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Investigating the Causes and Effects of Prostitution on Education and Health in Salgaa Town, Kenya

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Abstract:

Prostitution is a situation where a person is able to offer sexual services for monetary gains. It is an illegal activity in Kenya that has widely been practiced in urban areas such as Nairobi, Kisumu, Mombasa and Salgaa among others. Prostitution has in the recent past been on the lime light as some of the commercial sex workers have insisted that it should be declared a legal business just like any other. The government and health workers on the other hand have maintained that it has adverse effects on both health and education. Studies as to the causes and effects of prostitution have scantily been documented thus this study came in to fill this knowledge gap through investigating the causes and effects of prostitution on education and health in Salgaa Town. The study was guided by the Persons' sex role theory. This study used a sequential explanatory mixed method research design. The researcher had 152 respondents to answer the questionnaires. Purposive sampling was used to obtain the head of health workers and the head of education in Salgaa town for interviews. Data entry and analysis was conducted using SPSS software. Quantitative data was analyzed using descriptive statistics while qualitative data obtained by interviews was analyzed through thematic content analysis. The findings of this study was of importance to the county government of Nakuru in that, it helped to know what makes people to engage in prostitution, the likely consequences and how to curb the menace.

Keywords: Brothel, education, health, law, prostitution

1. Introduction

Prostitution is basically sex for money. It is not restricted to any culture, it's global and it transcends all age barriers and in some cases, girls as young as eight years are involved. Prostitution has evolved over the last two decades and has indeed become complex in different ways as there are both males and females engaging in prostitution (Laura, 2007).

In Kenya, prostitution is an illegal business and is not recognized by the government. It is not allowed under the Sexual Offences Act (SOA) No. 3 of 2006 embedded in the Constitution of Kenya. Despite its illegality, the prostitution business still flourishes in the major towns of the country such as Nairobi, Kisumu, Mombasa, Nakuru, Kericho and Eldoret among others. In fact, it has extended to relatively small sub urbans and towns such as Makindu, Naivasha and Salgaa of Nakuru County. The beneficiaries of this crimes on the other hand have tried to advocate for it to be legalized in Kenya but to no avail (Kenya National Human Rights Commission, 2011). The government has insisted that it will forever remain to be illegal because it has caused many teenage girls to quit their educational journey prematurely and a conduit for spreading sexually transmitted disease like HIV, syphilis, gonorrhea, herpes and many more.

In Salgaa, it is alleged that the number of girls selling their bodies has skyrocketed: this has been associated with the establishment of colleges in the neighboring areas. There have been fears that young high school going children would be engaging themselves in the prostitution business, because of poverty and availability of cash from long distance truck drivers and conductors. This is because many stop there to get entertained by these twilight girls while they rest. The rationale for selecting Salgaa was because it has experienced high cases of prostitutions as a result of the high number of available long distance truck drivers/conductors known to be parking their trucks at the town for rest and spending their nights there before embarking on their journeys. This research study therefore, intended to investigate the effects and causes of prostitution on education and health in Salgaa town, Kenya.

1.1. Statement of the Problem

Prostitution is one of the subjects that has been on the lime light recently and for a very long time in Kenya. There has continued to be a confusion as to whether it should be legal or not with the commercial sex workers advocating for its legality as it is their only way of bringing food on the table for their families. Prostitutes have demonstrated in towns like Nairobi and even more recently, Nakuru and Salgaa in particular. The government and the health workers on the other hand maintain their firm stand that it helps spread dangerous

and deadly diseases such as HIV/ Aids and sexually transmitted diseases which the government is again forced to fund the medicines used to cure them. Many teenage girls have also been forced to drop out of school so as to engage in prostitution. Therefore, the relevance of this study was to determine the causes and effects of prostitution on education and health in Salgaa Town and document this knowledge.

1.2. Purpose of the Study

The purpose of study was to investigate the causes and effects of prostitution on education and health in Salgaa town, Kenya.

1.3. Objectives of the Study

This study focused on the following four objectives:

- i. To ascertain the likely causes and effects of prostitution in Salgaa town, Kenya.
- ii. To identify the implications of prostitution on education and health in Salgaa town, Kenya.
- iii. To determine the resident's attitude towards the activity of prostitution in Salgaa town, Kenya.

