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Non-formal Education Rehabilitation Needs of Brothel-Based Female Commercial Sex Workers in Sokoto State, Nigeria

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Abstract

This study used a descriptive survey research design to assess the rehabilitation needs of female commercial sex workers in Sokoto State in the context of non-formal education. The population of study was 1,344 brothel-based commercial sex workers. The sample of 306 willing participants was purposively drawn from 10 brothels across the 5 Local Government Areas where brothels are concentrated in the State. A 55-item interview schedule “Non-formal Education Rehabilitation Needs Interview (NERI)” and FGD were used for data collection. The instruments were validated by experts in Sociology of Education; Test and Measurement; Guidance and Counselling and Adult Education. The reliability of NERI was determined through test-re-test method using Cronbach alpha method and reliability index and consistency yielded .83. Percentages and mean scores were used for the data analysis. The findings revealed that non-formal education rehabilitation needs of sex workers are multi-purpose in nature revolving around educational; health-medical, economic, social and psychological and that factors that push people into sex work and the concomitant effects of sex work are some of the reasons for the rehabilitation of sex workers. It was therefore concluded that many commercial sex workers could be helped to quit sex working and get rehabilitated if provided with specific multi-purpose rehabilitation interventions. Based on the findings it was recommended among others that adult educators among social workers must reach out to stakeholders that are interested in rehabilitation of commercial sex workers that the needs of these people are multi-purpose in nature and must be given priority in the process of providing interventions

Key Words: Female, Brothel, Commercial sex worker, Non-formal Education, Rehabilitation Needs

Background to the Study

Globally, sex work has been seen differently over time and across cultures. The predominant view is that it constitutes a social problem. A sex worker is a person who is engaged in selling or exchanging of sex for a price usually money or other gratifications on continuous basis. Those involved according to Montgomery (2001), are viewed as deprived individuals in a functioning society or oppressed characters in a base world. Often, they are considered as ‘people who are promoting ‘immoral’ and ‘perverted’ activities (Farley & Kelly, 2000). Apart from name calling, the act of prostitution has a number of risks which put the sex workers, their patrons and the larger society in danger. These risks are described by Wickham (2009) as physical, emotional, psychological and behavioural. As such, commercial sex workers can suffer from a range of health conditions such as frequent headaches, stomach pain, lower abdomen pain, skin disease, body itching, and fatigue (Crawford & Kaufman, 2008). Engaging in sexual activity with numerous partners, especially without protection, results in a high probability of contracting sexually transmitted diseases (STDs), including HIV/AIDS. The presence of commercial sex workers, pimps and patrons in an area tends to attract crime, illegal substance use, and violent activities, all of which negatively impact businesses and create an unsafe and unhealthy environment for children and families (Nokomis Foundation, 2002).

This reality about sex work has led to attempts to control, and sometimes even prohibit it, through enactment of very liberal to extremely punitive laws. For example, under the Penal Code Section 276 a maximum penalty of 10 years in prison and a fine exists for anyone convicted of

encouraging the prostitution of women and children in Northern Nigeria. Despite these measures, sex workers continue to indulge in the provision of sexual services unabatedly for reasons such as poverty and illiteracy among others. Looking at the existing disadvantaged conditions of the sex workers and negative impacts of their activities on the larger society, it has become clear that they require interventions for rehabilitation purposes. This understanding among others has prompted several international and national conventions on the sex trade such as the United Nation Convention for the Suppression of the Traffic in Persons and the Nigerian 2003 Trafficking in Persons (Prohibition) Law Enforcement and Administrative Act among others (Wickham, 2009, Aborisade & Aderinto, 2008). While governments and international organizations provide support and protection for women and children affected by the sex trade, the majority of such efforts are focused on migration control, security, prosecution of illegal activity and reintegration. It is important to note, however, that the majority of legislation incorporating rehabilitation and reintegration strategies focuses on victims of sex trafficking, not sex workers in developing countries, including India, Thailand and Nigeria (Farr, 2005, Aborisade & Aderinto, 2008).

