



# **DON' T IGNORE THE CHILDREN OF SEX WORKERS: A SITUATION ANALYSIS**

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# BACKGROUND

Female Sex Workers (FSWs) are among the populations most at risk of HIV and many of the adults who fall into these categories are also parents.

Sex workers have been a major focus in HIV prevention and treatment. However, their children have been largely ignored.



- Children of sex workers face a range of HIV risks including early sexual debut, low school enrolment, parental abandonment and psychological issues, including social marginalization, related to their mothers' work.



# OBJECTIVE

This study was carried out to identify sex workers children health status and dietary intake in Osun State, Nigeria.



# **METHODOLOGY**

## **Study Design and Scope**

This study was a descriptive cross sectional study. The scope of the study was delimited to health status and dietary intake of children of sex workers in Osun State, Nigeria.



# STUDY AREA

Osun is a state in Southwestern region of Nigeria, with Osogbo town as the state capital.

The State has a population of about 3.2 million at the last national census with a rural to urban ratio of 1.4:1 [NPC and ICF Macro, 2009].



# STUDY POPULATION

The study population for this study are children of FSWs in Osun State, Nigeria.



# STUDY SAMPLE

A total of 168 FSWs with at least a child were firstly recruited to gain access to their children who were used for this study.



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# COLLECTION

Data were collected using standardized questionnaire by a trained interviewer. Informed consent was sought and gained from their parents before questionnaires were administered.



The recruitment of participants for this study was done using a non-probability sampling technique involving purposive sampling.

This implies that respondents were recruited because their mother is a sex worker.



# DATA MANAGEMENT AND ANALYSIS

The Statistical Package for Social Sciences (SPSS) was used for the analysis of the data.

Descriptive statistics and Chi-Square were used for the analysis. Frequencies were generated and cross tabulation of some variables.



## **ETHICAL CONSIDERATIONS**

Relevant information was verbally provided to the study respondents and their parents before the interview to ensure them to make informed choices on whether to participate in the study or not.



To ensure confidentiality, respondents were informed that their names will not be recorded anywhere and that all the information gathered and subsequent reports would not refer to individual respondents to ensure their confidentiality.

All the respondents agreed to participate in the study and signed a consent form



# RESULTS

## Demographic Characteristics of the Respondents

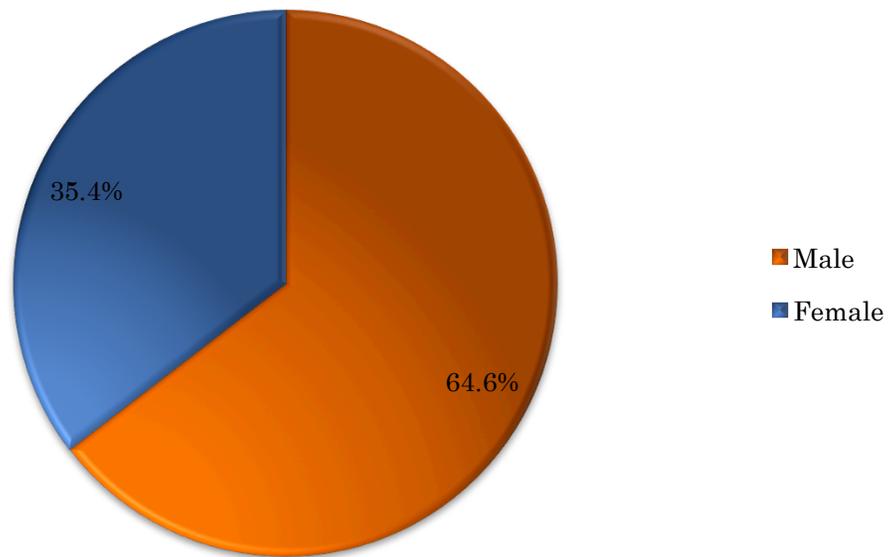
Out of the 300 questionnaires administered only 246 were completed by consenting respondents, giving a response rate of 82.0%.



The ages of the respondents ranged from 3 to 12 years with a mean of  $7.8 \pm 3.9$  years.



