

Original Article

Lost Life at an Early Age: Life-threatening Consequences Faced by Children of Female Sex Workers in Rwanda

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Abstract

Background

Various studies have focused on female sex workers aiming to reduce the risk of HIV infection and other sexually transmitted diseases and educate them on behaviour change. However, limited research has been on how mothers' profession affects their children. To address this gap, this study aimed to explore the life-threatening consequences faced by children of female sex workers in Rwanda and provide recommendations for supporting these vulnerable individuals.

Methodology

This cross-sectional study used a qualitative approach with a phenomenological design. We interviewed 40 children born to sex workers and 19 mothers who are sex workers from 2 provinces and City of Kigali. We used an interview guide to conduct individual in-depth interviews.

Results

The interviewed children reported most five problems encountered by children born to female sex workers in Rwanda including (1) stigma and rejection (2) humiliation and shame (3) Being forced to have early sex by their mother's clients and or forced/sold by mothers (4) poverty and hunger (5) early sex, pregnancy, and birth. The five problems most reported by mothers as being faced by children born to female sex workers are the same as those reported by the children.

Conclusion

This study found that the children born to female sex workers in Rwanda face enormous life challenges/problems that put their health at risk and their future in jeopardy. We recommend that government and non-government organizations that have the mandate of child protection take appropriate measures to safeguards these vulnerable children.

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Introduction

Historically, research has been focused on female sex workers (FSWs) themselves, with hardly any attention directed towards the vulnerabilities placed on the children of FSWs. Globally, the majority of FSWs are mothers, raising millions of children.[1] A study done in India found that children born to sex workers may be considered marginalized due to their mothers' profession.[2] In addition, FSWs reported that when these mothers first learned they were pregnant, they often felt uncertain about keeping their child, as they lacked family support and financial resources making it difficult to provide for their children.[2] A study done in some African countries showed that 68.5% of sex workers were mothers in Cote d'Ivoire and 15.2% of them had more than 3 children; same as in Kenya where 80.2% were mothers and 8.4% of them had more than 4 children.[3] The study highlights the significant health challenges faced by female sex workers and their children. The authors emphasize that these women often experience poor physical and mental health, which adversely affects their children. The study calls for urgent attention and action to address the health needs of these vulnerable populations, advocating for comprehensive healthcare services, support systems, and policies that recognize and respond to their unique challenges. The authors stress the importance of integrating health services for sex workers and their families to improve overall well-being and reduce health disparities.[3]

Another study done in Uganda found that adolescents born to FSWs in Uganda are at a higher risk of victimization (including various negative experiences such as physical and emotional abuse, neglect, sexual abuse, bullying, property violence, community violence, peer/sibling violence, and witnessing or experiencing violence indirectly, compared to their peers.[4] They also faced a higher risk of engaging in risky behaviours, such as substance abuse and early sexual activity.

The study highlights the need for targeted interventions and support services for this vulnerable population to address their unique needs and protect them from further victimization.[4] A study done in Nigeria explored the overlooked and invisible lives and deaths of children born to sex workers.[5] It discussed how these children faced unique challenges and were often stigmatized and marginalized due to their mothers' profession. The article highlights the issues of poverty, abuse, and lack of access to services that these children face, as well as the lack of awareness and support for them. It also discusses the high rates of mortality among children of sex workers, both due to violence and neglect. The article calls for more attention to be paid to these children and for better support and resources to be provided to help improve their lives.[5]

Recent research on preventable child deaths among children of female sex workers (FSWs) in low- and middle-income countries analyzed data from 668 reported deaths across eight nations including Angola, Brazil, the Democratic Republic of the Congo (DRC), India, Indonesia, Kenya, Nigeria, and South Africa, ultimately including 589 cases in the final analysis. Nutritional deficiencies emerged as the leading cause of mortality, responsible for 20.7% of deaths, followed by accidents at 20.0%, including house fires, and overdoses at 19.4%. Infectious diseases contributed to 18.5% of deaths, while homicides accounted for 9.8%. It also calls for further research to develop effective child welfare safeguards to reduce life-threatening risks for these children.[6] The FSWs are at high risk of having sexually transmitted infections.[8] This puts their children at high risk of mother-to-child transmission of HIV, congenital syphilis, fetal alcohol syndrome, and neonatal abstinence syndrome.[7] FSWs are reported to face significant social and structural barriers in accessing health and social services. These barriers include stigma and discrimination, lack of affordable and accessible childcare, inadequate housing, and limited access to healthcare and prenatal services.[8]

