

**FACTORS INFLUENCING ADOPTION OF LIFE SKILLS PROGRAMMES
AMONG FEMALE SEX WORKERS IN KENYA: A CASE OF NON
GOVERNMENTAL ORGANIZATIONS IN NAIVASHA SUB-COUNTY,
KENYA**

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of the Award for the Degree of Master of Arts in Project Planning and
Management of the University Of Nairobi**

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DECLARATION

This research project report is my original work and has not been presented for any award of a degree in any other university or College.

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This research project report has been submitted for examination with my approval as the University Supervisor.

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DEDICATION

I dedicate this work to my dear daughter Wanini and my son Kamweti, my partner and friend Thuo, my parents Maina and Kabura and my siblings Kaguara, Njoki, Macharia and Wangechi, and my Niece Nyambura whose support has given me the motivation to always strive for success in my career path.

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ABBREVIATIONS AND ACRONYMS

FSWs:	Female Sex Workers
CSWs:	Current Sex Workers
RFSWs;	Reformed Female Sex Workers
HIV/AIDS:	Human Immune Virus/Acquired Immune Deficiency Syndrome
ILO :	International Labour Organizations
LBSI:	Life Bloom Services International
LSP:	Life Skills Programmes
MaRPS:	Most at Risk Populations
NGO :	Non-Governmental Organization
SRH:	Sexual and Reproductive Health
STIs :	Sexually Transmitted Infections
UNAIDs:	United Nations Acquired Immune Diseases
UNDP :	United Nations Development Programme
UNESCO:	United Nations Education scientific and Cultural organisation
UNHCR:	United Nations High Commission for refugees
UNICEF:	United Nations International Children Education Fund
USAID:	United States Agency for International Development
VCT:	Voluntary Counselling and Testing
WHO:	World Health Organization

ABSTRACT

The purpose of this study is to investigate factors that influence adoption of life skills programs among female sex workers with a focus on Naivasha Sub County, Kenya. This study has four objectives, namely, to establish the influence of cultural stigmatization and discrimination on adoption of life skills programmes among female sex workers; to establish the influence of education levels or background on the adoption of life skills programmes among female sex workers; to assess to what extent the sex violence and exploitation has influenced on adoption of life skills among female sex workers; and to determine the influence of poverty on adoption of life skills programmes among female sex workers. The study employed descriptive research involving both quantitative and qualitative methods. The study sampled a total of 119 respondents from the target population of 237 categorized as mentors/peer educators (17), reformed female sex workers (46) and current sex workers (56). The sample size of the study was arrived at using stratified random sampling and equal allocation method. The researcher collected primary data with the help of both open ended and closed ended questionnaires. The researcher conducted pilot testing of the data collection instrument by administering the questionnaire to the three respondent categories and established validity by seeking the opinion of experts in the field and also that one of lecturers in the university. Quantitative data collected was analyzed using percentages and mean and presented in tables. The study findings indicated that 100% of the female sex workers have experienced stigma and discrimination in their work, 87% go through sexual violence and abuse, 60% of female sex workers lack of proper education and training while 60% of female sex workers are driven into sex work by poverty. The study established that female sex workers lack adequate life skills, outreach and support, lack adequate mentorship, and lack enough information and education leading to a positive attitude towards life skills programmes and acceptance to help transform lives. The study recommends more information needs to get to the female sex workers on how to be safe and stay healthy, more training on short courses or vocational courses, more community and authority outreach and support and more need for mentorship of life skills to help the transition from sex work initiative and also there is need to have a well-developed life skill program for sex workers with a clear and sustainable structure.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Life skills programs form an integral component of positive behavioural and social change in people. A life skill is an ability learnt by individuals in order to help them live a fruitful life. World Health Organization (1997), gives the definition of life skills as the ability to adapt and choose positive behaviour that enable individuals face everyday life despite the demands and challenges. According to United Nations International Children Education Fund (UNICEF) 2006, life skills are designed to address a balance of skills, attitude and knowledge as agents of behaviour change or behaviour development. Life skills basically help people as they face the ways of life through promotion of competence and mental well-being. Life skills can be utilized in prevention of drug use, HIV/AIDS, teenage pregnancy, sexual violence and suicide. The definition extends into education of consumer, environmental, peace or for development, livelihood and income generation, among others.

Life skills primarily empower people by promoting healthy and positive relationships by helping them make informed decisions. Life skills programs also equip people by promoting acceptable attitudes and behaviours. The emergence of the programmes came from certain problems impacting girls and women which became an emerging concern such as HIV/AIDS, sexual behaviour and peer influence. Gachuhi (1999) states that life skills programs create opportunities in addressing social problems that are encountered by people in their day to day lives. He adds that economic levels, race, ethnicity, social status and region are issues transcended by sexual abuse violence and abuse. These programmes basis are on basic attitudes, personal skills, knowledge and social skills.in making positive decisions and lifestyle choices that emphasize positive decision making and lifestyle choices.

In the same vein, life skills programs target girls and women in order to promote healthy life choices through sexual health education. Females and youth are more prone to violence, caused by lack of social and economic status to avoid it or resist (www.unesco.org). Adolescents, children and young women and girls are more vulnerable to domestic violence, rape and sexual assault and sexual exploitation.

1.1.1 Sex work and integration of life skills programmes

Sex work is perceived as the consequences on society's health and that is why scholars, researchers and other individuals globally have been attracted to this topic (Edegoh et al, 2013). Providence of sexual services for financial gain is used to describe sex work. According to Balfour (2014), finding alternative sources of income and survival make women engage in sex work. Women's social and economic status are factors that drive entrance into sex work which heightens vulnerability to HIV infection and other health problems as they engage in unprotected sex. Combination of social issues, such as poverty and abuse experienced by many sex workers, who are marginally categorised, impact on their health negatively unlike if it was a single social issue. The low social and economic status limits the FSW's ability to access and control resources available. An estimated 30,000 Kenyan children are in the sex exploitation industry (UNICEF, 2006). However, this figure could be an underestimation due to lack of monitoring and the social stigma associated with it therefore inhibiting children from reporting such cases. According to a report presented by Coast Women in Development (2010) out of 250 girls in Ukunda Mombasa, 79 percent are underage, who admit that most of their clients are retired men from Europe who buy sex for cash along the beach resorts.

Life skills programmes (LSP) help improve access to services for girls and women by removing economic barriers through bringing services closer to the community. For the FSWs, life skills programmes teach girls and women in making choices about sex work that are responsible, healthy and appropriate in an effort to reduce vulnerability to risks of HIV/AIDS. Due to the barriers and inequalities that the sex workers go through, LSPs need to acknowledge that sole provision to support families has led many young people into sex work (City of Port Phillip 2011). LSPs integrate education and training in the curriculums and help women and girls make informed decisions on their sexuality, rights and choice of lifestyles. Life skills Education and training is very important in helping FSWs find alternative income generating activities and stop selling sex. UNAIDS (2012) reports that there is no sufficient information to the sex workers on HIV prevention, treatment, care and support hence insufficient on its own in addressing the HIV-related needs for the sex workers and their clients. This implies that LSPs are important in prevention of HIV, treatment, care and support, and to control its effect on individuals, families and communities. A

report by USAID (2002), shows that most FSWs have a low knowledge of HIV prevention and control methods. According to World Bank (2002), when the FSWs are educated, it helps them have many choices, frisky behaviours reduction, diminish stigma and discrimination, promote individual and community resilience, contribute to reduction of poverty and promotion of gender equalities, foster economic freedom, delayed marriage, and improved sexuality. Education also creates in coming up with alternative means of income apart from sex work.

Goods and services in transition makes Naivasha a busy and popular point, and a favourite refreshments stop over for people heading upcountry. It is also a peaceful and tranquil retreat preferred by many Nairobi residents. Female sex workers in Naivasha Sub-County come from a wide and diverse socioeconomic background and they are mostly in their productive age of 16-47 years. There are several Non-Governmental Organisations (NGOs) like Life Bloom Services International (LBSI), K-Note International and also the government based Gender office under the Ministry of Devolution and Planning that have established centres with staff and volunteers to help deal with FSWs in Naivasha Sub-County, Nakuru County. Their main aim is to rehabilitate and support these women and girls on their journeys from lives of abuse and indignity into a life where they can earn a living through dignified ways and be more available to parent their children and reconcile with their families and community that have discriminated and stigmatized them for long. These NGOs aid the FSWs with life skills that will help them in reformation and sustainability. The target group of this study will be women and girls trapped in the indignities of sex work, sex tourism, trafficking, and who experience untold abuse, misery, and pain. Upon recruitment the women and girls choose to learn skills that will support them to achieve their dreams.

1.2 Statement of the study

Current hard economic times in Kenya contribute in marginalization of girls and women and are a catalyst for many social problems. Most girls and women run away from physical and sexual abuse from homes with families that are dysfunctional mostly affected by substance abuse, unemployment, and crime, therefore ending up engaging in sex work. This has led to an increase in female sex workers who are trying to overcome hard economic challenges. Low levels of education and modern

economy skills base have also contributed to sex work. Many face cultural, legal and economic hardships. In addition many FSWs equally experience physical and sexual violence, either in their own lives or on the job therefore increasing their HIV and risks to health. Unfortunately, according to Balfour (2014), most programmes dealing with rehabilitation of FSWs through LSPs, lack family planning counselling and sex workers cannot contraception. Reduction of social exclusion can be negatively impacted due to failure of LSPs in addressing important needs of the sex workers. This at risk group often finds it hard to adopt such life changing behaviour and skills to empower themselves and therefore not go back to sex work. This study therefore examined the factors influencing the adoption of life skills programmes among female sex workers.

1.3 Purpose of the Study

The purpose of this study is to investigate the factors that influence adoption of life skills programmes among female sex workers, a case of non-governmental organizations in Naivasha Sub-County.

1.4 Objectives of the Study

The objectives of this study included:

- i. To establish the influence of cultural stigmatization and discrimination on adoption of life skills programmes among FSWs in Naivasha sub-county.
- ii. To establish the influence of education levels or background on the adoption of life skills programmes among FSWs in Naivasha sub-county.
- iii. To assess to what extent the sex violence and exploitation has influenced on adoption of life skills among FSWs in Naivasha sub-county.
- iv. To determine the influence of poverty on adoption of life skills programmes among FSWs in Naivasha sub-county.

1.5 Research Questions

The research questions of this study were;

- i. What is the influence of cultural stigmatization and discrimination experienced by sex workers on adoption of life skills?
- ii. How does the level of education and training among female sex workers influence the adoption of life skills programmes?

- iii. To what extent has sexual violence and exploitation influenced adoption of life skills programmes among FSWs?
- iv. How has poverty led to the influence of adoption of life skills among FSWs?

1.6 Significance of the Study

The findings of this study will be useful to other NGOs, FBOs and CBOs in helping to understand the contribution of LSPs to FSWs in relation to cultural discrimination, education and training, sexual violence and poverty reduction and how these factors can be well mitigated. It will also outline the gaps that are there that make most FSWs remain in sex work or rehabilitated FSWs want to go back into the sex industry.

Also the findings may help to understand FSWs experiences of violence, exchange protective strategies, problem solving and economic and social empowerment in the context of sex work. For the girls and women in sex work, the findings of this study will help them gain knowledge on how adopting life skills benefit in knowledge in alternative channels of economic empowerment, up to date sexual health information and advice like information on safer sex and skills in negotiation of condom use, condoms access, free and confidential access to screening and treatment for HIV/AIDS and all other STIs, access to full contraceptive services, counselling and support following rape and sexual assault. The target group will include former and current female sex workers and their mentors or peer educators in Naivasha sub-county. These results may give clear evidence of the main factors that influence adoption of life skills programmes among FSWs.

Local communities and leaders may benefit from the study by learning how to ensure smooth implementation of the LSPs through community mobilization for effective participation in the LSPs.

For the policy makers, the study may bring out alternative documentation of incidences of violence and referrals for individuals to services required to address sex workers needs that range from health, legal advice, psychosocial support for individuals and groups and shelter for homeless FSWs.

For the communities and the leaders the study may bring out ways to address marginalization, stigma and exclusion and of female sex workers through community-based education mobilisation and implementation.

1.7 Delimitation of the Study

This study confined itself to establishing the factors that influence adoption of life skills programmes among female sex workers. The study involved a case of Naivasha sub- county, Nakuru County, as a representative of other Counties dealing with life skills programmes among FSWs. The respondents included reformed and current female sex workers, and their mentors or peer educators.

1.8 Limitations of the Study

Mugenda and Mugenda (1999) describes limitations as the aspects of research that may negatively affect the results of a study but which the researcher has no control. Time was a major constraint as the researcher was a full time employee in the private sector and therefore collection of data was a challenge. The researcher therefore had to involve a research assistant to help in distribution and follow up on the questionnaires to the targeted respondents. Sex work in Kenya being illegal and undignified, acquisition of adequate data or cooperation from the FSWs by the researcher was difficult. However, the researcher had to attend some of the FSWs training sessions in order to gain their trust and also made it clear that the study was for academic purposes only.

1.9 Assumptions of the Study

In conducting this study, the researcher assumed the findings therein could be generalized to represent sex workers in Kenya whether reformed or not. It was also assumed that FSWs would readily provide the required information for the study. The researcher also assumed that there were sustainable and positive economic, behavioural and attitude changes to those who have undergone the programs despite the hindrances encountered.

1.10 Definition of significant terms of the study

Cultural stigmatization and discrimination: It is how culturally powerful and influential people treat those who are culturally powerless and of less influence.

Education and training: It is offering knowledge and skills to female sex workers for future sustainability.

Female Sex workers: Are women who exchange money or goods for sexual services.

Life adoption Programmes: This is equipping the female Sex Worker with after reformation skills so that they may not relapse and go back to previous behaviour of sex working

Poverty: It is a state of the Female Sex Worker not affording basic need for her self

Sexual violence and exploitation: It is victimization of female sex workers by both male and female because of their working conditions where those engaging in sex work are marginalized and often sexually and face abuse and violence.

1.11 Organization of the Study

This study started with the preliminary sections that came before the main body of the study. Chapter one was the introduction section that sets out the background information, why the study was carried out, statement of the problem and objectives of the study. While Chapter two was the literature review section, Chapter three was the research methodology section which explained the research design and methodology of the study. Chapter four analysed the data, presented the data, interpreted the findings and discussed the key data findings. Chapter five provided the findings' summary, conclusion drawn from the findings and recommendation from the findings.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter will look into the literature review in the form of theoretical review and past research recorded in books, journals, manuals and the internet. The chapter will discuss the factors influencing adoption of life skills programmes among female sex workers in Naivasha sub-county. They include cultural stigmatization and discrimination, education and training, sexual violence and poverty.

