minors due to their reported lower self-efficacy in negotiating the terms of engagement (Parcesepe, et al., 2016a). In Kenya it was additionally reported that among those who had initiated selling sex as minors, their friends were 2% less likely to endorse condom use with paring partners compared to those who initiated as adults (Parcesepe, et al., 2016a). This is important to note as it means they may not be able to negotiate use later in life either and puts them at higher risk of contracting HIV and STIs.

The resulting health effects related to HIV are best summarised using a study that looked at 3 different parts of the region through 9 countries, it reveals that the highest rates of HIV are in southern Africa with 45.4% prevalence for 18–19 years, and 56.5% for those 20-24; the lowest rates were found in West Africa with a 4.0% prevalence for 18–19 years and 5.7% for 20–24 years

(Rucinski, et al., 2020). This study also reveals that those between the ages of 20-24 tend to experience higher rates of HIV than younger groups which may be attributed to being in the industry longer. Related to HIV, a few articles investigated antiretroviral therapy treatment and found that young FSW were less likely to adhere to treatment, in a Zimbabwean study only 55.4% of the HIV positive participants were on treatment (Napierala, et al., 2018). Although several studies mentioned STIs, only one in Madagascar investigated specific STIs and quoted the statistics. This study compared the rates of Gonorrhoea and Chlamydia among YWSS aged 16-19 to YWSS aged 20-24 at several different time intervals and found that the younger age group consistently had higher rates of infection than the older group which is a pattern that differs from the one identified above in HIV findings (Pettifor, et al., 2007).

The findings on the mental health of YWSS were limited, however a few studies mentioned mood disorders and substance abuse as the main issues affecting them. It is important to take notice of these because they can increase one's likelihood to engage in risky health behaviours. In Tanzania, the most mentioned psychological problems were "post-traumatic stress disorder, suicidal thoughts and suicide attempts, low levels of self-worth and feelings of shame and guilt" (Van Bavel, 2017). In Zimbabwe one study found the risk of mental health disorders among their participants was around 36.6% (Hensen, et al., 2017). Substance abuse was a more common topic, a study in Kenya that recruited YWSS who consume alcohol on a regular basis provided insight that among FMSS and young FSW aged 14-24 years in the month before the study 47.5% reported being inebriated at least once in the past month, of those 72.7% reported having been inebriated at least once during sex (Roberts, et al., 2020). YWSS's relationship with substance abuse is reportedly complicated and will be further discussed in the next section.

Table 3 below illustrates the findings of the literature search in accordance with the theoretical framework proposed in the introduction and can provide more information on the text above.

Table 3: Presenting Relevant Findings from The Reviewed Articles

Findings: Social Institutional Environment	Findings: Health (Physical & Mental)	Sample & Characteristics	Objective	Design	Country	Source
Society/institutions: mention of supportive programs but lack of community feeling or network prevalent Policies/Rights/Protection: precarious legal situations while travelling	Physical: experiences of violence, HIV & other STIs linked to experiences of physical & sexual violence; condom inconsistency reported Mental: no mention	11 sex workers aged 18–20 who reported both initiating work as an adolescent (13–19) and a history of migration	aim of this study was to examine the relationship between migration and sex work among Zimbabwean women who had initiated sex work as adolescents	Qualitative: in-depth narrative interviews	Zimbabwe	(Busza et al., 2014)
Society/institutions: available organisations & services but heavy conflict with older SW noted Policies/Rights/Protection: no mention	Physical: initially low access to services but program improved access Mental: no mention	143 YWSS aged 15-24	Evaluate an ongoing SRH intervention with young women selling sex	Qualitative: process evaluation of intervention for YWSS	Zimbabwe	(Busza et al., 2016)
Society/institutions: DREAMS & peer educators mentioned Policies/Rights/Protection: no mention	Numbers describe changes from 2013 to 2016: Physical: Experience increased violence (from client and partner 18-19=22.9% to 47.4%, 20-24=23.8% to 24.1%); inconsistent condom use based on self-reported negative-HIV status (forced intercourse 18-19=9.6% to 9.3% & 20-24=3.6% to 10.1%); positive HIV rapid test 18-19=26.7% to 20.7% 20-24=37% to 38% Mental: frequent alcohol consumption 4 or more a week 18-19=16.9% to 32.4% 20-24=24.6% to 23.2%. symptoms of common mental health disorder 18-19=46.7% to 15.2% 20-24=48.6% to 31.8%	FSW ages 18-24 (2013 n=565; 2016, n=503). 2722 FSW recruited in 2013, 24% (n = 656) were young; 2016, 2883 FSW recruited, 17% (n = 503) were young.	Describe changes in sexual behaviours among young FSW across Zimbabwe between 2013 and 2016, and risk factors for prevalent HIV in 2013 and 2016	Quantitative: respondent-driven sampling surveys and dry blood sampling for HIV antibodies	Zimbabwe	(Chabata et al., 2019)
Society/institutions: “sisters with a voice” & DREAMS mentioned; bad relations with other YWSS (9%) predicted lower condom use Policies/Rights/Protection: experienced violence from police in past 12 months 4.2%	Physical: experienced violence from sexual partner 36%; inconsistent condom use related to violence, lack in confidence in condoms, ability to negotiate and not identifying as a SW. Mental: frequent alcohol consumption 4 or more a week 10.4%; Risk of common mental disorder 33.6%; risk of mental disorder also linked to lower condom use	From 2431 YWSS aged 18-24 only 1842 were HIV negative and selected for analysis	Characterise gaps in condom use and identify reasons underlying these gaps among young women who sell sex	Quantitative: respondent-driven sampling (RDS) with questionnaire and HIV test	Zimbabwe	(Chabata et al., 2020)
Society/institutions: Organisations for SW & peer educators mentioned Policies/Rights/Protection: their clients include police officers	Physical: experiencing violence mentioned; dislike for seeking medical treatment for STIs Mental: no mention	80 young women selling sex ages 18-24	To "paint a picture" of the YWSS physical and social environment in each study site to prepare for the DREAMS intervention and evaluation	Qualitative: direct observation, group discussions	Zimbabwe	(Chiyaka et al., 2018)

