

Africa International Journal of Multidisciplinary Research (AIJMR) ISSN: 2523-9430 (Online Publication) ISSN: 2523-9422 (Print Publication) Vol. 2 (6) 27-43, October, 2018 www.oircjournals.org



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¹Sarah Chepkemboi Busienei ²Dr. Scholastic Adeli, ²Dr. Wilfrida Olaly
¹ Africa Nazarene University ² Kenyatta University

Type of the Paper: Research Paper.

Type of Review: Peer Reviewed.

Indexed in: worldwide web.

Google Scholar Citation: [AIJMR](#)

How to Cite this Paper:

Busienei, S. C., Adeli S. and Olaly W. (2018). **Relationship between Female Sex Workers' Attitude toward Provision of Care and Intention to Exit Street-Level Prostitution in Eldoret Town.** *Africa International Journal of Multidisciplinary Research (AIJMR)*, 2 (6), 27-43.

Africa International Journal of Multidisciplinary Research (AIJMR)

A Refereed International Journal of OIRC JOURNALS.

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Relationship between Female Sex Workers' Attitude toward Provision of Care and Intention to Exit Street-Level Prostitution in Eldoret Town.

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ARTICLE INFO

Received 28th October, 2018

Received in Revised Form 29th November, 2018

Accepted 1st December, 2018

Published online 6th December, 2018

Keywords: Female Sex workers, Provision of Care, Prostitution,

Abstract

Prostitution in Kenya is increasing at a very alarming rate and is posing a danger to the society both morally and economically. Efforts to help female sex workers exit prostitution are categorized by the deficiency appropriate interventions among female sex workers (FSWS). Therefore, the current study sought to determine the relationship between the attitude of female sex workers (FSW) towards provision of care and the intention to exit street level

prostitution. The study adopted a descriptive correlational study using a mixed approach. This study targeted all the FSW in the Central Business District of Eldoret town and the counselors who deal with a significant number of them. The study used census sampling method. The snowball technique was used to get the respondents up to maturation point. This study utilized questionnaires and interview schedule to get relevant data from the respondents. Experts in the Department of Counselling Psychology and the researcher's supervisors assisted in ensuring that the instruments are valid. To test for reliability of the instruments, the Cronbach Alpha coefficient was used. Cronbach Alpha coefficient of 0.784 was obtained and used after pilot study. The study used SPSS version 23 software to aid in the analysis of both descriptive and inferential statistics. The inferential statistics used was Pearson product-moment correlation. The interview guides were categorized in themes and analyzed using content analysis. The findings of the study showed that there was a statistically significant relationship between FSWs towards provision of Care and Intention Exit Street Level Prostitution ($r=0.113$ and $p=0.043$). It was recommended that the stakeholders should also encourage the FSWs to form support groups that may come up with income generating activities so that they may be occupied and in the process exit prostitution. Regarding areas for further studies, the study recommends a more consultative and comprehensive study on the attitudes of FSW towards the intention of Female sex workers in Eldoret Town that involve, County AIDS and STI Coordinator, non-governmental institutions in Eldoret Town.

Introduction

The process of exiting prostitution is hard as compared to joining. It is influenced by environmental and personal elements. These elements have made it difficult for Female Sex Workers (FSWs) to permanently leave prostitution consistently. Allen, Flaherty and Ely (2010) defined prostitution as the exercise of engaging in sexual actions with someone else for compensation which may be monetary or any kind of favor. Prostitution can cause much social economic harm such as disease outbreaks, poor family lifestyle, stigma and sometimes even death. Some of the risks associated with street level prostitution are physical and sexual assaults from customers (Kurtz & Kiley, 2004) and "pimps" who are persons living off the earnings of a prostitute (Norton-Hawk, 2004).

Female sex workers who engaged in street prostitution are at an increased risk of contracting sexually transmitted diseases such as HIV/AIDS (Farley & Kelly, 2000) and are nearly 18 times likely to die as compared to the general population. Many street prostitutes face depression, bipolar disorder, or posttraumatic stress disorder, fear of violence and arrest, and social stigma (Weitzer, 2009). Some prostitutes also have co-occurring disorders and use drugs or alcohol to cope with their lifestyle (Allen, Flaherty & Ely, 2010).

In view of the above, studies have been done on global, regional and local perspective concerning interventions for Female sex workers. These studies have shown mixed findings. For example in Holland and Vanwesenbeeck (2013) conducted a study on burnout among female indoor sex workers partly addressed this issue using

measures of emotional exhaustion, depersonalization and personal competence. Personal competence was positively associated with having a positive attitude towards counselors.

The problems faced by female sex workers are similar to those faced by other single working mothers. In another study, Rani (2016) says that single parents who struggle for economic stability usually have to spend more time at work, which leaves their children unattended most of the time. In a similar way, female sex workers often must work from sunset to sunrise, leaving their children unattended during the night, which makes their children more vulnerable to the dangerous environment surrounding them. In addition to the psychological problems this can create, many children also must battle malnutrition resulting from poor diet because most of the time, they do not have enough to eat or their mothers do not have the time or the money to provide them with food. Many female sex workers have to give 50% of their earnings to the brothel keepers and pimps can take up to 30% as well (Patkar, 2012). Thus, a female sex worker may be allowed to keep about 20% of her earnings. With this 20%, she has to take care of her child, buy food and medication, and pay rent. The money is not sufficient for all these needs. In these circumstances, women often must work extra hours to make more money in order to provide for the needs of their children and these needs of prostitutes and their children have not been addressed by legislation.

In the USA for instance, Ariz and Julie (2012) reported that female sex workers more often face different forms of ferocity. Regionally in Africa, Tessa (2012) did a study in South Africa and found out that trying to leave prostitution is a profoundly complex process. An investigation of female sex workers trying to embrace nobility proposed that while it gives passionate and social help to female sex workers, it doesn't address their physical needs. This examination uncovers that emotive help play a pivotal part in helping female sex workers to leave prostitution in South Africa.

In Ethiopia, Mulatu (2016) reported that in line with the behavior of sex workers religious institution can enhance the exiting process by organizing regular program for sex workers like round-table spiritual service, and individual discussion in churches. Additionally careful considerations of stigma by other group who are not sex workers will enhance the exiting process.

In Kenya, according to Sutherland, Alaii, Tsui, Luchters, Okal, and King'ola (2011), 52% of pregnancy among FSW was accidental pregnancy and 32% of abortions are described as an induced abortion. Involuntary sex has also been noted to be linked to depression amongst FSW, even though the

association has not been extensively studied. According to Elmore-Meegan, Agala, Conroy and Bernard (2004), FSW in Kenya, like others in Africa, are predominantly susceptible to unintentional pregnancies, HIV and other STIs, carnal and bodily ferocity (Elmore-Meegan et al., 2004). In Eldoret Town, prostitution has hit higher institutions of learning hard (Iregi, 2015). Though some of the campus girls find themselves in it through peer pressure and experimentation, most of them are there simply for the money (Ndanyi, 2015). Sex workers in Eldoret have become a threat to most families as they fleece their breadwinners (Kibii, 2015). The county government of Uasin Gishu efforts to wipe out prostitution in the county has become very hard especially during the hard-economic times. The prostitutes operate along the Eldoret old Uganda Road (Ronoh, 2015).

