

# A Comparative Analysis of Brothel-Based Commercial Sex Work in Cities and 'Junction Towns' in Nigeria

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## Summary

**Introduction:** In Nigeria where the HIV epidemic is low, interventions among sex workers may be particularly useful in slowing down the epidemic.

**Method:** A multi stage sampling design was used to select 2,578 sex workers from the headquarters of each of Nigeria's six health zones in addition to Lagos.

**Results:** Sex workers in cities, are significantly more educated and sophisticated, and hence charge higher fees for their services. Those in junction towns have significantly lower risk perceptions than those in the cities, and are also less likely to use condoms particularly with their "regular" or "trusted" clients.

**Conclusions:** HIV risk reduction programmes must address the needs of each group of sex workers separately. In addition, programmes with sex workers in junction towns are less likely to be successful if long distance drivers, their main clientele, are not included.

## Introduction

Although the HIV prevalence rates have exceeded the 5% mark in Nigeria, it is comparatively low and interventions among sex workers may still be useful in slowing down the epidemic. Figures from the National AIDS and STDs Control Programme (Federal Ministry of Health, 1997) for 1995/96 show a rate of 36% compared to 22.5% in 1993/94 among female sex workers.

Available research on sex work in Nigeria is negligible though commercial sex work is a feature of most Nigerian cities and many 'junction' towns

where long distance truck drivers stop over for the night. Commercial sex occurs in both residential brothels and more informally by street workers. Existing work includes a study of sex workers in six Nigerian cities by Orubuloye, Caldwell and Caldwell (1994), the description of the sex industry in Calabar (Williams, 1994, Esu-Williams, 1995) and Sagamu (OSUTH Research Team, 1999). Chiwen and Mohammed (1989) have also reported on brothel-based sex work in Maiduguri, Borno State. In recent years the sex industry has been growing largely due to the deteriorating economic situation. In Lagos, Nigeria's commercial capital, as in other cities, the existence of brothels cuts across a wide variety of socio-economic and geographical locations: from the slums of Ajegunle, where there are over 30 hotels with resident sex workers, to affluent surroundings of Lekki Peninsula (Ladipo and Ankomah, 2001). The number of resident sex workers per brothel can range from four to as many as 180. A headcount of 122 brothels in Lagos resulted in a total number of 2,984 resident sex workers, an average of 24 per brothel.

There are two main types of brothel-based sex workers in Nigeria: city sex workers and 'junction' town sex workers. In order for programmes to be effective, interventions need to be tailored to suit each relevant group. The main objective of this paper is to highlight the differences between brothel-based sex workers who operate in cities and those working in 'junction' towns. Junction towns are usually peri-urban towns where long distance drivers (truckers) and traders stop to rest on their journeys across the country. Commercial sex is lucrative at most junction towns drawing women from surrounding rural areas into the trade. This study was limited to brothel based sex work in cities and junction towns because they are more accessible, have structures in place to aid interventions, and are at the highest risk of infection because of the high rate of partner change and high risk clientele.

## **Method**

A cross sectional survey was conducted between July and September 1998, using a multi stage sampling design, 2,578 female sex workers were selected. The headquarters of each of Nigeria's six health zones in addition to Lagos were purposely selected while the junction towns were randomly selected. In each location, brothels were systematically selected from a comprehensive list of brothels compiled by the research team from local government records and census conducted by local staff. In the selected brothels, a proportionate number of respondents were systematically selected from the list of all sex workers in each brothel. Interviews were conducted in the appropriate local languages and where appropriate in 'pidgin' English in respondents' rooms by trained female interviewers who were recruited from the community. Interviews took place between mid morning and early afternoon during which clients are not likely to visit the brothels.

## Results

### *Socio-demographic comparison*

In terms of age there was no significant difference between the city and junction town sex workers with each having mean age of 26 years. But in terms of education, significantly more sex workers in the city (60%) than in junction towns (39%) had had at least some secondary education. A significantly higher percentage of sex workers in junction towns (81%) compared with 55% in cities had ever been married or lived with a sexual partner. Significantly more Muslim sex workers were found in the junction towns compared to the cities. This may be a contributory factor to the higher number of girls who had ever been married being found in the junction towns as the more Muslim girls cited marital problems as the motivating factor that led them into sex work. More sex workers in the junction towns had been in the trade for a longer time.