Society/institutions: peer educators available; <20yrs less aware of resources; bad relations with older SW; invisibility preferred Policies/Rights/Protection: reliance on SW network	Physical: experience violence; inconsistent condom use for fear of clients or financial reasons; use alternative medicine to conceal identity Mental: substance abuse mentioned for coping and courage	Focused on Females 16-24 yrs with distinction of 16-19 & 20-24. Interviews with key informants (n = 4), health care providers (n = 5), and peer educators (n = 16). Amongst YWSS 198, focus group discussions (n = 30) and in-depth interviews (n = 42).	Explore the differences in dynamics of SRH vulnerability amongst YWSS within the 16–24	Qualitative: In-depth interviews & focus group	Zimbabwe	(Cranksh aw et al., 2021)
Society/institutions: Dreams & Sisters with a Voice mentioned; 37.6% & 52.8% FSW heard of HIV services Sisters and PSI clinic, respectively. Policies/Rights/Protection: no mention	Physical: 82.5% FSW experience sexual violence in past month; HIV prevalence higher among FSW (28.1%) than YWSS not identifying as SW (14.8%); 45.5% FSW inconsistent condom use in past month; 70.1% FSW tested in past 6mo; 21.6% FSW heard of PrEP; 79.8% FSW had free condoms last access & 69.5% accessed services when experiencing STI symptoms. Mental: 36.6% at risk of common mental health disorder (CMD); 12.8% FSW used alcohol more than 4 times a week.	2387 YWSS age 18-24 (n=1637 or 67.3% identified as FSW)	Compared the following between YWSS who self-identified as FSW and those who did not: HIV prevalence, sociodemographic characteristics, risk behaviours and use of services.	Quantitative: respondent-driven sampling (RDS). Interviewer-administered questionnaire and were offered HIV testing services	Zimbabwe	(Hensen et al., 2019)
Order of results Maputo, Beira, Nampula for underage participants (15-17) Society/institutions: knowledge of where to test (79.5%, 67.1%, 80.9%); contact with peer education in last 6mo (7.7%, 12.9%, 16.4%) Policies/Rights/Protection: no mention	Order of results Maputo, Beira, Nampula for underage participants (15-17) Physical: experience violence past 6mo (15.4%, 25.7%, 25.5%); no condom with last client (29.7%, 37.7%, 50%) Mental: abused alcohol (34.2%, 44.3%, 18.2%)	1240 females aged 15 years or older who sell sex (15-17yrs n=219)	Compare characteristics of underage (15–17 years old) and adult (<18 years old) FSW in three main urban areas of Mozambique (Maputo, Beira and Nampula)	quantitative: questionnaire & dry blood sample collection	Mozambiqu e	(Inguane et al., 2015)
Society/institutions: peer educators mentioned; friends encouraging testing increased likelihood of knowing status Policies/Rights/Protection: no mention	Results among 18-24 only: Physical: young less likely to know HIV status, test & use ART. 99% know HIV test venues; 34.7% HIV positive (only 37.9% of them knew); 55.4% on ART (74.8% of those not, are not eligible for ART; 8.5% not evaluated; 16.7% don't want); 62.1% of ART users viral load is undetectable & non-users 8.7%. High volume of clients linked to decreased testing frequency & increased risk. Mental: 23.6% consume alcohol 4 or more times a week; 41.2% exhibited symptoms of a depressive disorder	2722 FSWs 18 and over. 18–24years (n = 641)	Compare engagement in services and the HIV care cascade among FSWs aged 18–24 years compared with those aged 25 years and older.	Quantitative: respondent-driven sampling (RDS) & interviewer administered questionnaire.	Zimbabwe	(Napieral a et al., 2018)
Society/institutions: no mention Policies/Rights/Protection: no mention	Physical: adolescent selling sex engaged in sexual offences, murder of clients, deliberate spread of HIV/AIDS, reckless abortion, street fighting, public drinking, violence, theft, harbouring of criminals, keeping of weapons for criminals. Mental: 42.8% used alcohol/cigarettes, 5.5% use cannabis; adolescents who use drugs are more likely to engage in a wide variety of risk behaviours	female adolescents selling sex ages 10-19	examined the social dimension of risk behaviours among adolescents selling sex	Mixed: Cross-sectional survey and in-depth	Nigeria	(Olofinbi yi et al., 2019)

