

**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 with 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 partners which is related to sex worker's working condition. This study assessed sexual practices of female sex workers in Ibadan, Nigeria.

This cross-sectional study used a three-stage sampling method to select 205 female sex workers in Ibadan. Data were collected using an interviewer-administered semi-structured questionnaire to explore respondents' sexual practices. Data were analysed using descriptive statistics and Chi-square test.

The mean age was 27.0 ±4.52 years. A majority (44.4%) of the respondents had secondary school certificate, 70.7% were Christians while 5.9% were currently married. Few 1.5% of the respondents had never used condom, 37.6% of respondents had sometimes used condom 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% use cocaine or another drug prior to or during intercourse most of the times 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, 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 (multiple sex partner, violence, drug use) (Spice, 2007). A female sex worker in Lagos was

31 among the first set of individuals diagnosed with HIV/AIDS in Nigeria and 24.5% of FSWs
32 in Nigeria are living with HIV (Abdulsalam and Tekena, 2006; NACA, 2015).

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

41 Studies have shown that women who practice unsafe sexual behaviours do so because of
42 several factors. Bukenya et al (2013) reported in their study in Kampala that 40.0% of
43 participants were not consistently using condoms with paying clients. Irene and Aikhole
44 (2016) however, reported that some of the contributing factors to HIV prevalence in Oyo
45 state includes promiscuity and multiple sexual partners which is related to sex workers
46 working condition. Furthermore, it was also reported that it is a social norm for some female
47 sex workers not to use condom with their boyfriends who in most cases are their regular sex
48 partners. However, unprotected sex could happen with paying clients due to the influence of
49 drugs, alcohol, and being offered large sums of money (Onyango et al., 2012; Adelekan et al.,
50 2014; Ankomah et al., 2011; Umar et al., 2002).

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

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

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

71 **METHODOLOGY**

72 **Study Design and Scope**

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

75 **Study Area**

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

83 **Study Population**

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

85 **Sample size Determination**

86 The sample size was calculated using the formula

$$87 \quad n = \frac{z^2 pq}{d^2} \quad (\text{Lwanga and Lemeshow, 1991})$$

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 recruited for this study through a three-stage sampling
101 technique.

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 to make final adjustments and to
118 find out how reliable and consistent the questions were. The Cronbach's Alpha Model
119 technique was employed to measure the reliability of the instrument. This involves
120 administering the questionnaire once to 10% (25 questionnaires) of FSWs in Osogbo which
121 has similar characteristics with the study population and consequently the coefficient
122 reliability was calculated using SPSS computer software and correlation coefficient of 0.84
123 was gotten for the instrument.

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 disciplines. Training was conducted for the research assistants to ensure that they have
129 adequate understanding of the instruments' prior to commencement of data collection. The
130 training focused on the objectives and importance of the study, sampling process, how to
131 secure respondents informed consent, basic interviewing skills and how to review
132 questionnaires to ensure completeness. The research assistants went to all the brothels that
133 were used for this study together with the researchers. The research assistants were
134 responsible for collecting data for the study. The data were collected within the period of 17
135 days. Consent of all the respondents was obtained before the interview and the objectives of
136 the study were 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, and entered into computer. The Statistical Package for
141 Social Science (SPSS) version 21 was used for the analysis of the data. Descriptive statistics
142 was used. Frequencies were generated and cross-tabulation of some variables.

143 **Ethical Consideration**

144 The nature, purpose and process of the study were explained to the respondents after which
145 informed consent was obtained by giving them informed consent forms to fill according to
146 their ability to read and write. The informed consent form spelt out the title of the study, the
147 purpose of the study, justification for doing the study as well as the benefit that will be
148 derived from the end of the study. Respondents were also assured of confidentiality, privacy
149 and anonymity of information provided. It was explained to the respondents that the
150 confidentiality of information shared during the interview would be guaranteed and treated
151 as confidential and private. Participation in the study was voluntary and there was no
152 criticism of respondents who refuse to participate or wish to withdraw from the study. No
153 identifier like respondents name or address was written on the questionnaire so as to keep the
154 information given by each respondent confidential.

