

# NATION Friday Magazine



Dr Elizabeth Ngugi: Researched on prostitutes in the slums of Nairobi and other towns for many years. INSET: Pumwani

slum has one of the highest concentrations of prostitutes in Kenya.

## Research on prostitutes reveals shocking details

Out of 1,500 twilight girls in Pumwani, 200 have died of Aids so far.

A prostitute's life is not a bed of roses. She is condemned as the black sheep of the community who abuses the dignity of 'freely given gifts' of nature.

And yet prostitution thrives in every city and every town in the world. It has the odd reputation of being the oldest profession.

In Kenya, the number of prostitutes is in tens of thousands - which speaks of a large clientele - although the society would like to believe that no individuals in their right minds associate with prostitutes.

Despite the harsh judgement made on the 'trade' the prostitute is as human as everyone else and craves for care, love, dignity, respect and all those other human emotions.

Dr Elizabeth Ngugi, a community health expert, who has

in the last nine years combed prostitute hideouts and nurtured friendly relationships with them will bear this out. She has been carrying out research on sexually transmitted diseases (STD) in Nairobi, Thika and Machakos.

"They are human beings living amongst us and with concerns like ours," she says.

"Their clients come from the general population and from all categories of the society," she adds.

Indeed Dr Ngugi has very kind words for prostitutes and talks very cautiously about their welfare.

She says most of the prostitutes undergo serious psychological and physical battering from their clients.

But that was not what Dr Ngugi, a lecturer at the University of Nairobi, set out to find out.

"My greatest concern was (and still is) their health, why

they are where they are and how best they can be helped."

This is because their lifestyle exposes them to STD and now Aids.

Her study had initially been instigated by scientific information which revealed that STD were among the top 10 diseases in Nairobi.

She had then embarked on a four-year course on the epidemiology and prevention of diseases and this indication made her look at the STD in Nairobi.

"A record review from the health information system had shown that very many people in the reproductive age in Nairobi suffered from STD," she says.

The information revealed that the greatest concentration of this was evident in Pumwani area.

By JEMIMAH MWAKISHA

So she set out on her study which involved going out to what she calls 'their places of work and at their time of operation'.

"I had to go out there to listen and discuss their concerns with them," she says.

She and other medical personnel mobilised them into a viable group to discuss their reproduction health problems.

The first requirement, she says was, to have them trust her, but that could only have been achieved with tact.

"You have to appreciate their cultures and sub-cultures, their economic needs and achievements, their lifestyles in order to develop a relationship."

She had to get the confidence of individuals because the idea was to help modify

behaviour that exposes them to risks.

"That way you make meaningful partners in order to help reduce STD and HIV infection."

Their places of work and time of operation varied. And she found out that as with other professions, there was the issue of class all determined by the kind of clientele as well as policy, rules and regulations that govern the practice.

Those who target high income clients have tighter rules and probably some dignity. They will be found in high class environment - pubs, hotels or in their own houses.

Those who target low-income earners will be found in ordinary bars or in the street corners.

There are also those who operate from their houses and in Majengo area, they sit outside their houses to signify

that they are ready for the next customer.

Once she established confidentiality, they set out on the actual work which involved health discussions, their operations, and concerns.

Their response was positive and they formed peer groups with group leaders of their choice to work with.

"The idea was to avoid creating dependency from the groups and make them equal partners in the project," she says.

The leaders were given more information and counselling to enable them support others to promote positive behaviour.

The contents of the information included the health risks they face, preventive measures and what else they can do to avoid these risks.

They came up with sugges-

TURN TO PAGE V