

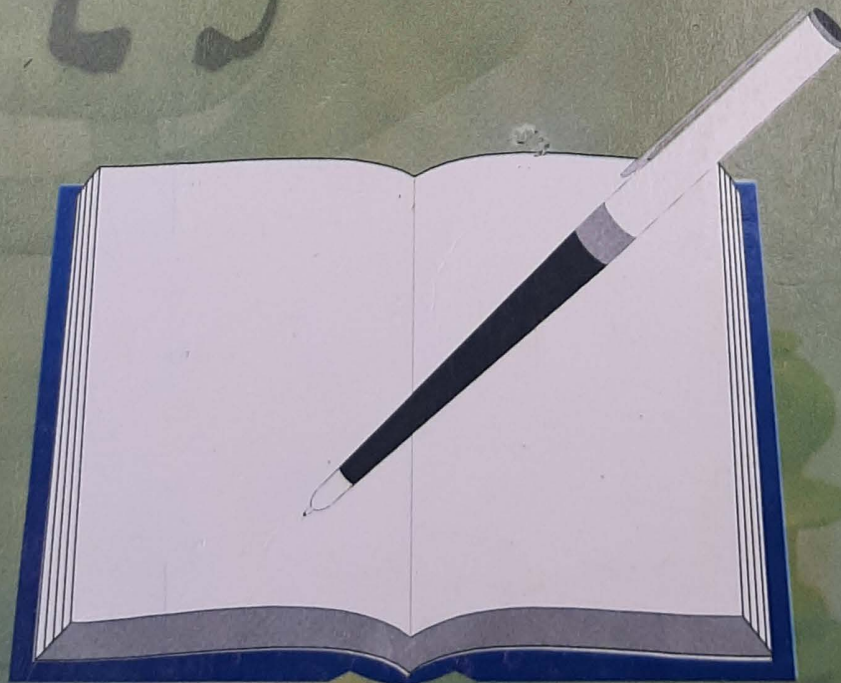
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Exploring Non-formal Education Intervention in Rehabilitation of Brothel Based Female Commercial Sex Workers in Sokoto State, Nigeria

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Abstract

The need to go beyond economic rehabilitation of commercial sex workers is a must if Sokoto State will thrive in its efforts towards rehabilitation of commercial sex workers. It is against this backdrop that this paper justifies the need for rehabilitation of commercial sex workers and undertakes a programme analysis of existing rehabilitation interventions focusing on whether or not they can assist commercial sex workers to achieve rehabilitation. It posits that a non-formal education rehabilitation has capacity to deliver effective and relevant rehabilitation intervention for commercial sex workers. The paper concludes that to help reform and rehabilitate sex workers interventions must be comprehensive to address the multipurpose needs that sex work has subjected sex workers to. The paper recommends among others that adult and non-formal educators should experiment this intervention with a small group of sex workers with the view to reporting its efficacy in the rehabilitation exercise and that advocacy for creating awareness and promotion of non-formal education rehabilitation paradigm should be championed by adult educators through writing, sensitisation, workshops for rehabilitation stakeholders (government and NGOs, social welfares, religious bodies, etc.) to popularize the paradigm.

Key Words: Non-formal Education, Rehabilitation, Commercial Sex workers

Introduction

Globally, prostitution has been positioned differently over time and across cultures. In some countries prostitution is legalized and regulated while in many countries it is prohibited and criminalized. The predominant view is that it constitutes a social problem. Those involved especially women according to Montgomery (2001), are viewed in a particular light, either as depraved individuals in a functioning society or oppressed characters in a base world. Often, they are considered as 'morally and physically dirty', the lowest social class in the society, 'deviants', 'damaged', or 'shady' people who are promoting 'immoral' and 'perverted' activities, contravening norms of acceptable femininity, and suffering a 'whore' stigma (Brock, 1998; Weitzer, 2000; Farley & Kelly, 2000). Apart from this popular view about commercial sex workers, the act of prostitution has a number of risks which put the commercial sex workers, their patrons and the larger society in danger.

These risks according to Yusuf (2013) include: absences from home or school, drug misuse, sexually transmitted infections, risking danger involved in negotiating for the use of contraception, termination of pregnancy, absence of decent careers and professional development, harbouring of criminals, loosing human dignity, stigmatization, and social isolation. 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). Family members of the individuals who visit prostitutes may also be adversely affected. An individual who patronizes prostitutes will deplete money that would otherwise be circulated within the family. Moreover infidelity may lead to contracting communicable diseases, to the break-up of the family and at the very least, distrust and emotional suffering.

