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Having Their Say: Sex Workers Discuss Their Needs and Resources

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Having Their Say: Sex Workers Discuss Their Needs and Resources

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In many countries where HIV/AIDS is prevalent, social, cultural, and economic factors often mitigate the adoption of healthy reproductive behaviors and practices. One group that is particularly susceptible to mitigating influences is women who work in the sex trade. This paper utilizes a culture-centered approach to determine how a population of sex workers in Nairobi, Kenya perceives their individual, social, and structural needs and resources in relation to the public, their families, friends, and peers. The paper concludes with next steps regarding collaboration with media representatives and policymakers.

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In many countries where HIV/AIDS is prevalent, social, cultural, and economic factors often mitigate the adoption of healthy reproductive behaviors and practices (Muturi, 2005). Given this, more attention is being paid to the social, cultural, and economic experiences of individuals who are at high-risk for HIV/AIDS infection. One group that is particularly susceptible to these kinds of mitigating influences is women who work in the sex trade. These women experience high levels of stigma and discrimination based on both the nature of their profession and the added negative societal attitudes towards HIV/AIDS. While the stigma surrounding sex work is both well documented and easily recognized, few studies examine stigma from the perspective of the sex workers themselves.

In a notable exception, Wong, Holroyd, and Bingham (2011), interviewed sex workers in Hong Kong and found that they were subject to various stigmatizing forces in their daily lives in their interactions with the public, the police and their families. They also found that these processes have a negative impact on the sex workers' health, both through obvious manifestations such as physical or verbal abuse and through more subtle processes such as those which generated or perpetuated vulnerability and those which compelled the sex workers to conceal their identities and withdraw themselves from social networks (p. 1). These findings are situated in the context of broader research surrounding sex work, drawing attention to the consequences of stigma on health and their interaction with health-service providers, and call for more ways to overcome stigma-related barriers to providing adequate healthcare for this marginalized group.

Continuing in that context, our main for this paper is to determine how a population of sex workers living in Nairobi, Kenya perceives their individual, social, and structural needs and
resources in relation to the public, their families, friends, and their peers. We use a "culture-centered" approach (Dutta, 2007) to advocate for a multi-step project that begins with peer-mobilization efforts to provide voice to and empower female sex workers. The second component of this project is to recognize the role of media and media advocacy in shaping public perceptions and to ultimately shift the public narrative about sex workers. The authors present findings from the initial stage of this larger project. Focus groups were conducted with four primary groups: transitioning and former sex workers, underage girl sex workers (or mature minors), and media representatives. There were important similarities and differences among how the different sex worker groups view their everyday experiences and the issues surrounding sex work and health. We present our results also provide a snapshot of how media representatives view their responsibilities and challenges to reporting and advocating for the needs and experiences of sex workers to a broader public. We then discuss how the results of these focus groups will be fed back to the peer-mobilization volunteers and media representatives through workshops in the next stage of this larger project. It is our hope that this understanding and process will inform future efforts, e.g., peer mobilization and media advocacy, to help reduce stigma and discrimination against female sex workers in Kenya, and thus improve their health and well-being. We conclude with next steps regarding collaboration with media representatives and policymakers.

A "Culture-Centered Approach"

Culture is defined and experienced as cultural participants co-construct meaning. Culture, and therefore meaning, includes a continuous component; however, there is also continual
shifting as culture responds and reacts to shifts in politics, economics, and communication. In this paper, we utilize a "culture-centered approach" to understanding the critical social determinants of health as experienced by female sex workers (Dutta, 2007). When culture-centered theoretical approaches are used, culture is conceptualized as "[a] complex and dynamic web of meanings that is continuously in flux as it interacts with the structural processes that surround the culture" (Dutta, 2007, p. 310-311). Culture-centeredness as a theoretical foundation proposes that local, cultural voices should be central when addressing health problems and solutions (Airhihenbuwa, 1995; Dutta-Bergman, 2004a; Dutta-Bergman, 2004b; Dutta 2005). In regard to health communication, as researchers grounded in the subaltern realm, we strive to create alternative ways of knowing the world by drawing marginalized voices into dominant conversations arguing that subaltern voices should have a privileged position in discussions because of their lived experiences.

As an application, culture-centeredness works within a given culture to identify critical health problems. More specifically, community members interact with one another to determine the problems faced by the community. This process ensures that problem definitions and solutions emerge from the community core. Simply, the locus of change is the culture (Dutta, 2007). An example of culture-centered application is Wang and Burris' (1994) project that provided women living in China's rural Yunnan province with cameras to allow them to visually communicate their lived experiences. Through their photo-voices, they were able to participate in a mainstream discourse that would have been unavailable to them otherwise.

Additionally, in employing the culture-centered approach acknowledges the manner in which power, ideology, and hegemony work independently and in unison to create positions of
domination and subordination to perpetuate control by the dominant group (Dutta, 2005). To address this systematic problem, Lupton (1994) voiced the need for health communication professionals to examine how the interplay of power, ideology, and hegemony influences how health is communicated. One way of developing an understanding of the day-to-day impact these factors have on individuals’ lives, especially members of subordinate groups, is to review a given society’s structure, which provides insight regarding those who control resources and how said resources are distributed.