In Nigeria, rehabilitation of sex workers is championed by governments and non-governmental organizations with support from development partners such as UNICEF (Aborisade & Aderinto, 2008). Government agency such as NAPTIP has rehabilitation shelters in all thirty-six state of federation where victims of sex trade arrested are being rehabilitated. While NAPTIP rehabilitation shelters provide rehabilitation services to victims of sex trade, such facilities are available only to those who are victims of sex trafficking and not generality of commercial sex workers. It is to be noted that there is no specific rehabilitation policy for commercial sex workers in Nigeria. And most of the government rehabilitation efforts are based

on the principle of social rehabilitation for disabled. Certainly, commercial sex workers have no same features with disabled. This lack of specific national rehabilitation policy for commercial sex workers in Nigeria might be responsible for the inability to address the rehabilitation of the group.

In Sokoto State, the government's effort in the area of rehabilitation of commercial sex workers is more pronounced in creating skills acquisition opportunities and sponsoring mass marriage for ex-commercial sex workers, divorces and widows. The effort of Peace People for peace (3Ps), a Sokoto based non-governmental organization in provision of skills acquisition programme for commercial sex workers is recognized in the State. The religious organizations such as churches are also making their own little effort to combat prostitution through establishment of churches within the most popular prostitution site (e.g Kwannawa) in the State.

It is note-worthy that, these efforts seem not to have been fruitful. This is because the report from Skill Acquisition Centres in the State showed that more than 46% of sex workers brought to skills centres ran away and returned to sex work after three months of their exposure to different vocational skills. Despite the presence of many churches with their interventions in the most popular prostitution site in Sokoto State, Kawnnawa, large numbers of commercial sex workers are still found in the area. This situation calls for concern. The efforts seem to indicate insensitivity to the needs and plights of the sex workers. This is because rehabilitation interventions are economically biased as sex workers only have access to skill acquisition and, the recruitment of sex workers into skill acquisition centres is not appealing as arrested sex workers are sent to skill acquisition centres with or without their consents. This therefore, calls for a need-based, comprehensive, voluntary and friendly rehabilitation intervention for which Non-formal education is suggested as an alternative.

Non-formal education rehabilitation is an intervention that provides all measures aimed at reducing the impact of disadvantaged conditions for an individual, enabling him or her achieve independence, social integration, emotional balance, economic empowerment, physical and medical care, a better quality of life and self-actualisation in a participatory and friendly manner. It is an approach that dispels the idea that “the powerful should speak for the marginalized and to define their circumstances” (Dewey, 2008). Non-formal education rehabilitation is an approach that involves partnership with the target group in the context of their circumstances. It involves capacity building of commercial sex workers in a holistic approach encompassing physical, social, educational, economic, and emotional and referral needs. It is an approach that gives the target group control over what is been done to them. This rehabilitation approach gives priority to needs assessment of the target group with the view to understanding their rehabilitation needs for appropriate and need-based interventions.

The focus of this study therefore, is to understand the rehabilitation needs of commercial sex workers in Sokoto State, through an assessment of non-formal education rehabilitation needs of female brothel-based commercial sex workers in the State.

Statement of the Problem

The need for comprehensive, friendly and need-based rehabilitation interventions for commercial sex workers in Sokoto State coupled with a dearth of empirical information about non-formal education rehabilitation needs of commercial sex workers has called for investigation. Most of the empirical studies on rehabilitation needs of commercial sex workers have focused on health dimension of prostitution (Orubuloye, Caldwell & Caldwell, 2004;

Akinnawo, 1995; Lawoyin & Fellow, 2000; Willis & Levy, 2002; Taiwo & Owumi, 2013) except on very few on economic aspect (Aborisade & Aderinto, 2008; Ogunkan, Omoruan & Fawole, 2010) while neglecting other aspect of rehabilitation needs (such as physical, social, educational, economic, and emotional and referral needs) which are embedded in Non-formal education rehabilitation approach. This may be responsible for the inability to adequately address rehabilitation of commercial sex workers coupled with lack of specific rehabilitation policy for commercial sex workers in Nigeria.