155 **RESULTS**

156 **Socio-Demographic Characteristics**

157 A total of 205 respondents completed the questionnaire with a response rate of 82.0%. The
 158 mean age of the respondents was 27.0±4.5 years. Most (70.7%) of the respondents were
 159 Christians and 5.9% were currently married. Many (62.4%) of the respondents did not have a
 160 deceased parent (Fig.1) out of which 12.2% have both parents deceased (Fig.2). Many
 161 (44.4%) of the respondents had a secondary school certificate and 33.7% did not have a good
 162 relationship with their parents (Fig.3) (Table 1). Many (62.4%) of the respondents do not
 163 have a deceased parent

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

Demographics	Frequency n (%)
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)

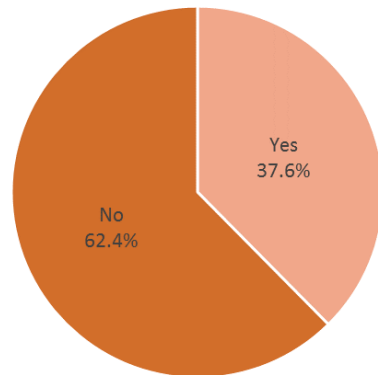
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166 **Key:**

167 **OND – Ordinary National Diploma**

168 **NCE - Nigeria Certificate in Education**

169 **HND - Higher National Diploma**



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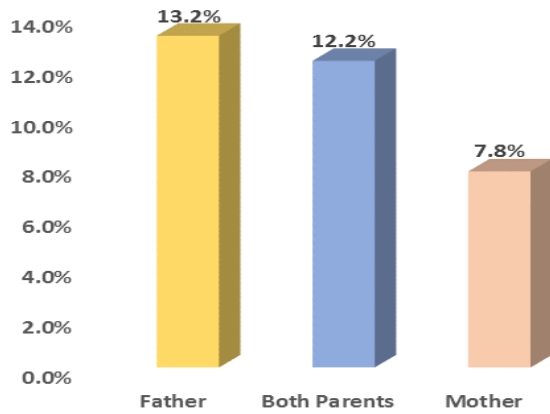
Yes  **No** 

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Fig 1: Respondents with deceased parents

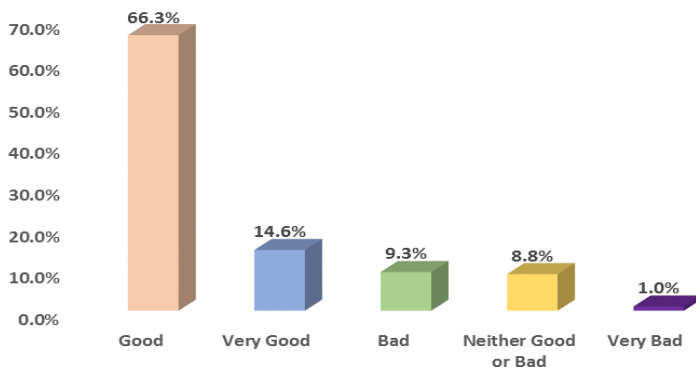
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176 **Fig 2: Parents of respondents' not alive**