Cornish, Campbell, Shukla, and Banerji (2012) research provides evidence that when locally based projects are required to conform to global management standards there is a risk of undermining the proposed goal of localism and empowerment. Global funders often require that community-based organizations (CBOs) lead intervention efforts; however, these peer leaders come from among the disenfranchised and as such more often than not have neither the background knowledge or the training to grasp the language of funders, e.g., project management, accountancy, etc. Perhaps more damning is that this process fails to account for local culture, which is the foundation for the success of any project.

An example of placing societal structure at the center of a health communication study is showcased in a Sonagachi HIV/AIDS Intervention Program (SHIP) project in which sex workers went from 3% condom use in 1992 to 90% condom use in 1999. SHIP was launched in 1992, founded on the belief that sex workers should lead efforts to improve their health. Prior to SHIP, sex workers only options were to borrow money from wealthy individuals or banks, both of which charged 50% interest. As a result, sex workers often found themselves in a position where they could not afford condoms, which resulted in their more often having sex without condoms
and accepting customers who refused to use a condom. To address this societal structural problem, a cooperative loan service was established for sex workers. The cooperative granted small loans at 15% interest with reasonable payment plans. As a result, the women had access to money to purchase condoms and they could afford to dismiss customers who refused to use condoms (Dutta, 2007). While these examples are helpful in providing a general sense of the experiences and health challenges sex workers may face due to stigma, the culture-centered approach allows a researcher to demonstrate the importance of locating and centralizing any understandings of a community population with its local culture and context. For this reason, we next provide more specific details on the Kenyan culture and its relationship to health conditions and treatments for women, in particular, women in sex trade occupations. We also draw on sex workers as a cultural group (both in and out of Kenya) and describe their experiences of stigma and the effects this has on their abilities to seek health treatments. This will lead into the rationale for a primary goal of our study: to provide a more detailed understanding of the perceptions of sex workers and the need for media advocacy from within a Kenyan cultural base.

Kenyan Culture(s) and the Relationship to Women and Health

From a culture-centered approach, it is important to recognize the ethnic, cultural, and religious differences of the Kenyan public to better understand and contextualize how they might view health epidemics, such as HIV/AIDS and their relationship to the sex work industry. Kenya’s ethnically and religiously diverse population of 39 million, comprising 42 ethnic groups, is projected to reach 50 million by 2020 (U.S. Census Bureau, 2012). Slightly more than 85% of the population is literate, with a 7.6% gap between men and women. Most Kenyans are
trilingual. Ethnic groups typically maintain their own languages, while the official languages include English (brought by British colonial rule) and Kiswahili (a coastal blending of Arabic and African languages). About 45% of the citizens are Protestants; 33% Catholic; 10% Muslim, while 10% practice indigenous religions (CIA, 2012).

Kenya has been working with international organizations over the past couple decades to improve their health care system and address HIV/AIDS, with approximately 15% of Kenya’s health budget coming from external sources. The Kenyan government established several agencies to address HIV/AIDS. In 1987 the Ministry of Health launched The National AIDS & STIs Control Programme (NASCOP) to lead the health sector response to the HIV/AIDS pandemic and to provide the necessary institutional and policy framework guidelines. Later, in 1999, after declaring AIDS a national disaster, the Kenyan government established the National AIDS Control Council (NACC) to coordinate stakeholders in their multi-sectoral response to HIV/AIDS. NACC provides the policy and strategic framework for mobilizing and coordinating resources for the prevention of HIV transmission and provides for the care and support of those infected and or affected by HIV/AIDS.

The National HIV/AIDS Strategic Plan III (KNASP) (2009/10 – 2012/13) reports that 7.4% of Kenyans between the ages of 15 and 63 (8.4% women; 5.4% men) are infected with HIV, and that as many as four out of five do not know their status. Moreover, Nairobi-based organizations that work with HIV/AIDS estimate that HIV infection rates among sex workers in different slum areas range between 20 and 80%. For female and girl-children sex workers, these figures shed light on the impracticality of methods put forward in the Mainstreaming Gender into the Kenya National HIV/AIDS Strategic Plan 2000 – 2005, as most effective for HIV
prevention: abstinence, faithfulness, and condom use. That is, abstinence and faithfulness are not viable options for single women and young girls with very little education and no means of income, who find themselves forced into sex work to feed themselves and their children. Simply, the combination of poverty and gender inequality places them in an extremely weak position in terms of negotiating safe sex practices. Because most sex workers engage in or have engaged in sex work in order to provide for the livelihood of their children and themselves, it is not uncommon for them to choose to remain ignorant of their HIV-status; to conceal their positive status from the community, from friends, from their partner, and from close family members including their children; and/or to continue practicing unsafe sex with customers (AIDS-Fondet, 2010).