A series of studies have recognized the thoughtful and often multifaceted mental health requirements that the prostitutes are faced with (Dutch & Williamson, 2008). Zimmerman, Hossain, Yun, Roche, Morison and Watts (2006) argued that much research associated with mental health needs of any significant country's population concentrates on the momentous levels of (PTSD). However, for incidents of severe stress that also has severe dejection and nervousness, caring mechanisms (crisis interventions and improving present coping skills and methodologies) available efforts towards this could be the best way to handle it (Anklesaria & Gentile, 2011).

Previous studies have shown that using cognitive-behavioral therapy is an appropriate approach in dealing with PTSD among female sex workers who want to leave street level prostitution (Rauch & Cahill, 2003). Accordingly, the FSWs are repeatedly exposed to the stimuli of sex with wide-ranging responses on their psychological circumstances. Additionally, however, there have been insufficient FSW-specific empirical evidences exploring attitude towards intentions to exit street-level prostitution in Eldoret town

Statement of the Problem

Prostitution in Kenya is increasing at a very alarming rate and is posing a danger to the society both morally and economically. In Uasin Gishu County prostitution has hit Central Business District (CBD) hard (Iregi, 2015) in spite of the county government effort to stop this behavior (Ronoh, 2015). In addition neighbors in action Kenya (NIAK) and National Aids and STI Control Programme have offered counselling services and support to FSWs within Eldoret town (National Aids and STI Control Programme, 2015). Nevertheless studies have been done globally and regionally yet few have been done in Kenya. For example, Ariz and

Julie (2010) conducted a study on Psychotherapy with women who have worked in the 'sex industry.' Bindel, Brown, Easton, Matthews and Reynolds (2012) focused on how women exit prostitution. Mulatu (2016) conducted a study on the factors affecting exiting behavior of prostitute life style. King'ola et al. (2011) focused on contraceptive needs of female sex workers in Kenya. It is clear no study has been documented focusing on the attitudes of FSWs towards interventions and intention to exit street-level prostitution. Therefore it is imperative that a study be conducted on the relationship between the attitude of FSWs towards interventions and intention to exit street-level prostitution in Eldoret Town, Kenya in order to fill this gap.

Purpose of the Study

The purpose of the study was to determine the relationship between attitude of FSWs toward provision of care and intentions to exit street-level prostitution in Eldoret town;

Research Question

What is the relationship between attitude of FSWs toward provision of care and intentions to exit street-level prostitution in Eldoret town?

Hypothesis

H₀₁: There is no statistically significant relationship between attitudes towards provision of care and intention to exit street level prostitution.

Theoretical Framework

The study adopted Glasser's Psychological Reality Theory on Maladaptive Behavior. Glasser (1957) developed the reality theory because he became convinced that psychiatry was based on mistaken assumptions. He believed that when people behave in an inappropriate manner (maladaptive behaviour); they were doing so because they were unable to satisfy their needs. He believes that all human behaviour is motivated by people, regardless of their culture or location striving to meet their basic psychological needs. There are two basic psychological needs according to this theory thus; the need to love and be loved and the need to feel that one is worthy of esteem to himself and to others. These two psychological needs have been incorporated into one, which Glasser (1957) calls identity. Reality therapy is based primarily on this one psychological need of identity, which is present throughout one's lifetime. Glasser (1957) considers identity in terms of success identity versus failure identity.

In the development of one's identity, other people, parents and siblings play an important role in helping one another. Glasser (1957) sees personal suffering (abnormal or maladaptive behaviors) as

when an individual enacts a particular behavior to suit his or her needs for approval or love (Glasser's, 1957). The Psychological Reality theory is related to this study in that it is important to pay special attention to the psychological needs of the FSW. The adopted interventions mechanisms are intended to work cooperatively to encourage emotional and social capability and to prevent, lessen, and treat behavioral and emotional problems in FSW and adolescents as advocated by Glasser (1957).

Nevertheless, Glasser's (1957) theory dealt with psychological aspects of love and self-worth of an individual but did not look at the culturally defined goals that motivate and direct people to indulge in certain behavioral patterns for example exit to street level prostitution. Therefore the study will adopt Glasser's (1957) theory to explain the exit behavior of FSWs in Eldoret Town.

This theory was explained further by the Cognitive Behavioral Therapy (CBT) as espoused by Beck (1960). The therapy's main thrust is that an individual is confined within three interacting aspects of how the person thinks (thoughts) how the person feels (emotion) and how a person acts (behavior). Ideally therefore, the theory notes that the thoughts of an individual establish the consequent emotions and consequently behavior such that when a person has negative and pressing thoughts, the same person may have a sad and pressured emotional state that may lead to psychologically skewed decisions.

Street level prostitution is regarded by scholars (Cirmino, 2013; Allen, Mikami, Szewedo, Evans & Hare, 2010). Allen et al. (2010) refers prostitution as a psychological behavioral response to negative thoughts of inability to get gainful employment. As a result, the behavior of prostitutes can be considered as aptly appropriate to the CBT which seeks to help in ensuring that those negative thoughts are reviewed to positive ones so that such persons may have better and stronger emotions which consequently enable them to inject changes in their behavior and leave what is considered a vice. In that regard, the common interventions believed to help shape thoughts; emotions and behavior include counselling services. Life skills training, provision of care and spiritual intervention. In this study, the attitude of FSW towards these interventions was established.

Conceptual Framework

The independent variables in this study were the attitudes towards provision of care which were assumed to be related to the intention of FSWs intention to exit street-level prostitution (dependent variable). Such interventions included counseling services, provision of care and attitude life skills and training.

responding to change in one's identity. This happens

Independent Variable

Dependent Variable

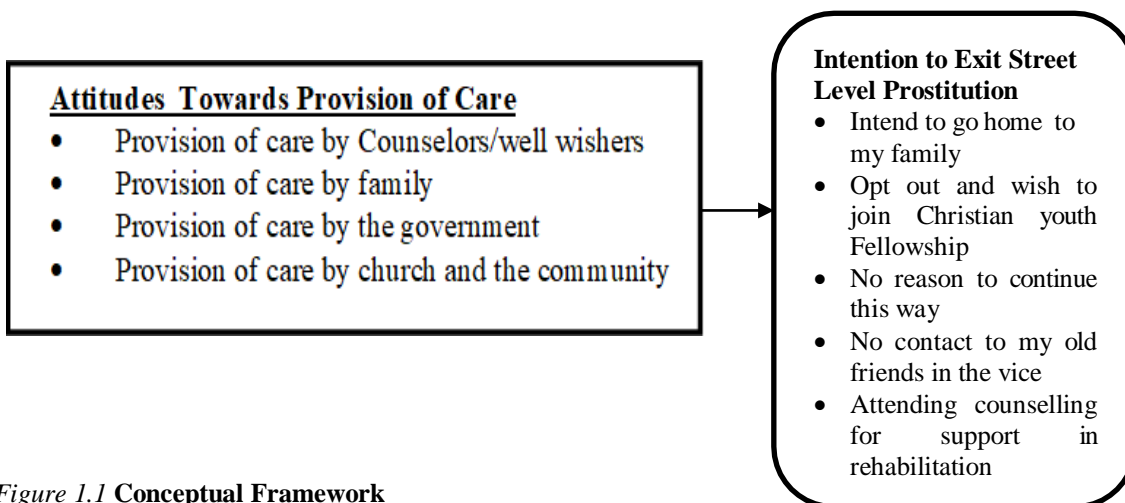


Figure 1.1 Conceptual Framework
Source: Author (2018)

