

Original Research Article**SEXUAL PRACTICES OF FEMALE SEX WORKERS IN IBADAN,
NIGERIA****ABSTRACT**

Female Sex Workers (FSWs) are highly at risk to sexually transmitted infection considering the factors associated to the nature of their work (multiple sex partners, violence, and drug use). Some of the contributing factors to HIV problem in Oyo state include promiscuity and multiple sexual partner which is related with sex workers working condition. This study assessed sexual practices of female sex workers in Ibadan, Nigeria.

A three stage sampling method was used to select 205 female sex workers in four major brothels in Ibadan and data was collected using an interviewer administered semi-structured questionnaire to document respondents sexual practices. Data were analysed using descriptive statistics and Chi-square test.

The mean age was 27.0 ± 4.52 years. Many (44.4%) of the respondents had secondary school certificate, 70.7% were Christians and 5.9% were currently married. Few (1.5%) of the respondents had never used condom, sometimes (37.6%), and 42.0% reported using condom most of the time. Many (47.3%) of the respondents sometimes drink alcoholic beverages prior to or during sexual intercourse, 6.3% most of the times, use cocaine or other drug prior to or during intercourse and only 15.6% always avoid sexual intercourse when they have sores or irritation in their genitals.

Consistency in condom use should be encouraged among female sex workers and interventions targeted at reducing alcohol intake should be planned and implemented.

Key words: Female sex workers, HIV-AIDS, Sexual practice, Sexual behaviour, Brothel-based

INTRODUCTION

The high prevalence of HIV among female sex workers (FSWs) is one of the major factors in the spread of the disease epidemic (UNAIDS, 2008). Female sex workers are highly at risk to sexually transmitted infection considering the factors associated with the nature of their work

30 (multiple sex partner, violence, drug use) (Spice, 2007). A female sex worker in Lagos was
31 among the first set of individuals diagnosed with AIDS in Nigeria and 24.5% of FSWs in
32 Nigeria are living with HIV (Abdulsalam and Tekena, 2006; NACA, 2015).

33 The level of exposure of a female sex worker to HIV is determined by her sexual practice,
34 thus a female sex worker who practices safe sex has a lower level of risk compared to one
35 who practices unsafe sex. Safe sex is described as sexual contact that doesn't involve the
36 exchange of fluids (semen, vagina fluid, blood) between partners which is properly achieved
37 majorly by the consistent use of a condom (Better Health Channel, 2014). According to the
38 CDC (2016), the use of condoms consistently and correctly is a safe sexual practice, which is
39 very effective and efficient at preventing STI's including HIV.

40 Studies have shown that women who practise unsafe sexual behaviours do so because of
41 several factors. Bukenya et al (2013) reported in their study that 40.0% of women who
42 engage in high risk sexual behaviour in Kampala were not consistently using condoms with
43 paying clients. Irene and Aikhole (2016) however, reported that some of the contributing
44 factors to HIV prevalence in Oyo state includes promiscuity and multiple sexual partners
45 which is related with sex workers working condition. Furthermore, it was also reported that it
46 is a social norm for some female sex workers not to use condom with their boyfriends who in
47 most cases are their regular sex partners. However, unprotected sex could happen with paying
48 clients due to the influence of drugs, alcohol, and being offered large sums of money
49 (Onyango et al., 2012; Adelekan et al., 2014; Ankomah et al., 2011; Umar et al., 2002).

50 Ankomah et al (2011) stated that customers of sex workers are always the king when it comes
51 to negotiating condom use because they determine the amount of money given to the sex
52 workers. Likewise, in a study among Brothel based Female Sex Workers in Osogbo,
53 Southwest-Nigeria, Adelekan et al (2014) reported that even though some FSWs had never
54 tested positive for HIV and few had ever been treated for STI more than once. However, they
55 acknowledged having multiple sexual partners and were willing to have male clients who do
56 not wear a condom in exchange for more money ~~in return~~.