After giving birth, mothers who are sex workers are obliged to return to work within days or weeks after giving birth, which does not allow them to breastfeed their child, leading to many consequences, including poor nutritional status of a neonate, lack of parental attachment, and affection.[9]

A study conducted in Mexico-Missouri, USA, found an association between several factors and the likelihood of becoming a sex worker. These factors include using cocaine, consuming alcohol as a minor, experiencing forced sex as a minor, and having a parent who is involved in sex work.[10] Willis and Vines also reported that to make them sleep, children are given alcohol and over-the-counter drugs even at a young age. They are sometimes neglected in medical care and are not taken to health facilities. Poor hygiene practices also put these children at risk of illness.[11] Furthermore, many daughters of sex workers who are trafficked are at risk of pregnancy and have unsafe abortions or complications during pregnancy and childbirth.[12] All these consequences affect the children of sex workers in all human aspects including social, cultural, economic, psychological, and physiological aspects. These vulnerable children of sex workers require comprehensive support and services to address their unique needs and challenges. Although some initiatives exist to offer assistance and protection, it is evident that current efforts are inadequate to comprehensively tackle the complex issues encountered by these children. More resources and advocacy are needed to ensure that they receive the support and care they deserve.

In Rwanda, any type of sex work is illegal. [13,14] Sex workers, clients, and any involved third parties are criminalized by the country's Penal Code.[15] Sex work is a cultural taboo in Rwanda, where social norms and moral perceptions contribute to the marginalization of individuals engaged in sex work. Studies have shown that sex workers are often viewed as deviating from societal norms and may be labeled negatively, which reinforces social stigma and exclusion.[15, 17]

This marginalization extends to children and youth born to sex workers, who may also experience stigma and social exclusion due to their mothers' occupation. Research has indicated that these children face unique challenges, including limited social interactions and restricted friendships due to parental prohibitions influenced by societal perceptions.[6] Such social exclusion can have adverse effects on children's physical, mental, and emotional well-being, as the lack of social support and peer interactions is linked to poorer developmental outcomes. [6,18] Despite sex working in Rwanda being seen as a taboo and despite that children born to Female Sex Workers (FSWs) in Rwanda may be subjected to different life problems, there is a paucity of scientific evidence regarding what are the problems, and challenges faced by these children, to what extent these problems may affect their health. Despite research that highlighted the risk and vulnerability to HIV faced by the children of female sex workers in Rwanda, there remains a lack of comprehensive data on the living conditions and the overall well-being of these vulnerable children in the country. Failure to target the health and well-being of children who were born from female sex workers results in preventable morbidity and mortality.[19]

The Rwandan government has implemented policies such as the Integrated Child Rights Policy and Law No. 71/2018 on the Protection of the Child, which emphasize protecting all children's rights, especially those from marginalized groups and the National Child Development Agency coordinates efforts to enhance children's rights.[20,21] Although challenges remain, Rwanda's legal and policy frameworks reflect a commitment to improving the well-being of all vulnerable children including children born to sex workers, highlighting the need for continued advocacy and resource allocation for effective implementation.[21] In light of these challenges faced by children born to female sex workers, there is a pressing need to understand the extent of the life-threatening consequences faced by children born to female sex workers

in Rwanda and their implications for their well-being.