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

179

180 **Respondent's Sexual practice**

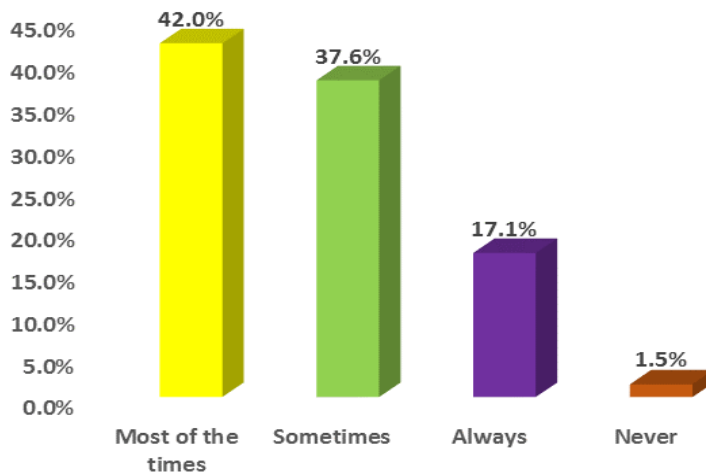
181 Almost all (99.0%) the respondents had ever used a condom. Most (78.5%) of the
 182 respondents did not use condom at their first sexual experience. The reasons adduced
 183 included not having a condom on hand (41.5%), could not get one (14.6%), and did not feel it
 184 was necessary (9.8%). Most of the respondents reported using condom (69.8%) among other
 185 means to prevent pregnancy during their last sexual intercourse. Also, the use of emergency
 186 contraceptives was (17.1%) and interrupting sexual act (withdrawal) was (12.7%). In the last
 187 one week, less than half (42.0%) reported using condom most of the time, sometimes
 188 (37.6%), always (17.1%) and never (1.5%) (Fig 4). On the issue of HIV prevention, most
 189 (85.9%) of the respondents reported using a condom to protect themselves while some do

190 regular clinical check-ups (31.2%), a few avoid certain types of men (29.3%) and 7.3% of the
 191 respondents have fewer partners (Fig 5)

192 **Table 2: Respondent’s sexual risk practices**

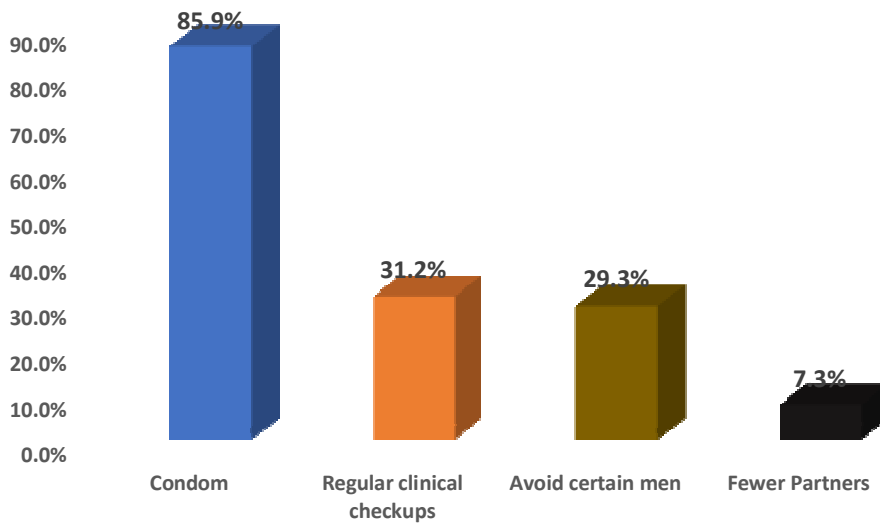
Sexual Practice	Yes (%)	No (%)
Ever used condom?	203 (99.0)	2 (1.0)
Condom used at first sexual intercourse	42 (20.5)	161 (78.5)
Reasons for not using condom at first sexual intercourse*		
Didn’t have one at hand	85 (41.5)	94 (45.9)
A wish to become pregnant	2 (1.0)	176 (85.9)
Couldn’t obtain one	30 (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 contracting HIV		
139 (67.8)		19 (9.3)

193 *Multiple responses



194

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



196

197 **Fig 5: Respondents means of prevention against AIDS**

198 **Respondents Degree of Sexual risk Practice**

199 Few (3.9%) of the respondents never insisted on condom use when having sexual intercourse,
 200 6.3% use cocaine or another drug prior to or during intercourse most of the time and 18.5%
 201 never avoid sexual intercourse when they have sores or irritation in their genitals. Half
 202 (50.2%) of the respondents sometimes refuse to have sexual intercourse if a client insists on