57 Meanwhile, HIV prevalence among the general population in Nigeria has been declining
58 from its peak of 5.8% in 2001 to 4.1% in 2011 (FMoH, 2010). However, the prevalence
59 among brothel-based sex workers has shown no sign of declining (Ankomah et al., 2011).
60 Furthermore, Okafor et al (2017) reported that the prevalence of HIV amongst Brothel based
61 female sex workers in Nigeria was significantly higher than its prevalence among Non

62 Brothel based Female Sex Workers (21.0% vs. 15.5%). Also, in an attempt to understand the
63 sexual practices of sex workers in Ibadan, a study among commercial sex workers in 21
64 brothels in Ibadan municipal was conducted about a decade ago and revealed that relatively,
65 respondents always insisted on condom use before sex with their clients but a few of them
66 (1.4%) often do not, and of those who asked clients to use condoms, 69.5% of them would
67 refuse sex without condoms, 16.6% would do nothing and have sex without condoms while
68 4.4% would charge extra money (Umar et al., 2002). Hence, this study is therefore designed
69 to determine the current sexual practices of brothel based FSWs in Ibadan, Nigeria.

70 **METHODOLOGY**

71 **Study Design and Scope**

72 This is a descriptive cross-sectional study. The scope of the study was delimited to sexual
73 practices of female sex workers in Ibadan, Nigeria.

74 **Study Area**

75 The study area for this project was Ibadan, Nigeria. The population of Ibadan as at 2007 was
76 estimated to be 3,847,472. Ibadan municipality is divided into 11 Local Government Areas
77 (LGAs). The inner core areas form the old part of the city, inhabited, for the most part, by
78 people with a low level of education. These areas are highly congested and overcrowded,
79 have few and poor roads, limited amenities, and many public health problems. The suburban
80 periphery is described as the elite area, containing modern low-density residential estates,
81 occupied by professionals and other high-income groups (Arulogun et al., 2012).

82

83 **Study Population**

84 The study population are brothel based FSWs in Ibadan metropolis, Oyo State, Nigeria.

85 **Sample size Determination**

86 The sample size was calculated using the formula

$$87 \quad n = \frac{z^2 pq}{d^2}$$

88 n = sample size

89 z = the standard normal deviation which corresponds to the 95% confidence level (1.96)

90 p = estimate of key proportion (92.9% or 0.929). Percentage of sex workers reporting the use
91 of a condom with their most recent client (Nigeria 2014 GARPR Report, 2014)

92 q = $1 - p$ ($1 - 0.929 = 0.071$)

93 $d =$ degree of accuracy desired (0.05)

94 $n = \frac{1.96^2 \times 0.929 \times 0.071}{0.05^2}$

95

96 $= 101.355$

97 The sample size was increased to 250 for generalization of findings.

98 $n = 250$

99 **Sampling Procedure**

100 A total of 250 sex workers were used for this study and a three stage sampling technique was
101 adopted in selecting the respondents.

102 Stage 1: Two LGAs were purposively selected because of heavy presence of sex workers in
103 these LGAs. The selected LGAs are Ibadan-North and Ibadan North-West.

104 Stage 2: The brothels in the two LGAs were stratified into four clusters namely Kara at
105 Bodija, Ekotedo, Queen Cinema and Mokola clusters.

106 Stage 3. All consenting respondents in all the clusters were interviewed.

107 **Method for data collection**

108 A quantitative method of data collection was adopted for this study.

109 **The Questionnaire**

110 An interviewer administered questionnaire was used to obtain the necessary information from
111 the respondents. The questionnaire was developed by the researchers based on literature
112 reviewed together with input from health promotion specialists in the Faculty of Public
113 Health, University of Ibadan. The questionnaire was used to collect information on the socio
114 demographic data of the respondents and sexual practice and was administered by the
115 research assistants.

116 **Pretest of Instrument**

117 The questionnaire was pre-tested to enable the researchers make final adjustments and to find
118 out how reliable and consistent the questions were. The Cronbach's Alpha Model technique
119 was employed to measure the reliability of the instrument. This involves administering the
120 questionnaire once to 10% of FSWs in Osogbo which has similar characteristics with the
121 study population and consequently the coefficient reliability was calculated using SPSS
122 computer software and correlation coefficient of 0.084 was gotten for the instrument.