In view of the above, the problem of the present study is to assess the rehabilitation needs of the commercial sex workers in Sokoto State as it relates to non-formal education. This is with a view to documenting empirical evidences of the nature and specific needs of commercial sex workers in the State for the purpose of reaching commercial sex workers with appropriate, comprehensive, friendly and need-based interventions.

Theoretical Framework

This study relied on theory based needs assessment framework. This framework was developed by Davidson (2005) and sees needs assessment as the first stage in helping a disadvantaged people, its purpose being to contribute to the understanding necessary for appropriate planning and action. The theory believes that needs assessment can be used for two main purposes: intervention/product design and evaluation of an existing programme/product/intervention. Davidson identified three important steps in using theory based needs assessment framework for needs assessment. These steps are to:

- i. Identify the primary presenting need(s) in an existing population;

- ii. Identify the main causes underlying those needs. This process draws on existing theory, research and local knowledge; and
- iii. Determine the nature and extent of the presenting needs and their causes (i.e., baseline/outcome data). Expanding the process, McCawely (2009) added additional steps to include:
 - iv. Data collection: How will you collect data that will tell you what you need to know? Will you collect data directly from the target audience or indirectly?
 - v. Data analysis: How will you analyze the data you collect to see the actual needs of the audience.
 - vi. Follow up: What will you do with information that you gain? Data gathering methods by themselves are not needs assessment. For the process to be complete, the needs assessment has to result in decision making.

The model has been applied in educational researches (such as Brookhart, Moss, & Long, 2010; Trumbull & Lash, 2013), health researches (such as Bungay, 2013; Normal et al., 2014) and found useful. The relevance of this framework to the study is that the framework believes that needs assessment is conducted in a systematic manner that follows the above steps which the present study was adopted to describe the gap between what exists and what is needed for effective rehabilitation of female commercial sex workers in Sokoto State.

Objectives of the Study

These objectives of this study are to:

1. Examine the nature of non-formal education rehabilitation needs of female commercial sex workers in Sokoto State;

2. Examine why female commercial sex workers require non-formal education rehabilitation in Sokoto State.

Research Questions

The research questions for this study are as follows:

1. What is the nature of non-formal education rehabilitation needs of female commercial sex workers in Sokoto State?
2. Why do female commercial sex workers require non-formal education rehabilitation in Sokoto State?

Methodology

This study used descriptive survey research design to conduct needs assessment on non-formal education rehabilitation needs of female commercial sex workers in Sokoto state. Descriptive research was used to obtain information concerning the current status of the commercial sex workers as regard to their rehabilitation needs and to describe "what exists" with respect to variables or conditions in their rehabilitation needs. The population of this study is all ladies engaged in brothel-based commercial sex work in Sokoto state operating in 36 visible brothels found in 10 out of the 23 Local Government Areas in Sokoto State. Hence, all of these ladies (1,334) constitute the population of the study. This population was based on the headcount of female commercial sex workers conducted by the researcher between 15th December, 2013 and 12th April, 2014. The sample size of 306 female commercial sex workers was drawn from the population of 1,334 female commercial sex workers in the State. This selection was based on those who gave their consents to participate in the study. The selection was also in line with the

recommendation of Research Advisors (2006) that a sample size of 306 is adequate for a population of between 1,201 and 1,500. Purposive sampling technique was used to select both 5 Local Government Areas that have largest concentration of brothels and 10 brothels that have largest concentration of commercial sex workers among 10 Local Government Areas and 36 brothels found in the State. Purposive sampling technique was also used to select 306 commercial sex workers who gave their consents to be part of the study from purposively sampled 10 brothels spread across purposively sampled 5 Local Government Areas.

Non-formal Education Rehabilitation Needs Interview (NERI) is a self-designed closed quantitative structured interview schedule used for data collection. It has three (3) sections. Section A seeks bio-data of female commercial sex workers in the areas of age, religion, tribe, place of origin, location of brothel, educational status, marital status, number of children and duration of time spent in sex industry by the subjects. Section B elicits information regarding the nature of non-formal education rehabilitation needs of female commercial sex workers. This section has 30 items on scales of Highly Needed (HN), Fairly Needed (FN) and Not Needed (NN) three spread across five (5) nature areas of rehabilitation (health-medical, educational, economic, social and psychological) of commercial sex workers. Section C seeks information concerning the reasons female commercial sex workers require non-formal education rehabilitation. This section has 20 items on two scales of Yes and No. The instrument was developed in English and Hausa Languages.

