

UNIVERSITY OF NAIROBI

DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

**FACTORS INFLUENCING SELF-IDENTIFICATION OF FEMALE SEX WORKERS IN
KOROGOCHO SLUM IN NAIROBI COUNTY**

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DECLARATION

This research project is my original work and has not been presented to any university for academic award

Sign: ----- Date -----

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I confirm that this research project has been submitted for examination with my approval as the University Supervisor

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DEDICATION

I dedicate this project report to my family for their support and bearing with me during this process. With Special thanks to Dr.Preston Izulla. I will remain forever grateful.

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ABBREVIATIONS AND ACRONYMS

AIDs	Acquired Immune Deficiency Syndrome
FSW	Female Sex Workers
HIV	Human Immunodeficiency Virus
KMCC	Knowledge Management and Communication Capacity
KNBS	Kenya National Bureau of Statistics
KNH	Kenyatta National Hospital
MoH	Ministry of Health
NACC	National Aids Control Council
NASCOP	National AIDS and STIs Control Program
SCT	Stages of Change Theory
SPSS	Statistical Package of Social Sciences
STI	Sexually Transmitted Infections-
SWOP	Sex Workers Outreach Programme Clinic
UNAIDS	United Nations Programme on HIV/AIDS
UON	University of Nairobi

ABSTRACT

One of the key influencers of FSWs accessing HIV prevention services is acceptance and self-identification as sex workers. Prior to self-identification, many FSWs have limited contact with their peers and the health system and are thus exposed to HIV in the course of their sexual activities. The main objective of the study was to explore the factors influencing self-identification of female sex workers in Korogocho Slum in Nairobi County.

The study specifically sought to explore the social factors that influence self-identification of female sex workers in Korogocho slum, Nairobi County, Kenya, and the influence of sexual dynamics on self-identification of female sex workers in Korogocho slum, Nairobi County, Kenya. The study was conducted at the Sex Workers Outreach Program (SWOP) clinic based in Korogocho area of Nairobi, Kenya. The study used a cross-sectional research design. The study utilized a sample of 38 respondents selected through purposive sampling technique out of which 32 respondents participated in 4 focus group discussions. In addition, 2 peer educators and 2 health service providers participated as key informants and provided more insights into the subject matter.

The study findings showed that majority of the sex workers were led into sex work because of peer pressure, poverty, quick money generated from sex work, looking for start-up money for their businesses and lack of education. The study further found that sex workers were generally not comfortable revealing their identity to the larger society but only to a few friends or staff at the SWOP clinic. The main factors influencing self identification was need for safety, sense of security, sense of belonging, learning from each other, to obtain financial help and to obtain medical assistance. Some of the barriers to self identification include stigmatization, discrimination, and society's perception on sex workers.

The study recommends there is need to strengthen use of peer groups and peer educators to reach out to SWs and enable self identification; to sensitize the community on stigma and discrimination.

CHAPTER ONE: INTRODUCTION

1.1 Background to the Study

Globally, the sex industry is impacted by globalization, migration, health, employment, and public policy (Loza, 2009). Pyle (2000) cited in Bala (2010) highlights that the sex industry is part of the fabric of life for many countries around the world however it is not formally acknowledged and does not fall in the lists of industrial or service sectors. The sex industry has enormous economic importance it involves a wide network of political and social power relations, encompasses a range of cultural beliefs, and has a profound impact on workers and clients (Ainsworth et al, 2003). UNAIDS (2012) define sex work as the exchange of money or goods for sexual services, either regularly or occasionally, where the sex worker may or may not consciously define such activity as income-generating. Females make up the majority of the sex work population, with some estimates suggesting the proportion is around 85-90 per cent (Pyle, 2000; Scambler, 2007).

Females selling sex in certain settings, such as brothels, totally acknowledge that they are sex workers (Knowledge Management and Communication Capacity-KMCC, 2014). On the contrary in other settings, such as bars, hotels and dwellings, women are less likely to see themselves as sex workers even though they may sell sex (Gray et al., 2007). Transactional sex is where sexual exchanges take place in exchange for drinks, goods or favours, often occurs between members of existing social networks, as opposed to commercial sex, which is often between strangers (Blanchard et al., 2013; Njue et al., 2011). The problems of definition and self-identification in sex work are important to consider when planning HIV programming to target women engaging in transactional sex (KMCC, 2014; Ward and Day, 2006).

Female sex workers are very diverse, in socio-economic class, level of education, ethnicity, marital status and geographic location (Moret, 2014). However, the majority of sex workers are married, divorced or widowed. Both sex workers and females in the general population report sexual debut in their late teens. Studies by Chen (2007) and Moses et al. (2006) indicate that the education level of sex workers is generally low. Socioeconomic factors, population demographics, cultural and sexual behavior, drug use, and access to testing and care contribute to

the spread of HIV and STIs (Wechsberg et al., 2006). These factors may play differential roles in the risk of infection across populations and subgroups such as female sex workers (FSWs). Sex workers are not only at risk for sexually transmitted infections (STI) but are prone to stigma and blamed for spreading disease (Loza, 2009).

Women take up sex work for several reasons the main one being economic necessity, often because they have no other means of support, such as from spouses, or because they have children to raise (Kitano and Peichel, 2012). Sex workers may have been born into poor families or have run into economic difficulties. However, not all sex workers self-identify as sex workers. In Sub-Saharan Africa, the definition of a sex worker is complicated by stigma and a high prevalence of transactional sex, blurring the lines between girlfriend and boyfriend or sex worker and client (Scorgie et al., 2012). Indirect sex workers do sex work to supplement income from another job (Lee et al., 2010).

Given that sex work is illegal in many countries, the sex industry has been driven underground, leaving sex workers legally vulnerable (Moret, 2014). Given the furtive and socially stigmatized nature of their work, sex workers are left without option to legal protection from threats to their safety, vulnerable to arrest and abuse, and without access to health and social services (Ghose et al., 2008). Stigma has been shown to impact sex workers on a deeper level and is associated with lower levels of self-esteem (Scorgie et al., 2012).

According to Moret (2014), female sex workers (FSWs) have been identified as a key population in the global fight against AIDS. In concentrated, mixed, and even generalized epidemics, the contribution of sex work toward the onward transmission of HIV is substantial. Moret (2014), states that, FSWs are regularly subjected to violence perpetuated by pimps, clients, and police. Sex work is associated with high levels of drug and alcohol abuse. Sex workers have limited bargaining power with clients and are vulnerable to violent sex, rape, and sex without condoms (Ngo et al., 2007). Due to frequent engagement in risky sex, sex workers have a global HIV rate of 11.8%, which is 13.5 times greater than the general population (Kerrigan et al., 2013). These

problems are directly related to the economic vulnerability of FSWs, the vast majority of whom report entering sex work for financial reasons due to lack of alternative employment opportunities. Stigma reduces FSWs' access to formal financial services, and many resort to incurring large debts to exploitative money-lenders in order to meet their financial needs, including paying off debts to pimps and brothel-owners (Moret, 2014).

It is imperative to note, however, that not all FSWs choose their line of work at all: many are trafficked or forced into sex work as minors. A study in Andhra Pradesh, India, found that one in five sex workers met the UN definition of experiencing sex trafficking (Gupta, Reed, Kershawa, & Blankenship, 2011). Many report being "tricked" into sex work with promises of work or simply to meet survival needs (Scorgie et al., 2012). Trafficked persons are especially vulnerable to both violence and HIV risk behaviors (Johnston et al., 2006).

In Namibia, sex workers are recognized as a key population at higher risk of HIV and yet to date, only limited and piece-meal information has been available regarding the size of the population, and the challenges they face in accessing health and other social and legal services (Greenall, 2011). Furthermore, while a number of partners work on sex work and HIV in some manner, their efforts were not necessarily well known or coordinated (Nagot et al., 2002). In Uganda and globally, financial stress is the main reason why women take up sex work. Sex work can offer women independence and more potential income than other kinds of work. For unqualified women with poor skills, it is one among a number of uninviting options for earning money (KMCC, 2014).

Mapping conducted in 2012 in Kenya indicate that there are an estimated 138,000 FSWs in Kenya, with approximately 28,000 in Nairobi (National STI/AIDS Control Programme-NASCOP, 2012). In a survey conducted in between 2010-2011, the HIV prevalence among FSWs in Nairobi was 29.3%. TIs for FSWs have been implemented in Nairobi since 1985, and currently consist of a full range of services, including prevention messages, provision of condoms, HIV counselling and testing, STI diagnosis and treatment, HIV treatment (ART), and

family planning. Interventions targeted to female sex workers (FSWs) and their clients are a key component of HIV prevention programs, particularly in regions where commercial sex fuels and sustains heterosexual HIV epidemics (Wilson and Halperin, 2008). However, targeted preventive interventions (TIs) generally reach women after they self-identify as sex workers (Njue et al., 2011).

1.1.1 Overview of Korogocho Slum

The community of Korogocho is an informal settlement situated in North-East Nairobi (Lewis, 2014). Korogocho is estimated to be Nairobi's fourth biggest slum after Kibera, Mathare Valley and Mukuru. However, population estimates vary greatly. The 2009 National Census put the official population at 150,000 (Kenya National Bureau of Statistics-KNBS, 2009). Korogocho's 1.5 square kilometers is divided into nine 'villages' (neighbourhoods) that vary significantly in terms of ethnic composition and socio-economic characteristics and challenges. The Sex Workers Outreach Programme Clinic (SWOP) located in Korogocho has 5798 enrolled FSW's as at 2016, housing the highest population of sex workers in the area. The SWOP Clinic offers free HIV/STI screening services to sex workers in Korogocho (Lewis, 2014).

Korogocho suffers from a number of socio-economic challenges (Gathuthi et al., 2010). The most commonly cited challenge is insecurity, which ranges from petty theft to rape, murder and inter-ethnic violence. Only 17% of Korogocho residents report feeling safe whilst living in their villages, with women often feeling less safe than men do. Other commonly reported problems are poor health facilities, unemployment, inadequate supply of and access to clean water, and poor infrastructure. On education, residents reported having good access to public schools but nearly two-thirds felt the service they provided was inadequate (Lewis, 2014).

1.2 Statement of the Problem

The number of FSWs in Kenya has been on the rise with National STI/AIDS Control Programme- NASCOP (2012) indicating 138,000 FSWs with approximately 28,000 of the total operating in Nairobi County. Sex Workers Outreach Programme (SWOP) clinic serving Korogocho one of the biggest slums in Kenya has recorded a growth of FSWs from 154 FSWs in 2010 to 5798 FSWs in 2016. The enrollment is a voluntary exercise whereby SWOP offers free

HIV/STI screening services to sex workers in Korogocho (Lewis, 2014). Not all sex workers self-identify. In Sub-Saharan Africa, the definition of a sex worker is complicated by stigma and a high prevalence of transactional sex, blurring the lines between a girlfriend and boyfriend or sex worker and client (Scorgie et al., 2012). There is need to find out what makes the FSW feel they can identify themselves as a FSW to the health workers and their peers so that they can benefit from HIV interventions. This therefore presents the need for a study that will unearth the factors influencing self-identification of female sex workers.

Many studies have been carried out on the sex workers and in particular female sex workers (FSWs) such by Chanzu (2014); Evans et al. (2010); Njagi et al. (2013); Tsai et al. (2013); Onyeneyo (2009); Halland (2010); Oyefara (2007); and Ngo et al. (2007) have been general or have failed to give detailed insights on factors influencing self-identification of female sex workers. Although these studies among others attained their objectives, they did not delve into the factors influencing self-identification of female sex workers. As these women are not self-identified, they are reluctant to concede that they may support themselves through sex work, outreach work is sometimes difficult with our outreach workers adapting and innovating HIV/STI prevention communication techniques to suit their information needs (Kerti Praja Foundation, 2016). By Female sex workers identifying themselves to the health workers and their peers, this will be beneficial to them in accessing HIV interventions. There is paucity of published work on factors influencing self-identification of female sex workers particularly in the context of developing countries in the dynamic African region and specifically in Kenya. This is the gap in knowledge that the study intended to fill.

1.3 Study Questions

The study sought to answer the following questions:

- i) What factors influence women to engage in sex work in Korogocho slum, Nairobi County, Kenya?
- ii) How, and to what extent do social factors influence self-identification of female sex workers in Korogocho slum, Nairobi County, Kenya?

- iii) How do sexual dynamics influence self-identification of female sex workers in Korogocho slum, Nairobi County, Kenya?
- iv) What are the benefits of disclosure of sex work to peers or health service providers by female sex workers in Korogocho slum, Nairobi County, Kenya ?
- v) What are the barriers to self identification of female sex workers in Korogocho slum, Nairobi County, Kenya?