203 sexual intercourse without a condom, 5.4% always have anal sex without condom and 3.9%
 204 always drink alcoholic beverages prior to or during sexual intercourse (Table 3)

205

206 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)

207

208

209 **DISCUSSION**

210 Many of the respondents were currently single. This is similar to findings of studies by
211 (Adelekan et al., 2014; Roxburgh et al., 2005; Andrew et al., 2015) where it was also reported
212 that majority of their respondents were single. Many of the respondents had secondary school
213 certificate corroborating findings in a similar study by Adelekan et al (2014).

214 Many of the respondents did not make use of condom at first intercourse because there was
215 no condom at hand while more than half of the respondents reported the use of condom as at
216 the last time they had sex so as to prevent diseases and pregnancy. The availability and
217 accessibility of condom at first sexual intercourse could have been lower than the availability
218 and accessibility of condom at last sexual intercourse, this may be as a result of improved
219 level of awareness and perception of the risk involved in having sex without a condom. The
220 use of condom to avoid pregnancy was more than its use to prevent HIV at first sexual
221 intercourse but at last sexual intercourse, many of the respondents made use of condom to
222 prevent themselves from HIV than to avoid pregnancy. This showed that the level of
223 awareness on risks of HIV has improved.

224 The respondents could have used cocaine and other drugs to become bold, to negotiate with
225 clients confidently, and to be strong in bed with clients (Adelekan et al., 2014). Also,
226 practice of anal sex without condoms by a few of the female sex workers and non-avoiding of
227 sexual intercourse when sores or irritation are in the genital areas of Female Sex Workers
228 predisposes them to poor and unsafe sexual practices. Although, many of the respondents
229 sometimes insist on the use of condom, the observable inconsistency could be because some
230 customers wonder if a sex worker is infected with a disease if she insists on the use of
231 condom and some female sex workers do not insist on condom use with their boyfriends or
232 regular sex partners (Basuki et al., 2002). Lim et al., 2015 also reported low consistency in
233 the use of condom among its participants, most especially with their regular partners which
234 correlated with low knowledge on sexual and reproductive health. Moreso, the inconsistency
235 in condom use could be as a result of clients offering to pay more, respect for boyfriends,
236 boyfriends that claim to be STI's free and alcohol intake or substance abuse prior to sex
237 (Population Council. 2015; Onyango et al., 2012; Adelekan et al., 2014; Ankomah et al.,
238 2011; Umar et al., 2002;).

239 Many of the respondents sometimes drink alcoholic beverages prior to or during sexual
240 intercourse. This is in line with studies by Verma et al (2010) and Heravian et al (2012)
241 which reported more than half of their respondents' consumption of alcohol before sex. This

242 also corroborates Mbonye et al (2016) study which reported high consumption of alcohol
243 among its respondents due to emotional and economic needs and at times their clients
244 encourage the consumption of the alcohol which ends up aiding unsafe sexual practice and
245 unprotected sex as the participants were intoxicated and won't remember to make use of
246 condom (Zhang et al., 2012).

247 **CONCLUSION**

248 This study revealed a low consistency in the use of condom which is an unsafe sexual
249 practice since using condom consistently helps to achieve safer sexual practices. The intake
250 of alcohol before or during sexual activity among female sex workers, if addressed will help
251 reduce unprotected sexual practices among **brothel-based sexual** workers. Interventions
252 targeted at sensitisation and health education on the health consequences of alcohol and the
253 role it plays in unsafe sexual practices should be done.

254 Even though many of the respondents have never engaged in anal sex, majority of them
255 sometimes refused to have sex if client refuses to use condom. Thus, confirming that some of
256 the female sex workers value their health and wellbeing more than the money that will be
257 paid to them.

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