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**KNOWLEDGE, ATTITUDES AND BEHAVIOUR (KAB) OF
FEMALE SEX WORKERS TOWARDS HIV/AIDS IN IKOT
EKPE NE LOCAL GOVERNMENT AREA, NIGERIA**

BROWN, A. S.
NELSON, EDIOMO-UBONG E.

ABSTRACT

The growing concern with commercial sex work in public health discourse, owing to the prevalence of HIV/AIDS, underscores the need to direct research along this line in order to surface the various socio-economic and cultural factors that encourage it. There is also need to survey prevailing attitudes, beliefs, behaviour and knowledge among those who engage in the trade. In keeping with this, the present study attempts to unmask the level of knowledge of sexual health and HIV/AIDS among female sex workers and the influence of this on their behaviours and attitudes. Drawing from qualitative data collected during a series of focus group discussion with female sex workers, the study shows that commercial sexuality is produced within a patriarchal structure which ascribes privilege to men sexuality and denigrates that of women. This is evident in the pervasive commoditization or commercialization of women's sexuality.

INTRODUCTION

A burgeoning body of evidence shows that sexual intercourse is a major mode of HIV transmission in Nigeria. This underscores the attention accorded sex and sexuality in current public health discourse, especially as it relates to HIV/AIDS. A major aspect of sexuality which constantly comes under discussion is commercial sex. A more common term for this phenomenon is "prostitution". In technical parlance, those who are involved in transactional sex are labeled "commercial sex workers", while the label "female sex workers" is reserved for women involved in the practice.

Contrary to widely held view, prostitution is not a new phenomenon, it has historical antecedents. Research shows that this profession was practiced in most trading states in Nigeria in pre-colonial times (Ikpe, 2004). However, it is true that the rate has increased owing to urbanization, migration and increasing economic activities. Commercial sex work is often attributed to promiscuity, poverty, unemployment, get-rich-quick syndrome and general decadence in the society.

Brown, A. S. is a Lecturer, while Nelson, Ediom-Ubong E. is an Undergraduate Student in the Department of Sociology/Anthropology, University of Uyo, Uyo, Nigeria.

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This explanation tends to mask the structural conditions which continue to provide a space for the behaviour to thrive. Siyan and Oriola (Ukpong, 2004), argues that commercial sex is not natural or inevitable, but is an abuse and exploitation of women or girls that results from structural inequalities between women and men on a global scale. It commoditizes women and girls and market their body for whatever acts men have sexualized and want to buy. Commercial sex work is a result of the structure of gender relations which constricts women's sphere of operations and enfeebles their position vis-a-vis men.

It should be noted that commercial sex work is amenable or constantly responds to the prevailing socio-cultural, economic and health conditions. Studies have pointed to the role of these conditions in shaping perceptions, attitudes and patterns of sexual behaviour among commercial sex workers. Economic recession and deepening poverty in developing countries, for instance, have led to the proliferation of commercial sex work among women. It also enfeebles the latter's bargaining power, undermines their ability to negotiate safer sex and renders them vulnerable to sexual exploitation by their male client.

This is aided by other factors such as stereotypical gender roles. Efforts to alter the present conditions of this impoverished group have led to increased availability of sexual health and rights services and resources. Copious evidence, however, shows that while knowledge of sexual health and rights, including right to protect themselves from infection, has increased among female sex workers, changes in behaviour tends to lag behind, as they continue to indulge in behaviours which put them at a high risk of being infected (FHI, 2000). Therefore, this study attempts to examine attitudes, behaviour and knowledge among female sex workers. It draws from qualitative data collected during a baseline study along Ibiakpan junction in Ikot Ekpene Local Government Area of Akwa Ibom State.

PARTICIPANTS AND PROCEDURES

Focus Group Discussion (FGD) was adopted as the "main instrument of data collection. Three group discussion sessions were held with eight participants per session (a total of 24 female sex workers took part in the study). The participants were drawn from three (3) of the groups into which they are organized. They were between the ages of 25 - 40 years. The questions which were posed during the discussion were adopted from a moderator's guide for qualitative baseline survey developed by the Centre for Development and Population Activities (CEDPA), Abuja. The discussions were recorded and documented in written form to ensure accuracy and richness during transcription. Data are analyzed using the social constructivist theory to crystallize the factors involved in the social production of commercial sexuality.