1.4 Objectives of the Study

1.4.1 Main Objective

To explore the factors influencing self-identification of female sex workers in Korogocho Slum in Nairobi County

1.4.2 Specific Objectives

This study was guided by the following specific objectives:

- i) To investigate the factors that lead women into sex work in Korogocho slum, Nairobi County, Kenya.
- ii) To explore the social factors that influence self-identification of female sex workers in Korogocho slum, Nairobi County, Kenya.
- iii) To explore the influence of sexual dynamics on self-identification of female sex workers in Korogocho slum, Nairobi County, Kenya
- iv) To find out the benefits of disclosing sex work to peers or health service providers by female sex workers in korogocho slum, Nairobi County, Kenya.
- v) To identify barriers to self identification of female sex workers in Korogocho slum, Nairobi County, Kenya

1.5 Significance of the Study

Potential benefits of the study will be improvements in self-identification and enrolment of FSWs into HIV prevention programs. This will reduce HIV acquisition by FSWs which is highest in the initial period of starting sex work prior to contact with the health system. These benefits will translate to lower HIV rates in the general population as well.

The Ministry of Health (MoH), National Aids Control Council (NACC) and other related policy makers can use the findings to improve policies and guidelines that support HIV prevention in FSWs.

The study will be significance in leading to Policy changes and also speak to programming of HIV programs on how they will approach the Hidden Sex workers who haven't self-identified.

The study Report will be shared in Hard and soft Copy to Ministry of Health, Sex Workers Outreach Program and other Relevant board which will inform HIV programming and Policy Making.

1.6 Scope of the Study

The study focused on female sex workers at the Sex Workers Outreach Program (SWOP) clinic based in Korogocho area of Nairobi, Kenya. This means that the respondents that were involved in the study were limited to those receiving services at the Sex Workers Outreach Program (SWOP) clinic based in Korogocho area of Nairobi, Kenya.

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.0 Introduction

This chapter explores the existing literature relevant to the study as presented by various researchers, scholars', and authors. This section will cover the theoretical review whereby theories related to the study will be discussed. The chapter also highlights the conceptual framework variables, which will be discussed. The review includes other scholar's work both at international and local scale. By pointing at the weaknesses and gaps of the previous researches, it will help support the current study with a view of suggesting possible viable measures or ways of filling them. The review of literature can lead to draw some significant conclusions and serve as a guide mark for this study. It also gives a fair chance to identify gaps that exists in the area of research.

2.2 Factors influencing Self-Identification of Female Sex Workers

Sex work is a stigmatized profession in many countries globally such as Kenya and India (Aveling, Cornish, and Oldmeadow, 2013). Sex workers constitute a subordinate social group in a society comprised of social categories which stand in power and status relations to one another, sex workers are categorised, by themselves and others, into a group ranking low in both (Wagoner, 2009). This is all the more salient in the context of a strongly patriarchal society, where a woman's honour, status and, hence, security is closely linked to her sexuality through chastity before marriage and faithfulness after (Sleightholme and Sinha, 1996). Within such a context, the identity attributed to sex workers is extremely negative, framed by both material and symbolic social realities that would appear to provide little scope for maintaining a positive sense of self (Cornish, 2006).

Women who work in the sex industry do not live separate from society, but as integral, salient figures in the community. They are mothers, daughters, and neighbors, whose presence profoundly influences society as a whole (Dalla, 2006; Kuo, 2002). Dalla (2001), in her study of interpersonal support networks of streetwalking prostitutes, explains that situational differences within the structure of society, not character flaws or personal inadequacies, lead many women into sex work. Most women in the sex industry struggle with substance abuse issues, financial

insecurity, childhood experiences of sexual abuse, and intimate partner abuse (Dalla, 2001; Flowers, 1998). Additionally, they suffer overwhelming feelings of guilt, shame, rage, and fear (Ronai, 1992), often passing their negative and maladjusted perceptions to their children (C. Pool, personal communication, April 25, 2007). In the case of female former sex workers, therefore, narratives can reveal rationalization for continued sex work, realignment with social groups outside the sex industry, restructuring of self-identities, and how the process from stigmatized to destigmatized construction of self-identity develops.

Female sex workers who are struggling to leave the sex industry seek to disentangle themselves from stigmatized self-identities in a variety of manners (Miller, 2004; Ronai, 1992), thus creating a subjectivity distinct from that of other social groups. Female sex workers, like all individuals with stigmatized self-identities, carry their stigma into all areas of their lives (Quinn, 2004). These women therefore constantly manipulate social situations in order to ensure keeping their stigmatized role hidden from those who might negatively judge them.

Groups of similarly categorized individuals form and members seek positive self-esteem through identification with their in-groups that are held in high, or relatively high, status. Social identity theory serves as one measure in understanding the process of transitioning from stigmatization to positive self-identification in mutual help groups. The role of stigma in sex workers' self-identification creates social situations in which women seek to align themselves with other higher prestige groups or to use social creativity strategies so as not to self-identify with other sex workers (Ronai & Cross, 1998).

2.2.1 Social Factors

This section uses the social identity theory to describe how social factors lead to self-identification of female sex workers. Social identity is defined by Tajfel (1981) as that part of an individual's self-concept which derives from his knowledge of his membership of a social group (or groups) together with the value and emotional significance attached to that membership. According to Aveling et al. (2013), social identity theory provides a useful framework for conceptualizing how group members respond to potentially stigmatizing identities.

Social identity assumes that members of subordinate groups will experience negative social identity. It further assumes that members of marginalized groups are motivated to restore a positive sense of self through various creative and transformational strategies (Peltzer, Seoka, and Raphala, 2004). The three types of strategy in response to unfavourable social identities outlined in social identity theory are: social mobility, social creativity and social change. Social mobility is defined by Aveling et al. (2013) as an individualistic strategy aimed at moving between social categories. In this strategy, group members are oriented towards leaving with the subordinate group and identifying with, or joining, another group with a more positive evaluation. Since individual group members are oriented towards distancing themselves from the group, this strategy reflects an implicit acceptance of the status quo and thus undermines collective action (Wright, 2001).

The social creativity and social competition are collective strategies that aim to improve the social identity of the group as a whole (Aveling et al., 2013). Social creativity strategies aim to improve the identity of the group in various ways, but do not actually change the group's status. Such strategies include selecting and attempting to gain recognition on a different dimension of comparison, attempt to redefine traditionally negative in group characteristics, and changing the comparison group from the dominant group to another equally or more subordinate out-group. Social competition is more radical as it involves directly calling into question the legitimacy of the status quo and confrontation with the dominant group, with the aim of altering the actual status of the subordinate group in terms of material for instance salaries and other inequalities (Cornish, 2006; Wagoner, 2009).

A study by McCracken (2007) titled 'listening to the language of sex workers' revealed that within the past ten years in Jemez, Mexico, activists began a sex worker festival for local sex workers and those who were interested in learning more about sex work. The activists brought sex workers and performers from all over the country to Jemez each year for a festival to create societal acceptance. In addition to encouraging openness and acceptance of sex workers, these groups and programs promote a community education about and awareness of sex workers and the complex issues involved. Power relations such as victimization, legal status, management

regulations (when street workers work for someone else, either in exchange for protection, drugs, a place to stay, etc.), exploitation, and others become complicated exponentially because sex work is intrinsically intertwined with morality and legality (McCracken, 2007).

2.3 Self Identity and Sex Work

Not all sex workers self-identify as such. In Sub-Saharan Africa, the definition of a sex worker is complicated by stigma and a high prevalence of transactional sex, blurring the lines between a girlfriend and boyfriend or sex worker and client (Scorgie et al., 2012). Indirect sex workers do sex work to supplement income from another job (Lee et al., 2010). In their study in Burkina Faso, Nagot and colleagues (2002) identified six types of sex workers, only two of which self-identified as sex workers: seaters, who wait for clients in a given location, and roamers, who travel around bars and nightclubs to seek clients. Mobile street-side vendors, bar waitresses, students, and cabarets (those who make and sell beer) were all identified as nonprofessional, or indirect sex workers (Moret, 2014).

According to Kerti Praja Foundation, a non-profit organization that provides a comprehensive strategy to HIV&AIDS prevention, care, support and treatment, indirect sex workers differ from direct sex workers in the sense that sex work is a supplementary income generating activity (Kerti Praja Foundation, 2016). Indirect sex workers work mainly in the entertainment and hospitality industry such as in cafes, karaoke bars, clubs and massage parlors, carrying out sex work sporadically and under different conditions to direct sex work. As these women are not self-identified, they are reluctant to concede that they may support themselves through sex work, outreach work is sometimes difficult with our outreach workers adapting and innovating HIV/STI prevention communication techniques to suit their information needs (Kerti Praja Foundation, 2016).

Most sex workers are worried at one time or another about whether or not they should disclose to other people that they are working in the sex industry (Kerrigan, Fonner, Stromdahl, & Kennedy, 2013). This is a very personal decision and options vary greatly depending on the situation and the person you're telling. Some sex workers are very open about their work, while others will

only disclose this information to a few select and trusted people. Some people don't tell anyone at all except their nurse or doctor at the sexual health clinic (Harcourt and Donovan, 2016).

Many of FSWs go to sexual health services because more often than not they are non-judgmental and knowledgeable about the issues we face. It is possible to find doctors in local practices or can provide the same service, but it does take some shopping around to find them. The best way to find a sexual health service you feel safe to disclose in is to ask other sex workers where they go, and do not go, and why. Many sex workers also have a second doctor they go to for non-sex worker related issues, that is they may go somewhere else for everything but STI screening (Kerrigan et al., 2013).

2.4 Empirical Literature Review

Nagot et al. (2002) sought to explore sex work network including those who do not self-identify as sex workers. They used quantitative survey as their research methodology. The study findings revealed that elaborated typology of six kinds of sex workers. This study accounts for heterogeneity among FSWs. This study looks at the factors influencing self-identification of FSWs in Korogocho slum, Nairobi, Kenya.

Nyamu (2013) carried out a cross sectional study of the Knowledge, Attitudes, and Practices (KAP) was undertaken to understand the factors influencing HIV prevalence rates among FSWs in Korogocho slum, Nairobi. A total of 297 female sex workers attending the Korogocho Sex Worker Outpatient clinic voluntarily participated in this study. The study results showed that several other environmental factors such as inability to acquire formal employment due to low education levels, misconceptions and choice of place of work were associated with the risk of HIV acquisition among the Female sex workers. Although the study touches on FSW's and from Korogocho slum it basically focused on HIV prevalence rates among the FSWs. This study looks at the factors influencing self-identification of FSWs in Korogocho slum, Nairobi, Kenya.

Scorgie et al. (2012) systematically reviewed the socio-demographics of female sex workers (FSW) in this region, their occupational contexts and key behavioral risk factors for HIV. In total, 128 relevant articles were reviewed following a search of Medline, Web of Science and

Anthropological Index. FSW commonly have limited economic options, many dependents, marital disruption, and low education. Their vulnerability to HIV, heightened among young women, is inextricably linked to the occupational contexts of their work, characterized most commonly by poverty, endemic violence, criminalization, high mobility and hazardous alcohol use. These, in turn, predict behaviors such as low condom use, anal sex and co-infection with other sexually transmitted infections. Sex work in Africa cannot be viewed in isolation from other HIV-risk behaviors such as multiple concurrent partnerships-there is often much overlap between sexual networks. High turn-over of FSW, with sex work duration typically around 3 years, further heightens risk of HIV acquisition and transmission.

Elmore-Meegan (2004) carried out an exploratory survey on sex workers in Kenya, numbers of clients involved in sex work and associated risks. The study used qualitative and quantitative approaches as its methodology. The study findings reveal that issues of alternative sources of income, safety for sex workers and the conditions which create the necessity for sex work are vital to address. The study focused on general sex workers and associated risks. The current study broadly covers female sex workers.

Matthew et al. (2007) conducted a study aimed at examining patterns of alcohol use and its association with unsafe sex and related sequelae among female sex workers in Mombasa, Kenya. A community-based cross-sectional study was conducted using snowball sampling. HIV prevalence was higher among women having ever drunk than lifetime abstainers, but was not associated with drinking patterns. Interventions are needed to assist female sex workers adopt safer drinking patterns. Investigation is needed for the effectiveness of such interventions in reducing unprotected sex, sexual violence and sexually transmitted infections.

Stanley et al. (2008) carried out a study titled 'impact of five years of peer-mediated interventions on sexual behaviour and sexually transmitted infections among female sex workers in Mombasa, Kenya'. A pre-intervention survey in 2000, recruited 503 FSW using snowball sampling. Thereafter, peer educators provided STI/HIV education, condoms, and facilitated HIV testing, treatment and care services. In 2005, data were collected using identical survey methods,

allowing comparison with historical controls, and between FSW who had or had not received peer interventions. Over five years, sex work became predominately a full-time activity, with increased mean sexual partners. The study concluded that peer-mediated interventions were associated with an increase in protected sex. Though peer-mediated interventions remain important, higher coverage is needed and more efficacious interventions to reduce overall vulnerability and risk.

Olufunmilayo and Abosede (2012) also conducted a cross-sectional survey on 305 FSW's titled 'prevalence and correlates of violence against female sex workers in Abuja, Nigeria'. The study concluded that prevalence of violence to female sex workers was high. There is the need to protect FSWs from all forms of violence. Thus, it is necessary to address the social and economic challenges that encourage sex work. Young girls and women also require education on sexual and reproductive health. The education should aim at discouraging prostitution, encouraging values clarification and inculcating conflict resolution skills. In addition, interventions that target FSWs, brothel owners and their clients will be crucial to end violence to sex workers. Public enlightenment programs or interventions targeted at enlightening women on their rights and creating awareness on VAW should be vigorously pursued.

