ORIGINAL ARTICLE

Food insecurity, HIV/AIDS pandemic and sexual behaviour of female commercial sex workers in Lagos metropolis, Nigeria

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ABSTRACT

This study examined the role of hunger and food insecurity in the sexual behaviour of female commercial sex workers in Lagos metropolis, Nigeria within the context of HIV/AIDS. In addition, the study investigated the prevalence of sexually transmitted infections (STIs) and induced abortion among the respondents. Cross-sectional survey and in-depth interview research methods were adopted to generate both quantitative and qualitative data from the respondents. Findings of the study showed that 35.0% of the respondents joined the sex industry because of poverty and lack of other means of getting daily food. While all the respondents had knowledge about the existence of HIV/AIDS, 82.0% of them identified sexual intercourse as a major route of HIV transmission. There was a significant relationship between poverty, food insecurity and consistent use of condoms by female sex workers at $P<0.01$. Specifically, only 24.7% of the respondents used condoms regularly in every sexual act. Consequently, 51.6% had previous cases of STIs. The most prevalent STI among the respondents was gonorrhea, with 76.4% prevalence among ever infected female sex workers. This was followed by syphilis with a prevalence of 21.1%. In addition, 59.1% of the sample had become pregnant while on the job and 93.1% of these pregnancies were aborted through induced abortion. In conclusion, hunger and malnutrition were the factors that pushed young women into prostitution in Nigeria and these same factors hindered them from practicing safe sex within the sex industry. Thus, it is recommended that the Nigerian government should develop programmes that will reduce hunger and food insecurity, in order to reduce rapid transmission of HIV infection in the country.

Key words: Food insecurity, HIV/AIDS, female sex workers, Nigeria.

RÉSUMÉ

Cette étude a examiné le rôle de la faim et de l'insécurité des aliments sur le comportement sexuel de femmes travailleurs commerciaux du sexe à Lagos métropole, au Nigérien dans le contexte du VIH/SIDA. De plus, l'étude a examiné le taux de prédominance des infections sexuellement transmissibles (IST) et l'IVG auprès des personnes interrogées. Une étude transversale et des méthodes de recherche par entretien approfondi ont été utilisées afin d'obtenir des données quantitatives et qualitatives de la part des personnes interrogées. Les résultats de cette étude ont montré que 35% de personnes interrogées ont commencé la prostitution à cause de la pauvreté et le manque d'autres moyens pour se nourrir quotidiennement. Pendant que toutes les personnes interrogées savaient que le VIH/SIDA existait, environs 82% d'entre elles ont identifié les rapports sexuels comme étant la voie principale de l'infection au VIH. On a remarqué une relation importante entre la pauvreté, l'insécurité des aliments et l'utilisation du préservatif par les femmes prostituées à $P<0,01$. Spécifiquement, seulement 24,7% de personnes interrogées utilisaient le préservatif de façon régulière dans tous les rapports sexuels. Par conséquence, 51,6% ont eu de cas d' ISTs. La IST la plus prédominante était la blennorragie avec le taux de 76,4% de prédominance chez les femmes contaminées. Ensuite, le syphilis avec le taux de prédominance de 21,1%. De plus, 59,1% de l'échantillon sont tombées enceintes au cours de leur travail et 93,1% de ces grossesses ont été terminées grâce à l'IVG. En conclusion, la faim et la sous-alimentation sont des facteurs qui ont poussé les jeunes femmes dans la prostitution au Nigérien. Ces mêmes facteurs font obstacle à avoir des rapports sexuels protégés dans cette profession. Pour cette raison, il est recommandé que le gouvernement nigérien doit développer des programmes qui vont réduire la faim et l'insécurité des aliments afin de diminuer l'infection rapide au VIH dans ce pays.

Mots clés: Insécurité des aliments, VIH/SIDA, femmes travailleurs de sexe, Nigérien.