RESULTS AND DISCUSSION

Wide ranges of feelings, attitudes, beliefs or behaviours were expressed during the group discussion. These varied among participants, although they were basic areas of shared perception. It should be noted here that participants differed in their degree of participation. Some participated actively and expressed their views freely, others were moderate, exercising caution especially when opining on more personal and private issues of sexuality and sexual relationship, still others were ambivalent, showing signs of suspicion and skepticism. Under this section details of the group discussion are presented in a question response sequence:

Facilitator: "Nowadays, people commonly talk about one disease called HIV/AIDS. When you hear that name HIV/AIDS, what does it mean to you?"

In response some participants say that "it is an infectious disease that is transmitted to another person through sexual intercourse". Others claimed that it can be "transferred" through the use of unsterilized instruments particularly in hair dressing saloon. One of the participants added that it could be transmitted through "wounds", while others view HIV/AIDS as a "dangerous disease" way to the grave etc.

Facilitator: "Do you believe that this disease is present here in Nigeria?"
This question received an overwhelming "yes" from participants in the three different sessions.

Facilitator: "Why?"

Many of the participants asserted that it is real because they have seen people who died of the disease. Someone claimed to have seen a person who was tested positive with marked physical and bodily changes. According to her, she was "dry, had rashes all over her body". Another said she saw an HIV infected person in the hospital with boils. While some said they've not seen any but were sure that HIV is real.

Facilitator: "If you see somebody with this disease, what do you usually think about him? And "why"?"

A participant swiftly remarked, "I am scared". Another also said she was scared the first time she saw an infected person because of how the sickness had obviously tormented her. Still another pointed out that when she comes across such people, she will know that the person is sick but will not be sure if it is HIV/AIDS, because it could be another sickness, but when she emaciates, goes to toilet often and scratches her body often, she will know that she is HIV infected.

Facilitator: "In what ways do you think people contact HIV?"

One of the participants, who claimed to be a midwife, commented, "a pregnant woman, who is tested positive, will have the virus staying in her body for a while and killing the immune system before it starts to destroy and dry the body". Still, others said that HIV could be transmitted through sexual intercourse, in saloons through the use of unsterilized clippers, needles, syringes, razor blades and through untreated sexually transmitted infections such as gonorrhoea.

Facilitator: In what ways can this disease be prevented?

Many of the participants asserted that it could be prevented by abstaining from sexual intercourse, acquiring such instruments as clippers, needles to mention but a few or sterilizing used ones before any further use and using of condom during sexual intercourse. One of the respondents advocated going for test and subsequently getting married to a faithful partner. One of the participant, however, remarked that mosquito should be ward off from the house since they also transmit HIV.

Facilitator: "As a Commercial Sex Worker, what do you think are the hazards of your job?"

One of the participant noted that "they are likely to die ". Others, however, mentioned that they are most likely to be infected with HIV.

Facilitator: "Do you usually travel to meet your customers or do they come to meet you in this community?"

A large number of the respondents responded that they do not travel out of the community to go and look for male customers, rather men particularly Long Distance Drivers, come in from various places to look for them.

Facilitator: "Why in This Community?"

The answer was unanimous: "Because it is a junction community" as such people who are traveling to distant places stop over there to spend the night, consequently they get a woman to sleep with through the night.

Facilitator: "When you relax with your customer, do you usually drink alcohol?"

Most of the participants admitted that they take alcohol while relaxing with their customers, while relatively few said they don't.

Facilitator: "Do you usually sleep with a male partner just to have fun?"

Most of the participants stated categorically that they only sleep with their boyfriends for fun without demanding for money, but for strangers who require their sexual service, they do collect money.

One of the participants remarked, "I stick to my partner and I don't make love to him for money". However, some of them said they don't sleep with people for fun but collect money in all cases.

Facilitator: "How does your male partner contact you?"

One of the participants, who is regarded as a matron to the groups (that is, mummy), remarked, "when people come in here looking for a place to sleep and in need of a woman to sleep with, they either search for it themselves or, as it often happens, come to me then I will find a lady for them among the different groups here or direct him to where they can find one. They will usually eat and drink before going to bed together".

