



SOCIETY **AND** **DEVELOPMENT**

VOLUME 2 - Nos. 1 & 2 2011

An Interdisciplinary Journal of the
Nigerian Sociological Society

Dr Dominic

Published by:
Nigerian Sociological Society

(c) October 2011
Nigerian Sociological Society

Published: October 2011

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Printed by Grace Communications
International.
08065514126

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Dr. Dominic Azub

KNOWLEDGE, ATTITUDE AND PREVENTION MECHANISMS AGAINST HIV/AIDS AMONG OFF-STREET SEX WORKERS IN METROPOLITAN LAGOS

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INTRODUCTION

In ancient times, sanctity of sex and limited sexual partners are sacrosanct in this part of the region but the emerging societies have created categories for sexual orientation without observable control over sexual behavior especially among the women. The preponderance of commercial sex workers in cities and towns is appalling and the trade has potential for increase (Maticka-Tyndale et al, 1990; Mallory & Gabrielson, 2005; William, 2007). While the trade is permitted in certain countries and cultures, it is sanctioned as illegal in Nigeria though it is enjoying patronage and relative impunity. This unchecked behaviour has covertly or overtly created a catalogue of sexual deviancies with disregard towards existence of HIV/AIDS (UNAIDS, 2002; WHO, 2010). The prevalence of commercial sex work has been suspected to be potent mechanism for the wide spread of HIV/AIDS (Family Health International (FHI), 2004; Eleanor et al, 2007; William, 2007; Hor et al, 2008) especially among the most vulnerably population. Till date, the expectations from various governmental and non-governmental efforts towards reduction have not yielded satisfactory results. However, while the focus has been conspicuously on the professional prostitutes, the new waves of women who use their home or apartments as selling point of sex demands through investigation.

Commercial sex work is everywhere but there are dearths of information on their magnitude. Likewise, the attempt to measure, define or keep statistics on sexuality or sexual comporment and gender have been relatively new phenomena (Neil & Barnard, 1997, William, 2007). While street female sex workers are highly visible and extreme caution could be plausibly exercised in terms of harm and risk to health, the 'indoor-sex-work' is conjectured to be dangerous and should require critical focus. The clandestine nature of the activity could subject the operators to higher levels of violence and abuse from clients and pimps and excluded from intervention programmes or care. Thus, the study focused, among other things, the assessment of the risk factors associated with the business of disguised transactional sexual activity among women in their usual residential homes using Lagos metropolis as a case study.

In addition, sex workers are generally labeled as 'high risk group' and preferences are given to them in the treatment and training on HIV/AIDS (FHI, 2004). The home based prostitutes are completely shielded from any form of societal pressures, stigma, and discrimination unlike their counterparts on the street. They are completely not in view. Thus they are likely to have been excluded from past HIV/AIDS programme interventions and might not be included in the future. Therefore, it is expedient to examine their understanding of, attitude towards HIV/AIDS and their level of involvement in the current campaigns and programmes initiated towards reduction HIV/AIDS' prevalence and incidence.

Objectives of the study

The study was designed to identify commercial sex workers who operate from their homes rather than public places. It assessed their operations and examined their knowledge and precautionary mechanisms they adopted to prevent infection with HIV/AIDS. It also examined their attitude towards existing programme interventions and provided recommendations for effective prevention strategies towards the incidence of HIV/AIDS in Nigeria.

Literatures Review

Sex work activity is conceptualized in this context as sexual activity performed for the purpose of receiving compensation especially financial benefit from the buyer. It is regarded as a business-like service adopted as means of livelihood by the suppliers (women in this regard) whereby a woman makes herself available for the opposite sex exclusively for sexual activity. The trade is frowned at by most governments and their constitutions. It is relatively deceitfully abhorred and the buyers and the sellers live within the same community (Cameron, 1998; Amoo, 2011). However, while the open operation of this trade is known as prostitution and believed to be at variance with social and religious dictates, its 'indoor practice' is seemingly unchallenged in the society. Also, while the street workers are often homeless, living in squats, hotels or brothels, the home-based sex workers live in off-street premises, like their homes, rented apartments and so on. They operate through their maids or managers who recruit clients for them, in some cases look after their money and provide security. Indoor sex workers have autonomy in working hours. They are hidden from view or official harassment and social services. They move freely within the community.

