

Managing motherhood – the experiences of female sex workers in Nairobi, Kenya

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Abstract

Women selling sex often face challenges of raising their children as well as significant socio-economic difficulties and social stigma inherent in sex work. This paper is based on a cross-sectional qualitative study that explored the dual roles of motherhood and sex work among female sex workers enrolled for ongoing HIV prevention and treatment services in the Sex Workers Outreach Programme (SWOP) clinics in Nairobi, Kenya. We examined women's experiences and coping in negotiating and managing the dual roles of motherhood and sex work. In-depth interviews were conducted with 39 women randomly selected from 1,000 women included in a baseline behavioural-biological survey conducted in October-November 2020 as part of the *Maisha Fiti* study. The analysis focused on themes related to motherhood and making a living: (i) entry into sex work (ii) childcare arrangements (iii) respectability for their children and (iv) pursuit of safety and security. Findings from this study show women's entry into sex work was necessitated by poverty and a lack of reliable sources of livelihood to support their children. While performing their motherhood roles, the women demonstrate agency in navigating through their stigmatised conflicted sex work role to be able to provide for their children.

Keywords: Sex work, motherhood, parenting, social harm, intersectionality

Introduction

Motherhood brings lifelong responsibilities, but it also influences women's status. In the past, in Kenyan societies, motherhood largely occurred within the confines of marriage and was seen as a God-given role that every woman aspired to achieve (Akujobi 2011; Mbiti 1970). Being referred to as the 'mother of' was honourable. Among the Kikuyu¹, motherhood was portrayed as being an institution with cultural and religious values that embodied satisfaction and respect within the family and community (Kenyatta 1979). In a similar way to women in other African societies (Emecheta 1979), the experience of motherhood among Kenyan women depended on the number and sex of the children one bore (Ogola 1994; Ephraim Ochieng' 2020).

Although the institution of motherhood and being a mother has remained paramount in Kenyan communities, the practice of motherhood has changed over time. Some of these changes have partly been attributed to the colonial occupation and missionary work that promoted the abandonment of traditional cultural beliefs and practices in favour of western Christian ideologies and modernity (Kenyatta 1979; Mbiti 1970). Kanogo (2005) observes how the contested position of the African woman led to women pressing for their social, economic and sexual mobility against colonial and patriarchal repressive customary laws. One route for women to find independence and make a living was to enter sex work (García et al., 2017; Laite 2009).

The growth of modern-day sex work in Kenya, particularly in Nairobi (the capital city), goes back to the late 1890s when the railway depot was built and the mid 1920 food crisis in the rural areas that caused an influx of people moving to Nairobi to look for work. Among those who migrated were women traders who settled in the Majengo area where they sold sex and offered short-term accommodation to urban migrants. In whatever form sex was sold, it became a means for capital accumulation through which some of the women acquired land and property (Bujra 1975; White 1990). However, most women had more immediate needs and their earnings were needed to support their children and families. That remains the case to the present time. The lives of these women, as mothers and sex workers, are the focus of this paper.

Despite the long history, sex work in Kenya remains illegal (Laws of Kenya: CAP 63. In: Penal Code. 2013). Hence, to date female sex workers continue to face stigma and discrimination from members of the community, including harassment from law enforcement officers (Mbote et al. 2020). Although no accurate data exist on the population of sex workers in Kenya, it is estimated that 5% of women of reproductive age in Kenya's urban areas are engaged in the business of selling sexual services (Odek et al. 2014). Data from mapping exercises shows the mean population of female sex workers in Kenya to have risen from 133, 675 to 167,940 in the period between 2012 and 2018 (NAS COP 2019). Of the 34 counties mapped, Nairobi had 39,643 female sex workers accounting for 24% of the total population. Although women who sell sex in Nairobi are known to be mothers (Odek et al. 2014; Wanjiru et al. 2022) little is known about

¹ The Kikuyu (also known as Agikuyu) are a Bantu speaking group native to Central Kenya.

how these women manage their roles as mothers while providing for their children through participation in sex work.

