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PERCEIVED HIV-RISKS AND THE PREVENTIVE STRATEGIES: THE CASE OF THE TRAFFICKED WOMEN OF EDO STATE ORIGIN

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ABSTRACT

This paper examines the peoples' perception of getting infected with HIV-AIDS and the preventive strategies known and adopted by trafficked and vulnerable Nigerian women of Edo State origin. The data were obtained from secondary sources which included literature searches and primary sources based on qualitative data obtained through structured interviews involving the trafficked and deported Edo ladies. A further source of the data was from a focused of group of vulnerable women in Edo State. The trafficking of young girls and the ignorance of HIV-status is a major factor for the spread of the HIV among sexually active people. The study reveals a high level of awareness among the trafficked (deported) women and, a low level of awareness among the vulnerable women living in Edo State. There are high numbers of unprotected sexual practices with regular partners whose HIV statuses are unknown and thus highly perceived HIV-risks among the most trafficked and a misconceived low perceived risks among the vulnerable. Te study concludes by recommending for the sensitization about the need to test for HIV-status and for the adoption of adequate behavioral change as key strategies for reducing HIV-risks.

Keywords: HIV, Edo Women, Women Trafficking, Human Trafficking.

1. INTRODUCTION

Trafficking in women and girls is widely discussed in Nigeria and other parts of the globe including America and United Kingdom. This issue has attracted the attention of women that operate in the hem of affairs in Nigeria such as Mrs. Atiku the wife of an ex-vice president of Nigeria and Mrs. Igbinedion, the wife of the former Edo State governor who established a rehabilitation centre (called Idia Renaissance) for trafficked and vulnerable girls. Several organizations both governmental and non-governmental have also been established to check and combat this social problem not only because of the ills and the danger involved in trafficking women, but also due to the fact that such women are at risk of being infected with HIV/AIDS. Examples of such organization in Nigeria are the Women Trafficking and Child Labour Eradication Foundation (WOTCLEF), National Agency for the Prohibition of Trafficking in Persons (NAPTIP), Idia Renaissance to mention a few. According to Taylor (2002:1):

> "Trafficking in persons is conceived as an action involving the systematic or organized recruitment, harbouring or receipt of persons, by means of threat, or use of force or other forms of coercion, or abduction, of fraud, of deception of abuse of power or of a position of vulnerability or of giving of payment or benefits to achieve the consent of a person having control over another person for the purpose of sexual exploitation. It also involves transportation, transfer or sale of such persons within or across international borders in order to subject them to slavery or slave-like conditions or forced labour.....Trafficking like illegal drugs has assumed an illegal dimension with huge amounts of money changing hands with an international network of hidden collaborators. ...Traffickers earn between 5 and 8 billion dollars annually transporting within outside national borders an estimated four million irregular migrants many of whom are women and children....."

From the foregoing, trafficking in women and children is not only on the increase but also dehumanizing business that may be perceived as lucrative. The increasing concern with trafficking in women and children is not only because of the physical, psychological and social risk involved but also because of the trafficker's indifference to the gross violation of the basic human rights of their victims and the huge dent it places on the Nigerian reputation. Once the victims fall into the services of migrant traffickers, they are firmly trapped within an illegal migration environment where they get exposed to many forms of abuses ranging in the extreme form of bonded labour to forced prostitution, thereby putting their lives at risk and exposing them to infections like sexually transmitted diseases including HIV/AIDS.

According to Kwankye et al (2000 cited by Nwoha, 2006), the victims of trafficking are often sold or placed in brothels and made to engage their bodies in the sex trade either willingly or against their will in the bid to recover the cost incurred in transporting them to the destination area. They further buttressed this point by unravelling the case of a prostitute and a victim of human trafficking (a Nigerian), who owed her trafficker the sum of 65,000 dollars. She was asked to make a weekly payment to recover the debt which was probably her traveling expenses from Nigeria to Europe (Nwoha, 2006). This caused her to be involved in full time prostitution in which she was absolutely exposed to indiscriminate sexual intercourse notwithstanding the risk of being infected with HIV and the implication on her reproductive health. Mirkinson (1994) notes that the victims of trafficking are abused and battered when they refuse to comply with the orders of their lords to undertake a particular type of jobs as prescribed. Some research have revealed that over 80 percent of the activities carried out by trafficked women across the border, end up in prostitution or commercial sex activities (Retroci, 2003; NPC/UNICEF, 2001; Idia, 2000; Owa 2002; and Onyeonoru, 2004).

HIV-AIDS has been reported to be one of the primary causes of death in Africa (Alhassan 2003, UNAIDS 2004, Ahonsi 2005). Furthermore it was revealed that Africa harbors the largest populations of AIDS patients which is about 70 percent (World Bank 2005). Recent anecdotal reports indicate a continuing rise in HIV infection amongst youth especially females (UNAIDS 2005 and Alhassan 2003). Despite the rise in awareness of HIV/AIDS, the epidemic is still high in urban areas. This is because the knowledge and awareness is yet to be associated with the desired behaviour change. HIV/AIDS affects everyone but it discriminates against women due to their biological susceptibility to infection during sexual intercourse. From the foregoing, the adverse effect of HIV/AIDS is exposed yet the phenomenon still poses a great threat to the society especially to women. In line with this fact, the susceptibility of trafficked and vulnerable women to contracting this pandemic raises serious attention. The majority (about 70 percent) of trafficked women fall within the ages of 15 to 39 (Onyeonoru, 2001 and Owa 2005). This is the active reproductive age of a Nigerian average woman and also the age-range

within which most individuals are susceptible to being infected with the HIV. As earlier stated, the line between women trafficking and prostitution is a very thin one. Hence, the vulnerability of trafficked women to contracting the virus cannot be overemphasized. The activities before trafficking includes oath taking which involves incisions using sharp objects, which may be, shared without sterilization. Such process also involves use of nails, blood and pubic hair of the victims to ensure conformity with respect to their sponsors or traffickers orders (Onyeonoru, 2001).