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INTRODUCTION

The Food and Agriculture Organisation of the United Nations (FAO) argued in 2000 that "hunger exacts a heavy toll, not only on the people without enough to eat but also on the society where they live. A chronically undernourished person has diminished physical and cognitive abilities, leading to decreased productivity. A society of undernourished people cannot progress" (FAO, 2000:3). In the same vein, speaking at the launch of the "Make poverty history" campaign in London's Trafalgar square, Nelson Mandela commented that "like slavery and apartheid, poverty is not natural. It is man-made and it can be overcome and eradicated by the actions of human beings… While poverty persists there is no freedom" (Mandela, 2005:2). The above two statements reveal the state and condition of the majority of countries and people in sub-Sahara Africa today. Current existing international data shows that sub-Sahara Africa is the only region in the world where the number of people living in extreme poverty has almost doubled, from 164 million in 1981 to 314 million in 2005. Thirty-two of its 47 countries are among the world's 48 poorest nations (World Bank, 2005). In addition, the FAO report of 2002 showed that approximately 842 million people were undernourished between 1999 and 2001 globally. Of this number, 10 million were in industrialised countries, 34 million in countries in transition, and 798 million in the developing world (FAO, 2002). These pieces of information indicate that poverty and food insecurity are among the leading problems in sub-Saharan Africa. The HIV/AIDS pandemic is another socio-medical problem in the region, and it has had a devastating effect on the socio-economic and demographic structure of the region. UNAIDS estimates in 2005 revealed that sub-Saharan Africa has just 10% of the world's population, but is home to more than 60% of all people living with HIV/AIDS (PLWHA) - some 25.4 million. According to these estimates, in the year 2004 alone, 3.1 million people in the region became newly infected, while 2.3 million died of AIDS (UNAIDS, 2005).

Nigeria is one of the countries hardest hit by HIV/AIDS in the world, with about 3.5 million people currently living with HIV infection. In addition, heterosexual contact has been identified as the main route of HIV transmission in the country (FMHSS, 1992). Thus, since the early 1980s, several studies had been conducted on sex workers and the sex industry in Nigeria (Akinnawo, 1995; Caldwell, Caldwell & Orubuloye 1992; Caldwell, 1995; Esu-Williams, 1995; Naanen, 1991; Orubuloye, Caldwell & Caldwell, 1991; 1992; 1994). These studies and many others identified the significant role played by sex workers in the rapid transmission of HIV infection among the Nigerian populace. The principal objective of this study is to complement the existing knowledge about sexual behaviour of female sex workers in Nigeria. This was done by examining the role of hunger and food insecurity in motivating young Nigerian females to enter into the sex industry. In addition, the study investigated the impact of these identified factors on the sexual behaviour of female sex workers in Lagos metropolis, especially regarding the practice of safe sex and consistent use of condoms within the context of HIV/AIDS. In view of these stated objectives, this paper is sub-divided into four major sections. The first section contains information about the background to the study. In the second section, the research methods adopted in the study are described. Findings of the study are presented in the third section, while section four contains discussion of the major findings of the study.

Background to the study

This section provides detailed information about the socio-economic context of the study, by focusing on food insecurity in Nigeria, as well as the prevalence of HIV/AIDS in the country, including among commercial sex workers.

Poverty and food insecurity in Nigeria

It is important to note that the need for food is topmost in the hierarchy of needs. Thus, achievement of food security is an essential step to overcome poverty in any given country. Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life (Mohammed, 2003). Globally, there is enough food for all, but existing empirical data and estimates show that millions of people in developing countries are undernourished. Specifically, each year about 18 million people, mostly children, die from starvation, malnutrition and related causes (Hinrichsen, 1997). In addition, an estimated two billion people in developing countries suffer malnutrition and dietary deficiencies; some 840 million of them are chronically malnourished (FAO, 1995;

PCA, 1995; UN, 1997; WHO, 1997). Thus, a high proportion of people in developing countries suffer from food insecurity.