123

124 Data Collection Process

125 Five (5) research assistants (Male=2 and Female=3) were recruited to assist the researchers in
126 collecting data for the study. Two of the research assistants have a master of public health
127 degree while the remaining three have a bachelor degree in health and health related.
128 Training was conducted for the research assistants to ensure that they have adequate
129 understanding of the instruments' prior to commencement of data collection. The training
130 focused on the objectives and importance of the study, sampling process, how to secure
131 respondents informed consent, basic interviewing skills and how to review questionnaires to
132 ensure completeness. The research assistants went to all the brothels that were used for this
133 study together with the researchers. The research assistants were responsible for collecting
134 data for the study. The data were collected within the period of 17 days. Consent of all the
135 respondents were obtained before the interview and the objectives of the study were
136 explained to them.

137 Data Management, Analysis and Presentation

138 The completed copies of the questionnaire were serially numbered for control and recall
139 purposes. Data collected was checked for completeness and accuracy on a daily basis. The
140 data collected was collated, screened, scored and entered into computer. The Statistical
141 Package for Social Science (SPSS) was used for the analysis of the data. Descriptive statistics
142 and Chi-Square were used. Frequencies were generated and cross tabulation of some
143 variables.

144 Ethical Consideration

145 Informed consent was also obtained from the respondents by given them informed consent
146 form to fill according to their ability to read and write. The informed consent form spelled out
147 the title of the study, the purpose of the study, justification for doing the study as well as the
148 benefit that will be derived from the end of the study. Participation in the study was voluntary
149 and there was no criticism of respondents who refuse to participate or wish to withdraw from
150 the study. No identifier like respondents name or address was written on the questionnaire so
151 as to keep the information given by each respondent confidential.

152 RESULTS**153 Socio-Demographic Characteristics**

154 A total of 205 respondents completed the questionnaire given a response rate of 82.0%. The
155 mean age of the respondents was 27.0 ± 4.5 years. Most (70.7%) of the respondents were

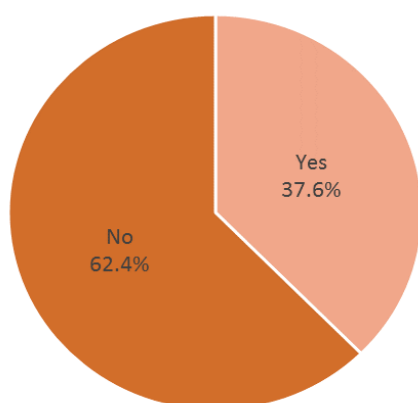
156 Christians and 5.9% were currently married. Most (62.4%) of the respondents did not have a
 157 parent alive and 43.9% are living alone. Many (44.4%) of the respondents had a secondary
 158 school certificate and 33.7% did not have a good relationship with their parents. (Table 1)

159 **Table 1: Socio-Demographic Characteristics**

Demographics	Frequency
Religion	
Islam	52 (25.4)
Christianity	145 (70.7)
Others	8 (3.9)
Ethnicity	
Yoruba	81 (39.5)
Igbo	71 (34.6)
Hausa	23 (11.2)
Edo	19 (9.3)
Others	11 (5.4)
Ever been married	
Yes	67 (32.7)
No	138 (67.3)
Current Marital status	
Single	134 (65.4)
Married	12 (5.9)
Living with someone as if you are married	4 (2.0)
Separated	34 (16.6)
Divorced	13 (6.3)
Widowed	8 (3.9)
Living with	
Family	32 (15.6)
Alone	90 (43.9)
Friends	72 (35.1)
Partner	11 (5.4)

Level of education	
Illiterate	13 (6.3)
Primary Education	34 (16.6)
Secondary Education	91 (44.4)
OND/NCE	57 (27.8)
HND/First Degree	7 (3.4)
Post graduate	3 (1.5)

