

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

Beatrice Nangekhe Bwabi \*, Dr.Jane Kieru \*\*, Dr.Maurice Kodhiambo \*\*\*

\* Kenyatta University

\*\* Department of population reproductive health and community resource management, Kenyatta University

\* Pharmacy Kenya University

DOI: 10.29322/IJSRP.11.10.2021.p11856

<http://dx.doi.org/10.29322/IJSRP.11.10.2021.p11856>

**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 13-25years 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 and 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 venerable 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 abortion

## II. SAMPLING

Respondents were selected through snow ball sampling since sex work is illegal and respondents fear public interviews. Therefore, access was through DIC service providers who linked the researcher to peer educators that are also team lead of different hot spots. The respondents were picked as per their willingness and availability to be interviewed at their convenience. The FSWs are highly stigmatized group and unwilling to expose their status therefore the study relied on consent informed links to get respondents. Key informants for the study were recruited through purposive sampling depending on their experience and knowledge in service delivery for SRHs to FSWs. The sample size of 421 was adopted in the study.

## III. INCLUSION AND EXCLUSION CRITERIA

Eligible participants were consenting women aged 15-49 years that are considered to be in reproductive age and prime for sexual involvement. Participants also needed to have been residents of Nairobi City for 3 months minimum and operating as sex workers. However those with mental illness or critically sick were excluded.

## IV. DATA COLLECTION

Participants were recruited and information collected through interview administered questionnaire. The questionnaire covered the consent and 4 objectives measuring influence of demographic factors, relationship between knowledge, and perception of female sex workers on sexual reproductive health service utilization. Administration was done by the principal investigator and/ or research assistants via drop and pick later. Pretesting of the tool was done in Starehe sub county that has the same characteristics as the study sub counties in Nairobi County to avoid contamination. The pretest revealed that some questions were not clear to the respondents therefore rewording was done before data collection. . The focused group discussion was conducted in hot spots totaling 4 comprising 12 peer educators (3 per hotspot). The key informants were 3 health records information officers from Nairobi County and 4 service providers from the sub counties of study .An interview guide was developed to assist the researcher in conducting key informants' sessions county

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 SRHs by FSWs and to establish the association between knowledge and utilization of SRHs 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

faced by Female sex workers in accessing SRHs in Nairobi City County. Research objectives guided data analysis through computation of frequencies, descriptive statistics, content analysis and chi-square tests.

For the study, a total of 421 female sexual workers operating from Nairobi City County were sampled. The researcher administered 421 of which, 305 were returned at a response rate of 72.4%. Non-response was due to absence of some respondents at the time of picking the questionnaires and misplacement since the instrument was administered through the drop and pick later method. According to Mugenda and Mugenda (2010), a response rate of 70% and above is excellent for analysis and making conclusions as presented below.

VII. HYPOTHESIS TESTING

HO<sub>1</sub>: There is no association between FSWs socio demographics characteristics and utilization of SRHs in Nairobi City County.

A Chi-Square test of independence was performed to determine if social demographic characteristics influenced the utilization of SRHs. The Chi-square tests for each of the independent variables are as displayed in the section below;

The null hypothesis is that Age group is not associated with utilization of sexual reproductive health services. The results showcase that Pearson’s Chi-Square value is 82.873 and the significance value is 0.01. Thus, age group is associated with utilization of SHR with significance value less than the critical value ( $p=0.00<0.05$ ). The null hypothesis is therefore rejected

The null hypothesis is that number of children is not associated with utilization of sexual health reproductive services. The results showcase that Pearson’s Chi-Square value is 24.523 and the significance value is 0.079. Thus, there exists no association between number of children and utilization of SHR since the significance value ( $p=0.079>0.05$ ) is more which failed to reject the null hypothesis.

The null hypothesis is that marital status is not associated with utilization of sexual health reproductive services. The results showcase that Pearson’s Chi-Square value is 71.734 and the significance value is 0.010. Thus, marital status is associated with utilization of SHR with critical value ( $p=0.00<0.05$ ). The null hypothesis that marital status is not associated with utilization of SHR is therefore rejected

The null hypothesis is that source of employment is not associated with utilization of sexual health reproductive services. The results showcase that Pearson’s Chi-Square value of 63.452 and the significance value is 0.123 Thus, age group not associated with utilization of SHR since the value obtained in the study is more than the critical value ( $p=0.123>0.05$ ). The study failed to reject the null hypothesis that age is not associated with utilization of SHR.