2.2 The concept of life skills programs

Life skills include a set of abilities that increase compatibility, power and a positive and effective behaviour. Therefore, the person is enabled to accept the responsibilities related to social roles without damaging other people, and deal with the challenges and problems of daily living. Kolosoa (2010) cites that life skills represent all applications of knowledge, values, attitudes and skills which are vital in psycho-social development and is lifelong learning process. Life skills programmes in promotion of positive health choices, informed decision making, healthy behavioural practices and risky situations and behaviours recognition and avoidance.

Despite the changes in deep cultural ways of life, many women and girls cannot deal with life's problems due to lack basic and needed skills. As a result they are culturally discriminated, lack education and training, experience sexual violence and are dwelling in poverty. Female sex workers have thus been placed under the vulnerable part of the population because of the problems they face and life's requirements. Fortunately, life skills programmes have been designed to prevent, help cope and avoid these problems (Khalatbari et al 2008).

2.3 Female Sex Work

The Task Team on Gender and HIV/AIDS under the UNAIDS reported in 2005 that a person who works in the industry of sex is a sex worker (Edegoh et al, 2013). Female sex work entails women and girls getting paid by clients, mostly male, to engage in sexual explicit behaviour. Female sex work include prostitution on the streets, brothels, escorts, outcall servicing, stripping in clubs, adult and child pornography,

women and girls trafficking and prostitution tourism (Farley et al, 2003). Sex work is thus an overall term describing any finances gained through service provision of sex.

According to Fayemi (2009), women in sex work are bought and judged based on the client's, mostly men, preference and taste and hence female uses her body as the primary objective to gain financially not unless there are other secondary benefits. The author adds that given its social and psychological connotations, sex work is seen as a form of labour or as an activity for generating income and not as an identity. To many, sex work therefore falls under a form of employment since it is deemed as a livelihood earning activity.

A Good Practice Guidance manual by the UK Network of Sex Worker Projects (UKNSWP) in the United Kingdom was developed to integrate LSP by providing guidance during the exit process for sex workers. The key issues involved identifying barriers that are common, probable solutions and outlining good working standards. Exiting sex work is recognised as a complex process since sex workers and the environment they work in are diverse. The Kawempe Community Health Development Project (KCHDP) located in Kampala Uganda aimed to equip the female sex workers with employable skills through availability of services in sexual and reproductive health and friendly community health centres services. The project strategies also included capacity building in the community through promoting utilization of services, behavioural change in safe sex, and providing vocational training of skills to FSWs. Demand for adoption of safe sex behavioural change by the sex workers was documented in the review after assessing the project impact on increasing SRH services uptake (AMREF 2010).

2.4 Cultural stigmatization and discrimination on adoption of life skills programmes

Stigma is a complex concept where people of less influence and power are treated by people in positions of relative influence and power. It is closely linked to prejudice. Stigma involves reducing an individual from a whole and usual person to a tainted one by deeply discrediting their attributes. Stigma is associated with relationships in the that people are judged, condemned, stereotyped, and faulted by having certain attributes or engaging in behaviours and activities that are deemed socially and/or

culturally disreputable. Stigmas involves maintaining social control and order by blaming, shaming and status loss for the tainted person or group causing social anxieties and fears. According to Delacoste (1998) sex workers stigma results from sex workers engagement in the trade of sex since its expectations defy the norm or standards within the society that recognises them as women.

Discrimination prevents sex workers from community inclusion, making them marginalised and vulnerable since the society is already prejudiced. For sex workers, discrimination increases feelings of isolation and loneliness which are commonly experienced due to environment change where there is lack of from family and social networks support (Balfour2014). The discrimination that female sex workers face makes health care access, housing and other opportunities in employment difficult. This heightens their vulnerability to verbal abuse, physical and sexual assault, arrests and harassment. This therefore decreases their protection seeking ability from legal or law enforcement when they undergo discrimination and violence. (CASAM, 2008). Stigma is increased among the sex workers when criminal laws against the sex industry make the sex workers hide, driving them away from accessing services that are beneficial. This creates obstacles that render the sex workers powerless hence being vulnerable to violence, human rights violations and corruption (Ghosal 2013). LSPs can improve access to services for women and girls by removing barriers to access services to basic skills both personally and socially, attitudes and knowledge helpful in positive decision making and choice of lifestyle.

Some female sex workers have socially constructed and defied expectations or standards that view them as women in the society. This social construct is a virtually created social identity within the social structure according them the respect that allows total integration (Goffman, 1963). However, female sex workers become stigmatised individuals when differentiated as “other” since the social identity they have is no longer defined. Howe (2014) explains that vulnerable stigmatized women are degraded, silenced and stripped of any form of legitimacy. This opens them up to treatment as criminals, dehumanising them and transforming human sexuality into a bestial force. This oppression ensures that sex workers’ remain in poor working conditions, since it not only controls their lives but also denies them access to legal

rights, healthcare and benefits adding to the notions of sex workers' as people a society can do without.

Howe (2014) also agrees with Gowe (1963) that stigma denies the sex workers a social identity to fully integrate in the social structure hence separating them as individuals who are stigmatised. The type of interaction between the FSWs and people who can have a profound impact on their general well-being is influenced by stigma. An interview conducted by Howe with one informant depicted that FSWs with friends who have friends outside the sex industry, are often looked at differently and judged by their work hence have less friends. The female friends also do not want to be associated with them socially. In addition, upon discovery of the informant's occupational stance, her colleagues labelled her with this identity and isolated the sex worker whom they had known before discovering her occupation. This makes it very impossible to shed the stain and escape from the sex workers thus pushing into further hiding as it is not a legal form of employment. The FSWs therefore, to their inner circle of friends and families, become outcasts of sorts.

An initiative on adoption of LSPs in HIV/AIDS was conducted in India's districts of Bagalkot and Belgaum which adapted and pilot tested the framework effort in reduction of global stigma. The initiative was conducted in participatory group sessions involving FSWs and their families tackling stigma. The individual FSWs went through individual counselling sessions which helped overcome internalized stigma and build resilience. The two approaches contributed in improvements of relationships with increased support to HIV positive FSWs from family members. (KHPT 2013).

2.5 Education levels / background on adoption of life skills programmes

Education affects many aspects of life, including individual economic, social and health behaviour (ILO, 2004). Educational opportunities should essentially be expanded to cater for the needs of children, youth and adults. Education for girls and women is acknowledged as the cornerstone for development and economic progress (Ojukwu 2011). It is a very important and potent ingredient for changing their lives. Suen (2013) observes that the girl child is exposed to making informed decisions and choices when the proper and right education on African values is done therefore not

opt for the alternative of sex work. Such a step is a measure prevention against would-be sex workers. Ojukwu further states that in the context of Africa, women are not household heads since the households are dominantly patrilocal and patriarchal, while others even are polygynous. Throughout the course of their lives and within the households girls and women are considered as being dependent on men especially without an education. In other words, women take up the roles of caregivers for their children hence making them dependents within the household on fathers or husbands.

Moreover, girls and women are more exposed to information and knowledge about their bodies and sexuality when they receive more education. This enables them to more likely live healthier lives, make informed decisions, and negotiate on issues affecting them, such as safer sex. Vulnerability is impacted on them due to poor education and lack of qualifications from training. Poor education reduces the chances of finding alternative income generating skills, limiting mainstream form of employment thus driving women into sex work. (Balfour, 2014).

Sanders (2007a) points to educational factors which reduce the vulnerability of sex workers. She claims off-street sex workers are more likely to have come from non-excluded social backgrounds, work in mainstream jobs, full-time educated, and have a professionally employment. According to UK NSWP (2008b), women exiting can face financial crisis and large amounts of debts which include credit problems, which might have built up over a long time leading to a belief that FSWs chaotic lifestyles may mean that they are not aware or ignored the financial status. Available support for those willing to be trained and educated after the exit may be hindered by lack of or limited knowledge of their rights and the available systems that are financially benefiting. This has led to those not informed on how to deal with this dilemma to go back to sex work.

Most countries and programmes have side lined and not tackled sexuality education topics due to its sensitive nature. Similarly, despite sexual education being part of the curriculum, some schools and teachers are reluctant to teach it and particularly HIV/AIDS related topics (Samuels 2012). There is perception that teaching sexuality education encourages promiscuity and accelerates the onset or sexual activity frequency. This perception on sexuality education programmes is not evidence based and goes contrary to evidence that there is delay on the onset or frequency of

activities involving sex. Samuels further indicates that sex education can be seen as a subject that is not essential in many countries since they have overcrowded curricula hence not included in the compulsory and examinable subjects during the process of planning and review.

Since education is a channel for economic and life opportunities apart from sex work (World Bank 2002), its integration within LSP helps in expanding choices, reduction of risky behaviour, stigma and discrimination diminishing, and promotion of resilience within the community and individually. It also a contributing factor in reduction of poverty and gender inequalities elimination which foster economic independence, early marriages, and sexuality improvement.

2.6 Sexual violence and exploitation on adoption of life skills programmes

The life expectancy and health of women is deeply impacted by violence (www.unesco.org). Verbal abuse, physical and sexual violence are a common experience among sex workers in almost all sex work settings, is not spoken out due to the social stigma associated with rape and abuse (Gachuhi 1999). Implications on negativity associated with mental health throughout the life-course have been inferred to experienced childhood trauma such as physical or sexual abuse (Balfour 2014). Most sex workers are compounded with feelings of worthlessness due to past experiences of physical, sexual and verbal violence when young. Emotional relationships fail because they start hating themselves or feel like their bodies are filthy caused by guilt, shame and feelings of worthlessness.

In addition, traumatized sex workers who go through sexual violence do not report violent events when in the midst of ongoing trauma, because they minimize or deny their experiences due to the nature of their work (Farley et al, 2003). Most FSWs in long term sex work suffer from post-traumatic stress disorders whose symptoms include difficulty in regulating their emotions, altered self-perception and changes in relations with others. Farley adds that other emotional distress symptoms common among FSWs include anxiety disorders, dissociative disorders, abuse of substance, disorders on personalities and depression. Eveline Giobbe, founder of the prostitution survivors' organization WHISPER, Women Hurt in Systems of Prostitution Engaged in Revolt, defines sex work as 'bought rape'. She explains that sexual violence

survivors who got in touch with the organization suffered from sexuality negativity, flashbacks and nightmares, on and off fears and deep grieving like emotional pain.

Child sex exploitation has scaled higher by the acceptance of men's sex abuse as the basis for the industrialization of adult sex work (Jeffreys, 2000). Attachment and self-esteem of such children is damaged due to post-traumatic stress disorder and dissociation and likely to injure themselves, feel guilty, and feel ashamed and worthless. Girls and women sex workers are inextricably interlinked, both in personnel, in terms of the abuser in the harm they cause and in that both must end practices that are constituted as traditionally harmful.

Violence experienced by sex workers is highly influenced by Laws governing sex work and law enforcement authorities. A report by Non-governmental organisations indicate that in almost two thirds of the countries they work in, it is difficult to provide services to sex workers because of the laws in place (Howe, 2014). Majority of the countries deem sex work as illegal put an ambiguous law status therefore making sex workers easy targets for harassment and violence. This makes it hard for the sex workers to access legal, health and social services since they are considered immoral and punishable. Fear of discrimination, or physical barriers from accessing the services makes them afraid to seek out these services.

Government policies have pushed the sex workers into marginalised and vulnerable positions by neglecting their complex needs and criminalising sex work. Balfour (2014) points out that the sex workers inability to escape their situation is subjected by the increased likelihood of violence, unhealthy habits and addiction. The relationships between the sex workers and police is often poor and lacks trust thus leading to a problematic recording of violence against them since understanding on both sides is not there. These violent incidents mostly go unrecorded despite the victims seeking medical attention in hospitals and health facilities for fear of exposing them as sex workers.

Since sexual violence and exploitation is likely to involve unsafe sex, FSWs enrolled in LSPs learn the skills of condom use negotiation or safe sex discussions with clients. LSPs also offer information and knowledge on better health care services, for contraception during emergencies, prevention and treatment of HIV, care after

abortion, and psychosocial support. The programmes enhance better approaches in equality in gender, empowerment of women and transformative investments in to tackle sexual violence against FSWs (aids alliance 2014).

2.7 Poverty on adoption of life skills programmes

Poverty is a real force that drives people mostly females to seek opportunities in desperation and it hence becomes a common reason for joining sex work (Jena, 2010). Support for dependents and to provide for own needs are part of why women join the sex trade. Poverty increases the risk of engaging sex working behaviours among women caused migration in order to look for work. Lack of alternative opportunities causes millions of people sell sex so as to earn a livelihood for themselves and their dependants (Jena, 2010). However, some authors emphasize that not all commercial sex workers occasionally exchange money or goods for sex. Jena adds that many mothers are forced to engage in sex work so as to gain financially and, some older rich men procure sex from young females in exchange for presents or money for spending depicting social inequalities experienced in the communities.

According to Collins and Rau (2001), poverty can encourage sex work or sexual transactions that foster frisky behaviours increasing the prevalence of unprotected sex. The risk of exposure to infections is high on people whose livelihoods are impoverished since they do not take seriously the threat of a future fatal infection. Their main survival is living from one day to another for the survival for themselves and their households.

Financial constraints are a precipitate to entry into sex work for most women who struggle to get good income earnings and proceeds and also ensuring it is safe and not stolen from them by violent perpetrators. A report compiled by Globe Health Action (2012) states that many sex workers do not have identity cards while some are homeless therefore barring sex workers from accessing mainstream financial services. The women are at times charged exorbitant interest rates after taking loans from non-mainstream financial services. This increases the vulnerability of the women to STI and HIV infection by falling into prey to clients who offer better payments for sex in order to gain financial security.

Children often engage in sex exploitation activities due to the need for money. According to Gachuhi (1999), many youth of both sexes are coerced into sexual activities earlier because of poverty. Majority of these young people may be unable to use condoms for pregnancy and STIs protection since they have little power to bargain or negotiate in their sexual relationships. ILO (2004) study in Mbale, Busia, Kabarole and Lira districts of Uganda reported that children use much of their proceeds on buying clothes and paying rent reinforcing that money is the main mode of sex work payment.

