

Sex Workers Lived Experiences Of Stigma In Nairobi, Kenya

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ABSTRACT

Since Immemorial society has always perceived sex work as immoral even though it is a source of income to the sex workers. Sex work breeds stigma to those who practice it. Studies on stigma among sex workers have been documented worldwide, but very few have looked at it from the sex workers' perspective, especially in Kenya. Using stigma narratives from 28 respondents practicing sex work, selected using purposive, snowball, and direct sampling techniques, this paper shows sex work being a livelihood to many sex workers they use various means to sustain it despite the stigma they face in their everyday life. This paper then argues that stigma remains a major social problem among sex workers despite the various constructions on sex work. This is portrayed through narratives by the interviewed sex workers who have experienced stigma from family, neighbors, religious institutions, law enforcers, and health providers. The stigma is manifested either physically or through verbal abuse. Due to the stigma experienced as a result of their work, sex workers have devised personal and collective ways of dealing with it. In the quest to develop strategies and interventions that may help curb the stigma faced by sex workers, there is a need to identify the sources of the stigma and how it is manifested.

Keywords: Sex Work, Sex Work Stigma, Stigma, Stigma Narratives, Lived Experiences, Kenya and Qualitative.

INTRODUCTION

Documentation about sex work/prostitution indicates its existence throughout history from the fourth century BC to narratives of Ishtar, a goddess associated with prostitution. (Bullough & Bullough, 1993; Hamel, 2003). Despite its existence since history, most societies view it as a social problem and a social vice of devalued behavior (Seib, 2007). These conceptualizations by society

have led to attempts of eradicating sex work and, in the process, exposing those who practice it to stigma.

Goffman's (1963, 167) defines a stigma as an attribute that is deeply discrediting, which reduces the stigmatized person from a 'whole and usual person to a tainted, discounted one. Researchers argue that there are specific social and cultural influences that shape the process of stigmatizing in a given context. It is generally agreed that sex workers commonly represent a marginalized group that is widely subjected to these stigmatization processes. Phetersen (1993) highlights that the stigmatization of sex workers is derived from socially sanctioned norms regarding women's expected behavior. These include having sex with strangers and multiple partners, asking for money in exchange for sex and, individually sex workers, especially woman, taking the sexual initiative. Also, the stigmatization is due to the portrayal of sex workers both as vectors of disease, specifically human immunodeficiency virus / acquired immunodeficiency syndrome (HIV and AIDS), and as the source of transmission of such diseases into the 'respectable community,' namely heterosexual couples and families (Scambler, 2007).

Sex workers of all forms universally experience stigma both in the informal and formal sectors. Stigma is also inherent among workers in legal forms of sex work, such as stripping (Trautner & Collett, 2010) and pornography (Royalle, 1993), as well as among licensed workers in escort agencies and massage parlors (Symanski, 1974), and reported by highly paid escorts providing a "girlfriend/ boyfriend experience" (Bernstein, 2007). The consequences of stigmatization include social isolation, employment, and income (Benoit, Jansson Jansenberger, & Phillips, 2013; Link & Phelan, 2001) and physical and mental health problems (Green, Davis, Karshmer, Marsh, & Straight, 2005).

Sex work in Nairobi has been there since colonialism (Bujra, 1975; White, 1986, 1990), but independence altered its social organization. Independence saw the introduction of formal education, corruption through the unequal distribution of resources, and poor governance, leaving many poor hence the need to go to the city to search for jobs and livelihood. Rural-urban migration increased, thus urbanization and industrialization. To cope with these changes, there was a rise in escort agencies. As the family system degenerated, women were forced to be caregivers at homes and breadwinners, which led some of them to flee to the city to sell sex for money considering the high rates of unemployment (Izugbara, 2011). Sex work is a highly stigmatized occupation within the Kenyan culture. It is regarded as an offense against morals and a nuisance under Kenyan law making even those who practice it to have negative feelings due to the stigma associated with their work (Nyblade, Mbote, Barker, Morla, Mwai, et al., 2015).