Society/institutions: peer educators available Policies/Rights/Protection: experience police harassment demanding sex or money	Physical: experiences of physical and sexual violence; inconsistent condom use occurring because of higher payments, client harassment & condom sabotage; physical safety & financial need bigger concern than HIV Mental: drug and alcohol use mentioned as coping mechanism, increased condom-less sex risk & some choose to avoid substances for this reason.	48 FSW aged 18-20 who had been involved in sex work for at least 2 years	identify social, economic, structural, and individual-level vulnerabilities of female adolescents who sell sex	Mixed: 24 in-depth interviews and 4 focus group discussions	Ghana	(Onyango et al., 2015)
Society/institutions: alcohol harm reduction & HIV prevention programs mentioned Policies/Rights/Protection: no mention	Physical: <18 initiators had less self-efficacy refusing condom-less sex (79% vs 90% older); early initiators less likely to have friends endorse condom use with a paying partner (91.3% vs 93.3%) Mental: selected participants were moderate risk alcohol users	816 FSWs 18yrs or over, identified as moderate risk drinkers, and screened for early (<18yrs) SW initiation (n = 162)	Investigate if early initiation of sex work was associated with: (1) consistent condom use, (2) condom negotiation self-efficacy or (3) condom use norms among alcohol-using FSWs in Mombasa, Kenya.	Qualitative: data collected during randomised controlled alcohol harm reduction intervention study using in-person interviews	Kenya	(Parcesepe et al., 2016)
Society/institutions: alcohol harm reduction & HIV prevention programs mentioned Policies/Rights/Protection: <18 selling sex initiator friends less likely endorse reporting violence from paying (87% vs 95.3%) and non-paying (76.3% vs 82.5%) partners.	Physical: <18 sex selling initiators more likely had early sexual debut (55.6% vs 16.6%); experienced childhood physical (54.7% vs 40.5%) & sexual (20.5% vs 10.6%) abuse; less self-efficacy in stopping violence and resulting less efficacy in demanding condom use. Mental: <18 sex selling initiators more likely were younger at the age they first drank alcohol (mean age 16.5 vs 20.4)	816 FSWs 18yrs or over, identified as moderate risk drinkers, and screened for early (<18yrs) SW initiation (n=162)	Examines the relationship between early initiation of sex work and violence victimization during adulthood.	Qualitative: data collected during randomised controlled alcohol harm reduction intervention study using in-person interviews	Kenya	(Parcesepe et al., 2016b)
Society/institutions: Peer education available Policies/Rights/Protection: no mention noted	Physical: 16-19yr highest STI incidence GC prevalence baseline 42%, 6mo 65.4%, 12mo 51.4%, 18mo 38.4%; 20-23yr GC prevalence baseline 25.4%, 50%, 32%, 35.8%. 16-19yr CT baseline 29.9%, 57.7%,36.2%, 48.5%; 20-23yr CT prevalence baseline 17.7%, 41.1%, 15.4%, 24.7%. Inconsistent condom use associated with higher STI risk. Mental: no mention	SW <15 (n = 1000); 16-19 years (n = 134) distinguished from 20 and older as adolescents; 20-23 years (n = 210)	Evaluate the effect of young age 16–19 years vs. 20 years and older on risk of incident infection with Neisseria gonorrhoeae (GC) or Chlamydia trachomatis (CT	Quantitative: Randomized controlled trial (enhanced peer education-plus-clinician counselling vs. peer education only to increase condom use & STI testing). STI testing at baseline, 6, 12, & 18 months.	Madagascar	(Pettiford et al., 2007)
Society/institutions: programs for FSW available- 25.7% aware of at leas one program, 13.7% contacted by a program; 9.1% registered in a program; 8.8% used program clinic. Policies/Rights/Protection: 44.9% experience police harassment	Physical: 29.9% experienced physical violence by sexual partner & 29.2% experienced sexual violence; 47.3% inconsistent condom use in past week; Mental: no mention	408 YSW aged 14–24 (14–18 years, N = 117; 19–24 years, N = 291).	Estimate the prevalence of vulnerabilities related to sexual health, structural factors, and reproductive health & estimate engagement level with programs for FSW in 2015; & see if vulnerabilities vary by age & program contact.	Quantitative: bio-behavioural cross-sectional survey	Kenya	(Roberts et al., 2020)