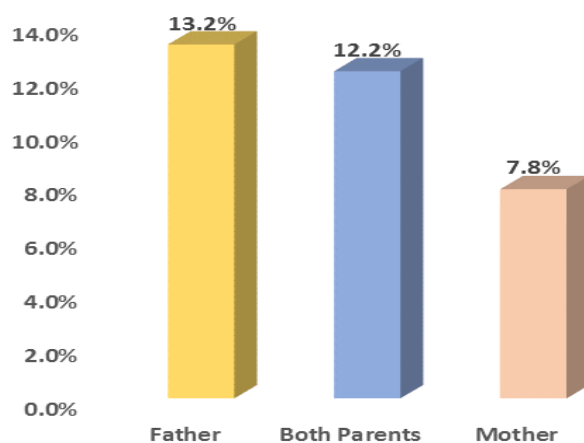
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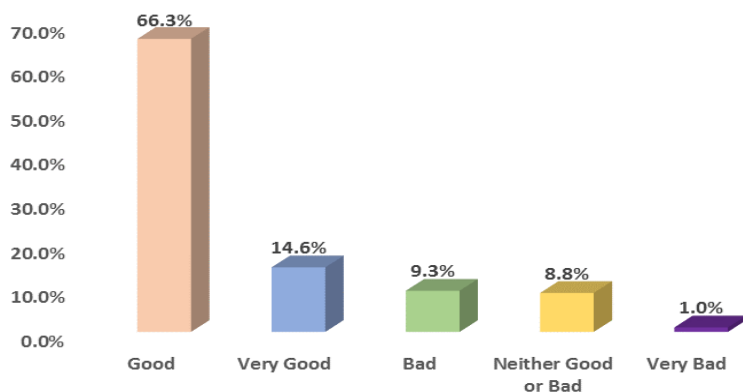
162 **Fig 1: Respondents with deceased parents**

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164

165 **Fig 2: Respondents' parent not alive**



166

167 **Fig 3: Respondents' relationship with parents**

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169 **Respondent's Sexual practice**

170 Almost all (99.0%) the respondents had ever used condom. Most (78.5%) of the respondents
 171 did not use condom at their first sexual experience. Reasons adduced included not having
 172 condom at hand (41.5%), could not get one (14.6%), and did not feel it was necessary (9.8%).

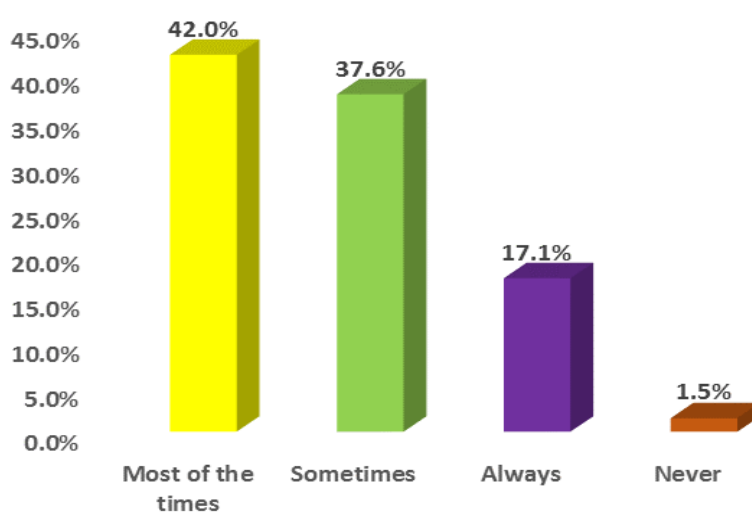
173 Most (89.3%) of the respondents reported using pregnancy prevention during the last sexual
 174 intercourse which included condom (69.8%), emergency contraceptives (17.1%) and
 175 withdrawal (12.7%). In the last one week, less than half (42.0%) reported using condom most
 176 of the time, sometimes (37.6%), always (17.1%) and never (1.5%) (Fig 4). On the issue of
 177 HIV prevention, most (85.9%) of the respondents reported using a condom, self-protection
 178 (52.7%), regular clinical check-ups (31.2%), avoiding certain types of men (29.3%) and
 179 fewer partners (7.3%). (Fig 5)

180 **Table 2: Respondent's sexual practices**

Sexual Practice	Yes (%)	No (%)
Ever used condom?	203 (99.0)	2 (1.0)
Condom used at first sexual intercourse	42 (20.5)	161 (78.5)
Reasons for not using condom at first sexual intercourse*		
Didn't have one at hand	85 (41.5)	94 (45.9)
A wish to become pregnant	2 (1.0)	176 (85.9)
Couldn't obtain one	30 (14.6)	148 (72.2)
Didn't like to use condom	2 (1.0)	175 (85.4)
Didn't think is necessary	20 (9.8)	140 (68.3)