**FIG. 1: SEX OF RESPONDENTS'**

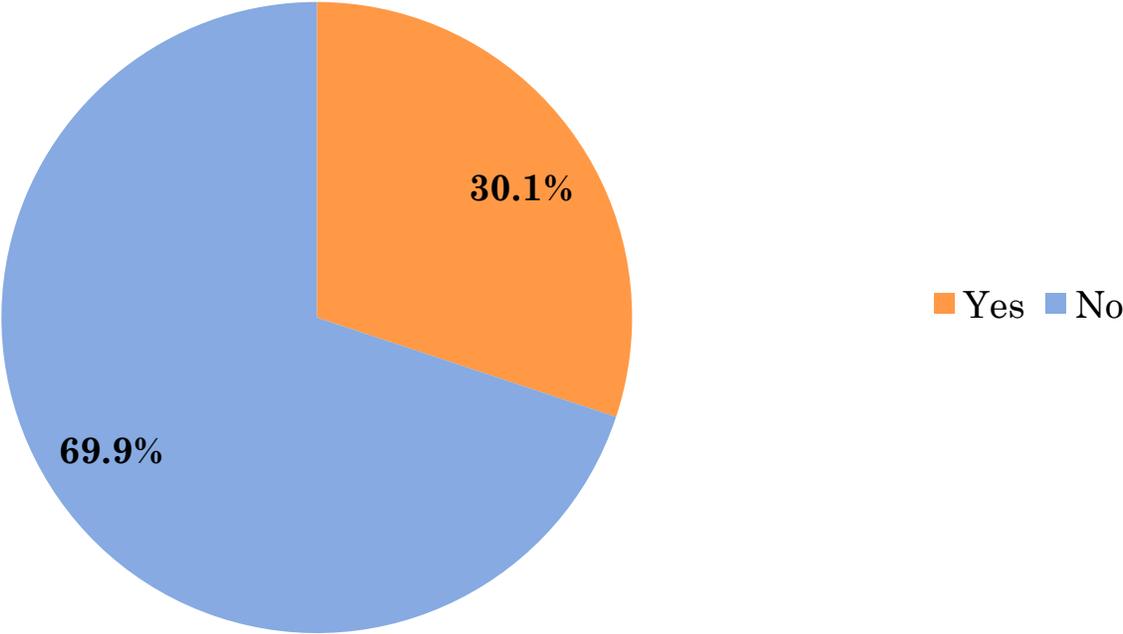


# Respondents' Socio-demographic characteristics

<b>Socio demographic variables</b>	<b>N =246 No</b>	<b>%</b>
<b>Age (years)</b>		
1-5	56	22.8
6-10	102	41.5
11-15	88	35.7
<b>Ethnicity</b>		
Igbo	148	60.2
Yoruba	39	15.9
Hausa	18	7.3
Others	41	16.6
<b>Level of Education</b>		
Not attending school	73	29.6
Primary	137	55.7
Secondary	36	14.6
<b>Mother's level of Educational</b>		
Secondary Education	54	64.5
OND/NCE	27	31.8
HND/BSc/BA	3	3.7
<b>Father's health status</b>		
Healthy	171	69.5
Chronically ill	39	15.9
Dead	36	14.6
<b>Respondent's place of residence</b>		
With Mother	122	49.6
With extended family	112	45.5
With foster family	12	4.9



# Respondents' Knowledge of their Father



# RESPONDENTS' HEALTH STATUS

Some (36.1%) of the respondents' were currently sick. Among these, only (12.4%) were receiving treatment. Reported nature of sickness among respondents' were Malaria (65.4%), Pneumonia (23.6%) and Typhoid (11.0%) (Table 2).

Only (7.3%) of the respondents' had undertaken HIV counseling and testing. Among these, 16.7% reported to be HIV-positive and only (34.9%) were currently on treatment (Table 2).

## Table 2: Respondents' Health Status

<b>Respondents' Health Status</b>	<b>N =246</b>	
	<b>No</b>	<b>%</b>
<b>Currently sick</b>		
Yes	89	36.1
No	157	63.9
<b>Nature of sickness</b>		
Malaria	161	65.4
Pneumonia	58	23.6
Typhoid	27	11.0
<b>Receiving treatment (n=89)</b>		
Yes	11	12.4
No	78	87.6
<b>Ever done HCT</b>		
Yes	18	7.3
No	228	92.7
<b>HIV Status (n=18)</b>		
Positive	3	16.7
Negative	15	83.3
<b>Currently on Treatment (n=3)</b>		
Yes	1	33.3
No	2	66.7



## RESPONDENTS' DIETARY INTAKE

Only (31.3%) of the children usually have 3 meals a day, 45.8% usually have 2 meals a day while 22.9% could barely take one meal a day. Reasons adduced were financial (89.9%) and sickness (10.1%).



## CONCLUSION

This study found that some of the respondents' were currently sick, yet they are not receiving medical care. It was also found that majority of the respondents have never done HCT despite their vulnerability.



Because sex work is illegal in Nigeria, identifying their children can be difficult and this may increase their vulnerability and marginalization.

It is important to strengthen community care for children of sex workers by providing for their health, education and nutrition needs through foster families/guardian support in their natural environment.