Female Sex Workers and Stigma

There are approximately 200,000 sex workers in Kenya, 185,000 of which are women and 50,000 of whom reside in Nairobi (Odek et al., 2012). While these numbers are compelling, women working in sex work are often seen as nothing more than these depersonalized statistics and face stigmatized inequality and discrimination by both a general public and at times even by their health care providers. Stigma has been identified as a marking, or devaluation of the "other" in order to confirm the "normalcy" of the majority; a framework through which relations of power and control are exercised (Goffman, 1963; Samuels, Pertti, Ravi, & George, 2006). Research shows that HIV-related stigma can be used by dominant groups to legitimate and perpetuate inequalities, such as those based on gender, age, sexual orientation, class, race or ethnicity (Parker & Aggleton, 2003, pg. 15). A growing body of international literature also
seeks to define and analyze the nature of stigma in relation to stigmatized health conditions such as HIV, leprosy, epilepsy and tuberculosis (Samuels, Pertti, Ravi, & George, 2006).

Women in sex work face stigma based not only on their occupation, but also on their higher risk for HIV/AIDS, which, in Sub-Saharan Africa, is as much as 20% higher than the general population (UNAIDS/WHO, 2009). Many of these women are ignored by society, given no access to job training or economic opportunity, and struggle to receive even basic health care services either because they are turned away or choose to conceal themselves and not seek out services. Female sex workers in Kenya are affected by significant social stigma related to sex work and HIV/AIDS, and this stigma dramatically affects the social, economic, and political aspects of their lives.

**Peer-Led Mobilization and Media Advocacy**

In drawing on the culture-centered approach discussed above (Dutta, 2007), it is critical to get a sense from the sex workers themselves about how they perceive themselves in relation to others because stigma can be understood as enacted, perceived and even self-internalized. Desyllas (2013) stresses that when research related to sex work is being conducted, sex workers should be front and center articulating their needs and aspirations. Likewise, from a programmatic stance, epidemiologist Elizabeth Pisani maintains that sex workers must be consulted if real solutions are to result. Since they are a population that has faced such significant psychological, cultural, and legal challenges, the best way to facilitate the generation of these perceptions is through a peer-led process. The goal of a peer-led approach is to create dialogue and to empower recipients in the community to solve their own problems. Of great importance
in the peer-led mobilization process is that end recipients are involved at all phases. Early
involvement empowers the developer/recipient by allowing them to use their daily experiences
(lived expertise) to provide insight about their challenges. Again, the primary intended outcome
is that program recipients are engaged in solving their own problems. At the same time,
however, from a systems perspective, it is not useful to reduce the women in sex trade to only
work within their own groups. For social change, it is necessary to think more holistically and to
consider what other groups within the Kenyan population can have an impact in enacting larger
scale change. Thus, it is important to recognize the dominant position of the media and the role
of media advocacy in this larger dialogue. For these reasons, we next provide more detail on the
peer-led mobilization process and its potential relationship to media advocacy.

Peer-led mobilization.

Community mobilization combined with a peer-led approach is a proven effective
strategy when the goal is to encourage individuals with a common problem to work together to
solve the problem. Community mobilization refers to the process whereby individuals
members of a community who share concerns or problems form groups and work together to
improve their situation, while a peer-led approach is the process of recruiting and training
peers or ordinary members of a target population, to undertake voluntary activities, including
educational tasks related to behavior change, among their fellows (Community Mobilisation, pp. 4-5).

In this approach community outreach workers and peer leaders serve as the main activists
providing information and mobilizing the targeted publics. This community mobilization model
has been proven to work in Kenyan culture. In fact, this model of mobilization, which originated in Pumwani, Kenya has spread across the country and has influenced mobilization practices globally.

**Media Advocacy**

Existing researchers overwhelmingly support that the media play an important role in both legitimizing and determining how issues are framed (Chapman, 1997; Edelman, 1993; Gamson & Modigliani, 1987). In fact, the manner in which any given issue is portrayed in the media can affect whether the issue is ignored, championed, or demonized. Media portrayals also influence how various publics believe a problem should be remedied.

Media advocacy theory places the media in a dominant position to exact change through policy (Wallack & Dorfman, 1996). Viewed from this perspective, media advocacy is a powerful tool that can be used to influence how a given issue is talked about and how problems associated with said issue are addressed in society. Media advocacy theory provides direction regarding how to promote environmental and social strategies that address how sex workers can exit the sex industry from a health perspective.

The theory’s conceptual framework includes six premises: 1) health is the presence of physical, social, and economic well-being; 2) health is associated with positive social and environmental conditions such as adequate housing, employment, health care, and personal security; 3) the nature and quality of these conditions can be controlled; 4) the key to control is broad-based participation, multi-sector planning, and political will; 5) interventions are best
applied at the community and policy levels; and 6) healthy public policy choices add up to a healthy society (Wallack & Dorfman, 1996, p. 294).

