HIV RISK PERCEPTION AND PREVENTION AMONG SEX WORKERS IN IKOT EKPENE LOCAL GOVERNMENT AREA OF AKWA IBOM STATE, NIGERIA

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ABSTRACT

This study examines perception of HIV risk and prevention strategies of sex workers in Akwa Ibom State, using qualitative data gathered during fieldwork with 85 female sex workers recruited through systematic, criterion and snowball sampling techniques in Ibiakpan junction, Ikot Ekpene Local Government Area. The study was designed as a qualitative ethnography and data were collected through in-depth personal interviews and Focus Group Discussions (FGDs). Findings show that whereas these sex workers have a high level of knowledge of HIV/AIDS, its mode of transmission, preventive measures and common symptoms, this knowledge is hardly translated into action. They continue to engage in high risk behaviour such as alcoholism, unprotected sex and multiple sexual partners, which increases their vulnerability to HIV infection and undesirable sexual health outcomes. The paper contends that poverty, marginality and disempowerment compel sex workers to redefine and reconstitute the meanings of risks in ways that increases risks in their work. HIV Intervention programs seeking to prevent infection among sex workers must bolster their capacity to translate their knowledge to practice, advocate against punitive laws on sex work, reduce poverty and assist sex workers in changing high risk behaviour.

Keywords: *Behaviour; female sex workers; HIV/AIDS; negotiation; risk.*

INTRODUCTION

Since its emergence in the late 20th century, HIV/AIDS has ravaged the lives of many people globally, with sub-Saharan Africa bearing the heaviest burden (Seckinelgin, 2008). In 2005, more than half (25.8 million) of the 40.3 million people who were infected with the virus were in sub-Saharan Africa (UNAIDS, 2005). Apart from vertical transmissions (particularly from mother-to-child), HIV in sub-Saharan Africa is almost entirely a heterosexually transmitted epidemic. High risk population groups such as prostitutes constitute a major source and a significant proportion of the infected population (Caldwell, 1995). Sex workers are highly vulnerable to HIV infection. Even in countries like India, Indonesia, Cambodia and Russia where the prevalence rate is low, HIV has spread rapidly among sex workers with prevalence figure of 65% in some sex workers population (WHO, 2004). In sub-Saharan Africa, the figures range from 30% in Yaoundé in Cameroun to 75% in Kisumu, Kenya (Ibid). In most countries in sub-Saharan Africa, such as Nigeria, the epidemic is self-sustaining among prostitutes (Caldwell, 1995).

Rising demand for sex outside of marriage has encouraged the growth of the sex industry in many countries of the world. Yet sex work continues to evoke negative reactions from the society. In many countries, sex workers are stigmatized and discriminated against by members of the public. Negative attitude towards sex work stem from the fact that it offends public morality and is a major contributor to the spread of Sexually Transmitted Infections (STIs), including HIV/AIDS.

In Nigeria, sex work is illegal and sex workers experience much negative treatments. They are easily the targets of harassment and exploitation by clients and law enforcement agents (Orubuloye et. al. 1994; Williams, 1994; Aral, Lawrence & Tikhonova, 2003). Social and legal sanctions against sex work however succeeded only in displacing and relocating the trade into various unobtrusive sites and arrangements (cf Harcourt & Donovan, 2005). Sex work is not a convenient or preferred vocational option for those engaged in it. Studies (Izugbara, 2007; Esu-Williams, 1994; Outwater, 2001) show that contemporary sex workers were coerced into their particular type of work by poverty, illiteracy, divorce/widowhood and lack of capital for income generation. The socio-economic problems that have afflicted Nigeria in the last 2 decades have had a very adverse effect on the livelihood of women. Many of them bear a heavy burden of unremunerated work of food production and ensuring the survival of their households. Since most Nigerian women are uneducated and do not have the financial capital to trade selling sex becomes their only means of escaping from the vicious trap of hardship, marginality and deprivation. Sex work serves as a source of income for sex workers, their dependents and associates. Caldwell (1995) writes that sex work is quite lucrative and generally provides poor women an opportunity to earn an income and improve their condition of living.

Sex workers are highly vulnerable to infection with HIV and other STIs (Outwater, Nkya, L. and Lyamuga, 2001; Akinawo, 1995). The high risk of HIV infection in sex work is due to high rate of STIs among sex workers and high risk behaviour including alcohol consumption and unprotected sex with multiple partners. Poor socio-economic condition of most sex workers makes them very desperate for money to the extent of accepting and serving very many of clients per day. This dynamic undermines their ability to negotiate safer sex and increase their vulnerability to negative sexual health outcomes. Furthermore, police violence against sex workers compounds their problem and frustrates HIV interventions targeting them.