It is evident that food insecurity exists when people are undernourished as a result of the physical unavailability of food, lack of social or economic access to adequate food, and/or inadequate food utilisation (Mohammed, 2003). Food-insecure people are those individuals whose food intake falls below their minimum calorie (energy) requirements, and those who exhibit physical symptoms caused by energy and nutrient deficiencies resulting from an inadequate or imbalanced diet. Thus, food insecurity is conceptualised in this paper as the consequence of inadequate consumption of nutritious food. The problem of food insecurity is especially pronounced in sub-Saharan Africa. For example, projections by experts of the International Food Policy Research Institute (IFPRI) in 1997 showed that by the year 2020, nearly 70% of people suffering from food insecurity will live in sub-Saharan Africa and South Asia. The projections further reveal that by the same year, every third person in sub-Saharan Africa is likely to lack food security (Pinstrup-Anderson, Pandya-Lorch & Raosegrant, 1997).

In Nigeria, the most populous country in Africa, the majority of people within the country are food-insecure, due to the high poverty level and the poor performance of the Nigerian agricultural system. Poverty is a plague afflicting many people in Nigeria, and is regarded as one of the symptoms or manifestations of underdevelopment (CBN/World Bank, 1999). According to Sanni (2000), poverty is the main cause of hunger and malnutrition, which are aggravated by rapid population growth, and policy inadequacies and inconsistencies. Poverty is a vicious cycle that keeps the poor in a state of destitution and utter disillusionment. As argued by Okuneye (2001), the conventional notion depicts poverty as a condition in which people are below a specified minimum income level and are unable to provide or satisfy the basic necessities of life needed for an acceptable standard of living. Often the poor are known to have an inadequate level of food consumption and they are limited in growth and brain development (Aluko, 1975).

Existing empirical national data in Nigeria show that the extent of poverty in the country has increased since 1980. Thus the proportion of the poor increased from 28.1% in 1980 to 65.6% in 1996, and the estimated population of poor Nigerians increased from approximately 18 million people in 1980 to 67 million in 1996 (FOS,1999). Even with the advent of democracy about seven years ago in the country, the proportion of the poor remain steadily high, if not increasing, due to the newly introduced economic reform policies that have resulted in high rates of unemployment, increases in fuel price and a very high inflation rate. Recent data from the Development Index of UNDP report showed that about 90.8% of Nigerians live below the poverty line of $2 per day (UNDP, 2006). Thus, the majority of Nigerians are poor, and they lack physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs. In fact, recent estimates by the FAO show that between 5 and 20% of Nigerians are undernourished (FAO, 2000).

It is essential to examine briefly the performance of the Nigerian Agricultural System in recent years, in order to know whether it has been able to produce sufficient food to make the average Nigerian food-secure. Agriculture was the backbone of the Nigerian economy up to the time of independence in 1960. With the discovery of oil and over dependence on oil revenue, its contribution to the national revenue declined from 80% in 1960 to 1.5% in 1995. However, it still continues to be the main source of employment in the economy, employing about 70% of the active labor force. Its contribution to the GDP, although lower than at independence, was nevertheless estimated to be in the range of 39% in 1996 to 40.4% in 1999 (Mohammed, 2003). Agriculture therefore remains a major non-oil contributor to the GDP in Nigeria.

Okuneye (2002) identified many problems confronting Nigerian agriculture. These problems have had significant negative effects on the production and distribution of food in the country. Thus, from the productive point of view, there is not sufficient availability of food to sustain the developmental efforts of the populace. In view of this situation, the Nigerian government relies heavily on the importation of food, in order to meet basic domestic food needs in the country. For example, food imports continued to rise in value in Nigeria from 3.47 billion in 1990 to N113.63 billion in 2000. In terms of relative importance, food imports as a percentage of total

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imports rose from 3.5% in 1991 to 11.8% in 2002 in the country (Okuneye, 2002).

However, despite the increase in the importation of food into Nigeria, the majority of people in the country are not food-secure from the point of view of distribution and market price. The prices of food are so high because Nigeria has an inflationary economy. In the past three decades, the inflation rate has skyrocketed, so that food prices are beyond the reach of the majority of the people in the country. Thus the majority of the people in Nigeria are living below the poverty line and there are high levels of food insecurity in the country.

