

**SEX WORK, DRUG USE AND SEXUAL HEALTH RISKS: OCCUPATIONAL NORMS
AMONG BROTHEL-BASED SEX WORKERS IN A NIGERIAN CITY**

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ABSTRACT

This article examines drug use and sexual health risks among sex workers in Ikot Ekpene, an urban centre in Akwa Ibom State of Nigeria. Data for the study were obtained through in-depth personal interviews and focus group discussions (FGDs) involving 86 brothel-based female sex workers. Findings showed that the use of drugs was part of the occupational culture of sex work. Drug use among sex workers is functional in attracting and keeping clients, coping with stigma and negative societal perception, enhancing role performance, maximizing gains from the sexual economy and dealing with threats of violence from clients, pimps and the police. It is argued that alcohol and drugs use among sex workers is shaped by the social organization of sex work, including normative expectations, social pressures, negative societal attitudes towards sex work and threats arising from the socio-cultural context of their lives and work. Drugs occupy an ambiguous position in the lives of sex workers; while helping sex workers negotiate occupational threats and improve role performance, it also predisposes them to negative sexual health outcomes. Efforts to improve the sexual health of sex workers should grapple with the cultural realities of drug use as a risky behaviour in sex work.

Key Words: Sex work, drug use, brothels, sexual health risks, Nigeria

INTRODUCTION

Social policy on sex work has mostly focused on social exclusion and the control of ‘immoral or loose women’ (Doezema, 2000; Nelson, 2003). In most cases, such policies have been driven by moral panics that centre on a medical model in which sex workers are perceived not only as reservoirs of contagion but also as women in need of mandatory rehabilitation (Goodyear, 2009). The single most

significant factor shaping contemporary social policy on sex work has been the emergence of HIV/AIDS in the 1980s as one of the most threatening pandemics of modern times and certainly the most threatening of those associated with sexuality. The rapacious effects of the pandemic on population, health and development generated global concern on the need to control the pandemic. Since efforts to control the pandemic targeted high risk groups, sex workers became the focus of attention.

The unintended consequence of this policy was that it reinforced societal stigma and the vulnerability of sex workers, thereby heightening the potential for disease transmission.

Sex work is the stable employment of a growing number of women in many parts of the world, including sub-Saharan Africa. Poverty and socio-economic marginality are often adduced as the factors that make sex work a viable option for women. The common view is that women who lack alternative viable forms of employment enter into sex work in the quest for income for survival (Whelehan, 2001). But the issue of poverty is suspect in situations where the women who are engaged in sex work are from middle class families. Thus, Gysels et. al., (2002) argue that sex work is not necessarily the outcome of economic necessity, but may be regarded as an alternative 'strategy for obtaining financial and social independence'.

Murphy and Venkatesh (2006) have developed a view of sex work as a career. They argue that notwithstanding the uncertainties of the profession and the lack of conventional mobility structures, sex work can nevertheless be both perceived and understood to be a career by the sex workers themselves. While it is difficult to substantiate this concept of sex work because of the diffused, 'disorganized' and informal character of the sex industry, it is justifiable to view sex work as an occupation. Sex work is an occupation not necessarily because of the material rewards it brings, but because of "the meaning and significance that it takes on in (sex workers') lives....". Studies confirm that sex workers view their work as a type of employment that generates income with which they meet their own needs and those of their dependents (Whelehan, 2001; Stadler and Delany, 2006). Whelehan (2001) pointed out that 'female prostitutes in the US and cross-culturally can earn as much or more in the kind of work that they do than comparably paid work in the straight world given their skills and level of education'. The attraction of sex work as an occupational form could also include better working conditions relative to other available employment opportunities

(Sharpe, 1998) and the self-regulated nature of the work (Pheonix, 1999).

The occupational structure of sex work comes into sharper focus when attention is turned to the hazards that characterize the work. These hazards are diverse and complex. For example, dominant discourses formalized in anti-sex work legislations often construct sex workers as different from 'decent' women. Similarly, the stigmatized figure of the sex worker is often the target of public apprehensions regarding drugs, crime and moral decadence (Hubbard, 1997). Sex workers, who are located at "the lowest end of a stigmatized and marginalized profession, accept physical, sexual and psychological violence as occupational hazards" (O'Neil, 1996). The most notable hazards of sex work are poor and dangerous working conditions, limited access to condom and health services, violence and abuses by clients and law enforcement agents and drug use (Harcourt & Donovan, 2005; Kullick, 2003).