Recent studies on sex work in Kenya have focused on the social structural factors that increase sex workers' vulnerability to HIV and other sexually transmitted infections (Lorway et al. 2018; Okal et al. 2011; Musyoki et al. 2015; Roberts et al. 2020), and the threat the industry poses to population health (Dulli et al. 2019; Mbote et al. 2020; Scorgie et al. 2013). A cohort study investigating the associations between alcohol use, and unsafe sex and HIV infection among 400 HIV sero-negative female sex workers in Mombasa found that more than 80% of study participants were mothers (Chersich et al. 2014).

In this paper we look at the roles of mother and sex worker. We investigate how these identities are intertwined for women who sell sex in Nairobi, how they experience these roles and what dictates the choices they make.

Materials and Methods

Study design

This paper is based on cross-sectional qualitative baseline data collected from 39 female sex workers who participated in the Partners for Health and Development in Africa (PHDA) *Maisha Fiti* study in Nairobi, Kenya, between June and December 2019. The initial sample comprised of 40 women, however 39 were included in this analysis as they identified themselves as mothers and had at least one child of their own by the time of data collection. *Maisha Fiti* is a mixed methods longitudinal study that enrolled a random sample of 1003 women drawn from 10,292 women aged between 18 and 45 years, accessing HIV prevention and treatment services from seven Sex Workers Outreach Program (SWOP) clinics in the 12 months preceding the study start.

The qualitative methods study participants comprised a random sample of 40 women drawn from the initial overall study sample of 1003 women who had responded to the behavioural-biological survey questionnaire. In-depth interviews explored women's contextual factors such as if they had children, reasons for entering sex work, sex work experiences covering their day-to-day lives but also explored their experience with violence, mental health, alcohol and substance use and how these relate to HIV risk behaviour. Questions relating to women's roles as mothers and sex workers were also asked, including if the children were born before or after they entered sex work. We asked about parenting and how they ensured their children's safety while at work selling sex; if their children and significant others knew of their involvement in sex work and their concerns about self-disclosure and the strategies employed to conceal their engagement in sex work. We also asked about future aspirations for their children.

Data collection

Participants were recruited with the help of two trained *Maisha Fiti* peer champions drawn from

the SWOP peer education programme. Two experienced qualitative methods researchers collected the data. Interviews were conducted in secure and private spaces, for the safety and privacy of the participants. Semi-structured guides in English and Kiswahili language versions were used in the interviews. All interviews were audio-recorded except for one participant who declined to be recorded. Notes or 'scripts' for all interviews were taken and written out soon after the interviews when the researchers' minds were fresh (Rutakumwa et al. 2020). The interviews lasted between 40 and 60 minutes.

Ethical Considerations

Ethical approval was obtained from the Kenyatta National Hospital –University of Nairobi Ethics Review Committee and the London School of Hygiene and Tropical Medicine Research Ethics Committee. All study participants were informed about the nature of the study before providing written consent. For confidentiality, all personal identifiers relating to the participants was removed from the data when writing up the scripts and also during the verbatim transcription of recordings and writing up notes. Unique study identifiers were assigned to all scripts (based on notes) and transcripts (of recordings) for ease of storage and retrieval. The names used in this paper are pseudonyms. All participants were compensated for their transport to and from the research site.

Data Analysis

Data analysis began as soon as the data were collected through regular debriefing meetings that were held by the research team to discuss the emerging themes and identify gaps for further follow-up after each in depth interview. All audio recordings were transcribed verbatim and translated into English language before analysis. The data were analysed thematically. At the initial stage, the scripts/interview notes were read in their entirety to identify emerging themes for developing the code book. This process involved four members of the research team [EN, RK, PS, TSB]. Transcript coding was managed using Nvivo 12. For completeness and to establish agreement on codes five transcripts were coded by each team member and the coding compared. Once an agreement was reached on the final codes that were to be used, the resulting framework was applied to the remaining transcripts, which were individually coded. Each team member was involved in the preparation of analytical memos and the synthesis of information according to identified themes. During the preparation for this paper, we paid particular attention to the data on the different identities the women managed in their day-to-day life, as mothers and sex workers.