Ampofo in Mgbako et al (2011) states that the pressures of single motherhood and informal sectors instability can lead African women to view sex work as an economically viable option for themselves and their families since they do not have male partners to give them financial support. This permits men to not contribute to the labour power within the household since they dominate the role of income earning. In Botswana a study on poverty and Poverty Alleviation in 1996 revealed that men and male-headed households suffer less poverty than women and female-headed households. Restriction of women's to control productive resources has contributed to the differences in the advantaged experience of poverty and economy (www.un.org). Human capabilities developments such as education, skills and information bring out the existence of inequalities in gender. The increasing burden on women of having many dependants and the access to development programmes inequalities has translated to women having lower income with more dependants contributing to lack of education, skills and information and extends generational poverty among women.

Dependence on men in family, marital and community levels has been facilitated by women's low status in education and the economy thus reinforcing hierarchies in gender. In order to provide often provide financially for large extended families female sex work in the informal sector has therefore been made an important source of income. Entry into sex work has been perpetuated by high unemployment, limited or low education levels and low socio-economic status (UK NSWP 2008b). During the exiting process the attraction to return to sex work in order to meet financial needs can be strong since a low income can at times be overwhelming.

2.8 Theoretical Framework

The adoption of life skills phenomenon among female sex workers has been increasingly receiving attention both from academic and practitioners' communities. The Life skills programmes at Life Bloom Services international and K-Note were crafted to mould the behaviour of female sex workers through initiatives including; education through peers, transformational leadership, vocational skills and entrepreneurship training, literacy skills training, health both reproductive and WASH skills, and civic education for good governance and inclusion. The expected change in behaviour is in terms of practices on safe health and exiting sex work all together so as to engage in other sources of livelihoods. The study of life skills adoption among female sex workers has brought about many theories in which some of them are complementary while others are contradictory. Female Sex Workers and their regular partners or non-commercial partners are considered a population group prone to high transmission of sexually transmitted infections (Nyagero et al, 2012; 13). Due to behaviours and lifestyles that heighten their exposure to the infections this group is categorised among the populations "most-at-risk". A variety of concerns are raised due to the hazardous nature of their work which include contracting sexually transmitted diseases (STDs) and HIV/AIDS, asthma, high blood pressure, and perishing in the line of work. As seen previously in this study, inconsistent use of condoms, sexual and physical violence, underage sex workers and non-paying sex clients. This theory hence primarily focus on behavioural change and attitude in order to engage in alternative and more positive income generating activities.

2.8.1 The Theory of Planned Behaviour

The study will be anchored on the theory of planned behaviour (TPB) which is a widely used theory on behavioural change. According to Azjen (1985) this theory adopts an explanation of behaviour through the cognitive approach which concentrates on individuals' attitudes and beliefs. Entry into marginalised lifestyles such as sex work is influenced by many factors including homelessness, violence, unemployment, familial abuse and breakdown, childhood abuse, limited academic and educational qualification, mental and physical health issues, substance abuse and poor social networks. This includes the positive or negative evaluation of the behaviour and its expected outcomes, and subjective norms, which are the social

pressures exerted on an individual resulting from their perceptions of what others think they should do and their inclination to comply with these.

2.9 Conceptual Framework

So as to decipher the factors that influence adoption of Life skills (dependent variable), the researcher focused on four independent variables. However they are influenced by government laws and policies, peer education & mentorship, attitude change and alternative economic activities as shown in figure 1.

Independent Variables

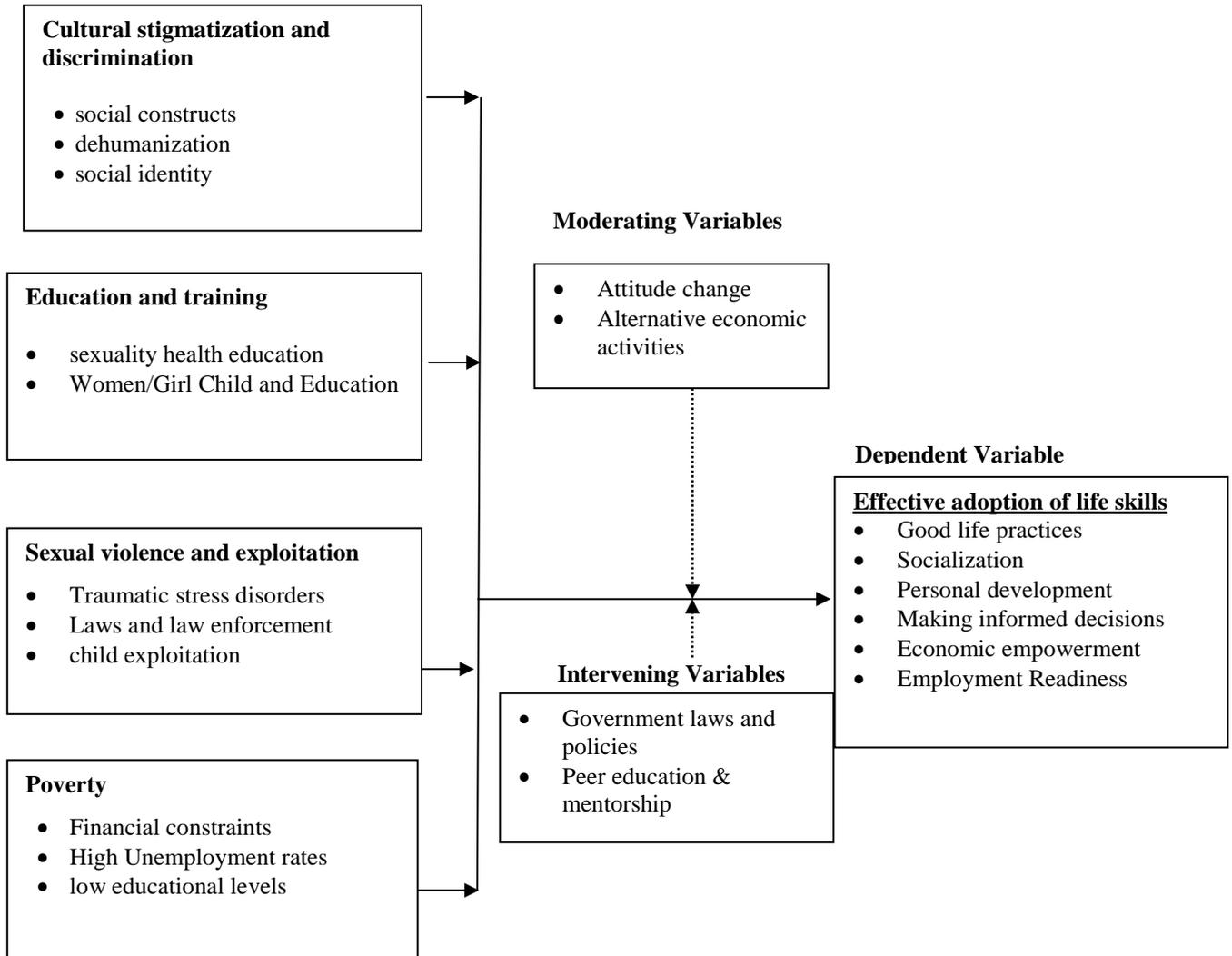


Figure 1: Conceptual framework

2.10 Knowledge Gap

Life skills programs are approaches that concentrate on the skills developments needed for comprehensive behaviour change. They include communication, decision making, thinking, emotions management, and assertiveness, building of self-esteem, resisting peer pressure resistance, and relationship skills. Since changing behaviour is always difficult, changing sexual behaviour trickier and thus the need for effective life skills programmes adoption is imperative especially when Most at Risk populations such as FSWs are operating in very risky environments.

Unfortunately, according to Balfour (2014), most programmes dealing with rehabilitation of FSWs through LSPs, leave serious gaps in family planning counselling and access to the full range of contraception for sex workers. The realities of female sex workers' lives as women is not addresses in the provision of condoms in as much as they offer protection against HIV, STIs and pregnancy. The researcher also states that very few LSPs focus on delivering SRH related services or building referral networks beyond STI diagnosis and treatment. Focus on sex workers education efforts should be complimentary to improving sex workers' understanding of their sexual and reproductive health rights.

However, Sanders et al, in Balfour 2014 indicates that successive government views sex work as a problem which should be abolished by using approaches that pressurise those involved in sex work exit. Preferred measures used by law enforcements is usually by compulsory rehabilitation measures such as arrest referral programmes, compliance agreements to work with outreach programmes, criminal and behaviour orders, curfews and imprisonment, are. However, such approaches impact negatively on the instances of reducing social exclusion where else also failing to address the sex workers' complex needs.

2.11 Summary of the Literature

This chapter presents the study in an appropriate theoretical framework through a comprehensive review of literature. Thus it discussed findings of related researches to this study from global, and local perspectives. The chapter covered some of the key factors that factors that influence adoption of life skills programmes among female sex workers which include cultural stigmatization and discrimination, education and

training, sexual violence and poverty. Finally, the conceptual framework is presented and outlines the dependent and independent variables as well as intervening, moderating and extraneous variables in this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter provides an overview of the research methodology. It includes research design, target population, the sample size and sampling procedure, research instrument to be used, measures of validity and reliability of the research instruments, data collection procedures, data analysis techniques and ethical consideration.

3.2 Research Design

A research design is the framework or plan for a study used as a guide in collecting and analyzing data. To conclusively describe the factors influencing adoption life skills programmes among FSWs, this study will adopt a descriptive survey design to help generate both qualitative and quantitative data. This design is appropriate because it helps collect information about people's attitude, opinion, and knowledge of certain phenomenon, beliefs and habits (Mugenda, 1999). The survey research will involve asking questions using a questionnaire to current, reformed FSWs and their mentors, and obtaining objective data therefore help explain the relationship between the independent and dependent variables of the study.

Since effectiveness of adopting life skills on FSWs cannot be observed directly, qualitative method will help the researcher to clearly understand whether there is impact on behaviour change or not. Adoption of quantitative method will help in collection and analysis of hard data collected from the respondents.

3.3 Target Population

(Mugenda and Mugenda (2003) describes target population as common observable characteristics in an entire group of individuals. Therefore, the target population of this study will be two hundred and thirty seven (237) subjects comprising of thirty three (33) mentors / peer educators ninety two (92) former female sex workers and one hundred and twelve (112) current female sex workers.

The target population will be distributed as shown in Table 3.1.

Table 3.1: Target Population

Category	Target population
Current female sex workers	112
Former female sex workers	92
Mentors /Peer Educators	33
Total	237

Source: Life Bloom Services International

3.4 Sample Size and Sampling Procedure

Sampling is the technique of selecting a representative form a target population with the purpose of determining parameters of the whole population. (Kothari, 2007). Sampling procedures are methods that are used to select an element from the population that was included in the sample. This study used stratified random sampling, where the population was stratified into Mentors and peer educators, Former Sex Workers and Current Sex Workers.

3.4.1 Sample Size

To obtain the sample size, simple random samples were drawn from each stratum by the use of equal allocation technique, using 50% for every stratum to acquire the sample size. This technique was applied so as to ensure very little error and to avoid biasness of the samples in the study.

Table 3.2: Sample size

Category	Target population	Sampling Percentage (%)	Sample Size
Current female sex workers	112	50	56
Former female sex workers	92	50	46
Mentors /Peer Educators	33	50	17
Total	237		119

3.4.2 Sampling Procedure

This study adopted the stratified random sampling design where the research picked every third person in each stratum. According to Dempsey (2003), stratified random sampling is a probability sampling technique wherein the researcher divides the entire population into different subgroups or strata, then randomly selects the final subjects proportionally from the different strata. This technique was deemed ideal for the study

since the target population was heterogeneous and could be arranged into strata as mentors or peer educators, reformed female sex workers and current female sex workers. The selected sample composed of FSWs and their mentors and peer educators that were readily available.

3.5 Research Instruments

Research instruments are tools of collecting information or data (Mbwesa 2006). In this study, self-administered questionnaires were used to collect data from the respondents in Naivasha sub-county. The questionnaires consisted of both closed and open-ended questions. The close ended questions were used to describe different phenomena of the study through appropriate but limited options from which the respondents selected the responses to describe different phenomena of the study. Open ended questions allowed the respondent to give a few details of the phenomenon freely without any prompting. The questionnaires were selected based on an anonymity ensuring quality by providing in depth knowledge on attitudes, practices and behavioural patterns in relation to adoption of LSP among FSWs.

The researcher also personally administered the questionnaires to the Mentors or peer educators, reformed and current sex workers in Naivasha sub-county. The self-completed instruments were picked from the respondents after two weeks. The questionnaire mainly included distribution by zone, age distribution, educational status, employment status, marital status, dependents, sex work transactions, reasons for engaging in sex work and behavioural patterns. The questionnaire also comprised of three (3) sections. Section I involved collection of demographic information such as distribution of age, educational levels, employment status, marital status, number of dependents and Section II involved behavioural pattern questions. Section III comprised of questions based on the research objectives and questions.

3.5.1 Pilot testing

The purpose of piloting of the research instrument was to test the appropriateness of the items to the respondents in order to improve the instruments reliability and validity. The pilot sample consisted of two (2) mentor or peer educator, two (3) former RFSW and two (2) CFSW who were randomly selected. Mugenda and Mugenda (2003) suggest that 1 to 10% of study sample should be selected as piloting

sample depending on sample size. Piloting revealed questions that were vague which were reviewed until the same meaning was conveyed to all the subjects (Mugenda and Mugenda, 2003).

3.5.2 Validity of the instrument

Validity is the degree to which results obtained from analysis of the data actually represent phenomenon under study. (Mugenda, 2003). It is the degree to which a questionnaire reflects reality and is largely determined by the presence or absence of systematic error in data. Items on the questionnaire must measure something and a good questionnaire measures what you designed it to measure. In this study, the instruments were reviewed by the research supervisors and other research experts to ensure content validity.

3.5.3 Reliability of the instrument

Reliability is defined as measure of the degree to which consistent results or data yielded by a research instrument after repeated trials (Mugenda, 2003). Reliability also means the researchers gets similar results if the questionnaire was repeated soon afterwards with the same respondents.

Piloting helped in revealing questions that were vague which allowed for their review until they convey the same meaning to all the subjects (Mugenda and Mugenda, 2003). To establish the reliability of the instrument, the researcher applied the split-half technique. This involved testing the questionnaire with two (2) mentor or peer educator, two (2) former RFSW and two (2) CFSW selected randomly but not in the study population.