Drug abuse has been recognized as a significant problem among sex workers in diverse settings (Graham, 1994; Cusick, 1998; Green, 2004; Malta et. al., 2008). Studies suggest an overlap between drug using and sex workers populations (Maher, 1996; Maher and Curtis, 1992; Maher and Daly, 1996; Dalla, 2000; Epele, 2001; Miller and Neaigus, 2002). Drug users may turn to sex work to earn income to support addiction, while sex workers may use drugs in order to escape the circumstances of their life and work (Strathdee & Sherman, 2003).

In either situation, sex under the influence of drugs is a high-risk encounter because the chemical properties of drugs can compromise sex workers' judgment, self-control and the ability to practice safe sex. For example, studies conducted by Stall and his co-workers in the 1980s (Stall et al., 1986; Stall, 1988; Stall & Ostrow, 1989) found a strong connection between the use of alcohol and illicit drugs during sexual activity and failure to comply with 'safe sex' guidelines intended to minimize HIV/AIDS risk. Similarly, recent studies have documented sex workers own accounts

of the harms associated with the use of drugs (Stadler & Delany, 2006).

Many of the connections between alcohol, other drugs, and sex are attributable to the coalescence of social and cultural patterns, especially those related to leisure and sociability (Plant, 1991). Indeed, drug use has been shown to be a part of the culture of prostitution, informed by its economic motivation and responsive to the social relations between sex workers and their clients. In a 1985 study of adolescent prostitution, Weisberg reported that:

The prostitutes indicate that drugs relax them and make their work more bearable. They claim, for example, that drug use 'takes their mind off what you're doing', 'makes it bearable', 'calms me down so I can go through with it', 'makes me feel less miserable' and that 'otherwise I'd kill myself' (1985, p. 118).

In the light of the foregoing, understanding the cultural meanings of drug use in sex work makes an obvious contribution to our knowledge of the social determinants of drug use and the relation between drug use and sexual health. This study, therefore, examines drug use in sex work; it maintains a focus on the socio-cultural particularities of the sex industry, which serve as enabling factors for the use of drugs among sex workers. This attempt is made in the light of the intensifying problem of drug use, high risk behaviour and STIs/HIV/AIDS among sex workers and the dearth of social scientific work illuminating the occupational and cultural realities underpinning these disturbing trends. The study demonstrates how insights into the meanings of drug use and the occupational culture of sex work has the potential to enlighten researchers, policy makers and activists on the cultural factors underlying the persistence of drugs and negative sexual health outcomes among sex workers.

Drug use risk behaviour and sex work: theoretical issues

Any attempt to understand the interplay of the cultural realities of the sex industry and the

use of drugs in the production of sexual health risks among sex workers needs to be grounded in existing theories of risk. Here Mary Douglas' theoretical work on risk, *Risk and Danger* (1992), provides important leads in formulating a theoretical background. Douglas (1992) argues against the perceived irrationality of voluntary risk-taking in modern society, pointing out that human agents are risk-takers or risk-averse depending on the relationship between the person and the community. Therefore, blanket judgments that condemn risks taking as irrational actions may be misplaced since they do not take into consideration the social realities within which those taking risk make their decisions regarding which risk is rational and which is irrational. As Sanders (2004), elaborating Douglas ideas, points out, 'if we are to understand how others interpret their social environments in deciding what is too risky and what is worth the risk, their reaction to the space in which they face the dilemma is an integral part of understanding risk in society'.

In the context of this study, the use of hard drugs among sex workers does portend risks for their health, particularly sexual health. This point is clearly and repeatedly stated in the discussions that will follow in order to inform policy and interventions to address the problems. However, sex workers' risk taking decisions must be understood in the light of the socio-cultural realities that shape their lives and work. 'Sex workers react to their surroundings and, through a complex process of assessing their own biography, skills and experience, decide whether to take or avoid risks' (Sanders, 2004).

Sex work is a site of moral contestations and there is much evidence to support that argument that in many places sex workers are regarded as morally debased persons by the larger community. These stereotypical images, along with the moral, socio-cultural and gendered context of commercial sex, deepens the vulnerability and social marginality of sex workers. As the discussions that will follow confirms, sex workers use drugs in attempt to deal with these realities in which their lives

and work are enmeshed, and the 'rationality' of their risk-taking decisions should be judged in the light of this trade-offs between different types and profiles of risk in their work.