1.4. Research Questions

The study sought to answer the following four research questions

- i. What are the likely causes and effects of prostitution on wellbeing of people in Salgaa Town, Kenya?
- ii. How are the implications of prostitution on education and health in Salgaa town, Kenya?
- iii. How is the attitude towards the activity of prostitution in Salgaa town, Kenya?

2. Literature Review

The term sex work was coined by sex worker activist known as Leigh in 1980. Its use became popularized after publication of the anthology; sex work writings by women in the sex industry in 1987, (Leigh, 1987). However, the sex work industry has not gone unnoticed, ubiquitously spreading its tentacles into academic and organizational publications of International Labor Organization and by government and inter-governmental agencies such as the World Health Organization (WHO).

Doezema (1995), points out that, the terminologies sex workers and sex works were devised by sex workers themselves to redefine commercial sex, in order to negate the social or psychological distinguishing of a class of women folk, but as an income earning work or type of employment for both women as well as men. Therefore, it is in the same category with other categories of economic processes or activities. A different perspective is needed in considering prostitution as channel of creating employment and it being a form of employment instead of viewing it as a societal vice.

Sex workers who have normally been referred as prostitutes, have been viewed in the periphery and derogatory position in societies throughout the ages. According to Maria (2007), prostitutes are generally regarded as a social category of women who do not conform to societal expectations of sexual and other behavioral standards; looked down upon and rejected, they are excepted from the mainstream society. Prostitutes are viewed as outcasts and lowly esteemed groups of individuals in the societal hierarchy of persons. The excluded status accorded to them denies the many international, national, regional or societal protection from physical or verbal abuse accorded and due to other citizenry in a country (Akpan, 2000). This social exclusion makes the prostitute vulnerable to discrimination, violence and exploitation.

The description of prostitution as a distinct human right concern in light of the violence it encompasses, accentuates the difference between prostitution and other types of female oriented forms of employment such as in the service industry of home cleaning and food serving (Ewah, 2010). By discarding the entirety of sex industry as obnoxious or offensive, it blurs the precise difficulties and violations of globally accepted standards and values within the industry which are of importance to sex workers.

The deficiency of an international and local protection framework makes sex workers vulnerable to exploitation and discrimination in the work place, and suffer harassment or violence at the hands of employers, law enforcement officials, clients and the public. The prerequisite for employee's protection as well as safe-guarding, including occupational health and safety requirements, is of actual significance in the current context of HIV/AIDS (Ikpe, 2008). Prostitutes derived of the right in their places of work are distinctively vulnerable to infection with HIV and sexually transmitted diseases, as they usually are deficient of the information, resources or ability to protect themselves and their clientele. Another feminist perspective is of the view that women should not be devalued on the basis of them engaging in the sex industry, since they are make their own decisions regarding their bodies, henceforth, advocacy for women is a multifaceted dimension (Margaret, 2000).

It was noted from the works in this section that different authors have adversely mentioned about prostitution and the regulatory legal framework they operate in. What they have not told us was whether the effects of prostitution especially on education and health sectors. This study therefore sought to fill this knowledge gap in this regard.

2.1. Theoretical Framework

This study was guided by the Parsons' sex role theory. Talcott Parsons in 1975 looked at society and its productivity from a structural functionalist standpoint. In Parsonian theory, individuals in society have responsibilities and commitments, and the failure of individuals to perform any of the societal set responsibilities will end in a level of disparity in societal structure or function (Talcott, 1975). This study proposed that the roles played out by prostitutes in the society have an effect on the education and health sectors.

2.2. Conceptual Framework

The researchers in conceptualizing this study, they considered the following variables. The independent variable was cause and effects of prostitution, the independent variables were education and health. The intervening variable was law and regulatory framework which can affect the dependent variables positively or negatively.