To test reliability, a pilot study was conducted before the actual study to check on the reliability of the questionnaires in collecting the data. The researcher selected a pilot group of 7 respondents, from the target population and used split-half technique to calculate correlation using the Spearman-Brown formula. The questionnaire was split into odd items and the even items then scoring two-halves of the tests separately was done, with the aim of attempting to match the measures that were being compared in terms of content, test design and participant demands. Internal consistency between the two sets of scores was calculated as shown in Table 3.3 using excel spreadsheet formulae;

$$reliability = \frac{2 \times r_{half-test}}{1 + r_{half-test}}$$

Pearson Product Moment Correlation = PEARSON (B2:B51,C2:C51)
 Reliability = 2*E2/(1+E2)

A reliability of 0.79 was demonstrated showing a strong relationship between the scores; which was within the recommended reliability coefficient of 0.7-1

Table 3:3: Reliability of Data instrument

Pilot Participant No	score 1st half (X)	score 2nd half (Y)		
1	6	8	Pearson Product	
2	7	7	Moment Correlation	0.660529
3	5	6	Reliability	0.795564
4	8	7		
5	6	7		
6	9	8		

3.6 Data Collection procedures

After consent was given by the University of Nairobi to collect data, the researcher coordinated data collection process after seeking permission from NACOSTI. The researcher involved two research assistants to help in distribution of questionnaires to the targeted respondents. The research assistant was taken through training to clearly understand the data collection instrument, purpose of the study and research ethics. The questionnaires was administered to mentors and peer educators, reformed FSWs and current FSWs who were expected to complete them by writing or ticking the appropriate responses. Two weeks was the period given to the respondents to complete the questionnaires which the researcher later collected.

3.9 Data Analysis Techniques

Data analysis involves computation of measures along with searching for patterns of relationships that exist between the dependent and independent variables. Collected data will first be classified, coded into themes so that it is amenable for analysis.

The data collected was analyzed quantitatively and qualitatively based on variables and objectives of the study. The analysis involved descriptive statistics such as

frequencies, percentages, and correlation to generate various relationships, frequencies and comparisons. Data tabulated gave summary of the influence of adoption of life skills programmes among FSWs.

3.10 Ethical Considerations

Approval from NACOSTI was sought and in addition the respondents consent was enlisted in the study before to the commencement of the data collection process. The information collected from the respondents was treated with maximum confidentiality and the respondent's identity was not required. Consent was sought by explaining the purpose and future benefits of the study to Naivasha sub-county and female sex workers at large. Respondents were informed that they were free to answer any question but not a must to the ones they felt were potentially inappropriate.

3.11 Operational definition of variables

A variable is a measurable attribute that assumes different assessments among the subject matter (Mugenda and Mugenda, 2003). An independent variable is a characteristic that the researcher can manipulate to determine its relevance to a dependent variable. The dependent variable points out the total influence arising from the impact of the independent variable (Mugenda and Mugenda, 2003). In this study cultural stigmatization and discrimination, education and training, poverty are the independent variables while "adoption of life skills programmes among female commercial sex workers" is the independent variable. The following variables have been operationalized as shown in Table 3.3.

Table 3.4: Operational Definition of Variables

Objectives	independent Variable	Indicators	Measurement scale	Tools of Data collection	Type of data analysis
To establish the influence of cultural stigmatization and discrimination experienced by sex workers on adoption of life skills programmes among FSWs.	Cultural stigmatization and discrimination (Independent variable)	Social constructs Dehumanization Sexual violence	Ordinal	Questionnaire	Descriptive statistics Percentages Frequency table
To establish the influence of education and training among sex workers on adoption of life skills programmes among FSWs.	Education and training (Independent variable)	Sexuality health education Women/girl child and education	Ordinal	Questionnaire	Descriptive statistics Percentages Frequency table
To assess the influence of sexual violence and exploitation on adoption of life skills programmes among FSWs.	Sexual violence and exploitation (Independent variable)	Traumatic stress disorders Laws and law enforcement Child exploitation	Ordinal	Questionnaire	Descriptive statistics Percentages Frequency table
To determine the influence of poverty on adoption of life skills programmes among FSWs.	Poverty (Independent variable)	Financial constraints High Unemployment rates Low educational levels	Ordinal	Questionnaire	Descriptive statistics Percentages Frequency table
	Effective adoption of life skills (Dependent variable)	Good life practices Socialization Personal development Making informed decisions Economic empowerment Employment Readiness	Ordinal	Questionnaire	Descriptive statistics Percentages Frequency table

CHAPTER FOUR

DATA ANALYSIS, PRESENTATIONS AND INTERPRETATIONS

4.1 Introduction

Chapter four presents analysed data, discussion and interpretations of the qualitative and quantitative data on factors influencing the adoption of life skills programmes among female sex commercial workers. The study identified, analysed and evaluated the problem of the study guided by influence of cultural stigmatization and discrimination, levels of education and training, sexual violence and exploitation and poverty on adoption of life skills

The data was gathered exclusively form questionnaires as the research instrument.

4.2 Questionnaire return rate

The researcher had developed three questionnaires, one for mentors and peer educators, one for reformed female sex workers and another for current female sex workers. The study sampled 119 respondents from the target population of 237 categorized as mentors/peer educators (17), reformed female sex workers (46) and current sex workers (56). The questionnaire return rate was that out of 17 mentors/peer educators 15(88%) responded, out of 46 RFSWs 39 (85%) responded, and out of 56 CSWs 48(86%) responded. Having a total of 117 returned their questionnaire. This shows that 2(12%) mentors/ peer educators, 7(15%) RFSWs and 8(14-%) CSWs did not return their questionnaires. This commendable response rate was made a reality after the researcher made personal calls and visits to remind the respondents to fill-in and return the questionnaires.

4.3 Demographic information of the respondents

This section presents an analysis of the personal details of the respondents involved in the study.

4.3.1 Age of the respondent

The research sought to find out the age of the RFSWs and CSWs. Table 4.1 summarizes the findings of the study per strata.

Table 4.1: Age of the Respondents

Age in years	RFSWs	Frequency	CSWs	Frequency	Total	Percentage
Under 16	0	0	3	6	3	3.4
17-21	13	33	17	35	30	34.5
22-29	10	26	15	31	25	28.7
30-45	12	31	10	21	22	25.3
Over 45	4	10	3	6	7	8
Total	39		48		87	100

The table shows that the female sex workers sampled had varied demographic characteristics. From the findings, it is highlighted that most 30(34.5%) of the female commercial sex workers aged 17-21 years followed by age 22-29 years with 25(28.7%) are either RFSWs or CSWs in total. The findings also indicated that there was a small percentage 3(3.4%) of under-age girls sampled in the sex working industry with none to have reformed by the time of the research. The ages with highest frequencies are between 17-21 years 13(33%) followed by 30-45 years 26(31%) leading on reformed female sex workers and 17-21 years 17(35%) followed by 22-29 years 15(31%) leading with the highest CSWs. This is an indication that CSWs aged 30-45 are reforming more than those aged 22-29 years and an indication of higher conversion to RFWs as the women grow older in some cases.

4.3.2 Years in Urban Area

The study sought to find out how many years the RFSWs and CSWs have been living in the urban areas to determine if the dynamics of the urban areas play a role in the decision of being a commercial sex worker. The findings are as indicated in table 4.2

Table 4.2: Years in Urban Area

Years in town	RFSWs	Frequency	CSWs	Frequency	Total	Percentage
Less than 2 years	18	46.2	5	10.4	23	26.4
3-6 years	3	7.7	29	60.4	32	36.8
7-10 years	0	0	0	0	0	0
Over 11 years	18	46.2	14	29.2	32	38.8
Total	39		48		87	100

Table 4.2 highlights that in total, majority of the RFSWs and CSWs 32(38.8%) have lived in the urban areas for a longer time of over 11 years. The findings also indicate that majority

29(60.4%) of the CSWs have been in town for a period of 3-6 years. It also indicates that majority 18(46.2%) of the RFSWs have either lived in the urban area for less than 2 years and over 11 years. This is an indication that majority of the RFSWs either reform in their early years of commercial sex work or much later.

4.3.3 Place of residence

The researcher further sought to find out where the RFSWs and the CSWs resided most of their lives and for how many years they have live there. This sought to measure if adoption of life skills programmes is influenced based on whether one lived in the rural or urban areas as shown in table 4.3.

Table 4.3: Place of Residence

Category	RFSWs	CSWs	Total	Percentage
Rural	34	5	39	44.8
urban	5	43	48	55.2
Total	39	48	87	100

The data findings indicate that overall, 48(55.2%) of the FSWs live in the urban area with the majority of them 43(90%) being CSWs. Additionally, 39(44.8%) of the FSWS live in the rural areas with the majority 34(87%) being RFSWs. This is an indication that migration from rural to urban areas increases the risk of engaging sex working behaviour. In the absence of alternative opportunities to earn a livelihood for themselves and their households, women sell sex. After reforming, most FSWs go back to rural areas.

4.3.4 Marital status

Table 4.4: Respondent's marital status

Status	RFSWs	Frequency	CSWs	Frequency	Total	Percentage
Single	17	43.6	23	47.9	40	46
Living with partner	10	25.6	6	12.5	16	18.4
Married	0	0	4	8.3	4	4.6
Separated/divorced / widowed	12	30.8	15	31.3	27	31
Total	39		48		87	100

The study sought to establish the marital status of the respondents of both the RFSWs and the CSWs. Majority of the respondents were single as shown by 40(46%) of the respondents, 27(31%) of them are either divorced, separated or widowed, while 16(18.4%) are living with a partner and 4(4.6%) are married. The same trend is noted in the RFSWs and CSWs separate categories. This indicates that majority of the FSWs lack financial support from male partners or extended family members which has lead women to view sex work as an economically viable option for themselves and their families.

4.4 Behavioural patterns

This section (seeks to establish the behavioural patterns of the RFWSs and the CWSs in terms of their working experience as commercial sex workers and starting age of sex work.

The study sought to find out the age which most of the sampled sex workers start indulging in commercial sex, to highlight the prevalent age of entry and if they stay on as commercial sex workers for a long time. This is essential in that it can determine the age which is a target for education on commercial sex and life skills just before indulging. The findings are highlighted in table 4.5.

Table 4.5: Starting age for female sex workers

Age in years	RFSWs	Frequency	CSWs	Frequency	Total	Percentage
Under 16	0	0	5	10	5	6
17-21	24	62	35	73	59	68
22-29	0	0	8	17	8	9
30-45	15	38	0	0	15	17
Over 45	0	0	0	0	0	0
Total	39		48		87	100

The findings indicate that for the RFSWs and for the CSWs, a great percentage indulge in commercial sex at the age of 17-21 years. In total, 59(68%) indulge in commercial sex at 17-21 years. However, it is important to note that a smaller percentage of 5(6%) indulge in commercial sex under the age of 16 years.

The study also sought to find out how long the CSWs think they will stay in sex work. This sought to find out if the CSWs can be reformed and how long it can take. The findings are as highlighted in table 4.6.

Table 4.6: Expected Duration in Sex Work

Expected Duration	Frequency	Percentage
less than 1 year	28	60
2-3 years	0	0
4-5 years	0	0
over 5 years	20	40
TOTAL	48	100

The table highlights that majority of the CSWs 28(60%) indicated that they will take less than 1 year in the commercial sex industry while 20(40%) indicated they will take over 5 years in sex work. This shows that most have an indication of leaving the sex industry but could be a barrier to adoption of life skill programmes for the FSWs who intend to take over 5 years in the sex industry.

The study also attempted to find out if the CSWs have ever stopped working or had a break from the sex industry. The respondents were further asked why they stopped. This sought to find out if the life skill programmes were impactful enough to make the CSWs take a break off commercial sex work. The findings are as highlighted in table 4.7.

Table 4.7: Break from Sex Industry

Category	Frequency	Percentage
Yes	25	52
No	23	48
TOTAL	48	100

The findings highlight that 25(52%) of the CSWs stated that they have taken a break from the commercial sex industry while 23(48%) stated that they have not taken a break. The study further asked the respondents who stated that they took a break off commercial sex work why they did so.

Table 4.8: Reasons for the Break

Reasons	Frequency	Percentage
Pregnancy	10	40
Went back home	7	28
Started a business	5	20

Got a job in the flower farms	3	12
Total	25	100

Table 4.8 highlights that most 10 (40%) of the CSWs took a break from the sex industry because they became pregnant, 7(28%) stated that they took a break because they went back home, 5(20%) stated that they started a business and took a break from the sex industry while 3(12%) stated that they got a job in the flower farms and took a break off the sex industry. It is important to highlight that none of the girls stated that they took a break because of the life skill programmes imparted on them. This shows that the attraction of returning to sex work at any point in order to meet a financial commitment is strong as there are few other options.

The respondents were further asked how they think acquired habits during sex work can be broken down. This question sought to address the barrier and factors that might work against the uptake of life skill programs.

Table 4.9: Breaking Acquired Commercial Sex Habits

Categories	Total	Percentage
Counseling	8	53
Provision of a stable income	4	27
Behavior change training	3	20
TOTAL	15	100

Table 4.9 summarises the findings by indicating that majority of the respondents 8(53%) stated that the acquired habits can be broken down through counselling, 4(27%) stated through provision of a stable income and 3(20%) stated through behaviour change. This indicates that if the RFSWs were to be given the above, they would take up life skill programs and not be tempted to go back to the commercial sex industry.

4.5 Cultural stigmatization and discrimination and adoption of LSPs

Cultural discrimination and stigma in this study is the isolation and oppression of FSWs who are seen as disposable people making them to live in fear of retribution. Since FSWs are identified as

a vulnerable group the study sought to find out how well placed FSWs are in the society and how it influences adoption of LSPs.

Table 4.10 highlights whether RFSWs and CSWs had told about their working in the commercial sex industry.

Table 4.10: People Told About Working in the Sex Industry

People Told	Total	Percentage
Family Member	8	9
Close Friend	52	61
Health Worker	45	30
Total	87	100

The findings show that 52(61%) of the respondents told a close friend, an impressive 45(30%) told a health worker and 8(9%) told a family member. This shows that FSWs are more comfortable telling other people of their work than telling close family members hence being seen as an outcast of sorts within their inner circle.