Despite the knowledge of the stigma faced by sex workers, little research has been conducted, and relatively few articles from the field have drawn on the voices and experiences of sex workers when examining the issue (Vanwesenbeeck, 2001). Most researches on sex work focus on the role it plays in fuelling up the HIV and AIDS infection rates but not on the psycho-social well being of the sex workers. There is a growing body of evidence suggesting that stigma itself can be a vital contributor to ill health in individuals and the production of health disparities in populations (Stuber et al., 2008). In this paper, the researcher's attempt to identify how sex workers mitigate stigma in the study area from sex workers' perspective

LITERATURE REVIEW ON STIGMA

This section highlights the concept of Stigma, the source of Stigma in prostitution, the impact of Stigma on sex work, and various techniques used to manage sex work by sex workers.

Concept of Stigma

Stigmatization entails disgracing, discrediting, and disvaluing person/persons regarding an attribute they hold that is perceived to be against societal expectations. Goffman (1963, p. 3) describes stigma as "an attribute that is deeply discrediting," reducing the possessor "from a whole and usual person to a tainted discounted one." Crocker et al., (1998, p. 505) indicate that "stigmatized individuals possess (or are believed to possess) some attribute, or characteristic, that conveys a social identity that is devalued in a particular social context." These attributes serve as attack points by which individuals are judged, condemned, and stereotyped. The victims of stigmatization are blamed and shamed, and they lose their status quo in society.

Stigmatization can be overt. It can manifest as an aversion to interaction, avoidance, social rejection, discounting, discrediting, dehumanization, and depersonalization of others into stereotypic caricatures (Dovidio et al., 2000; Herek, 1999). Stigma can also be subtle. For example, it can arise as non-verbal expressions of discomfort (e.g., lack of eye contact) that result in intense social interactions between stigmatized and non-stigmatized individuals (Hebl, Tickle, & Heatherton, 2000).

In the context of Sociology, stigmatization plays several functions, namely; exploitation of domination, social norm enforcement, and disease avoidance (Phelan, Link, & Dovidio, 2008). Concerning manifestation of stigma, Pryor and Reeder (2011) articulate a model depicting four interrelated manifestations of stigma. They include public stigma, which comprises of cognitive, affective, and behavioral responses of those who stigmatize. Self-stigma which reflects the social and psychological impact of possessing a stigma. Stigma by association is another type that entails social and psychological reactions to people associated with a stigmatized person. Finally is the structural stigma, which is the "legitimatization and perpetuation of a stigmatized status by society's institutions and ideological systems" (Pryor & Reeder, 2011).

Sources of stigma in sex work

There are various sources of stigma in the line of sex work. These are laws, regulations, and social policies in many countries, the media, the justice system, health providers, and members of the public and neighborhoods of the sex workers.

Laws, regulations and social policies of many countries criminalize the purchase of sexual services based on the argument that it disrupts the social order of a community and exploits vulnerable women and girls who require criminal code sanctions to protect them, legitimizing norm enforcement by stigmatizers (Hayes-Smith & Shekarkhar, 2010; Phillips et al., 2012; Weitzer, 2010). According to Weitzer (2017), the media plays an influential role in shaping the stigma associated with sex work. Media narratives are typically morally rather than empirically driven, with sex workers' diverse experiences condensed to fit rigid stereotypical frames (Hallgrimsdottir, Phillips & Benoit, 2006; Hallgrimsdottir Phillips, Benoit & Walby, 2008).

Researchers have also identified the justice system as contributing to discrimination against sex workers by treating them as unworthy of protection (Parent, Bruckert, Corriveau, Nengeh, Mensah & Toupin, 2013; Wojcicki & Malala, 2001). Many cases reported by sex workers such as violent attacks are never processed owing to the discriminatory nature of their work. In the case of arrests, only sex workers are arrested and not clients.

Health workers, upon learning the occupational nature of sex workers, they focus on judging them instead of being concerned about their health. By doing this, health providers contribute to the unmet health care needs of sex workers (Benoit, Ouellet & Jansson, 2016; Lazarus et al., 2012). For instance, In Bungay et al., (2013) study, sex workers expressed concerns that if they disclosed their occupation, the health care providers would become fixated on occupational risks at the expense of the workers' overall health concerns.

Members of the public and neighborhood of the sex workers have also been seen as a source of stigma to sex workers more so among female sex workers. Wong, Holroyd, and Bingham (2011) note that: "Though the precise nature, frequency and degree of abuse and harassment by neighbors or community members varied between female sex workers, it was clear that the negative attitude of the wider community for FSWs did indeed manifest itself authentically and frequently for the respondents."