Media advocacy theory upholds environmental-based options, as opposed to individual-based options, as the primary solution for public health problems. Public health workers are encouraged to work with the media to establish how public health issues are discussed in the media. Public health campaigns driven by media advocacy result in a "more just and fair society" because a variety of health issues are discussed within a context of how these issues affect diverse groups within a given community. In other words, there is a "shift[s] from a primarily personal/individual view to a social/political understanding of health" (Wallack & Dorfman, 1996, p. 294), which focuses on power rather than just the information gap.

Simply put, this study begins the process of addressing sex work through a media advocacy lens with the first step being to examine what transitioning, former, and mature minor female sex workers perceive as their day-to-day challenges. Once we have cataloged their challenges, in a future study, we will examine whether the challenges they raise are adequately reflected in the Kenyan media's sex work-related coverage.

Media advocacy is not new with regards to Kenya's media landscape. For example, during June and July 2011 GALVmed (a not-for-profit global alliance protecting livestock in developing countries for whom livestock is a lifeline) commissioned the Nairobi-based communications company Well Told Story (WTS) to execute a media advocacy campaign, directed toward young Kenyans and opinion leaders to increase awareness of and change attitudes about livestock-based jobs as viable options for poor Kenyans. Notable results include: 1) before the campaign 25% of youth surveyed strongly agreed that the government should
invest money in livestock. Two months after the campaign 59% of youth strongly agreed. 2) Of the government officials targeted by the campaign, all of those interviewed after the campaign agreed that livestock can be a vehicle to reduce poverty and increase food security in Kenya (GALVmed, 2011).

Media advocacy is particularly fitting for this study as Kenyans look to the media, in addition to the government, as integral information resources. Kenyans reliance on the media has experienced a steady incline beginning in 1992 with the return of multiparty democracy and increasing in 2002 with the ousting of the Kenya African National Union (KANU) (Maina, 2006). Therefore, we built this study on the premise that the media hold a powerful role in Kenyan society.

In summary, the issues and needs faced by sex workers in any given area varies. In this study, three groups of sex workers—current and transitioning, former, and mature minors—who operate in Nairobi, Kenya voice what they perceive to be their challenge and what they perceive to be necessary to tackle those challenges. This approach provides the women with an opportunity to place themselves and thus their culture at the center and both challenges and solutions.

Methods

Collaborators and Participants

This project follows the guidelines of engaged methodology where academics and practitioners partner together to focus and attempt to solve a complex social problem (Van de Ven, 2007). The project discussed in this paper was conducted by members of a collaborative
partnership, DePaul University in Chicago, IL, USA and a partner non-profit organization in Kenya, HerStory Centre, formerly known as Kenya Voluntary Women’s Rehabilitation Centre (K-VOWRC).

HerStory Centre is a non-profit non-governmental organization (NGO) whose mission is to reduce the transmission of HIV/AIDS through education, counseling, economic empowerment, and peer support. Unfortunately, gaps in the health sector result in many of Kenya’s most vulnerable citizens having extremely limited access to public health services. HerStory was founded to help fill these gaps. HerStory provides support to female and girl-children (12–18 years of age) sex workers. The women and girls associated with HerStory are called “members” to promote ownership.

The NGO operates primarily in Nairobi’s eastern slums. Human rights is an organizational cornerstone as members are vulnerable for four primary reasons: 1) they are women in a society where women are often disempowered; 2) most of them are single mothers; 3) they are involved in sex work, which is criminalized in Kenya; and 4) their constant risk of HIV infection or their being HIV-positive.

Currently HerStory has 1,450 active members: 806 women and 644 girls. Two hundred and eighty women (280) are on antiretroviral drugs (ARVs) and 80 are supported with food supplements. HerStory also supports orphans and vulnerable children (OVCs) 200 AIDS orphans of deceased members since 1996 to the present, and 160 children of vulnerable members from 2001 to the present. The NGO practices a holistic approach, providing services in the following areas: education and counseling; economic empowerment; peer support; orphan program; and girls’ vocational training.
Seventy five percent of HerStory members have successfully exited the sex work industry. Members have started businesses of their choice (e.g., green grocers, poultry vendors, new and used clothing, used furniture and household items, beauty salons, fashion accessories). From a culture-centered approach, it is critical to gain insights into their experiences through their own stories on their perceived needs and resources and how these have impacted their lives and livelihoods.

The strength of this engaged partnership lies in the union of the HerStory team’s first-hand community experience and expertise and the communication and community engagement expertise of the DePaul University team. HerStory has experienced a great deal of success in the peer-led mobilization arena, which has resulted in the organization being able to operate widely within its targeted communities. Adding media advocacy and community engagement components to HerStory’s existing operating strategy will aid its efforts to reintroduce itself to its targeted audiences for the purpose of increasing the number of members it serves and enhancing its ability to secure external funding.