Society/institutions: no specific mention Policies/Rights/Protection: no mention	Physical: HIV prevalence Southern Africa 45.4% for 18–19 years, & 56.5% for 20–24 years; Central Africa 5.8% for 18–19 years & 9.4% for 20–24 years; West Africa 4.0% for 18–19 years & 5.7% for 20–24 years. ART coverage ages 18-19: Southern Africa 8.7%; Central Africa 7.7%; West Africa 4.4%. Mental: no mention	Women aged ≥18 years selling sex across 9 countries (N = 6592). 18-19yrs (n=488); 20-24yrs (n=1894)	Compare age-specific differences in HIV prevalence, antiretroviral therapy (ART) coverage, and HIV care engagement among female sex workers in sub-Saharan Africa (18–19, 20–24, and ≥25 years)	Quantitative: interviewer-administered questionnaire. HIV testing and counselling also offered.	9 countries (Burkina Faso, Cameroon, Côte d'Ivoire, The Gambia, Lesotho, Senegal, Kingdom of eSwatini, South Africa, and Togo	(Rucinski et al., 2020)
Society/institutions: ZAYEDESA available in one area but not other; rural areas less aware of services for SW; invisibility preferred Policies/Rights/protection: rights awareness varies by area & lack of knowledge exploited; police forms requiring partner or guardians are barriers to access legal support; bad relations with authorities noted due to exploitation	Physical: experience violence; inconsistent condom use for fear of clients or financial reasons; use alternative medicine to conceal identity & because of cost Mental: no mention	19 IDIs with FSW <18years at the time first sale & 12 key informant interviews with FSW >18years at the time of entry into prostitution. 8 key informant interviews with the peer educators and staff of ZAYEDESA, (Zanzibar SW organization).	Examines how YWSS exercise agency when entering prostitution coping with occupational health problems and accessing healthcare services	Qualitative: In-depth interviews (IDI)	Tanzania	(Van Bavel, 2016)
Society/institutions: NGO provided services mentioned Policies/Rights/Protection: policy goals aim to eradicate sex work	Physical: experiences of physical & sexual violence; forced condom-less sex from clients & fear of HIV & STDs mentioned; Mental: some girls at establishments forced to drink alcohol	women selling sex ages 14-19 (n=60)	explore the connections between poverty, migration and sex	Qualitative: semi-structured interviews	Ethiopia	(Van Blerk, 2008)

4 Discussion

The findings of the experiences of YWSS in sub-Saharan Africa were often like those of older sex workers because they were all victims of the same stigma over selling sex. These shared experiences include a hostile social institutional environment that marginalised them by criminalising their occupation and subjecting them to violence, which can increase risks of poor physical health (STIs and HIV) and mental health (mood disorders and substance abuse). However, one crucial difference was continuously noted in the literature, YWSS (especially FMSS) experienced double the adversity compared to older FSW due to their youth being associated with a taboo occupation, in a policy (and social institutional) environment which prevents certain YWSS from accessing (health and legal) services independently. The doubled experience of