Savva (2013) did a study examining the factors that influence FSWs' utilization of and satisfaction with health services in four settings in South Africa for the period April to August 2010. The study was a secondary analysis of data from a cross-sectional study on sex work in South Africa. For this study, the population was limited to self-identified FSWs who were of any nationality and older than 18 years. The findings in this study confirm associations between age, education and geographic factors; partners and adult dependents; workplace, earnings, and number of clients; alcohol use; and the outcome variables of health services utilization, satisfaction, selection of health service and reason for using health services. In addition, thematic analysis of FSWs' narratives reveals the importance of health provider attitudes, and external and internal discrimination and stigma in influencing access to health services.

Oralia (2009) carried out a study attempting to establish the factors associated with early initiation into sex work and sexually transmitted infections among female sex workers in two Mexico-U.S. border cities. The study used descriptive survey as the research design. The findings revealed that the factors independently associated with early initiation were inhalant use, initiating sex work to pay for alcohol, and history of child abuse. Factors associated with later initiation were less education, migration, and initiating sex work for better pay or to support children. The study only focused on sexually transmitted infections among female sex. This study looks at the factors influencing self-identification of FSWs.

2.5 Theoretical Framework

This section presents the theory upon which this study is grounded on. The study is grounded on the social identity theory.

2.5.1 Social Identity Theory

In 1979, Henri Tajfel's proposed that the groups (e.g. social class, family, football team etc.) which people belonged to were an important source of pride and self-esteem. Groups give us a sense of social identity: a sense of belonging to the social world. Social identity theory focuses more on group behavior and intergroup relations. Social identity theory has concentrated on the causes and consequences of identifying with a social group or category. Social identity theorists have argued that because people define themselves in terms of their social group membership and enact roles as part of their acceptance of the normative expectations of in-group members, the concept of role is subsumed under the concept of group (Turner et al. 1994).

Social identity theory has also strongly incorporated self-esteem as a motivator for outcomes. While it has not always been empirically clear that self-esteem is important, it has been shown that group memberships are often a source of self-esteem. This is particularly true for those who not only classify themselves as members, but who are also accepted by others as members (Brown and Lohr 1987; Ellison 1993). For social identity theory (Turner 1985), self-categorizations are cognitive groupings of oneself and an aggregate of stimuli as identical, in contrast to another group of stimuli. Persons who are similar to the self with respect to these

stimuli are grouped with the self (the in group); persons who differ from the self are classified as the out group.

Tajfel and Turner (1979) proposed that there are three mental processes involved in evaluating others as “us” or “them” (i.e. “in-group” and “out-group”). These take place in a particular order. The processes include: social categorization, social identification, and social comparison. The first process is social categorization. As human beings we categorize objects in order to understand them and identify them. In a very similar way we categorize people (including ourselves) in order to understand the social environment. In the second stage, social identification, we adopt the identity of the group we have categorized ourselves as belonging to. The final stage is social comparison. Once we have categorized ourselves as part of a group and have identified with that group we then tend to compare that group with other groups. If our self-esteem is to be maintained our group needs to compare favorably with other groups (Hogg et al., 1995).

Therefore, as the social identity theory states there is a sense of raising the self-esteem of groups hence self-identification, the Female Sex workers will have categorized themselves in a social group of sex workers and this is going to help them in improving access to HIV services and other Sexual and reproductive health which are offered in Sex workers Outreach program.

2.5.2 Social Representations Theory

Wagner (1994) asserts that social representations theory is concerned with the collective elaboration, communication and diffusion of knowledge, as well as the consequences of this knowledge for individual reasoning and acting in social contexts. Moscovici (1973), defines social representation as: a system of values, ideas and practices with a twofold function: first, to establish an order which will enable individuals to orient themselves in their material and social worlds and to master it; and secondly, to enable communication to take place among members of a community by providing them with a code for social exchange and a code for naming and classifying unambiguously the various aspects of their worlds and their individual and group history.

From the definition of the theory, the social realities constraining the construction of positive social identities for sex workers are constituted by social representations surrounding sex work and its place in society (Aveling et al., 2013; Howarth, 2002). These representations may include notions about the meanings of sex-work for example dirty and the nature of stigma, as well as more general beliefs about gender roles, legitimate work, and family values (Mummendey, Kessler, Klink, & Mielke, 1999). It is through this network of social representations that an individual's or group's social world is structured, and from which the social knowledge and beliefs pertaining to group membership (i.e. identity content) is derived. Moreover, these representations also provide the resources for imagining and constructing 'cognitive alternatives' in the management of social identities (Aveling et al., 2013; Foster, 2003).

The Female Sex workers through the network of social representations that an individual's or group's social world is structured. They get to freely self-identify as sex workers and also accept and acknowledge that sex work is work hence this will lead to reduction of stigma that comes along with the nature of work. Once stigma is reduced more hidden population sex workers will be able to come out and also benefit from the Sex workers program that exist. They will also benefit from programs that tend to strengthen them economically through Income generating activities and mentorship.

2.5.3 Social Constructionism Theory

Social constructionism may be defined as a perspective which believes that a great deal of human life exists as it does due to social and interpersonal influences (Gergen 1985). This is linked to the hyperbolic doubt posed by Bacon, the idea about how observations are an accurate reflection of the world that is being observed (Murphy et al., 1998). Constructivism proposes that each individual mentally constructs the world of experience through cognitive processes while social constructionism has a social rather than an individual focus (Young & Colin, 2004).

Social constructionism may also be defined as a perspective which believes that a great deal of human life exists as it does due to social and interpersonal influences (Gergen 1985). Social constructionism regards individuals as integral with cultural, political and historical evolution, in specific times and places, and so resituates psychological processes cross-culturally, in social and

temporal contexts. Constructionists view knowledge and truth as created not discovered by the mind (Schwandt 2003) and supports the view that being a realist is not inconsistent with being a constructionist.

Witkin and Gottschalk (1988) cited four basic tenets of social constructionism namely: (a) understanding of the world is created largely through linguistic conventions and cultural/historical contexts, (b) understanding occurs through social interaction, (c) dominant ways of understanding are socially negotiated, and (d) the categorization of understanding social phenomena constrain certain patterns and reinforce others. Wholly, these four tenets may best be understood and described as a social process in which dominant notions of truth are negotiated and maintained.

The nature of sex workers and the kind of work they do, it tends to have a lot of influence on the society as a whole. They are viewed from a different context, so by self-identifying, it might reduce the social perspective of sex workers and then the society will be more accommodative because to begin with, the Sex workers have accepted and have confidence in the work they do hence there will be less psychological issues by the sex workers. The psychological issues they go through hinder them from self-identifying.

2.6 Conceptual Framework

This section of the chapter presents the researchers own conceptualization of the study. Mugenda and Mugenda (2003), define a conceptual framework as a hypothesized model identifying the concepts under study and their relationships. In this framework, there are certain factors influencing self-identification of female sex workers in Korogocho Slum in Nairobi County, Kenya. These factors include but are not limited to social factors and sexual dynamics. Self-identification of female sex workers in Korogocho Slum in Nairobi County, Kenya is the dependent variable that is affected by the independent variables as indicated in Figure 2.1.

Independent Variables

Dependent Variable

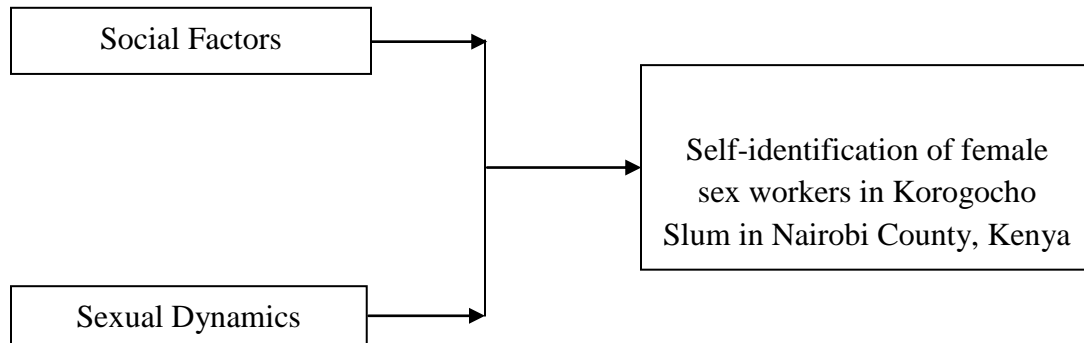


Figure 1: Conceptual Framework

2.7 Operational Definition of Terms

Clients : are people (usually men) who pay with cash or other resources for sexual services either explicitly or within an agreed package that includes other services such as entertainment or domestic service.

Diagnosis : the identification of the nature and cause of a certain phenomenon.

Self-identify : To believe or assert that one belongs to a certain group or class

Sex work : is the provision of sexual services for money or goods.

Sex workers are women, men and transgendered people who receive money or goods in exchange for sexual services, and who consciously define those activities as income generating even if they do not consider sex work as their occupation.

Sexual Dynamics : factors and conditions that predispose women to sex work and the way sex workers are treated in the society.

Stigma : a mark of disgrace associated with a particular circumstance, quality, or person.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Study Area

The study was conducted at the Sex Workers Outreach Program (SWOP) clinic based in Korogocho area of Nairobi, Kenya. The clinic is a stand-alone facility offering comprehensive HIV prevention services targeting female sex workers and their clients in a safe environment. The clinic is run by the University of Manitoba and Nairobi collaborative research program. The package of services offered to FSWs includes behavioural interventions, biomedical interventions (HIV, STI, TB and other SRH services) and structural interventions focusing on gender based violence. Services are offered by 12 program staff including clinical Officers, Nurses, prevention Officers, Counsellors, Nurses, and Data Clerk

3.2 Study population

The target population for this study was composed of female sex workers and their peer leaders enrolled at sex workers outreach program (SWOP) clinic in Korogocho.

3.3 Study design

The study adopted a cross-sectional research design and used qualitative data. A cross-sectional design involves the collection of data at a specific point in time from one or more populations (Wambugu, Kyalo, Mbii & Nyonje, 2015). Cross-sectional surveys are appropriate when the researcher wants to get information at one point in time in order to describe the current characteristics of a sample. The study adopted a qualitative design because Female Sex workers are a Vulnerable population. In addition, due to the nature of work female sex workers face a lot of stigma hence it is difficult to measure sensitive topic such as factors that made the sex workers to self identify.

3.4 Sample size and Sampling Method

3.4.1 Sampling for Focus Group Discussion Participants

The study used purposive sampling technique to select 32 female sex workers to participate in 4 focus group discussions of 8 participants each. Purposive sampling technique was used to select respondents who would be best placed to provide in depth insights into factors influencing self identification of sex workers based on a specific inclusion criteria. The inclusion criteria included, sex workers being active members of the SWOP clinic for at least one year, had been

in active sex work for between 1 and 1.5 years, were aged 18 years or older, and were willing to be part of the study after the informed consent. The criteria restricting duration of sex work to between 1-1.5 years was to minimize recall bias that may occur if participants have been in sex work for longer. Membership in SWOP ensured the participants were self identified sex workers and the criteria on age was in compliance with the legal age for giving informed consent. The participating FSWs were recruited by the programs peer educators who had been provided with the selection criteria and were able to identify those who fulfilled the criteria from their peer groups.

3.4.2 Sampling for Peer educators as Key Informants

The study adopted purposive sampling technique to select 2 sex worker peer educators as key informants. The 2 peer educators participated in an in-depth interview to provide additional insights that may not be fully uncovered during the FGDs. The selection criteria for the peer educators included, must have been part of SWOP clinic for at least one year, had been in active sex work for between 1-2 years, been trained by the program as a peer educator, be a good communicator, aged 18 years or older and willing to be part of the study after the informed consent. Based on their close interaction with many sex workers and their confidence when interacting with the health system, peer educators were expected to provide more insights in the subject matter.

3.4.3 Sampling for Health Service Providers as Key Informants

Two health service providers based at the SWOP clinic were purposively selected for additional key informant interviews. They were selected based on their first hand experience with both having worked with the FSWs for more than 3 years. They had earned the confidence and trust of the FSWs during their daily interaction and were thus able to provide additional insights from handling newly enrolled FSWs at the clinic.

3.5 Procedures – field, laboratory, quality control

Discussions and interviews from the focus group discussions and key informants were tape-recorded using two tape recorders to minimise the risk of loss of data. Voice recordings was

transferred to a password protected Flash disk, which was consequently kept under lock and key at the clinic.

In the analysis of the collected data, recording was transcribed verbatim and translated into English. Transcripts were manually coded according to a coding structure developed after repeated review of the transcripts using text word searches. The findings were then documented according to themes emerging from the discussions and interviews.

3.6 Variables – dependent, independent, and confounders

Self-identification of female sex workers in Korogocho Slum in Nairobi County, Kenya is the dependent variable that is affected by the independent variables. The independent variables include but are not limited to social factors and sexual dynamics

3.7 Data collection instruments

The study collected data using focus group discussion guide and key interview schedules. The structure of the focus group discussion guide and key interview schedules reflected the objectives of the study.