Therefore, this study sought to explore and critically examine the life-threatening consequences faced by children of FSWs in Rwanda, raise awareness, and advocate for the necessary support and intervention programs to protect and improve the well-being of these vulnerable children. The research question driving this study is: What are the life-threatening consequences faced by children of FSWs in Rwanda and what interventions can be developed to address these issues effectively? By understanding the unique needs of these children and recommending interventions, we hope to contribute to preventing loss of lives and improve the overall quality of life for this vulnerable group.

Methods

Study design

In this study, a phenomenological descriptive research approach was adopted. Descriptive phenomenology is an appropriate method for studying the life-threatening challenges faced by children of sex workers because it emphasizes capturing their lived experiences without inferring personal interpretations. This approach facilitates the collection of detailed narratives that authentically reflect their realities and struggles. It prioritizes the participants' voices, allowing for an understanding of their unique circumstances, which is critical in addressing their social, emotional, and health-related issues. Ultimately, this method contributes valuable insights for research and social policy.[22]

Study setting and Population

The study was conducted in two provinces and Kigali City, Rwanda, with one district representing each area. The study settings included Musanze District for the Northern Province, Rubavu District for the Western Province, and Gasabo District for Kigali City. These districts were selected based on specific features that may contribute to a higher number of FSWs.

Rubavu and Musanze districts are known as tourism areas and proximity to border areas, which may attract or increase the presence of FSWs. Gasabo District, located within Kigali City, was chosen due to its status as a central hub where people from various countries and backgrounds may meet, potentially resulting in a higher concentration of FSWs. The respondents in this study were identified through a careful and ethical process that prioritized the privacy and respect of all individuals involved. Initially, we engaged with representatives from local sex worker organizations and assisted in locating other female sex workers through their networks across various districts.

Population

The population of the current study was children of female sex workers from Two provinces of Rwanda and Kigali City and FSW. We included children of both sexes, ensuring the representation of both female and male children. The age of children included in the study range is from 10 years and above.

Eligibility criteria

The eligibility criteria were to be a female sex worker, defined in this study as women who engage in consensual sex for money or in-kind compensation as their primary source of income,[31] have children, and be both mothers and the children aged from 10 years are willing to participate in the study.

Sample size and Sampling method

Purposive sampling was used to select the female sex workers and their children to be included in the study. The researchers collaborated with a representative of female sex workers in every district who helped to identify other female sex workers in the district. We approached those female sex workers, some in person and others on the telephone call. Researchers explained the purpose of the study and sought their consent to participate in the study. Those who agreed to participate were given an appointment for an interview.

The FSW helped to identify the children who were aware of their mothers' profession and who could participate in the study. Children born from sex workers were participants in this study to understand their unique insights into the consequences of their mothers' work, enriching our understanding of the challenges they face. In total, 19 interviews were conducted with FSWs while 40 interviews were conducted with the children of FSWs. The number of interviews for both categories of participants was determined by the point of saturation.

Data collection procedure

The study commenced after receiving ethical clearance from the Institutional Review Board of the College of Medicine and Health Sciences (IRB/CMHS) and obtaining permission from the relevant district authorities. As said, each District has a female sex worker who represents other female sex workers, as they are for now grouped in associations of female sex workers. For those who agreed, we subsequently asked the children for their consent as well. The interviews were held in a private office at the District Hospital or Health center, ensuring that conversations could not be overheard. Children under 18 years signed an assent form, while their mothers provided consent for their participation. Children aged 18 and older signed their own consent forms.

Since most participants were known to be sex workers, the research team opted not to conduct interviews at their residences for privacy and ethical considerations. Instead, participants were asked to identify the nearest district hospital where they felt comfortable. The interviews were then conducted at the selected district hospitals or Health center. To ensure accessibility, transportation costs were covered for both the participants and their children, as some did not live nearby. Data were collected for two months.

During the in-depth interview, the female sex worker was given at least 60 minutes for the interview, with the flexibility for extension as needed.

