Influence Of Socio Demographic Factors Of Female Sex Workers On Utilizations Of Sexual Reproductive Health Services

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Abstract- Female Sex Workers (FSWs) are key population due to their vulnerability arising from their behavior, society stigma, and discriminative laws that hinder them from acquiring preventive and curative health services. Prostitution is a big industry with 40 to 42 million persons globally 75% aged 13-25 years and 80% of them being female sex workers. According to Odek, Githuka and Avery mapping in 2014, Kenya hosts 10670 hot spots of about 138420 female sex workers despite the government ban on sex work in 2017 under section 153 and 154 of the penal code. Nairobi City County accounts to 25% of the female sex workers in Kenya. Kenya falls in Sub Saharan country where highest risks of deaths result from HIV, unsafe abortions and unskilled deliveries. Female sex workers who form 5% of the women of reproductive age are at risk to sexual reproductive health complications since they are unable to negotiate for safe sex and seek prompt health services or legal interventions. 31% of maternal deaths in Nairobi are attributed to unsafe abortions while HIV prevalence among FSWs is 29.3% more than 4 times the prevalence in the general population in Nairobi. The study specific objectives included: to determine the influence of socio demographic characteristics on SRHs utilization among FSWs, to assess the association of knowledge on SRHs and utilization among FSWs, to establish the perception of FSWs on SRHs utilization and to determine barriers faced by FSWs while accessing SRHs in Nairobi County. Critical Medical Anthropology Theory that explains ways in which health services are differentially allocated based on social factors and perceptions was used to conceptualize the frame work for association of variables. The determination of sample size was conducted through Fisher et al formulae and attrition rate of 10%, which added to 421 respondents. Data collection was done both qualitatively and quantitative through structured questionnaires, focused group discussion and key informants. The data was cleaned, coded, entered into the SPSS software version 22. The study found out that social demographic characteristics have a relationship with utilization of sexual and reproductive health services through the Chi-Square test of independence (P=0.01<0.05). The study established that knowledge had a significant relationship with utilization of sexual and reproductive health services as shown by the Chi-Square test of independence (P=0.01<0.05).

Index Terms- Female sex workers, sexual reproductive health services, socio demographic factors, Key population, Nairobi City County

I. BACKGROUND

Sexual Reproductive Health poor outcomes contribute to ill health and death among women and girls globally as reported in various WHO statistics and government health demographic surveys. The International United Nations conference on population and Development (1994) conducted in Cairo brought together official representatives of various countries to implement reproductive health strategies by development of guidelines and approaches towards universal coverage of sexual reproductive health components. Kenya developed the reproductive health policy (2007), followed by the constitution that gave Human Right to attainable highest standard of health including reproductive health (constitution of Kenya article 43 (1). A study conducted in China demonstrated low level of SRHs knowledge, high unmet need for modern contraceptives, high levels of unintended pregnancy among FSWs (Kunning et al (2015). A study carried in Ethiopia on accessibility and utilization revealed lack of knowledge and information of SRHs among FSWs (Hailu 2015). A study in Kenya revealed low use of SRHs among FSWs (Yves Lafort et al 2017). More often than not, Female Sex Workers and other vulnerable populations are excluded in nation strategies and programs globally and as a result deny countries the opportunity to get ahead of their
epidemics. Government health policies do not highlight the complex health care needs of FSWs (Njeri, 2016). This often criminalizes FSWs activities and as a result drives them into more vulnerable conditions and poor health outcomes. Violence makes their working life difficult and threatens their health and well-being. Accessibility to sexual reproductive health services is a fundamental right and critical development issue. This study will look at post abortal services, maternal health care, and sexually transmitted infections as areas that are rarely addressed. Odek, Githuka, & Avery, (2014), mapped hot spots in Kenyan urban population revealing 10670 spots with estimate of 138 420 from which approximate 5000 population (5%) were of reproductive age, which concurs with estimates from other Sub-Saharan countries.

The research assistants were trained in advance on data collection, ethical research, and interpersonal skills and questionnaire management. They were taken through each question from the questionnaire and techniques for verifying the information received. All research assistants were proficient in two languages of the respondents (English and Kiswahili).