Impact of Stigma in sex work

Stigma harms self-concept and identity formation, resulting in degrees of social exclusion that range from difficult to engage in regular social interactions because of secrecy or shame to complete discrediting or exclusion by others. This is evident through the works of (Corrigan, Kuwabara, & O'Shaughnessy, 2009; Corrigan & Matthews, 2003; Link & Phelan, 2006; Livingston & Boyd, 2010). Stigmatized individuals have been subjected to a range of penalizing actions, from shunning and avoidance to restraint, physical abuse, and assault (Scambler & Hopkins, 1986).

Managing stigma in sex work

In managing the stigma, sex workers use various techniques, including information management system techniques. Information management here entails concealing information about their work or being selective on who to share the information with. Concealing the true nature of their work involves having to come up with a cover story behind which they hide from their partners, family, friend, and the community. They do not do this only to protect themselves from sex work-related stigma (Ganju & Saggurti, 2017; Kong, 2006; Roche & Keith, 2014; Zalwango et al., 2010) but also the people with whom they have close interaction with (Dodsworth, 2014; Murphy et al., 2015). The other technique they use to hide their work is through being very careful to separate their personal life from work life through the creation of work identities which usually use pseudo names and alternative personas of self to prevent stigma (Abel, 2011; Abel & Fitzgerald, 2010; Barton, 2006; Sanders, 2005; Scambler, 2007).

Sex workers also use undercover mode to manage stigma. According to George (2010), sex workers and their families use "silence strategically to maintain the 'good' status of the woman involved in sex work" (p. 261). The economic incentive is another partial strategy that has been adopted to manage stigma by the sex workers. The money they get through sex work enables them to sustain their families, pay bills, and even invest making. Swendeman et al. (2015) conclude that an increase

in economic and social status from earning in sex work was seen as partial compensation for the enduring stigma. As one sex worker in Koken et al., study (2004) states, "The money makes it worth it" (p. 27).

Motherhood is the other strategy adopted by sex workers to manage stigma. Kong (2006) and Beckham, Shembilu, Winch, Beyrer, and Kerrigan (2015) both discussed how motherhood is a critical shield against prostitution stigma because it allows workers to draw from the respectability afforded through motherhood which is lacking in the public perception of their occupation. Rivers-Moore (2010) finds that sex work involvement was deemed acceptable only when the worker had children to support. Women workers called upon "the moral stability of motherhood" (Rivers-Moore, 2010, p. 722) to separate themselves from public disapproval of sex work. The other strategy employed by sex workers to avoid stigma is through hiding under strong family bonds. George (2010) describes how participants drew on alternative identities as wives and family members who are embedded in familial networks to mediate against the stigma of sex work.

Regarding the literature as discussed above, we can be able to identify information management especially that which spoils their image through; concealing the true nature of their work, motherhood and fatherhood (this aids them in being shown respect and love from children and partners as being responsible); economic incentives (the good money they get makes them be tolerant), secret and silent operations (undercover mode) as well as the strong familial bonds as the techniques sex workers use to manage stigma.

METHODOLOGY

The study was carried out in Nairobi County, Kenya. The researchers selected the city purposively because it is the city in the country that has consistently recorded high numbers of transactional sex (Kimani et al., 2013). An ethnographic research design was employed. Both male and female self-confessed sex workers were the target population purposively settled upon by the researcher. Random sampling technique was used, mainly purposive, snowball sampling, and direct approach sampling. Snowballing was used to get 16 respondents through referrals. The direct approach came in handy to counter the challenges that arose after referrals, where some respondents felt betrayed by other sex workers by revealing their identity. Direct sampling yielded 12 participants, thus totaling the sample size to 28 participants. The 28 participants were all from the purposively selected target population. The sample size was also influenced by the level of saturation, which was affirmed by the quality of interviews, several interviews, sampling procedures, and the researcher's experience.

In-depth conversational interviews were used in data collection from respondents who had been identified using either purposive sampling, snowball sampling, and direct approach methods. Other techniques used to record the data were note-taking and tape-recording for those participants who gave their consent. Research ethics were upheld where consent was sought, confidentiality, and protection of data collected assured. Confidentiality was achieved by using pseudo names, and the data collected (audio recordings and transcripts) were encrypted and saved on password enabled computers.