Children, however, were allotted 45 minutes to one hour for their interviews. Both children and mothers were granted the option to pause or reschedule the interview at any moment. During the interviews, children were offered tokens such as sweets, biscuits, and water, while mothers were provided with water. These refreshments were intended to create a relaxed atmosphere and help ease any tension during the discussions. The interviews were conducted in Kinyarwanda and were audio-recorded after obtaining participants' permission, with the note-taker assisting in taking detailed field notes. Interview guides were utilized to ensure questioning and data collection consistency. Two research teams collected data for all sites and they were together at every site, one acting as an interviewer while the other acted as a note-taker.

The interview guides were developed by the researchers after a thorough literature review, and a pilot study was conducted with a few participants to enhance the credibility and trustworthiness of the data collection tools. The interview guide for children consisted of eight open-ended questions with probes while the interview guide for mothers consisted of seven open-ended questions with probing questions.

Ethical Considerations

Before starting data collection, ethical clearance with letter No 400/CMHS IRB/2022 was obtained from the University of Rwanda, College of Medicine and Health Sciences Institutional Review Board to ensure that the study met all ethical requirements. Additionally, before conducting the research, the researchers visited the villages where the FSW reside to meet them and to ask them permission to participate in the study, some others were contacted by telephone calls. Researchers explained the study's purpose; the participants were also informed that they had the right to withdraw from the study at any time without any consequences. The researchers requested permission from the women to participate in the study and

sought permission to interview their children who were aware of their mother's profession. We explained to the mothers that children must be aware of their mother's profession and aged from 10 years. The children were also approached and asked permission to participate in the study, to ensure that respect for their autonomy and dignity was granted. Researchers ensured that the participants gave informed consent and permission to collect data from children was granted by both their mothers (consent) and children (assent). Privacy and confidentiality were protected throughout the study.

Data management and analysis plan

For data management, NVivo 14 software was used in organizing and coding the data. NVivo allowed us to store and retrieve the transcripts, coding, and themes. The descriptive phenomenological approach was used for analysis. To analyze the data, we began with a verbatim transcription of the interviews, ensuring that each participant's words were accurately captured in their original form. As we transcribed, we identified key quotations or "meaning units" that encapsulated the core of the participants' experiences. Each meaning unit was carefully coded by assigning labels that reflected the underlying concepts or ideas presented. Once the coding process was complete, we organized these codes into broader categories, grouping them based on shared characteristics and patterns. This categorization allowed us to develop themes that represented the collective insights of the participants, along with their corresponding quotations, thus providing a comprehensive understanding of the data.

The analysis of the data was conducted by all members of the research team, who individually reviewed the transcripts and meaning units to develop an initial set of themes. Following this, the team collaborated to refine and finalize the themes through discussion and consensus. This collaborative approach helped ensure the validity and reliability of the analysis.

The consent and assent forms are stored in a locked cupboard in the office of the PI; the copies will be destroyed after five years. Audio recordings are securely stored on a password-protected laptop of PI to prevent unauthorized access.

Trustworthiness measure

To ensure the trustworthiness of the research findings in this study, researchers adhered to Lincoln and Guba's evaluative criteria for rigour in qualitative research, which are credibility, transferability, dependability, and confirmability.[15] The phenomenology descriptive approach allowed for the in-depth exploration of the lived experiences of these children, increasing the credibility of the data collected. The researchers ensured the transferability of the findings by providing detailed descriptions of the participants and the context of the study, allowing for comparison with similar populations. Dependability was maintained through the use of multiple researchers who independently analysed the data, and confirmability was established through the transparent reporting of the research process.

Results

Characteristics of respondents

We conducted interviews with 19 mothers who are sex workers and 40 children of female sex workers. The ages of the mothers ranged from 28 to 48 years, with most falling between 28 and 38. The children born to sex workers who participated in the study were aged between 10 and 18 years, with the majority aged 17 years (Table 1).