3.8 Study limitations

In the course of the study, some of the limitations and constraints that the study expected to encounter included: limited availability of information and literature, inaccurate data, poor cooperation by respondents, gathering and interpreting background research and difficulties with getting appointments with interviewees. The study handled the challenges by working extra hours to finish the project in time. The problem of limited availability of literature when developing the background research was overcome by conducting extensive and detailed research from various sources such as internet journals, local newspapers, and websites. During the course of this study, a continuous, detailed, and meticulous research was carried out.

The research came across participants who were unwilling to participate in the study. This challenge was minimized by assuring the respondents that the study was to adhere to strict ethical standards of confidentiality and that no names of the participants were to be used in

reference to the study since the purpose of the research is only for academic. The researcher also carried an introduction letter from the university as proof.

CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.0 Introduction

In this chapter, the key issues related to data presentation, analysis and interpretation have been discussed. This chapter has been presented in themes that emerged from the field in relation to the study objectives. The data has been presented in form of a narrative report.

4.1 Factors that lead women into sex work

Many inter-related and complex factors contribute directly or indirectly to women going into sex work. Social and economic circumstances cause some women to be more vulnerable than others. In light of that, the study sought to establish the reasons that lead women into sex.

4.1.1 Peer Pressure

Women are influenced by their peers to start moving around in social places and meeting men so that they should earn their living in towns. During the first days of the newcomers, friends provide all necessary things like food, accommodation, and clothing. The study established that peer pressure was one of the contributing factors to sex work because women conform to the activities of their peers or friends. When FSWs go out and come back with monetary rewards and they are living a good life, their friends tend to emulate their behaviors in an attempt to lead better lifestyles. In fact, respondents opined that;

“When you see someone is living a better lifestyle, one also wants to join in order to have the same living standard and lifestyle. Therefore, this predisposes one to joining sex work.” (FGD 1 respondent 3)

“Peer pressure, for instance, I have friends who are sex workers, because I wanted to show them that we were in the same social status, I joined sexwork.” (FGD 2 respondent 4)

“Peer Pressure leads one into sex work. Sometimes you can find a woman is married and in very bad relationship, one weighs options instead of staying in a bad marriage one would rather quit and engage in sex work.” (FGD 3 respondent

Due to the nature of their work, sex workers often want to place themselves in a high social class so that they can be accepted by the society, therefore, they end up influencing each other to join sex workers hence can afford material things. In addition, it is evident that women leave bad marriages and join sexworkers, which seem less stressful.

Peer pressure contributed significantly to reasons that lead women into sex work. Further, having more friends who are sex workers increased the odds among younger respondents of joining the sex selling industry. One of the respondents indicated that;

“You cannot just wake up one morning and decide you want to start sex work. I shared my challenges with friends who promised to introduce me to sex work and see whether my children will be provided with basic needs. So I was shown the basics in sex work and in that regard I was introduced to Sex work by a friend.”
(FGD 1 respondent 3)

In addition, one of the respondents of the study indicated that she used to attending discos with friends and would find men in such places where she eventually decided to go for the activity.

“When I started, I used to go to live band discos, I would pretend just to sit and take my two beers and its then that I would get a client and we would finish our business. That’s when I started, but nowadays I go to the hotspots.” (FGD 4 respondent 2)

Moreover, some of the respondents indicated that they started engaging in sex work because of friends who introduced them to sex selling activities. In addition, some of the respondents revealed that they were introduced into sex work by religious leaders. One of the respondents said:

“When I started sex work, I was a wife and a very obedient one. I used to stay with my children while hungry all day with no food. My first sex work act was initiated by a pastor and I did not even know the pastor had sexual feelings for me. Therefore, he made advances but I continued to decline since the wife was a very good friend of mine. Eventually, when I decided enough was enough, I personally went to the Pastor’s house and by then I did not know anything about

SWOP or condoms. I slept with him in spite of the wife being a very close friend. Ever since he used to buy food, support me if I needed anything including money. So there is this day I said I was going to work at a French beans place and I spent the whole night with the pastor at his house of which he gave me 500 shs. It is then that I started sex work having been introduced to it by the Pastor.” (FGD 3 respondent 6)

The initial motivator to sex work was the promise of financial rewards associated with the activity, and this was considered a way of solving a myriad of problems that female sex workers faced. Such associates further demonstrated the best method of engaging in sex work and on how to well to satisfy their clients. Another sex worker indicated that they go to the streets well known by FSWs where they talk to the other sex workers who are able to teach and introduce them to the activity. In a fact, the respondents indicated that:

“According to me, I wanted to make quick money, so I consulted with a friend who introduced me and also told me she makes 3000, so I decided to join her so that I can get quick money to be able to support my mother.” (FGD 2 respondent 5)

“Joining sex work is not easy, there are pimps who introduce you and are also in charge of the hotspots, so when you get a client you have to share the money with her. So, in order to start, you have to be introduced by someone at a particular hotspot.” (FGD 2 respondent 6)

The aforementioned teaching involves provision of clues such as stopping vehicles and other forms of looking for clients. In addition, another sex worker indicated that chang’aa dens and other places that sell illicit liquor predispose women into engaging in sex selling, and this was demonstrated through service provision, which makes a number of clients to come back. It is through this endeavor that most women end up being sex workers. The respondents posited:

“Going to the club and you go just have one drink meanwhile as you are waiting for a customer. The next day you repeat the same thing and with time you build your confidence and that’s how I started sexwork.” (FGD 4 respondent 4)

“Someones problems cause one to start sex work, before I started, my friends used to go at night for sex work, so they used to come with money, by then I was married, so I used to borrow money from them, so they used to tell me we go and I was resistant, but eventually, one day I went to Egesa Bar, I was shy at first , so I took a few bottles of beer to help with shyness and eventually , I got a client, and got 3000 shs, so when I went home, did shopping for my children then I realized , aaaaah sex work has money , and then I started going.” (FGD 3 respondent 1)

4.1.2 Single parenting

From the analysis of the study findings from the SWOP clinic in Korogocho, single parenting was identified to be one of the factors that drove women to enter into sex work. A significant number of women involved in sex selling are thought to be mothers, even as more women without dependents enter the industry to bolster their earnings. A single parent sex worker indicated that certain circumstances have led them to sex work, such as lack of employment and families that they have to cater for. Therefore, their decisions are contingent on the need to provide for their children and other dependents. Early pregnancy among women has exacerbated and compounded their involvement in sex work, as they have to provide for their children. Moreover, some are widowed and divorced, and have to provide for their families; and these responsibilities lead them to strain and therefore they have to look for other ways of catering for their needs. Respondents indicated that;

“I am a single mother of one child and I was orphaned at the age of ten. I separated with the father of my child and, therefore, I had to support my child while conducting sex work.”(FGD 4 respondent 1)

“Circumstances push us, for instance, I have two children, I have tried looking for a job with no success, and my children have to eat and also go to school. So, I decided I will use what I have to get what I do not have.”(FGD 4 respondent 2)

Women tend to engage in sex work because of hardships that they go through. This is not limited to marriage but to other disputes that leave them single with children forcing them to raise children singlehandedly hence end up engaging in sexwork.

4.1.3 Poverty

The study sought to establish the factors that lead women into sex work and the analysis of the responses from the focus group discussions pointed out that poverty contributed to the high number of Female Sex Workers in Korogocho. Lack of personal resources leads more people, both young and old, to seek opportunities they would never consider before if their needs were being met. Generational cycles of poverty can hide behind white picket fences as huge debt loads that are not sustainable for the debt-to-income ratio continue to exist. One of the respondents indicated that ;

“What makes one enter into sex selling is poverty and illiteracy. Sometimes you find that even your parents were Sex workers so you go ahead and join the sex work industry. Also one enters sex work because of getting children at a tender age.” (FGD3 respondent 3)

Further, another respondent pointed out that;

“My friend Paula introduced me to sex work. It was in 1999, I started sex work due to poverty, I was the first born in the family, and we used to sleep hungry, to the point that I used to wear slippers, which were not matching. My mum was religious so I had to look for ways to feed the family, I joined my friends into sex work so that we could live the same lifestyle that I always admired.” (FGD 3 respondent 1)

In light of the above, the study findings revealed that poverty is responsible for hunger, disease, substandard living conditions, and lack of education, to name just a few of its harmful effects. An additional result of poverty is less frequently mentioned, despite its close correlation with other problems of the poor: Street level sex work. In light of that, it was established that poverty has had considerable impact on the lives of people and because of discrimination within the society; it becomes difficult for people to mention its contribution to sex work.

Other women indicated that poverty has predisposed them to engage in sex work through the various activities that they take part in. Some parents also push their children to sex work as a means of earning a living. For example, some women will sell chang’aa as directed or instructed

by their parents, and this situation provides an avenue in which meet with males. Accordingly, such women end up becoming addicted and consequently become sex workers.

4.1.4 Lack of employment

Owing to limited job opportunities and lack of capital to start income generating projects, most of young women resort to selling their bodies. Further, getting white-collar jobs and cleaning jobs has become hard and, therefore, it becomes difficult for women to provide for the many needs of their families. In that regard, the study established that lack of proper employment opportunities has been a major reason leading to the high prevalence of sex workers in Korogocho. Respondents posited that

“The main reason for joining the sex selling industry is because of lack of employment. Since you do not have any formal employment, the only work you can do is Sex Work.”(FGD 3 respondent 1)

“Sex work gives you quick money and I consider sex work as work like any other profession.”(FGD 1 respondent 5)

Furthermore, the analysis of the study findings established that women get into sex work as a means of looking for start-up money for their businesses given that they do not have any formal employment with which they can raise income for the eventual business start-up.

4.1.5 Socio-economic Hardship

The majority of women enter the profession of sex work involuntarily, most being forced into it because of either poverty, socio-economic hardships, abandonment, or violence by husbands, or other family problems. Interviews from the study suggest that debt specifically and economic insecurity more generally could be reasons to initiate sex work. Qualitative data from the study support the finding that sex work is often initiated to provide economic security. More specifically, during interviews respondents frequently connected their economic hardship and initiation of sex work to the departure or abandonment of their husbands and subsequent economic insecurity. In fact, respondents observed that

“My first time to engage in sex work was with my neighbor. I had a husband who used to go very early in the morning leaving no food in the house or any money. Therefore, my neighbor would signal and we would do it in the washroom and he

could pay me 300 shillings. Moreover, my friends called me to one of the Hotspots one evening; I got a client who paid me 500 shillings.” (FGD 3 respondent 2)

“I was in form three, then my parents had passed away, so I decided to get into sex work to look for school fees since I wanted at least to have reached form 4.” (FGD 2 respondent 7)

“Sex work has quick Money, less time and has quick returns.” (FGD 1 respondent 4)

“Maybe one was married before and are separated, and at the end of the day , one has to provide for the children , so that’s why women join sex work because one is a single parent and has no income and the cost of living is very high.” FGD 2-Respondent 2

“My family caused me to start sex work, my father left my mum. My mum on the other hand had no means of raising us and, therefore, the only option was to sex work at 18 yrs so as to survive with hard economic status.” (FGD 2 respondent 5)

Furthermore, while women reported that the lack or loss of a male partner left them financially insecure and led to their involvement in sex work, our data also demonstrate that some relationships with male partners (relationships that women reported having while working as sex workers) also contributed to their debt and economic insecurity.

“I am proud to be a sex worker, it has helped me a lot , I had a husband who used to mistreat me to the point that I even was washing clothes for people in order to get some little cash, and since I entered sex work, my life is good, my children are going to school and are being provided for.” (FGD 3 respondent 5)

One of the interviewees highlighted that the first step towards sex work involved going to the clubs where they meet men and engage in talks, and consequently decide on the price.

“The first time I got a client, we negotiated and went ahead to conduct our business, soon after, we had a condom burst, I advised my client that we should visit swap. I talked to Bancy, then later we went to a chemist to test for HIV, and I thank God I was safe and free from HIV.” (FGD 4 respondent 4)

The respondents pointed out that economic hardship was the main factor contributing to their engagement in sex work. In most occasions, males pay money to the sex workers whereas others exchange sexual activities with alcohol.

4.2 Factors influencing self-identification of sex workers

4.2.1 Safety

From the analysis of the findings of the study, it was revealed that safety of the Female Sex Workers was one of the major reasons for their self-identification. The schedule of their business comes with security concerns as they operate in dangerous hotspots and in odd hours of the night. In light of that, the study findings established that self-identification has been an important aspect fostering the safety of the sex workers in Korogocho. In fact, one of the respondents noted that

“When we are the hotspot, I cannot hide and pretend am not a sex worker because I will not be helped, so by disclosing what I do; we act as security to each other while working since there has been death cases of Sex workers. So if I have a client, my fellow sex workers will have the knowledge of my whereabouts.”

(FGD 4 respondent 1)

In other circumstances, FSWs are able to give advice while at the same time disseminating essential information on the nature of clients that they meet. Essentially, as one of the sex workers decides to accompany a client on their vehicles, the other group explicitly notes down its registration numbers. Accordingly, the safety of the individual sex worker is contingent on the cooperation that exists among themselves, which also includes sharing information on how well to avoid being locked inside a car belonging to a client.