Figure 1.1 shows a virtual representation of the interaction between independent variables and the dependent variable. The attitudes of FSW towards provision of care would likely determine the intention of FSWs to exit street level prostitution. Leaving prostitution is possible if an individual has resilient intents to achieve the behavior that is described by intercessions among other aspects. The relationship between the independent and dependent variables is as shown in figure 1.1.

Relationship Between Provision of Care and Intentions to Exit Street-Level Prostitution

Provision of care is the psychological and behavioral services offered by psychologists and parents in essential care settings which help in the prevention, conclusion and diagnosis of the main sources of mental challenges caused by diseases and behaviour (Hoyert & Xu, 2012). Robinson (2007) directed a research to determine the influence of care on behavior modification and showed that difficult temperament with lack of care acted as a vulnerability factor among delinquents and hence in their behavior modification. Backing this conjecture, Prior, Sanson, Smart and Oberklaid (2001) asserted that the personalities of children who are reserved can be watered-down by a warm, cultivating and caring home in which parents do not shore children up to early independence.

Thomson (2003) did an empirical review and appraisal on approximately 411 males gotten out of 397 London families aged eight to 40. They observed that approximately half of the criminal judgments logged in the sample were accredited to only 6% of the families implying that most of the criminals did not have any family care or people that supported them. Further, 53% of male with

imprisoned family member were themselves imprisoned before, in comparison to only 24% of those that had no imprisoned family member. This implies that there was need for significant provision of care that would inevitably curb such wanton behavior and consequently curb potential for entry of girls into prostitution. This therefore warrant to the need to find out the effect of FSWs attitude towards provision of care and intentions to exit street-level prostitution among FSWs in Eldoret town.

Cimino (2013) did a study in the UK and noted that exiting prostitution is a progression via which women progressively abandon prostitution following a series of environmental, interpersonal, and cognitive alterations that have occurred over time. A g number of women endeavoring to exit prostitution try more than five times to succeed (Cimino, 2013). Additionally Burnette, Lucas, Ilgen, Frayne, Mayo and Weitlauf, (2008)carried out studies across Europe and reported that many women attempting to leave prostitution seek assistance from or come into contact with child protective services, infirmaries, domestic violence shelters, substance abuse action centers, or the criminal

Dodge (2006) conducted study in the USA to determine the effect of provision care on juvenile delinquents among a random sample of 30 respondents using regression study. The results of the study indicated that professional care leads to effective mitigation of negative behavior. For example, in many professional care therapy activities, criminals progress their social skills, cognitive style problem solving, impulse administration, critical reasoning, moral functioning, self-control, and self-efficacy. This

study mainly focused on provision care among juvenile delinquents and not FSWs, therefore the current study sought to find out the FSWs attitude towards role of care on the intention to exit street level prostitution among FSWs in Eldoret Town.

Lipsey (2009) conducted meta-analyses on studies of the influences of provision of care on arbitrated delinquents as far as certain resultant measures like psychological adjustment were concerned. The study reviewed 43 effect sizes on reoffending actions as the result for behavioral management as part of four universal treatment classes. The results from this study suggested that provision of care leads to an improvement in behavior modification of juvenile delinquents. This means that if used effectively, the provision of care processes can also help prostitutes whose intentions is to quit (Lipsey, 2009).

Milkman (2007) performed a meta-analysis of articles in refereed publications from 1970 to 1985 touching on the influences of correctional care management plans for juveniles on recidivism. A sum of 46 articles met their standards, and they coded a sum of 68 contrasts from those articles. They observed that professional sport care was related to successful recidivism outcomes. Thus, the study assessed if FSWs attitude towards care has result into intention exit prostitutions among FSW in Eldoret town

Lipsey (2009) performed a meta-analysis of information, comprising of both unpublished and published papers, about professional care treatment programs for young children chiefly plans and programs to prevent young people from getting to delinquent levels together with programs to manage arbitrated delinquents resulting to 443 effect sizes. From these, 24 effect sizes constituted behavioral therapy aspects meaning that it was an issue that could be changed if a stimulus like proper care was enacted. Lipsey (2009) argues that the cluster comprising of provision of care, skill-attuned, and multipronged management was linked to larger effect sizes as compared to other treatment methodologies. Therefore the study sought to assess the FSWs attitude towards provision of care as an intervention in the intention to exit street level prostitution among FSWs in Eldoret Town.

Many studies specify clearly that spiritual intervention together with its often-religious practice counterpart show or imply a tenacious and substantial positive influence on constructive behavior modification (Koenig, 2012). This positive influence of spiritual intervention on human health presents itself as more noticeable among persons under stressful situations and physical ailment (Chatters, Bullard, Taylor, Woodward, Neighbors, & Jackson, 2012). Spiritual intervention is thus viewed as a key coping force in problematic or

stressful life conditions (Baetz, Bowen, Jones & Koru-Sengul, 2006). Incurable illness, cardiovascular ailments, cancer, discomfort, together with immune and endocrine ailments are only part of the few instances and cases where the significance of spiritual coping has been presented clearly in the literature. For certain affected individuals, spiritual faith may augment the aptitude to handle unwanted life events, while for others, adverse life actions may produce greater religious faith (Connor, Davidson & Lee, 2003). What this portends to the present study is that provision of from place of worship may actually be used to influence exit of female prostitutes to a better and 'higher calling' activities. Thus, it is important that the study sought to find out the relationship between FSWs attitude towards provision of care and intentions to exit street-level prostitution

Looking at the preceding three decades, the connection between spiritual intervention and mental wellbeing has been broadly studied, signifying important links among these measures (Koenig, 2012). Spiritual intervention has been observed in literature to be contrariwise correlated with the pervasiveness of any mental disorder and, specifically, to possess a positive influence on depression, (King, Marston, McManus, Brugha, Meltzer, & Bebbington, 2013) suicidal feelings and conduct, (Koenig, 2007) not to forget alcohol addiction and drug abuse (Sisask, Varnik, & Kolves, 2010). Also, it is proposed that spiritual intervention is not only a defensive factor for mental wellbeing, but also can desirably influence the management results for some mental sicknesses (Edlund, Harris & Koenig, 2010). Nevertheless, research has also asserted that there exists significant host of contradictory results (Koenig, 2012). For instance, higher intrinsic alignment has been observed to be linked to diminished risk for depression, inasmuch as it also has been interrelated with greater risk for most psychiatric sicknesses in general and for depression precisely.

