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CHILDCARE PRACTICES OF COMMERCIAL SEX WORKERS

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ABSTRACT

Objective: To determine the childcare practices of commercial sex workers (CSWs).
Design: A descriptive cross-sectional survey was conducted between July and December 2000 during which a structured questionnaire was administered.
Setting: Kibera slum, Nairobi, Kenya.
Subjects: Three hundred eighty five CSWs and four focus group discussions (FGDs) held. Health cards from 126 under five years old children belonging to the respondents were reviewed for immunization status and regularity of growth monitoring.
Results: The mean age of the 385 CSWs surveyed was 32 ± 7 years and mean duration of sex work was 6 ± 4 years. The mean number of living children was 3.4 ± 2 and 81.2% of the mothers lived with their children. Three quarters of the CSWs practised prostitution at home. The most common daily childcare activities by the mothers were food preparation (96.2%) and washing children's clothes (91.3%). Overall 96.8% of their under-five years old children were fully immunized and 80% of their under one year old children had their growth monitored monthly. About three quarters of the mothers with adolescent children educated them on HIV/STDs. Health seeking behaviour for the children was hampered by health care cost (71.4%) and consumption of alcohol by the mothers. Like other mothers, the CSWs encouraged their adolescent children to take up some adult roles such as maintaining a clean house (93.3%). However only 2.0% took time to converse or counsel the children. Focus group discussions (FGDs) with the CSWs showed that children were left unattended at night while the mothers went out in search of clients. Efforts to provide better education for the children were undermined by lack of funds (52.2%) and truancy (46.6%). One third of the study population had invested for the future maintenance of their children.
Conclusion: There was more emphasis on physical, rather than psychological aspect of childcare. The practice of living with the children ensured that earnings from the sex trade were used for the immediate needs of the children such as food. However this practice had a negative influence on the children as the majority of the respondents conducted their sexual business at home with little or no privacy. Health seeking behaviour for the children was hampered by lack of funds and to some extent alcohol consumption by the mothers. Efforts to invest in the education of their children were undermined by lack of funds and truancy.

INTRODUCTION

Childcare has been described in terms of attending to a child's basic needs of love, food, shelter, protection, clothing and health(1,2). Other specific care giving behaviours include preventing and attending to illness, nurturing and showing affection, interaction and stimulation, playing and socialising. This care is influenced by among other factors, maternal availability, maternal health status and education, resource availability, support from family and society and the environment in which the care is being given. When one or more of these factors is lacking, then the child is exposed to conditions

that compromise his quality of life. For example, studies have shown that when a mother becomes ill or dies, her children are more likely to miss immunization against childhood diseases, eat fewer and less nutritious meals and lack emotional support(3).

Commercial sex workers are the primary caregivers for their children. While considerable body of research in Kenya had focused on CSWs as a high-risk group for HIV/AIDS and on their role in relation to HIV epidemic, no data were available on how they cared for their children. Hence this research was conducted in a cohort of Kenya female commercial sex workers from the Kibera division of Nairobi to study childcare practices.

MATERIALS AND METHODS

A cross-sectional survey was carried out among CSWs in Kibera, Nairobi Kenya, between July and December 2000. Approval to conduct the study was given by the Office of the President and Ethical and Research Committee at Kenyatta National Hospital. The participants were all CSWs aged between 18-49 years with children less than 18 years old. They were self-confessed CSWs recruited through a network of peer leaders. Informed verbal consent was obtained from all study participants. Structured questionnaire was administered to the mothers within their households. Their under five years old children were observed and the child health cards examined to determine the children's immunization status and regularity of growth monitoring. Focus group discussions (FGDs) were held with the CSWs, village elders and community based health workers (CBHWs).

The data were analysed by computer using Statistical Package for Social Sciences (SPSS) Programme. Statistical Package applied included frequency counts, cross tabulations, Paerson's correlation co-efficient and multiple regression. The level of significance was set at 5%.

RESULTS

Personal Characteristics of the Commercial Sex Workers: During the study period 385 CSWs were recruited and interviewed. Their mean age was 32.4 years \pm 7. The mean number of years of education completed was 6.4 \pm 2.4 (Table 1). Approximately half (44.7%) of the women were divorced mothers, 38.4% were never married and 16.9% were widowed.