V. DATA ANALYSIS

Data was validated through random checks, edited to ensure completeness before analysis. The data produced by the study to describe the utilization of SRHs by Female sex workers in Nairobi County was both numerical and non-numerical. Raw data from the field was cleaned, edited and coded to produce meaningful information. Quantitative data was fed into the SPSS software to generate descriptive statistics like frequencies and percentages. Through the SPSS tool, further analysis of relationships was conducted using chi-square. The first and second objective which were to establish the effect of demographics on utilization of SHRs by FSWs and to establish the association between knowledge and utilization of SHRs was analyzed using Chi-Square while the third and fourth objective on perceptions and facility barriers respectively was analyzed by rating the statements in a five-point Likert Scale and computations of means and standard deviations. Tables, graphs and charts presented results for final conclusions and recommendations.

VI. ETHICAL CONSIDERATION

Kenyatta University Graduate School approved the study as well as clearance obtained from Kenyatta University Research and Ethics Committee. Research permit was sought from National Commission for Science Technology and Innovation (NACOSTI) and all relevant authorities and participants before accessing the various centers. The study adhered to confidentiality and anonymity for all relevant respondents by safeguarding their identity and all information received, as well as adherence to plagiarism rules, all materials quoted or used from other authors were acknowledged through references.

This study looked at female sex workers level of utilization of SRHs and health facility barriers in Nairobi City County, Kenya. The specific objectives aligned to the findings presented were: to examine the influence of social-demographic information on utilization of SRHs, to examine the effect of knowledge on SRHs utilization, to determine the effect of perceptions of FSWs on SRHs utilization and to determine the health facility barriers.
Influence of socio demographic Characteristics of FSWs on Utilization of Sexual Reproductive Health Services

The study establishes that social demographic characteristics of FSWs have influence on the utilization of sexual reproductive services. The findings from descriptive statistics indicate that majority of those who engaged in sex work were the youthful generation. Female sex practice was dominant among all marital status categories although more common among the single. The study established that most FSWs had attained secondary and post-secondary education. On the other hand, employment was found to be an insignificant factor when it comes to engagement in female sex as both the employed, unemployed and even the self-employed engaged in the practice. The Female sex workers were also reported to have families with most having between one and three children. The study found out that there is relationship between age group, marital status and level of education and utilization of sexual reproductive health services whereas there was no significant association with number of children and source of employment to utilization of SRHs.

These findings agree with a research conducted by Oginni, Adebajoa and Ahonsib (2015), which found out that demographic characteristics have been discovered to contribute to uptake and utilization of sexual reproductive health services. The findings are parallel to the findings by Ochere & and Nanewortor (2011) that though education level does not affect the ability to engage in sex, FSWs without profession or vocational training are more vulnerable to prostitution in comparison to those with formal education. Level of utilization of SRHs

<table>
<thead>
<tr>
<th>Utilization of SRHS by Female sex workers</th>
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<tbody>
<tr>
<td>High</td>
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<tr>
<td>------</td>
</tr>
<tr>
<td>Contraceptives</td>
</tr>
<tr>
<td>STI screening</td>
</tr>
<tr>
<td>Safe Abortion</td>
</tr>
<tr>
<td>HIV Screening</td>
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<tr>
<td>Cervical Cancer Screening</td>
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<tr>
<td>Average Utilization</td>
</tr>
</tbody>
</table>

From the descriptive statistics, the level of utilization of SRHs is low as evidenced by a higher percentage of low level of utilization (53.2%) as compared to (46.8%) which represents higher level of utilization. The findings reveal that contraceptives were the most consumed reproductive service (82.6%) while HIV screening was the least utilized service (72.5%).
VIII. CONCLUSION

The study concluded that socio demographic characteristics are associated with utilization of sexual and reproductive health services. This concludes that whereas some demographic characteristics such as level of education, marital status and age group have a significant influence on the utilization of sexual reproductive health services, others for instance source of employment and numbers of children do not influence the utilization of sexual health reproductive services. The current study findings are in agree with a research conducted by Oginni, Adebajoo and Ahonsib (2015), which found out that demographic characteristics have been discovered to contribute to uptake and utilization of sexual reproductive health services. The study also established that substantial factors of under-utilization of sexual health reproductive services encompassed of belief, age, level of education, matrimonial position, present employment status, priorities on expenditure from individual incomes and family head gender.

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REFERENCES


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