Data reliability was achieved through the inclusion of diversities such as age, gender, level of formal education, marital status, the form of sex work, location of operation (geographical location within the city), time of operation (day or night) is it on a full-time basis or a part-time basis.

The reliability and validity of data collected were also enhanced by collecting data from respondents who had experience in sex work. The study found the duration of the participants in the occupation to be 6.36 years.

RESULTS AND DISCUSSIONS

Socio-Demographic Characteristics of the Respondents

Several variables which assisted in understanding the socio-demographic characteristics of sex workers were interrogated. They include age, gender; marital status; the level of education; denomination; country of origin, category, and forms of sex work. Others include; the age of entry into sex work, duration in sex work, and the number of children by sex workers. The socio-demographic characteristics of sex workers who participated in the study are shown in Table 1 below.

Table 1: Socio- Demographic Characteristics of the Respondents

Variable	Category of Variable	Frequency(N=28)	Percentage (%) =100
Age	Less Than, 20	1	3.6
	21-33	23	82.1
	34+	4	14.3
Gender	Female	25	89.3
	Male	3	10.7
Marital Status	Divorced	2	7.1
	Married	4	14.3
	Separated	1	3.6
	Never Married/Single	21	75.0
Level Of Education	College	16	57.1
	Primary	1	3.6
	Secondary	5	17.9
	University	6	21.4
Religion Denomination Of Sex Workers	Christian	24	85.7
	Hindu	1	3.6
	Muslim	3	10.7
Country Of Origin Of Sex Workers	Foreigner	3	10.7
	Nationals	25	89.3
Age of Entry Into Sex Work	Less than 18	1	3.6
	19-22	20	71.4
	23+	7	25.0
Duration Into Sex Work	<=3	8	28.5
	4-15	19	67.9
	16+	1	3.6
Whether Sex Workers Have Children	No	14	50.0
	Yes	14	50.0
Number Of Children By Sex Workers	<=0	14	50.0
	1-2	8	28.6
	2+	6	21.4

Source: Researchers (2019)

In this study, most of the participants (82.1%) were aged between 21 and 23 years. This shows that sex work is mostly practiced by youths. Those less than 20 years were 3.6 %, while 14.3 % were 34 years and above.

In terms of gender, the majority (89.3%) were female, while 10.7 % were males. For a long time, sex work was mainly associated with females, but these findings indicate that even the males are joining the occupation. This can be associated with changing times and joblessness.

Regarding marital status, 14.3% were married, 75.0% were single, 7.1% divorced, and 3.6% separated. These results indicate that sex work cuts across the marital status. With few employment opportunities, it is used as a source of income to help the workers in the provision of needs and paying bills to sustain their families.

The study revealed that 57.1% of the respondents had a college education, 21.4% had a university education, 17.9% secondary education, and 3.6% primary. These findings signify high literacy levels, showing that sex work is currently not reserved for the less literate only. This can be attributed to joblessness, which leaves many with no option but to engage in sex work to earn a living.

The study findings indicated that the majority (85.7%) of the study participants were Christians; this reflects the country's populous religion. Muslims were (10.7%) and Hindu (3.6%). These findings depicted that despite the religious, moral teachings, followers still practice sex work, which is considered immoral in the religious sphere. In terms of country of origin, 89.3% were Kenyan citizens, while 10.7% were foreigners.

On the aspect of the age of entry into sex work, the majority (71.4%) started sex work between 19 and 22 years (this shows that it is commonly practiced by youths), 25.0% began when they were 23 years and above, and 3.6% started with less than 18 years. The variation in age of entry into sex work can be attributed to life challenges, which may force some individuals to join sex work at tender ages or even at older ages.

The study also showed that 67.9% of the respondents had been in sex work for between 4 and 15 years, 28.5% for less than or equal to 3 years, and 3.6% for 16 and more years. Another aspect that the study looked at was whether the sex workers had children, and it was established that half of the respondents had children, and of these half, 28.6% had one or two children while 21.4% had two or more children. The presence of children calls for the need to provide shelter, food, clothing, health care, and education. This may be the underlying reason as to why parents had to opt for sex work to provide for the little ones.