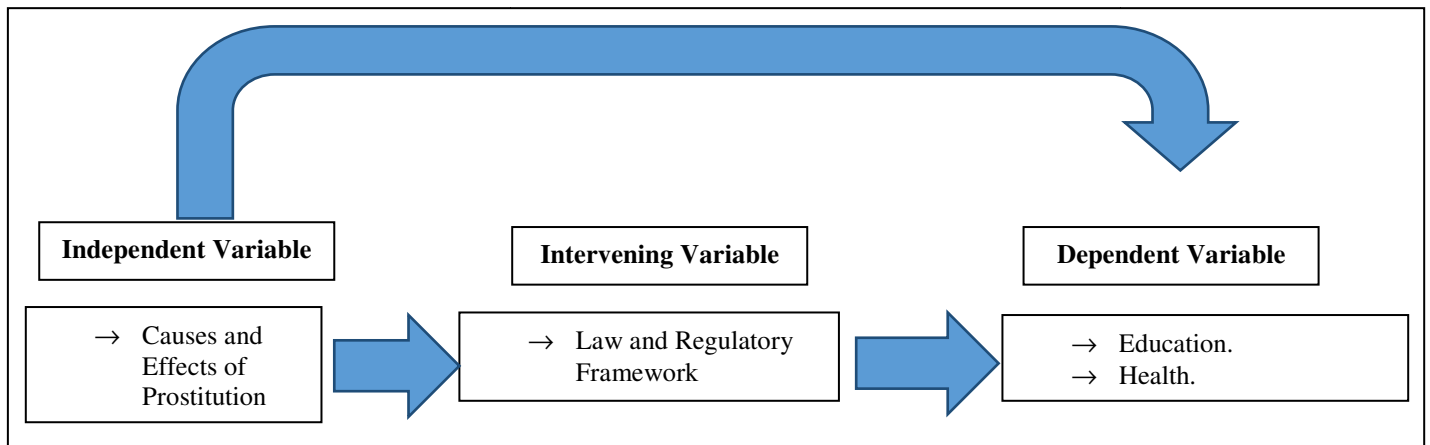


Figure 1: Conceptual Framework

3. Research Methodology

The study adopted a sequential explanatory mixed method research design, this whereby the quantitative phase precedes the qualitative phase (Creswell, 2007). The researchers began with the quantitative phase through using a survey questionnaire in collecting information from the hotel/guest house workers, truck drivers/conductors and the residents of Salga town. Afterwards the qualitative phase followed using interview schedules with the heads of education and health workers in Salga Town. The rationale in selecting a mixed method research design was because it enabled an in – depth probing to capture the circumstances and conditions of everyday commonplace situations and views of the phenomena being studied through explanatory and exploratory inquisition.

3.1. Sample Size and Sampling Procedure

The population of the study was the 5175 to which the researchers drew the sample of 152 respondents. The study adopted purposive and proportionate sampling. From the target population a sample size was drawn using Nassiuma’s formulae (Nassiuma, 2000):

$$n = \frac{NC^2}{C^2 + (N - 1) e^2} \qquad n = \frac{5175 \times 0.25^2}{0.25^2 + (5175 - 1) 0.02^2}$$

n = 151.69 (152 respondents)

Where: N = Population, C = Coefficient of variation, e = Standard error, C=25% (acceptable according to Nassiuma (2000)), e = 0.02 and N= 5175

Proportionate sampling was used to determine the population into strata i.e. Brothels/guest workers, drivers/conductors and the residents using the formulae provided by Thompson (2002).

From the total sample size n each sub-sample size (n_h) was calculated as follows:

$$n_h = n \frac{N_h}{N}$$

Where h is one stratum of the three strata, n is the total sample size, n_h is the subsample for each stratum, N_h is the population in the stratum and N is the target population. For example, brothels/guest house workers; n_h were calculated as follows: 152 x (312/5175) = 9 respondents.

Population	Brothel/Guest house workers	Drivers/conductors	Residents	Total
Population (N _h)	312	128	4735	5175
Sample (n _h)	9	4	139	152

Table 1: Sub samples from the various stratas

The study used simple random sampling to get the sample size of 9 hotel workers, convenience sampling to get 3 truck drivers/conductors and 140 residents of Salga town to fill study questionnaires and purposive sampling to get the head of education and the head of health workers in Salga town for the interviews.