Rehabilitation Needs Focus Group Discussion (RNFGD) was also used to probe the commercial sex workers regarding their non-formal education rehabilitation needs and reasons behind such needs. This tool was used to really create avenue for the participants to discuss their

needs and experiences with the researcher. The FGDs involved five groups, each consisting of 6–8 participants, resulting in a total of five discussions and five transcripts. The researcher created a supportive environment, asking focused questions to encourage discussion and the expression of differing opinions and points of view.

Non-formal Education Rehabilitation Interview (NERI) and Rehabilitation Needs Focus Group Discussion (RNFGD) were given to experts in Sociology of Education; Test and Measurement; Guidance and Counselling and Adult Education in Usmanu Danfodiyo University, Sokoto for their face and content validity; language construction and orderliness of items. The comments of these experts which revolved around regrouping of items, corrections on language, removal and replacement of some items were addressed by the researcher and the instruments were adjusted accordingly. The original items in Section B were coded in two dichotomies (1 and 0) but suggestions made by the experts changed the coding to three scales of Highly Needed as 3, Fairly Needed as 2 and Not Needed as 1. The reliability of Non-formal Education Rehabilitation Needs Interview (NERI) was determined through test-re-test method using 30 respondents outside the study samples. These respondents were interviewed at two occasions at an interval of three weeks. The Cronbach alpha method was used to estimate the reliability index and consistency of the instrument was established and the result yielded .83 permitting the conclusion that the instrument was reliable.

The interview (NERI) was conducted to the commercial sex workers at the various brothels by the researcher and five (5) trained research assistants who understand Hausa and English Language. The interview was conducted in English where the subjects could speak in English while Hausa was used as a medium of communication where the participants could

speak and understand Hausa language. Focus group discussions were also conducted among the research participants at the various brothels. The FGDs involved five groups, each consisting of 6–8 participants, resulting in a total of five discussions and five transcripts. All the FGDs took place at brothels one brothel per LGA. All the FGDs were conducted in Hausa language, by trained focus group moderator and a note taker in the presence of the researcher.

The data generated from the Interview (NERI) was statistically analyzed using percentages and mean scores statistics with the help of SPSS 17.0 version. A mean score of 2.00 and above was accepted as the criterion mean score while those below 2.00 were not accepted. The research questions were answered using mean score and percentages. Data from focused group discussions was transcribed, translated, sorted, and used to complement the quantitative analyses.

Results

Research Question One

What is the nature of non-formal education rehabilitation needs of female commercial sex workers in Sokoto State? This research question was answered with the use of mean score statistic and was presented in table 1.

Table 1: Mean Scores of Respondents on the Nature of NFE Rehabilitation Needs

S/N	Nature of Rehabilitation Needs	Mean Value	Remark
A	Education Related Need:		
1	Training on how to exit sex work	2.5	Needed
2	Mentoring and Peer Education	1.8	Not Needed
3	Child care Education	2.5	Needed
4	Basic Literacy	2.2	Needed
5	Post Literacy	2.4	Needed
6	Continuing Education	2.6	Needed
	Grand Mean	2.3	Needed