Research into commercial sex work is always beset with vagaries of challenges, such as a methodological problem, small and unrepresentative population and access to the respondents (William, 2007). Limited statistics exist on prostitution and there is no known literature that confirmed their total number in Nigeria till date. However, the HIV/AIDS statistics both at global and national levels are awesomely frightening. A total of 33.4 million people were living with HIV/AIDS in 2008 in the world all over (WHO, 1989; UNAIDS, 2002; WHO, 2010; Federal Ministry of Health (FMOH), 2005; FMOH, 2007). Estimated number for women living with the disease in 2008 was 15.7 million and children living with it were about 2.1 million. In addition, more than 25 million people have died of AIDS since 1981 and Africa alone has over 14 million AIDS orphans. At the end of year 2008, women accounted for 50 percent of all adults living with HIV worldwide (UNAIDS, 2009; WHO, 2010). In developing countries, 9.5 million people are in immediate need of life-saving AIDS drugs; out of this magnitude, only 4 million (42 percent) are receiving the drugs and the proportion of the incidence is very much on the increase. Despite the efforts towards curbing the menace of HIV, the number of people living with HIV has risen from around 8 million in 1990 to 33 million today, and is not yet abated (UNAIDS, 2002; UNAIDS 2009; WHO, 2010).

Global reports indicated that sub-Saharan Africa has been much affected by the scourge of HIV/AIDS than other regions (WHO/UNAIDS/UNICEF 2009; UNAIDS, 2008 and 2009). In the region alone, more than 6,000 young people are infected with HIV daily. About 62 percent of the people living with HIV/AIDS are young women (Population Council & United Nations Population Fund (UNFPA), 2002; UNAIDS, 2002; National Population Commission (NPC) and Federal Ministry of Health (FMOH), 2004). The prevalence of HIV is alarming in Nigeria. The disease was first discovered 24 years ago in Nigeria with a prevalence rate of 1.8 percent in the year 1991. This figure rose to 3.8 percent in 1993, 4.5 percent in 1995 and 5.2 percent in 2007 (Federal Ministry of Health (FMOH), 2007). The current prevalence rate of HIV/AIDS in Nigeria was indicated to be 4.4 percent that covers both rural (3.9 percent) and urban (3.9 percent) (FMOH, 2005; FMOH, 2007).

In Ethiopia, the incidence of HIV was regarded as worrisome between 1988 and 1991 with about 20 percent in urban centers and up to 50 percent in some other towns within the country (Mehret, 1990; Workineh, 1990). Programs were instituted like venereal diseases (VD) control program which examined sex workers and waitresses working in hotels, bars, restaurants on a monthly basis for sexually transmitted infections (STI) and other communicable diseases at government health centers and clinics between 1960 and 70s. The economic downturn and cost of living have been ascribed to be the widening factors of prostitution in Pakistan despite its illegal pronouncement.

The awareness about HIV/AIDS is relatively high in Nigeria however this knowledge is inversely related to extramarital affairs and indecent sexual comportment (Isiugo-Abanihe, 1994; Amoo et al, 2010). This implies that there is great difference between knowledge and the actual behaviour. Thus, it is exigent to have articulated studies that could inform, cause wariness and inject decent sexual comportment among the youth, women and the public as a whole. Commercial sex activity is an important social and health challenge that is associated with the spread of HIV/AIDS world-wide. Sexual studies have identified HIV/AIDS as a health problem associated with poor sexual habits, cultural and gross negligence among health personnel. With level of heterosexually transmission and women having a high population of the infection, which implies faster spread due to multiple partners and sex trade. Current status of HIV/AIDS calls for a realistic re-engineering of the current strategies. This is to ensure a reduction in the spread by enhancing preventive measures such as high use of condom and changing the quest for sex trade. Sex work is characterized by unsafe sexual practices such as sex without condom, use of drugs and poor health seeking behavior (William, 2007). The economic impacts of HIV/AIDS are enormous. HIV/AIDS unlike most other infectious diseases, strikes the working-age adults during their most productive working years. The mortality component is the loss of lives that suppose to be contributing to economic growth. In addition, the morbidity associated with HIV/AIDS lead workers to be less productive coupled with the fact that other AIDS-related diseases increases absenteeism from work (Fox et al, 2004). The study therefore examined the attitude of home-based sex workers towards HIV/AIDS and their level of involvement in the current campaigns and programmes initiated towards reduction HIV/AIDS' prevalence and incidence.