Three quarters (75.1%) served their clients at home. The CSWs had been in prostitution for a mean of 6 \pm 4 years with 65.7% having been in the trade for the last five years. Although only 137 (35.6%) reported use of intoxicating drugs such as alcohol (97.8%) and cannabis (2.2%), all FGDs revealed that use of intoxicants by the CSWs in the study area was rampant. The study population had a total of 1290 children with a mean 3.4 \pm 2 children per respondent. Table 2 shows age distribution of the respondents' children.

Children's Living Arrangement: Three hundred and thirteen (81.2%) of the study population lived with their children and among these, 67.4% lived with all their children (Table 3). Living with children ensured they benefited from the earnings from the trade. However all FGDs observed that the practice had the following negative effects on the children:

1. The mothers socialised girl children into the commercial sex trade.
2. Mothers locked-up their children at night when they went out in search of clients This was a risky practice.
3. Some mothers were drunkards and used most of their income on alcohol and neglected the children.

A large proportion (57.7%) aged 21-30 years tended to live with their under five years old children compared to 11.8% of age group 41 years and above ($\chi^2 = 919, p < 0.001$). More than two-thirds (86.2%) of

those mothers with no formal education lived with their children compared to only 13.8% that did not. A large majority of ever-married (85.2%) mothers compared to the never-married (75%) mothers lived with their children ($\chi^2 = 6.3, p < 0.05$). Among those who practised prostitution at home 79.9% lived with their children versus 20.1% whose children lived elsewhere. Of the mothers that did not use intoxicating drugs 82.3% lived with their children compared to only 17.7% that did not (Table 4).

Daily Childcare Related Activities by the Mothers:

Daily childcare related activities reported by the mothers were food preparation (96.2%), washing children's clothes (91.3%), bathing children (85.9%) and feeding children. Discussing schoolwork with the child was reported by only 16.2% in spite of the fact that 77.1% had children in school. Only 2.0% conversed with or counselled their children (Table 5).

Table 1
Demographic Characteristics of the Respondents

Variable	Frequency	%
<i>Age in Years</i>		
≤ 20	15	3.5
21-25	59	15.3
26-30	90	23.4
31-35	71	18.4
36-40	82	21.3
41-45	45	11.7
46 >	23	6.0
<i>Ethnicity</i>		
Kamba	125	32.5
Luhya	102	26.5
Kikuyu	69	17.9
Nubian	32	8.3
Luo	29	7.5
Others	28	7.3
<i>Education</i>		
Primary	251	65.1
Secondary	76	19.8
None	58	15.1
<i>Religious Affiliation</i>		
Protestants	198	51.4
Catholics	125	32.5
Muslims	41	10.6
Atheist	21	5.5
<i>Marital status</i>		
Divorced	172	44.7
Never-married	148	38.4
Widowed	65	16.9

Table 2

<i>Age Distribution of the Respondents' Children</i>		
Age Groups in Years	Numbers	%
0-5	179	13.9
6-10	340	26.4
11-15	312	24.2
16-18	303	23.4
> 18	156	12.1

Table 3

<i>Respondents by where their Other Children Live (n=174)</i>		
Place of Shelter	Frequency	%
Respondents' parents	99	56.9
Living independently	38	21.8
Respondent's brother/sister	15	8.6
Respondents' grandparents	11	6.3
Children living in streets	4	2.3
Respondents' aunties/uncles	7	4.1