B	Health- Medical Related Needs		
7	General medical and health related services	2.6	Needed
8	STD preventive and treatment information	2.3	Needed
9	HIV/AIDS preventive and treatment information	2.3	Needed
10	Reproductive health information	2.5	Needed
11	Informative Health Services	2.7	Needed
12	Personal hygiene information	2.8	Needed
	Grand Mean	2.5	Needed
C	Economic Related Needs		
13	Vocational Skills	2.6	Needed
14	Employment Information services	2.8	Needed
15	Self-empowerment	2.7	Needed
16	Entrepreneurship training	2.7	Needed
17	Support for setting up business	2.8	Needed
18	Monthly Allowance	2.6	Needed
	Grand Mean	2.7	Needed
D	Social Related Needs		
19	Marital information	2.5	Needed
20	Reuniting with family members	1.9	Not Needed
21	Social Acceptance	2.6	Needed
22	Accommodation information	2.0	Needed
23	Marital Relationship	2.6	Needed
24	Moral persuasion	2.7	Needed
	Grand Mean	2.4	Needed
E	Psychological Related Needs		
25	Drug/alcohol addiction treatment	2.0	Needed
26	Emotional disorder treatment	2.2	Needed
27	Behavioural treatment	2.5	Needed
28	Self- defence training	2.2	Needed
29	Rational and cognitive therapy	2.5	Needed
30	Individual and Group Counselling	2.6	Needed
	Grand Mean	2.3	Needed

Source: Researcher's Field Survey, 2015

The data presented in Table 1 revealed all of the respondents (sex workers) indicated the need for training on how to exist sex work, child care education, basic literacy, post literacy and continuing education with mean values ranging from 2.2 to 2.6. The grand mean of 2.3 further revealed that educational interventions are necessary for rehabilitation of female commercial sex workers. A further review of table 1 indicated that health-medical interventions are essential rehabilitation needs of female commercial sex workers in the area of study as the respondent

indicated the need for all the items (7-12) in the sub-category. Similarly, the respondents indicated the need for vocational skills, employment information, self-empowerment, entrepreneurship, support for setting-up business and monthly allowance as economic related needs of non-formal education rehabilitation needs. Table 1 also showed that marital information, social acceptance, accommodation information, marital relation and moral persuasion are needed by the female commercial sex workers. Other rehabilitation needs identified by the respondents are drug/alcohol addiction treatment, emotional disorder treatment, self-defence training, rational and cognitive therapy and individual and group counselling.

Research Question Two

Why do female commercial sex workers require non-formal education rehabilitation in Sokoto State? This research question was answered with the use of percentages and was presented in table 2.

Table 2 Reasons for Non-formal Education Rehabilitation Needs of Female Commercial Sex Workers as Expressed by Respondents

S/N	Reasons	Yes	%	No	%	Total	%
Education Related Reasons							
1	Are you ready to quit sex work if assisted?	306	100.0	-	-	306	100.0
2	Do you face problems in caring for your children?	237	77.5	69	22.5	306	100.0
3	Did you miss formal education opportunities?	177	57.8	129	42.2	306	100.0
4	Did you drop out from formal education?	212	69.3	94	30.7	306	100.0
5	Do you wish to further your education?	235	76.8	71	23.2	306	100.0
Health-Medical Related Reasons							
6	Do you agree that sex work poses general health problems to sex workers?	293	95.8	13	4.2	306	100.0
7	Do you agree that sex workers are liable to STD?	257	84.0	49	16.0	306	100.0
8	Do you agree that sex workers are liable to contacting HIV/AIDS?	248	81.0	58	19.0	306	100.0

9	Is sex working a threat to reproductive health of sex workers?	258	84.3	48	15.7	306	100.0
10	Is sex working injurious to sexual organs?	272	88.9	33	10.8	306	100.0
Economic Related Reasons							
11	Is lack of any self-reliant economic skill preventing you from quitting sex work?	279	91.2	27	8.8	306	100.0
12	Is lack of employment opportunities preventing you from quitting sex work?	302	98.7	04	1.3	306	100.0
13	Is fear of poverty preventing you from quitting sex work?	306	100.0	-	-	306	100.0
14	Is lack of alterative source of survival preventing you from quitting sex work?	293	95.8	13	4.2	306	100.0
15	Is lack of business ideas preventing you from quitting sex work?	295	96.4	11	3.6	306	100.0
Social Related Reasons							
16	Do you have problem in getting married?	251	82.0	55	18.0	306	100.0
17	Are you unable to form meaningful relationship with men?	257	84.0	49	16.0	306	100.0
18	Do you have problem in reuniting with members of your family?	127	41.5	179	58.5	306	100.0
19	Do you suffer from stigmatisation as a sex worker?	261	85.3	45	14.7	306	100.0
20	Is lack of shelter preventing you from quitting sex work?	188	61.4	118	38.6	306	100.0
Psychological Related Reasons							
21	Do you depend on drug/alcohol for your work?	156	51.0	150	49.0	306	100.0
22	Are you emotionally disturbed as a sex worker?	253	82.7	53	17.3	306	100.0
23	Have you ever regretted being a sex worker?	274	89.5	32	10.5	306	100.0
24	Have you ever been tortured as sex a worker?	235	76.8	71	23.2	306	100.0
25	Have you ever been victimized by customers/pimps as a sex worker?	270	88.2	36	11.8	306	100.0