### *Pregnancy issues*

Unwanted pregnancy is an issue among sex workers, significantly more in the cities (42%) had experienced unwanted pregnancy compared to 28% in junction towns. For their last pregnancies most of the sex workers (88% in cities and 70% in junction towns resorted to abortion. For many of the women, the fear of becoming pregnant was more unsettling than of HIV/AIDS.

### *Knowledge about HIV/AIDS*

There was no difference in the knowledge levels of sex workers in the cities and those in junction towns, awareness of HIV/AIDS was quite high at 97%. For both groups of sex workers, less than a quarter (24%) knew that a healthy looking person could be infected with HIV while 39% cited non-use of condoms in risky sex as a predisposing factor to contracting HIV. In both cities and junction towns some of the sex workers still 'physically assess' their clients to ensure that they are strong and healthy-looking which is perceived to suggest negative HIV status.

### *Sex and money*

The mean number of clients seen per day was significantly higher in the city (4.17) than in the junction town (2.94), however the amount charged per act (round) of sex in the junction town (N227.00) was almost twice that charged in the city (N132.60). This is hardly surprising since the clients of junction town sex workers are mainly long distance truck drivers who often have high disposable income, obtained by picking passengers and loads along their routes. Another reason for higher income

in junction towns is the comparatively lower level of condom use. Substantially higher economic rewards accrue from non-use of condoms in the short run. Sex workers often charge more for clients unwilling to use condoms, and significantly higher proportion of those in junction towns compared to cities are willing to engage in risky sex for higher financial returns (Ladipo and Ankomah, 2001).

Even though junction town sex workers charge more than their city counterparts, the latter earn more (mean of N14, 550 per month, about US\$ 145) compared to N 13, 550 in the junction towns because city sex workers have more clients. On the whole their monthly income far exceeds the national minimum wage of N 7,500 per month. It must be noted, however, that younger and more educated sex workers charge far more than those who are older and less educated.

### *Personal HIV risk assessment and self efficacy to use condoms*

The ability to ask all clients to use condoms is an important measure of self-efficacy. Nearly one-quarter (24%) of sex workers in junction towns have never asked their clients to use condoms compared to only 3% in cities. Nearly one third (31%) of junction town sex workers compared to 22% in cities said they would go ahead and have unprotected sex when asked about what they would do if a client refused to use a condom,

### *Condom use*

While almost all sex workers in the city had ever used condoms, as high as one-fifth in the junction town had never used condoms before. Reported consistent use of condoms in the week prior to the survey was significantly higher in the cities (58%) than at junction towns (43%). Also condom use with the last client was significantly lower among the junction town sex workers (65% vs. 89%). An important finding was that among those who asked all clients to use condoms, 76% reported consistent condom use in the week prior to the study, however only 54% of those in the junction towns asked all their clients. Condom use with regular clients and boyfriends is significantly lower in junction towns.

## **Conclusions**

There are significant differentials between sex workers who operate in cities compared to those in 'junction towns'. Sex workers in cities, on the whole, are significantly more educated and sophisticated. Although the amount charged per sex act was higher in junction towns, the estimated mean income per month was higher in the cities as they entertained more clients per day. Reported consistent use of condom is much lower in the

junction towns and the sex workers have lower risk perceptions of contracting HIV. Given that their clients are mostly long distance drivers, another high-risk group, 'junction town' women are particularly vulnerable to HIV infection. Some clients were reported as trusted 'regular customers' and respondents felt condom use was not necessary with these clients; especially since condom negotiation is said to be time consuming for them in a business where time really is 'money'.

Given the key differentials in both demographic and behavioural characteristics, HIV risk reduction programmes must address the needs of each group of sex workers separately. In addition, programmes with sex workers in junction towns are less likely to be successful if long distance drivers, their main clientele, are not included.

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