Intervention programs addressing sexual health problems among sex workers often neglect the critical views of the sex workers themselves. Most of these programs are designed based solely on the common sense knowledge of experts. However, since most interventions focus on the sexual behaviour of sex workers, there is need to integrate their perspectives on HIV/AIDS, the factors that drive its spread among them and the strategies they adopt in managing HIV infection risk inorder to enrich existing interventions and guarantee their acceptance and sustainability. This paper reports findings of a qualitative study on HIV risk management conducted among female sex workers in Nigeria.

METHODOLOGY

The study was carried out in Ibiakpan, an urban centre in Ikot Ekpene Local Government Area (LGA) of Akwa Ibom State, Nigeria. The key site of the research was a junction spot popularly known as Ibiakpan Junction. The junction not only links two major federal roads leading to the northern and southern parts of the country, but also constitutes a veritable site for interaction between stable and mobile populations. Ibiakpan is a rapidly urbanizing community, located a few kilometers away from Uyo, the administrative capital of the state. As a junction town2, Ibiakpan is very central to emerging HIV intervention in Nigeria. A junction town is "a unique high risk setting, a hot spot located within a geographical area with contiguous borders leading to other major destinations" (DRPC, 2002). They further observe that in this type of location "mobile high risk populations come into contact with stable populations, creating unique forms of risk settings and risk factors that contributes to the spread of HIV/AIDS" (DRPC, 2002).

The estimated population of the immediate surroundings of the junction is roughly 40, 000 people. Key population groups in this vicinity includes haulage, tanker, lorry and trailer drivers, commercial motorcyclists, local mechanical technicians, traders and an ubiquitous population of sex workers, including brothel-based, itinerant and free-floating prostitutes. A wide range of socio-economic activities abound in the community such as trading, barbing, food vending, shoe repairs, mechanics etcetera. There are about 46 brothels exist in this junction town.

Eighty five (85) female sex workers participated in the study. They were recruited through a multi-stage sampling technique (Barker, 1995). They were selected in quotas from brothel-based and casual sex work groups inorder to ensure the systematic inclusion of the perspectives of all types of sex workers in the community. Casual sex workers were selected through criterion and snowball sampling involving the selection of the initial casual sex workers according to a specific criterion (the casual nature of their operation) and enlisting her assistance to identify other casual sex workers for interviews. This process continued until the estimated number of casual sex workers to be interviewed was reached.

The selection of brothel based sex workers relied on systematic sampling procedure involving identification and enumeration of all brothels within the research community with the help of local informants. Thereafter, every fifth brothel on the sampling frame thus constructed were selected and the managers of the selected brothels were contacted and their permission was obtained to interview sex workers in their brothels. To reduce tension and negative reactions to the research, an initial visit was undertaken to the area to meet and build rapport with brothel managers and other stakeholders in the sex trade in the community, and to enlist their support and co-operation towards the success of the research.

Data collection was based on in-depth personal and group interviews using unstructured interview guides. The survey instruments were validated by research methodologists from the local university. Individual and group interviews were

conducted by 5 trained male field workers, who probed participants' views on HIV/AIDS, the behaviour that puts them at risk of infection with the virus and the strategies they adopt to prevent infection. Male field workers were employed because female sex workers resent talking to female interviewers about sensitive and stigmatizing issues of selling sex. Interviews were conducted in Pidgin-English, each episode lasting for an average of 20 minutes. The verbal consents of each participant were obtained to record their responses to interview questions. They were given assurances that their responses will be treated confidentially and anonymously. Audio tapes of the personal and group interviews were transcribed and translated into English Language by the field workers. The transcripts were independently reviewed by professional Linguists from recognized universities. They (transcripts of interviews and FGDs) yielded a very rich qualitative data-base. The thematic approach to data analysis formulated by Emerson, Fretz & Shaw (1995) was adopted in the analysis of the data. This involved data coding by reading through the transcripts thoroughly and repeatedly to identify and formulate all the themes that emerge. Thereafter, memos were written based on the coded data to refine and analyze connections and implications across the themes. Finally, an integrative memo was drafted to synthesize and build up the emergent themes into a coherent collection of narratives on perception and management of HIV risk among female sex workers. Key responses were marked and are cited verbatim as interview extracts in this report.

RESULTS AND DISCUSSION

Sex Workers Profile

Eighty five sex workers participated in the study. The bulk of them (55.2%) were between the ages of 21 - 26 years; 24.7% were in their late twenties (25 - 29 years), while 20% were above 30 years. Interview data indicates that 15.2% of these sex workers were married, and 3.5% were divorced or separated. Most sex workers were Christians of the catholic and protestant denominations. A few self-identified as 'unchurched'3 and traditional worshipers. The majority of sex workers (54.1%) had formal education only to the secondary school level. Only a few participants (20%) had tertiary education. The rest were either uneducated or went only as far as primary school. A significant percentage of the sex workers (52%) subsidize their earnings from sex work with income generated from food vending; trade in cosmetics, hair dressing and other part time economic activities.