Results

Participants' social demographic characteristics

All the 39 women from who data are included in this paper were mothers at the time of data collection and 78% had at least one child before entering sex work. The women's ages ranged between 18 and 45 years with a mean of 31 years. Close to half (19) of the women were separated from their husbands, more than one quarter (12) had never been married, four were living with partners/husbands, while five were either widowed or divorced. Close to half (17) of the women were in a relationship with a man they considered to be a husband. The majority (67%) of women had incomplete secondary education or only primary education. Most women (60%) first sold sex at the ages 18–24, and had a mean of 21 years as shown in Table 1.

Table 1 about here

Entry into sex work

For the majority, entry into sex work was due to the need for money to support their children following neglect and abuse from their partners. The women said that their desire for education had been thwarted by household poverty, neglect and abuse from alcoholic fathers, or the death of their parents. To survive, some got into relationships with men to support them, which led to unplanned pregnancies. With limited choices, many women described how they had hurriedly moved in with the fathers of their unborn babies, only for the relationships to quickly turn sour.

The story told by Karen, a 21-year-old mother of one, mirrored the experience of other women. Karen's father, a casual labourer was not able to raise fees for her secondary school education. At seventeen she became pregnant, and she moved in with her boyfriend as she did not want to burden her father. Her boyfriend became abusive. Karen then moved in with a female friend who introduced her to sex work after the baby was born, because she needed to make money to cover the bills. Similar experiences were shared by Kerubo, a 21-year old mother of one, who upon separating from her abusive husband, started sex work after being introduced to it, and supported in doing it, by a friend:

I used to fear that a client might after sex refuse to pay me or he abuses me, but another girl used to encourage me to hustle [meaning sell sex] so that my child can have a better life as well as to better my life.

After 29-year-old Chebet a mother of two, was rejected by the father of her child, she was distraught. Being without money she sought help from a friend:

I had a friend who looked very okay, and I envied her and she is the one who introduced me to sex work. She lived well and her children had the latest fashion in the market, and she dressed very well. She used to pay her rent on time and when I asked her, she introduced me to sex work. She invited me to join her as she went out at night. We went and that first night I came home with 1,000/= and that was a lot of money to me.

While most women had separated from the partners early in marriage or following pregnancy, for some separation came after several years of neglect and abuse. Annette, a 35-year-old mother to five girls, shared how the father of her daughters had abandoned them when he learned the fifth birth was also a girl. With no source of income and five mouths to feed, she had to find a quick means of earning, and turned to sex work. For others, entry into sex work had been due to poor working conditions and remuneration, as with the case of Zawadi, a 36-year-old mother of four. When her marriage ended, she left her children with her mother and moved to Nairobi to find work to enable her to provide for the children. At first, she tried earning money by washing clothes, but people paid poorly or not at all. A friend, who seemed comfortable, introduced her to her income source, sex work:

Oh, there is a day we went to drink, and I got a customer. She told me “get yourself into the box [meaning into this way of life]. That is the way we live... get into the box and don’t fear that is how people live in Nairobi”. I got a customer....

Naomi, who was 29 years old recounted how she fled her abusive marriage. Not wanting to burden her grandmother who had raised her, and also helped her with her baby, she moved to Nairobi with the baby, to look for her own mother for help. However, her mother, refused to assist. With little money, Naomi found a cheap place to stay and went out to look for customers for sex, leaving the baby alone:

I remember it was on a Monday the day my mother chased me away and I had a mattress only and no blanket so what I did I laid my child on the mattress covered her with the few clothes we had so that she does not feel cold, and I went out. So, I left her and went out and that was my first day on sex work and I will never forget. I was not introduced to sex work by anybody. What I did was to wake up and go out. I went to another bar along Ngong road, a bar that looked very nice I entered that bar and I was horrified at first because it was my first time. I had emotional pain over the suffering of my baby, [but] I had to gather a mother’s courage.

The benefits accrued from sex work were immediately evident because of what women like Naomi could do with money earned from their first sexual encounters. Naomi remembered how she got 5000 shillings (\$40) from that first customer:

I went and bought a few things. I bought a second-hand bed and I also bought a cooker, some plates and a blanket and some saucepans. So, I continued like that. That's how I started my sex work and I thought it was a nice trade because I could sustain me and my child.