The sex workers indicated that they have a specific code in case one is in danger that they will use in communicating to their colleagues in the sex industry. For example, one of the respondents indicated that they could call their friends and instruct them to unhang their clothes. Thus, this code is crucial because it can be used in times of danger as a communication framework indicating trouble.

“Sex workers have codes incase of danger, FSWs should have codes, between two people, so that incase one is in trouble, by using the codes, one can be rescued.”

(FGD 4 respondent 4)

“When working, we have a code, in case one of us is in danger; it helps us save each other in difficult situations.”(FGD 1 respondent 5)

On top of the above, the study findings revealed that criminalization of sex work contributes to an environment in which, violence against sex workers is tolerated, leaving them less likely to be protected from. Many sex workers consider violence "normal" or "part of the job" and do not have information about their rights. As a result, they are often reluctant to report incidences of rapes, attempted murders, beatings, molestation, or sexual assault to the authorities.

4.2.2 Empowerment

Respondents to the study indicated that self-identification was crucial given that sex workers are friends and cooperate in a wide array of things that allows them to keep abreast of each other's activities. For instance, respondents noted that

“City council police when they lock you in, since you have self-identified yourself, it will be easy for other sex workers to follow you up and also for the advocacy they can bail you out since they fight for sex workers right as long as you have not committed any crime like stealing from a client.” (FGD 3 respondent 5)

“To disclose ones HIV status as being positive helps in the sense that, they are empowered to continue living positively and also to join the support group for support. This enables them to take care of each other and reduce stamping.” (FGD 3 respondent 6)

“There is a group of savings which constitutes of sex workers only, and also in this group incase one is in problems, they assist you, so if one doesn't want to identify, you will not benefit from the group.” (FGD 2 respondent 7)

The respondents also noted that prayers are an important aspect in their work. Further, another respondent noted that they take into consideration one another's welfare and plight to an extent of taking care of children of their fellow sex worker.

“The most important thing when going to work is Pray. God provides. For instance, if I get money and my fellow sex workers do not get, I cannot let their children sleep hungry. For instance, if I made 500 shillings, I will give my friend 200 from my savings, since there is a time the situation will be different and we will help each other. Therefore, by identifying yourself, one gets help in times of need.” (FGD 1 respondent 7)

The interviewees also noted that they learn from each other’s experiences and are ready to help each other in case of any eventuality. SWOP helps them to consolidate information and any learning that seeks to assist them in their day-to-day activities.

4.2.3 Medical reasons

According to the findings of the study, some sex workers were able to identify themselves when there were health concerns that required immediate intervention such as rape or a condom bust. Respondents observed that

“Since when you go to swop you will be treated since it is a sex workers’ hospital unlike if one goes to the government hospitals where you will be discriminated.” (FGD 3 respondent 3)

“When you go to a government hospital, one is not comfortable doing the pelvic examinations, and one can’t really say what the problem is but if you go to swop clinic, it’s easy to do the pelvic examinations because the doctors are friendly and one can articulate exactly what’s ailing her.” (FGD 3 respondent 2)

They could identify and seek ideas from other sex workers where they got ideas and help, such as going to SWOP to be tested. In the event that they go to the health clinics, are tested, and are found to have STIs, they are expected to be accompanied by their husbands or boyfriends, but when they seek medical services in the SWOP clinic, they are already known and therefore they will be treated without being questioned.

4.2.4 Violence

Another reason explaining the circumstance under which sex workers identify is when they experience violence in the society. In this situation, sex workers have to provide an explanation

that details every aspect on how they got involved in violence. It is in this circumstance that they have to self-identify themselves. For instance, respondents noted that

“Safety, the way we are here with my friends, when we are at the Hotspot, we offer security to one another, in the sense that, if I get a client, my friends take the car registration number for security purposes, so if one doesn’t disclose that they are a sex worker, they are at risk because of late so many deaths have taken place. But if you self-identify, we teach each other safety Tips even when you are going with a client.”(FGD 4 respondent 1)

“SWOP clinic has trained us on Sexual and Gender Based Violence (SGBV) for instance, that one should not wear high heels shoes incase of any danger, and one should wear shoes that one can run with.” (FGD 4 respondent 8)

“Peer educators have been trained as paralegals, SWOP gave us hotline numbers which are 24hrs incase you are indanger or experience violence onecan call.In addition, we have an Gender Violence desk at the Police station and we have contacts of Officers incharge.”(FGD 2 respondent 7)

Largely, even the group that has a tacit responsibility of protecting people, that is the police, vilify female sex workers to an extent that they lack a commonly acceptable ground to express their plight. Nonetheless, self-identification has been a functional aspect that has substantively reduced the different forms of violence minted against this cling of vulverable population.

4.2.5 Sex workers’ sexual work dynamics

Sexual work dynamics refers to where the sex workers sell, what time they sell (day or night, those in streets or hotspots, those who are escorts, those who talk and sell from massage parlors and so on (time, typology and language). Further, the study findings revealed that, those in massage parlours use sexual language, movements, and talks to sell their services to their prospective clients.

The study sought to establish the influence of sexual dynamicson the self-identification of female sex workers.

4.2.6 Age

Age is a very important aspect among sex workers because they group themselves according to their different age categories. For example, the study established that a peer educator aged 50 year old could not be taken to a hot spot with women aged 20 years old. The young sex workers tend to have their own network of peers and specific Hotspots from the older sex workers. In addition, the society tends to accept the older sex workers as compared to the young sex workers hence the young ones do not self identify compared to the older ones.

4.2.7 Illiteracy

The interviewee indicated that some of the sex workers are illiterate and have families to look after. The findings revealed that the sex workers found it hard to get jobs or being employed and, therefore, could turn to sex work to fend for their families. Illiteracy disposed them to lacking jobs hence the only option was to engage into sex workers.

4.2.8 Unemployment

From the analysis of the collected data, unemployment was factor that influenced the decision of women to join sex work. For instance, one respondent pointed out that

“There are some women who were married and divorced, so the only option was to get into sex work so that they can survive.” (FGD 2 respondent 4)

4.2.9 Peer influence

Respondents to the study indicated that their peers and friends introduced them to sex work. One respondent opined that. Those who interacted with peers were more likely to self identify

“There are ones that have been introduced to sex work by their friends, this is mostly of poverty.” (FGD 2 respondent 8)

4.3 Barriers to self identification

Analysis from the study showed that there were sex workers who were not willing to self identify due to various reasons. These included:

4.3.1 Stigmatization

One of the challenges highlighted by the sex workers is being stigmatized by the community especially their neighbors in the areas where they live. Some neighbors especially those that are

married see sex workers as a threat, and possess the misconception of them waylaying their husbands. A respondent suggested that

“I am accused of taking advantage of the vulnerability of other women’s husbands within the place that I stay, but is not the case.” (FGD 1 respondent 1)

Stigma associated with sex selling is known to be a barrier to health care access for many populations.

4.3.2 Discrimination

Another challenge indicated by the respondent is that married women scorn and distrust them because of the nature of their lives. Other men will feel that their wives should not associate with female sex workers as they may recruit them into their group and activities. Many of the married women believe that majority of the sex workers are the ones that are easily infected from STIs including HIV/AIDS. From the respondents, it was also established that majority of female sex workers undergo clinical testing in the endeavor to determine whether they infected and they showed greater condom use, which is a complete contrast to the fact that majority of the married women do use condoms.

4.3.3 Society’s perception on sex work

During the interviews, it was noted that the society was judgemental and did not accept sex work activities. One respondent noted that

“Discrimination and also fights, for instance where I live, when I come in the morning from work, and someone’s husband also comes in the morning , they accuse me that I was with their husbands which leads to physical fighting, whereas this is not the scenario. The society judges you.” (FGD 4 respondent 2)

This has however changed with time and some women even come to her to be trained and shown different bases/hotspots due to problems. These women have seen that the sex workers are financially doing very well and thus decide they can follow suit and earn some money to cater for their needs and those of their families.

4.4 Benefits of disclosing to the Peers or Health service providers a FSW

4.4.1 Access to medical services

The study sought to establish the benefits of disclosing to the health service providers a FWS. The analysis of the study findings revealed that social acceptance was one of such benefits. Respondents observed that

“If you are a sex worker, mostly you work at night and go home in the morning, by being well informed and disclosing that one is a sex worker, it helps in even knowing how to live in the community, for instance, if someone is on ARVs, they have accepted and live well and the society accepts.”(KI Respondent, peer educators)

“In the society we live in, and with the current economic strain, one has to do what you have to do to feed your family, whether its sex work, the society has accepted as long as one is disciplined and knows their rights as a sex worker.” (FGD 3 Respondent 8- FSW)

“Sex Work is work like any other profession, it is better than stealing money from people, by self identifying to the community, they will accept since even if my children sleep hungry, they will not support in any case they will laugh at me, so am proud to be a sex worker.” (FGD 3 respondent 8)

One of the interviewees indicated that the benefits of disclosing to the Peers or Health service providers a FSW is that they are able to appreciate their identity and individual expectations.

“You find that there is a hidden sex workers community, so if you disclose that you are a sex worker, it will encourage them to also come out in the open where by also they will get to be empowered on use of condoms and the ones who have self-identified act as a role model to them.” (FGD respondent 4)

The interviewees further noted that in hospitals, the sex workers could be treated courtesy of SWOP.

“Access to Hospital, if you are sick as a sex worker, one goes to swop and get treatment. That’s one of the benefits of swop, since one can’t go to a government

hospital and get treatment because even children go to the same hospital and also they discriminate sex workers.” (FGD 4 respondent 2)

“For easy access to medical services, incse one had herpes zoster, if you go to a government hospital, one doctor will call another and start discussing you which is not right, however, if you go to swop , since you have already disclosed that you are a sex worker, it becomes easy to get medical attention.” (FGD 3 respondent 3)

Female sex workers cannot go to public hospitals to be treated because their identity will be disclosed, but at SWOP, they are free to talk to doctors and share their health issues and consequently receive treatment. Therefore, at SWOP clinic FSWs are not discriminated based on their activities.

4.4.2 Social acceptance

Another benefit of disclosing to the Peers or Health service providers a FSW is that they are able to respect and identify themselves without anyone stigmatization. For instance, respondents noted that;

“When one goes to swop, you have to be a sex worker, even Bancy who works there knows you so that you can be given a go ahead to see the doctor.SWOP offers non-stigmatizing services and without discrimination.” (FGD 2 respondent 3)

“Another benefit of disclosing to your peers that you are a sex worker is because you tips each other in terms of if the hotspot that you are in is not at the peak hours, a friend can invite you to the hotspot where there are many clients.” (FGD 4 respondent3)

The sex workers also get to learn the dangers associated with their activities like STIs and not HIV/AIDS only. Disclosing of information to the relevant health providers by sex workers is necessary as it helps them to acquire the much needed help on the STIs that they likely to be infected from, a part from HIV/AIDS. They also learn of the avoidance and treatment methods from SWOP.

4.4.3 Presence of peer educators

Analysis of the study findings revealed that disclosing of FSWs made it possible for them to have access to peer educators. Disclosing to the Peers or Health service providers a FSW as highlighted by respondents, made it possible for the available peer educators at different hotspots to provide necessary learning sessions to Female Sex Workers and supply them with condoms. Accordingly, the sex workers learn a wide array of things and are able to benefits from cervical cancer screening. Additionally, disclosing helps them to be tested at SWOP and know their status. For instance, respondents opined that

“You find that at the hotspot there is a Peer educator who provides health education information and also at the same time, one gets easily supplied with condoms.” (FGD 4 respondent 5)

“When we are together, if someone joins sex work, we take leadearship and orient them on what happens, like for example, schools have closed, you find that this young girls are coming to the hotspots and doing sex work for fun, in this case they are not Aware what they are supposed to do, they don’t know how to use condoms, as a self identified sex worker, we educate them on the prevention methods to avoid being infected and also link them to a peer educator.” (FGD 3 respondent 3)

Peer educators challenge views that are based on internalized oppression. Without preaching or invalidating the experience of individual sex workers, by asking critical questions that encourage sex workers to examine where negativity is coming from, and see issues of poor working conditions, a lack of rights, a general sense of sex negativity that pervades society and sex worker phobia as the culprits, rather than sex work itself.

4.4.4 Benefits from programs

Another benefit for self-identification entails the introduction of programs for the sex workers. The FSWs will have to identify themselves as sex workers so that they can be part of the movement and, therefore, benefit from such programs. For instance, respondents observed that

“Where I hang out with friends, I had to talk about swop which is a sex workers program, I had to self-identify so as to benefit from the swop clinic as well.”