Table 1. Sociodemographic characteristics of participants

Characteristics	No.	Percentage (%)
A. Mothers (n=19)		
Age (Years)		
25-30	6	31.6
31-35	2	10.5
36-40	6	31.6
41-45	4	21.1
46-50	1	5.3
Marital status		
Single	19	100
Married	0	0
B. Children (n=40)		
Age of participants (Years)		
10-15	19	47.5
16-20	21	52.5
Level of education		
No education	1	2.5
Primary Education	30	75
Secondary Education	9	22.5

A. Themes and subthemes from interviews with children of female sex workers

Themes and sub-themes that emerged from the interview with children. From the data collected, there are four themes generated including feelings about the mother's work, the impact of the mother's work on the child's friendship/relationship, problems at school due to the mother's work, and life-threatening consequences caused by the mother's work, (Table 2).

1. Feelings about the mother's work *Shame and Humiliation*

All interviewed children reported that they felt ashamed and humiliated when they thought about their mother's job. The majority reported that they tried to hide what their mothers did at their schools; however, the information was always disclosed, mostly by the children who are neighbours and classmates.

Table 2. Results from the interview with children

Serial number	Themes	Sub-themes
1	Feelings about mother's work	1. Shame, humiliation 2. Abandoned by their mothers and no protection from anyone
2	Problems at school due to mother's work	1. Stigma and rejection at school 2. Initiation of early sex by adults 3. No time and space to do homework and self-study 4. Leaving school due to lack of tuition, materials, and stigma
4	Life-threatening consequences caused by mother's work	1. Forced by mothers to have early sex with our mothers' clients 2. Rape by mothers 'clients 3. Early pregnancy and birth

Most of the interviewed children wished that their mothers could change their job. One of the participants said, *"I tried to hide what my mother does, but my neighbour told everyone at school, now I do not know where to look"*. (14C, MS)

Another participant said, *"I always feel ashamed of myself, thinking of what my mother does to live, sometimes I have to look another way to pass to avoid people who know me and know my mother"*. (8C, RV)

Abandoned by their mothers and no protection from anyone

Most of the respondents felt that they were abandoned by their mothers while they were away from their jobs. Different respondents informed that due to the nature of their mothers' jobs, they prefer to go away from home, thus they meet their clients in hotels, or other places leaving behind their children even for many days. One of the participants said, *"It is very difficult for me when my mother leaves us for about a week and goes away with her clients and leaves me behind to take care of my siblings; I feel like she does not care about us, she abandons us without knowing what will happen to us in all those days"*. (09C)

2. Problems at school due to mother's work

Stigma and rejection at school

Most of the respondents expressed that they feel stigmatized and rejected by their classmates. All respondents informed that it is very difficult for them to have friends at school, they explained that when their peers learn about their mothers's jobs, they start rejecting them and bullying them. One of the respondents said, *"I always feel sad when I see my classmates talking about me every time I pass by and all of them turn their back on me"*.6C

Initiation of early sex by adults

Another problem faced by these children at school due to their mothers's work is to be seen as "sex workers" too, especially by adults including even some teachers. A participant said, *"... Surprisingly, I have had a male teacher who approached me and asked me to have sex with him, when I said no, he said 'but you are a sex worker as your mother, why no to me?'"*. (5C)

No time and space to do homework and self-study

Almost all respondents expressed a problem of not having time and space to do their homework as other children. Respondents informed that due to the nature of their mother's job, many clients come home and their mothers ask their children to

leave the house for a while. Others also informed that most of the clients arrive at their homes too late and the children are asked by their mothers to leave home at a late hour, thus they stay outside in the cold where they cannot sleep nor study. According to the respondents, this impacts their school work and marks as they do not get time to do properly self-study and homework. One of the respondents said *"One of the respondents said "My mother woke me up midnight when she came home with a client and asks me to leave the house. She told me to go out, and I responded that 'I have school tomorrow'. Then she told me to go to my aunt's house, but when I got there, she also rejected me."*8C.