Recently, research has recommended that with deference to mental wellbeing, the greatest standing appears not to be on spiritual intervention beliefs, but somewhat on precise religious coping approaches (Baetz, Bowen, Jones & Koru-Sengul, 2006). Religious coping imitates the practical expressions tied to spiritual intervention in demanding circumstances. Positive religious coping is recommended to have a helpful impression on mental health. Especially, higher worship regularity (Himle, Taylor & Chatters, 2012).

All-purpose religious participation, and prayer together with scripture reading (Boelens, Reeves, Replogle & Koenig, 2012) have been proven to apply a general desirable influence and to be linked to better mental well-being. These

influences could not be elucidated by conceivable meditative features of religious actions. Alternatively, undesirable religious coping (like speculating whether God has abandoned a person or believing in a disciplining, revengeful, or simply uninterested God), though less recurrent than positive religious coping, has been frequently found in close connection to negative psychological modification (Tanaka, 2010), advanced psychopathology scores, and poorer mental wellbeing status and management results (Agorastos, Metscher & Huber, 2012). Nevertheless, though religious coping has been a snowballing research emphasis in recent years, many studies have examined the link between religious coping and depression. Only very few scholarships measure this limit in connection with anxiety (Chapman, 2010) and this research has typically been steered within hospitalized somatically ill-patients characterization (Zwingmann, Muller, Korber & Murken, 2008). There was thus the need to look at the relationship between FSWs attitude towards provision of care and intentions to exit street-level prostitution among FSWs in Eldoret town.

Bowen, Baetz, and D’Arcy, (2008) advocates that religiosity is undesirably linked to anxiety and cushions the influences of stress, thus producing diminished distress and even to better results in the management of anxiety disorders (Bowen, Baetz & D’Arcy, 2008). Outcomes linking positive religious coping approaches (specifically consistent church attendance) to lesser anxiety scores have repeatedly been simulated, while some studies like Allen et al. (2010) and Murray (2002) account show lesser anxiety levels amongst the more religious from results gotten out of both healthy and medically ill respondents (Shreve-Neiger & Edelstein, 2004).

Research Methodology

Research Design

According to Orodho and Kombo (2006) a research design is the strategy and approach of investigation which constitute an outline for the collection, measurement and analysis of data so as to gain answers to research questions. The study therefore adopted a correlational research design. Correlational researcher investigates one or more characteristics of a group to discover the extent to

which the characteristics vary together. Correlational studies examine variables in their natural environments and do not include researcher-imposed treatments (Punch & Oancea, 2014).

Within the mixed method paradigm, quantitative approach is predominant. Convergent model which is a design in mixed method paradigm was used to analyze the qualitative and quantitative data. For example, an investigator collected quantitative data as well as qualitative data and combined the two to best understand FSW attitudes toward Interventions (Muijis, 2006). The data analysis therefore consisted of merging data and comparing the two sets of data (qualitative and quantitative) and results to make the most appropriate conclusions and recommendations.

Research Site

The study was conducted in Eldoret town, which is a cosmopolitan area. Eldoret town is the biggest capital town within Uasin Gishu County which is one of the 47 counties of Kenya. It measures 3,328 km². It borders Nandi, Kericho, Baringo, Elgeyo Marakwet, Trans Nzoia, and Kakamega counties. Eldoret is its main town as well as its commercial Centre. The county has three constituencies; Eldoret East, Eldoret South and Eldoret North. The researcher selected Eldoret town because of the cosmopolitan nature of the town and hence gave a variety of data which goes to add credibility and dependability; but most importantly, there are significant FSWs in the area as compared to the rural base of the county and their presence is significant.

Target Population

A target population refers to a group of individuals or participants who share comparable features and who form the anchor of an investigation. This study targeted the female sex workers around the Eldoret town CBD. According to the National Aids and STI Control Programme (NASCOP) baseline survey (2015) the approximated number FSW around the CBD is 324. And since many of the FSW attend some form of counselling offered by neighbors in action Kenya (NIAK), the 4 counselors who dealt with a significant number of them formed part of the sample bringing the total tally to 324.

Table 3.1 FSW Population Index

Prone Zone Areas	Number of Prostitutes	Time of Operation
Paradise Hotel and Environs	154	8 pm to 6 am
Mosque (Eastleigh)	44	8 pm to 6 am
Oloo Street	56	8 pm to 6 am
Oginga Odinga Street	70	8 pm to 6 am

Total 324

Source: (NAS COP Baseline Survey, 2015)

Determination of Study Sample

In this section the study endeavored to present the sampling procedure used to arrive at the desired size to be used in the study.

Census Procedure

Census sampling methods is a special type of survey where data is collected from all the units in the population of interest. Because of the manageable nature of the study, census method was used to get the entire 324 respondents who were FSWs a factor that is acceptable by Kothari (2014). This was done until no new data was obtained from the respondents from the respondents (Bowen, 2008).

Data Collection Measures

Data collection is the process of gathering and measuring information on variables of interest, in an established systematic fashion that enables one to answer stated research questions. This section therefore presents development of instruments, validity of research instruments, reliability of research instruments and data collection procedures. The study used available information presented in journals, books and research thesis to develop a tailored questionnaire specifically on the research objectives. The validity of the instruments was achieved by involving the faculty supervisors and research experts whereas reliability were achieved by use of pilot data which helped in calculating Cronbach alpha coefficient used as basis of testing reliability.

Development of Instruments

This study utilized questionnaires and interview schedule to get relevant data from the respondents. The study elicited quantitative data from the questionnaires administered to the FSWs whereas qualitative data was elicited from the interview schedules designed for the counselors. The study was mainly concerned with attitudes of the respondents which can be best collected through

the use of questionnaire and interview technique (Kombo& Tromp, 2007). The questionnaires comprised of closed and open-ended questions in order for the participants to have an alternative response in case the closed ended questionnaires were not clear. Interview schedules were designed for the selected counselors. The interview schedule contained both closed and open ended questions. The interview schedule were structured based on the research objectives so that an in depth analysis is achieved.

Reliability of Research Instruments

Creswell (2012) observes that it is vital for a researcher to test tools before using them to ensure their validity, reliability and practicability. Therefore piloting was done in order to ascertain the credibility of the tools by testing clarity of language, time taken to respond, procedure of administering, length and layout of tools. This study piloted 32 respondents from Huruma and Kimumu wards in Eldoret town which is 10% of the population. The participants were encouraged to comment and make submissions to be used to fine tune the study items.

The degree to which the measure of the research tools gives a consistent result is known as reliability. The study adopted a Cronbach Coefficient Alpha to measure the instrument reliability. The researchers administer the questionnaires once and then used to calculate the reliability index. This provided the researcher with a coefficient of inter-item correlations. The main purpose of pre-testing the instruments is to establish clarity of meaning and comprehensibility of each item in the study instruments. A coefficient of above 0.6 confirms the reliability of instruments (Ritter, 2010).The study obtained a Cronbach Coefficient Alpha of $r=0.784$ (table 3.2). In social science, the acceptable α value is 0.60 (Ghazali, 2008), therefore the instruments were acceptable and reliable.