Stigma Among Sex Workers

This study found out that sex workers do experience stigma, discrimination, and stereotyping resulting from society's perception of sex work as being immoral. Study findings revealed that stigma occurs at six levels of sex worker's engagement. The levels include self, family level, neighborhood church/religious, law enforcement, and health providers, as discussed below.

Sources of stigma

Self-stigma

This type of stigma was portrayed by workers who perceive themselves as less worthy in line with the morals standards of the social world. Valentino, a 24-year-old, single, having secondary education and a brothel-based sex worker, says:

I joined sex work after high school, following my peers who had joined before me and were making money out of it. However, most of the time, I feel bad about myself because I know from my childhood, having multiple sexual partners is not good. It is, for this reason, I always pity myself, and I am not proud of being a sex worker.

The family

The study found that no family members were ever supportive of a sex worker. Naliaka, a 29-year-old, separated with one child, having a college education and a home-based sex worker laments:

I consider myself childless and without a family. This is after my parents discovered that I was a sex worker. They chased me away from our home despite doing it to support my child and my parents. They taught my son never to recognize me as a mother, saying that I was a curse and embarrassment to the family. Attempts to take away with me, my son was met with almost fatal beating and given a metal bar to hit me.

These findings conform to Dodsworth's (2014) survey, which finds that some families denied their members who were practicing sex work. This formed a basis of social stigma and discrimination.

Neighborhoods

In the sex workers' residential areas, they were described or labeled as a husband snatcher or a spoiler to the neighbors' sons and daughters whenever their identities were known. They would be verbally insulted and, in other cases, thrown out. Zerifa, a 28-year-old, single with a college education and a home-based sex worker narrates:

I used to live in a posh estate where there were several families where the wives were just housewives who spent their day at home. This way, they were able to note the in and out of my clients' movement so that after sometimes word went around the estate, I was a sex worker. I slowly started being isolated with my neighbors, keeping off from even saying hi. I was beginning to worry about it until one day, I got a client who seemingly was known to one of the neighbors. We were going on with our business in the privacy of my house when suddenly a crowd of women surrounded my house chanting, 'We have known our husband snatcher and spoiler of our sons. You must vacate our estate today!' And that is how I was chased from the posh estate.

Neighborhood stigma sometimes goes beyond the individual sex worker to their children. Linda, a 30-year-old, single with one (1) child and having secondary education and currently working as a Club based sex worker laments:

It was harrowing one Saturday morning when I was doing my general cleaning, and my child came to me crying. Upon inquiry, he had been stopped from joining other children's play in our estate and insulted being told that other children are not allowed to mix with a child of a sex worker who is just himself a young sex worker in the making. I felt hurt imagining what other things may have been discussed in the neighborhood and the kind of discrimination that my child would be shown in the neighborhood.

Institutionalized Stigma by Religious Institutions

The moral teachings in the institutions are always harsh towards sex work. In Islam, once identified as a sex worker, one may be condemned for public elimination by stoning while in Christianity, such are condemned as demon-possessed Mamashuka, a 24-year-old, single with a college education and a sex den based sex worker, confides,

The Imam of our mosque chased me, after that, word went around that I am a sex worker.

Paula, a 26-year-old, single with a college education and a home-based sex worker, says,

I was ex-communicated from the church after our pastor was told that I earn a living through sex work.

Law Enforcers

The study identified that law enforcers arrest sex workers without clearly defined offenses. Clients to the sex workers are never arrested, though. This depicts stigma. Also, when sex workers approach law enforcers for intervention when either harassed or denied their dues by clients and instead or support, they get further harassment from law enforcers or sheer ridicule. Festina, a 35-year-old, single with a college education and a bar based sex worker and mother of one says, I once went to the police with bruises all over my face and body to complain about a client who had beaten and raped me. Instead of assisting the police officer took me to the side and threatened to throw me in jail if I did not sleep with him.

Health Providers

Stigma and discrimination of sex workers by health providers were found to occur when sex workers seek medication for conditions that are associated with sexual practices and would probably require one to produce their sexual partners with whom they had an encounter with, but because they can't it forces them to reveal their nature of work which prompts the health provider based on moral biases to dismiss and in some cases, deny health services to the sex workers or force them to pay more cash. Molly, a 25-year-old, married with one child university student and a call girl based sex worker narrates,

When visiting government health centers, I have faced verbal abuse and medical staff refusing to treat me or charging me double the usual cost of treatment. At such hospitals, sex workers are treated like third-class citizens.