This reality about sex work has led to attempts to control, and sometimes even prohibit, sex work 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 this measure, sex workers continue to indulge in the provision of sexual services unabatedly. Reasons attributed to such indulgence are poverty and illiteracy among others. Many of the said commercial sex workers are known to have come from poor socio-economic background and most of them have very little or no access to education. 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. Unfortunately, efforts of Sokoto state government and other non-governmental organisations in rehabilitation of commercial sex workers have not been comprehensive and friendly. 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.

It is against this backdrop that this paper examines potential of non-formal education as an intervention in rehabilitation of brothel-based female commercial sex workers in Sokoto State. To this end, the paper justifies the need for rehabilitation of commercial sex workers and undertakes a programme analysis of existing rehabilitation interventions focusing whether or not they can assist commercial sex workers to achieve rehabilitation. A comprehensive, need-based, voluntary and friendly non-formal education intervention is proposed as an alternative 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.

Conceptual Framework

The word 'prostitute' is derived from the Latin term 'prostitutus' meaning 'up front' or to 'expose' and was used by the Romans to differentiate a particular type of woman from 'decent' women in society (Zaplin, 1998). Historical constructions of the 'prostitute' were associated with women of poor character who accepted payment for sexual acts or who sold their abilities, talents or names for unworthy purposes (Hawkews & Scott, 2005). In contrast, the term sex work which was first coined by a sex worker activist Carol Leigh in the late 1970s signified a shift in conceptualisation towards the recognition and organisation of a valid occupation (Gorjanicyn, 1998). The term sex work reflects the legitimacy of providing sexual services for economic remuneration and is frequently used to refer to voluntary employment, although mostly within a Western context (Dank & Refinetti, 1998). The term is value neutral and is preferred by agencies and groups within the industry. Sex workers are individuals who trade sexual services for money frequently. Sex workers may be women, men or transgendered persons spanning a wide range of ages, backgrounds and sexual orientations. Some are self-employed; some work for others. There are two major forms of sex work. These are indoor and outdoor based sex workers. The brothel-based commercial sex worker forms an important sub-categories of indoor-based sex on which the present study is focused.

Rehabilitation in traditional western perceptions during the 20th century was focused on medical intervention to increase physical capacity, utilising a case management plan established and implemented by medical and allied health professionals (Wade, 2005). However, the socio-cultural and economic influences that have reshaped perceptions of destitute and deviants have also had an influence on the nature of rehabilitation service delivery, evidenced in a move away from the medical approach towards a process whereby people with disadvantaged conditions or their advocates make decisions about the rehabilitation services they require (Bury, 2005). This move is reflected in the person-centred rehabilitation, which lends some support to the view that rehabilitation is a process experienced and owned by clients (McLellan, 1997). From the person-centred perspective, rehabilitation can be defined as help for the person to live fully again after being injured. It is about helping people to feel good about themselves, heal in body, mind and spirit, learn to do daily activities and move around again, earn an income, and remain accepted and valued by others (Hobbs, McDonough & Callaghan, 2002). Rehabilitation is a problem solving process just like any other problem solving process with its own specific focus on activity limitation, its own set of goals particularly optimisation of a person's social participation and wellbeing. It is important to recognise that an effective rehabilitation programme will not only focus on physical intervention, but also provides interventions which acknowledge the various needs of the clients.

Non-formal education is seen by Courtney (1989) as an intervention into the ordinary business of life--an intervention whose immediate goal is change, in knowledge, in attitude, behaviour, in skill or in competence. It is need-based, participatory, multi-purpose, flexible and friendly. It is important to note that non-formal education goes beyond educational as it takes care of welfares, social, economic, emotional, behavioural needs of the underserved including commercial sex workers.