Research Methods

The study adopted a quantitative research method in data gathering. The sampling procedure was non-probability informant technique since there is known sampling distribution for the group involved. Only 168 off-street female sex workers were selected and interviewed on face-to-face using semi-structured questionnaires. The respondents were selected from suburbs of Lagos metropolis. All respondents were literates and could speak "pidgin" fluently. Both univariate and multivariate analytical techniques were used in data analysis. The univariate segment comprises of descriptive statistics while the linear regression analytic procedure was employed in testing the hypotheses. It was adopted because it can provide the line of best fit which explains how the typical value of the dependent variable changes when any one of the independent variables is varied assuming other independent variables are held constant (Hughes & Grawoig, 1971; Sykes, 1993).

Lagos metropolis is the most heterogeneous city, the most industrialized and the economic nerve centre of the country. Apart from the major ethnic group, which is Yoruba and Awori, it consists of representatives of all known ethnic groups in the country with diverse social, economic, political and cultural characteristics (Adeyemi et al, 2010). The characteristics of her inhabitants and the long exposure to influences of education, foreign culture and modernization qualified it as a place where institutional and attitudinal changes may be observed and measured.

Results and Discussion

Socio-Demographic Characteristics of the Respondents

The study was carried out in two local government areas of Lagos state which was purposively selected for the study. The target populations were female commercial sex workers who reside and operate within their homes and not in brothel, hotels or other places known or acclaimed for such business. They were identified through a "key-informant leading approach" where key informants led the research team to pinpointed the target respondents' houses and they were thus interviewed if consented to do so.

The mean age group of the target population is 30 year. About 64.3 percent of them belong to the Christian faith, 30.4 percent are Muslims and only 5.4 percent claimed to be traditionalists. 23.2 percent of the target population has never married; 35.7 percent are currently married but are not living with their husbands as at the time of survey (Table 1). While about 26.8 are divorced or separated only 14.3 percent are

Table 1: Socio-Demographic Profile of the Respondents

Age of Respondents	Frequency	Percent	Marital Status	Frequency	Percent
10-19	6	3.6	Never Married	39	23.2
20-29	72	42.9	Currently Married	60	35.7
30-39	69	41.1	Divorced/Separated	45	26.8
40-49	21	12.5	Widowed	24	14.3
Total	168	100.0	Total	168	100.0
Mean Age = 30 years			Working status		
Religion Affiliation			Currently engaged in other job	36	21.4
Christianity	108	64.3	Not currently engaged in any other job	132	78.6
Islam	51	30.4	Total	168	100.0
Traditional	9	5.4	Average Income (per month) from other job(s)		
Total	168	100.0	Less than N5,000	16	9.5
Educational Attainment			N5,000- N9,999	57	33.9
No Schooling	12	7.1	N10,000- N14,999	21	12.5
Up to Pry level	30	17.9	N15,000- N19,999	27	16.1
Up to 2ndary level	93	55.4	N20,000 & above	47	27.9
Other higher school	27	16.1	Total	168	100
Up to university	6	3.6	Income from other jobs		
Total	168	100.0	Less than N5,000	23	13.7
Children Ever Born (CEB)			N5,000 - N9,999	41	24.4
Zero Parity	98	58.3	N10,000 - N14,999	59	35.1
One Parity (1 Child)	18	10.7	N15,000 - N19,999	36	21.4
2 Parity (2 Children)	9	5.4	N20,000 & above	9	5.4
No Response	43	25.6	Total	168	100
Total	168	100	Have intention to marry /re-marry		
			Yes	33	19.6
			No	114	67.9

Source: Field Survey 2010

Only 19.6 percent desired to marry or re-marry (as the case may be) while about 67.9 percent would not want to marry or re-marry out of the total respondents (Table 1). Among the reasons cited for not wanting to marry/remarry ranges from inability to find a suitable suitor, to being tired of relationship having been jilted several times. The occupational status indicates that larger proportions (78.6 percent) have no other regular means of livelihood while only 21.4 percent claimed they have a regular job (Table 1). This implies that more than half of the respondents interviewed depend exclusively on sex trade for their means of livelihood. For the latter category that engages in other work, majority of them claimed to be traders, civil servant and health practitioners.