Leaving school due to lack of tuition, materials, and stigma

Among the children interviewed, quite a number of them have left school. When asked why they left school, all responded that it was mainly due to a lack of tuition fees and school materials. Stigma and peers' rejection were also pointed out as some of the reasons that pushed them to leave school. One of the respondents said, *"...I left school because of rejection, and stigma, moreover, I was not even paying school fees on time, which even exacerbated the stigma, then I left and started working as sex worker"*. 4C

3. Life-threatening consequences caused by mothers' work

Forced by mothers to have early sex with our mothers' clients, Rape by mothers' clients, Early pregnancy and Birth

The major health consequence encountered by children born to FSWs is having early sex which results in different life-threatening consequences for these children. Three sub-themes constituting the theme of "Life-threatening consequences faced by children born to FSWs" include (1) Forced by their mothers to have early sex with their mothers' clients, (2) Being raped by their mothers' clients (3) Early sex work and (4) Early pregnancy and birth.

Most of the respondents explained that they were pushed by their mothers to have early sex for money; or they were forced/raped by their mothers' clients. Other children explained that they also opted voluntarily to have early sex to have money as their mothers. Most of these children who are forced to have early sex also get pregnant at an early age and give birth. Then, to be able to survive and take care of their children they also start sex working at an early age. Some reported having started sex work as early as 15 years of age. Others reported to have been forced/raped by their mothers' clients at the age of 13 years.

One of the participants said, *"I always fear that one day, those men may rape me"*. 14C Another one confirmed, *"I fear for my safety and the safety of my siblings who are still very young; I always fear that they may be forced or even be seduced by those mother's clients"*. 15C

Apart from the constant fear and anxiety of being raped by their mothers' clients, others confirmed to have been already raped. One of the participants, 13 years old shared, *"I have been raped by my mother's clients"*. 8C Another participant reported, *"I got pregnant due to the rape done by my client's mother"*. 12C

Another participant said *"One day I was coming from bathing, then I met on my way the client of my mother who told me 'I haven't finished to do what I came to do, lay down and let me do my job'. I asked him, 'have you come to see me or my mother?' He replied 'I can see you both!'"*. 8C

As already mentioned, some of the children were being forced/pushed, or sold by their mothers. For example, one participant said, *"One day, my mother brought three men at home, while she was with one, she told me to be with the second one. She said 'Get one of those men, because he will pay you', then I accepted and slept with that man"*. 11C

This forced or voluntary early sex results in early pregnancy and motherhood which constitute other major problems encountered by children born to FSWs.

All of the children interviewed who were not schooling reported being sex workers, except for one. Furthermore, the majority of those who were sex workers reported having a child. One of the participants said, *"I have given birth at an early age, I have been raped by two men who were my mother's clients."* 4C, MS.

Another participant remarked, *"Now I have to take care of my child while I am still very young; sometimes I cry when I don't have anything to feed my baby"*. 3C, MS

Another interviewed participant confirmed, *"See, I have now given birth at this age, I am not sure if I will be able to take care of my child, because of my child, I need to continue this business to get money"*. 12C, RV

B. Results from the Interview with Mothers

From the interviews held with the mothers to explore their thoughts about consequences faced by children born to FSWs, three sub-themes emerged from the theme "Life-threatening consequences faced by children born to FSWs". The are (1) Health Risks and Vulnerabilities (2) Social Stigmatization and Discrimination and (3) Risk of Exploitation and Abuse (Table 3).

Table 3. Results from the interview with sex worker mothers of children

Theme	Sub-themes
Life-threatening consequences faced by children born to female sex workers	1. Health Risks and Vulnerabilities 2. Social Stigmatization and Discrimination 3. Risk of Exploitation and Abuse

Life-threatening consequences faced by children born to female sex workers

1. Health Risks and Vulnerabilities

One of the participants lamented, *"...Looking back at our job, it can affect our children in many ways. Most of the time we leave them behind with no one to care for them, we do not know if they have eaten or not, you understand they easily get sick and to care for them is not also easy..."*. 05M

2. Social Stigmatization and Discrimination

All the participants confirmed that their children and other sex workers' children face stigma and rejection from society. They confirmed that they are all aware that their children suffer social rejection due to their sex work. One of the participants sadly said, "... Yes, in Rwanda, sex work is not a job; you are labelled a prostitute who snatches others' husbands and fathers. Therefore, we are stigmatized, rejected, hated and our children are too, this is a fact that we cannot deny...". 01M