marginalisation and their variations by age are important to take note of among YWSS because there are several push and pull factors that lead young people to sell sex. The main push reason cited for having initiated selling sex is usually economic need; other contributing factors can include experiences of gender-based violence, insufficient social support (Parcesepe, et al., 2016a), leaving school early (Busza, Mtetwa, Chirawu, & Cowan, 2014), migration, sustaining substance abuse, and occasionally inheriting the trade (Onyango, et al., 2015). The study in Ghana also referred to pull factors involved such as encouragement by friends, desire for money and experimentation that leads to a dependency to sustain a lifestyle with small luxuries (Onyango, et al., 2015). In Tanzania women who initiated selling sex as minors reported having been unaware of the dangers, the study indicates a lower ability to deal with health problems and violence among minors than adults (Van Bavel, 2017).

4.1 Social Institutional Environment

Across sub-Saharan Africa organised sex work is illegal and this is the first marginalising factor people selling sex of any age encounter in society (NSWP, 2014). The criminalisation of sex work creates a social environment where sex workers often have a poor relationship with government authorities such as police. Although one study reported that police officers were among their clients (Chiyaka, et al., 2018), in most studies when police were mentioned it was often in connection to mistreatment such as physically and verbally harassing FSW as well as occasionally extorting them financially through threats to arrest them. The marginalisation produced by criminalisation seeps down into society and manifests itself as violence perpetrated by other members of society as well (partners, clients, strangers), likely because they can easily blackmail YWSS about outing them to their communities or the law. In one study, some participants reported that they occasionally paid members of the community to keep their

occupation a secret (Chiyaka, et al., 2018). Please note that the suggestion of decriminalisation does not apply when dealing with FMSS because they are underage(to be further discussed below).

The other big policy concern raised in the literature, were the age restrictions in many countries to access certain health or legal services. Therefore, young people who are unaccompanied minors are unable to obtain critical services. This is also an issue in academia when researchers are unable to access a group that needs to be studied because they are underage. Some articles reviewed that included underage participants explained that they were able to do so by considering those aged 16-17 as 'emancipated minors' if they lived separate from their parents, were in a marital union or had children (Crankshaw, 2021). This is problematic because it illustrates that to capture the experiences of minors, researchers must employ tactics that circumvent laws and treat them as adults. This makes it clear that there is likely a portion of FMSS who are not included in studies because they are underage and cannot be considered emancipated because they perhaps sell sex in secret while living with their guardians.

Despite the criminalisation of sex work in most of the world, an organisation called The Global Network of Sex Work Projects (NSWP) exists to support sex worker led organisations and movements in five regions around the world (Africa, Asia and the Pacific, Europe, Latin America and North America and the Caribbean) (NSWP, 2014). In the literature reviewed there was evidence of support systems for adult FSW such as sex worker led organisations, noted through the mention of peer educator programs and harm reduction interventions. Despite the existence of certain support structures for sex workers, most reviewed studies indicate that when it comes to young people who sell sex accessing and using these structures is not an easy or appealing process for YWSS. It is important to note that these existing structures still must operate under policies that often prevent them from engaging with FMSS because they do not want to be perceived as

encouraging minors to engage is selling sex which is valid because they are underage. As minors they are not seen as sex workers with rights they are seen as minors who are being exploited and so it is not about choice, and the actions taken by current structures usually to attempt to remove them from harmful practices. In the recommendations section the study will revisit a way that sex worker led organisations can help FMSS without directly engaging them in a way that seems to support their sale of sex.

One issue that emerged in the research that affects YWSS's participation in communities is the fact that they prefer invisibility and anonymity in society due to the stigma attached to their activities and the possible discrimination they can experience (Crankshaw, 2021). According to Crankshaw (2021), young FSW tend to conceal their sale of sex from the community, peer educators and even services that are tailored for outreach. This is problematic because difficulty identifying YWSS has already been established, however if they are actively evading detection in society, it becomes practically impossible to fully assess their needs and cater to them. Their invisibility leads to situations where YWSS are more isolated than older FSW in society as they end up unaware of the existing support systems. To illustrate this a Kenyan study revealed that among the YWSS aged 14-24, only 25.7% were aware of clinics and programs designed for FSW, while only 9.1% had registered in one, and 8.8% had used one (Roberts, et al., 2020). This study also revealed that program awareness and registrations were often higher among those who were over the age of 18, indicating that being FMSS adds to the risk of social isolation (Roberts, et al., 2020). In three Mozambican cities it was also noted that FMSS were also significantly less aware of where to get tested for HIV while the knowledge seemed almost universal among adult FSW (Inguane, et al., 2015). The social consequences of a lack of contact with FSW tailored programs are illustrated in a Tanzanian study where two communities were compared. One group of YWSS