More than half of the respondents have attained secondary level of education. 17.9 percent have had primary education and 19.7 have attained above secondary level of education as indicated in table 1. Only 7.1 percent have never attended any regular school. This report is in consonance with women's illiterate level that was estimated to be 24.4 percent as captured by National Population Commission (2010). The estimated mean income from the sex trade is between N12,000 per week, while the average weekly income from other business is between N10,000-N15,000) as shown in table 1. This finding suggests existence of equal opportunity for this group of women in the sex trade and other conventional occupations and that the choice of sex trade is contingent upon other reasons apart from income.

Sexual behaviour and exposure to the risk of HIV infections

Questions were canvassed on the "module operandi" of the sex trade and the profile of their clientele. The number of client per week is up to four within seven days of the week. However, Fridays and Sundays are indicated as the peak period. A probe into the modality of soliciting for clients shows that clients are grabbed through a 'snowballing word-of-mouth' invitation, where one client informs and describes the place to another and so on. In addition, the "go-between" (i.e. pimps or maids) are always around to connect a sex buyer and the seller together. Each sex worker has one or more close pimps who in 'bossy-like' manner have some control over the sex worker and provide security for them. The maids operate like the managers, recruit clients and in some cases look after their money. The extent to which the pimp is "treated" determines

the degree to which he brings in more customers. Apart from money gratification the pimp receives, he could demand or offered sex as at when desire. The maids are treated with financial incentives and gifts (known as "commission").

In terms of risk and exposure, the results among others revealed that only 12.5 percent of the sex workers interviewed know their HIV status or ever gone for HIV test. The results of the analysis shows that 87.5 percent of respondents have never attended any program on HIV/AIDS while 35.7 percent have been treated for one form of sexual transmitted diseases (STDs) or the other in the last 9 months (Table 2). In addition the level of client's screening was abysmally porous.

Table 2: Sexual Behaviour and Exposure to HIV infections

Variables	Frequency	Percent	Variables	Frequency	Percent
Ever pregnant since started this job			Sickness rate		
Yes	45	26.8	Very often	21	12.5
No	123	73.2	Often	36	21.4
Total	168	100.0	Not often	111	66.1
Was the pregnancy carried to term?			Total	168	100.0
Yes	21	12.5	Contacted health personnel in the last 3 months		
No	21	35.2	Yes	81	48.2
No Response/Not applicable	126	52.3	No	87	51.8
Total	168	100.0	Total	168	100.0
Do you know your HIV status			Treated for STIs in the last 9 months		
Yes	21	12.5	Yes	60	35.7
No	147	87.5	No	27	16.1
Total	168	100.0	No Response	81	48.2
Common contraceptive use			Total	168	100.0
Oral pills	83	49.4	Ever attended any program on HIV/AIDS		
Condoms	38	22.6	Yes	21	12.5
Herbs/Concoction	47	28.0	No	147	87.5
Total	168	100.0	Total	168	100.0
No of clients per week			How often does your client use condom		
1-2 Clients	24	14.3	Regularly	3	1.8
3-4 Clients	132	78.6	Occasionally	165	98.2
5 and above	12	7.2	Total	168	100.0
Total	168	100.0	Do mandate your client to use condom?		
Knowledge of HIV Transmission			Yes	36	21.4
Sexual Intercourse	39	23.2	No	132	78.6
Blood Transfusion	60	35.7	Total	168	100.0
Hereditary	45	26.8	How do you solicit for clients		
Enemy	24	14.3	personal contact	19	11.3
Total	168	100	Through pimps	114	67.9
Clients' frequency of condom use			Through other Clients	18	10.7
Regularly	21	12.5	Can't Say	17	10.1
Occasionally/Not at all	147	87.5	Total	168	100
Total	168	100			

Source: Field Survey 2010

The result also indicated that virtually all respondents (98.2 percent) do not use condom at all or use it occasionally. Only 21.4 percent normally demand that their clients use condom. This is however subjected to the corresponding desire from the client. Where the client turns down the offer, the transaction would still be consummated. However, common contraceptives use includes condoms (22.6%) and herbs/concoction (28 %). Those who use nothing are 49.4%. The observed low usage of protection in the face of current level of indiscriminate sexual transactions construes overt invitation to 'disasters' of HIV or other STIs. This should require urgent attention notwithstanding the number of such sex-workers identified in the society! The result of the analysis also shows preponderances of certain diseases among the commercial sex workers interviewed. Although, there was no medical evidences to confirm various diseases indicated, information supplied was taking at face-value. The result shows the proportion of respondents that experiences malaria (51.1%), severe pain (58.5%), cough (42.6%) and gonorrhoea (18.1%) very often. This observation signals caution and the need for urgent actions from all stake holders in order to aver eventual epidemic of HIV.