(FGD respondent 6)

“Sex workers self identify in order to get the benefits from the programs that work with the sex workers at the community.” (KI-Respondent 1)

In Kenya, there are many programs initiated specifically for female sex workers and they have had a tremendous impact on the self-identification of the sex workers. Such programs endeavor to create a community for sex workers and offer access to activities, support services and information

4.5 How programs can enhance self identification of FSWs

4.5.1 Reaching out to the community through peer educators

Self-identification can be achieved through the mobilization of sex workers in bars and hot spots. Peer educators provide psychosocial support to the sex workers, demonstrate use of condoms, supply condoms, and lubricants as well as test and screen them to know their health status. This helps to raise the self-awareness of the sex workers. For instance, one respondent indicated

“As sex workers, we know each other, so it is easy to go to the hotspots and tell them about the swop clinic and the services they offer so that they can also benefit. I am in charge of 300 Female sex workers who are in 5 different hotspots.” (KI-Respondent, peer educator)

Sex workers have no access to condoms or are not aware of their importance. As such, provision of condoms and dissemination of tacit knowledge on their use coupled with making available necessary sex education is important towards the self-identification of female sex workers. In the study, it was revealed that sex workers are benefitting from the services provided by the peer educators on behalf of the SWOP clinic.

4.5.2 Reducing stigma from program staff

The respondents, that is, peer educators and program staff, indicated that identification of the hidden sex workers population can be achieved through DE stigmatization. Sex workers should be provided with the necessary services without stigmatization or any form of discrimination.

On top of the above, the interviewee indicated the mechanisms put in place at the facility to make it easy for sex workers to identify themselves includes locating the SWOP clinic in a place that is easy for sex workers to identify. Moreover, SWOP uses initials and this makes it hard for people to know that it is a clinic dealing with sex workers.

4.5.3 Empowering the SW community

The FSWs noted that one of the ways to improve self-identification is through community empowerment. This includes creating roles for them at the health facility and empowering them to form their own CBOs. The goal is to cultivate a programme that is eventually run entirely by sex workers, and where officials and service providers in health, law enforcement, and social services respect sex worker-led organizations as partners.

CHAPTER FIVE: SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.0 Introduction

The basic purpose of this chapter is to give the summary, discussions, conclusions and recommendations of the study. This chapter provides the summary, discussion, conclusions and recommendations of the study. This was based on the research findings that is presented and discussed in the previous chapters. The study established several findings which make a direct contribution to knowledge and policy formulation. Recommendations both for further research as well as policy and practice have been made.

5.1 Summary of Research Findings

This study adopted a cross-sectional survey design and employed qualitative research as the main approach to guide the study. The study targeted female sex workers enrolled at SWOP clinic in Korogocho. The study selected a total of 36 respondents through purposive sampling technique to participate in the study. The research instruments used in data collection were FGDs and interviews guides to collect information from the respondents.

The first objective of the study was to explore the social factors that influence self-identification of female sex workers in Korogocho slum, Nairobi County, Kenya. The measurement of this objective was based on one indicator namely; social factors that influence self-identification of female sex workers in Korogocho slum, Nairobi County, Kenya.

The study findings reveal that majority of the sex workers are led into sex work because of: peer pressure, poverty, problems faced on a daily basis, circumstances (being single parents), quick cash involved, easy money in sex work as compared to working in the office or being employed and waiting for the money after every month. Moreover, looking for start-up money for businesses, day-to-day problems, lack of husbands, lack of education are some of the factors that lead women into sex work. Further, some women are married but they do not provide for their children, and thus the women engage in sex work to meet their ends, some are widowed and divorced, and have to provide for their families. Thus, such responsibilities lead women to strain and therefore they have to look for ways to cater for their needs. Other factors as revealed by the study include early pregnancies and and influence from parents.

The study findings reveal that the sex workers visit SWOP and they have to identify themselves as sex workers so as to receive the services offered at SWOP. The study findings reveal that the willingness and openness of FSWs to identify themselves as such when they visit the facility is an evolution that has several drivers: destigmatization from the programs, the benefits of the programs and the services of the programs.

The study findings further reveal that some of the situations that are important for FSWs to identify themselves to be safety, sense of security, sense of belonging, learning from each other, financial help, and clinical help. The findings further reveal some of the benefits of disclosing to the Peers or Health service providers a FSW, which are because of security, medical attention, learning on STIs and not HIV/AIDS only, supply of condoms and lubricants, clinical tests at SWOP, self-awareness education, and sensitization of important issues. In addition, the study findings reveal that illiteracy, single motherhood, peer pressure, and age to be the factors that lead women to sex work.

According to the findings of the study, self-identification of sex workers is important as it provides them opportunities to know their health status. The findings reveal the circumstances that sex workers put themselves in to identify themselves as sex workers, which include health risks, violence in the society, and upcoming of programs that benefit sex workers.

The findings reveal some of the sexual dynamics that influences self-identification of female sex workers in Korogocho slum, Nairobi County, Kenya, and they include violence or threat to their security; age, education levels and belonging to a peer group.

The study findings reveal the challenges of self-identification. According to the findings of the study, jealousy from married women, fights, mistrust, being undermined and disrespected by the community as being the major challenges to the self-identification. The study findings reveal the mechanisms that are put in place to reach out to the hidden sex worker populations. Specifically, the peer educators and counsellors help the clinic to identify and reach the sex workers. They go to the field share with the FSWs the benefits of self-identifying

5.2 Conclusion of the Study

In conclusion, there is need for programs to address the moral values that threaten the self-identity of the sex workers. Such programs should address stigmatization levels in the society while at the same time address the legal concerns that threaten the identity if the sex workers.

5.3 Recommendations

Based on the findings and conclusions of the study, the following recommendations were made;

1. Clinic environment to be made safe – employ FSWs to work at the clinics and also to sensitize the health careworkers at the clinic.
2. Create peer groups/networks to facilitate self identification and utilize peer educators
3. Contiunous sensitization on stigma & discrimination at community.
4. More health service delivery points as it is one of the reasons for self-identification
5. Empowering sex workers to form small groups to access funding which is one of the motivotors for self identification.

5.3.1 Recommendations for further research

To undertake a multi-site/multi-regional study of a similar nature to see if there are variations in factors influencing self-identification.

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APPENDICES

Appendix i: Introduction letter

Mary Njiiri,

P.O Box 30197,

Nairobi, Kenya

15th November, 2016.

Dear Respondent,

RE: **DATA COLLECTION**

I am a student at University of Nairobi currently undertaking a research study to fulfill the requirements of the Award of Master in Arts on the **factors influencing self-identification of female sex workers in Korogocho Slum in Nairobi County**. You have been selected to participate in this study and I would highly appreciate if you assisted me by responding to all questions in the attached questionnaire as completely, correctly and honestly as possible. Your response will be treated with utmost confidentiality and will be used only for research purposes of this study only.

Kindly note that the study will be conducted as academic research and the information you provide will be treated as confidential. Your participation in the exercise is voluntary and so you are free to choose to or not to participate. But it would be helpful if you could participate fully.

Kindly spare a few minutes from your busy schedule to complete the attached questionnaire.

Thank you in advance for your co-operation.

Yours Faithfully,

Mary Njiiri

Researcher

Appendix ii: Focus group discussion guide

a) Do sex workers feel comfortable identifying themselves as such?

b) In what situations/circumstances is it important for FSWs to identify themselves?

(Probe for medical reasons/interaction with health care workers)

c) What are some of the benefits of disclosing to the Peers or Health service providers a FSW (facilitate or hinder)?

(Probe for factors around social-cultural acceptance, health system factors, sex worker program factors, sexual practices and other sexual dynamics)

d) Do you have suggestions on how programs working with FSW can facilitate self-identification of FSWs?

Appendix iii: Focus group discussion guide in swahili version

a) Je, wafanyabiashara ya ngono hujisikia vizuri kujitambulisha wenyewe ?

b) Ni katika hali / mazingira gani ambayo yanafanya wanawake ambao wanauza ngono kujitambulishani?

(Angalia sababu za kimatibabu / mwingiliano na wafanyakazi wa huduma za afya)

c) Je, ni baadhi ya faida gani za kufichua kua wauzangono kwa Rika au Afya Huduma wa afya (kuwezesha au kuzuia)?

(Angalia sababu za karibu kwa mfano kijamii na kitamaduni kukubalika, mfumo wa afya mambo kadhaa, mfanyabiashara ya ngono mambo ya mpango, mazoea ya ngono na mienendo mengine ya ngono)

d) Je, una mapendekezo ya namna ya kufanya kazi na programu ya Wauzaji ngono ambao ni nwanawake unaweza kurahisisha binafsi kutambua FSWs?

Appendix iv: Key informant interview guide for peer educators

1. How, and to what extent do the social factors influence self-identification of female sex workers in Korogocho? (probe for extent and how)
2. How do sexual dynamics influence self-identification of female sex workers in Korogocho slum, Nairobi County, Kenya? (probe for how)
3. Are there any other factors that influence self-identification of sex workers in Korogocho?
4. Please give suggestions/recommendations towards addressing some of the factors influencing self-identification of female sex workers in Korogocho Slum in Nairobi County (probe for suggestions)

Appendix v: Key informant interview guide in swahili version for peer educators

1. Jinsi, na kwa kiasi gani kufanya sababu za kijamii ushawishi binafsi utambuzi wa wafanyabiashara ya ngono wanawake katika Korogocho? (Angalia ni kiasi na jinsi gani)
2. Je, mienendo ya ngono gani ambayo inashawishi binafsi utambuzi wa wafanyabiashara ya ngono wanawake katika Korogocho duni, Nairobi County, Kenya? (Probe kwa jinsi gani)
3. Je, kuna sababu nyingine yoyote ambayo ushawishi binafsi utambuzi wa wafanyabiashara ya ngono nchini Korogocho?
4. Tafadhali toa mapendekezo / mapendekezo katika kushughulikia baadhi ya mambo yanayoathiri binafsi na utambuzi wa wafanyabiashara ya ngono wanawake katika Korogocho duni mjini Nairobi kata (probe kwa mapendekezo)

Appendix vi: Key informant interview guide for program staff

1. How long have you worked with this project?
2. What are your day to day roles?
3. Can you describe to me how the project is able to reach sex workers in the community?
4. How would you describe the willingness and openness of FSWs to identify themselves as such when they visit the facility? Are there any sub-groups who do not willingly identify?
5. Are there mechanisms put in place at the facility to make it easy for sex workers to identify themselves as such?
6. Are there any mechanisms put in place to reach out to the hidden sex worker populations?

Appendix vii: Key informant interview guide in swahili version for program staff

1. Muda gani umefanya kazi na mradi huu?
2. Majukumu yako kwa siku ni gani?
3. Je, unaweza kuelezea kwangu jinsi mradi unatumia mbinu gani kufikia wanaofanya biashara ya ngono?
4. Unawezaje kuelezea jinsi wanawake wanauza ngono vile kujitambulisha kama vile wengine wanaotembelea kituo? Je, kuna makundi ndogo ndogo ambao wasio na hiari ya kujitambua?
5. Je, kuna utaratibu wa kutungwa katika kituo ili iwe rahisi kwa wafanyabiashara ya ngono kujitambulisha kama hizo?
6. Je, kuna utaratibu wowote imewekwa ili kuwafikia siri idadi mfanyakazi ngono?

Appendix viii: Key informant interview guide for female sex workers

1. At what age did you start Sex work?
2. Who introduced you to sex work and for what reasons?
3. How long have you been active in sex work?
4. How many sex acts do you have on average per week?
5. Which typology of Hotspot do you prefer?
6. Whom did you disclose to that you are a sex worker?
7. After how long did you disclose that you are a sex worker?
8. How has disclosing helped you in sex work?

Appendix ix: Key informant interview guide in swahili version for female sex workers

1. Katika umri gani ulianza kazi ya kuuza ngono ?
2. Nani aaliyekuleta katika biashara ya kuuza ngono na kwa sababu gani?
3. Kwa muda gani umekuwa katika biashara ya ngono?
4. Unapatanga vitendo vya ngono ngapi na kwa wastani kwa wiki?
5. Unategea wapi ?
6. Ni nani jambaye ulikufichua kwake kuwa wewe ni mfanyakazi wa kuuza ngono?
7. Baada ya muda gani uliamua kufichua kuwa wewe ni mfanyakazi wa kuuza ngono?
8. Je, kujitamblisha imekunasuruni katika biashara ya ngono?

FACTORS INFLUENCING SELF-IDENTIFICATION OF FEMALE SEX WORKERS IN KOROGOCHO SLUM IN NAIROBI

Appendix xi: Focus group discussion guide verbal consent

For Focus Group Discussion Participants: To be read before starting the focus group discussion

Hello and Thank You for coming to our session. We appreciate taking your time to join us to dialogue about factors influencing self-identification of female sex workers. My name is Mary Njiiri and assisting me is

_____. I am from the University of Nairobi Pursuing a M.A in Medical sociology. We want to know about factors influencing self-identification of female sex workers. We are conducting several focus group discussions to collect this information. We are asking if you would be willing to join in in one of these group discussions and share your views. A focus group discussion is a group of about 6 to 8 people who get together to talk about their concepts and views about particular issues.

Kindly know that you are invited to take part in this research because we feel that the groups' experiences and Perceptions in sex work will contribute to better understanding on this topic.

Please be confident knowing that there are no right and wrong answers but different opinions exist.