HIV/AIDS in Nigeria

The first case of AIDS was reported in Nigeria in 1986, and since then the number of persons infected with HIV and those who have developed AIDS has been rapidly increasing in the country. For example, in 1992, 267 new AIDS cases were reported in the country, and the number rose to 917 by September 1993 (WHO, 1993) and 1,490 at the end of 1994 (FMHSS, 1995). Specifically, data from the national HIV sentinel survey indicate a rapid transition from near zero prevalence in 1990 to 1.4% in 1992, 4.5% in 1996 and to 5.8% in 2001 in Nigeria (NASCP, 2002; NIMR, 2000). The current estimates show that 3.47 million people were living with HIV infection in Nigeria in 2002, which placed Nigeria third after South Africa (5 million) and India (3.9 million) with the highest number of infected adults in the world (UNAIDS, 2002). Estimates by experts are that by the year 2005 over 4 million Nigerians would be HIV positive. Furthermore, it is estimated that one person dies of AIDS every two minutes (i.e. 800 per day) in Nigeria. By the end of 2002, it was estimated that more than 1.3 million Nigerians would have died of AIDS since the start of the epidemic, and by 2005 an additional 1 million would die of AIDS if nothing was done (NASCP, 2002). Estimated and projected numbers of orphans due to AIDS in Nigeria show that in the year 2000, there were 2.6 million orphans in the country; by the year 2015 the AIDS epidemic is expected to increase the number of orphans in Nigeria to over 11 million if the trend of HIV transmission is not arrested (NASCP, 2002). The epidemic also is taking its toll on the life expectancy of Nigerians. In particular, the estimated decrease in life expectancy in the year 2002 due to HIV/AIDS was 4.5 years. Thus, the epidemic continues to claim the lives of adults in the prime of their working and parenting lives, thereby decimating the workforce, fracturing and impoverishing families, and orphaning and shredding the entire fabric of Nigerian communities. Thus Nigeria is one of the countries hardest hit by the HIV/AIDS pandemic in the world.

In Nigeria, HIV affects all age groups, but it is more pronounced in the prime age of life: teenagers (15-19 years) and young adults (20-29 years), where the rate of infection ranges from 6 to 6.5% respectively. Among other population sub-groups in the country, data from the national HIV sentinel survey revealed highest prevalence (34.0%) of HIV infection among commercial sex workers (CSWs) in the year 2002 (NASCP, 2002). This information justifies the need to have deeper knowledge about the sexual behaviour of commercial sex workers in the country on the one hand and the nature of the entire sex industry on the other hand.

Research methods

The study population is female sex workers in Lagos metropolis, Nigeria, who can be categorised into four different groups on the basis of occupational context of the job. Goldstein identified these four groups in 1979: a "street-walker" solicits business on the street; a "call girl" solicits clients over the phone, men either coming to her home or being visited by her; a "house prostitute" is a woman who works in a private club or brothel; while a "massage-palour prostitute" provides sexual services in an establishment supposedly offering only legitimate massage and health facilities (Goldstein, 1979). Basically, there are three types of prostitutes in Nigeria. These are "house prostitutes", "street-walkers" and "corporate prostitutes", the latter being young women in new generation banks. These women are normally put on the treasury desk with a specific saving target per a month. As marketing officers of the new generation banks, they have to do everything possible including offering sex, to get businessmen and politicians to save huge amount of money in their banks. However, the new guidelines on re-capitalization of banks in Nigeria may have reduced the proportion of corporate prostitutes in the country. This study focused on "full-time house female prostitutes" who work in brothels, continually involved

in prostitution and deriving their main income from it. The study was conducted between June and July 2003.