Further to the RFSWs and CSWs telling family members, close friends and health workers that they were involved in the commercial sex industry work, the study sought to find out how they reacted. The findings are as highlighted in table 4.11

Table 4.11: How people reacted

How people reacted	Total	Percentage
Encouraged	36	42
Refused to associate	22	25
Did not care much	15	17
Encouraged to look for another job	14	16
Total	87	100

The table indicates that: majority of the respondents 36(42%) stated that they were encouraged; 22(25%) stated that they refused to associate with them, 15(17%) stated that they did not care much while 14(16%) stated that they were encouraged to look for another job. It's important to note that those who told family members and health workers were encouraged to change to

another job. This shows that majority of the FSWs kin and close friends care about their wellbeing would encourage an alternative source of income.

The study sought to further find out the relationship between the RFSWs and the community since they reformed. This is important to highlight if the RFSWs feel discriminated upon and stigmatized which could be an aspect that affects the adoption of life skill programmes. The findings are as highlighted in table 4.12.

Table 4.12 Relationship with Community members since Reforming

Relationship with community members since reforming	Total	Frequency
Most concerned	12	30
Some are concerned	15	38
None are concerned	5	13
Did not know	7	15
Total	39	100

Of the 39 respondents, 12(30%) felt that the community was most concerned since they reformed, 15(38%) stated they felt that some of the community members are concerned, 5(13%) felt that none of the community members are concerned while 7(15%) did not know. This shows that after reforming, the FSWs interactions with the people who can have a profound impact on their general well-being within the community improved, but others still had reservations.

In addition, as highlighted in table 4.13, when asked if the RFSWs and CSWs felt that the relevant authority cared for their safety majority 48(55%) of the RFSWs and CSWs combined indicated that they felt that some of the relevant authority is concerned about their safety, 21(24%) stated that most are concerned while 12(14%) stated that they felt that none are concerned about their safety. On the other hand, 6(7%) stated that they did not know.

Table 4.13: Safety Care by Relevant Authority

Safety Care	RFSWs	Percentage	CSWs	Percentage	Total	Percentage
Most are concerned	6	15	15	31	21	24
Some are concerned	20	51	28	58	48	55
None are concerned	7	18	5	11	12	14

Did not know	6	15	0	0	6	7
Total	39	100	48	100	87	100

This shows that the FSWs are considered immoral which leads to either be afraid to seek out safety services for fear of discrimination, or physically blocked from accessing them.

The study sought to find out if the CSWs have been visited by a health worker in the last 1 year. This question seeks to highlight the contact level between the commercial sex workers and the health workers.

Table 4.14: Visit by a health worker

Response	CSWs	Percentage
YES	33	69
No	15	31
Total	48	100

Table 4.14 findings highlight that 69% of the CSWs stated that they have been visited a health worker while 15(31%) stated that they have not been visited by a health worker in the last 1 year. This is an indication that health workers are approaching CSWs to offer information and knowledge on proper health care services.

Table 4.15: Purpose of Visit by health worker

The study sought to find out if the CSWs interact with health workers when they visit their work places.

CSWs		
To advice on VCT	12	36.4
Check on physical assault and accompanied to report to relevant authority	8	24.2
To check on the CSW	7	21.2
To advice on reproductive health	6	18.2
Total	33	100

The findings on the purpose of visit of the mentors were: 12(34.6%) stated that they visited them to advice on VCT; 8(24.2%) stated that the health workers went to check on cases of physical assault and accompanied the assaulted to report to relevant authority; 7(21.2%) stated that they visited to check on them while 6(18.2%) stated that they visited to advice on reproductive health. This shows that

LSPs offer information and knowledge on proper health care services, so they can get HIV prevention and treatment and psychosocial support.

The study also sought to find out if the RFSWs regularly go for health check-ups. This it to check on whether the RFSWs are conscious about their health and if they make an initiative to get checked without prompting. All 39(100%) RFSWs stated that they go for regular check-ups. They further stated that they are aware of other sexually transmitted disease which makes them visit the doctor regularly. This could also be in line with the RFSWs who are in contact with the health workers who advise them. The study also found out that all 39(100%) RFSWs felt that they have enough advice and information on how to keep them safe. This means that LSPs have improved access to services for women and girls by removing barriers in access to services on basic personal and social skills, attitudes and knowledge helpful in making positive decisions and lifestyle choices.

The research also sought to find out where the RFSWs got information or advice on how to keep themselves safe. This sought to find out if the RFSWs are aware of where they got information on their safety.

Table 4.16: Source of Information

Source of Information	Frequency	Percentage
Life Bloom International Services	10	26
Health Centre /Dispensary	9	23
K-Note	7	18
Community Seminars	7	18
Social welfare and gender office	3	8
Church/Mosque	3	8
Total	39	100

Table 4.16 indicates that majority 10(26%) of the RFSWs gained information from Life Bloom International Services; 9(23%) from a health centre/ dispensary, 7(18%) from K- Note; 7(18%) from Community Seminars and 3(8%) from Social welfare and gender office and Counsellor respectively. On the other side, none of the RFSWs stated that they received information from a church of mosque. This shows that there is flow of information from the various organizations to

the commercial sex workers on safety and also shows that life skills programmes have played a role in the dissemination of the said information.

CSWs were also questioned on safety and information. The CSWs were asked if they felt they had enough information and advice when they first started sex work to keep them safe. This question sought to address the impact of life skill programme on safety before women join the sex industry and how free they feel to approach this subject considering their lifestyle. It also sought to find out if there is adequate information disseminated on safety before joining the commercial sex industry and if there is an impact from the information disseminated. The findings highlighted that majority 34(70%) of the CSWs stated that they had advice and information about their safety when they first started sex work while 14(30%) stated they did not have information. This is an indication that the life skill programmes do have an impact on the lives of the CSWs from the onset on how to stay safe.

4.6 Education and training and adoption of LSPs

The study attempted to establish the influence of education levels and training or background on the adoption of life skills programmes among FSWs in Naivasha sub-county. This is because education exposes FSWs to informed rational decision and choice in regard to seeking alternative forms of income.

The study first sought to find out if the RFSWs and CSWs have a formal education. The findings are as indicated in table 4.17.

Table 4.17: Formal Education

Education	RFSWs	Frequency	CSWs	Frequency	Total	Percentage
Yes	39	100	48	100	87	100
No	0	0	0	0	0	
Total	39		48		87	100

All 87(100%) of the RFSWs and CSWs sampled have attended formal education. This shows that they have the education background which is a success factor influencing adoption of LSPs since they can make informed decisions and choices.

The study sought to understand the highest level of education by the RFSWs and CSWs. This is important to highlight if the level of education can influence the adoption and understanding of life skill programmes. The Findings are as indicated in table 4.18.

Table 4.18: Highest Level of Formal Education

Level of Formal Education	RFSWs	Frequency	CSWs	Frequency	Total	Percentage
Primary Education	24	62	24	50	48	55
Secondary Education	15	38	19	40	34	39
Technical / College Diploma	0	0	5	10	5	6
Short Course/ Vocation	0	0	0	0	0	0
University Degree	0	0	0	0	0	0
Total	39		48		87	100

The findings indicate that most of the CSWs are educated to primary level 24(50%), the secondary level 19(40%) followed by some in tertiary or diploma level 5(10%). The findings also indicate that majority 24(62%) of the RFSWs are educated to primary level while the rest 15(38%) are educated to secondary level. This is an indication that training beyond basic education can also influence adoption of LSPs since when girls and women receive more education they are more exposed to information and knowledge about their bodies and sexuality.

The study sought to highlight if the RFSWs have received any education or training since they reformed. The findings are indicated in table 4.19.

Table 4.19: Education since Leaving Sex Work

Education of RFSWs since Leaving Sex Work	Frequency	Percentage
Primary Education	0	0
Secondary Education	0	0
Technical / College Diploma	0	0
Short Courses or Vocational Courses	25	51.3
None	23	48.7
TOTAL	48	100

Out of 48 RFSWs, 25(51.3%) have been trained on short courses or vocational courses while 23(48.7%) have not received any training since they reformed. This shows that there is still work to be done to ensure that most of the FSWs receive training to ensure they adopt LSPs since they learn and horn more skills to enable readiness in the job market.

The mentors and peer educators were also asked if health education, a major part of education and training, is important in improving lives. The findings highlight that all 17(100%) stated that

they feel that health education can improve the lives of many. This further shows the value that the mentors and peer educators have tied to health education.

4.7 Sexual violence, exploitation and adoption of LSPs

Another objective of the study was to assess to what extent sex violence and exploitation has influenced on voluntary adoption of life skills among FSWs. Both RFSWs and CSWs were asked if they were either sexually or physically violated by a client while in the line of work. The findings are as highlighted in table 4.20.

Table 4.20: Violated in the Line of work

Violated	RFSWs	Frequency	CSWs	Frequency	Total	Frequency
Yes	39	100	24	50	63	72
No	0	0	24	50	38	28
Total	39	100	48	100	63	100

Of the 63 respondents sampled, 39(100%) of the RFSWs have been sexually or physically violated by a client while in the line of work. However, 24(50%) of the CSWs stated that they have been sexually or physically violated by a client while in the line of work while 24(50%) stated they have not. This shows that for many sex workers physical, sexual and verbal violence are common experiences.

Further to the respondents stating that they have been either sexually or physically violated by a client while in the line of work, the study sought to find out if they reported the violation to the relevant authority. Table 4.121 highlights the findings.

Table 4.21: Reporting of Violence

Categories	RFSWs	Frequency	CSWs	Frequency	Total	Frequency
Yes	20	51	5	21	25	40
No	19	49	19	79	38	60
Total	39	100	24	100	63	100

Majority 38(60%) of Both RFSWs and CSWs did not report to the relevant authority while 25(40%) reported. This shows that due to the nature of FSWs work, sexually or physically violation tend to be minimized or FSWs deny their experiences especially when they are in the midst of ongoing trauma, such as sex work.

The respondents had various reasons why both RFSWs and CSWs did not report the violence to the relevant authority as shown in Table 4.22. It's important to note that this question targeted those who stated that they did not report the assault.

Table 4.22: Reason for not reporting

Reason for not reporting	RFSWs	Frequency	CSWs	Frequency	Total	Frequency
Did not believe the police would help	1	8	7	31	8	21
Not serious enough	2	18	5	21	8	20
Did not want to reveal I was a sex worker	4	21	2	15	7	17
Fear of coming out as a for sex worker	4	21	2	13	7	17
Police will blame me because I am a sex worker	1	3	5	21	7	17
Fear of repercussions	8	31	0	0	4	8
Total	20	100	21	100	41	100

The table highlights that in total, the 41 commercial sex workers that responded stated that they have not reported the violence because majority did not believe that the police would help 8(21%), did not see it as a serious issue 8(20%) and that 7(17%) did not want to reveal that they were sex workers, of coming out as a sex worker and police blame. This highlights the fact that the both the RFSWs and CSWs are conscious of the fact that commercial sex is not appreciated by the police and FSWs needs are neglected by criminalising sex work and thus forcing sex workers into even more marginalised and vulnerable positions where assault cannot be reported. The respondents were also asked if they reported the violence to any other person other than the authority. The findings are as indicated in table 4.23.

Table 4.23: Reporting to another person other than authority

Response	RFSWs	Percentage	CSWs	Percentage	Total	Percentage
Yes	12	63	10	53	22	58
No	7	37	9	47	16	42
Total	19	100	19	100	38	100

The findings above indicate that majority 22(58%) of the respondents reported the violence to another person other than the police; while 16(42%) stated that they did not. From the data, it

shows that it is easier for the FSWs to report cases of violence to other people other than the police because they do not believe the law protects them.

4.8 Poverty and adoption of LSPs

In order to determine the influence of poverty in adoption of life skills programmes among FSWs, the study sought to better understand the root cause of the commercial sex workers both current and reformed for joining the sex industry. This is important because it highlights if the uptake of life skills programmes can solve the issues at hand. Table 4.24 below highlights the findings for both RFSWs and CSWs.

Table 4.24: Reasons for Joining Sex Industry

Reasons for Joining Sex Industry	Total	Percentage
To pay household expenses	26	30
Dropped out of school / college	9	10
To support children/family	23	27
No other source of income/ employment	11	13
Influence by friends	11	13
Made to work by someone	3	3
Support for alcohol or other drug use	2	2
Saving up	2	2
Total	87	100

The table above highlights that both RFSWs and CSWs joined the sex industry mainly to pay household expenses 26(30%), to support their children or family 23(27%), because of lack of employment 11(13%), dropping out of school 9 (10%) and influence by friends 11(13%). Other reasons highlighted were because of being made to work by someone 3(3%), support for drugs/ alcohol 2(2%) and saving up 2(2%). This shows that most of the respondents are driven by the financial responsibilities for their children and loved ones. This shows that if the commercial sex workers adopt life skills programmes, they could be able to tackle some of the financial challenges they are facing.

With the need to fulfil responsibilities as parents, the study sought to establish if the RFSWs and CSWs have children.

Table 4.25: Children by RFSWs and CSWs

Categories	RFSWs		CSWs		Total	frequency
With children	39	100	38	79	77	83
Without children	0	0	10	21	10	27
Total	39	100	48	100	87	100

The findings indicated that majority 38(79%) of the CSWs have children while all 39(100%) of the RFSWs have children. In total, 77(83%) who are majority, have children while 10(27%) do not have children. This is an indication that most of the sex workers current and reformed have a responsibility to take care of; therefore the adoption of life skills is important for them.

In addition, the RFSWs, current source of income was also asked about. This is important to highlight if they are well equipped so as not to slide back into commercial sex life. The findings are highlighted in table 4.26.

Table 4.26: Current Source of Income

Current Source of Income	Total	Percentage
None	9	24
work in the flower farm	6	16
Tailoring and dress making	5	12
working in the alcohol industry	5	12
Hairdressing	3	8
Green grocery	3	8
Sell chicken	3	8
Mobile coffee	2	4
Sell in a shop	2	4
Total	39	100%

Of the 39 respondents, 9(24%) currently do not have an income which is an indication that they might be in the commercial sex industry as an income generation. On the other hand, some respondents 6(16%) stated that they work in the flower farm, Tailoring and dress making 5(12%) and working in the alcohol industry 5(12%). It is important to note that most of the RFSWs are operating their own businesses after undergoing LSPs which is progressive and impressive.

The study sought to find out what the RFSWs missed when they stopped working in the sex industry. These questions seek to address driving factors that make those who leave the sex

industry revert back to the commercial sex industry. The findings indicate that majority 30(76%) stated that they missed the easy money that they made while 9(24%) stated that they missed having fun with their friends when they stopped working in the commercial sex industry. This highlights that money is a lead driver to the women indulging in commercial sex.