Table 3.2 Reliability Test

Variables	Cronbach's Alpha	Overall Cronbach's Alpha
Attitudes towards counseling Services	0.70	r=0.848
Attitudes towards Life Skills Training	0.76	
Provision of Care	0.60	

Source; Field Data, (2018)

inference, which are based on the study results. This

Validity of Research Instruments

Before the administration of the research instruments it is important to determine the validity and reliability of the questionnaire and the interview items. According to Mugenda and Mugenda (1999) validity is the accuracy and meaningfulness of

study measured content validity because content validity measure the items of the questionnaires and offer feedback on what needs to be revised. The researcher gave the instruments to the supervisors to scrutinize if the instruments are valid. In order to determine the content validity there is a need to use the research question and objective formulated

earlier against the expected responses which the item would elicit from the field. The study also measured construct validity by ensuring that the items in the questionnaire are measurable and tenable using again, the supervisors. The constructs in this case include the cause construct which is attitude of female sex workers towards interventions and effect construct which is intention to exit street level prostitution.

Results and Analysis
Presentation of Findings

The objectives of the study were key in presenting the results. The study was guided by the following objective: To determine the relationship between attitude of FSWs towards provision of care and intentions to exit street-level prostitution in Eldoret town.

Response Rate

The study initially sampled a total of 324 FSW and 4 counselors. However only 321 FSWs filled and returned the questionnaires and thus posting a 99.1% response rate. On the other hand the

researcher was able to interview all the 4 counselors posting a response rate of 100%. All the response rates were acceptable according to Babbie (2014) who asserts that a response rate of more than 70% is considered sufficient for a study.

Factor Analysis

In order to test whether the items were associated with specific factors, Exploratory Factor Analysis (EFA) was used. EFA was used to identify factors based on data and to maximize the amount of variance explained (Suhr, 2006). EFA is used where the study is being conducted with no pre-conceived theories or expectations (Hair et al., 2013). EFA was conducted in order to understand the structure of the variables before further data analysis. This helped in applying appropriate data analysis techniques to avoid crucial violation of key study assumptions in consequent modelling process (Hair et al., 2013). To assess the factorability of items, two indicators were examined that is, Kaiser Meyer-Olkin measure of sampling adequacy and Bartlett's test of Sphericity (Pallant, 2010). The results are presented in table 4.1 below

Table 4.1 KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.575
Bartlett's Test of Sphericity	Approx. Chi-Square	293.06
	Df	6
	Sig.	.000

Source (Field Data, 2018)

Kaiser-Meyer-Olkin (KMO) test was used to assess sampling adequacy. The values ranges from 0 to 1 (Tabachnick & Fidell, 2011). For adequate sample, KMO test statistic should be greater than 0.5 (Hair et al., 2013). Table 4.1 shows KMO statistics of 0.575 which is greater than the convectional probability value of 0.5 for a satisfying sample for the study. The implication is an acceptable degree of sample adequacy for factor analysis.

Moreover, Table 4.1 presents the results of Bartlett's test of sphericity. Bartlett test of sphericity was performed to assess the appropriateness of using factor analysis (Hair et al., 2013). For factor analysis to be recommended suitable, the Bartlett's test of sphericity should have p-value of less than 0.05 (Fabrigar, Wegener, MacCallum, & Strahan, 1999). Bartlett's test of sphericity indicates a chi-square of 293.062 with an associated p-value of 0.00 which is

lower than the convectional probability value of 0.05. It was thus concluded that factor analysis was an appropriate approach for assessing construct validity of the scale.

Response Based on the Demographic Information

The study sought information on the demographic characteristics of the respondent in order to categorize respondents according to their age, education level and number of years in prostitution.

Response Based on the Age of Female Sex Worker

The study sought to find the age of Female Sex Worker. The age is important because it shows how the respondent had experience on street-level prostitution. The results are presented in figure 4.1

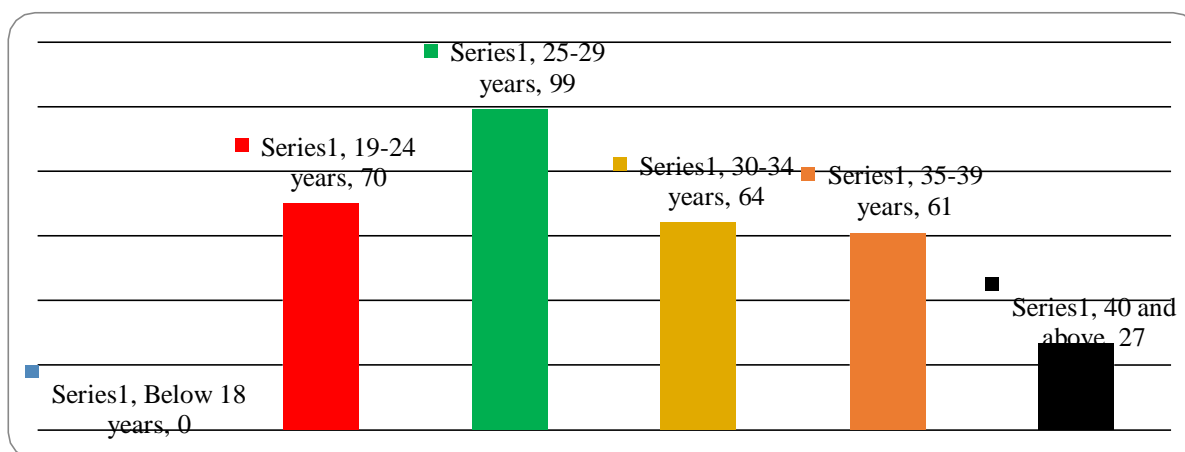


Figure 4.1 Response Based on the Age of Female Sex Worker
Source (Field Data, 2018)

The results as shown in figure 4.1 showed that out of the 321 respondents 30.8% (n=99) were aged 25-29 years, 21.8% (n=70) were aged between 19-24 years old while none were aged below 18

years old. Therefore majority of the respondents were aged between 25-29 years while a few were aged 40 years above. Bindel, Brown, Easton, Matthews, & Reynolds, (2012) reported that age is a factor among FSW when trying to exit prostitution. Young FSWs are likely to leave street level prostitution as compared to older FSWs.

Highest Level of Education Attained by Female Sex Worker

The study sought to find out the highest

level of education attained by female sex worker. The level of education attained is important because it shows how knowledgeable the respondent is on relationship between female sex workers attitude towards interventions and intention to exit street-level prostitution in Eldoret Town, Kenya. The results are presented in figure 4.2.