Two locations where there are high concentrations of female sex workers were identified and sampled for the study. These areas are Ikeja in Ikeja Local Government Area (LGA), and empire area at Surulere LGA. Purposive sampling technique was used to select both the locations and brothels in the two locations for the study. Quantitative and qualitative research methods were utilised to achieve the objectives of the study. In the quantitative phase, a total of 400 questionnaires were distributed equally in the two locations, 380 of which were returned for further analysis. After initial screening, only 320 questionnaires were found useful for coding, data entry into computer and statistical manipulations. Thus, this number (320) form the total sample used in the analysis of quantitative data in the study. The sex workers used in the study were recruited with the help of hotel managers and gate keepers (leading prostitutes usually called madams). The hotel managers in each of the sampled hotels were first contacted; they later introduced the research team to the gatekeepers. The gatekeepers helped in the distribution and retrieval of the questionnaires from those female sex workers who could read and write in English. Where the respondents could not read and write in English, a team of interviewers, which consisted of four female graduates, interviewed the respondents by interpreting the questions into "Pidgin English", and wrote the responses down in the questionnaires. This method of recruitment helped greatly to secure adequate co-operation from the sex workers at the stage of data collection. The gatekeepers also nominated the sex workers used during qualitative in-depth interviews and they were interviewed either in English or "Pidgin English" in their respective hotels. A total of ten such interviews were conducted.

The survey questionnaire consisted of 65 questions, which were sub-divided into different sections, such as the socio-economic background of the respondents and their parents, their sexual behaviour, knowledge about HIV/AIDS, use of contraceptive methods, rate of conception and induced abortion, and reasons why the respondents joined the sex industry. The in-depth interview guide also consisted of the major sub-sections of the survey questionnaires in order to complement the survey data.

Regarding ethical issues, respondents were informed about the purpose of the study, which was purely academic in nature. Their consent was sought and obtained before the administration of the research instruments. In addition, the names of the respondents were not used, to ensure anonymity of their identities, and they were promised that the information they provided would be treated with confidentiality.

Statistical Package for Social Sciences (SPSS version 10.0) was used to analyse survey data, while the in-depth interviews were analysed manually to complement the survey data after the full transcription of the ten tapes. Descriptive and inferential statistical methods were used to explain those factors that motivated female Nigerians into the sex industry, as well as those variables that determined their practise of safe sexual behaviour or consistent use of condoms within the industry.

Results

Socio-economic background of commercial sex workers and their parents

Data on educational status revealed that the majority of the sample (87.5%) were literate with at least primary level education. Specifically, 39.7% of the sampled commercial sex workers (CSW) had secondary education; 35.6% had primary education, 12.2% had post secondary level education, and 12.5% did not have any formal education. Information on current age of sampled commercial sex workers revealed that the majority of CSW (89.1%) in the metropolis were youth below age 30 years. Specifically, the modal age group was 20-24 years with 42.5% of the respondents. This was followed by age group 25-29 years that had 30.3% of the respondents. The mean age of the respondents was 23.8 years. It is instructive to note that 16.3%of sampled sex workers were below age 20 years. This shows that some of the female CSW in the metropolis are being recruited or initiated into the sex industry at very young age. Regarding current marital status, single females dominate the sex industry: 73.1% of the respondents were single, 14.7% were divorcees, while 5.6% had separated from their spouses.

Data on parental socio-economic backgrounds of the respondents showed that 59.4% of parents of the sampled female sex workers had marital disruption: 22.5% of their parents had separated, 15.6% had divorced, while 21.3% were widowed. 40.6 percent of

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the CSW stated that their parents were married and still living together. The majority of the sample (74.4%) were from poor homes. In particular, 67.2% stated that their parents were poor, while 7.2% said that their parents were very poor. However, 22.2% of the respondents were from rich families, and 3.1% reported that they were from very rich families. Data on types of apartment where the female sex workers grew up showed that 53.4% grew up in one-roomed apartments; 32.2% in two roomed apartments, while only 14.4% claimed to have grown up in mini flats or better apartments.