Institutional Review Board (IRB) and Ethical Protections for Human Participants

Before focus groups were carried out, the researchers obtained ethical clearance from DePaul University’s Institutional Review Board (IRB) in addition to obtaining ethical clearance from Kenyatta National Hospital, a local research hospital affiliated with the University of Nairobi. These clearances ensured that all research-related activities were in accordance with U.S. and Kenyan standards for ethical research involving human subjects. Additionally, all data collected from focus groups was de-identified and not linked with any personal information.
associated with study participants. Lastly, each focus group began after participants were informed of the nature of the study and signed a consent form.

Focus Groups

A main feature of this kind of engaged work is recognition that the people best equipped to diagnose and solve problems are those directly affected by those problems. Yet, often these are the very individuals who remain silent. Therefore, focus groups were chosen because they provide end recipients with an opportunity to be involved, from the outset, with helping shape intervention programs designed to enhance their health and economic well-being. As with any chosen method, there are benefits and drawbacks to consider. In this case, focus groups were more limited in size and scope than what might have been possible with a survey method and the results are not generalizable outside the participants. However, as all of the female sex worker participants in this study were HerStory members, the information gathered will be used to develop peer-led community mobilization and media advocacy materials for HerStory participants.

This project uses focus groups to catalog the in-depth perceptions of four groups: 1) HerStory members transitioning from sex work; 2) HerStory members who have exited sex work; 3) HerStory members who are girl-children sex worker (defined as under 18, hereafter called “mature minors”); and 4) print and electronic media representatives. It is important to gain an understanding of HerStory members’ and Nairobi-based media representatives’ perceptions about issues regarding members’ health and economic well-being as both groups will be involved in related peer-led community mobilization and media advocacy efforts. Media
participants included middle-level representatives, an editor and a content analyst, and general beat reporters for both the traditional and slum-based print and electronic media.

Again, the information gleaned from the focus groups will be used to strengthen HerStory’s position as a worthy community organization from the perspective of its targeted publics: potential members; media representatives; Kenyan policy makers; Kenyan society at large; and external funding agencies. A primary focus will be to help the NGO reach this goal by revamping its communications strategies (internal and external) directed toward its primary targeted publics. For example, HerStory staff members will learn to develop and implement communication strategies to increase awareness of and to educate about HerStory’s successes, and what the organization should do to strengthen its ability to aid some of Kenya’s most vulnerable citizens in their quest for self-reliance.

Two HerStory staff members administered focus groups to elicit the groups’ perceptions regarding various issues related to sex work and sex workers’ health and economic well-being. Basic demographics were collected at the end of each focus group. Focus group questions posed to transitioning and former sex workers are provided in Table 1. Table 2 provides the questions posed to the mature minors, and Table 3 lists the questions answered by media representatives.

Results

The results of the focus groups were synthesized thematically according to standard research methods (Krueger, 1994). The focus groups were transcribed and the data organized according to the specific interview questions. This was done to highlight where substantial agreement and disagreement occurred within and across the participant groups. The ultimate goal
for the sex worker-related focus groups was to identify emerging themes for the purpose of prioritizing the concerns of these populations affected and infected by HIV and to ultimately inform future interventions that are designed to address the influencing factors of these populations at individual levels. The goal for the media-related focus groups was to capture a snapshot of the perceptions of individuals in media-related occupations and their perceived responsibility (or not) toward using their positions to more explicitly inform a general public about the challenges and advocate for the rights of women in sex trade.

*HerStory Members: Transitioning and Former Sex Workers*

Eight women participated in the focus group held for transitioning sex workers and 10 women participated in the focus group held for former sex workers.

*Demographics*

The transitioning sex workers ranged in age from 20 ÷ 53 while the former sex workers ranged in age from 40 ÷ 50. The education level of both groups ranged from none to completed secondary school. Participants were either single or divorced, and the number of children ranged from one to six. The occupations of the women included: sex worker; bar maids/sex workers; green grocers, cereal vendors, hair dressers; clothing and accessories vendors; and poultry vendors.

*Participants’ Perceived Needs*
Reflective of Kenyan society, the vast majority of the women shared that they enjoy activities that involve spending time and interacting with others: singing, dancing, talking with people; traveling; helping others. Most important for the women were their children, good health, ability to eat well, self-reliance, and being there for others. However, the women’s needs varied by group. Transitioning sex workers’ needs were placed into two primary categories: basic life necessities for themselves and their children and employment alternatives to sex work. The former sex workers stated their needs as: basic life necessities, e.g., to be able to afford healthy food; ability to educate or find employment for their children, for their children not to enter sex work, for their children not to be infected with HIV; more discretionary income, which would be used to visit parents, improve businesses; and a cure for HIV.

Perceptions of Solutions to Needs

Both groups named money as a primary solution to their needs. The transitioning sex workers voiced that money to start a business would make it possible for them to exit sex work, which would automatically improve their and their children’s quality of life. Members who have exited sex work also voiced that capital would allow them to increase the size of their business thereby resulting in more income. They also listed more education and counseling regarding how to be successful in business, e.g., communication and vocational skills; and home and land ownership as solutions to their needs.