3.2. Data Collection

The questionnaires were researcher-administered. The questionnaire was structured (standard) so as to determine the causes and effects of prostitution on education and health in Salgaa Town. The questionnaires were administered to the entire samples of brothels/ guest house workers, truck drivers / conductors and general residents of Salgaa Town. The questionnaire was made up of two sections, A and B. Section A dealing with the personal data of the respondents while section B comprising the general view on prostitution. The questionnaires were administered to 128 residents who were available at the time of the research. The questionnaire was piloted on a convenience sample of 15 respondents of Nakuru Town which is just a neighboring town. The results of the pilot test were considered in finalizing the questionnaire. For the pilot study, a Cronbach's alpha value of 0.802 was attained which exceeded the recommended level of 0.7, thereby indicating reliability (Maxwell, 2013). Thereafter, the researchers proceeded to identify the respondents according to their stratification in Salgaa Town. Questionnaires were then taken to the participants in their places of work (guest house workers), packing areas (truck drivers/ conductors) and homes/estates (residents) where the researchers introduced to the participants and respondents the purpose of the research and obtained their consent to participate in the research. The researchers adhered to all ethical considerations while conducting the study.

3.3. Data Analysis

The researchers used both quantitative and qualitative techniques to analyze data. The researchers utilized SPSS software to analyze quantitative data from the survey questionnaires and then presented the data using descriptive statistics of frequency distributions, percentages and means. The data gathered from the interviews in the qualitative phase was analyzed through thematic content analysis since the unit analysis was themes for the research study and the results presented subsequently.

4. Results and Discussions

4.1. Demographic Characteristics

The analysis of gender distribution of the respondents shows that the number of male respondents were 44 which forms 34% of the total number of respondents whilst that of female respondents were 84 which is 66% of the total number of respondents. This means that there was high female response rate in the study compared to the female respondent rate. The majority of the respondents were between 31- 40 having a percentage of 46. The analysis was done based on the objectives using descriptive statistics as follows;

When asked about the age difference of prostitutes, the results were that; 23 respondents representing 18% affirmed 12-20 years as the age bracket of prostitutes, 61 respondents said that, 21-30 is the age bracket of prostitutes representing 48% and 44 respondents representing 34% said it is 31-40 years while response on 41 years and above was nil. This indicates that, most prostitutes are between the ages of 21-30; here it is very unlikely that, there are prostitutes at above 40` years.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	16-20 Years	23	18.0	18.0	18.0
	21-30 Years	61	48.0	48.0	66.0
	31-40 Years	44	34.0	34.0	100.0
	Total	128	100.0	100.0	

Table 2: showing the age difference of prostitutes

4.2. Main Causes of Prostitution

The first objective was to determine the main causes and effects of prostitution. After the research, it was noted that the respondents who attributed reason to be engaging in prostitution as poverty were 71 representing 55% while those who attributed it to unemployment were 43 representing 34%. Those who went for lifestyle were only 3 respondents representing 2% and finally those who were for drugs were 11 which represents 9%. Other reasons besides were not responded to. The diagrammatic representation is given below;