Douglas (1992) argued in effect that risk is about the relationships individuals have with those in the community and not necessarily a measure of their character or personality traits. Social relations, particularly relations between the risk-taker and others in the community, should, therefore, be the focus of any attempt to understand risk and risk behaviour. Taking the relationship of sex workers to clients, police and the wider community into account enables us to produce a more grounded and contextually-specific explanation of drug use among sex workers. Following Sanders (2004), the study draws on the personal accounts and narratives of sex workers in order to ground their experiences and decision-making regarding drug use as a risk behaviour in the realities of their lives and work.

METHOD

Fieldwork for the study described here was conducted in Ikot Ekpene, one of the commercial towns in Akwa Ibom State, Nigeria. Ikot Ekpene is considered the oldest local government council in Nigeria, which dates back to 1914 during the colonial era. The town lies between latitudes 5° 10' North and longitudes 7° 43', and has an estimated population of 184, 801 persons (NPC, 2006). Ikot Ekpene is the headquarter of Akwa Ibom Northwest Senatorial District and the traditional capital of the Annang people. It is bordered by Abak, Ikono, Essien Udim and Obot Akara LGAs in Akwa Ibom State, and Aba and Calabar in Abia and Cross River State respectively. For over 6 months, the research team conducted in-depth interviews and Focus Group Discussions (FGDs) with 86 female sex workers operating in brothels around the community. The interviews and group discussions focused on drug use in sex work, the factors motivating sex workers to use drugs and the effects of drug use on their lives, health and work.

The participating sex workers were recruited through a systematic sampling procedure that involved the identification and enumeration of all brothels in the research community with the help of the brothel operators. Murphy and Venkatesh's (2006) definition of a brothel as 'an indoor location, often a house, in which women sell and commit sexual act for sale within the house' guided the identification and enumeration process. A sampling frame was constructed from the enumeration result, and every fifth brothel on the sampling frame was selected and the brothel managers were contacted and their permission sought to interview a pre-determined number of sex workers in their brothels. All interviews and group discussions were tape recorded and transcribed. A textual analysis was used to identify common themes running through the data. A few samples of the responses are quoted verbatim to support the discussion of findings.

RESULTS

Drug Use and the Realities of Sex Work

Data reveals that many sex workers use alcohol and other chemical substances as part of recreation and during relaxation with clients. In a sense, this finding is not novel. Several studies have documented the use of various psycho-active substances among female sex workers in different parts of the world (e.g Malta et. al., 2008; Fortenberry et. al., 1997). However, the present study provides new and interesting dimensions to the phenomenon of drug use among female sex workers, particularly because a considerable amount of time was devoted to the exploration of the subject during personal interviews and group discussions with the participating sex workers. Interestingly, the sex workers commented freely and elaborately on their substance use habits during the interviews.

A significant percentage of the sex workers interviewed (85.8%) agreed that they use psycho-active substances. Many of them (54%) reported that they use such substances regularly, and about 65% stated that they have used one

or more substance within the week preceding the interview. This suggests that the level of substance use among the sex workers is fairly high, a fact that is corroborated by previous studies. Sex workers use various types of alcoholic beverages such as palm wine, spirits, lager beer and stouts. They also smoke cigarettes, marijuana, heroin and cocaine. Lager beers and stout are the most popular alcoholic beverages consumed by sex workers, while cigarette is the most commonly used hard drug.

In most cases, clients pay for the drinks and cigarettes that the sex workers consume. At other times, sex workers purchase these substances with their own money. Where the cost is at the expense of their clients, sex workers perceive this as an opportunity to maximize the amount of money they extract from them, hence they consume as much as they can. Many of the sex workers told us during interviews that they usually order many drinks and cigarettes when their clients are willing to pay. Thus, drug use stems in part from the availability of these substances at no cost to sex workers. This process often leads to drug dependence and harm.

The use of alcoholic beverages and chemical substances among female sex workers in the study is predicated on a number of factors, which together constitute the socio-cultural determinants of drug use in sex work. A great deal of time was spent during interviews in teasing out sex workers' views of the factors encouraging the use of drugs among them. Sex workers generally observed that drug use was an integral part of their work, and that it was nearly impossible for a sex worker not to use alcohol and/or drugs. In the words of one of the sex workers, "we drink and smoke a lot... it is just part of it. If you do the kind of work we do, there is no way you will not drink". Other sex workers expressed similar views to the effect that alcohol and drug use is part of their occupational culture. It was also observed that new entrants into the occupation quickly learn to drink and smoke as a way of integrating into the culture.