On the other hand, Table 4.27 highlights the barriers to leaving the sex industry.

Table 4.27: Barriers to Leaving the Sex Industry

Barriers to leaving	CSWs	Frequency
Need money to raise children	12	25
Flow of easy money	11	23
joblessness	10	21
Occasional clients calling	8	17
Addiction	4	8
Friends	3	6
Total	48	100

12(25%) of the CSWs stated that the need for money to raise their children was a major barrier to them leaving the sex industry. Secondly, 11(23%) stated that the flow of easy money was an attraction factor that made them not find it easy to leave the sex industry. 10(21%) stated joblessness, 8(17%) stated there were cases where their occasional clients would call them back into the sex industry, while 4(8%) stated that addiction was a contributing factor. Lastly, 3(6%) stated that friends also made them unable to leave the sex industry. This shows that majority of the FSWs need to have financial income in order to leave the sex industry and LSPs would enable look for alternative sources of income.

Majority of the respondents added that incentives to leave the sex industry were: source of income/ employment, marriage, dangers in the industry, police harassment, Counselling, got family support and training on vocational skills. The findings indicated that the need for vocational skills and training as the least needed to leave the sex industry. The CSWs are likely to be seen to be in need of money that can enable them meet their responsibilities.

Table 4.28: Visit by a mentor

Response	RFSWs	Percentage
YES	23	59
No	16	41
Total	39	100

Table 4.28 findings highlight that 23(59%) of the RFSWs were visited by the mentors while 16 (41%) stated they have not been visited by mentors in the past 1 year. This is an indication that mentors are still concerned about them after their exit from the sex.

Table 4.29 Purpose of visit for the mentors

RFSWs	Total	Percentage
To improve business and secure a loan from the group	8	34.8
Monitor business	6	26.1
To check on RFSW and children	4	17.4
Helping to go back to the family	2	8.7
To mentor on line skills	2	8.7
Mentor on proper use of condom and life skills	1	4.3
Total	23	100

The main purpose of visit for the mentors for the RFSWs was: to improve business and secure a loan for the group 8(34.8%); monitor the businesses they had set up 6(26.1%); to check on them and their children 4(17.4%); to help them go back to their families 2(8.7%); to mentor on life skills 2(8.7%) and to mentor on the proper use of the condom and life skills 1(4.3%). It is important to highlight that the few of the RFSWs stated that they were visited by mentors actually continue to receive life skills advice from the mentors as highlighted in the findings. This indicates that LSPs are sustainable and should help the FSWs be able to have other sources of income and continue impacting knowledge on health issues.

4.9 Adoption of Life Skills Programmes among FSWs

To add onto the information generated from the CSWs and RFSWs, the study also sampled mentors and peer educators on the aims of LSPs, benefits, exposure to training, responsiveness of FSWs, awareness, duration, dissemination methods and challenges faced by FSWs.

Table 4.30 was used to gauge if the information disseminators themselves understood the purpose and aim of LSPs.

Table 4.30: Aim of Life Skill Programmes

Aim of Life Skill Programme	Total	Frequency
Prevention of HIV/AIDS infection / STIs	4	26.7
To access government health services	4	26.7
share life Values with sex workers	2	13.3
Behavior change	2	13.3
Improve self esteem	1	6.7
Advice on parenting	1	6.7
Promote alternate source of income to the sex workers	1	6.7
TOTAL	15	100

Of the 17 respondents, 4(26.7%) stated that the aim of the life skill programmes is prevention of HIV/AIDS infection and STIs, 4(26.7%) stated to access government health facilities while 2(13.3%) stated to share life values with sex workers and behaviour change respectively. Few respondents stated that the aim of life skill programme is advice on parenting 1(6.7%) and on promotion of an alternative source of income to the sex workers. It is important to note that while the RFSWs and CSWs both stated that one of the main reason that they are in commercial sex is because of no income, the mentors place what is most important to them as the least aim of the life skill programme. This is an indication that good health and wellbeing of the FSWs comes first so that the FSWs can be able to earn an alternative living.

The respondents were asked on how the FSWs benefit from the life skill programs. The findings, as highlighted, in the table 4.31 where the respondents stated that LSPs benefit FSWs by fulfilled relationships, while 93% stated that the FSWs benefit through link to health services, 93% through ability to make positive health choices and 93% on improved knowledge base among others highlighted.

Table 4.31: Benefit of FSWs from LSPs

Benefit of FSWs from LSPs	Total	Frequency
Fulfilled relationships	17	100
Link to health services	16	93
Ability to make positive health choices	16	93
Make positive health choices	16	93
Gaining respect from other people	15	87
Improved knowledge base	11	67
Ability to make informed life decisions and choices	9	53
Avoiding risky behaviour	9	53

Conversely, the respondents were asked if the female sex workers in the industry are aware of the programs available. Majority (87%) of the respondents stated that the female sex workers in the industry are aware of the programs available while 13% of the respondents stated that they are not. This shows that there is still need for more awareness programs to ensure that a majority of the sex workers are responsive.

The respondents were also asked what makes training sex workers less successful. This question seeks to address the factors that negatively influence the adoption of life skill program for commercial sex workers. The findings are as highlighted in table 4.32.

Table 4.32: Barriers to Successful Sex Workers Training

Barriers to Successful Sex Workers Training	Total	Frequency
Absenteeism during training	4	27
Lack of Proper follow up mechanism to sustain the initiative	3	20
Unwillingness of CSWs to stop	2	13
Sex Workers feel it exposes their identity	2	13
Lack of Provision of alternative income	2	13
Illiteracy among the sex workers	1	7
Classes / types of sex workers	1	7
TOTAL	15	100

4(27%) of the respondents stated that the sex workers are absent during training which affects the success of the training. Other reasons cited are: lack of Proper follow up mechanism to sustain the initiative 3(20%); unwillingness of CSWs to stop 2(13%); sex workers feeling that attending training will expose what they do 2(13%); lack of Provision of alternative income 2(13%) so they must first work before coming for the training; illiteracy among the sex workers

1(7%) making the program hard to understand and the various classes / types of sex workers 1(7%). The reasons highlighted are the barriers to the successful achievement of the uptake of the life skill programs. This indicates that more needs to be done in the LSPs outreach in order to change the mindset and behavior of the FSWs so that they can recognize the importance of the programmes.

In addition, the study sought to check on if Responsiveness of LSPs in line the FSW needs is a factor that affects the adoption of life skill programmes. The findings indicated that all 17(100%) the mentors felt that the current life skill programmes are responsive to Former sex workers. This is an indication that the mentors are embracing the programme and they believe that they are receptive. The respondents also verified that the programs were both conducted in group setting and on a one on one setting. Sustainability of the life skill training program was also tested as the findings indicated that the majority 14(87%) of the respondents feel that the life skills training should be long term while 3(13%) felt that it should be short term. This is in agreement with the response by the commercial sex workers where majority stated that the life skills training should take over 5 years.

Unfortunately, the respondents also indicated that there were certain life skills programs not offered to the sex workers. The findings are as highlighted in table 4.33, were meant to determine the gap between training needs and requirements of the commercial sex workers.

Table 4.33: Life Skill Program not offered

Life Skill Program not offered	Frequency	Percentage
Alternative income activities	7	40
Self defence against violence	6	33
Drug abuse	3	20
Proper comprehensive health sessions on preventative health	1	6
Total	17	100

7(40%) of the respondents stated that alternative income activities as not being offered by the training, 6(33%) stated self defence against violence, 3(20%) stated drug abuse and 1(6%) stated proper health sessions on preventative health. This is an indication that there are more trainings that need to be integrated in the LSPs in order to achieve the goals set for the programmes.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS & RECOMMENDATIONS

5.1 Introduction

This chapter presented the discussion of key data findings, conclusion drawn from the findings and recommendations made. The conclusions and recommendations drawn were focused on addressing the purpose of this study which was to assess the influence of the adoption of life skills programmes among female sex workers, through a case study of non-governmental organizations in Naivasha Sub-County.

5.2 Discussion of the findings

The study sought to assess the influence of stigma and discrimination, sexual violence and abuse, lack of adequate education and training and poverty in the adoption of life skills programmes among female sex workers.

5.2.1 Cultural stigmatization and discrimination and adoption of LSPs

The FSWs face real life challenges that influence taking up life skill programs. Cultural discrimination and stigma in this study indicates the isolation and oppression of FSWs who are seen as disposable people making them to live in fear of retribution. As the study established, majority of the respondents did not want to reveal that they were FSWs for fear of stigmatization and discrimination. This is in agreement with Delacoste (1998) that sex workers stigma results from sex workers engagement in the trade of sex since its expectations defy the norm or standards within the society that recognises them as women. In this case the FSWs lack adequate help from the community, churches, health centres, and law enforcement among others.

The discrimination that female sex workers face makes health care access, housing and other opportunities in employment difficult. This heightens their vulnerability to verbal abuse, physical and sexual assault, arrests and harassment. (CASAM 2008). In addition FSWs also feared retribution from authority. According to the study findings, majority of the FSWs believed that they would not get help from the police 21% and 17% did not want to be known that they were

sex workers since feared being busted for sex work and police blame. This establishes the fact that in as much as the FSWs are conscious of the fact that commercial sex is not appreciated by the police. This finding is in agreement with Ghosal (2013), that stigma is increased among the sex workers when criminal laws against the sex industry make the sex workers hide, driving them away from accessing services that are beneficial thus creating obstacles that render the sex workers powerless hence being vulnerable to violence, human rights violations and corruption

5.2.2 Education and training and adoption of LSPs

The study established that all the FSWs sampled have attended formal basic education. The findings further established that most of the FSWs are educated to primary level, closely followed by secondary level while very few to tertiary or diploma level. This agrees with Balfour (2014) that girls and women are more exposed to information and knowledge about their bodies and sexuality where else poor education reduces the chances of finding alternative income generating skills, limiting mainstream form of employment thus driving women into sex work

In addition, 52% of RFSWs have not received any other training after formal education since they reformed especially short courses or vocational courses which would lead to a handicap in trained skills. This is in agreement with Balfour (2014) that when they receive more education they are more likely to live healthier lives, make informed decisions, and negotiate on issues affecting them, such as safer sex

In addition to education and training, the mentors and peer educators all (100%) believe that sex health education is important. This shows that they have the right attitude and believe that there is a need to educate the sex workers on health issues and consequently the value that they have tied to health education. This is in agreement with Balfour (2014) that when girls and women receive more education they are more exposed to information and knowledge about their bodies and sexuality enabling them to more likely live healthier lives, make informed decisions, and negotiate on issues affecting them, such as safer sex.

5.2.3 Sexual violence, exploitation and adoption of LSPs

The study established that 72% of RFSWs have either been sexually or physically violated by a client while in the line of work. Additionally, majority did not report to the relevant authority

after the abuse because they feared the repercussions or did not want to reveal they were a sex worker while a few stated that had fear of being found out. Others felt that the police would not assist them and others stated that they did not feel it was a serious issue. This is in agreement with Gachuhi (1999) that verbal abuse, physical and sexual violence are a common experience among sex workers in almost all sex work settings but is not spoken out due to the social stigma associated with rape and abuse. In total, the commercial sex workers stated that they have not reported the violence because majority did not believe that they would get assistance from the police. This establishes the fact that the both the RFSWs and CSWs are conscious of the fact that commercial sex is not appreciated by the authority especially the police. This agrees with Balfour (2014) that the relationship between the sex workers and police is often poor and lacks trust thus leading to a problematic recording of violence against them since understanding on both sides is not there. In addition, the study indicates that only 58% of FSWs reported the violence to another person other than the police. According to Balfour (2014) government policies have pushed the sex workers into marginalised and vulnerable positions by neglecting their complex needs and criminalising sex work.

5.2.4 Poverty and adoption of LSPs

The study established that most FSWs engaged in sex work centrally for economic needs. Many joined the sex industry mainly to pay household expenses, to support their children or family and because of lack of employment. This is in agreement with Jena (2010) that lack of alternative opportunities causes millions of people sell sex so as to earn a livelihood for themselves and their dependants. It is emphasized more that many mothers are forced to engage in sex work so as to gain financially and, some older rich men procure sex from young females in exchange for presents or money for spending depicting social inequalities experienced in the communities.

The study discovered that the need for money by children as a major factor contributing to the small percentage of under-age girls engaging in sex exploitation activities as established in the study. Gachuhi (1999) many youth of both sexes are coerced into sexual activities earlier because of poverty and majority may be unable to use condoms for pregnancy and STIs protection since they have little power to bargain or negotiate in their sexual relationships.

The study findings established that a big percentage of the FSWs were single parents, either divorced, separated or widowed, while only a few married. This shows existence of gender inequalities in the development of education, skills and information as Ampofo in Mgbako et al (2011) observes. The increasing burden on women of having many dependants and the access to development programmes inequalities has translated to women having lower income with more dependants contributing to lack of education, skills and information extending generational poverty among women. The pressures of single motherhood and informal sectors instability can leads women to view sex work as an economically viable option for themselves and their families since they do not have male partners to give them financial support.

While the study also established that 67% of the RFSWs were involved in other activities other than commercial sex work, majority indicated that they missed the easy flow of money coming from sex work. According to UK NSWP (2008b) the attraction to return to sex work in order to meet financial needs can be strong since a low income can at times be overwhelming. Therefore, since there are few other options for meeting financial commitment returning to sex work is an attractive prospect during the exiting process. This is precipitated by the flow of easy money was an attraction factor that make FSWs not find it easy to leave or go back the sex industry.

5.3 Summary of the Findings

The following findings are based on the independent variables of the study.

The first objective of the study was to establish the influence of cultural stigmatization and discrimination on adoption of life skills programmes among FSWs. From the study, 87(100%) of the FWSs are experience stigma and discrimination in their work. Majority of the CSWs stated that other people in the community refused to associate with them but the relationship between RFSWs and the community could associate with them since they reformed. The study also sought to establish if both the RFSWs and CSWs felt that the relevant authority, in this case the police, community leaders, and church leaders cared about their welfare. Further, the main purpose of visit for the mentors for the RFSWs was to mostly improve business and secure a loan for the group and monitor the businesses they had set up. In addition, the findings highlighted that the mentors visited CSWs to advice on VCT; check on cases of physical assault

and accompanied the assaulted to report to relevant authority and to advice on reproductive health. For the CSWs, there is little to no mention on the mentorship of life skills.