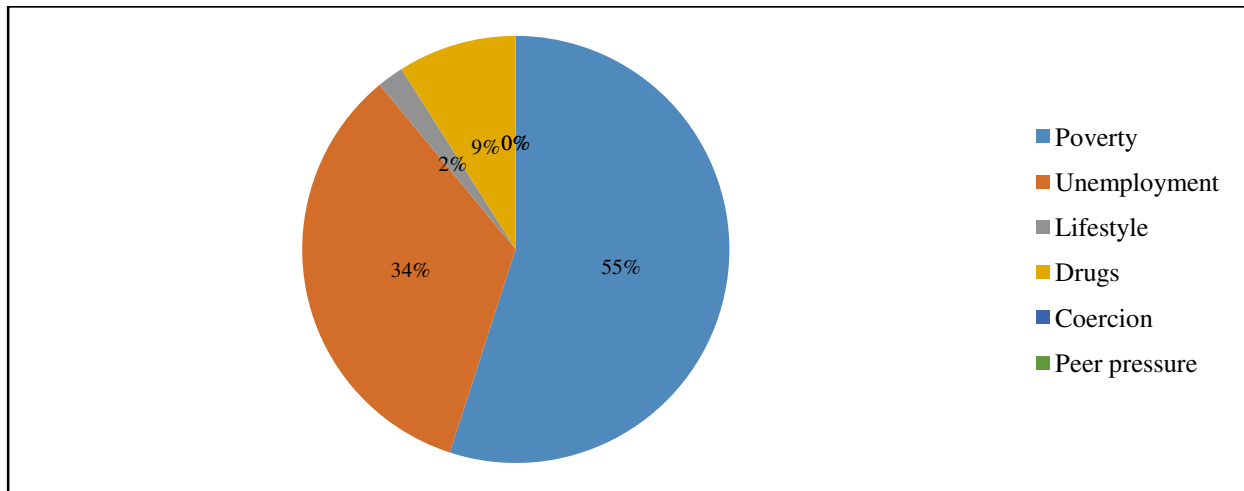


Figure 2: Main Causes of Prostitution

4.3. The Effects of Prostitution

Again, the respondents gave the effects of prostitution as follows; 62% of the respondents said it is HIV/Aids, 8% were for other STDs, and 30% were for high school drop outs while low self-esteem and psychological torture was not responded to. This is diagrammatically represented below:

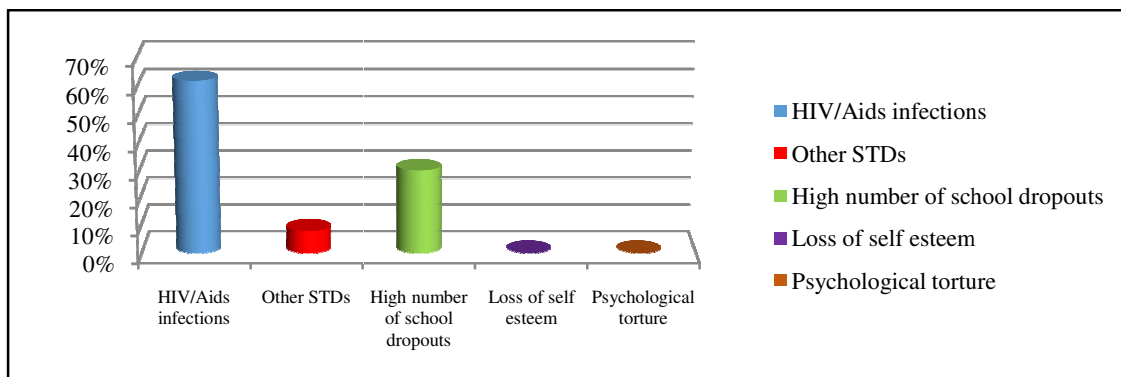


Figure 3: the effects of Prostitution

4.4. Implications of Prostitution on Education and Health

When asked about the implications of prostitution on education and health, the results were as follows: 82% (104 respondents) said that prostitution is having an implication on education through increased number of school dropout cases while only 18% refused this fact. In health on the other hand, 93% (119 respondents) agreed that prostitution has caused increased number of STDs in the area. Only 7% (9 respondents) refuted this fact.

Implications on	High number of school drop outs (F)	Percentage (%)	Low number of school drop outs (F)	Percentage (%)
Education	104	82	24	18
Health	119	93	9	7

Table 3: Implications of prostitution on education and health

4.5. The Attitude towards the Activity of Prostitution

The third objective was to find out the attitude towards the activity of prostitution in Salga town. Close to three quarters of the respondents (70%) had harsh attitude towards the menace of prostitution (do to want it to continue), those who were not sure were only 8%, those who could accommodate it were 16% while those whose attitudes were cordial were only 6%.

Table 3: Showing the attitude towards the activity of prostitution.

Attitude	Frequency	Percentage
Cordial	8	6
accommodative	20	16
Neither	10	8
Harsh	90	70
Total	128	100