As an aspect of the culture of prostitution, substance abuse may be understood as

a marker of group identity and solidarity. The participating sex workers observed that drinking and smoking is what makes one a 'real' sex worker. They noted that if you don't drink or smoke, clients will treat you as a novice and may attempt to take you for granted. But those who drink and smoke are often feared by clients, who will suppose that they are experienced, savvy and potentially dangerous. Sex workers told us that most clients like of sex workers who drink heavily and smoke as men. Clients are also carefully in dealing with sex workers who use drugs for fear that they can be violent. In the words of a sex worker, "when a man who wants to take you home sees you drinking and smoking, he will fear you... he will say 'I have to be careful with this one o!'". Thus, drug use becomes a way of stemming the risk of client violence against sex workers, including rape, refusal to pay for sex, extortion and physical abuse. The potential function of drug use in dealing with risk of violence, for instance by toughening sex workers against abuses and victimization, provides a strong motivation for drug abuse leading to drug dependence among sex workers. The following comment puts this point in proper perspective:

You have to drink, smoke and be smart. In this work, you cannot be soft and think you will survive. You must be tough. You have to stand up for yourself because if you don't nobody will do that for you... most women are not naturally strong that is why most of us take a lot of drinks to give us courage so that when a man wants to do something funny, you can defend yourself (IDI/Participants #19/IK/2008).

Interview data indicates that alcohol and drugs are used as a coping strategy against the stress of sex work. The sex workers generally viewed sex work as stressful and as posing grave dangers to their mental and emotional health. The negative effects of commercial sex mentioned by the sex workers include constant feelings of low self-esteem, lack of self-confidence, guilt and self-condemnation, frequent intimidation by male clients and law

enforcement agents and the risk of rejection by friends and family members, where their identity as sex workers is revealed. As a matter of fact, some of the sex workers (46%) considered emotional risks more devastating than other forms of risk. "If you get HIV now, you can just go on knowing that the worse that can happen is that you will die...but to lose your respect as a human being is terrible", observed one of the sex workers during interviews. Other factors that make their work emotionally exacting include ostracism and rejection by friends and family members, the challenge of concealing their true identity from their relations, and physical risks such as violence perpetrated against sex workers by clients, pimps and police officers.

The emotional trauma associated with sex work tends to encourage the use of drugs among sex workers. Sex workers narrated that they often drink heavily so as to forget their frustrations, anxieties and troubles. This suggest that drugs and alcohol provides them with a means of escape from the vicissitudes of their lives. According to one of the sex workers, "you drink to forget your problems... you know it is trouble that dragged most of us into this work. This work itself is full of problem, so you must find a way to cope". Drug use, particularly alcohol consumption, also helps sex workers deal with the stigma associated with their identity as sex workers.

Sex workers are generally regarded as immoral or loose women, vectors of contagious diseases and threats to public health and welfare. They are often treated with contempt by other members of the society. These stereotypical images have enormous negative impacts on the lives of sex workers, including their mental and emotional health. Sex workers reported that they grapple with these negative societal perceptions in everyday life. This partly explains why most of them resort to alcohol and drugs as a coping strategy. The temporary feeling of invincibility associated with intoxication provide sex workers with respite from negative perceptions and public vilification, and this reinforces their reliance on drugs and alcohol. The following comment by one of

the sex workers we interviewed captures this trajectory:

Most of our women (referring to sex workers) drink and smoke a lot. I too smoke and drink... you know, in a situation where people treat you like the worst sinner you must find a way to feel like you are somebody. Sometimes your mind will be condemning you harshly... but when you drink and you are high, you feel normal... That is how we survive in this work (IDI/Participants #27/IK/2008).

This comment, which is typical of the views expressed by the interviewed sex workers, also suggest that alcohol and drugs does more than enable sex workers manage negative public perception; it is also a strategy for dealing with negative self-perception. It provides momentary relieve from the condemnation of their consciences. Thus, using drugs becomes a way of dealing with threats both in the external and internal environments.

Alcohol and drugs could also be used as aphrodisiac in sex work. This means that sex workers use drugs and alcohol to stimulate sexual desire precursor to sexual encounter with clients. Majority of the sex workers we surveyed (58%) reported that alcohol and cigarettes stimulates them sexually. They also observed that drinking heavily before having sex with clients helps prolong orgasm, thereby making the episode last longer than usual. This intersects strikingly with the perceived interests of their clients, who generally crave prolonged and highly pleasurable sexual encounter. In this way, alcohol and drugs become performance enhancers helping sex workers attract and sustain clients, provide desirable sexual services and maximize gains from sex work.