Support System and Perception of Community
HerStory peer support groups were named by both groups as where they go when they need help. Relatives, friends, and God were also frequently named. All group members perceive their physical neighbors, individuals who help them, e.g., friends; counselors; members of peer support group; health worker/hospital; work mates; church/God, as their neighbors. The community resources available to the women include schools, churches, health centers/hospitals/community health workers, and market place shops. Former sex workers named the police force as a community resource.

Members of both groups tap into their HerStory support group and into various community outlets to learn what is going on in their community, e.g., talking with people at community meetings, at church services, at meetings called by the chief; at health centers, on matatus (buses); reading community bulletin boards, listening to the radio and listening during city council meetings and open air crusades. Former sex workers were the only group that learns what is going on by talking with the police.

In regard to how change happens, transitioning and former sex workers noted that change happens through the local chief, village elders, and community leaders; the police force and community policing, and through churches. Community volunteers were named as community change agents. Finally, former sex workers listed community mobilization as an avenue through which change occurs.

*Unique to Transitioning Sex Workers.* The examples provided by the women to describe their lives as sex workers caused one to think of lives out of control: abuse of pills; self-hatred; feelings of shame that emerged from religious faith; stealing from and fighting with clients;
improper diet; failure to take ARVs properly; sexually transmitted infections; and frequent abuse from clients.

Specific to their community experiences, they perceived that they were shunned, treated as unworthy, and blamed for everything that went wrong. The focus group participants often found it difficult to secure housing because women in the community pressured landlords not to rent them or chased them off because they feared the women would take their husbands. Interestingly, although they were hated by their neighbors, the neighbors often came to them for financial help.

Some women hid their job from their children, while others voiced that they mistreated their children, not feeding them properly, and when they didn’t have enough money to meet their children’s needs, they would instruct the children to sell themselves. More often than not the women were estranged from their extended families. If a family member found out they were a sex worker, a common strategy was to bribe the person not to tell other family members.

Unique to Former Sex Workers. When asked to compare their life as a sex worker with their life as a small business owner they spoke of moving from dependency and abuse to empowerment and self-reliance. As small business owners they are healthier because they are more often able to eat well and take their ARVs as prescribed. They are happier, their children are happier, and many have made progress in regard to reuniting with their families and their communities.

Mature Minors
Ten mature minors participated in a focus group. Participants’ education level ranged from completed 8th grade to a high school diploma. The mature minors enjoy socializing with good friends; their tailoring classes; being able to take care of their parents’ needs; living a good life without problems/stress free life; and spending time at church. Most important to them is their parents; their mother; HerStory; God; knowing their HIV status; dressmaking/tailoring as it determines their future; to be a good mother, a woman with a title; and to be respected.

A typical day for the mature minors begins with their doing chores at home, before traveling to HerStory where they have tea, learn dress making, pray and laugh. Whether good news or a challenge to share, they talk with their friends, followed by their mom or their parents. 

**Perception of Needs and Source of Help**

The mature minors listed their needs as education, guidance regarding how to navigate life, a bright future, a good job once they complete HerStory training, and God. They shared that they turn to God, family members, friends, and HerStory when they need help. They mostly rely on their mother or parents, and their HerStory teachers. What they hope for most is a good life, e.g., a husband who understands life and does not drink illicit brew, a good husband and children, to be rich, and a good job. Being focused and working hard; being patient and determined; praying to/fearing God is how they plan to attain their hopes.

**Perceptions of Community.**

Similar to the transitioning and former sex workers the mature minors perceive their community to be their neighbors, their mother or parents or guardian, boyfriend, anyone who helps you, friends, and immediate and extended family. They learn about what is going on in the
community through gossip, elders on the radio, neighbors singing, e.g., if there is a burial, I hear someone singing mourning songs and I know that someone must have died, HerStory teachers, from people shouting in the community, watching the news, listening when people talk, and from friends and neighbors.

Media Representatives.

Seven individuals (two males and five females) participated in the media representatives’ focus group: two print (editor and media content analyst) and five electronic (radio and television). The individuals ranged in age from 25 to 39 and possessed varying years of experience. What they enjoy most about their profession is interacting with people, highlighting issues, informing and helping people to understand issues, providing both sides of a story, being able to help others, providing people opportunities to tell their stories, the ability to tell the public about the needs of society’s less fortunate, directing those in need to where they can go for help, being societal mediators/pace-setters, and being societal change agents.

Media Responsibilities.

The participants acknowledged believing they have a responsibility to HerStory’s target audiences: we have a duty to tell them what is going on, to provide the information they need to make informed decisions, to tell their stories so that authority agencies can help.

When asked how society views women in general, the participants responded better than in the past, but noted society has a long way to go before it can be said that women are truly empowered, and that journalists have a role in helping society view women differently with
dignity. Interestingly, one male journalist noted that a lot of women hold responsible positions in society. He noted that even a percentage of parliament seats are set aside for women and that in job listings women are encouraged to apply. He believes there is a gender imbalance, that is, boy children are being ignored and marginalized.