The second objective was to establish the influence of education levels or background on the adoption of life skills programmes among FSWs in Naivasha sub-county. The findings indicate that all the RFSWs and CSWs sampled have attended formal basic education, mostly to primary level. Majority of the RFSWs have not received formal education since they reformed while others have been trained on short courses or vocational courses. This shows that there is still work to be done to ensure that most of them receive training to ensure they adopt life skills programmes. The study also indicated that the mentors and peer educators all believe that health education is important. This shows that they have the right attitude and believe that there is a need to educate the sex workers on health issues and consequently the value that they have tied to health education. This show that the FSWs have the education background which is a success factor in the adoption of life skills programmes.

The third objective of the study was to assess to what extent sex violence and exploitation has influenced adoption of life skills among FSWs in Naivasha sub-county. The study findings indicated that there was a small percentage of under-age girls sampled in the sex industry with none to have reformed by the time of the research. The study also indicated that there is a very high rate 72% of FSWs having been either physically or sexually violated by a client in the line of work. Majority of them did not report the violation because majority did not believe that tdid not have the trust that he police would assist, did not see it as a serious issue, and they did not want to come out that they were sex workers. This highlights the fact that the both the RFSWs and CSWs are conscious of the fact that commercial sex is not appreciated by the authority especially the police. In addition, the study indicates that majority of RFSWs and CSWs reported the assault to another person other than the police.

The fourth objective of the study sought to determine the effects of poverty on adoption of life skills programmes among FSWs in Naivasha sub-county. The study sought to better understand if the root cause of the commercial workers both current and reformed for joining the sex industry was due to poverty. According to the findings both RFSWs and CSWs joined the sex industry mainly to pay household expenses, to support their children or family and because of

lack of employment. This shows that most of the respondents are driven by the financial responsibilities for their children and loved ones. It is important to note that most of the RFSWs are operating their own businesses since going through LSPs. However, the findings indicate that majority of the RFSWs stated that they missed the easy money that they made while working in the commercial sex industry. This highlights that money is a lead driver to the women indulging in commercial sex indicating that most of the sex workers current and reformed have a responsibility to take care of; therefore the adoption of life skills is important for them so that they can acquire skills to do other income generating activities.

5.4 Conclusion

The following are conclusions based on the summary of the findings and the relevant literature review.

The first conclusion is that FSWS' stigma and discrimination is a major factor that influences adoption of life skills. Majority of FSWs go through a lot of stigmatisation and discrimination from the community around them which leads them to feeling alone and isolated. However, more needs to be done through LSPs to improve access to services for women and girls by removing barriers to help in positive decisions making and choice of lifestyle so as to access services that will enhance knowledge, positive attitude and skills to help them personally and socially.

The second conclusion is that most FSWs education levels or background are affecting adoption of life skills programmes. Most CSWs do not have adequate training and education before joining sex work which has led to risky lifestyles. They also miss the opportunities of better jobs due to lack of skills. For the RFSWs, the vocational training beyond the basic formal training has helped them adopt alternative income generating skills. This training has also created economic and life opportunities apart from sex work for the RFSWs.

The third conclusion is that sex violence and exploitation also influences adoption of life skills. Verbal abuse, physical and sexual violence are a common experience among sex workers in almost all sex work settings. Since sexual violence and exploitation is likely to involve unsafe sex, FSWs are yet to learn the skills of negotiating condom use or discuss safe sex. Most CSWs do not have adequate information and knowledge on better health care services, for contraception

during emergencies, prevention and treatment of HIV, care after abortion, and psychosocial support. The programmes should enhance better approaches to equality in gender, empowerment of women and transformative investments in to tackle sexual violence against FSWs.

The fourth conclusion is that most women and girls have joined sex work since there is an absence of other opportunities to earn a living for themselves and their dependants. The need for money by the FSW in order to support their families has led to staying for long in the sex industry since it's deemed as an easy money making activity. Therefore LSPs should be able to empower women economically in order to meet their financial needs.

5.5 Recommendations

The study recommends that

1. There is need for more information that needs to get to the FSWs on how to be safe and stay healthy. This shows that the CWSs have the information gap and would like information on the same.
2. Other than basic formal education FSWs need to be trained on short courses or vocational courses. This shows that there is still work to be done to ensure that most of them receive training to ensure they adopt life skills programmes.
3. There is need for more community and authority outreach and support to help the FSWs change to another job. Since most respondents are driven by the financial responsibilities for their children and loved ones into sex work. This shows that if the FSWs adopt life skills programmes, they could be able to tackle some of the financial challenges they are facing.
4. For the CSWs, there is more need for mentorship of life skills so that they can easily transition from sex work. There should be proper follow up mechanism to sustain the initiative and also there is need to have a well-developed life skill program for sex workers with a clear and sustainable structure.

5.6 Recommendations for Further Study

This study focused on cultural stigmatization and discrimination, education and training, sexual violence and poverty. More research studies should be carried out to find out other factors influencing adoption of life skills among FSWs.

The focus of this study was on Naivasha Sub County. Future research studies should consider similar studies in other sub counties and counties that sex work is a thriving business so as to give a wider representation of views on factors influencing adoption of life skills among female sex workers in Kenya.

REFERENCES

- Aidsalliance (2014, June 11). *Surviving sexual violence*. Retrieved from <http://www.aidsalliance.org/about/news/177-surviving-sexual-violence>
- Ajzen, I., & Fishben, M. (1980). *Understanding attitudes and predicting social behavior*. Englewood Cliffs, NJ: Prentice-Hall.
- Ajzen, I. (1985). *From Intentions to action: A theory of planned behavior*. In J. Kuhl and J. Beckam (eds.) *Action Control: From cognition to behavior*.
- Balfour, R. with Allen, J. (2014). *A Review of the Literature on Sex Workers and Social Exclusion* by the UCL Institute of Health Equity
- Bandura, A. (1982): "Self-efficacy Mechanism in Human Agency," *American Psychologist*, 37(2), 122–147.
- Bindel, J. Brown, Easton, H., Matthews, R. and Reynolds, L. (2012). *Breaking down the barriers: A study of how women exit prostitution*. London: Eaves and London South Bank University.
- Boff, A. (2012) *Silence on Violence: Improving the Safety of Women. The policing of off-street sex work and sex trafficking in London*. Available at: <http://www.uknswp.org/wpcontent/uploads/SILENCEONVIOLENCElondonmajorofficereport19thmarch2012.pdf>
- Center for Advocacy on Stigma and Marginalization CASAM July, (2008) Sampada G, Mahila S [SANGRAM] *Rights-Based Sex Worker Empowerment Guidelines: An Alternative HIV/AIDS Intervention Approach to the 100% Condom Use Programme*.
- Delacoste, Frédérique and Alexander, P. (eds). 1998. *Sex Work: Writings by Women in the Sex Industry*. California, USA: Cleis Press
- Ditmore M. (2011). *A Holistic Approach to HIV Prevention Programming for Female Sex Workers*. AIDSTAR-One spotlight on prevention and USAID.

- Edegoh L, O. N., Asemah E, S., and Ude-Akpeh, C. E., *Research on Humanities and Social Sciences*. ISSN 2222-1719 (Paper) ISSN 2222-2863 (Online) Vol.3, No.13, 2013. Available www.iiste.org
- Fayemi, A.K., (2009). The Challenges of Prostitution and Female Trafficking in Africa: An African EthicoFeminist Perspective. *The Journal of Pan African Studies*, vol.3, no.1.
- Farley, M. et al. (2003), "Prostitution and Trafficking in Nine Countries: an Update on Violence and Posttraumatic Stress Disorder", *Journal of Trauma Practice*, Vol. 2, No. ¾. Available at:<http://www.prostitutionresearch.com/pdf/Prostitutionin9Countries.pdf>.
- Gachuhi D., (1999). The impact of HIV/AIDS on education systems in the Eastern and Southern Africa Region and the Response of Education Systems to HIV/AIDS: Life Skills Programmes. *UNICEF ESARO*.
- Ghosal, S., Jana, S., Mani, A., Mitra, S., Sanchari R., (2013).Sex Workers, Stigma and Self-Belief:Evidence from a Psychological Training Program in India*, (written paper) September 23, 2013
- Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. New Jersey: Prentice-Hall
- Howe, R. and Rochelle, K., (2014). Abolishing the Stigma: The Collective Struggle and Right to Sexual Self-Determination among Commercial Sex Workers in Two Locations in Trinidad *Journal of the Department of Behavioural Sciences*, Vol. 3, (1), February 2014
- <http://www.un.org/womenwatch/daw/followup/responses/Botswana.pdf>
- International Center for Alcohol Policies (ICAP). (2000). *Practical Guides for Alcohol Policy and Prevention Approaches*. Washington, DC: Author.
- ILO (2004). Report of the Sectoral Study on Child Labour and Commercial Sex Exploitation of Children in Uganda

- Jeffreys, S., (2000). *Challenging the Child/Adult Distinction in Theory and Practice on Prostitution* 359–379 ISSN 1461-6742 print/ISSN 1468-4470 online. Taylor & Francis Ltd. Available at: <http://www.tandf.co.uk/journals>. University of Melbourne, Australia
- Jena, M. (2010, 17 February). INDIA: *Education as empowerment tool for children of sex workers*. Inter Press Service (News Agency). Retrieved on July 9, 2012 from <http://www.ipsnews.net/2010/02/india-education-as-empowerment-tool-for-children-of-sex-workers>
- Jitta J., Okello M., (2010). Prevention of HIV/AIDS infections among Female Commercial Sex Workers in Kampala, Uganda. *The African Medical and Research Foundation*.
- Khalatbari J., Mohammad M.K., Dr. Shohreh G., Dr. Shahnam A. and Saeedeh, M. (2011). Psychological explanation of the importance of life skills training programs, applications and challenges facing to it. *International Journal of Scientific & Engineering Research Volume 2, Issue 8, August-2011 1* ISSN 2229-5518 IJSER. Available at: <http://www.ijser.org>
- Keikhayfarzaneh, M. M., (2011). *The effectiveness of life skills training in familial stress & social acceptance in employees of some offices in zahedan city [Dissertation]*. Tonekabon: Islamic Azad University, Tonekabon Branch.
- Koloso , L. C. (2010). *Life Skills for National Development in Lesotho: Can ODL Do it?* Institute of Development Management – Lesotho. Available <http://dspace.col.org>
- Kothari, C. R. (2004). *Research Methods; Methods and Techniques*. New Delhi; New Age International Publishers
- Leo, O. N., Edegoh, Ezekiel, S., Asemah, Chinelo, E. and Ude-Akpeh (2013). *A Study of HIV/AIDS Media Campaigns and Knowledge of High Risk Factors among Sex Workers in South-South Nigeria* Research on Humanities and Social Sciences, ISSN 2222-1719 (Paper) ISSN 2222-2863 (Online) Vol.3, No.13, 2013 Available at: www.iiste.org

- Mgbako C., Smithy L. A., (2011). Sex Work and Human Rights in Africa. *Fordham International Law Journal Volume 33, Issue 4 2011 Article 2.*
- Mgbako C., Fenrich J., Higgins T. E. (2007). We Will Still Live: Confronting Stigma and Discrimination Against Women Living with HIV/AIDS in Malawi. *Fordham International Law Journal, Malawi Report 2007.*
- Miller, M. J., (2007) Western International University RES 600: Graduate Research Methods. At Work, *Issue 50, Fall 2007: Institute for Work & Health, Toronto.* Available at www.iwh.on.ca/wrmb/validity-and-reliability
- Mugenda, O. M., and Mugenda, A. G. (2003). *Research Methods; Quantitative and Qualitative.* Nairobi; Acts Press.
- Nossal Institute for Global Health, (2011).A Literature Review of International Approaches to Sex Work City of Port Phillip. The University of Melbourne.
- Nyagero, J., Wangila, S., Kutai, V., Olango, S., (2012; 13).Behaviour change and associated factors among Female Sex Workers in Kenya. *Pan Afr Med J. 2012; 13 (Supp 1):16*
- Samuels, F., (2012). *Life-skills education in the context of HIV and AIDS* Background paper prepared for the Education for All Global Monitoring Report 2012 *Youth and skills: Putting education to work.*
- Sharon, B. (2010).The Annual meeting of American Political Science Association (APSA) Short Course: Legal Challenges to Gender Based Violence USA Washington DC *Child Tourism Prostitution in the Context of Development, In the Coastal Towns of Kenya.* Coastal Women in Development.
- South African National AIDS Council (2013). *National Strategic Plan for HIV Prevention, Care and Treatment for Sex Workers.* Pretoria, South Africa.
- STRIVE (2013). Reducing HIV-related stigma among female sex workers. Karnataka Health Promotion Trust (KHPT) KHPT, ICRW, UNDP and STRIVE.03-*ICRW_STRIVE stigma case study-KHPTV1.*, 2013

- Suen, S. (2013). *The education of women as a tool in development: challenging the African maxim* Hydra 1(2) pp.60-76. Available at <http://journals.ed.ac.uk/hydra>
- Topping A. (2013, January 15). *The Guardian*, Retrieved from <http://www.guardian.co.uk/uk/2013/jan/15/oxford-gang-girls-prostitutes-bailey>
- UK Network of Sex Work Projects [UK NSWP] (2008a) *Working with Migrant Sex Workers. Good practice guidance*. London: UK NSWP.
- UK Network of Sex Work Projects [UK NSWP] (2008b) *Working with Sex Workers: Exiting. Good practice guidance*. London: UK NSWP.
- UK Network of Sex Work Projects [UK NSWP] (2008c) *Working with Male and Transgender Sex Workers. Good practice guidance*. London: UK NSWP.
- UK Network of Sex Work Projects [UK NSWP] (2009) *Sex Workers & Sexual Health: Projects responding to needs*. <http://www.uknswp.org/wp-content/uploads/Deptofhealth.pdf>.
- UNAIDS (2006). *Outreach work among marginalised populations in Europe guidelines on providing integrated outreach services HIV and sexually transmitted infection prevention among sex workers in Eastern Europe and Central Asia / UNAIDS.(UNAIDS best practice collection)*.
- UNAIDS (2009-12). *UNAIDS Guidance Note on HIV and Sex Work Joint United Nations Programme on HIV/AIDS. The legal and policy environment and the rights of sex workers. UNAIDS/09.09E / JC1696E (Last updated April 2012)*.
- Vuylsteke, B. and Jana, S. (2012). *HIV/AIDS Prevention and Care in Resource-Constrained Settings*, *Glob Health Action* 2012,5: 19279 - <http://dx.doi.org/10.3402/gha.v5i0.19279>.
- World Bank (2002). *Education and HIV/AIDS: A Window of Hope*. Available at http://siteresources.worldbank.org/EDUCATION/Resources/278200-1099079877269/547664-1099080042112/Edu_HIVAIDS_window_hope.pdf.