Overview of Commercial Sex Workers in Sokoto State, Nigeria

In the Hausa land prostitution is an old institution that has increased as the consequence of urbanisation, greater geographical mobility and the rise in marriage expenses (followed by prolonged bachelorhood) (Kleis & Abdullahi 1983). The old practice of sex work in Hausa land including Sokoto is through: round; sleeping over night and *Dadiro* (Gada, 1988). Round means the customers has a number of rounds of sex with the prostitutes based on the money paid per round. Sleeping over night is a practice whereby a man spends the whole night with a prostitute just like a husband sleeps with his wife either in the Gigan Karuwai or in the personal house of the customer. *Dadiro* is a Hausa word used to refer to the extreme relationship between a prostitute and her man similar to that of husband and his wife. This is a practice whereby a man adopts a prostitute as his wife. Akwato is another category of the prostitute found in Sokoto State (Igwe, 1997). Akwato is the name of an ethnic group called Idoma in Benue State of Nigeria and any Idoma woman who prostitutes her body is called Akwato. But the meaning of this Akwato has extended to mean any non Hausa prostitute from southern part of Nigeria like Yoruba, Ibo, Efik, etc. Akwato resides in a rented house called Gidan Akwato. Most of these Akwatos are found in rural and semi-urban communities and they are mostly patronized by their tribal people. Hausa men rarely patronize Akwato because Hausa professional prostitutes are more qualitative than Akwato in those days (Igwe, 1997). Akwatos usually use condom and other contraceptives which were rarely used by Hausa prostitutes to prevent them from being impregnated.

Kotokole is the name of an ethnic group in Togo, but later the meaning was extended to all women from west African countries who prostitute themselves as Kotokole do in Nigeria. Kotokole women often engage themselves in food selling apart from prostitution. Despite that Kotokole women do not want people to recognise them as prostitutes; they do not prevent themselves from conceiving and going about with illegal pregnancy. Other categories of prostitutes found in Sokoto as reported by Gada (1988) are house wives who could not control their sexual desires, divorcees, Fulani women who come into the towns from their settlements with the aim of selling milk and butter but end up in selling their bodies alongside their products. Dosawa women who were displaced by starvation from Niger Republic are also recognized to have been involved in prostitution in Sokoto. The opening of recreation centres such as hotels, guest houses, officer mess, clubs, etc. has further promoted sex work in major cities in Nigeria including Sokoto. There are many brothels, hotels, guest houses, clubs, etc. in Sokoto State where people have affairs with commercial sex workers. The increase in the number of young female girls in sex work in Sokoto State and the negative consequences of the act on the larger society has prompted the State government to revisit the enforcement of the Section 276 of Penal Code which prescribed a maximum penalty of 10 years in prison and a fine for anyone convicted of encouraging the prostitution of women and children in Northern Nigeria. Despite this measure, sex workers continue to indulge in the provision of sexual services unabatedly. This reason among others, has called the attention of the State government to look inward to salvage the situation. This reality gave birth to the idea of rehabilitation interventions. But the questions here are that:

Why rehabilitation of commercial sex workers? What are the realities about rehabilitation for these people? How should the rehabilitation be conducted to salvage the situation? These questions are answered in turn.

Why Rehabilitation for Commercial Sex Workers?

Studies have shown that some commercial sex workers have shown readiness to quit prostitution if given assistance. For example, in a study by Masemola (1996), 70% of commercial sex workers reported that they will get out of prostitution if given help. Similarly, Farley, Baral, Kiremire and Sezgin (1998) reported the responses of 475 commercial sex workers in five countries of South Africa, Thailand, Turkey, United State of America and Zambia on what their needs are. On average 92% of the respondents indicated leaving prostitution. In Sokoto metropolis Yusuf (2013) acknowledged the readiness of large number of his respondents (young female prostitutes) to quit prostitution if provided with alternatives and necessary interventions. No doubt any meaningful intervention for sex workers must be rehabilitation in nature, since sex work is devastating and poses risks to the sex workers, their patrons and the larger society. Rehabilitation means to restore people to useful life through therapy and education or to restore to good condition, operation, or capacity (Wikipedia, 2012). The assumption of rehabilitating commercial sex workers according to Scottish Government (2010) is that sex work is devastating and difficulties involved in the process of quitting the business requires assistance. These difficulties are often involve confronting memories of childhood sexual abuse, sexual violence experienced through prostitution, substance misuse, the loss of and the care of children, abortions, miscarriages and the deaths of partners, family members and friends through drug abuse or violence.