The null hypothesis is that level of education is not associated with utilization of sexual health reproductive services. The results showcase that Pearson’s Chi-Square value is 40.760 and the significance value is 0.01. Thus, level of education is associated with utilization of SHR since the significance value obtained in the study is less than the critical value ( $p=0.00<0.05$ ). The null hypothesis that level of education is not associated with utilization of SHR is therefore rejected

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, Adebajo 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 & 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

Utilization of SRHS by Female sex workers

	High		Low	
	Freq	Percentage	Freq	Percentage
<b>Contraceptives</b>	252	82.6%	53	17.3%
<b>STI screening</b>	125	41%	180	59%
<b>Safe Abortion</b>	143	46.9%	162	53.1%
<b>HIV Screening</b>	84	27.5%	221	72.5%
<b>Cervical Cancer Screening</b>	112	36.7%	193	63.3%
<b>Average Utilization</b>	<b>143</b>	<b>46.8%</b>		<b>53.2%</b>

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 (27.5%).

### 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, Adebajo 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.

### ACKNOWLEDGEMENTS

The author acknowledges the support from Nairobi County administrative and Health managers for the approval and support of data collection. The support of research assistants Rufus Kandie, Edna Nanjala and Keziah Sarah from Nairobi County. Kenyatta University supervisors for technical support and financial support from Moses Bwabi.

### REFERENCES

[1] Ayehu, A., Kassaw, T., & Hailu, G. (2016). Level of young people sexual and reproductive health service utilization and its associated factors among young people in Awabel District, Northwest Ethiopia. *Plos one*, 11(3), e0151613.

[2] Cameron, B. L., Plazas, M. D. P. C., Salas, A. S., Bearskin, R. L. B., & Hungler, K. (2014). Understanding inequalities in access to health care services for aboriginal people: a call for nursing action. *Advances in Nursing Science*, 37(3), E1-E16.

[3] Christiansen, P., Cole, J. C., Goudie, A. J., & Field, M. (2012). Components of behavioural impulsivity and automatic cue approach predict unique variance in hazardous drinking. *Psychopharmacology*, 219(2), 501-510.

[4] Constitution of Kenya Article 43 (1)

[5] Cooper, D. R., & Schindler, P. S. (2008). *Business Research Methods* (10th ed.). Boston: McGraw-Hill.

[6] Coy, M. e. (2016). *Prostitution, harm and gender inequality: Theory, research and policy*. Routledge.

[7] Cronbach, L. J. (1951). Coefficient alpha and the internal structure of tests. *psychometrika*, 16(3), 297-334

[8] Fisher, L. D. (1998). Self-designing clinical trials. *Statistics in medicine*, 17(14), 1551-1562.

[9] Kaufman, J. C., Cole, J. C., & Baer, J. (2009). The construct of creativity: Structural model for Self-Reported creativity ratings. *The Journal of Creative Behavior*, 43(2), 119-134.

[10] Kipkebut, D. J. (2010). Human Resource Management Practices and Organizational Commitment in Higher Educational Institutions: A Kenyan Case. *IUP Journal of Organizational Behavior*, 9.

[11] Kurtz, S., Surratt, H., Kiley, M., & Inciardi, J. (2005). Barriers to health and social services for street-based sex workers. *Journal of health care for the poor and underserved* 16, no. 2, 345-361.

[12] Lafort, Y., Greener, R., Roy, A., L., Ombidi, W., . . . Reza-Paul, S. a. (2017). Sexual and reproductive health services utilization by female sex workers is context-specific: results from a cross-sectional survey in India, Kenya, Mozambique and South Africa. *Reproductive Health* 14(1), 13.

[13] Leung, R., Malliaropoulos, N., Korakakis, V., & Padhiar, N. (2018). What are patients' knowledge, expectation and experience of radial extracorporeal shockwave therapy for the treatment of their tendinopathies? A qualitative study. *Journal of foot and ankle research*, 11(1), 1-9.

[14] Lim, M., Zhang, X., Kennedy, E., Li, Y., Yang, Y., Li, L., . . . and Luchters, S. (2015, January 27). Sexual and reproductive health knowledge, contraception uptake, and factors associated with unmet need for modern contraception among adolescent female sex workers in China. *PloS one*, 10(1), p.e0115435.

[15] Lutnick, A., & Cohan, D. (2009). Criminalization, legalization or decriminalization of sex work: what female sex workers say in San Francisco, USA. *Reproductive Health Matters*, 17(34), 38-46.

[16] Ministry of Health: Kenya Aids Strategic Framework (KAF 2015-2018).

[17] Ministry of Health. (2012). *Kenya Health Policy 2012-2030*: Nairobi. Ministry of Health

[18] Mugenda, A. (2008). *Social Science Research, Theory and Principles*. Nairobi: Applied Research and Training Services

[19] Mugenda, O. M., & Mugenda, G. A. (2003). *Research methods*.