And Lisa, a 44-year-old mother of four commented:

'Sex work is good; I have been able to put my children through school. No one, not even my brother has ever helped me'

Yet, despite the financial benefits reported, for many women the decision to enter sex work was not always easy due to stigma and uncertainty about safety. Women knew very well that there were challenges that those in sex work encounter at the hands of the clients. However, focusing on gaining a better life for their children, encouraged women, like 24-year-old Mueni the mother of one child, to focus on the good that came from her work:

It was not that good considering that you don't want it, you must do it. Yeah.... Like I looked at my child and I thought that he does not deserve to live a painful life or pass through so many difficulties. That is the thing that makes me go on just like that. Yeah that is the one that gives me the courage like I am doing this for my kid.

Childcare arrangements

Women employed varied mechanisms for childcare while at work depending on the ages of the children and the time of the day. Most of those with younger children, tended to engage other women to baby sit for them at night for fees ranging from Kshs 100 to 150 (1\$ - \$1.5) a night. Those with school going children also ensured that they were back home before dawn to get the children ready for school. These women also talked of preparing the children's evening meal and helping with school homework before going to work. When asked to explain a typical day, Mueni explained that each day started very early in the morning when she returned home to prepare her son for school. She commented that 'even if I am a sex worker, I am a good mother'.

While some women paid for minders, for others the children spent the night on their own especially if there was an older child to take care of the younger ones. Such was the case for Julie, mother to four children, aged 15, 10, 8 and 4 years.

You know there are these older ones. I leave them alone but having organised them-like breakfast for the next day because I can't fail to leave breakfast. There are times I leave the house at four in the evening. I arrange for their supper, the one of fifteen years she knows how to cook. They will cook in the morning they will take tea, go to school and all of them are schooling.

Being the sole providers of their families, the women made various efforts to ensure their children

were secure. Most important was their children's education, which they supported through savings schemes and seeking government bursaries. Karen, aged 30 years with four children said:

My main dream is for my children to be educated. So, I plan to continue to save, I told you that I am planning to open an account, I am saving for them in an account so that they will never lack school fees, they continue schooling.

Not all women managed to save. Some women expressed fears about their children's future because they hardly made enough money to save any. Angela, a 24-year-old woman, commented:

To save is difficult. It is not every day that you will get a client, sometimes you get one sex client. Maybe he has given you that five hundred, you have five hundred from selling the second-hand clothes, so at the end of the day you have rent, food, school fees things like that. To save is difficult, to save very much.

Respectability for their children

Although sex work was the main source of income for most of the women in our study, they were careful not to let that be known to their children and family. For fear of stigma, community reprisals and the possible strain on the relationship with their children, the women separated their working spaces and places of residence. As mothers, they felt morally obliged not to expose their children to sex work and wanted to present their children with an image of respectability. For Sylvia, a 43-year-old mother of four daughters, her house was a no-go zone to sex partners:

This is my children's house. I always say I can't [work there] because I can take you there today and tomorrow we meet and fight there in front of the children. That is embarrassing. Even if that is the job you do, you must respect your children.

Women living with older children expressed their feelings about the challenges of having to explain themselves to the children about being out every night. To avoid suspicion and mistrust, some women could go under the guise of doing peer education or other domestic work. This was the case with 35-year-old Annette, mother of five girls:

You know it is not every day because you know I have grown up children I don't want them to know it is what job. Now you know when I combine it with SWOP [the clinic], in SWOP I go on Tuesday, Thursday and Saturday [and say that is where I work]. For the other days I look for other minor jobs so that they see that mum works.

Pursuit for safety and security

Being mothers and sole breadwinners to their children, women made efforts to ensure their

safety despite the risks they encountered in sex work. The women explained how because of the HIV information provided at the SWOP clinics, they have developed an interest in their personal safety, including using condoms in all sexual encounters with clients. The women stressed that they had to be firm about condom use, whatever a man offered to pay. Karen commented:

He can come yes and give me even ten thousand and maybe he is a sick person, and he refuses to use that condom, he leaves you with that ten thousand and he leaves you with the disease. You see there you are [you are] the one with your children who will be left with the problem.

Karen had joined a women's savings group, and she commented that whenever she is short of money she turns to her group for help.