Determinants of HIV/AIDS program attendance

The hypothesis formulated was to confirm the statistical significant relationship between selected socio-demographic variables and attendance of HIV/AIDS counseling or programme. This is premised on the need to find out why the vulnerable group studied would not want to know their HIV status taking into consideration their plausible exposure to HIV infection. On one hand, the result shows that religious affiliation, marital status, re-marriage intention, and family size are negatively related to attending program on HIV or check-up for HIV status. Out of these predictors only family size and re-marriage intention are statistically significant. On the other hand, education attainment and income level are positively associated with attending HIV/AIDS counseling or programme. This is closer to real life situation considering the fact that urban dwellers are more educated than the rural populace and that most centers for testing HIV status are located in urban areas. Also, the type of respondent's physician, having future plan, the rate of sickness are significant predictors of attending HIV/AIDS counseling or programme at p-values of 0.000, 0.002, 0.000 respectively as indicated in table 3.

It could be inferred from this analysis that religious affiliation, educational attainment and occupation are not panacea to the menace of HIV though they could only assist perhaps in conjunction with other variables to exert influence on sex trading and HIV reduction. The result also shows that age is significantly positively related to attending program on HIV/AIDS.

Table 3: Regression analysis estimating the significant relationship between socio-demographic variables and attending HIV/AIDS programme or counseling

Model	Unstandardized	Standardized	t	Sig.	
	Coefficients	Coefficients		B	Std. Error
	B	Std. Error	Beta	B	Std. Error
(Constant)	1.465	.152		9.638	.000
Marital Status	-.015	.007	-.056	-2.074	.068
Any intention to marry / re-marry again	-.298	.022	-.532	-13.520	.000
Other Occupation Engaged in	-.001	.001	-.005	-.501	.628
Average income per week	.001	.003	.007	.483	.641
Income (per month) from other job(s)	.008	.003	.048	2.781	.021
Respondent Educational Attainment	.000	.003	-.001	-.067	.948
Age Group of Respondent	.054	.007	.142	7.370	.000
Religion Affiliations	-.033	.015	-.098	-2.180	.057
Size of family	-.025	.003	-.192	-7.667	.000
Sickness rate	.280	.012	.629	23.035	.000
Who is your personal physician	.026	.004	.281	7.514	.000
On the average, How many clients do you receive per week	.004	.000	.365	13.275	.000
What are your future plan	.087	.021	.155	4.230	.002

R Square = 0.899 Adjusted R Square = 0.808

Source: Field Survey 2010

Conclusion and Recommendations

The study concludes that indiscriminate sexual transaction is going under cover with impunity in the metropolis studied. The operators were identified as "disguised commercial sex workers with smattering knowledge about HIV transmission and the information acquired has not transmitted into practice going by their current sexual comportment. The continuation of this kind of transactional sex without policy guidelines and massive Sexual Health Education (SHE) including sexual health security among the public could be inimical to the achievement of millennium development goal (Goal 6) in Nigeria and sub-Saharan Africa in general. It is expedient to focus attention on disguised sexual workers that operate within neighbourhood.

Female home-based-commercial sex-working is real and the non-use of condom remains undeniable. The act of exchanging sex for money appears to be the standard situation for most separated, divorced, young widow or "old" single ladies. The study confirmed that one of the motives of trading in sex is money. Thus, occupation rehabilitation is considered necessary to enhance financial empowerment of this vulnerable group. However, since there is widespread statistical evidence of a relationship between unsafe sexual behaviors and increased in HIV infection, a new intervention is required to officially document and monitor the rampancy of this new evolving system of home-based prostitution. Finally, while abstinence and condom use seem to be the only acceptable measure against the infection of STDs/HIV, a rigorous emphasis on this as well as re-awakening of free distribution of condom in nooks and crannies of the city as well other parts of the country could help in reducing the spread of HIV.

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Designed & Print By:
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08065514126