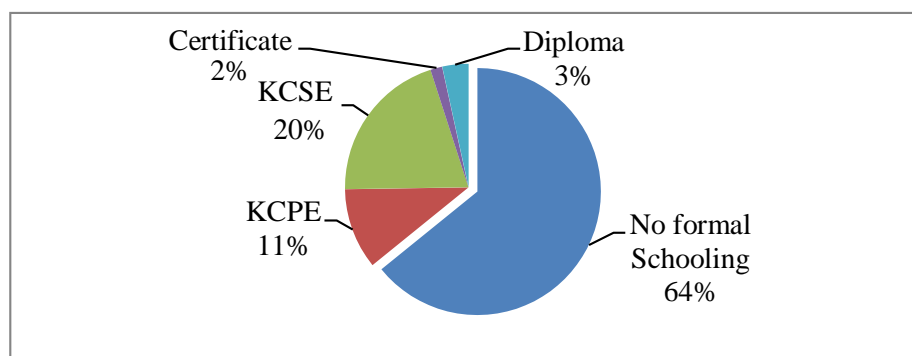


Figure 4.2 Highest Level of Education Attained by Female Sex Worker

Source (Field Data, 2018)

It is evident from figure 4.2 that majority of the respondent were not educated 206(64.2%), whereas 65(20.2%) had KCSE certificate, 11(3.4%) had diploma. Nonetheless 5(1.6%) had certificates level of education. The fruits of education level are reflected on the living status of the students. In the current economic without education, getting a decent job is difficult and therefore one is left with doing other kind of job, some are dignifying while others are not decent. As such the fact that most of the respondents were on the category ‘No formal

Schooling’, implying that most of the FSWs were not educated has led women to engage in street level prostitution to earn a living. This is because it is difficult to get a formal job without any certificate

and/or training. Additionally exiting this kind of behavior is difficult especially to those women who have no kind of formal education. Concurrently, Bindel *et al.*, (2012) revealed that among the factors that hinder female sex workers to exit street level prostitution, education is rated higher. Week (2014) also confer with the findings of Bindel *et al.*, (2012) by stating that female sex workers are not ready to exit because they feel that they are not adequately prepared by their education.

Response Based on Years in Prostitution by Female Sex Worker

The study sought to find out response based on years in prostitution by female sex worker. The response based on years in prostitution by female

sex worker is important because it shows how the respondent is experienced on relationship between female sex workers attitude towards interventions

and intention to exit street-level prostitution in Eldoret Town, Kenya. The results are presented in figure 4.3.

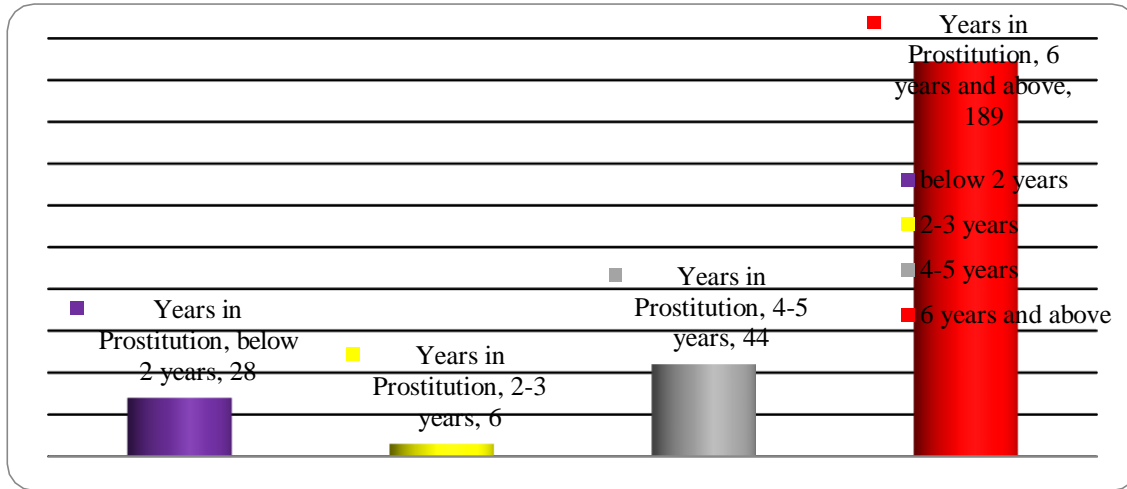


Figure 4.3 Response Based on Years in Prostitution by Female Sex Worker

Source (Field data, 2018)

Nearly, 58.9% which is 189 participants have been in prostitution for over 6 years, with some having been in prostitution for over 20 years. Table 4.1 also showed that 44(13.7%) have been in prostitution for 4-5 years, 60(18.7%) have been in prostitution for 2-3 years and 28(8.7%) have been in prostitution for less than 2 years. The results show that majority of the women have been in prostitution for over 6 years and therefore have gone through a

lot of challenges including physical and psychological challenges.

Objective of the Study

The respondents were asked to indicate the relationship between attitudes of FSWs towards provision of care and intention to exit street level prostitution. The analyzed data is presented in table 4.6.

Table 4.6 Affective Attitude of FSW towards Provision of Care

Affective	SA		A		UN		D		SD		μ	sd	
	F	%	F	%	F	%	F	%	F	%			
I feel like the care I receive from Counselors/well-wishers is adequate	93	29.0	159	49.5	23	7.2	41	12.8	5	1.6	2.1	1.0	
I like the way my brothers and sisters care from me	86	26.8	158	49.2	37	11.5	23	7.2	17	5.3	2.1	1.1	
I hate the way the county government treat me	54	16.8	103	32.1	46	14.3	10	31.8	2	16	5.0	2.8	1.2
I like the care I receive from the national government	15	4.7	38	11.8	26	8.1	31	9.7	211	65.7	4.2	1.3	
I love the way the community treats me	12	3.7	143	44.5	38	11.8	46	14.3	82	25.5	3.1	1.3	
I love the Bible scriptures that talks about behavior change	15	4.7	124	38.6	34	10.6	30	9.3	118	36.8	3.3	1.4	

Source (Field data, 2018)

According to table 4.6, 49.5% agreed that they feel like the care they receive from Counselors/well-wishers is adequate only 12.8% disagreed. Moreover 49.2% of the respondents agreed that they like the way their brothers and sisters care from them, 7.2 disagreed, 32.1% agreed that they hate the way the county government treat them while 31.8% disagreed. The findings also showed that 11.8% of the respondents agreed that they like the care they receive from the national government whereas 65.7% strongly disagreed. The result above showed that the FSWs had strong feelings towards care both from counsellors, well-wishers and national government. They were of the view that such care gives them hope of one day changing behaviour and exiting street level prostitution. However they were against the treatment from the county government. FSWs hated the way the county government treated them. The results also showed that 44.5% of the respondents agreed with the statement; ‘I love the way the community treats me’, 38.6% agreed that on the statement ‘I love the Bible scriptures that talks about

behavior change’ while 47.7% of the respondents agreed that on the statement; ‘I like the church activities am involved in my place of worship’ Moreover table 4.6 showed that 41.4% of the respondents agreed that they love the way the spiritual leaders are concerned about their wellbeing.