Managing Stigma by Sex Workers

To navigate stigma sex workers are facing on their course of earning a livelihood, the study observed that strategies depended on various sources of stigma as highlighted:

Managing Self-Stigma

Those with self-stigma, the study noted, tend to use intoxicating substances to overcome the self-stigma and continue with their sex work. Valentino further says,

For sure, I cannot do without sex work. This is what gives me food and house rent, so I have to continue. To overcome the negative feelings, I have to be high all the time, which makes me use bhang and alcohol, and I am at peace in my heart.

Kim, 23-year-old, single, with university education and a call boy stresses,

Once in a while, I have this guilty feeling of why I am into sex work. I pity myself most at those moments, and I get solace by drinking myself silly even for three days straight, after which I convince myself that I need the money.

The sentiments from Valentino and Kim conforms to Church, Henderson, Barnard, Hart (2001), who find that most sex workers who use drugs and alcohol do so to satisfy their clients without emotional attachments while others do so to erase the memory of the kind of job they are in.

Managing Family Stigma

One of the ways sex workers dealt with such a predicament was living while hiding away from their relatives. Naliaka a 29-year-old, separated with one child, having a college education and a home-based sex worker continues and says,

To save my skin, I decided never to come close to my relatives. Instead, I live on sex work but never go home or interact with people who can communicate my whereabouts with my family.

Further, sex workers use enticement by the use of tokens and gifts to family members to overcome stigma and discrimination in their families. Tessy, 25-year-old, single with university education and an escort-based sex worker, says:

My brother used to abuse me and threaten to forbid me from ever going home when he discovered I was involved in sex work. When I decided to be buying them gifts every time I was going home, they ceased from using such abusive language and instead are happy about me without making references to what I do.

In some cases, the study identified sex workers were using pseudonyms at their workplace or advertisements site to avoid being traced back to their families. Shabeen, 25 years old, single with one child, having a university education and a massage based sex worker, says:

The name I use to advertise myself and at my workplace is very different from my real names. This helps in avoiding family members from coming across things I advertise. I also give different phone numbers unknown to my family members and give pictures that do not resemble me in the internet profile for advertisement.

Shabeen's sentiments above concur with those of Lewis, Maticka-Tyndale, Shaver, & Schramm (2005), who assert that as a way of managing stigma, most sex workers use fake or pseudo names. Lupita, a 20-year-old, single with a college education and a call girl further adds:

I have several mobile numbers. My official number I only give to my family members, it is always on while the rest of the numbers I give to clients. Once I am home, all the other lines are off. That way, no family members notice my secret life, and that is how I deal with stigma and discrimination at the family level.

Association was found to be another tactic used to overcome social stigma and discrimination by sex workers. Association means joining social groupings that are not identified with sex work. The Association tactic in sex work is whereby a sex worker presents him or herself as a college student, sales representative of a particular company or a night shift worker in a given industry and would introduce her sex work colleagues with such identities where need be to avoid stigma and

discrimination from close relatives. Tarsilla, a 22-year-old, single with secondary education and working as a brothel-based sex worker confides:

I come from a rigorous Christian family, and my father is a pastor. To hide from my family that I am a sex worker, I have told them I have enrolled for a course in town, and once in a while, I go with my sex work colleagues to my parents' home and introduce them as my classmates. To date, no one has ever known what I do in town since everyone believes I learn, and my colleagues have acted as my witnesses.

Furthermore, the study found out that some of the sex workers had opted to ensure that they have a stable relationship, i.e., they have a boyfriend or girlfriend they introduce to the family. That way, no one will question or suspect that they would be involved in sex work.

Rosina, a 23-year-old, single with a college education and a Club based sex worker laments:

The boyfriend I have and stay with is only for public relations exercise. It is my shield so that my family members would not know what I do for a living. My family believes I work as a waiter in the Club but unknown to them. I am a sex worker. They cannot think of that because I have someone whom I live with.

The above sentiments on stigma and discrimination can be summarized by Koken (2012), who finds that sex workers adopt various strategies to keep their work going. According to him, tricks and strategies that sex workers use to cope with stigma and discrimination include pseudo names, use of different calling numbers to avoid being tracked by family members or relatives, change of location, and operation time, among others.