Source: Researcher's Field Survey, 2015

Table 2 revealed why female commercial sex workers require non-formal education rehabilitation. Specifically, 100% of the respondents showed readiness to quit sex working if assisted and 77.5% of them acknowledged that they face problems in caring for their children. Also 57.8%, 69.3% and 76.8% of the respondents reported to have missed formal education

opportunities, dropped out from formal education and wished to further their education respectively. Another important set of reasons given for non-formal education rehabilitation needs of female commercial sex workers was health-medical related. Specifically, 95.8% of respondents agreed that sex work poses general health problems to sex workers, 84% and 81% of them consented that sex workers are liable to STD and HIV/AIDs respectively. Sex working was also seen as a threat to reproductive health and injurious to sexual organs of sex workers and therefore, the need for health-medical related rehabilitation interventions. Economic related reasons was also provided by the respondents for the need of rehabilitation interventions as lack of self-reliant economic skill, lack of employment opportunities, poverty, lack of alternative sources of survival and lack of business ideas. The percentages of those who agreed that the above factors have prevented them to quit sex working were ranging from 100% to 91.2%.

Social related reasons were also provided for requiring non-formal education rehabilitation interventions by female commercial sex workers. In specific terms, 82% of the respondents said they have problem in getting married, 84% of them were unable to form meaningful marital relationship, 85.3% of them claimed to have suffered from stigmatisation as sex workers and 61.4% of them said that they lack decent shelter and all these prevent them from quitting sex working. Other reasons given were psychologically related. Specifically, 51% of the respondents agreed that they depended on drug/alcohol for sex working, 82.7% of them were emotionally disturbed as sex workers, 89.5% regretted being sex workers, 76.8% had in one time or the other been tortured as sex workers and 88.2% had one time or the other been victimized as sex workers.

Discussions of findings

The finding of this study that the rehabilitation needs of female commercial sex workers in Sokoto State are educational, health-medical, economic, social and psychological in nature is a testimony to the fact that people recovering from sex working needs multi-purpose interventions. This finding is consonant with that of Crawford and Kaufman (2008) who explained that while the rehabilitation process depends on a variety of services, developing increased self-esteem and a sense of self-empowerment among recovering sex workers is considered as one of the most important stages in rehabilitation of sex workers. The participants of FGDs alluded to the fact that helping somebody like them requires provision of multi-purpose interventions. There were consensus among sex workers that their economic needs such as acquisition of vocational skills, regular income, addressing poverty, setting up businesses, securing them employment, regular allowances will go a long way to provide alternative sources of survival other than selling their bodies to make money. The participants also acknowledged that many of them would like to be given educational opportunities as many of them could have secured better employment if having educational opportunities and that they wouldn't have become prostitutes.

At some other levels of FGDs, the participants called for health services especially in the areas of sexually transmitted diseases and reproductive health as their work has so many health hazards. There is no doubt that medical care and health services are essential in rehabilitation of commercial sex workers to take care of the health needs of commercial sex workers. The group discussion participants are of the view that informative health education is also important as it can go a long way to assist the clients in ensuring healthy living. The finding is supported with the report of Jeal and Salisbury (2004) that commercial sex workers need medical attention to cater for longstanding illness/disability, anxiety/depression, vein abscess, recurrent chest

infection/bronchitis, asthma, dermatoses, gynaecology, hepatitis C, musculoskeletal, deep vein thrombosis and hepatitis B.