were in a more urban area and had access to an organisation in the region (ZAYADESA) while another group lived more remotely without a sex worker-led organisation in the vicinity. In the region without a FSW led organisation the young women were less aware of their rights and had a self-stigmatising attitude, believing that they alone are responsible for their health and often labelled themselves with negative words such as "malaya (i.e., a disrespectful word, 'whore')", while those with access to ZAYADESA would refer to themselves more positively as "dada poa ('cool sister') or changudoa (i.e., a spotted fish that attracts other fish with its beauty)" (Van Bavel, 2017). A baseline study in Zimbabwe intended for the development of an intervention for YWSS created a site map to identify the locations where YWSS work which revealed that although they can often be encountered near older FSW, their work sites can greatly vary from formal environments such as establishments to much informal situations such as house parties (Chiyaka, et al., 2018).

The articles reviewed also revealed that the sex worker community has certain age and seniority related dynamics that heavily affect the way that supportive structures are created. Some studies indicated that the FSW community has a hierarchy which places older FSW at the top in a position where they can exploit and have exploited or mistreat younger FSW. Mistreatment can occur because older FSW know the sex work territory, yet younger FSW are reported to be more desirable to clients and therefore competition often occurs and older FSW are reported to sabotage the reputation of young FSW. One study illustrated situations where an older FSW introduces a client to a young FSW who is later expected to pay commission to older FSW (Crankshaw, 2021). Younger FSW report avoiding peer educators especially when they are older FSW, stating that the older FSW peer educators spread rumours about their sexual health to deter clients from them (Busza, et al., 2016). The way young FSW are treated within their own community due to their

youth places them at higher risks for isolation which in turn increase the likelihood of developing other health complications and suffering instances of violence. In a Zimbabwean study a young woman is quoted saying that older FSW "need to understand that they are all in the same trade despite age differences" (Busza, et al., 2016). Only one study claimed that seniority in the FSW community was related to the amount of time involved in the trade rather than age.

4.2 Health

As discussed in the introduction, YWSS belong to the Young Key Populations due to their likelihood to engage in risky behaviours that can lead to them contracting HIV. However, this statement alone does not capture the reason why they engage in risky behaviours. For YWSS many of the studies discuss the fact that their youth is a disadvantage in such a risky trade, and they are often unable to protect themselves from harm. YWSS report difficulty in their ability to negotiate their position in society. This includes their interactions with clients where they are susceptible to compromising their health to provide a risky sexual service such as performing unprotected sex. Young FSW in Ghana illustrate this issue by reporting that they were more concerned with their physical safety and financial need than the risk of contracting HIV which reveals some of the reasons why YWSS might do risky things (Onyango, et al., 2015). One study found that among young FSW violence was associated with inconsistent condom use which offers reveals how violence can lead to risky sexual behaviour (Chabata, et al., 2020). YWSS also face higher health risks because they are likely to have a high volume of clients due to their youthfulness that makes them more desirable. These same clients tend to believe that YWSS are less affected by sexually transmitted disease and therefore they are more likely to request unprotected sex. It is in these instances where YWSS can be confronted either by an offer of a larger sum of money or be threatened by violence. In the case where more money is offered YWSS's economic vulnerabilities

and a reduced ability to make safe informed decisions (naïve lack of awareness of health dangers) can play a role in them deciding to do something risky, whereas in cases where violence is threatened there is not much that they can do given that the law is not on their side (Onyango, et al., 2015).

Within the studies reviewed the main risky behaviour discussed was inconsistent condom use which was a problem in sexual interactions with both clients and intimate partners. The ability to effectively negotiate the terms of a sexual encounters can be a problem for YWSS. A study in Mozambique found that on average, YWSS engage with clients who are 10 years older than them, and this places an immediate strain on the power dynamics between them and the client (Inguane, et al., 2015). In Kenya it was reported that among those who had initiated selling sex as minors, their friends were less likely to endorse condom use with paring partners compared to those who initiated as adults (Parcesepe, et al., 2016a). Many of the reviewed studies also indicate that organisations and programs supporting FSW tend to offer free condoms, however some studies in the review suggest that the accessibility of these condoms can be lower among minors and YWSS in remote areas (Van Bavel, 2017). Inconsistent condom use can also occur for reasons related to mental health. The reviewed literature revealed that there are a few factors that can help promote consistent condom use among YWSS, such as having contact with a FSW program because it increases the chances of receiving peer education on negotiation techniques.