Table 4: Attitudes towards the activity of Prostitution

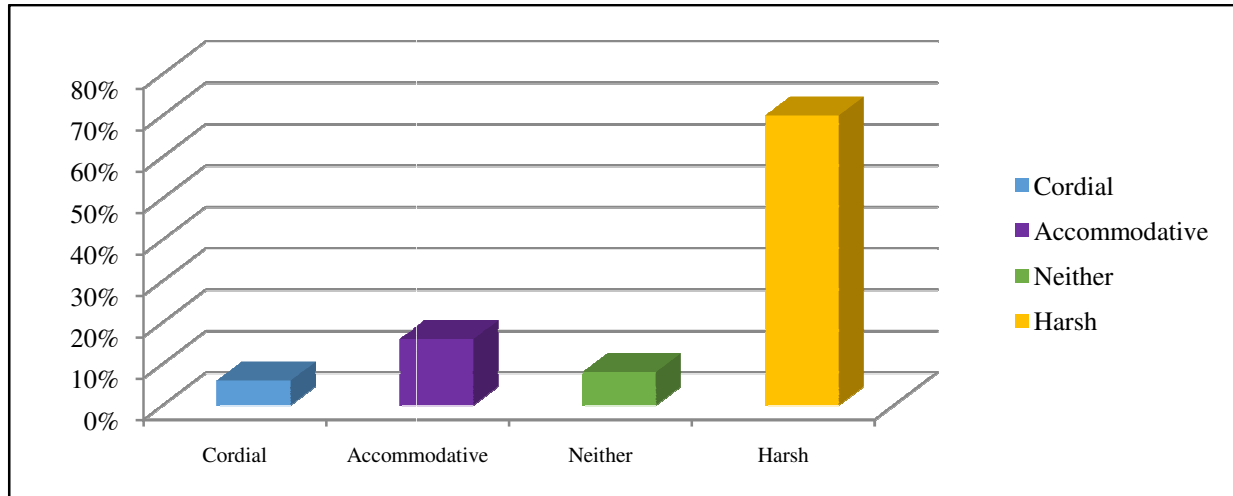


Figure 4: Attitudes towards the activity of Prostitution

4.6. Conclusions

Based on the findings of this study, the following conclusions were arrived at in line with the study objectives.

- i. The first objective of this study was to ascertain the likely causes and effects of prostitution on well-being of people. After the research, it was noted that the main causatives of prostitution were poverty and unemployment having a combined total of 89% which is more than three-quarters of the respondents. Drug use and lifestyle followed closely with 2% and 9% respectively. This was also confirmed by the local government who insisted that the main causative was poverty and that many people were in the business in a bid to make ends meet for them. The effects on the other hand were that 62% of the respondents said it was HIV/Aids, 8% were for other STDs, and 30% were for high school drop outs while low self-esteem and psychological torture was not responded to.
- ii. The second objective was to identify the implications of prostitution on education and health in Salga Town. The interviewees were able to provide very comprehensive information that prostitution had significant implications on education and health. The head of education reiterated over and over again that the high number of school dropout in the area was unquestionable as it was so obviously attributed to prostitution and it's feared that the number would rise. The head of health workers on the other hand confirmed that the overall health status of the people living within and around the town was not good at all as many of the people live with HIV/Aids. In fact, the number of patients taking ARVs are almost out growing the medicines supply. Significant number of people have also been diagnosed with different STDs such as gonorrhoea and syphilis among others.
- iii. Lastly, the third objective focused on determining the resident's attitude towards the activity of prostitution. After the research, it was noted that more than three quarters of the respondents (90%) had harsh attitude towards the menace of prostitution (do not want it to continue), those who were not sure were only 10%, those who could accommodate it were 16% while those whose attitudes were cordial were only 6%. Both the interviewees on the other hand, were very categorical that it was not a good idea and should be curbed as early as possible as it could lead to more school drop outs and ill filled society.

4.7. Policy Recommendations

The government should provide employment in a bid to ameliorate poverty since unemployment and poverty are some of the causes of commercial prostitution in our society today. The government should use general and specific deterrence as well as situational crime prevention strategies to prevent prostitution. This involves promulgating laws to regulate prostitution. These laws will consider prostitution as a criminal activity and also give a strong disapproval of it; this will definitely reduce the total dependence on prostitution as a profession. All hands should be on deck to tackle this social problem by exposing and tracking down the people behind the shameful business of prostitution. Conduct awareness to the citizens on the consequences of prostitution. Both the national and the county governments should impose tax on the sex workers to discourage them. They should also try to put in place measures that can be used to train these sex workers so that they are able to have decent life and legal earnings.

4.8. Suggestions for Further Research

There is need for further research on the causes and effects of prostitution on education, health and other sectors in the whole country because towns and cities vary in terms of many factors such as economic development, political dimensions, and educational levels, geographical and environmental differences among others.

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