Factors that motivate female commercial sex workers to enter sex industry

The sex workers were asked about the major factors that influenced them to join the sex industry. Two leading factors mentioned by the respondents as contained in Table 1 were peer influence and poverty. Specifically, 50.9% of respondents stated that their friends motivated them to join the sex industry, while 35.0% mentioned poverty. These two factors are inter-dependent and inter-connected. Responses from the in-depth interviews corroborated the significant role played by poverty and food insecurity as motivating factors for young girls to enter commercial sex in Nigeria. One of the female sex workers explained how she was introduced into the sex industry because of poverty:

> *I come from poor family you know… when I finished the free primary school in my village and I was about to die because of lack of food, I found the job as better option to starvation. The job has been helping me to care for myself adequately.*

Likewise, other CSW explained how hunger and poverty led them into the sex industry:

> *Immediately after my secondary school education, I came to Lagos primarily to look for a good white collar job, I couldn't get anyone for about three years and my sister could not meet my basic needs any longer, even the three square meals, then I joined this business in order to offer what I have to get what I need. Sincerely, since the time I joined this business, I have never begged for money again, I can feed myself and send some money to my parents.*

> *I joined sex industries out of necessity and as you know, necessity is a mother of invention. There was no money to train or provide initial capital which I need to start business. Without job, can anybody eat? I joined the industry to raise the initial capital to start my own business. Immediately, I am able to get it, I will leave this industry. I don't really like this job.*

The above responses indicate that food insecurity was a major factor that motivated women into commercial sex in Lagos. Other motivating factors mentioned by sex workers, were death of husbands and divorce, but these factors were mentioned by fewer than 15% of respondents.

Knowledge about HIV/AIDS and use of condoms

Since the first case of AIDS in Nigeria in 1986, different intervention programmes have been designed and implemented to educate different population groups in the country about the disease. Diverse information, education and communication (IEC) materials have been developed on how HIV is being

TABLE 1. PERCENTAGE DISTRIBUTION OF COMMERCIAL SEX WORKERS BY FACTORS THAT ATTRACTED THEM INTO PROSTITUTION, KNOWLEDGE ABOUT HIV/AIDS AND USE OF CONDOMS

Variable	Number	Percentage
What factors motivated you into prostitution? (first option mentioned)		
Poverty	112	35.0
Friends	163	50.9
Death of husband	6	1.9
Divorcement	12	3.8
I just love it	27	8.4
Total	**320**	**100.0**
Have you ever heard of HIV/AIDS?		
Yes	320	100.0
No	0	0
Total	**320**	**100.0**
What is the most common way of contracting HIV infection?		
Sexual intercourse	262	81.9
Blood transfusion	53	16.6
Sharing of sharp objects	5	1.6
Total	**320**	**100.0**
Do you know of the male condom?		
Yes	320	100.0
No	0	0
Total	**320**	**100.0**
How often do you use the male condom?		
Always	79	24.7
Sometimes	149	46.6
Depends on the client's choice	75	23.4
Don't use condom at all	17	5.3
Total	**320**	**100.0**
If a client refuses to use condoms, will you accept him?		
Yes	245	76.6
No	75	23.4
Total	**320**	**100.0**

transmitted, methods to be adopted to prevent contracting HIV, and the need to care for PLWHA. Many communication channels (radio, TV, printing materials, oral) have been used to disseminate information about the pandemic in the country. Thus, nearly everybody, especially people in urban centres, are believed to have heard about HIV/AIDS.

CSW were asked whether they had heard about the existence of the HIV/AIDS pandemic. Not unexpectedly, knowledge about HIV/AIDS was 100% among sex workers in the metropolis; all had heard about HIV/AIDS. In addition, respondents were asked to mention the most common route of HIV transmission, and. 81.9% identified sexual intercourse as the main route of HIV transmission. This information indicates that the majority of CSW in Lagos metropolis knew that they were vulnerable and susceptible to HIV infection.

The condom has been identified to provide protection against HIV and other sexually transmitted infections. Sampled sex workers were asked if they knew of the male condom. Answers, as indicated in Table 1, show that all knew of the male condom. But only 24.7% stated that they used the male condom regularly during sexual activity. Moreover, only 24.3% said they would not accept a client who refused to use a condom. Consequently, approximately 80.0% were highly vulnerable to HIV infection, because they do not practise safe sex or consistent use of condoms during sexual intercourse.