Another one said, "...Yes, that is the truth, our children are not treated equally as others in the community, they always see them as children of prostitutes, [and] nothing can be done to stop this". 7M

3. Risk of Exploitation and Abuse

Furthermore, all interviewed mothers confirmed that they knew that their children were not safe due to the job the mothers did for a living. They all expressed their fear and anxiety for their children's safety. Most confirmed that their clients are men and can rape their girl children at any time. Others confirmed that sometimes their children's lives might be in danger when the mothers are fighting with their clients or maybe when they have taken things like money from their clients; these clients may revenge on their children. Thus, the mothers always feel scared and insecure about their children's safety. They continued explaining that they were aware of their children's risks of physical and sexual abuse by their clients in most cases.

One of the participants asserted: "No safety, you always feel worried especially when they are girls; you worry that your clients may rape them". 1M

Another participant confirmed and explained: "Sometimes you even fight with clients at home, though the safety of children is not assured". 2M, MS

Some of the mothers interviewed explained that to secure their children,

they practice their business elsewhere away from their homes where their children live. They join their clients in hotels, lodges, homes, and other places to avoid bringing them to their homes. Some women went to the extent of saying that sex workers who bring clients home, to their children, are stupid because they expose their children. One of the participants revealed, "If you want to assure the safety of your children, you practice your job away from your home and your children. To avoid that when a client comes and you are at home, should not force your girl". 7M

Other participants have also confirmed that some mothers may force their girl children to practice sex work for money, especially when these mothers have become old and are losing clients.

One of the participants said, "I feel like it is not the right thing to do for parents. However, many of these children engage in sex work because they have been coerced by their mothers."6M

Another participant said, "Yes, it happens, most old sex workers force their young girls to have sex with clients thinking that what they could not have as they are now old, their young girls can cover them; however, this is a bad practice not to be admired". 7M

Even, some of the participants felt that it was better not to have children because they could not satisfy all their children's needs or even protect them properly. These participants further stated that when they see all the challenges faced by their children, they feel sad and regret to have given birth to them.

One of the participants said, "Yes, I feel it was better not having children while working as a sex worker. Because you worry that if you die, they will do the same and it is not a good job". 4M

Again the same participant said, "Better not to have children, imagine when you fight over the client in front of your child, it is a shame". 4M

Another participant confirmed that it was better if she never gave birth: *“Yes, I regret to have given birth, I now have a boy and daughter but I feel it was going to be better if I did not have children because my daughter can be anytime forced by my clients, also when I am doing my business, my children hear what I am doing and I feel ashamed”*. 8M.

Discussion

The study involved 40 children born to FSWs and 19 FSWs across Musanze, Rubavu, and Gasabo districts in Rwanda, to explore the life-threatening consequences of mothers' sex work to these children. The children reported five main issues: stigma and rejection, humiliation and shame, being forced into early sexual encounters by their mothers' clients or being sold by their mothers, poverty and hunger, and early sexual experiences leading to pregnancy and childbirth. They indicated pervasive social rejection and stigmatization, resulting in various health issues, including mental health problems such as anxiety and depression, and complications from early pregnancies. Many children, particularly in rural areas, were not attending school, often leaving education at the primary level. Additionally, early sexual activity increased their risk of sexually transmitted diseases, including HIV/AIDS.

The findings from this study are supported by reports from other authors from different settings. Evidence shows that children of female sex workers face enormous risks that affect the social, cultural, economic, psychological, and physiological aspects of their lives.[24] Specific vulnerabilities documented as affecting children of sex workers include separation from parents, sexual abuse, early sexual debut, introduction to sex work as adolescents, low school enrolment, psychosocial issues arising from witnessing their mothers' sexual interactions with clients, and social marginalization.[10,11,25,26]

starting early sex work in Rwanda has also been confirmed by Dzinamarira et al.[27] The Behavioral and Biological Surveillance Survey among Female Sex Workers in Rwanda done by Rwanda Biomedical Centre,[27] found out that most participants (70%) reported that they had sexual intercourse for the first time at the age of 15–19; among them, 43% were engaged in the sex work for the first time within the same age range with 5.5% reporting engaging in their first commercial sex under the age of 15 years. This warrants that the health and well-being of children born to FSWs be prioritized as these children are potentially at high risk of many serious and fatal health problems, including HIV.[27] In addition, marginalization that results from discrimination and stigma for children born to FSWs are risk factors for mental health problems at an early age, including anxiety and psychotic disorders, drug abuse, depression, and suicide.[10,11]