Facilitator: "Do your male partner maintain a permanent or casual relationship with you?"

Some of the respondents remarked that most men on coming back seek for the ladies they spend the night with the last time, adding that this does not, however, occur all the time. Others claimed "I have my own special partner", "I have my boyfriend" and "I have a fiance (referring back to the last question added) I don't have sex with him for money". Still, others admitted that most of their relationships are permanent not casual.

Facilitator: "About how many of them do you have?"

In one of the sessions (the first one), this question was misunderstood by the respondents to mean "how many men do you sleep with in a night, "and as a result a sharp controversy broke out. One of them speaking for the other participants remarked, "they are many groups of people here, CSWs, married women, young girls, and a man on coming in may pick any of these to spend the night with and since both, the men and women are prostitutes with the young girls hustling for money it is difficult to know how many they sleep with per night". Generally, the participant queried that such question was unwarranted, that a man can sleep with only a woman per night. The question was withdrawn with due apology. It was not repeated in further sessions.

Facilitator: "When you have sex with your male partner, what do you usually do to avoid contracting disease such as STDs or HIV?"

"By using condom", they remarked concertedly.

Facilitator: "Who introduces the use of condom: you or your male partner?"

Most of them claimed that they introduce the use of condom, although sometimes their male partner does. Others insisted that women should take the lead to introduce the use of condom. In the words of one of the participants. "A man wishing to sleep with a girl should send the girl to pick up condom and the girl should also insist that

the man uses condom. Also, others added that women should refuse to have sex with a man who would not use condom.

Facilitator: “Do you usually negotiate price before sex with your male partner, and if yes, do they usually pay in cash or in kind?”

Participants were reluctant to answer this question despite entreaties; as such other questions that followed had to be skipped.

Facilitator: “When a male partner refuses to pay the price that both of you agreed before you began sex, what do you usually do?”

Almost all the respondents claimed that such thing has never happened within the area.

Facilitator: “In the past 12 months, have you ever been forced to have sex with a man, even when you are not willing to? If yes how did it happen?”

While a few claimed it has not happened to them and would not know whether it has happened to others, most of them asserted that such things do not happen around their vicinity.

Facilitator: “Do you know your HIV status, and if no would you like to know?”

Most of the respondents said “yes” and claimed to be negative, while others said “no”. On being asked, they claimed to be aware of the result of their HIV test.

Facilitator: “What advice would you like to give to fellow commercial sex workers?”

They enjoined them to “take care of their life, and use condom”.

Facilitator: “If your friend is suddenly diagnosed HIV positive, would you be willing to share food with him from the same plate, sleep with him in the same room, have a handshake with him and why?”

Most of the participants answered yes to the questions, according to them “because HIV/AIDS is not transmitted through physical contact, eating together, except through blood contact”. However, one of the participants owned up that she would not, out of fear. According to her, “I can stand and talk with her but will not share things with her for fear that I may get the virus”.

Here we shall highlight major issues that emerged during the discussions under specific thematic headings.

Junctions as Risk Settings

There is growing consensus among researchers and practitioners that patterns of behaviour prevalent in junction areas contribute to the spread of HIV/AIDS. A pioneering research which crystallized this problem was the ethnographic

study of sexual networking and population mobility in Nigeria, which was funded by the Canadian International Development Agency (CIDA).

According to the study, junction towns are viewed as unique high risk setting, a hot spot, located within a geographic area with contiguous borders leading to other major destinations within the country and in some cases, to other countries (CIDA Monograph, 1). It is equally a generic concept describing different types of locations where mobile high risk population come into contact with stable population creating unique forms of risk settings and risk factors that contributes to the spread of HIV/AIDS. Junction towns offers security from high way robbers, provide a convenient resting spot for long distance drivers, offers opportunity for employment including sex work, and provides a conducive environment for sexual service on a long distance.

