

Abstract

This was a cross-sectional study on behavioral and social factors contribution to HIV vulnerability amongst the female sex workers in Kayole slums. The study was guided by the Social Ecological Model approach to behavior change planning and communication which provides an encompassing framework that aims not only at achieving short-term behavior change outcomes, but also at changing conditions that prevail in interpersonal relationships, in communities, and in the society as a whole in response to HIV. The study population comprised all female sex workers within Kayole slums reached through snow balling with whom semi-structured interviews were carried out. Experts to the study were purposively recruited and so were the informants on case narratives. Data were analysed in line with study objectives where selected verbatim were used to amplify the informants voices. The findings indicate that drug abuse including intravenous drug-use, the issue of multiple partners to a single FSW, compromising condom use over the high amount of money, non-reporting of STI infections as well as risking one's own security by following the clients to their own places of residence remain predisposing factors at behavioral level. Socially, there is a strong stigmatization and discrimination of the sex workers by the family and community at large and discriminatory policy framework perpetuated by the state that increase female sex workers' vulnerability to HIV in Kayole slums. The study concludes that while sex workers remain an important group in the fight against HIV and AIDS in Kenya, a lot of the state interventions have failed to encompass this group especially those in the informal settlements such as Kayole x without any economic might to seek medical interventions on their own. More importantly, the policy framework operating on the basis of legal criminalization of prostitution generally hinder intervention on this key population group with high prevalence rate of 24% of HIV in Kenya. Any programmatic intervention must therefore address itself to the community stigma, the case of multiple partners amongst female sex workers and socio-economic empowerment in which both health information and economic interventions are met upon this group. The study recommends Comprehensive, accessible, acceptable, sustainable, highquality, user-friendly HIV prevention, treatment, care and support must be urgently scaled up and adapted to slum contexts and individual needs such as: actions to address structural barriers, including legislation, and customary practices that prevent access and utilization of appropriate HIV prevention. Similarly, it is recommended that the state has to rethink policies and programmes to ensure freedom from violence, abuse, and discrimination while also information for sex workers and their clients and others involved in the sex industry.