The participants further acknowledged that forming meaningful and serious marital relationship and eventually getting married to men that will love them and give them hope and life is much desired. This position should not surprise anyone because the composition of the studied sex worker showed that as many as 49.4% of them are divorced and widowed. In fact, many of them said if they get responsible men to marry them they would quit sex working. This finding is line with that of Ali, Choudhary, Hayder and Rahman (2013), who reported in their study that among the total respondents 50 % of them reported that proper opportunity of employment and marriage could be the suitable ways of rehabilitation.

The finding that the reasons for the non-formal education rehabilitation needs of brothel-based female commercial sex workers in Sokoto State are readiness to quit sex working, problems in caring children, missing formal education opportunities, dropping out from formal education and wish for further education showed that certain things pushed people into sex working. For example, the current study revealed that 49.3% of the respondents do not have any formal education at one time or the other and about 32% of them have only primary education which may not make them efficient in the performance of the activities that literacy requires of them in their day to day activities. This could be one of the reasons they showed interest in basic literacy, post literacy and continuing education. In the FGD sessions, the participants remarked that missing educational opportunities is like missing a brighter future as they find themselves in sex industry for survival. This finding further confirms that majority of sex workers have little or no education. In a similar finding Taiwo and Omowumi (2013) study revealed that 50 % of their participants are dropouts from primary schools. The finding also supports the views of

Onyeonoru (2002) cited in Taiwo and Omowumi (2013), that the high rate of illiteracy among females in the study area which makes it difficult for them to be gainfully employed, thus making them vulnerable to sex working. Information from FGDs also revealed that poverty and lack of alternative source of survival keep a number of young girls in prostitution. For example, one of the respondents remarked that “you have to survive with a means you have, we sell our bodies because we don’t have another means to do so, although, we are not happy”. Another participant was quick to add that “we are not happy selling our bodies but poverty and lack of financial assistance from family members and government has forced us to act against our wish”.

The presence of violence in sex industry against sex workers as expressed by female commercial sex workers during the FGDs has further called for non-formal education rehabilitation interventions. For example, some of the FGD participants gave incidents of violence done to them by customers and sometimes by their madams. One of the participants cited cases where customers would intentionally remove condoms against the prostitute’s wishes. They often requested bondage and acts of sadism. If the manager (madams or pimps) felt that the customer’s request was reasonable, the prostitute was obligated to comply, or find another house to work in. Some other cases are where sex workers were being raped by pimp; beaten up by police and customers and name-calling by neighbourhoods such “ashawo”, “karuwa” “odoko”, “oninabi” among others.

Conclusion

Considering the findings of the study, it was concluded that many commercial sex workers could be helped to quit sex working and get rehabilitated if provided with specific multi-purpose rehabilitation interventions that are educational, medical-health, social, economic and

psychological in nature. The study also concluded that understanding of the reasons for female commercial sex workers rehabilitation needs is pertinent to providing them with relevant rehabilitation interventions. And those specific personal characteristics of commercial sex workers such as educational status among others are important determinants in providing non-formal education rehabilitation needs. In this light, anybody be it government, non-governmental organisation or private individual who wishes to salvage the conditions of female commercial sex workers must understand the issues revolving around rehabilitation needs of them and act accordingly.

Recommendations from the Study

In view of the findings of this study the following recommendations are offered:

1. There is need for promoting needs assessment in any programme intervention. As such, adult educators among social workers must reach out to government ministries and agencies, non-governmental organisations, development partners and private individuals that are interested in rehabilitation of commercial sex workers that the needs of these people are multi-purpose in nature spanning across educational, social, economic, health-medical and psychological. Adult educators through enlightenment via writings, public presentation and sponsor of a bill to the Sokoto State House of Assembly that the rehabilitation attentions of the State Government to sex workers should reflect the actual needs of the target groups which are multi-purpose in nature.
2. That any group and body that wishes to help in the rehabilitation of commercial sex workers must understand the needs of sex workers via them and that reasons for such

rehabilitation needs are pertinent for planning and implementation of rehabilitation interventions.