Prevalence of sexually transmitted infections (STIs) among sex workers

Knowledge about the existence of STIs was nearly universal among CSW, as can be seen from Table 2 below. Specifically, 92.5% of respondents indicated that they knew that STIs exist. Of those, 58.1% mentioned HIV/AIDS, while 27.7 and 8.7% mentioned gonorrhea and syphilis respectively. Thus, the knowledge of HIV/AIDS was higher than that for other sexually transmitted infections in the metropolis.

Data on prevalence of STIs show that 51.6% of the sampled female sex workers had contracted at least one form of STI in the course of their sex work. The most prevalent STI was gonorrhea, with 76.7% prevalence among ever infected CSW. This was followed by syphilis (21.1%), while 2.4% stated that they were living with HIV/AIDS.

Health seeking behaviour of the sex workers in Lagos metropolis was relatively poor: about 39.9% of the infected sex workers stated that they visited a modern hospital for the treatment of the infection, some visited native doctors, while a significant proportion (43.0%) relied on self medication by purchasing drugs from a chemist.

Prevalence of induced abortion among female sex workers

Data on level of conception among the sex workers (see Table 3 below) revealed that 59.1% of the sample had been pregnant in the course of their work, and 99.5% of those pregnancies were aborted through induced abortion. Only 45.7% of the abortions were done in modern hospitals through D & C, while others (54.3%) were either done by drinking of local concoctions or by self medication through purchase of drugs from the chemist.

TABLE 2. PERCENTAGE DISTRIBUTION OF COMMERCIAL SEX WORKERS BY KNOWLEDGE AND PREVALENCE OF STIS.

Variable	*Number*	*Percentage*
Have you heard of any STIs?		
Yes	296	92.5
No	21	6.6
No response	3	0.9
Total	**320**	**100.0**
Mention the STI you have heard often (first option mentioned)		
HIV/AIDS	172	58.1
Gonorrhea	82	27.7
Syphilis	25	8.5
No response	17	5.7
Total	**296**	**100.0**
Have you ever contracted a STI since you started this job?		
Yes	165	51.6
No	155	48.4
Total	**320**	**100.0**
If you have contracted any STIs, kindly mention one you have contracted		
Gonorrhea	126	76.4
Syphilis	35	21.2
HIV/AIDS	4	2.4
Total	**165**	**100.0**
How did you treat the sexually transmitted infection?		
Bought drugs from chemist	71	43.0
Visited native doctor	27	16.4
Visited modern hospital	65	39.4
No response	2	1.2
Total	**165**	**100.0**

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TABLE 3. PERCENTAGE DISTRIBUTION OF FEMALE COMMERCIAL SEX WORKERS BY CONCEPTION AND INDUCED ABORTION

Variable	Number	Percentage
Have ever been pregnant in the course of this job?		
Yes	189	59.1
No	131	40.9
Total	**320**	**100.0**
If you have been pregnant, how many times?		
Once	104	55.0
Twice	57	30.2
Thrice	20	10.6
Four times	5	2.6
Five times	3	1.6
Total	**189**	**100.0**
Have you ever had an induced abortion in order to remain in business?		
Yes	188	99.5
No	1	0.5
Total	**189**	**100.0**
How many times have you had induced abortion?		
Once	101	53.7
Twice	46	24.5
Often	41	21.8
Total	188	100.0
How did you carry out the induced abortion (s)?		
Purchased drugs from chemist	49	26.1
Drank some local concoction	53	28.2
D&C in modern hospital	86	45.7
Total	188	100.0

Factors affecting consistent use of condoms by female sex workers

In the previous section of this paper, it was established that poverty and food insecurity played significant roles in motivating young Nigerian women into the sex industry. Responses during in-depth interviews revealed that these same factors were responsible for the low level of condom use among CSW. One of the participants stated that:

> *I know HIV infection exists and it can be contracted through sexual relationship. I also know the infection can be prevented by regular use of condoms. But let me tell you the truth, many of our customers especially the regular ones are not always ready to use condom. Since many of us are into this business principally to make money in order to keep soul and body together, we have to allow them without the use of condom. I personally allow them and many of my friends in the business usually do. There is nothing we can do about it. We cannot help the situation we need to survive.*