Drug Use and Sexual Health Risks

The sex workers were quite aware of the negative implications of alcohol and drug abuse, particularly sexual health-related risks. Their accounts suggest an appreciation of the

ways in which alcohol and drug abuse exposes them to negative sexual health outcomes. These narratives are very significant for interventions targeting sex workers. Among other things, they spot-light entry points for interventions seeking to reduce harm associated with drug abuse among sex workers. Particularly noteworthy in this respect is the sex workers' view that intoxication with alcohol compromises their ability to negotiate safer sex with their clients.

The majority of the sex workers (89%) stated that using condom during sex with clients is the surest way to prevent infection with STIs, including HIV/AIDS. They maintained that, as a matter of policy, they usually insist that their clients should wear a condom before they agree to have sex with them. Although they admitted that they may have sex with their regular partners (or boy friends) without condom because of the trust they share, they reported that insistence on condom use was standard practice in their work. As one of the sex workers pointed out, "there are no two ways about it... if you don't wear condom, I am not interested". Another sex worker elaborated on this point thus:

Any girl (referring to sex workers) who sleeps with a man, when he does not have a condom on is a fool. Do you know how many people he has been sleeping with? Do you know if he is carrying some dangerous disease? He will pass it on to you, even if it is HIV... in this work you don't take chances. You must make sure that the man wears condom before you agree to do it (have sex) with him. If he refuses to comply then you just work away. Your life is more precious than any amount of money he may offer (IDI/Participants #11/IK/2008).

The no-condom-no-sex policy is, however, undermined by the use of drugs. The use of drugs prevents sex workers from observing the rule of condom use consistently with their clients. In their different narratives, sex workers told us that whenever they come under the influence of alcohol and/or hard drugs, they

lose control over their body. This allows their clients, most of whom prefer sex without condom, to have their way with them. Under the influence of alcohol or drugs, sex workers are at risk not only of unprotected sex with clients, but also of gang rape, abduction and ritual murder. But unprotected sex is the most common risk sex workers face when they abuse alcohol and/or drugs, and many of them narrated incidences where they were victims of unprotected sex when they got drunk or used drugs. The following is a typical example of such narratives:

Once I followed this young man out. He took me to a drinking joint and bought drinks for both of us. I drank heavily till I was drunk. I couldn't even walk down to the car. He eventually carried me home and whatever he did with me I don't know... When I woke up the following day, I asked him if he used condom. He was honest and told me plainly, 'No'. I was scared that I might have been infected with a venereal disease. I latter found out that nothing happened to me (IDI/Participants #13/IK/2008).

Apart from the risk of unprotected sex with clients, and attendant risk of infection with STIs, the use of drugs also predispose sex workers to violence with the attendant risk of bodily harm and physical injuries. Drug using sex workers are prone to fighting and physical violence. According to the sex workers, in some cases the fights involve the use of harmful instruments such as broken bottles, daggers and razor blades, which leads them to inflict bodily harms on each other. "Drinking causes a lot of fight between us", said one sex worker, who also pointed out that, "sometime the fights results in serious physical injuries that may make the police come to arrest us".

DISCUSSION

Sex work has been a subject of academic research and policy debate for over three

decades, beginning from the emergence of HIV/AIDS in the late 1980s. Both research findings and policy discussions acknowledge sex work as a major public health problem and a threat to human well-being and societal development. Sex work has also been blamed for the rapid spread of HIV/AIDS and other sexually transmitted infections in many African societies. Informed by this construction of sex work, public policy has often criminalized sex work and sex workers have been subjected to violence and harassment by law enforcement agents, and by their pimps and clients who, taking advantage of the illegal status of sex work, exploit sex workers. Where it receives a more humanitarian perception, the tendency has been to treat sex workers as morally debased persons who should be protected from the hazards of sex work.

Health and welfare programmes targeting sex workers have tended to focus on minimizing the likelihood of involvement in risky sexual practices among female sex workers. Such programmes have, however, been handicapped by the absence of the views and perspectives of sex workers on the socio-cultural realities that impacts negatively on their lives and work. In view of the relativity of health concepts, and in line with the need to involve grassroots perspectives in policy decisions, this study seeks to voice the perspectives of sex workers on the cultural realities of sex work and the factors that dispose them towards negative sexual health outcomes by focusing on their accounts of drug use in sex work.