Managing Stigma at Neighbourhood Level

In response to such stigma and discrimination at the neighborhood Linda a 30-year-old, single with one (1) child and having secondary education and currently working as a Club based sex worker bitterly stated:

I went and loudly insulted the neighbors' kids in the full knowledge that their parents must have told them about my work. I insulted their mothers who were listening from the doors of their houses. I made myself appear so enraged that each child ran to their homes. The incidence seemed to have worked as my child never reported to have been abused or denied plays another time.

The study found that some sex workers decided not to do sex work within their neighborhood to deal with stigma and discrimination at the neighborhood level. Besh, a 25-year-old, single, having a college education and a Club based sex worker, says:

Knowing how bad neighbors can be to you, I chose never to do my work in a neighborhood club, let alone have clients from the same neighborhood. I spend bus fare going too far clubs where rarely can I find a reveler from my place, and though I take alcohol during sex work, I ensure that when coming to my house, I am sober or get a taxi that drops me off at my doorstep. This way, my neighbors respect me because they do not know what I do.

Other sex workers choose to live in camouflaged identities in their neighborhoods to avoid such stigma and discrimination from their neighbors. Yolanda, a 28-year-old, single with university education and an escort based sex work identifies herself as a tour and travels consultant and says: I realized that my neighbors were keen on my movement and the company I got of different men on my return or going out in the escort based work. To avoid the negative label, I started discussing tours and travel, telling them that I work as a freelance tour and travel agent and perfect such an identity. I go collecting contacts and some necessary details about different tours and travel companies. Such identity has concealed my sex work activities.

Another way sex workers ensured they are not stigmatized and discriminated within their neighborhood was, some especially those operating in sex dens were offering some hospitality services like selling food and providing bathrooms, which were a way of hoodwinking the general public not to know they are sex workers. Gakii 33-Year-Old, single with one child learned to college level, and a sex den worker laments:

To avoid stigma and discrimination within our neighborhood, most of our neighbors have no clue that we sell sex. This is because we cook and sell food for people who are coming from the industrial area in the evening after work and also throughout the day we have food for others who visit our sex dens. Once they have come to us, we tease them to first and go shower, before they eat, and we have free bathrooms. Once they accept that, I carry water to them in the baths dressing provocatively to seduce them for sex. To our neighbors, they think we have invested in food and bathroom business.

The study established, in some instance, sex workers do not struggle to avoid the challenge of stigma and discrimination in the neighborhood; instead, they opt to bear it but with some level of intoxication by way of using various drugs and substances mainly alcohol, bhang, and other illicit drugs. Filippo 25-year-Old, single and learned to secondary and a Male Street-based sex worker says: I avoid stigma and discrimination from members of the public and by my neighbors by taking hard drugs. That way, I am high, and I do not have to hear them insulting me because of selling myself to other men. Drugs give me the courage to face stigma and discrimination head-on and also the audacity to insult those stigmatizing me.

In the same way as Filippo's sentiments, Church, Henderson, Barnard, & Hart (2001), established that some sex workers use alcohol and drugs to escape public stigma and discrimination. Such sex workers use drugs to be brave and courageous as they do not care about what the public says, thus, keeping their business alive.

Furthermore, some of the sex workers mentioned that to avoid stigma from neighbors, they have opted for self-segregation, and they do not talk with people within their neighborhood. Sofia 23, single with one child and learned to primary education and working as a sex den based sex worker shares, "I do not mingle with my neighbors, and I like keeping to myself, so that way no one can know what I do for a living."

Managing Institutionalized Stigma by Religious Institutions

Mutheu, 22-year-old, single with university education and a Home-Based Sex Worker, further explains that "To deal with such religious stigma, sex workers either keep off from attending

religious gatherings or do their work under various forms of cover to avoid being identified by those they have spiritual fellowship with.”

Similarly, Mamashuka, Paula, and Mutheu's comments are in tandem with those of Jiminez, Puig, Sala, Ramos, Castro, Morales, Zorrilla (2011). They documented that drug use among sex workers was a result of a myriad of challenges, including stigma from various sources, including religion.