In general the mean index of 2.7, with sd =1.1 indicated that the FSWs agreed on the affective constructs of attitudes measuring the attitude of FSW towards provision of care. However some FSWs strongly disagreed that when asked to rate the following statement; ‘I like the care I receive from the national government’ ($\mu=1.3$, $sd=4.2$). Some remained non-committal on whether they love the way the community treats them ($\mu=3.1$, $sd=1.3$) and whether they love the Bible scriptures that talks about behavior change ($\mu=3.3$, $sd=1.4$). The researcher also looked into the cognitive attitude of FSW towards provision of care. After keying and cleaning of data, the output are presented as shown in table 4.7

Table 4.7: Cognitive Attitude of FSW towards Provision of Care

Cognitive	SA		A		UN		D		SD		μ	sd
	F	%	F	%	F	%	F	%	F	%		
I believe care I receive from Counselors/well-wishers is adequate	67	20.9	128	39.9	23	7.2	70	21.8	33	10.3	2.6	1.3
I think my brothers and sisters care from me	74	23.1	112	34.9	23	7.2	74	23.1	38	11.8	2.7	1.4
I know the county government does not care for me	49	15.3	95	29.6	37	11.5	100	31.2	40	12.5	3.0	1.3
I believe thatnational government cares for me	54	16.8	46	14.3	46	14.3	130	40.5	45	14.0	3.2	1.3
I believe the community treats me well	49	15.3	73	22.7	42	13.1	119	37.1	38	11.8	3.1	1.3
I knowBible scriptures that talks about behavior change	114	35.5	177	55.1	15	4.7	8	2.5	7	2.2	1.8	.8
I think the church activities am involved in my place of worship is important	110	34.3	168	52.3	18	5.6	22	6.9	3	0.9	1.9	.9
I know the spiritual leaders are concerned about my wellbeing.	68	21.2	210	65.4	18	5.6	21	6.5	4	1.2	2.0	.8

Mean index=2.5, Sd =1.1

Source (Field data, 2018)

In reference to Table 4.7, over 60% of respondents affirmed that they believe that the care they receive from Counselors/well-wishers is adequate. This is a good gesture to FSWS who are prone to feelings of being disregarded and disrespected yet they are just like other human beings. Interestingly, the statement that ‘I know the county government does not care for me’ elicited varied response since 29.6% of respondents agreed,

31.2% disagreed and 11.5% remained non-

committal. FSWs are bound to encounter unique challenges right from their homes and into the streets and as such a caring government should be obliged to get concerned of their needs and welfare while at the same time fighting the vice. Majority of them felt that the county government have neglected them completely which at some instances has dampen their spirit to exit street level prostitution.

Slightly over 54.5% of respondents indicated that they do not believe that national

government cares for them. Over 48% of respondents who did not give individualized attention to the community believed that the community did not treat them well. About 52% thought that the church activities they are involved in their place of worship was important as compared to 65.4% who agreed that they know that the

spiritual leaders are concerned about their wellbeing. The mean index of 2.5 affirmed that the FSWs agreed on cognitive attitude of FSW towards provision of care. However they were non-committal towards how the the community, government and national government cares for them.

Table 4.8 Behavioral Attitude of FSW towards Provision of Care

Behavioral	SA		A		UN		D		SD		μ	sd
	F		F		F		F		F			
I often feel loved by Counselors	90	28.0	168	52.3	21	6.5	40	12.5	2	0.6	2.0	.9
I usually know that my brothers and sisters care from me	97	30.2	147	45.8	14	4.4	46	14.3	17	5.3	2.2	1.2
I rarely feel that the county government care for me	13	42.6	101	31.5	14	4.4	50	15.6	20	6.2	2.1	1.2
I often think national government cares for me.	78	24.3	135	42.1	21	6.5	51	15.9	36	11.2	2.5	1.3
I often know that community treats me well	44	13.7	118	36.8	34	10.6	48	15.0	77	24.0	3.0	1.4
I never read the Bible scriptures that talks about behavior change	16	50.2	153	47.7	3	0.9	1	0.3	2	0.6	1.5	.6
I usually engage on the church activities that are important	16	50.2	145	45.2	8	2.5	2	0.6	4	1.2	1.6	.7
I often think the spiritual leaders are concerned about my wellbeing.	15	48.5	160	49.8	4	1.2	0	0.0	2	0.6	1.5	.6

Mean index=2.05, sd =0.99, Source (Field data, 2018)

Table 4.8 showed that, 52.3% often feel loved by Counselors/well-wishers, 45.8% agreed that they usually know that their brothers and sisters care for them. Table 4.8 showed that 42.4% of the respondents rarely feel that the county government cares for them while 42.1% often thought that the national government cares for them. The result also shows that 50.5% of the respondents often know that community treats them well. This shows that FSWs agreed that the community has been good to them. They have not shown any kind of resentment towards them due to their nature of work. Table 4.8 also shows that 95.7% affirmed that they usually engage in the church activities that are important to them while on the other hand 98.1% often thought that the spiritual leaders are concerned about their wellbeing.

The aggregate mean index of 2.05 means that the FSWs agreed with the statements measuring the behavioral aspect of attitudes concerning provision of care. However the average majority of the FSWs were ambivalent on whether they often know that community treats them well. Moreover

the mean aggregate of the three aspects range from

2.05-2.70 indicate that on average the FSWs agreed on all the items measuring aspects the three aspects of attitude. Their thoughts, beliefs and behaviour towards provision of care were positive.

The collected data was subjected to inferential statistics in order to find out the relationship between attitude of FSWs toward provision of care and intentions to exit street-level prostitution in Eldoret town. The results showed that there was a weak, negative correlation between attitude towards provision of care and intention to exit street level prostitution, ($r = -0.153$, $n = 321$, $p = 0.006$). This means that with an increase in the attitude FSWs towards provision of care leads to a decrease in the intentions of FSWs to exit street level prostitution. Table 4.8 also shows that the Sig (2- Tailed) value is 0.006; therefore because this value is less than 0.05 there is a statistically significant correlation between FSWs attitude towards provision of care and intention to exit street level prostitution. The third hypothesis (H_{03}) was stated as 'There is no statistically significant relationship between attitudes towards provision of care and intention to exit street level prostitution' Table 4.9

shows the value of Pearson product moment correlation is 0.113 with an associated *P* value of 0.043 which is less than 0.05 ($p < 0.05$). Therefore the null hypothesis is rejected, that there is no statistical significant relationship between attitudes towards provision of care and intention to exit street level

prostitution. Therefore this means is that the provision of care which includes care from counselors, brothers and sisters, and national government have a positive influence on intention to exit prostitution among FSWs in Eldoret Town.

Table 4.9 Relationship between Attitudes towards Provision of Care and Intention Exit Street Level Prostitution

		Attitude towards Provision of Care
Exit Street Level	Pearson Correlation	.113*
Prostitution	Sig. (2-tailed)	.043
	N	321

*Correlation is significant at the 0.05 level (2-tailed).