References

- Aborisade, R.A. and Aderinto, A.A. 2008. Adjustment patterns and obstacles against social rehabilitation of sex workers in Nigeria. *African Sociological Review*, 12(2), 128- 143
- Akinawo, E. O. 1995. Mental health implications of the commercial sex industry in Nigeria. *Health Transition Review*, 5, 173-177
- Ali, A., Choudhary, S.R., Hayder, S.K.U, and Rahman, M. 2013. Harassment and rehabilitation process of floating sex workers: A study in Bangladesh. *Pakistan Journal of Social Sciences*, 10(2), 112-116
- Brookhart, S. M., Moss, C. M., & Long, B. A. 2010. Teacher inquiry into formative assessment practices in remedial reading classrooms. *Assessment in Education: Principles, Policy & Practice*, 17(1), 41–58.
- Bungay, V. 2013. Health care among street-involved women: the perpetuation of health inequality. *Qualitative Health Research*, 1(11): 1-11.
- Crawford, M. and Kaufman, M. R. 2008. Sex trafficking in Nepal: Survivor characteristics and long-term outcomes. *Violence against Women*, 14 (8), 905-916.
- Davidson, E.J. 2005. *Theory based needs assessment*. CA: Davidson consulting Limited
- Dewey, S. 2008. *Hollow bodies; Institutional response to sex trafficking in Armenia, Bosnia and India*. India: Kumarian Press.
- Farley, M. and Kelly, V. 2000. Prostitution: A critical review of the medical and social sciences literature. *Women and Criminal Justice*, 11(4): 29-64.
- Farr, K. 2005. *Sex trafficking: The global market in women and children*. New York: Worth Publishers.
- Jeal, N. and Salisbury, C. 2004. A health needs assessment of street-based prostitutes: Cross-sectional survey. *Journal of Public Health*, 26(2), 147-151

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Lawoyin, T. and Fellow, T. 2000. *Sexual behaviour and sexual networking among married men in Oyo state, Nigeria*. Boston: Harvard School of Public Health

McCawley, P. F. 2009. *Methods for conducting educational needs assessment. Guidelines for cooperative extension system professional*. Idaho: University of Idaho Extension

Montgomery, H. 2001. *Modern babylon? Prostituting children in Thailand*. New York: Berghahn Books.

Nokimis Foundation 2002. *The sex trade report: Helping prostituted women and girls make healthy choices*. Grand Rapids, Michigan: The Author

Normal, N., Theresa, S., Judy, H., Beverly, B., Debbie, P., Roxanne, S. , Flavia, G., Josie, R., Mary, K. M. and Sabin, M. (2014). *Street based sex workers needs assessment in Toronto, Barrie and Oshawa*. Ontario: Street Health

Ogunkan, D.V. Omoruan, A. and Fawole, O. 2010. Environmental and socio – economic dimensions of prostitution in Ogbomoso, Oyo State. *Ife Research Publications in Geography*, 9, 282 -300.

Orubuloye, I.O., Caldwell, J.C. and Caldwell, P. 2004. Commercial sex workers in Nigeria in the shadow of AIDs. In J.C . Caldwell et al (eds.) *Sexual networking and Aids in Sub- Saharan Africa: Behavioural research and social context*. Camberra: Australian National University.

Research Advisors 2006. *Sample size table*. Retrieved from <http://research-advisors.com>. Accessed on 21/01/2014

Taiwo, P. A. and Owumi, B. E. 2013. Perceived HIV-risks and the preventive strategies: The case of the trafficked women of Edo state origin. *African Journal of Social Sciences*, 3(2), 148-167

Trumbull, E., and Lash, A. 2013. *Understanding formative assessment: Insights from learning theory and measurement theory*. San Francisco: WestEd

Wickham, L. 2009. The rehabilitation and reintegration process for women and children from the sex trade. *Being a practicum submitted to Stephnson Indian*

Willis, B.M. and Levy, B.S. 2002. Child prostitution: Global health burden, research needs, and interventions. *The Lancet*, 359(315): 1417-1422.