The women were quick to point to the threat alcohol use posed to their safety. They observed that although alcohol gave them the courage to negotiate sex with clients, too much of it impaired their reasoning, as Sylvia observed:

... when you drink too much, you forget yourself. You see, somebody will use you [meaning have sex] and fail to pay you that money. I have seen those who drink and forget themselves and what happens to their life . . . she even forgets her children and that they should eat and go to school.

A few women described how harmful the use of alcohol and drugs had been because they made them violent and neglectful towards their children. A case in point was Diana, a 35-year-old mother of four who was no longer consuming alcohol following antiretroviral therapy initiation:

I used to get so drunk that even when my children see me, they would start crying. Now I said surely this is losing my children I am ruining them. I had to tell even the people from SWOP and they told me to reduce.

In another incident Donatella, a 32-year-old mother of two, narrated how while under the influence of the combined use of alcohol and cannabis, she had nearly taken her infant son's life:

I held that child and I wanted to kill him, I held a knife and said this thing why is it stressing me. When I held the knife up I felt a sharp cut in my heart, my senses came back and I asked myself, God what do I want to?

These negative experiences with alcohol and substance use had led some women to abandon alcohol and drugs all together.

Some women sought security by establishing steady relationships with men who paid enough to cover their children's fees. Such was the case for Nancy, a 40-year-old mother of four, who did not disclose her status to her partner and abandoned her anti-retroviral drugs and moved to Mombasa to stay with the partner who had committed to pay her child's fees:

I wanted my kid to go to school, the girl. When he finished paying I saw myself getting poorer health-wise and since my kid had already been paid for school fees and passed, I quit and returned to my normal life of sex work.

Most women expressed the desire to exit sex work and do other forms of work. The desire for other work was particularly acute for women with teenage children, who feared that their children would follow their footsteps into sex work. However, when asked about the plans and investments they had put in place to enable their exit from sex work, most said this desire remained in the hands of God.

Discussion

We have described how nearly all the women in our study who sell sex are also mothers. The narratives they told describe how they balance their different identities and roles in order to make money to support their children. They also concealed their work identity from their children as way of maintaining their dignity. To the clients who were their casual partners the woman's identity is that of a provider of sexual pleasure, and the broader roles as both a woman and a mother were identities unknown to these men. However, a regular partner might know about the woman's situation and multiple roles. A recent review (Ma, Chan and Loke 2019) describes the findings from other research with women in similar circumstances to the women in our study who demonstrated how adept they were at managing their intersecting roles. The women protected their children from the stigma of their work while maintaining their means of livelihood in order to provide for their children.

Some previous research has portrayed women who sell sex as helpless victims devoid of agency and the ability to resist entering sex work (Krüsi et al. 2016). The findings from this study show the women we interviewed made deliberate choices in order to survive and make a living. Our findings highlight the interconnectedness of the social and economic contextual factors and their role in shaping women's pathways, and decisions to enter and remain in sex work. Many had had difficult childhoods, experiences of poverty and deprivation, a lack of education and early sexual debut and pregnancy that ended in disruptive relations findings corroborated in the work of Ross (2009) whose work details the life histories of female sex workers in Nairobi. Our findings on the contribution of poverty and motherhood to women's entry into sex work are further corroborated in the findings of other studies from East Africa and elsewhere (Ali et al. 2021; Basu and Dutta 2011; Mbonye et al. 2012). Being poorly educated and unskilled, and faced with limited work opportunities, the women in our study demonstrate their performative agency in the extent of sacrifices they make to attain the ideals of being 'good mothers' supporting their children through sex work, as others have found for women in India, Ukraine and the United Kingdom as well as Mombasa in Kenya (Swendeman et al. 2015; Dodsworth 2012; Parcesepe et al. 2016; Beard et al. 2010).

Cognisant of the stigma attached to sex work, women in this study were constantly seen negotiating to maintain a respectable mother role. For example, although sex work was the major

source of income for most women, they preferred to be associated with less stigmatised forms of work, even though these were low paying. This finding echoes the findings a study in Uganda where women identified with other forms of trade to avoid the stigma of the 'sex work' label (Zalwango et al. 2010).