The greatest issues resulting from condom use inconsistency for YWSS are exposure to the increased risk of contracting STIs and HIV. In relation to contracting sexually transmitted diseases, YWSS also have a higher susceptibility because this is a developmental stage that is marked by a larger chance of cervical ectropion which increases infection risks (Scorgie, et al., 2011). Although all YWSS are at an elevated risk of contracting HIV, it seems as though the

prevalence is higher among those 20-24 years than those <20 years, which could be attributed to the fact that those 20 years and over have likely spent more time in the industry that those under 20. The findings also revealed that southern Africa had the highest rates of HIV, which could also explain why most of the reviewed studies were in that part of the sub-Saharan African region (Rucinski, et al., 2020). The review also revealed that HIV positive YWSS had a lower adherence to antiretroviral treatment which is a problematic issue linked to the invisibility of YWSS that is produced by their marginalised identity and poor services directed at their age group. One study reported that YWSS were unwilling to seek sexual health treatments at formal establishments because they experienced breaches in confidentiality, harassment from health staff, and occasional extortion when they were charged for services that were supposed to be free (Van Bavel, 2017). Most of the reviewed studies mentioned STIs in passing while one study in Madagascar was the only one that focused on them. The study revealed that Chlamydia and Gonorrhoea were more likely to be found in participants under the age of 20 than those over, which is a pattern that is opposite to the one observed with HIV in the previously described study (Pettifor, et al., 2007). This difference in patterns is likely non-conclusive because the amount of evidence for it is insufficient, as is the research on YWSS generally.

When it comes to psychological wellbeing it is important to consider that YWSS are engaging in the sale of sex at a stage in their lives when their brain is still developing. This combined with social marginalisation has a lot of implications for their behaviour and the consequences that follow. The main issues affecting mental health among YWSS are an increased likelihood of experiencing trauma that leads to mood disorders as well as the high prevalence of substance abuse.

The prevalence of common mental health disorders among YWSS was noted as a concern in a few studies because they have been linked to an increase in likelihood of engaging in risky sexual behaviour. However, the reviewed articles provide very limited data on the rates of mood disorder and other mental health issues afflicting YWSS. Furthermore, none of the studies mentioned any programs that are tailored to deal with psychological health such as mood disorders among YWSS.

Within the reviewed literature the other mental health issue most cited was YWSS's likelihood to engage in substance abuse behaviours. One study conducted outside of sub Saharan Africa in Canada, indicates that the relationship that YWSS have with substance abuse complicated because at times minors' initiation into selling sex occurs coercively with addictive substances being used as a trap; furthermore, some use substances as tools to cope with their harsh work environment, while others sustain a substance addiction by selling sex (Goldenberg, et al., 2014). Within sub Saharan Africa the most common substances that reported to be abused were alcohol, cigarettes, and cannabis. Alcohol was by far the most mentioned substance to the point that one of the studies reviewed had recruited participants from an alcohol harm reduction program. Of all the studies only the one in Ghana revealed that some YWSS realised the dangers of consuming drugs and alcohol at work, therefore, they explicitly mentioned avoiding consuming substances to stay safe (Onyango, 2015). Unlike other mental health disorders related to mood, substance abuse such as alcohol was found to have already existing programs in Kenya that are geared towards harm reduction (Parcesepe, et al., 2016a). Overall, the literature established that substance abuse is a problem which is complicated in nature, yet again there was a scarcity of programs and institutions available to support YWSS with their psychological needs**.**

4.3 Strengths and Limitations

Despite the presented findings, this study has limitations. The first limitation is the fact that the systematic review did not have many studies to draw information from on the subject. The scarcity of studies led to a decision to include a mix of all types of study designs, that is quantitative, qualitative, and mixed methods (including studies that were intervention baseline studies and evaluations of interventions). The low number of studies available was also reflected in the unequal representation of sub Saharan African regions, where southern Africa was overrepresented by Zimbabwe in almost half of all the studies. Since the available articles for review were not very standardised in nature this study was unable to make equitable comparisons of all the analysed factors across different regions. The low number of studies also affected the representation of topics linked to the experiences of YWSS, because very few studies went into depth investigating STIs or mental health issues such as mood disorders (that can affect condom use consistency). Despite the limitations presented, this study has produced a narrative of the lives of YWSS in sub Saharan Africa by highlighting what we know while also making the gaps in knowledge very clear. In the next section the review provides recommendations and a conclusion, this is where the strengths of this review lie because this portion is in direct conversation with the academia and policy world to contribute valuable ideas on how society should support YWSS in sub-Saharan Africa.