You've probably noticed a Voice Recorder. We're tape recording the session because we don't want to miss your views. Very important discussions are going to take place and the note taker will not be able to capture everything fast enough while listening and writing. We will use numbers to represent names therefore we won't use any names in our reports. Please do not use names when you share what others have told you. We want to assure you of confidentiality. The information generated will be used to improve HIV programming by NGO and also for Policy Making by MOH.

By consenting to participate in the study, you are agreeing to the tape recording of the session.

The session will take about 45 minutes to complete.

If you agree to take part in the study, you will be given a soda during the session and Transport will be reimbursed to help you go back home. You can decide to leave the discussion at any time. You do not have to participate if you do not wish to as this will not affect your uptake of services at SWOP clinic. Involvement in the Discussion means that you are agreeing not to share information outside the group. Information about you will be protected to the best of our ability. Your name will not appear on the records or reports. Do you have any clarifications or questions?

Do you agree to participate in the focus group discussion? If you do not wish to participate, you may leave the room at this time.

FACTORS INFLUENCING SELF-IDENTIFICATION OF FEMALE SEX WORKERS IN KOROGOCHO SLUM IN NAIROBI

Appendix xii: FGD guide verbal consent –swahili version

Habari na Asante kwa kuja kikao yetu. Tunashukuru kwa kuchukua muda wako wa kujiunga na sisi majadiliano kuhusu mambo yanayoathiri binafsi utambuzi wa wafanyabiashara ya ngono wanawake. Jina langu ni Mary Njiiri na msaidizi wangu ni _____ . Mimi natoka Chuo Kikuu cha Nairobi Kufuatia MA katika elimu ya jamii ya matibabu. Tunataka kujua kuhusu sababu ya ushawishi binafsi utambuzi wa wafanyabiashara ya ngono wanawake. Tunafanya majadiliano kadhaa ya vikundi kukusanya taarifa hii. Sisi ni kuuliza ikiwa wangukuwa tayari kujiunga katika moja ya mijadala hii ya kundi na kushiriki maoni yako. majadiliano ya kikundi ni kundi la watu kuhusu 6 na 8 wanaopata pamoja kwa majadiliano juu ya dhana zao na maoni kuhusu masuala fulani.

Tafadhali jua ya kwamba wewe ni walioalikwa kushiriki katika utafiti huu kwa sababu sisi kuhisi kwamba uzoefu vikundi na Hisia katika biashara ya ngono kuchangia kwa uelewa mzuri kuhusu mada hii.

Tafadhali kuwa na uhakika kujua kwamba hakuna majibu sahihi na makosa lakini maoni tofauti zipo. Pengine Mumeona kinasauiti. Huu ni mkanda wa kurekodi kikao kwa sababu hatutaki kukosa maoni yako. Majadiliano muhimu sana ni kwenda kuchukua nafasi yake na kumbuka sababu hatutaweza kukamata kila kitu kasi ya kutosha wakati kusikiliza na kuandika. Tutatumia namba kuwakilisha majina kwa hiyo hatutaweza kutumia majina yoyote katika ripoti yetu. Tafadhali usitumie majina unaposhiriki na sisi na pia wengine waambieni. Tunataka kuwahakikishia ya usiri. Habari yanayotokana zitatumika kuboresha programu ya Virusi vya Ukimwi Kwa NGO na pia Serikali na Wizara ya Afya.

Kwa kukubali kushiriki katika utafiti, unakubaliana na mkanda rekodi ya kikao.kikao hichi kitachukua muda wa dakika 45 kukamilisha.

Ukikubali kushiriki katika utafiti, utapewa soda wakati wa kikao na Usafiri itakuwa ya kukusaidia kuregea nyumbani. Unaweza kuamua kuondoka kwenye majadiliano wakati wowote. Si lazima ya kushiriki kama hutaki na kutoka kwako hakuta athiri matumizi yako ya huduma katika kliniki ya Swop. Kuhusika katika majadiliano ina maana kwamba unakubali kutoshiriki habari nje ya kundi. Habari kuhusu utakuwa salama kwa uwezo wetu. Jina lako haitaonekana kwenye rekodi au ripoti. Je, una ufafanuzi au maswali?

Je, unakubali kushiriki katika majadiliano ya vikundi? Kama huna unataka kushiriki, unaweza kuacha nafasi kwa sasa.

FACTORS INFLUENCING SELF-IDENTIFICATION OF FEMALE SEX WORKERS IN KOROGOCHO SLUM IN NAIROBI

Appendix XIII: Key Informant Interview for Female Sex worker

Verbal Consent Information Form

A Verbal consent is only taken when the participant has agreed to participate in the study.

Hello, my name is Mary Njiiri and here with me is _____ will be assisting me .I am a student at University of Nairobi currently pursuing a research study to fulfill the requirements of the Award of Master in Arts on the factors influencing self-identification of female sex workers in Korogocho Slum in Nairobi County. You have been chosen randomly in the study on factors influencing self-identification of female sex workers in Korogocho slums in Nairobi County. The main purpose of the study is to find out about the factors influencing self-identification of female sex workers. We will take about 45 minutes to complete the session. If you fell you want to be a part of the study, I will conduct several focus group discussions together with the Key informants to be able to gather the information hereby request you kindly to open up freely and please note whatever we discuss here will be very confidential The definition of a focus group discussion is where a group of 6-8 people who discuss and talk about their feelings, opinions and concerns on a certain topic. Perhaps you've noticed a microphone. If you choose to be in the study, I will record the discussions and interviews using a tape recorder. By consenting to participate in the study, you are agreeing to the tape recording of the session. This is to mainly prevent loss of data after your hard work of giving your opinions. You will be expected to feel comfortable should you fell that you might want to stop in the middle of the discussion. Please feel free to stop and you will be free to leave at your own pleasure.

There are no predictable risks to you for taking part in the study. No cost will be incurred during the study but there will be refreshments inform of a soda while the discussions are going on. In addition, transport reimbursement will be given to facilitate your transport back to your respective Homes. In the scenario where you have questions while taking part, kindly stop me

and ask. We will give it our best to keep your information confidential but I would like you to note that we cannot guarantee absolute. We will be able to link your answers to you initially after the Discussions on a one on one session with you. Should you have any questions about this research study you may contact Mary Njiiri at 0725891299 in the event of a research related injury. If you feel as if you were not treated well during this study, or have questions concerning your rights as a research participant call The Secretary/Chairperson KNH-UoN ERC on Tel. No. 2726300 Ext 44102.

We will do our best to maintain and protect information about you taking part in this research. Names will not be used but we will use numerical codes hence your names this will not appear in the transcripts. We will maintain all notes in a lockable cabinet in SWOP coordinators office and I would also like to inform you that we will destroy all interview tapes at the end of the study. Should the results be published, your names will not appear.

Please note that you are volunteering to participate in the study, therefore you will not be penalized of lose benefits of you refrain from participating in the study. Do you have any questions?

Do you agree to participate in the focus group discussion? If you do not wish to participate, you may leave the room at this time.

I confirm that I have consented the participants' _____

Facilitator's name: _____

Signature: _____

Date: _____

FACTORS INFLUENCING SELF-IDENTIFICATION OF FEMALE SEX WORKERS IN KOROGOCHO SLUM IN NAIROBI

Appendix XIV: Key Informant Interview for Female Sex worker -Swahili Version

Verbal Consent Information Form

Habari , jina langu ni Mary Njiiri na Msaidizi wangu ni _____ .Mimi ni mwanafunzi katika Chuo Kikuu cha Nairobi kwa sasa natafuta utafiti ili kutimiza mahitaji ya tuzo ya Mwalimu katika Sanaa na sababu kushawishi binafsi utambuzi wa wafanyabiashara ya ngono wanawake katika Korogocho duni mjini Nairobi County. Umechaguliwa nasibu katika utafiti juu ya sababu ya ushawishi binafsi utambuzi wa wafanyabiashara ya ngono wanawake katika Korogocho makazi duni mjini Nairobi County. Lengo kuu la utafiti ni kujua kuhusu sababu ya ushawishi binafsi na utambuzi wa wafanyabiashara ya ngono kwa wanawake. Tutachukua muda wa dakika 45 kukamilisha kikao. Kama unataka kuwa kwenye utafiti huu ni sawa umekaribishwa. Mimi nikitaka kufanya majadiliano kadhaa ya vikundi pamoja na watoa habari muhimu kuwa na uwezo wa kukusanya taarifa hili Nawaomba upole kufungua uhuru na tafadhali kumbuka chochote sisi tutajadili hapa itakuwa siri.Ufafanuzi wa majadiliano ya kikundi ni mahali ambapo kundi la watu 6-8 ambao kujadili na kuzungumza kuhusu hisia zao, maoni na wasiwasi juu ya mada fulani. Labda umegundua kinasa sauti. Kama utachagua kuwa katika utafiti, nitachukua rekodi ya majadiliano na mahojiano kwa kutumia mkanda kinasa sauti. Kwa kukubali kushiriki katika utafiti, unakubaliana na mkanda rekodi ya kikao. Hii ni hasa kuzuia kupotea kwa data baada ya kazi yako ngumu ya kutoa maoni yako. Utakuwa unatarajiwa kuwa na Maono yako kisha ukiamua ya kwamba unaweza taka kuacha katikati ya mjadala. Tafadhali jisikie huru kuacha na utakuwa huru kuacha katika furaha yako mwenyewe.

Hakuna hatari kutabirika na wewe kwa kushiriki katika utafiti. Hakuna gharama zilizotumika wakati wa utafiti lakini kutakuwa na vinywaji taarifa ya soda wakati majadiliano yakiendelea. Pia kutakuwa na malipo ya ili kuwezesha usafiri wako Nyumbani. Wakati utakuwa na maswali wakati njadala unaendelea, tafadhali , sema ili niweze kukujibu. Nitaweka taarifa yako kwa usiri lakini ningekuomba uweze kutambua kuwa hatuwezi kuthibitisha kabisa. Tutakuwa na

uwezo wa kuunganisha majibu yako na wewe iwapo baada ya Majadiliano . Je, una maswali yoyote kuhusu utafiti huu napia unaweza kuwasiliana Mary Njiiri saa 0725891299 katika tokeo la kujeruhiwa wakati unashirikiana nasikwa utafiti huu. Kama unajisikia hukutibiwa vizuri wakati wa utafiti huu, au una maswali kuhusu haki zako kama mshiriki utafiti wito , andikia au piga simu kwa Katibu / Mwenyekiti KNH-UON ERC juu Tel. No. 2726300 Ext 44102.

Tutafanya kazi nzuri ya kudumisha na kulinda maelezo kukuhusu kushiriki katika utafiti huu. Majina haitatumika lakini tutatumia codi au namba baadala ya majina yako. Ujumbe huu hautaonekana katika makaratasi yetu. Mimi nitadumisha maelezo yote katika baraza la mawaziri ambayo yamefungwa na funguo katika Swop na pia kwa ofisi ya Swop. Tukimaliza utafiti huu, tutaharibu kanda zote mahojiano mwisho wa masomo. Iendapao yakuwa Lazima matokeo kuchapishwa, majina yako hayataonekana.

Tafadhali fahamu kuwa ni kujitolea kushiriki katika utafiti, kwa hiyo huwezi kupewa adhabu ya kushiriki katika utafiti. Je, una maswali yoyote?

Je, unakubali kushiriki katika majadiliano ya vikundi? Kama huna swali lolote na Hutaki kushiriki, unaweza kutuachia nafasi kwa sasa.

Ninathibitisha kwamba Washiriki wamekubali _____

Jina Mwezeshaji: _____

Sahihi: _____

Tarehe: _____

FACTORS INFLUENCING SELF-IDENTIFICATION OF FEMALE SEX WORKERS IN KOROGOCHO SLUM IN NAIROBI

Appendix XV: Key Informant Interview for Peer Educator

Verbal Consent Information Form

A Verbal consent is only taken when the participant has agreed to participate in the study.

Hello, my name is Mary Njiiri and here with me is _____ will be assisting me .I am a student at University of Nairobi currently pursuing a research study to fulfill the requirements of the Award of Master in Arts on the factors influencing self-identification of female sex workers in Korogocho Slum in Nairobi County. You have been chosen randomly in the study on factors influencing self-identification of female sex workers in Korogocho slums in Nairobi County. The main purpose of the study is to find out about the factors influencing self-identification of female sex workers. We will take about 45 minutes to complete the session. If you fell you want to be a part of the study, I will conduct several focus group discussions together with the Key informants to be able to gather the information hereby request you kindly to open up freely and please note whatever we discuss here will be very confidential The definition of a focus group discussion is where a group of 6-8 people who discuss and talk about their feelings, opinions and concerns on a certain topic. Perhaps you've noticed a microphone. If you choose to be in the study, I will record the discussions and interviews using a tape recorder. By consenting to participate in the study, you are agreeing to the tape recording of the session. This is to mainly prevent loss of data after your hard work of giving your opinions. You will be expected to feel comfortable should you fell that you might want to stop in the middle of the discussion. Please feel free to stop and you will be free to leave at your own pleasure.