World Health Organization (WHO), (2005), Department of Gender, Women and Health (GWH), Family and Community Health (FCH) Information Bulletin Series, Number 3, *Violence Against Women and HIV/AIDS: Critical Intersections — Violence against sex workers and HIV prevention*. Available at: <http://www.who.int/gender>

World Health Organization (WHO), (1997a). *Life skills education for children and adolescents in schools: Introduction and guidelines to facilitate the development and implementation of life skills programmes*. Geneva, Switzerland: WHO Programme on Mental Health. Vol.3, No.13, 2013.

APPENDICES

Appendix I: Letter of Introduction

NAZARENE MUTHONI MAINA

P.O. BOX 1276,

NAIVASHA

Dear Sir/Madam,

RE: RESEARCH PROJECT DATA COLLECTION

I am a Masters of Arts in Project Planning and Management student at the University of Nairobi. As part of the course, I am required to carry out a research project on factors influencing the adoption of life skills programmes among female commercial sex workers.

I intend to collect data in form of questionnaires to help in the data analysis and recommendation which will help in understanding behaviour change among sex workers. The information collected will be treated with confidentiality and will be used only for this study.

I kindly request you to fill in the attached questionnaire.

Thank you for your cooperation.

Yours faithful,

Nazarene M. Maina

Appendix II: Questionnaire for Current sex workers

Dear respondent,

Dear Sir/Madam

You are invited to participate in the above mentioned research project. The survey should only take 10 – 15 minutes to complete. To ensure confidentiality of all responses, you are not obliged to provide your name. The information you give in response to this survey will be purely used for academic purpose.

(Instruction: Where choices are provided, please tick (√) the appropriate box or write your answer on the space provided and give explanations where they are required.)

DO NOT WRITE YOUR NAME ANYWHERE ON THE QUESTIONNAIRE.

Section I

Demographics Characteristics of Respondents

1. Please tick your respective age bracket

Within what age range are you now? (*Tick where appropriate*)

Under 16 years [] 16-17 years [] 18-21 years []

22-29 years [] 30-45 years [] Over 45 years []

2. How many years have you lived in this town?

Less than 2 years [] 2 - 6years []

7 – 11 years [] More than 12 years []

3. Where did you live most of your life?

Urban [] Rural []

4. What is your marital status?

Single – never married []

Living with regular partner []

Married []

Separated / Divorced / Widowed []

Section II

This section will determine the current behavioural patterns.

5. At what age did you start working as a sex worker?

Under 16 years 16-17 years 18-21 years

22-29 years 30-45 years Over 45 years

6. Who do you currently live with?

Alone

With friends/peers

With partner

With family

Other (*specify*): _____

7. Do you have children?

Yes No

If yes, how many children do you have?

8. Do your children (or child) live with you?

Yes No

Section III

This segment will try to identify the influence of the various factors influencing adoption of life skills programmes among the female sex workers

9. Have you attended formal education?

Yes No

If yes, what is the highest level of education you completed?

Primary Education

Secondary Education

Technical/ College Diploma

University Degree

10. What made you join sex work?

(tick with ✓ or X for the appropriate answer)

To pay household expenses (<i>bills / food / rent</i>)	
Dropped out of school / college	
Saving up	
To support my children/family	
Lack of other sources of income/ employment	
Pay for my education	
Influence by friends	
Made to work by someone	
For alcohol and other drug use	
Because it's not against the law	
Other (<i>what?</i>) t)	

11. Where do you mostly work from?

Streets	
Brothel/lodgings	
Escort agency	
Privately	
Bars	
As a house help	
Flower farms	
Other	

12. Have you ever told any of the following that you are a sex worker?

Family members		
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Any close friend		
Partner		
Health workers		

13. Have you either been verbally abused, physically or sexually violated by a client at work?

Yes [] No []

14. Did you report this to the relevant authority?

Yes [] No []

15. If not, what was the main reason for not doing so(*Tick one only*)

Did not find it to be a serious issue	
Did not trust the police to assist	
Didn't want to come out that I was a sex worker	
Police will blame me because I'm a sex worker	
Fear of being arrested	
Fear of being harassed in future	

16. Did you report this violation to any other person other than the police?

Yes [] No []

17. If you didn't do so, what was the main reason for not doing so? (*Tick one only*)

Did not find it to be a serious issue	
Did not believe they would assist	
Did not want to come out that I was a sex worker	
They always think it's my fault because I'm a sex worker	
Fear of what people will think	
Anything else – write in:	

18. Do you think the relevant authority (police, church leaders, community elders) care about your safety as a sex worker?

Most are concerned	
Some are concerned	
None are concerned	
Don't know	

19. Has any Mentor paid you a visit in the last year?

Yes [] No []

Why?

.....

20. Had you been given any advice on health safety before you started sex work?

Yes [] No []

21. Have you ever taken a break from sex work?

Yes [] No []

If yes, why did you stop?

.....

22. What do you miss about sex work?

.....

23. Why is it hard to stop sex work?

.....

24. Why would someone leave sex work?

.....

25. How long do you think that you will stay in sex work?

Less than 1 year [] 1-2 years []

3-5 years [] More than 5 years []

26. Would you like to add anything else?

.....

Appendix III: Questionnaire for Reformed FSWs

Dear respondent,

You are invited to participate in the above mentioned research project. The survey should only take 10 – 15 minutes to complete. To ensure confidentiality of all responses, you are not obliged to provide your name. The information you give in response to this survey will be purely used for academic purpose.

(Instruction: Where choices are provided, please tick (√) the appropriate box or write your answer on the space provided and give explanations where they are required.)

DO NOT WRITE YOUR NAME ANYWHERE ON THE QUESTIONNAIRE.

1. Please tick your respective age bracket

Within what age range are you now? (*Tick where appropriate*)

Under 16 years [] 16-17 years [] 18-21 years []

22-29 years [] 30-45 years [] Over 45 years []

2. How many years have you been living in this town?

Less than 2 years [] 2 - 6years []

7 – 11 years [] More than 12 years []

3. Where did you live most of your life?

Urban [] Rural []

4. What is your marital status?

Single – never married []

Living with regular partner []

Married []

Separated / Divorced / Widowed []

Section II

This section will determine the current behavioural patterns.

5. At what age did you start working as a sex worker?

Under 16 years [] 16-17 years [] 18-21 years []

22-29 years [] 30-45 years [] Over 45 years []

6. How long did you work as a sex worker?

Less than one year [] 1-3 years [] 3-5 years []

6-7 years [] 8-10 years [] Over 10 years []

Other (*specify*): _____

7. Do you have children?

Yes [] No []

If yes, how many children do you have?

8. Do your children (or child) live with you?

Yes [] No []

Section III

This segment will try to identify the influence of the various factors influencing adoption of life skills programmes among the female sex workers

9. Have you ever attended formal education?

Yes [] No []

If yes, what is the highest level of education you completed?

Primary Education []

Secondary Education []

Technical/ College Diploma []

University Degree []

10. What form of training or education have you gone through since leaving sex work?

Primary Education []

Secondary Education []

Technical/ College Diploma []

Short vocational course []

None []

27. What made you join sex work?

(tick with \surd or X for the appropriate answer)

To pay household expenses (<i>bills / food / rent</i>)	
Dropped out of school / college	
Saving up	
To support my children/family	
Lack of other sources of income/ employment	
Pay for my education	
Influence by friends	
Made to work by someone	
For alcohol and other drug use	
Because it's not against the law	
Other (<i>what?</i>) t)	

11. What else were you doing other than sex work?

Nothing	
short course	
part-time work	
full-time work	
Taking care of family	
house help	
Flower farms	

12. What is your current source of income at the moment?

Tailoring and Dressmaking	
Catering	
Paid house help	
Farming	
Own a shop	
None	

Other	
----------------	--

13. Did you tell any of the following people that you worked in the sex industry

Any family member	
Any close friend	
Partner	
Health workers	

If so, how did they take it?

Did not care much	
Refused to be associated with me	
Encouraged me	
Other	

14. Have you either been verbally abused, physically or sexually violated by a client at work?

Yes [] No []

15. Did you report this to the relevant authority?

Yes [] No []

16. If not, what was the main reason for not doing so(*Tick one only*)

Did not find it to be a serious issue	
Did not trust the police to assist	
Didn't want to come out that I was a sex worker	
Police will blame me because I'm a sex worker	
Fear of being arrested	
Fear of being harassed in future	

17. Did you report this violation to any other person other than the police?

Yes [] No []

18. If you didn't do so, what was the main reason for not doing so? (*Tick one only*)

Did not find it to be a serious issue	
Did not believe they would assist	
Did not want to come out that I was a sex worker	
They always think it's my fault because I'm a sex worker	
Fear of what people will think	
Anything else – write in:	

19. Do you think the relevant authority (police, church leaders, community elders) care about your safety as a sex worker?

Most are concerned	
Some are concerned	
None are concerned	
Don't know	

20. Since leaving sex work, what is your relationship with the local community?

Most are concerned	
Some are concerned	
None are concerned	
Don't know	

21. Had any mentor visited your workplace in the last year?

Yes [] No []

If yes, what was the purpose of their visit?

.....

22. Do you regularly go for health checkups?

Yes [] No []

If not, why?

.....

23. Have enough advice and information now to keep yourself safe?

Yes [] No []

24. Where did you get the information?

a) Life Bloom International Services	
b) Health Centre /Dispensary	
C) K-Note	
d) Social welfare and gender office	
e) Community Seminars	
f) Church/Mosque	
g) counsellor	
h) Other	

25. What benefits have you got from the LSPs offered?

.....

26. How long will you stay in the life skill programme?

Less than 1 year [] 1-2 years []

3-5 years [] More than 5 years []

28. Would you like to add anything else?

.....

Appendix IV: Questionnaire for mentors and peer educators

Dear respondent,

You are invited to participate in the above mentioned research project. The survey should only take 10 – 15 minutes to complete. To ensure confidentiality of all responses, you are not obliged to provide your name. The information you give in response to this survey will be purely used for academic purpose.

(Instruction: Where choices are provided, please tick (✓) the appropriate box or write your answer on the space provided and give explanations where they are required.)

DO NOT WRITE YOUR NAME ANYWHERE ON THE QUESTIONNAIRE.

1. How long have you worked as a peer educator/ mentor?

Less than 1 year 1-2 years

3-5 years More than 5 years

2. What is the main aim of life skill programmes introducing life skills to female sex workers?

.....

3. What skills have you been equipped with as a peer educator to help you in your work?

Health education	
HIV prevention	
Condom use	
Behaviour change	
Other (<i>what?</i>)	

4. In your opinion which of the following of mentoring are female sex workers exposed to in Naivasha sub-County?

.....

5. In your opinion, do you think the current LSP is responsive to FSWs needs?

Yes No

6. Are female sex workers in the industry aware of the programs available?

Yes [] No []

7. What Life Skills Training Programs are not offered?

.....

8. Should life skills training be short term or long term?

.....

9. How are training programmes conducted?

Group setting [] one on one setting []

10. What in your opinion are some of the reasons why females enter into sex work?

To pay household expenses (<i>bills / food / rent</i>)	
Dropped out of school / college	
Saving up	
To support children/family	
No other source of income/ employment	
Pay for education	
Influence by friends	
Made to work by someone	
Support for alcohol or other drug use	
Because it's not against the law	
Other (<i>what?</i>).....	

11. Which of the following challenges do FSWs report?

Stigma and discrimination	
Sexual violence and abuse	
Lack of education and training	
Live in poverty	
Other (<i>what?</i>)	

12. How do you break down habits acquired during sex work?

.....
.....

13. What are the attributes of a successful training program?

.....
.....

14. How long does training of FSWs in Life skills programmes?

Less than 1 year [] 1-2 years []
3-5 years [] More than 5 years []

15. What makes training sex workers less successful?

.....

16. Do you think health education is important for everyone?

Yes [] No []

17. Do you think health education can improve lives of many?

Yes [] No []

18. In your opinion, how do the FSWs benefit from LSPs at

Fulfilled relationships	
Gaining respect from other people	
Improved knowledge base	
Development of leadership skills	
Link to health services	
Ability to make positive health choices	
Ability to make informed life decisions and choices	
Avoiding risky behaviour	

29. Would you like to add anything else?

.....

Appendix V: Research Authorization Letter



NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

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Email: secretary@nacosti.go.ke
Website: www.nacosti.go.ke
When replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref. No.

Date:

NACOSTI/P/15/8631/6335

28th July, 2015

Nazarene Muthoni Maina
University of Nairobi
P.O. Box 30197-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on "*Factors influencing adoption of life skills programmes among female sex workers in Kenya: A case study of Non Governmental Organizations in Naivasha Sub-County,*" I am pleased to inform you that you have been authorized to undertake research in **Nakuru County** for a period ending **31st August, 2015.**

You are advised to report to **the Directors of selected Non Governmental Organizations, the County Commissioner and the County Director of Education, Nakuru County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.


DR. S. K. LANGAT, OGW
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The Directors
Selected Non Governmental Organizations.

The County Commissioner
Nakuru County.



Appendix VI: Research Permit

CONDITIONS

1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit
2. Government Officers will not be interviewed without prior appointment.
3. No questionnaire will be used unless it has been approved.
4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.
5. You are required to submit at least two(2) hard copies and one(1) soft copy of your final report.
6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice.



REPUBLIC OF KENYA



National Commission for Science,
Technology and Innovation

RESEARCH CLEARANCE PERMIT

Serial No. A 5963

CONDITIONS: see back page

THIS IS TO CERTIFY THAT:

MISS. NAZARENE MUTHONI MAINA
of UNIVERSITY OF NAIROBI, 0-100
NAIROBI, has been permitted to conduct
research in Nakuru County
on the topic: FACTORS INFLUENCING
ADOPTION OF LIFE SKILLS
PROGRAMMES AMONG FEMALE SEX
WORKERS IN KENYA: A CASE STUDY OF
NON GOVERNMENTAL ORGANIZATIONS
IN NAIVASHA SUB-COUNTY

for the period ending:
4th December, 2015

Applicant's
Signature


Director General
National Commission for Science,
Technology & Innovation