[20] Mugenda, A., & Mugenda, O. (2003). *Research Methods: Quantitative and Qualitative approaches NAIROBI*: African Center for Technology Studies (ACTS).

[21] National AIDS and STI Control Programme (NASCOP). (2013). *Kenya AIDS Indicator Survey 2012: Preliminary Report NASCOP*. Nairobi, Kenya.

[22] Njeri, N. C. (2016). *Barriers faced by female sex workers in seeking Healthcare at Public Health facilities in mlolongo ward, athi-river sub-county*. University of Nairobi: PhD diss.

[23] Nyagero, J., Wangila, S., Kutai, V., & Olango, S. (2012). Behaviour change and associated factors among female sex workers in Kenya. *The Pan African Medical Journal*, 13, 16.

[24] Nyblade, L., Mbote, D., Barker, C., Morla, J., Mwai, D., Oneko, T., . . . Njugana, S. (2015). Impact of stigma on utilization of health services among sex workers in Kenya. *Health Policy* Project.

[25] Ochere, L., & Nanewortor, F. (2011). the influence of socio-economic status and level of education on the practice of commercial sex (female prostitution) in ghana.

[26] Odek, W. O., Githuka, G. N., & Avery, L. N. (2014, Mar 3). Estimating the size of the female sex worker population in Kenya to inform HIV prevention programming. *9(3):e89180*.

[27] Odek, W. O., Githuka, G. N., Avey, L., Njoroge, P. K., Kasonde, L., Gorgens, M., . . . Isac, S. a. (2014, Mar 3). Estimating the size of the female sex worker population in Kenya to inform HIV prevention programming. *PloS one*, e89180.

[28] Oginni, A. B., Ahonsi, B. A., & Adebajo, S. (2015). Trend and determinants of unmet need for family planning services among currently married women and sexually active unmarried women aged 15-49 in Nigeria (2003—2013). *African Population Studies*, 29(1), 1483-1499.

[29] Omondi, R., Omondi, O., Rose, C. R. (2017). *Tourism Management* 58. Sex tourism: romantic safaris, prayers and witchcraft at the Kenyan coast, 217-227.

[30] Rosen, G. (2015). *A history of public health*. JHU Press.

[31] Scorgie, F., Nakato, D., Harper, E., Richter, M., Maseko, S., Nare, P., . . . Chersich, M. (2013). We are despised in the hospitals': sex workers' experiences of accessing health care in four African countries. *Culture, health & sexuality*, 450-465.

[32] Shannon, K. S.-P. (2015). Global epidemiology of HIV among female sex workers. *influence of structural determinants The Lancet Volume 385, Issue 9962, ., pp. 55-71*.

[33] Singer, M. (1993). Knowledge for use: anthropology and community-centered substance abuse research. *Social Science & Medicine*, 37(1), 15-25.

[34] Tafese, F., Woldie, M., & Megeressa, B. (2013). Quality of family planning services in primary health centers of Jimma Zone, Southwest Ethiopia. *Ethiopian journal of health sciences*, 23(3), 245-254.

[35] UNAIDS, U. (2010). *UNIFEM (2004)*. . (n.d.). *Confronting the crisis. Women and HIV/AIDS*.

[36] United Nations. Department for Economic, Social Information, & Policy Analysis. (1995). *Population and Development: Programme of Action Adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994 (Vol. 1)*. New York: United Nations, Department for Economic and Social Information and Policy Analysis.

- [37] Wahed, T., Alam, A., Sultana, S., R. M., Alam, N., Martens, M., & Somrongthong, R. (2017, July 31). Barriers to sexual and reproductive healthcare services as experienced by female sex workers and service providers in Dhaka city, Bangladesh. *PloS one*, e0182249.
- [38] World Health Organization. (2016). "Adolescent contraceptive use: data from the Kenya demographic and health survey (KDHS), 2014." In *Adolescent contraceptive use: data from the Kenya demographic and health survey (KDHS)*.
- [39] Yao, J., Murray, A. T., & Agadjanian, V. (2013). A geographical perspective on access to sexual and reproductive health care for women in rural Africa. *Social Science & Medicine*, 96, 60-68.
- [40] Ziraba, A., Izugbara, C., Levandowski, B., Gebreselassie, H., Mutua, M., Mohamed, S., . . . and Kimani-Murage, E. (2015, Dec 15). Unsafe abortion

in Kenya: a cross-sectional study of abortion complication severity and associated factors. *BMC pregnancy and childbirth*, 34.

#### AUTHORS

**First Author** – Beatrice Nangekhe Bwabi Kenyatta University

**Second Author** – Dr.Jane Kieru Department of population reproductive health and community resource management, Kenyatta University

**Third Author** – Dr.Maurice Kodhiambo Pharmacy Kenya University