4.4 Recommendations and Conclusion

The findings regarding the social institutional environment revealed that the current policies are partially at fault for increasing the risks of disease and violence among YWSS. The first recommendation is cited in most articles discussing sex work and that is to decriminalise sex work. Decriminalisation could help young FSW by changing their status in society to one where they do not feel the need to conceal the nature of their work. This could also reduce the instances

of abuse of power that are often perpetrated by important service providers like police and health workers because their if their work is legitimised then young FSW will no longer fear reporting these cases as they no longer have a reason to be blackmailed based on their occupation. However, legalizing sex work does not help FMSS because they are still minors and fall under a different legal category. A conversation still needs to take place about how to prevent the exploitation of FMSS while still offering them the opportunity to access health and legal support independently if they need it. Which brings us to another set of policies that need to be discussed across sub Saharan Africa, these are ones related to age restrictions in accessing sexual reproductive health services and legal services, because not all minors in society have an adult to accompany them. YWSS should have the opportunity to take care of their health on their own, because some studies have indicated that when YWSS are deterred from formal health centres they are likely to frequent traditional healers placing them at risk for other health issues due to inadequate care (Van Bavel, 2017). When YWSS are unable to receive protection from the police due to fear of persecution, it is also reported that YWSS find alternatives like relying on gangs among other unsafe street organisations. Overall, it is important that YWSS of all ages, including minors, can access health services and legal services without a guardian because not all FMSS have a guardian, and others may neglect their own health and safety due to a lack of alternatives or to continue concealing their activities.

The findings about their community orientations reveal that although sex worker led organisations are available in most places these environments are often not inviting to young FSW. The recommendation to deal with this issue is that programs designed for sex workers need to take young people into consideration and tailor some programs to their specific needs. The first thing would be to design an intervention which helps reduce the amount of friction between young FSW

and older FSW. Another necessary point is for sex worker led organisations and other programs to ensure that they are fully aware of the needs of young FSWs in order to tailor training services to them. Some training suggestions that emerged from the literature could include learning about their rights, sexual reproductive health, how to spot dangerous clients, and client negotiation skills. Furthermore, there is a need to intervene with health workers and police to train them on how to provide services for young FSWs while keeping in mind their social vulnerabilities. The gap noted in mental health services should also be filled for both YWSS and older FSW. It is important to note that sex worker programs are not fit for FMSS because they are minors considered to be in exploitative situations therefore this review has a different recommendation for them. It is important for sex worker led organisations to partner with youth programs that work with vulnerable minors so that if sex worker led organisations encounter individuals that they suspect to be FMSS they can then refer them to services that can help underage females access health and legal services as well as obtain support to make alternate life choices.

On the scientific side there is a need to emphasise that the number of studies conducted on YWSS is very low and much more research needs to be conducted to fully understand this vulnerable group. There is also a need to engage in discourse about standardising the terms used for people who sell sex. The inconsistency in the words chosen and age categories makes YWSS a difficult group to do a review on. This review had to adapt and create a few terms for the purpose of this study. Some specific topics related to YWSS that need the most research include, finding ways to reduce their invisibility to provide support, and understanding their mental health issues as well as identifying available resources.

In conclusion, the literature findings established that most of the health problems that affect YWSS stem from their social institutional environment as originally hypothesised. Their social

marginalisation is marked by a criminalised livelihood (selling sex) and low rankings on social hierarchies due to their gender and age. The social institutional environment of YWSS is one that does not consider the intersectional aspects of their identities or cater to their vulnerabilities. Consequently, they are mistreated in society and end up with physical and mental health issues. The review revealed an urgency for policy makers and academics to pay attention to YWSS in sub Saharan Africa because they belong to a group that represents the future of the region. There is a need to address the existing gaps in our knowledge of them, by increasing the volume of research on varied domains of their lives. Policies also need to be revised to reduce the barriers that YWSS have towards staying safe and healthy. At the end of the day young FSW deserve a choice in what they do with their lives, but it is also important for society to engage in a serious conversation about how to truly protect FMSS and provide them with options in life because the consequences of selling sex as a minor are deplorable and can be long-lasting into adulthood. Society has a duty to protect young people and this systematic review serves as a call to action.

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