They ply their trade in a junction town were the demand and supply of sexual services are determined by modern commercial and industrial activities in the surrounding area (Hashim et al no date). The price of sexual service tends to be fixed, even though there is room for negotiation. Access to sex workers in the area is mostly facilitated by pimps. The risk of sexual violence is very high in this junction town, including clients' refusal to pay for services, physical assault and stabbing.

Sex Workers' Notions of HIV/AIDS

Data indicates a very high level of knowledge of HIV/AIDS among sex workers. They were well aware of the alarming rate of infection in the country, and in the state in particular. A sex worker affirmed that she knows "this disease that people talk about these days called HIV". They variously described it as "an infectious disease that is transmitted from one person to another through sexual intercourse", "a disease passed on through blood", a dangerous disease", and a "path to the grave". Sex workers were also in the know about the modes of transmission of the disease. Their accounts of HIV/AIDS privileged sexual intercourse as the major route of transmission. This is evident in the ample reference to 'sex' in their narratives. A casual sex worker opined:

> *HIV is very rampant these days. It is talked about everywhere so that it is not possible that anybody will not be aware of its existence. It is contracted by sexual intercourse without condom. It is everywhere (Anonymous Respondent, 2008: Personal Interviews).*

They also acknowledged others modes of transmission such as transmission from a mother to the child during delivery or breastfeeding, transfusion of unscreened blood, using unsterilized skin piercing instruments such as needle, razor, clippers etcetera. Not all of them however, had an accurate knowledge of the modes of transmission of HIV, unlike awareness of its existence and prevalence. A small percentage of the participants (13%) held some woefully inaccurate ideas of how the disease is translated. They averred that it is transmitted by mosquitoes, along with the other modes and by sharing personal items with an infected person.

The bulk of sex workers (65%) reported that they have seen at least one HIV infected person and this experience bolstered their belief in the reality of the disease. A sex worker mentioned an infected person she saw with 'marked changes and deterioration in his body'. For these sex workers the key signs of HIV infection are emaciation of the body, frequent stooling, body rashes and a white coat in the mouth (oral thrush). A common refrain in their accounts of eye witness to the disease were shock and sympathy for these infected persons. They echoed the need to show love and compassion to HIV infected persons rather than stigmatize and discriminate against them. We were told:

> *These people (infected persons) need love and understanding. We should not treat them badly or reject them because they have this sickness. Some of them did not get it through sex. We should help them so they can live long (Emphasis mine) (Anonymous Respondent, 2008: Personal Interviews).*

However, these sentiments were not shared by all the sex workers. Some of them (17%) stated that they wouldn't share things in common with people living with the disease (PLWHAs). They enumerated the major ways of preventing infection to include abstaining from sex, using condom and being faithful to one's partner. They however, admitted that it was difficult to abstain from sex completely. Some spoke out bluntly that they cannot stay away from sex because they have to survive. Interview data shows that majority of sex workers have not undergone HIV testing.

The major reason they gave for not testing were fear of testing positive. A few others said they have not been approached by the agents who conduct the tests. However, interview accounts indicate that majority of the sex workers know where to go for the test and that the test is free.

Preventing HIV in Sex Work: Sex Workers' Strategies

Sex workers engage in behaviour that puts them at high risk of contracting the HIV. An important risk factor for the sex workers is the variability of the partners with whom they have sex. Most of them (56%) reported having sex with different men who solicit their service. The frequency of sexual service rendered by the sex workers further compounds their problem. Interview data reveals that some sex workers service up to four (4) men pay night. Frequent sex with many and diverse partners dramatically increases the risk of infection among these sex workers.

The bulk of these sex workers were young migrants from neighbouring communities to the city, especially the junction neighborhood, in search of means of livelihood. As noted earlier, most of them are pressured into sex work by poverty. Thus to increase their earning from sexual service they have sex with many partners. Their clients include haulage drivers, commercial motorcyclists and long distance travelers from various parts of the country, who stop over at the parks to pass the night. The junction parks provide security from robbers on the high way, a safe resting place in the night and sexual service on a long journey away from home. A participant (a matron of one of the brothels in the park) told us:

> *... Most of the people who come in here looking for a place to sleep, and a woman to sleep with do not go searching by themselves. They look for me and I will find a place for them in this motel. Then I will look for a lady for them or direct them to where they can find good women (Anonymous Respondent, 2008: Personal Interviews).*

Participants' accounts indicate that some of these men who procure their sexual services end up developing stable relationships with them. These men often seek out the same ladies whenever they return to the area. In this way, a deeper relationship evolves, which constitutes another risk factor for the sex workers. The risk here lies in the fact that, as their narratives show, they tend to lower their guards and insist less on the use of condom with increasing contact with a particular client. Such partners become 'special boy friends' who pay them better for each episode of sex and can obtain rare favours, including having sex without condom. Some of the sex workers stated that they do not insist on condom use with these types of partner because they trust them. A common refrain in such narratives were:

> *"I have my own special partners who I trust. I don't force them to use condom" (Itoro4, 24 years) "The man is my boy friend, we trust ourselves why should I insist that he use condom" (Gloria5, 29 years).*

All the same, 54% of the sex workers stated that they do not have sex with a client without using condom. They insisted that the client use condom. Only a few used female condom during sex. But the issue of consistent condom use was a different matter altogether. Only 37% of these sex workers affirmed using condom

consistently with clients. One of them told us that she tells her clients that 'no condom, no show'. The majority do not use condom in all episode of sex with clients. While some of them may raise the issue with their clients, they often give in to the demands and pressures of clients and matrons or to ensure that they do not lose the client and his money. Another risk behaviour that was noted among these sex workers was alcohol consumption and smoking of cigarette. Majority of them admitted that they drink beer and other alcoholic beverages while relaxing with their clients. Although some of them acknowledged the dangers inherent in their behaviour, their pointed out that such heavy drinking is pleasurable, paves the way for ecstatic sexual encounter and serves as a means of getting more money from their clients. For others, the stupor that result from alcohol consumption helps them overcome their fear of infection as well as circumvent the guilt associated with selling their sexuality. Alcohol consumption thus becomes a strategy for negotiating sex work risks and hazards; unfortunately it is an ineffective one since, as they assented, they do not remember to protect themselves when they are in a state of stupor.

CONCLUSION AND RECOMMENDATIONS

Female sex workers have been identified as a leading high risk group for HIV and a key target of interventions seeking to reduce these risks and guarantee their sexual health and well-being. However, the views of public health experts and international policy makers regarding risks behaviour and management procedures, which are based largely on a medical model that construes sex workers as the reservoirs of contagion, dominate these programs to the exclusion of the critical perspectives of the sex workers who are affected by them. Yet as recent studies show, to guarantee and even optimize success and sustainability, interventions must mainstream the views of those who will be affected by it. The present study elicited sex workers' accounts of HIV risk behaviour and how they manage them.

A key finding of the study is that sex workers are significantly knowledgeable about HIV/AIDS. They also possess a fairly accurate knowledge of is modes of transmission, preventive measures and key signs and symptoms of infection. Increase in the level of awareness of HIV/AIDS among sex workers is due largely to the sensitization campaigns of Community-Based Organizations (CBOs) working on HIV/AIDS issues at the grassroots level over the last decade, including networks of PLWHAS. This reality challenges experts' assumptions that sex workers are largely ignorant or inaccurately informed about HIV. The current level of awareness provides a solid basis for interventions that engage sex workers as agents in the prevention and control of infection and improvement of their sexual health. Around the world, sex workers have demonstrated their capacity as transformational agents in disease control, and HIV control strategies that does not involve them as empowered partners lacks the guarantee of success and sustainability (Goodyear, 2008).

It is also observable from the study that the high level of awareness of HIV among the sex workers has not been sufficiently translated into practice. Many of

them continue to engage in behaviour and practices that increase their risk of infection with the disease. This high risk behaviour includes unprotected sex, multiple partnering and consumption of alcohol. The issue of 'special partners' is particularly note worthy. Here, the uniqueness of the relationships and the better pay they attract for the sex workers tends to inscribe unprotected sex with safety (Izugbara, 2007; Hankins et. al. 2002). Furthermore, the clandestine and spur of the moment nature of sex work makes the observation of precautions difficult and sex workers and their clients do not readily perceive these behaviour as being risky. Alcohol consumption has been shown to compromise sex workers' judgments and undermine their ability to negotiate safe sex (Malta et. al. 2008). Taken together, these factors deepen sex workers' vulnerability to negative sexual health outcomes, including HIV infection. At the macro level, they speak to the fundamental issues of poverty, marginality and disempowerment which "continue to compel sex workers to redefine and reconstitute the meanings of risks in ways that increase their vulnerability to sexual and reproductive health dangers" (Izugbara, 2007).

In view of the above, HIV intervention programs targeting sex workers should seek to bolster their capacity to translate their knowledge to practice by ensuring that their work environment maximizes their assertiveness, self-determination and access to justice. To achieve this, punitive laws against sex workers should be repelled in order to check their abuse and exploitation by clients and law enforcement agents. Furthermore, peer education and support programs should be mounted to assist these sex workers to break with high risk behaviour such as alcohol consumption and unprotected sex. Commensurate with the survival motive of contemporary sex work, interventions should contain poverty reduction components seeking to improve the living condition of sex workers and reduce their dependence on clients' pay as well as assist those that are willing to opt out of the trade to do so.

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