In our study, we also interviewed 19 mothers who were sex workers to explore their thoughts about the problems encountered by children born to female sex workers. All respondents confirmed that they always worried about their children's safety. They stated that they knew that their children were not safe, and they confirmed that they knew that children could be raped by their mother's clients at any time. Some of them even affirmed that they tried to do their business outside their home to try to protect their children from their clients. The five most reported problems faced by children born to female sex workers were the same as those reported by the children, namely (i) Stigma, (ii) Sadness (iii) Orphanage and poverty (iv) Forced sex by their mothers clients/Rape and (v) Mothers who force their children to have sex with their clients. The mother's sex workers also reported that their children are so stigmatized by community members that they felt rejected, humiliated, and not considered as other children. They also confirmed that despite their sex work, their children live in poverty, and they cannot afford all their children's

needs thus most of them leave school at the primary level, others also start sex working at an early age, they also confirmed that some of the mother's sex workers especially those who are old force their children into sex working for money. Sloss and Harper found that mothers who are sex workers were anxious for their own and their children's safety.[26]In their study also that explored the health and social well-being of female sex workers' children in Bangladesh, Willis and colleagues found out from the mothers who are sex workers that stigmatization of and discrimination against their children are underlying conditions that compromise their access to safe housing, childcare, health care, education, and the protection of law enforcement.[12] The respondents in the same study added that threats their children face exceed those of other children in Bangladesh and include sexual exploitation, exploitive labor, trafficking for adoption, and forced entry into crime. The respondents also informed that many children of sex workers had been traumatized after witnessing police brutality against their mothers.

Mothers who are sex workers are aware of their children's health threats. This is consistent with findings from other studies reporting a high risk to the children of abuse, HIV, congenital syphilis, fetal alcohol syndrome, physical and sexual violence, and tuberculosis, and developing anger problems and learning disabilities at school. [3,24,28–30] Our study has confirmed that children born to female sex workers face many social problems, including stigma and rejection, to the extent that these children are denied community services, unlike other children of the same age. Likewise, findings have confirmed that these children are sexually, physically, and psychologically abused by their mothers' clients without any punitive measures taken against the perpetrators. This needs serious attention from the government and non-governmental organizations that have children's protection in their mandate in order to mitigate this calamity.

Study limitations

The sample size in qualitative studies is generally small, thus, generalization is not possible. However, generalization is not warranted in this type of study, as we were exploring respondents' experiences using a phenomenology study design

Conclusion

From the results of this study, we may confirm that the children born to FSWs do not enjoy their rights as children. They are labeled as "sex workers" as their mothers even at a very early age. These children are subjected to physical, psychological, and sexual abuse mostly by their mothers' clients. Most of these children are forced to have early sex or even raped at an early age, others become mothers while they are still very young and also they start sex working at a very early age. The majority of the children were no longer in school as they left school due to different challenges, including poverty, stigma, and lack of motivation.

From our study regarding life-threatening problems and challenges faced by children born to FSWs in Rwanda, we conclude that these children are at high risk of major health problems that need the attention of different organizations that have mandated children's rights protection in Rwanda. Longitudinal studies are necessary to monitor the children's health outcomes, education attainments, and socioeconomic indicators.

Authors' contribution

PM and MM conceived the idea; and drafted the manuscript, and LR and NK reviewed the manuscript. All authors revised the manuscript and approved the version for publication.

Conflict of interest

All authors declare that there is no conflict of interest.

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