Table 4*Association of Respondent's Characteristics by Living with Children*

Attribute	Living with Children		Significance Level
	Yes (%)	No (%)	
<i>Age in Years</i>			
≤ 20	9 (60)	6(40)	$X^2=10.8, p <0.05$
21-30	120 (80)	29 (80)	
31-40	121 (79.1)	32 (20.9)	
41 and above	63 (92.6)	5 (7.4)	
<i>Ethnicity</i>			
Luhya	89 (87.3)	1 (12.7)	$X^2=21.4, P<0.001$
Kamba	88 (70.4)	37 (29.6)	
Nubians and others	83 (93.3)	6 (6.7)	
Kikuyu	53 (76.8)	16 (23.2)	
<i>Education</i>			
Primary	202 (80.2)	50 (19.8)	$X^2= 1. 1, p>0.05$
Secondary	61 (81.3)	14 (18.7)	
None	50 (86)	8 (14)	
<i>Religion</i>			
Protestants	165 (83.3)	33 (16.7)	$X^2=15.2, p<0. 0 1$
Catholics	95 (76)	30 (24)	
Muslims	40 (97.6)	1 (2.4)	
Atheists	13 (61.9)	8 (38.1)	
<i>Marital Status</i>			
Ever-married	202 (85.2)	35 (14.8)	$X^2= 6.3, p<0.05$
Never-married	111 (75)	37 (25)	
<i>Place of Practice</i>			
Home	238 (79.9)	51 (20.1)	$X^2=2.3, p>0.05$
Others	75 (78.1)	21 (21.9)	
<i>Uses Intoxicants</i>			
No	208 (82.3)	40 (17.7)	$X^2=3,0, p>0.05$
Yes	105 (76.6)	32 (23.4)	

Table 5*Distribution of the Respondents by their reported Daily Maternal childcare related activities*

Daily Childcare Related Activities	Mothers Living with Children aged 0-18 years (n=279)	%	Mothers Living with Children aged 0-5 years (n=34)	%	Average
Food preparation	258	92.4	34	100	96.2
Washing children's clothes	255	91.4	31	91.1	91.3
Bathing Children	233	83.5	30	88.2	85.9
Feeding young ones	17	6.1	28	82.4	44.3
Checking schoolwork	45	16.2	0	0	16.2
Conversing with, guiding and counselling children	3	1.1	1	2.9	2.0

Child Education: All respondents with children aged six years and above had at one time sent at least one child to school. Two hundred and fifty two (73.5%) had children who had primary level of education while only 1.7% had children with college or university level of education (Table 6). At the time of this study, 77.1% respondents had enrolled a total of 612 (35.9%) children in various schools. One hundred and fifty eight (41%) respondents had a total of 341 (41%) school aged children who had dropped out of school of which 179 (52.5%) were due to lack of fees and 159 (46.6%) due to truancy (Table 6). Focus group discussions with village elders and community based health workers (CBHWs) observed that although poverty had contributed a lot to school dropout the mothers were equally to blame. Consumption of intoxicating drugs had caused many mothers to abandon parental responsibility of supervising and guiding their children. Similar sentiments were expressed by CSWs who blamed use of intoxicating drugs by the mothers as a contributing factor to school dropouts. They implied that consumption of the intoxicants was part of the sex trade. According to the FGDs a mother may earn as much as US\$10 an equivalent of US\$14 a day and waste it all on intoxicating drugs.

Table 6*Distribution of Respondents by their Childrens Highest Level of Education and Reasons for School dropouts*

Attribute	Number	%
Highest Level of Education attained by any one child (n=343)		
Nursery	26	7.6
Primary	252	73.5
Secondary	59	17.2
College/University	6	1.7
Reasons for School Dropouts (N=341)		
Lack of school fees	179	52.2
Truancy	159	46.6
Illness	2	0.6
Pregnancy	1	0.3

Those mothers that practised prostitution at home, 42.2% reported dropouts compared to 37.5% of those that practised elsewhere. A large proportion (84.8%) of those that lived with their children versus 33.3% that did not, reported school dropouts ($\chi^2 = 29.5$, $p < 0.001$). Although there was no significant difference ($\chi^2 = 24.3$, $p > 0.05$) a larger proportion of those mothers that used intoxicating drugs (46.7%) versus 37.9% that did not use, tended to have children dropping out of school.

Socialization of the Child: Only 1.1 % of the mothers of school aged children and 2.9% of the mothers of pre-school children took some time per day to converse and guide their children. The mothers with adolescent children (66%) assigned them to perform certain activities with 96.1% encouraging them to maintain a clean house while 11.8% encouraged their adolescent children to assist them in small scale business, mainly selling vegetables.