In addition to these issues, many women express feelings of stigma, shame, guilt and self-blame in relation to their involvement in prostitution and drug misuse. Women who have left or are trying to exit prostitution also experience ongoing mental trauma. They may fear coming into contact with men who recognise them from their involvement in prostitution, or that their previous involvement will be disclosed to family or neighbours, which can leave them open to extortion, sexual harassment, condemnation or rejection. Other issues women face can include poor family relationships, social isolation and severe mental health problems including depression, anxiety and self-harm (Scottish Government, 2010). Generally, sex work puts sex workers in various forms of risks: emotional, social, physical, behavioural, etc. For example, many sex workers lack adequate sleeping conditions and often sleep and provide sexual services in the same bed. As a result, 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. Furthermore, young adolescent girls experience a higher risk of infection and long-term damage because their immature reproductive tracts are more sensitive (Chatterjee, Chakraborty, Srivastava, & Deb, 2006). Due to the aforementioned physical, mental,

psychological and emotional implications of prostituting, the rehabilitation process is believed to be a time of physical recovery, and psychological, behavioural, economic and social reorientation. This is premised on the fact that the women who have experienced such extreme risks will require assistance which can be effectively provided through comprehensive and need-based rehabilitation interventions.

The radical feminist who hitherto had seen prostitution as the quintessential form of male domination over women also justifies the idea of rehabilitation of sex workers. Feminists saw prostitutes as victims of ignorance, abuse, and poverty whose only chance to take back their life and become fully integrated in society was to go through a training programme followed by employment in a regular job (Turda & Weindling, 2007). They had initially opined that the feminization of poverty is responsible for the emergence and growth of commercial sex work, further described as the epitome of women's subordination, degradation, and victimization (Mackinnon, 1989; Weitzer, 2005).

Having established the need for rehabilitation of commercial sex workers, government and non-governmental organisations have found reasons to have shown some commitments to rehabilitation of commercial sex workers nationally and locally. In this respect, the situational analysis of efforts to rehabilitate commercial sex workers in Sokoto State is examined.

Situational Analysis of Efforts to Rehabilitate Commercial Sex Workers in Sokoto State, Nigeria

The understanding that commercial sex workers require rehabilitation has prompted several international and national conventions on rehabilitation of sex traders. However, the majority of legislation incorporating rehabilitation and reintegration strategies focus on victims of sex trafficking, not generality of sex workers in developing countries, including Nigeria (Farr, 2005). For example, in Nigeria, National Agency for the Prohibition of Traffic in Persons and other related matters (NAPTIP) has rehabilitation shelters in all thirty-six state of federation where victims of sex trade arrested are being rehabilitated. However, these facilities are available only to those who are victims of sex trafficking and not generality of commercial sex workers. Also many state governments use their skills acquisition centres for rehabilitation of sex workers. For example, since prohibition of prostitution in Sokoto State in 1999, the Sokoto State Ministry of Women Affairs and Social Welfares has been working closely with security agencies to enforce the law. What the Ministry does is to collaborate with security agencies that arrest commercial sex workers on their raids and send the arrested ones to the various government skills acquisition centres in the State to learn different forms of occupational skills. The thinking is that many sex workers are poor and have little or no education or occupational skills; learning skills of their choice will provide them with sources of lawful means of livelihood. This approach is based on the feminists' philosophy that sees prostitutes as victims of ignorance, abuse, and poverty whose only chance to take back their life and become fully integrated in society is to go through a skill training programme followed by employment in a regular job (Turda & Weindling, 2007). It is important to note that some commercial sex workers also benefit from massive

marriage sponsored by the State Government for divorcees as some of them hide under the canopy of being divorcees.

A Sokoto-based non-governmental organisation, Peace People for Peace (3Ps)'s also provides skill acquisition programmes for commercial sex workers 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. The churches in Nigeria according to Aborisade and Aderinto (2008) use faith-based approach which entails Bible-based counselling, and also skill acquisition in rehabilitation of commercial sex workers. It is important to note that the above efforts restrict rehabilitation interventions for commercial sex workers to economic issues. The interventions are also not voluntary in nature as arrested commercial sex workers are dragged to skills centres with or without their consent. This mode of recruitment has negative implication for their adjustment to rehabilitation. The study of Aborisade and Aderinto (2008) confirmed this when those that voluntarily opted out of the practice and approached the officials who eventually referred them to the centre were observed to adjust better to rehabilitation than those who got to the centres through other modes. Those who were encouraged into the centres through different forms of campaign, social work and evangelism (by religious organizations) came second, while those that did not have a say in their admission (those under forced rehabilitation) to the centre appears the least to adjust.