There are no predictable risks to you for taking part in the study. No cost will be incurred during the study but there will be refreshments inform of a soda while the discussions are going on. In addition, transport reimbursement will be given to facilitate your transport back to your respective Homes. In the scenario where you have questions while taking part, kindly stop me

and ask. We will give it our best to keep your information confidential but I would like you to note that we cannot guarantee absolute. We will be able to link your answers to you initially after the Discussions on a one on one session with you. Should you have any questions about this research study you may contact Mary Njiiri at 0725891299 in the event of a research related injury. If you feel as if you were not treated well during this study, or have questions concerning your rights as a research participant call The Secretary/Chairperson KNH-UoN ERC on Tel. No. 2726300 Ext 44102.

We will do our best to maintain and protect information about you taking part in this research. Names will not be used but we will use numerical codes hence your names this will not appear in the transcripts. We will maintain all notes in a lockable cabinet in SWOP coordinators office and I would also like to inform you that we will destroy all interview tapes at the end of the study. Should the results be published, your names will not appear.

Please note that you are volunteering to participate in the study, therefore you will not be penalized of lose benefits of you refrain from participating in the study. Do you have any questions?

Do you agree to participate in the focus group discussion? If you do not wish to participate, you may leave the room at this time.

I confirm that I have consented the participants' _____

Facilitator's name: _____

Signature: _____

Date: _____

FACTORS INFLUENCING SELF-IDENTIFICATION OF FEMALE SEX WORKERS IN KOROGOCHO SLUM IN NAIROBI

Appendix XVI: Key Informant Interview for Peer Educator -Swahili Version

Verbal Consent Information Form

Habari , jina langu ni Mary Njiiri na Msaidizi wangu ni _____ .Mimi ni mwanafunzi katika Chuo Kikuu cha Nairobi kwa sasa natafuta utafiti ili kutimiza mahitaji ya tuzo ya Mwalimu katika Sanaa na sababu kushawishi binafsi utambuzi wa wafanyabiashara ya ngono wanawake katika Korogocho duni mjini Nairobi County. Umechaguliwa nasibu katika utafiti juu ya sababu ya ushawishi binafsi utambuzi wa wafanyabiashara ya ngono wanawake katika Korogocho makazi duni mjini Nairobi County. Lengo kuu la utafiti ni kujua kuhusu sababu ya ushawishi binafsi na utambuzi wa wafanyabiashara ya ngono kwa wanawake. Tutachukua muda wa dakika 45 kukamilisha kikao. Kama unataka kuwa kwenye utafiti huu ni sawa umekaribishwa. Mimi nikitaka kufanya majadiliano kadhaa ya vikundi pamoja na watoa habari muhimu kuwa na uwezo wa kukusanya taarifa hili Nawaomba upole kufungua uhuru na tafadhali kumbuka chochote sisi tutajadili hapa itakuwa siri.Ufafanuzi wa majadiliano ya kikundi ni mahali ambapo kundi la watu 6-8 ambao kujadili na kuzungumza kuhusu hisia zao, maoni na wasiwasi juu ya mada fulani. Labda umegundua kinasa sauti. Kama utachagua kuwa katika utafiti, nitachukua rekodi ya majadiliano na mahojiano kwa kutumia mkanda kinasa sauti. Kwa kukubali kushiriki katika utafiti, unakubaliana na mkanda rekodi ya kikao. Hii ni hasa kuzuia kupotea kwa data baada ya kazi yako ngumu ya kutoa maoni yako. Utakuwa unatarajiwa kuwa na Maono yako kisha ukiamua ya kwamba unaweza taka kuacha katikati ya mjadala. Tafadhali jisikie huru kuacha na utakuwa huru kuacha katika furaha yako mwenyewe.

Hakuna hatari kutabirika na wewe kwa kushiriki katika utafiti. Hakuna gharama zilizotumika wakati wa utafiti lakini kutakuwa na vinywaji taarifa ya soda wakati majadiliano yakiendelea. Pia kutakuwa na malipo ya ili kuwezesha usafiri wako Nyumbani. Wakati utakuwa na maswali wakati njadala unaendelea, tafadhali , sema ili niweze kukujibu. Nitaweka taarifa yako kwa usiri lakini ningekuomba uweze kutambua kuwa hatuwezi kuthibitisha kabisa. Tutakuwa na

uwezo wa kuunganisha majibu yako na wewe iwapo baada ya Majadiliano . Je, una maswali yoyote kuhusu utafiti huu napia unaweza kuwasiliana Mary Njiiri saa 0725891299 katika tokeo la kujeruhiwa wakati unashirikiana nasikwa utafiti huu. Kama unajisikia hukutibiwa vizuri wakati wa utafiti huu, au una maswali kuhusu haki zako kama mshiriki utafiti wito , andikia au piga simu kwa Katibu / Mwenyekiti KNH-UON ERC juu Tel. No. 2726300 Ext 44102.

Tutafanya kazi nzuri ya kudumisha na kulinda maelezo kukuhusu kushiriki katika utafiti huu. Majina haitatumika lakini tutatumia codi au namba baadala ya majina yako. Ujumbe huu hautaonekana katika makaratasi yetu. Mimi nitadumisha maelezo yote katika baraza la mawaziri ambayo yamefungwa na funguo katika Swop na pia kwa ofisi ya Swop. Tukimaliza utafiti huu, tutaharibu kanda zote mahojiano mwisho wa masomo. Iendapao yakuwa Lazima matokeo kuchapishwa, majina yako hayataonekana.

Tafadhali fahamu kuwa ni kujitolea kushiriki katika utafiti, kwa hiyo huwezi kupewa adhabu ya kushiriki katika utafiti. Je, una maswali yoyote?

Je, unakubali kushiriki katika majadiliano ya vikundi? Kama huna swali lolote na Hutaki kushiriki, unaweza kutuachia nafasi kwa sasa.

Ninathibitisha kwamba Washiriki wamekubali _____

Jina Mwezeshaji: _____

Sahihi: _____

Tarehe: _____

FACTORS INFLUENCING SELF-IDENTIFICATION OF FEMALE SEX WORKERS IN KOROGOCHO SLUM IN NAIROBI

Appendix XVII: Key Informant Interview for Program Staff

Verbal Consent Information Form

A Verbal consent is only taken when the participant has agreed to participate in the study.

Hello, my name is Mary Njiiri and here with me is _____ will be assisting me .I am a student at University of Nairobi currently pursuing a research study to fulfill the requirements of the Award of Master in Arts on the factors influencing self-identification of female sex workers in Korogocho Slum in Nairobi County. You have been chosen randomly in the study on factors influencing self-identification of female sex workers in Korogocho slums in Nairobi County. The main purpose of the study is to find out about the factors influencing self-identification of female sex workers. We will take about 45 minutes to complete the session. If you fell you want to be a part of the study, I will conduct several focus group discussions together with the Key informants to be able to gather the information hereby request you kindly to open up freely and please note whatever we discuss here will be very confidential The definition of a focus group discussion is where a group of 6-8 people who discuss and talk about their feelings, opinions and concerns on a certain topic. Perhaps you've noticed a microphone. If you choose to be in the study, I will record the discussions and interviews using a tape recorder. By consenting to participate in the study, you are agreeing to the tape recording of the session. This is to mainly prevent loss of data after your hard work of giving your opinions. You will be expected to feel comfortable should you fell that you might want to stop in the middle of the discussion. Please feel free to stop and you will be free to leave at your own pleasure.

There are no predictable risks to you for taking part in the study. No cost will be incurred during the study but there will be refreshments inform of a soda while the discussions are going on. In addition, transport reimbursement will be given to facilitate your transport back to your respective Homes. In the scenario where you have questions while taking part, kindly stop me

and ask. We will give it our best to keep your information confidential but I would like you to note that we cannot guarantee absolute. We will be able to link your answers to you initially after the Discussions on a one on one session with you. Should you have any questions about this research study you may contact Mary Njiiri at 0725891299 in the event of a research related injury. If you feel as if you were not treated well during this study, or have questions concerning your rights as a research participant call The Secretary/Chairperson KNH-UoN ERC on Tel. No. 2726300 Ext 44102.

We will do our best to maintain and protect information about you taking part in this research. Names will not be used but we will use numerical codes hence your names this will not appear in the transcripts. We will maintain all notes in a lockable cabinet in SWOP coordinators office and I would also like to inform you that we will destroy all interview tapes at the end of the study. Should the results be published, your names will not appear.

Please note that you are volunteering to participate in the study, therefore you will not be penalized of lose benefits of you refrain from participating in the study. Do you have any questions?

Do you agree to participate in the focus group discussion? If you do not wish to participate, you may leave the room at this time.

I confirm that I have consented the participants' _____

Facilitator's name: _____

Signature: _____

Date: _____

FACTORS INFLUENCING SELF-IDENTIFICATION OF FEMALE SEX WORKERS IN KOROGOCHO SLUM IN NAIROBI

Appendix XIII: Key Informant Interview for Program Staff -Swahili Version

Verbal Consent Information Form

Habari , jina langu ni Mary Njiiri na Msaidizi wangu ni _____ .Mimi ni mwanafunzi katika Chuo Kikuu cha Nairobi kwa sasa natafuta utafiti ili kutimiza mahitaji ya tuzo ya Mwalimu katika Sanaa na sababu kushawishi binafsi utambuzi wa wafanyabiashara ya ngono wanawake katika Korogocho duni mjini Nairobi County. Umechaguliwa nasibu katika utafiti juu ya sababu ya ushawishi binafsi utambuzi wa wafanyabiashara ya ngono wanawake katika Korogocho makazi duni mjini Nairobi County. Lengo kuu la utafiti ni kujua kuhusu sababu ya ushawishi binafsi na utambuzi wa wafanyabiashara ya ngono kwa wanawake. Tutachukua muda wa dakika 45 kukamilisha kikao. Kama unataka kuwa kwenye utafiti huu ni sawa umekaribishwa. Mimi nikitaka kufanya majadiliano kadhaa ya vikundi pamoja na watoa habari muhimu kuwa na uwezo wa kukusanya taarifa hili Nawaomba upole kufungua uhuru na tafadhali kumbuka chochote sisi tutajadili hapa itakuwa siri.Ufafanuzi wa majadiliano ya kikundi ni mahali ambapo kundi la watu 6-8 ambao kujadili na kuzungumza kuhusu hisia zao, maoni na wasiwasi juu ya mada fulani. Labda umegundua kinasa sauti. Kama utachagua kuwa katika utafiti, nitachukua rekodi ya majadiliano na mahojiano kwa kutumia mkanda kinasa sauti. Kwa kukubali kushiriki katika utafiti, unakubaliana na mkanda rekodi ya kikao. Hii ni hasa kuzuia kupotea kwa data baada ya kazi yako ngumu ya kutoa maoni yako. Utakuwa unatarajiwa kuwa na Maono yako kisha ukiamua ya kwamba unaweza taka kuacha katikati ya mjadala. Tafadhali jisikie huru kuacha na utakuwa huru kuacha katika furaha yako mwenyewe.

Hakuna hatari kutabirika na wewe kwa kushiriki katika utafiti. Hakuna gharama zilizotumika wakati wa utafiti lakini kutakuwa na vinywaji taarifa ya soda wakati majadiliano yakiendelea. Pia kutakuwa na malipo ya ili kuwezesha usafiri wako Nyumbani. Wakati utakuwa na maswali wakati njadala unaendelea, tafadhali , sema ili niweze kukujibu. Nitaweka taarifa yako kwa

usiri lakini ningekuomba uweze kutambua kuwa hatuwezi kuthibitisha kabisa. Tutakuwa na uwezo wa kuunganisha majibu yako na wewe iwapo baada ya Majadiliano . Je, una maswali yoyote kuhusu utafiti huu napia unaweza kuwasiliana Mary Njiiri saa 0725891299 katika tokeo la kujeruhiwa wakati unashirikiana nasikwa utafiti huu. Kama unajisikia hukutibiwa vizuri wakati wa utafiti huu, au una maswali kuhusu haki zako kama mshiriki utafiti wito , andikia au piga simu kwa Katibu / Mwenyekiti KNH-UON ERC juu Tel. No. 2726300 Ext 44102.

Tutafanya kazi nzuri ya kudumisha na kulinda maelezo kukuhusu kushiriki katika utafiti huu. Majina haitatumika lakini tutatumia codi au namba baadala ya majina yako. Ujumbe huu hautaonekana katika makaratasi yetu. Mimi nitadumisha maelezo yote katika baraza la mawaziri ambayo yamefungwa na funguo katika Swop na pia kwa ofisi ya Swop. Tukimaliza utafiti huu, tutaharibu kanda zote mahojiano mwisho wa masomo. Iendapao yakuwa Lazima matokeo kuchapishwa, majina yako hayataonekana.

Tafadhali fahamu kuwa ni kujitolea kushiriki katika utafiti, kwa hiyo huwezi kupewa adhabu ya kushiriki katika utafiti. Je, una maswali yoyote?

Je, unakubali kushiriki katika majadiliano ya vikundi? Kama huna swali lolote na Hutaki kushiriki, unaweza kutuachia nafasi kwa sasa.

Ninathibitisha kwamba Washiriki wamekubali _____

Jina Mwezeshaji: _____

Sahihi: _____

Tarehe: _____