Three hundred and sixty one (93.8%) allowed their children to mix freely with others in the community. Overall 98.2% reported that their children were known to the extended families and occasionally visited them. One hundred and twenty six (32.7%) respondents and their children visited their close relatives every 1-6 months, and 58.2% once yearly (Table 7). Thirty-five (9.1 %) were never in contact with their relatives. Maintaining contact between the children of the CSWs and their extended families was significantly associated with the age of the respondents ($\chi^2 = 31.5$, $p < 0.001$) in that a larger proportion (80%) of the age group 20 years and younger facilitated frequent contact between their children and the extended families compared with only 22.1 % of those aged 41 years and above. There was also significant association between maternal literacy and frequency of contact between the children and extended families ($\chi^2 = 15.6$, $p < 0.01$) in that a larger proportion of those with secondary education (42.7%) compared to 19% of those that had no formal education, facilitated the contact.

Table 7*Respondents by Frequency of Contact with Extended Families*

Category	Number	%
Frequency of contact with extended families		
More than once yearly	126	35.7
Once yearly	244	58.2
Never in contact	35	9.1

Health Promotions and Health Seeking Behaviour:

Among the mothers with adolescent children 66.2% shared health messages about HIV/STDs with them. Out of 126 (70.4 %) under five years old children observed, 96.8% were fully immunized for their age. The rest 3.2% had missed one form of immunization each due to lack of proper instructions by clinic staff (0.8%), forgetting to return to the clinic as instructed (0.8%) and pressure of work (1.6%). Out of 35 under-one-year old children only 28 (80%) had their growth monitored monthly.

All 19 (4.9%) of the respondents with under five year old children who were sick at the time of the study attended the sick children themselves. Five (26.3%) of these mothers had sought treatment for the children. Reasons for failure to seek treatment were lack of funds (71.4%) and pressure of work (28.6%). During the focus group discussions it was observed that, the use of intoxicants by the mothers was the major obstacle to health seeking behaviour for the children.

More (63.8%) of those women who knew their HIV status health educated their adolescent children about HIV/STDs ($\chi^2=25.3, p<0.001$), compared to only 37.3% who did not know their HIV status but discussed the diseases. Regarding where they sought health care for their children 82.1% did so in government health facilities, while 3.4% mentioned traditional healers (Table 8).

Table 8*Distribution of Respondents by Health Institutions where Health Care for Children is usually sought*

	Number	%
Health Institution usually visited		
Government/NCC Health Facility	316	82.1
Private clinics	114	29.6
Traditional healers	13	3.4
Pharmacy/Chemist	54	14
Self treatment with herbs	1	0.3

Mean monthly income for the respondents was an equivalent of US\$47 \pm US\$30 with 59.2% earning between fourteen and forty US dollars. Overall 28.8%

of the CSWs had secured resources for future maintenance of their children. These were in the form of bank accounts (23.4%), land (2.8%), houses (1.6%) and both houses and land (1.0%).

DISCUSSION

The findings indicated that the study population was relatively young (mean age 32 \pm 7 years) and less educated (mean number of years of education was 6 \pm 2). The fact that a fifth of the CSWs had secondary education and above, shows a strategic occupational choice by mothers under severe formal labour constraints.

Two thirds (61.6%) of the respondents were once married. This shows that when women may cease being wives, they rarely resign being mothers and thus, rarely escape the long-term economic and emotional responsibilities of motherhood. The fact that a large proportion (44.7 %) were divorced mothers agrees with GOK and UNICEF's situation analysis of children and women in Kenya which concluded that the rupture of a parenting partnership generally worsens the economic condition of the mother and the child forcing the mother to engage in risky business(4). This underscores the need to enforce policies to promote a realistic and fair balance of responsibility for children between men and women. The mean number of living children per respondent was 3.4 \pm 2 which is comparable to the national mean of 3.2 (5).