In performing their motherhood roles, the women in our study show their attempts to redirect the paths of their children so as not to follow the same path. The women paid particular attention to their children's educational needs even if that meant making sacrifices in terms of their own health and well-being. Similar attempts by mothers to guide the future of their children have been described in other sex worker settings, for example in Pakistan (Khan et al. 2010) and India, among the Durbar community where Ali et al. (2014) describe an initiative that offers education support programs to children of sex workers.

Our findings highlight the interconnectedness between female sex workers' mother role and sexual behaviour. Being mothers had a two- pronged effect on their sexual behaviour. In the mother role, the women exhibited agency for protecting their personal safety and longevity to be able to see their children grow into adulthood. For a majority, they achieved this through the power to negotiate consistent condom use with clients and the avoidance of sexual violence. The balancing role of the demands of motherhood and HIV risk taking decisions has been reported in studies in Africa (Beckham et al. 2015; Parmley et al. 2019) and other regions (e.g. Basu and Dutta 2011; Servin et al. 2017). In keeping with studies conducted in other settings (Mantsios et al. 2018; Pillai et al. 2012), our findings also showed women's involvement in revolving fund groups such as 'merry go-rounds' to foster individual agency and ability to negotiate safe sex. Thus, rather than engage in condom-less sex for the much-needed finance to meet their children's immediate needs, they sought support from fellow sex workers. Our findings suggest the need for programmes that go beyond providing sexual reproductive health and HIV prevention and treatment support and incorporate empowerment strategies that address structural and environmental barriers that heighten sex workers' HIV risk and economic vulnerabilities. Examples include the Sonagachi and Durbar community led initiatives that have been tried in India (Swendeman et al. 2009; Ali et al. 2014).

Our findings showed that although women in this study had entered sex work in order to meet the needs of their children, they were also keen to exit the trade as it conflicted their mother role. With the ticking clock and children growing into adulthood, many women cultivated thoughts of going into business ventures but were hampered by their economic situation. These findings resonate with findings from Rwanda (Ingabire et al. 2012). With few options, several women were seen to resign their fate to God to bring to fruition their future dreams. Hence the need for SWOP and other agencies to consider initiating economic and skill based empowerment programmes to support and cushion women exiting sex work.

Limitations and strengths

The findings detailed here derive from interviews with a random sample of 39 female sex workers attending SWOP clinic sites and may not be generalisable to other female sex workers in Nairobi or to other parts of the country. We also note that the experiences shared on women's roles as mothers and sex workers may be limited as the overall study the findings are drawn from, was not designed to answer motherhood questions. Therefore, a more specific investigation y geared to exploring women's experiences as mothers and sex workers may garner deeper insights than those contained in this paper.

One strength of this work is that the findings shared are based on the accounts offered directly by female sex workers, thus shedding light on the everyday realities of women who sell sex and the challenges they encounter in raising and supporting their children. The findings therefore point to the programmatic gaps in identifying and addressing the social determinants of girls and women's entry into sex work, uncertain livelihoods and the survival of their children in low income settings

Conclusion

We have shown the challenges many female sex workers who are also mothers face in their daily lives in Nairobi Kenya. Understanding women's pathways and motivations for entering sex work is important in informing future intervention programmes. Women who sell sex experience challenges in discharging their mothering roles, creating the need for policies and programmes which engage with the needs of their children. Programmes that target young peoples' reproductive health needs, should include access to and completion of formal education for girls. The programmes should also encompass skills training and access to capital to engage in alternative sources of income to help reduce the social and economic inequalities experienced by girls and women in resource limited settings.

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Table 1. Social and demographic characteristics of study participants

	Characteristics	No (%)
Age in Years	(Mean -31)	
	18–24	6(15%)
	25–34	19(49%)
	35+	14(36.0%)
Education Levels	Primary complete and below	16 (41%)
	Secondary incomplete	10(26%)
	Secondary complete and above	13(33%)
Current Marital status	Single (never married)	11(28%)
	Live-in partner	2(5%)
	Married	2(5%)
	Separated	19 (49%)
	Widowed/divorced	5(13%)
Number with children before entry into sex work	None	3 (8%)
	At least 1	36 (92%)