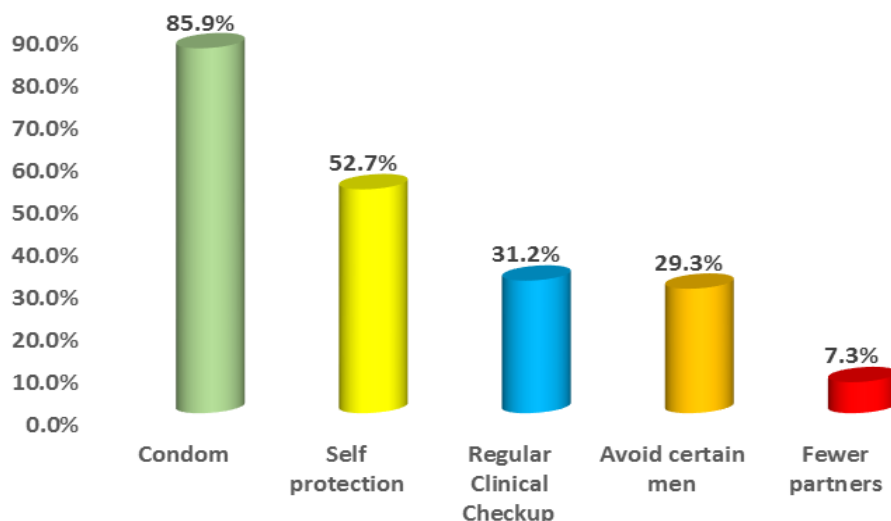
Reasons for using condom at first sexual intercourse*		
To be protected against pregnancy	45 (22.0)	153 (74.6)
Not to be infected with a disease	22 (10.7)	176 (85.9)
Not to be infected with HIV	22 (10.7)	175 (85.4)
Condom use at last sexual intercourse		
Condom used at last sexual intercourse	147 (71.7)	54 (26.3)
*Reasons for using condom at last sexual intercourse		
To be protected against pregnancy	110 (53.7)	90 (43.9)
Not to be infected with a disease	104 (50.7)	97 (47.3)
Not to be infected with HIV	117 (57.1)	84 (41.0)
Pregnancy prevention at last sexual Intercourse		
183 (89.3)	16 (7.8)	
*Method of avoiding pregnancy		
Douche vagina with water	18 (8.8)	177 (86.3)
Count dangerous days in menstrual cycle	15 (7.3)	179 (87.3)
Interrupt sexual act (withdraw)	26 (12.7)	165 (80.5)
Condom	143 (69.8)	47 (22.9)
Emergency contraceptives (postinor)	35 (17.1)	158 (77.1)
Family planning	17 (8.3)	175 (85.4)
Protection from contacting HIV		
139 (67.8)	19 (9.3)	

181 *Multiple response



182

183 **Fig 4: Respondents' use of condoms in the last one week**



184

185 **Fig 5: Respondents means of protecting against AIDS**

186 **Respondents Degree of Sexual Practice**

187 Few (3.9%) of the respondents never insisted on condom use when having sexual intercourse,
 188 6.3% use cocaine or other drug prior to or during intercourse most of the time and 18.5%
 189 never avoid sexual intercourse when they have sores or irritation in their genitals. A little
 190 above half (50.2%) of the respondents sometimes refuse to have sexual intercourse if a client
 191 insists on sexual intercourse without a condom, 5.4% always have anal sex without condom
 192 and 3.9% always drink alcoholic beverages prior to or during sexual intercourse (Table 3)

193 **Table 3: Respondents degree of sexual practices**

Sexual Practices	Never (%)	Sometimes (%)	Most of The Time (%)	Always (%)
Insist on condom use when having sexual intercourse.	8 (3.9)	129 (62.9)	44 (21.5)	15 (7.3)
Use cocaine or other drugs prior to or during sexual intercourse.	119 (58.0)	63 (30.7)	13 (6.3)	2 (1.0)
Avoid sexual intercourse when sores or irritation are in genital area.	38 (18.5)	96 (46.8)	31 (15.1)	32 (15.6)
Insist on examining sexual partner for sores, cuts, or abrasions in the genital area.	54 (26.3)	93 (45.4)	43 (21.0)	8 (3.9)