When asked to share their thoughts on female sex workers, participants responded that sex work should be legalized for tax and health reasons. More specifically, they voiced that if sex work was legalized, sex workers would then receive HIV/AIDS education to protect themselves and their clients. Additionally if sex work was legalized the workers would be protected and therefore would not be brutalized—they should have rights like everyone else. Several participants noted that media should address that these women often turn to prostitution because they do not have alternatives. The media representatives voiced that the prostitution issue should be addressed because the workers’ human rights are being violated. In particular, they noted that sex workers are a group that no one cares about; they are mistreated, and some are killed. In contrast to the overall positive, supportive tenor of the conversation, one male participant voiced with disgust that women love prostitution, even when they have other jobs because they love the money they can make.

The participants noted that as agents of change, the media can influence the perceptions people have of other people and what they do; the media do not address this issue; one person noted that prostitution is addressed where she works because their target audience is people who live in the slums—we are their voice, we serve as a change agent for them.

*Media Inaction.*
When asked why the media do not do a better job of covering sex work-related issues, participants noted that sensationalism is the order of the day. That is, the media feature stories that sell juiciness drives what the media cover. The media are more interested in commercialization than in humanitarian issues. The media have a long way to go in changing the public perception and image of sex work in Africa. This occurs primarily because prostitution is seen as immoral, thus, it is difficult to get editors to cover issues related to prostitution because prostitutes are perceived to have no value in society (said with a lot of emotion).

*Possible Media Future Action.*

The participants were asked what the media can do from this point forward to help address sex work-related issues. They voiced that the media are powerful in both positive and negative ways. However, in regard to sex work, the representatives believe that change has to come first from sex workers. The sex workers can then join forces with the media to exact change. The key to changing attitudes regarding female sex workers is to frame them first and foremost as human beings, women struggling to make a living. The general public should be encouraged to put a human face to sex workers, to place themselves in the sex workers’ shoes, that is, the public should be encouraged to ask themselves, what if that were me, how would I like to be treated if that were me?

One participant suggested that a sex worker with a positive story can be used as a case study. The woman’s story could be framed as an encouraging, inspirational humanitarian story. Focusing on humanitarian stories as opposed to sensational stories will go a long way in changing attitudes about sex workers. Continuing, the individual noted that sex workers who
have exited sex work could be invited to talk on air about their experiences. In such a setting, the media would be an advocate for change; however, such sensitization must come down from senior management to ensure that change occurs. The participants suggested that the moderator conduct a focus group for members of the editors’ guild to begin the process because there must first be an attitude change within the media if they are to partner as change agents in regard to sex work-related issues.

Discussion

This study examined four groups’ perceptions of sex work-related issues as members of these groups will be instrumental in peer-led community mobilization and media advocacy efforts designed to impact the health and economic well-being of female and girl-children sex workers. When taken all together, clear themes emerged through the focus groups that will guide the development of these efforts. The primary themes are: basic life needs; relationship issues and social influence; individual self-reliance; future visioning; and structural and environmental factors. For example, members of the two adult female groups: transitioning and former sex workers; and mature minors were all invested in reaching self-reliance. A majority of the media representatives perceived that it is their responsibility to advocate for female sex workers as they are members of Kenyan society.

Transitioning and former sex workers perceive basic necessities of life to be among their needs, but at differing levels. More specifically, the transitioning sex workers’ primary concern is the basic necessities of life following by obtaining funds to being a business, which is tantamount to an employment alternative to sex work. On the other end of the continuum, the
women who have successfully exited the sex work industry were less focused on the basic
necessities of life. They more often listed relational or social needs reflective of belonging, love,
and self-esteem. They described negative relationships with their children and in their
communities. But, they also focused on future directed visions of life, e.g., a better life for their
children; expanding their business; cure for HIV.

The mature minors are primarily focused on these future directed visions of life. They
desire normalcy manifested as employment security, stable family life, and respect within their
communities. Their plan to reach these goals include hard work, being focused and committed,
and maintaining a relationship with their families and God.

While self-reliance was a strong theme, in some way, all the sex worker participants
discussed the importance of structural change and the influence of environmental factors that
contribute to their participation in sex work. Structural poverty, a lack of employment
alternatives, education, and other resources were described as consistent needs across the groups.
Also, the environmental and community climate was described as unfavorable toward women in
sex work. They see themselves with very few community advocates and rely on organizations
such as HerStory for support.