Managing Stigma by Law Enforcers

Sex workers, as the study observe, respond to stigma caused by law enforcers in different ways. These include; bribing for their freedom from the law enforcers, migrating to a different location or changing to various forms of sex work. The findings concur with Kotiswaran (2001), which finds that police in India are brutal in handling sex workers. As a strategy of dealing with police brutality, some sex workers offered themselves to the police to be set free. Aska, a 37-year-old, single with three children learned to college and a home-based sex worker and activist shares:

As sex workers, our worst nightmare is the law enforcers, they arbitrarily arrest us, leave our clients to walk away free, slap us with unjust charges, and extort us anytime they feel like. To deal with such a nightmare, we have been forced to bribe them, and if we do not have money, we sleep with them. We have migrated to different locations, and if the same persists, we report them to voluntary bodies such as Keswa, KLIN, SWOOP Ambassadors, and BHESP. Such organizations have filed cases on our behalf.

Similarly, Aska's sentiments are consistent with Levy & Jakobsson (2014), who find that apart from sleeping with the police, other sex workers bribe them with cash.

Managing Stigma by Health Providers

To deal with such conditions as highlighted, Ashford a 29-year-old, married with a college education and a male Club based sex worker further says:

Most male sex works and even female sex workers due to the stigmatization by health providers have opted to buy drugs over the counter, visit herbal clinics, visit witch doctors or treatments or visit non-governmental organizations such as SWOP, HOYMAS, and LVCT which offer free treatment and medications to such most at-risk population.

Such sentiments concur with Scambler (2009) works, who established that most sex workers face social stigma and discrimination while seeking health services.

CONCLUSION

Sex workers in Nairobi face various kinds of stigma from different sections of the society, from the relatives, neighbors, religious institutions, law enforcement, and the health providers. This has brought about inequality, alienation, and a feeling of powerlessness raising a question regarding the human rights of these sex workers. The experience of the sex workers documented shows that they undergo interaction with the state, social discourse, the general public, and various philosophies. They all revolve around calls towards criminalizing it, sexual morality, and generally stigma. These attitudes have been fueled by multiple groups in Kenya that condemn sex work.

Stigma has negatively affected sex workers both physically and emotionally. They are forced to hide their identities, others are verbally abused, withdraw from the general public, and some are excluded from active participation in community activities. This form of exclusion and alienation is likely to cause trauma and thus stripping the person a safe mental and physical space to retreat after busy days.

The stigma experienced by the sex workers has drawn the attention to the interconnections that are in place and understanding the marginalization being experienced by these sex workers. Tackling the issues requires a multi-level approach that entails responding to their immediate health needs and the social structure issues that perpetuate stigma. For effective implementation, there needs to be a legal environment that recognizes the human rights of sex workers and protect them from discrimination and harassment.

RECOMMENDATIONS

To develop interventions that may reduce stigma, it is vital to understand how sex workers are stigmatized (manifestations of stigma) and who is doing the stigmatizing (sources of stigma). Male and female sex workers in Kenya face high levels of stigma. Anticipating, witnessing/hearing, and experiencing stigma is associated with an increased likelihood of avoiding or delaying seeking needed health services. The results of the study show that sex workers face stigma within and outside of the healthcare system. As a result, this paper recommends the following based on the various stakeholders in the study:

Recommendations for Health Services Providers

- There is a need to provide participatory stigma and discrimination (S&D)-reduction sensitization training for all health facility staff (medical and nonmedical).
- There is a need to revise the Kenya National Patients' Rights Charter to include provisions that address stigma and discrimination, especially for vulnerable and marginalized groups.
- There is a need to develop staff and maintain facility-level systems for complaints, compliments, and redress.
- There is a need to institute and enforce strict confidentiality policies around sex work, men who have sex with men (MSM), and HIV status at the facility level.

Recommendations for Law Enforcers

- There is a need to Promote collaboration between the Ministry of Health (MOH) and the National Police Service to update the Police Service Standing Orders with provisions on Stigma and Discrimination (S&D) sensitivity indicators for vulnerable and marginalized groups.
- There is a need to implement stigma-reduction sensitization training for the police.

Recommendations for All Other Members of Society

- Family members, Neighbors and religious members of sex workers need not judge sex workers lest first, they establish why the sex workers are into sex work
- There is a need for other members of society to acknowledge that sex workers are into it not for choice but of necessity due to various problems afflicting them in the community.

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