Sex workers in this study spoke of the prevalence of drug use in their work. Drug use is a normative element in the social organization of sex work. It is a learned behaviour that sex workers are expected to assimilate as part of their socialization into the occupational culture. This underscores the cultural factor in drug use in the sex industry. As in other socio-cultural contexts of drug use, the use of drugs among sex workers responds to the socio-cultural realities of sex work, including normative expectations of relaxing with and/or entertaining clients and the construction of 'professional identity' of the sex worker. Drug use

also serve the ritualized function of initiation into the occupational culture, defining social identity and establishing group boundaries. Studies have demonstrated the functional role of, for instance, alcohol use in many forms of sociability (Partanen, 1991), and their social and ritualized functions in specific contexts (Sulkunen, 2002). The current study reveals that drug use forms part of the social organization of the sex industry.

Sex workers also commented on the motivation behind their use of drugs. Their accounts suggest a coalescence of both the motivation for and the functionality of drug use within the occupational culture. In the sex work culture, drugs serve two main (ritualized) functions; dealing with the negative effects of sex work and enhancing role performance. Drugs serve as cultural mechanisms enabling sex workers to cope with threats arising from the socio-cultural context within which they work, and their location in the social structure. Their use of intoxication in combating societal stereotypes and safety threats buttresses the view that drinking comportment is not a result of the properties of drugs, but is socially produced through the imposition of meaning by human agents. It also enable them to deal with the risks in their work through a discourse that links drug use with toughness, invincibility and capacity for violence.

Beyond coping with the hazards of their work, the use of drugs in enhancing role performance through substance abuse is also noteworthy. As a hard drug, tobacco is generally regarded as a stimulant (Obot, 2002). Sex workers leverage on the stimulation which the smoking of tobacco provides to enhance sexual performance and to satisfy the desires of their clients. In this way, drugs serve aphrodisiac purposes enabling sex workers to serve more clients and to maximize financial gains from sexual services. This indicates that drug abuse is deeply embedded in the sexual economy, since sex workers rely on it to engage clients, enhance performance and optimize gains.

Drugs, however, occupy an ambiguous position in sex work. The ambiguity lies in the fact that while it is appropriated, both in

discourse and practice, as modalities for coping with the vicissitudes of the occupation and for enhancing performance in the economy of sex work, abuse of drugs also foment risks in sex work, particularly the risk of infection with STIs such as HIV/AIDS. There is also evidence of a significant level of awareness of the sexual health risks associated with drug use, including risks of unprotected sex, rape and violence, in the data presented above. But the most important insight arising from the findings is how sex workers themselves link drug use and negative sexual health outcomes; they recognize the capacity of drugs to compromise their ability to negotiate safer sex with their clients.

Sex workers accounts buttresses the fact that the pharmacological properties of drugs can (and does) handicap their judgment, undermine their self-control and predispose them to unprotected sex. Given the fact that unprotected sexual intercourse is the major route of transmission of HIV, sex workers in this situation are at grave risk of infection with HIV, as well as other STIs. As the sex workers reported having sex under the influence of drugs, it stands to reason that unprotected sex is a fact, despite their pretensions to the contrary. All these factors support the view that sex workers are a high risk group for STIs and HIV/AIDS (Campbell, 1991; Caldwell & Caldwell, 1993; Caldwell, 1995; Outwater et al., 2001; Perkins & Gary, 2003 inter alia), hence the need for laboratory tests to enable them ascertain their status and be guided in their efforts to guarantee their sexual health and well-being.

CONCLUSION: IMPLICATIONS FOR POLICY

This study, which examined the cultural realities of sex work with a focus on the factors encouraging the use of drugs by sex workers, shows that drug use is an integral part of the occupational culture of sex work and occupies an ambiguous position in the lives of sex workers. On the one hand, it provides a means for dealing with threats to their lives and work,

enhancing role performance and maximizing benefits from the sexual economy. On the other hand, it increases the vulnerability of sex workers to negative sexual health outcomes. Drug use in sex work may, therefore, be understood as 'ritual', a practice that encodes the ambiguity of pain and pleasure which characterizes sex work. The discourse that recasts drugs as 'functional' is popular among sex workers because it enables them to impose control and meaning on their harried existence. Social policy addressing the sexual health vulnerabilities of sex workers should make efforts to reduce alcohol and drug abuse, thereby alleviating the likelihood of dependence and harm. This may be achieved by focusing on the realities of the commercial sex occupation and the discourses and practices that encourage drug use among sex workers.

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