Disagree with information that partner/client presents on safer sex practices, state point of view.	48 (23.4)	104 (50.7)	40 (19.5)	9 (4.4)
If swept away in the passion of the moment, sexual intercourse is done without using a condom	22 (10.7)	121 (59.0)	55 (26.8)	0 (0)
If partner/ client insists on sexual intercourse without a condom, sexual intercourse is refused	35 (17.1)	103 (50.2)	55 (26.8)	6 (2.9)
It is difficult to discuss sexual issues with clients/ sexual partners	43 (21.0)	85 (41.5)	52 (25.4)	13 (6.3)
Initiates the topic of safer sex with potential sexual partner	46 (22.4)	104 (50.7)	30 (14.6)	10 (4.9)
Engage in anal intercourse without using a condom	79 (38.5)	75 (36.6)	34 (16.6)	11 (5.4)

194

195

196 **DISCUSSION**

197 Many of the respondents were currently single. This is similar to findings of studies by
198 (Adelekan et al., 2014; Roxburgh et al., 2005; Andrew et al., 2015) where it was also reported
199 that majority of their respondents were single. Many of the respondents had secondary school
200 certificate corroborating findings in a similar study by Adelekan et al (2014). However, many
201 of the respondents did not make use of condom at first intercourse because there was no
202 condom at hand, which may possibly be related to their awareness of the risk of HIV.

203 More than half of the respondents reported the use of condom as at the last time they had sex
204 so as to prevent diseases and pregnancy. The availability and accessibility of condom at first
205 sexual intercourse could have been lower than the availability and accessibility of condom at
206 last sexual intercourse. The use of condom to avoid pregnancy was more than its use to
207 prevent HIV at first sexual intercourse but at last sexual intercourse many of the respondents
208 made use of condom to prevent themselves from HIV than to avoid pregnancy. This shows
209 that the level of awareness on the use of condom in preventing HIV has improved.

210 The level of degree of sexual practices of many of the respondents was poor, this may not be
211 unconnected with drug use during and prior to sex. The respondents could have used cocaine
212 and other drugs to become bold, to negotiate with clients confidently, and to be strong in bed

213 with clients (Adelekan et al., 2014). Also, practice of anal sex without condoms by a few of
214 the female sex workers and non-avoiding of sexual intercourse when sores or irritation are in
215 the genital areas of Female Sex Workers predisposes them to poor and unsafe sexual
216 practices. Although, many of the respondents sometimes insist on the use of condom, the
217 observable inconsistency could be because some customers wonder if a sex worker is
218 infected with a disease if she insists on the use of condom and some female sex workers do
219 not insist on condom use with their boyfriends or regular sex partners (Basuki et al., 2002).
220 Lim et al., 2015 also reported low consistency in the use of condom among its participants,
221 most especially with their regular partners which correlated with low knowledge on sexual
222 and reproductive health. Moreso, the inconsistency in condom use could be as a result of
223 clients offering to pay more, respect for boyfriends, boyfriends that claim to be STI's free and
224 alcohol intake or substance abuse prior to sex (Population Council. 2015; Onyango et al.,
225 2012; Adelekan et al., 2014; Ankomah et al., 2011; Umar et al., 2002;).

226 Many of the respondents sometimes drink alcoholic beverages prior to or during sexual
227 intercourse. This is in line with studies by Verma et al (2010) and Heravian et al (2012)
228 which reported more than half of their respondents' consumption of alcohol before sex. This
229 also corroborate Mbonye et al (2016) study which reported high consumption of alcohol
230 among its respondents due to emotional and economic needs and at times their clients
231 encourage the consumption of the alcohol which ends up aiding unsafe sexual practice and
232 unprotected sex as the participants were intoxicated and won't remember to make use of
233 condom (Zhang et al., 2012).

234 **CONCLUSION**

235 This study revealed a low consistency in the use of condom which is a predisposing factor to
236 unsafe sexual practice since using condom consistently helps to achieve safer sexual
237 practices. Sensitisation and health education intervention on the health consequences of
238 alcohol and the role it plays in unsafe sexual practices. The intake of alcohol before or during
239 sexual activity among female sex workers, if addressed will help reduce unprotected sexual
240 practices among brothel based sexual workers. Even though many of the respondents have
241 never engaged in anal sex, majority of them sometimes refused to have sex if client refuse to
242 use condom. Hence, this could suggest high awareness of risk and perception of unsafe
243 sexual practice. Thus, confirming that the female sex workers value their health and
244 wellbeing more than the money that will be paid to them.

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