This shows that the interventions are not voluntary, friendly and comprehensive in nature. Certainly, for any rehabilitation intervention to be effective, it must be comprehensive, participatory and friendly to be able to address the multi-purpose needs of those recovering from sex work. Stressing this point Crawford and Kaufman (2008) emphasize that rehabilitation programmes and strategies targeting individuals in commercial sex work require multifaceted approaches involving variety of actors. Rehabilitation efforts must simultaneously address the physical, psychological, behavioural, social, and economic issues encountered by these individuals. Moreover, efforts in getting people recovering from sex work must involve different categories of workers and the target groups themselves. It is on this note that non-formal education rehabilitation interventions will be examined as an alternative.

Non-formal Education Intervention as Alternative Rehabilitation Strategy for Commercial Sex Workers in Sokoto State, Nigeria

Non-formal education rehabilitation model is based on the principles and features of non-formal education. The principles and features of non-formal education according to Ngwu (1987) are need focused; learning by doing, flexible, problem solving, participatory, utilitarian, remediating, outside formality, multi-purpose and lifelong. Non-formal education is seen by Courtney (1989) as an intervention into the ordinary business of life--an intervention whose immediate goal is change, in knowledge, in attitude, behaviour, in skill or in competence. 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). The paradigm is best understood with the organogram in figure 1 below.

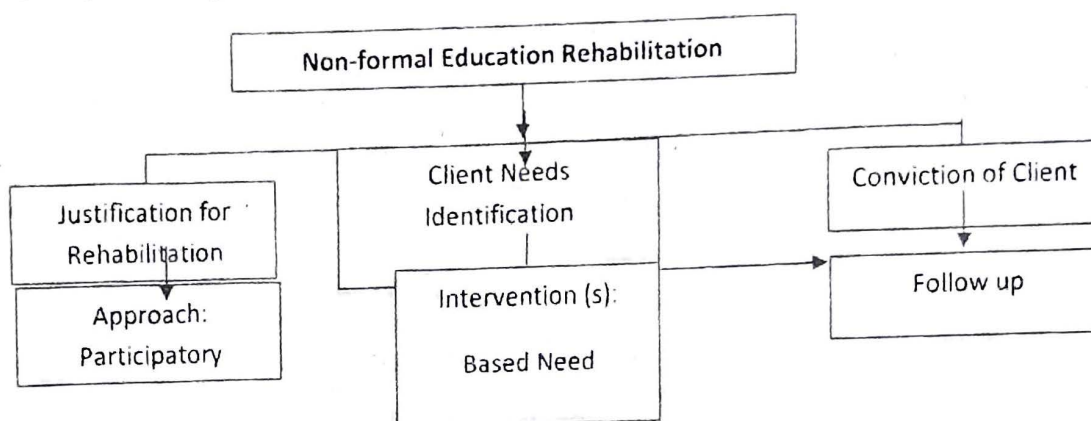


Figure 1: Non-formal Education Rehabilitation Paradigm

The paradigm relies on the following steps and actions in the conduct of an effective and efficient rehabilitation programme.

Client Needs Identification

The identification of clients' needs is seen as an important and the first step in the conduct of an effective rehabilitation exercise. Need assessment is a systematic approach, to studying the state of conditions of the clients (i.e young female commercial sex workers) with the view to understanding their needs. This is done to ensure that the right person is reached with the right intervention. In this case, rehabilitation officers and social workers who are interested in the rehabilitation of commercial sex workers should devise an effective means of identifying the clients' needs and the factors underlying those needs with the view to taking decision on the actual needs of the clients.

Conviction of Client on the Need for Rehabilitation

Non-formal education rehabilitation paradigm sees conviction of client that he or she needs rehabilitation as an important step in rehabilitation exercise. This is done to ensure that clients are not forced into the programme. This is because when clients are forced into the programme there may be no serious adjustment to rehabilitation programme. So, effort must be made to ensure that clients are persuaded to understand the need for them to benefit from the programme. As it is known that some commercial sex workers may not see the need to quit, since the business is lucrative, effort must be made to ensure that they understand the risks involved and why they should quit. At this level, the clients should be convinced that better options are awaiting them if quitting the trade and making themselves

available for the rehabilitation. Specifically, social workers need to do a lot of public campaigns within and around the prostitution spots to convince the sex workers to access the rehabilitation facilities.

Justification for Rehabilitation

In corollary to convincing clients to access rehabilitation facilities, the non-formal education rehabilitation paradigm also recognizes the importance of justifying the need for rehabilitation of commercial sex workers in its approach. This is the stage where the commercial sex workers are studied in all ramifications as sex workers; the past personal experiences of sex workers, the risks and disadvantaged conditions that the sex work has subjected them to will be examined and analyzed. Reasons that push and pull sex workers into sex work are also identified and analyzed. The essence of this exercise is to provide basis for rehabilitation and also to understand the nature of the relevant interventions.