A large proportion (81.2%) of the study population lived with their children. This practice may be explained by the fact that the study population was relatively young with young children still dependent on their mothers. For example 82.7% of those that had children aged 0-5 years lived with these children. This age group is especially vulnerable as it is totally dependant upon the caregiver, optimally the mother. The practice of living with one's children reflects a caring attitude. The significant association of respondents' marital status and living with children ($\chi^2=6.3, p<0.05$) with more of the ever-married (85.2%) living with their children may imply lack of support from the late or the ex-husband's side. Lack of support for these mothers was further confirmed during FGDs that these mothers got no support from the husbands' families. This finding agrees with what Lloyd and Duffy(6) once observed in studies in sub-Saharan Africa that, divorce stigmatised the mother reducing her social status and shrinking her support network in cases where community members or ex-husband's kin reject her. A growing proportion of divorces and death of spouses involve couples with very young children and the mother takes the responsibility of caring for them, in most cases without support. The finding in the present study is also in concordance with another study in Kenya(7), which found that following termination of marriage, the single mother often significantly decreased her contacts and

those of her children with former husband's relatives. She was therefore left with the responsibility of fending for her children.

While living with one's children has always been seen as a good childcare practice, in the case of these CSWs it had some disadvantages. From FGDs the participants generally implied that it had corrupt moral influence on the children. The FGDs with the CSWs further observed that in some cases the mothers encouraged their daughters to engage in prostitution in order to increase household income. This practice may well be so considering that 75.1% of the study population practised prostitution at home, and the children shared a small room with the mother. A large proportion (84.8%) of those that lived with their children also reported having children who had dropped out of school. This finding agrees with other studies in Thailand and Bombay(8). Leaving the children locked up in the houses when the mothers went out at night in search of clients was a dangerous practice. Such practice exposes children to many hazards such as fire outbreaks, which have become a common occurrence in slums. Less than half (45.2%) of the respondents had sent all or some of their children to live with extended families in rural homes. Sending children to live with close relatives in the rural areas may be seen as a temporary strategy to avert or cope with economic crisis. The practice can also be seen as a way of ensuring a child's education since many of the respondents blamed truancy on bad company in the slum. The practice could also be a means to ensure current and future support(9). Four mothers (2.3%) had children living in the streets (street children) but FGDs participants suggested higher figures. This may be attributed to harsh slum conditions that these children find themselves in. It could also be attributed to lack of attention since the study showed that only 2 % of the study population took time to converse, counsel and guide the children. Studies in the USA have shown that children who experience less supervision may become more autonomous than those receiving greater supervision(10). This may result in the peer group having greater and sometimes more destructive influences particularly in the slum area.

The daily childcare, related activities by the mothers basically related to household work such as food preparation (96.2%) and washing children's clothes (91.3%). This high involvement of CSWs in childcare related activities might be explained by the fact that the respondents were basically home-based commercial sex workers. They would therefore concentrate on such activities in the absence of clients, who in most cases came for the services at night. It was probably for the same reason that all the mothers who had sick children reported to be the sole attendants to the children. It is however worthwhile noting that most of the activities reported by the mothers as childcare related to activities aimed at sustaining the child to accepted upbringing

of children in the community. This is as opposed to practices that serve to enhance further development, for example conversing, and guiding the child of which only 2% perceived to be important. Similarly only (16.2%) of those that had children in school took some time to check or discuss their children's schoolwork, yet 84.9% of the study population was literate. In FGDs the participants generally agreed that the time the mother would converse with her children or check schoolwork is usually in the evenings when the children are back from school. This is also the time when majority of the CSWs go out to look for clients. Failure to get a client would mean lack of the next meal for the children. All this possibly showed that the care that a mother gives to the child may have to do with her understanding of what activities are important for her child. The findings in this study were in agreement with an assertion(11) that if a parent does not value enhancement of childcare activity, time may be spent on other activities deemed to have a higher value, in this case income-generating activities for the survival of her children. The finding was also in agreement with assertion that single mothers are likely to spend more time in income generating activities and thus devote less time to child care(12).