Source (Field Data, 2018)

With regard to provision of care most of the counsellors were of the view that provision of care by counsellors/well-wishers Brother and sister have ensured that FSWs are aware of the risks of engaging in prostitution. They also offer them solace and love to help them cope with past experience. Some of the sentiments echoed by the counsellors include: ‘the organization I work for have been able to put a lot of efforts on behaviour change by educating the female sex works on alternative source of income’ (H₁)

‘FSWs will continue to access the services they have been getting from MOH with collaboration with partners such as NIA-K e.g. in providing STI screening services and treatment, cervical cancer screening, family planning and HTC’s’ (H₃).....‘They have been getting free services like counselling and testing for HIV, family planning, CA’s screening STIs and treatment from organization like NIA-Kenya should continue without interruptions’ (H₃).

Counsellor (H₄) asserts that: ‘To educate them on how they can emulate change and also help them to know the risks they engaged in like drug addiction, STI diseases, violence and being arrested’ (H₄)

On how the county government and the national government treats the FSWs, one of the counsellors indicated that the county government and the national government encourage the church leaders to visit them and offer spiritual guidance. They have support groups that come up with income generating activities so that they may be occupied emerged also as a way of improving intervention approaches for FSWs. Another

Counsellor also reported that would nature talents and offer life skills. Counsellor H₄ opined: Continuous training for FSWs would improve the will of FSWS to exit prostitution. Additionally facilitation and adoption of evidence based intervention like sister to sister Kenya and RESPECT.

‘Counsellor H₄ stated that the use of their talents and skills in different fields that will be beneficial to them. Starting a small group whereby they will be contributing to support each other also to engage in business that is income generating and encourage them to guidance and counselling sessions’

The result from the interview also shows that the counselors indicated that FSWs have negative attitude towards church activities and support services they get from place of worship. The counselors also felt that church leaders do not read and preach to them scriptures that discourage prostitution.....*having attended church session with some of the FSWs I noted that the spiritual teachings used by the pastor has not really inspired them to leave prostitution. The scripture teachings are completely unrelated to them but the fact is that church leaders do not inspire FSWs to exit street level prostitution is sad as indicated by (H₄).* Counselor (H₂) indicated that they use spiritual teachings during the counseling sessions which have motivated them to leave street level prostitution.....Moreover Counselor (H₁) noted that during the counselling sessions some of the FSWs indicated that the love they get from their priest is a powerful tool that has given them hope of having a decent life in future.

Discussion, Summary of Findings, Conclusions and Recommendations

Discussion

This sub-section presents the discussions of the three objectives as presented in chapter four sections 4.5.1 to 4.5.3. It includes a critical

scholar findings to establish whether they agree or disagree.

Relationship between FSW attitude towards Provision of Care and Intentions to Exit Street-level Prostitution

The second objective of the study was to assess the relationship between attitude of FSWs toward provision of care and intentions to exit street-level prostitution in Eldoret town. The results as shown in table 4.5 show the mean aggregate of the three aspects is 2.4 showed that the FSWs agreed on all the items of measuring the attitude towards provision of care. This therefore means that the FSWs in Eldoret Town had positive attitudes towards provision of care. Similarly Burnette et al. (2008) found out that assistance from protective service providers is among the major predictors of exiting street level prostitution. Nonetheless Cimino (2013) noted that provision of care affects the intention to exit prostitution. Dodge (2006) study also reflected the current findings; the study revealed

that professional care leads to effective mitigation of negative behavior.

Additionally with regards to correlation study, there was a statistically significant relationship between attitudes towards provision of care and intention to exit street level prostitution ($p < 0.05$). This is in agreement with Lipsey (2009) who suggested that provision of care leads to an improvement in behavior modification. Therefore this can be a powerful tool for FSWs who want to leave prostitution. Milkman (2007) also found out that provision of care is associated to behavior change such as exiting street level prostitution. Conversely Bowen et al. (2008) found out that there is an association between spiritual intervention and stress. In addition Allen et al. (2010) showed a lesser anxiety levels amongst the more religious as compared to those who are not religious. The current results is also in disagreement with Hebert, Zdaniuk, Schulz, and Scheier, (2009) who reported that personal spiritual intervention beliefs appear to have dissimilar and not continuously positive influence on depression.

Interestingly, the spiritual intervention was rated negative by most of the counselors which is

contrary to Himle et al. (2012) who recommended that positive religious coping is recommended to have a helpful in cases of depressions. The teaching used by pastors has not inspired them to leave prostitution neither is the teachings by counselors. Contrary Connor et al. (2003) revealed that spiritual teachings are essential in handling unwanted life events. Additionally Kendler et al. (2003) found out that dissimilar spiritual intervention features show diverse relationships to antisocial behavior and major depression.

Summary of the Findings

The study main emphasis was to analyze the relationship between provision of care of sex workers towards interventions and intention to exit street-level prostitution in Eldoret town, Kenya. The specific variables that were analyzed included; attitudes of FSWs towards counseling Services, Life Skills Training Services, provision of Care and intention to exit street level prostitution. The study summarized the results as per the research objectives.

The result showed that FSWs attitude towards Provision of Care has influenced their intention to exit street level prostitution. This is because they receive care from counselors, brothers and sisters as well as the national government agencies. Additionally the community has given them support and treats them like any other individual. The Counselor also reported that family members and other stakeholders offered them comfort and affection to help them cope with past experience. The attitude of FSWs towards provision of care from spiritual leaders was positive. Their attitude towards their pastors and priests somehow positive. They felt that the spiritual leaders have done enough in ensuring that they change their behavior. Consequently the inferential statistics showed that there was a weak positive correlation between provision care and intention of FSWs to exit street level prostitution ($r=0.113$).

Conclusion

Based on the findings of the study it is concluded that;

The study main emphasis was to analyze the attitude of female sex workers towards interventions and intention to exit street-level prostitution in Eldoret town, Kenya.

The results showed that the p-value is 0.043; therefore because this value is less than 0.05, therefore the null hypothesis that there is no statistical significant relationship between attitudes towards provision of care and intention to exit street level prostitution was rejected. This means that the provision of care which includes care from counselors, brothers sisters, and national government have a positive influence on intention to exit prostitution among FSWs in Eldoret Town.

Recommendations

Recommendation for Practice

The counseling providers and practitioners provide ways of improving counselling services such as counselling on how to handle depressions, and victimizations among others.

Recommendation for Policy

All stakeholders including the national government, county government, agencies such as National AIDS & STI Control Programme, County AIDS and STI Coordinator and non-governmental institutions should ensure that the training manual is designed in such a way that it will focus on FSWs education level and talents. This would significantly assist FSWs venture into business that utilize their specific skills and talents. The stakeholders should also encourage the FSWs to form support groups that may come up with income generating activities so that they may be occupied and in the process exit prostitution.

Recommendation for Further Studies

A more consultative and comprehensive study on the attitudes of FSW towards the intention of Female sex workers in Eldoret Town that involve, County AIDS and STI Coordinator, non-governmental institutions in Eldoret Town.

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