Another female sex worker argued as follows:

> *It is dangerous to be talking of condoms to each and every customer. They will just abandon someone and go to another sex worker who is ready to do it without a condom. What we normally do is to charge higher price for those customers that want to go in without a condom relative to those ones that can use a condom.*

One of the participants explained the role of food insecurity in her attitude toward the use of condoms as follows:

> *Why are you talking about consistent use of condoms with clients during every sexual intercourse? Let me tell you, I joined sex industry in 1989 out of frustration. By then, I had no job, no food to eat and no money to take good care of myself. It was as if I would die because I lacked basic things of life. I have been in this business for about 14 years now; I live on daily income. From the money I used to make in a day, I pay the rent, buy clothes and buy my daily food. My regular customers don't use a condom, I will not even ask them to use it. They normally pay me very well. In addition, if any occasional customers can pay very well, I will not bother him with the use of a condom. I need money to eat and to look better to attract more customers.*

The above responses show that the sex industry in Nigeria is highly competitive, in urban centres. Thus, each of the female sex workers strives to maximise their daily income, and they will do anything to achieve this objective. Poverty and food insecurity made many of the sex workers join the sex industry; these same factors hinder consistent use of condoms and the practice of safe sex by female sex workers in the sex industry in Lagos.

Initiatives of sex workers in Nigeria to influence the sex industry in the country

Various activities had been introduced to make the sex industry safer in Nigeria. One of these is the association of sex workers, known as Nigeria Vulnerable Women Association (NIVWA). The group consists of HIV positive and negative female sex workers who have come forward to give sex workers a face, resist the stigma and discrimination meted out to them by society, and to fight the violence and injustice they suffer at the hands of their clients, the police, and other law enforcement agents. The mission of NIVWA is "to ensure that deprived and marginalised women

especially sex workers are given the recognition and support they deserve, such as protection of the law, acceptable living/working conditions and access to healthcare and other social services that are available to every other Nigerian citizen". This will be achieved through research, advocacy, information sharing, and capacity building. The three objectives of the association are: (1) to raise awareness on the health and welfare needs of female sex workers in Nigeria; (2) to create awareness in the general public about violence and injustice inflicted on sex workers and other vulnerable women in Nigeria; (3) to ensure that the economic and psychosocial needs of vulnerable women and their children are addressed. This association was formed in 2005. It is expected that adequate utilisation of the association and the objectives of the association by local and international agencies in the country will make government and the general public more sensitive to the plight of sex workers, and thereby make sex work safe in Nigeria.

Conclusion and recommendations

The number of people living with HIV/AIDS continues to grow in Nigeria. Heterosexual contact is the major route of HIV transmission in the country. This study indicated that poverty and food insecurity contributed to many young female Nigerians joining the sex industry. Since existence determines essence, as argued by Karl Marx, the struggle for food security and victory over poverty influences the majority of the sex workers in the metropolis not to use condoms regularly during sexual intercourse. Specifically, most of the sex workers would accept sex without a condom if they deal with their regular customers, or where clients would pay more. On the basis of the findings of this study, it is important for the Nigerian government to improve local production of food, in order to meet the basic food needs of the Nigerian populace. If this need could be met, poverty levels would invariably be reduced, which would contribute to the control and prevention of HIV/AIDS. The proportion of young female Nigerians joining the sex industry would be drastically reduced, while those who prefer working in the sex industry would be able to negotiate more effectively for the use of condoms. This would be possible if they were sure of meeting their basic daily food needs, even if they turned down a client who refused to use condoms. Invariably, the rate of HIV transmission would decline among CSW in particular and among the general populace in the country at large. In addition, there is a need to intensify HIV/AIDS prevention programmes among sex workers in the country. They need to be educated about the fact that regular clients and those who can pay more for sex without condoms do have other sexual partners, and they are potential carriers of the HIV virus. Thus they need to protect themselves always, especially in the course of their work in the sex industry. Combinations of these two recommendations will go a long way toward halting and reversing the rapid transmission of HIV in Nigeria.

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