The fact that (89.1 %) of the mothers with children aged six years and above had at one time taken at least one child to school indicates the mothers' desire to educate their children and to break the poverty cycle. The FGDs observed that girls and boys were given equal opportunities in the education. All the FGDs participants indicated that rarely do the children attain education level above primary school and this was supported by the fact that in 65.5% households, the highest level of education attained by any child was primary. It is noteworthy that 65.1 % of the mothers themselves had attained only primary level of education. This scenario indicates a chronic problem, being perpetuated by the same social factors and unless something is done to empower these mothers to educate their children the latter may be no better than the former in the future. Kenya does not have free education and so other non-tuition fees, such as building funds are an added burden to the poor parents. The major constraints to education were lack of school fees (52.5%) and truancy (46.6%). This figure (52.5%) is much higher than that of the national survey of 1989, which showed that lack of school fees contributed to 42.2% of school dropouts in the country(13). In this study, while lack of school fees may be associated with poverty there was also failure by the mothers to plan for their earnings. This was borne out in the FGDs showing that a CSW may earn an equivalent of 10 to 14 US dollars, a day and waste it all on intoxicants on the same day. This behaviour is in contrast to that of the CSWs of Addis Ababa(14) who minimised expenditures on personal effects, in order to accumulate capital. Truancy may be blamed on bad company in

the slum as well as on lack of supervision by the mother as explained earlier. Flahault and Genoud(15) had observed that failure of the mothers to discuss schoolwork with the children could affect the adolescent child by lessening the pressure to achieve academically or even to remain in school.

The study found positive association between maternal literacy and children dropping out of school with a larger proportion (65.5%) of those that had no formal education versus 36.7% of those who had formal education, reporting dropouts, ($\chi^2=16.2$, $p<0.001$). This may mean that the educated mothers took a keen interest in the education of their children. Multivariate analysis also showed that respondents with no formal education were four times more likely to have children drop out of school (OR 4.1, $p<0.001$). All empirical studies have found consistent and strong relationship between maternal education and all measures of childcare. For example, the educated mothers have been known to take a more active role in the education and stimulation of their children than the less educated mothers (16). Similarly, when mothers are educated, many positive results accrue including improved family care and higher aspiration for their children (4, 17). This further underscores the need to empower these mothers to invest in the education of their children.

Commercial sex workers encouraged their adolescent children to take up some roles like maintaining a clean house (93.3%) among other activities. Children's work may be necessary and beneficial to the child in socialising her/him and increasing her/his capacity for responsible behaviour and prepares the child to be able to support self in the future. This childcare practice of instilling a sense of responsibility into the children has been reported in other studies where children were encouraged to take up adult roles from an early age including care of the young siblings and to participate in subsistence activities, to ensure they could support themselves in the absence of the parents(18).

The Ottawa Conference of 1986 came up with principal areas for health promotion, which included among others; process methodologies through which people could begin to take control over their own health(19).

At the time of this study HIV/ STDs were a critical issue as the country continued to lose many people to HIV/AIDS. Among the mothers with adolescent children 66.2% shared health messages about HIV/STDs with them. This practice may be attributed to an active community-based programme within an area, which focused on health educating the CSWs on HIV/STDs. The fact that there was significant association between maternal HIV status awareness and sharing health messages on HIV/STDs with one's children (OR 4.6, $p<0.01$) may imply that maternal awareness of own HIV status may have an impact on educating children on the disease. Therefore there is need to motivate

people, through Information, Education and Communication (IEC) strategy, to go for voluntary counseling and HIV testing.

The high immunization coverage (96.8 %) of the under five year old children can be explained by the fact that the service has been made affordable and accessible to the respondents in the study area. Reasons for not seeking health care for 14 sick children were mainly health care cost (71.4%). However all FGDs participants blamed failure to seek treatment for the children on use of intoxicants by the mothers. This showed how intoxicants severely limited the CSWs' ability to make decisions regarding their own health, and that of their children(20). Health care cost may also be a genuine reason for this poor community.

In conclusions these were single mothers majority of who lived with their children. Like other mothers they committed more effort to certain childcare activities like preparing meals and feeding their young ones. Most of what they earned from the sex trade was used to cater for the immediate needs of their children. In this respect the CSWs were not different from other women of low socio- economic status. Majority of those who had under five years children had taken them for immunization and growth monitoring. About two thirds of those CSWs with adolescent children had educated them on HIV/STDs. The most obvious explanation for this is the existence of community-based health education programme and the HIV/AIDS campaign in the area. All the mothers with school-aged children had taken at least one child each to school and this indicates their willingness to break the poverty cycle. One third of the CSWs had secured resources for future maintenance of their children.

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