Participants in the group discussions noted that people, particularly long distance drivers, traveling to different places, often stop over and spend the-night in the junction (brothels) with female sex workers attending to them. A participant revealed, “people traveling to distant places stop over here to spend the night, and they get a woman to sleep with” Junction areas are high risk settings. HIV prevalence rates in these places is 2% higher than median rates for the states in which they are located (CIDA Monograph,1). The findings of this study add significantly to the burgeoning body of evidence which point to the locational specificity of the HIV epidemic. It further underwrites the assertion that junction towns provide a veritable space for the production of commercial sexuality.

Risky Behaviours and Practices

It is obvious from the group discussions that the participants have a fair knowledge of HIV/AIDS including modes of transmission and prevention. The discussion further shows that they are sufficiently knowledgeable to negotiate safer sex, such as the use of condom. Furthermore, majority of the participants are informed and confident to relate with HIV infected persons and not stigmatize or discriminate against them. This indicates commendable increase in HIV/AIDS awareness among female sex workers, and the effect of this on their attitudes, perception and behaviour. This may be taken as constituting safeguards, decreasing their vulnerability to infection.

However, this safeguard is compromised by other attitudinal and behavioural tendencies which the discussions surfaced. One of such is the use of alcohol. A large number of participants admitted taking alcohol when relaxing with their clients. Studies points to the role of alcohol in inducing various forms of behaviour which renders individuals vulnerable to infection. The pervasive habit of drinking alcohol beverages such as beer, gin etc; among female sex workers

cast doubt over their claim of condom use, since such rational behaviour can hardly be exhibited when one is under the influence of alcohol.

Another behaviour which heightens the risk of infection among female sex workers is multiple sexual partners and the non-use of condom during sexual relationship with so called "special partners" and "boyfriends". Female sex workers are less likely to negotiate condom with a sex partner perceived as a boyfriend (CIDA monograph, 1). It is a known fact that multiple partnering increases an individual's risk of contracting HIV". Sexual relationship with so called "special partners" and boyfriends which most of the participants admitted not using condom, poses even greater risk.

Other Issues

Another issue worthy of note is the pervasive commoditization or commercialization of sex which defines the trade. Most participants agreed that they do not engage in sex for fun but as a form of transaction. The proceeds of commercial sex are used to supplement their earnings from small businesses in which most of them are engaged. Although participants claimed being able to negotiate safer sex with their male client and that cases of sexual coercion were unheard of in the area, yet the commoditization of female sexuality reflects their position at the receiving end.

According to Siyan and Oriola (Ukpong, 2004), the proceeds of commercial sex may be taken as a reflection of the value the "sex vendor" places on herself and her sexuality. Drawing attention to the larger socio-economic context within which commercial sex is reproduced, Ankrah (1995) notes that limited access to economic resources constrains many women to yield control over their sexuality to men. It is this dynamic that controls the lives of impoverished female sex workers in developing countries including Nigeria. It undermines every mechanism of preventing infection.

CONCLUDING REMARKS

The study examines dominant attitudes, behaviour as well as knowledge of HIV/AIDS among female sex workers. It draws from qualitative data collected during a baseline study at Ibiakpan junction, in Ikot Ekpene Local Government Area of Akwa Ibom State. Focus group discussion was the main instrument of data collection. Analysis of the study findings shows that junction settings provide a veritable space for commercial sex work, thereby constituting a risk setting with high HIV prevalence rate. Further, risky behaviour such as alcohol use, multiple sexual relations, non-use of condom with certain persons known as "special partners" and the very commercialization of sex undermines the safeguards which knowledge of HIV/AIDS among female sex works may constitute.

Based on the findings of the study, the following recommendations are made towards altering the impoverishing conditions of female sex workers. As a matter of priority; government should formulate and implement policies which WILL address the broader structural factors such as economic marginalization and dependence of women, high illiteracy rate among women, low employment rate and stereotypical gender roles which continues to impoverish the lives of women and predisposes them to commercial sex work.

Employment opportunities particularly micro-credit schemes, should be created through a partnership of government, non-governmental organizations and donor agencies to absorb those who are willing to quit the commercial sex profession. Finally, commercial sex trade should be made safe on public health grounds (Ikpe, 2004). This can be achieved through intensive sensitization campaign embarked upon by community based organizations, to effect changes in behaviour, such as alcohol use, non-use of condom with special partners, which increases the risk of HIV infection among female sex workers.

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