Although a majority of media professional participants perceive it their responsibility to
serve as advocates for female sex workers, primarily because they are included in their target
audience, they do not have an agenda for doing so. The media representatives shared their
frustrations that stem from operating within a system that gravitates toward sensationalism.
Interestingly none of the media representative participants raised the fact that the media are for-
profit entities often more concerned with enhancing their bottom lines than operating as social
change agents. However, the focus group participants voiced the need to begin the conversation with media house senior management to encourage them to mandate more balance coverage. In other words, if change is to occur it must come from the top. The journalists on the ground are committed to advocating for the communities they serve, but acknowledge that senior management is not on board. The media representatives comments must be processed within the larger Kenyan media landscape. Kenya media are first and foremost a part of the country larger neoliberalism landscape and therefore exist primarily as champions of the economic marketplace as opposed to advocates for citizens well-being. Moreover, as there is no comprehensive media law in Kenya there is no regulation that supports community or alternative media. The need for such media, however, was outlined in the 2006 draft of the National Information and Communication Technology (ICT) Policy (Maina, 2006) and continues to be discussed in nongovernmental communities.

Considered from a culture-centered perspective, the results of this study indicate both a need and a place for media advocacy and peer mobilization. Encouragingly, the groups who participated in the focus groups expressed eagerness to engage as change agents. These results should provide HerStory and similar organizations with confidence to reach out to the media in their efforts to advocate for their target audiences.

Additionally, this study findings are in line with the recommendations presented in the Africa Media Development Initiative Report (Marina, 2006), which outlined a need for journalism training, public broadcasting, research, professionalism in journalism, and the development of local content by community media. These media-related components along with media advocacy should be folded into the HerStory ongoing peer mobilization efforts. Such
efforts are likely to garner the attention of Kenya policy makers charged with advocating for all Kenyans.

Next Steps. The next steps in this research partnership is to administer media advocacy workshops with HerStory staff, HerStory members, media representatives, and a workshop that comprises the three groups to begin the process of encouraging these groups to work together to advocate for some of Kenya’s most vulnerable citizens. Upon completion of the media advocacy workshop, a content analysis of the Nation’s coverage of sex work-related issues will be conducted.

These collected data will be used to begin a conversation with Nairobi-based media house senior managers regarding more balanced coverage of sex work-related issues and a conversation with Kenyan policy makers to request they champion initiatives, policies, and laws tailored to enhance the overall quality of life of these women and children included among the country’s most vulnerable citizens.
References


Many-sex-workers-are-married-new-report-reveals


Table 1. Questions Posed to Transitioning and Former Sex Workers

<table>
<thead>
<tr>
<th>Question</th>
<th>G1</th>
<th>G2</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you enjoy most doing? (Ice breaker)</td>
<td>✓*</td>
<td>✓</td>
</tr>
<tr>
<td>What is most important to you? (Ice breaker)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>What do you perceive your needs to be?</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>How can your needs be best met?</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Who do you go to when you need help?</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>What does the word community mean to you?</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Who do you consider to be your community?</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>What resources are available to you in your community?</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>How do you learn about what is going on in your community?</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>How does change happen in your community?</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>What is your most valuable resource in your community?</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>What were your experiences in the sex trade?</td>
<td>✓</td>
<td></td>
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<tr>
<td>What was your experience with the community as a sex worker?</td>
<td>✓</td>
<td></td>
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<tr>
<td>What was your experience with you children as a sex worker?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>What was your experience with your family as a sex worker?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Why did you leave sex trade?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Compare your life in sex trade with your life as a small business owner.</td>
<td>✓</td>
<td></td>
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</tbody>
</table>

*G1. Transitioning Sex Workers. G2. Former Sex Workers. **A check in the box indicates that the question was posed to the group.
Table 2. Questions Posed to Mature Minors

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1  What do you enjoy most doing? (Ice breaker)</td>
<td></td>
</tr>
<tr>
<td>Q2  What is most important to you? (Ice breaker)</td>
<td></td>
</tr>
<tr>
<td>Q3  Tell us about your day-to-day life. What do you do in a typical day?</td>
<td></td>
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<tr>
<td>Q4  Who do you tell when you have good news?</td>
<td></td>
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<tr>
<td>Q5  What does the word community mean to you?</td>
<td></td>
</tr>
<tr>
<td>Q6  Who do you consider to be your community?</td>
<td></td>
</tr>
<tr>
<td>Q7  How do you learn about what is going on in your community?</td>
<td></td>
</tr>
<tr>
<td>Q8  What kinds of help do you most need?</td>
<td></td>
</tr>
<tr>
<td>Q9  Who do you go to when you need help?</td>
<td></td>
</tr>
<tr>
<td>Q10 What do you hope for yourself in the future?</td>
<td></td>
</tr>
<tr>
<td>Q11 How can these hopes best be attained?</td>
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</tbody>
</table>
Table 3. Questions Posed to Media Representatives

<table>
<thead>
<tr>
<th>Media Representatives</th>
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<tbody>
<tr>
<td><strong>Q1</strong></td>
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<tr>
<td><strong>Q2</strong></td>
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<td><strong>Q3</strong></td>
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<tr>
<td><strong>Q4</strong></td>
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<td><strong>Q6</strong></td>
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<td><strong>Q7</strong></td>
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<td><strong>Q8</strong></td>
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<tr>
<td><strong>Q9</strong></td>
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</tbody>
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