Packaging of Interventions

Having identified the needs of sex workers and justified the need for help, right interventions in form of various programmes that are germane to the need of the clients are packaged for delivery. Normally, the interventions can revolve around social, economic, health, psychosocial, behavioural, emotional, therapy, literacy, etc. It is important to note that the intervention should reflect the true needs of the clients. This is why the client must be involved in the whole process to ensure that they get the right interventions. Some of the relevant interventions are:

Counselling Because of the extensive psychological and behavioural effects arising from involvement in the sex trade, counselling services are very important. Commercial sex workers need to be assisted to overcome the negative effects arising from being sex workers. Counselling services will help to identify the various damages done to sex workers and provide them opportunities to adjust to life accordingly. Counselling involves helping clients to help themselves in a more friendly manner.

Medical and Health Services

Medical care and health services are also essential in rehabilitation of commercial sex workers to take care of the health needs of commercial sex workers. Doctors and other medical personnel can be invited to rehabilitation centres to take care of the medical needs of clients. Informative health education is also important as it can go a long way to assist the clients in ensuring healthy living. Medical rehabilitation is a process to help regain quality of life through things like exercise, activities of daily living and cognitive challenges. It can help regain physical and mental abilities to increase physical, mental and occupational health.

Literacy and Education Services

Since some of commercial sex workers have little or no education, reaching commercial sex workers with appropriate education programmes is very important. Sex workers without any literacy skill can be provided with literacy opportunities, while those with one level of education or another can also be helped to have access to

continuing education for better future.

Vocational and Employment Informative Services

These services involve training or retraining of commercial sex workers in different vocational skills to enable them earn lawful means of living. Commercial sex workers should be allowed to choose and enrol in vocation of their choice. Employment information for some that have certificate should also be made available to sex workers. These services will help sex workers to access occupational information that will lead them to get better sources of income.

Empowerment

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. This is because; affected individuals involved in sex trade do develop a distorted perception of themselves as sex objects with their only skill to please men. Empowerment programme will enable them to recognize the sources of their low-self esteem and to construct a more positive identity. This programme can include mentorships and peer education where those who have experienced similar situations also enable sex workers to envision a future without violence and exploitation (Crawford & Kaufman, 2008). It is important to note that we cannot exhaust all the intervention services here, but the most important thing is that the services should be explored as soon as the need arises.

Follow up Rehabilitation

Following up of sex workers after undergoing a successful rehabilitation programme is based on premise of not giving room for relapsing into sex work. This can involve visiting them at their new domiciles and reaching them with information on how to better their conditions. Rehabilitation officers should have contacts of rehabilitated ex-sex workers in order to reach them any time for assistance.

Conclusion. Reality about rehabilitation of commercial sex workers in Sokoto State requires that government and non-governmental organizations should go beyond skill acquisitions for sex workers. Certainly, to help reform and rehabilitate sex workers interventions must be comprehensive to address the multipurpose needs that sex work has subjected sex workers to. It is believed that if a non-formal education intervention as suggested in this paper is explored, we can go a long way to assist our sisters who are victims of sex work to regain their integrity and honour.

Recommendations

The following recommendations for the practicability of non-formal education interventions in rehabilitation of commercial sex workers:

1. Adult and non-formal educators should experiment this paradigm with a small group of sex workers with the view to reporting its efficacy in rehabilitation exercise. This experiment will serve as an evidence of the intervention capability in rehabilitation. This will also provide opportunities

- to better the quality and effectiveness of the intervention.
2. The curriculum of adult education at undergraduate and postgraduate studies should lay more emphasis on skills development programme for the students to enable them practicalize the non-formal education rehabilitation framework. This chance will provide opportunities to train and retrain qualified rehabilitation workers who will be able to deliver.
 3. Advocacy for creating awareness and promotion of non-formal education rehabilitation paradigm should be championed by adult educators through writing, sensitisation, workshops for rehabilitation stakeholders (government and NGOs, social welfares, religious bodies, etc.) to popularize the paradigm.
 4. Effort should also be made by non-formal educators association through memo to the Sokoto State House of Assembly to come up with a policy document that addresses the rehabilitation of sex workers since, there is a legislation prohibiting the sex works in the State.

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