The level of awareness of trafficked girls as well as those who are vulnerable to trafficking about HIV/AIDS, affects their perception of the disease. These to a large extent determine their level of risk of contracting HIV/AIDS. The study seeks to unravel the perceived HIV-risk among trafficked and vulnerable women and specifically seeks to: Examine the level of awareness and perception of trafficked and vulnerable females about HIV/AIDS; Discuss the vulnerability of trafficked women to contracting HIV/AIDS; and to investigate the prevention strategies and practices adopted by trafficked and vulnerable females in the prevention of HIV/AIDS.

1.1 LITERATURE REVIEW

Concerns about the trafficking of women within and across borders have continually increased due to the prevalence of this phenomenon and the consequences it attracts. Trafficking in women across the Nigerian borders through other West African to Europe for six trades have since 2003, been reported to be high and life threatening. Not less than 13,000 Nigerian girls between the ages of 15 and 28 were reported to be victims of sex export syndicates whose agents had lured them from Nigeria with the promise of taking them to 'paradise' (Europe) and abandoned them as 'abandoned cargoes' in countries such as Morocco, Mali, Burkina Faso etc. (Onyeonoru, 2004). In the United States of America, trafficking in women has been reported to be a much more extensive phenomenon whose problems are difficult to document (Richard, 1999). Out of the 700,000 to 2 million trafficking cases, it was reported that an estimated number of 45,000 to 50,000 women and children are trafficked annually in the United States for the sex industry and labour primarily by small crime rings and loosely connected criminal networks.

The prevalence in women trafficking in America and other developed countries has been attributed to several causes such as unemployment, weak economies, low risk of prosecution, improved transportation infrastructures and enormous profit by traffickers (Richard 1999, Raymond and Hynes, 2001). Thus, while it was considered impossible to eradicate the phenomenon, it was as envisaged that curbing the phenomenon could be significantly achieved if the laws and penalties against traffickers are strengthened, while victims should be empowered and protected (Richard 1999, Hynes, et al, 2001). Again, part of the pull factors of women trafficking in Nigeria to other countries as enumerated by Onyeonoru, 2004 included perception of opportunities abroad for socio-economic advancement, foreign exchange earning potential, globalization factors, availability of host and information, ITALO craze: poverty, not madness; the crazy dream of being connected to Italy popularly to refer in Benin City as '*Italo Connection*'. The push factors of girl trafficking in Edo state Nigeria, as revealed by Onyeonoru 2003, included relative deprivation, limited access to the labour market due to high rate of youth unemployment, family disorganization, wider value distortion in the Nigerian society and gender based inequities located in the cultural practice of primogeniture in Benin Edo State to state but a few.

Although the government has attempted to curb the trafficking of young women both within and outside the Nigerian borders, a lot still remains to be done as women trafficking are yet to be adequately addressed. Government efforts are still limited to arresting, detaining, interrogating and sometimes prosecuting traffickers or deporting and popularly parading

trafficked victims in the media to deter others from getting involved. The factors that predispose these victims are not fully addressed. This makes the attempts to stop trafficking in women seem lip nipping the bud and waiting for it to grow later rather than dealing with the root cause. However, some non-governmental interventions have made little headways in the reduction of women trafficking and rehabilitation of trafficked victims. Among these are the prominent Idia Renaissance which was established by the wife of the former Edo State governor (Mrs Eki Igbinedion) as well as the Women Trafficking and Child Labour Eradication Foundation (WOTCLEF) which was founded by Mrs Atiku Abubakar, (wife of a former vice president of Nigeria). Both Non-government organizations were founded in 1999 by the former located in Benin city and the latter in Abuja.

The Idia Renaissance targets the rehabilitation of real and potential prostitutes as well as the vulnerable purposely to prevent and eradicate trafficking as well as equip youth and empower women and eradicate harmful cultural practices, while encouraging positive ones. These objectives were usually achieved through advocacy visits, workshops and seminars, sensitization/enlightenment programmes, campaigns and mobilization of relevant organs to promote gender equality. WOTCLEF aims also at preventing women trafficking, prosecuting traffickers as well as protecting and assisting victims of trafficking. Again this Foundation was instrumental in sponsoring the bill on the National Agency for Trafficking in Persons and Child Abuse which was signed into law on the 14th of July, 2004 by President Olusegun Obasanjo and set the pace for the role of National Agency for the Prohibition of trafficking in Persons (NAPTIP). The fight against human trafficking has since been emphasized in both in theoretical and practical terms however, a great deal effort requires that several other practical efforts in terms of empowering youth and young girls, education, gender equality, poverty reduction and increased value of the Nigeria currency be intensified. This is highly essential to reduce trafficking in women and in turn its consequences which include rape, forced labour, death, and vulnerability to sexually transmitted infections (STIs) and HIV/AIDS (Raymond 2001, Hynes et al, 2001, Wijers and Lin, 1999).

Women trafficking and HIV/AIDS are both phenomena that threaten national development and call for reduction, while HIV/AIDS in Nigeria also calls for special attention due to its fluctuating pattern of spread. HIV prevalence rates in Nigeria reduced from 5.7% in 2001 to 4.3% in 2003 and increased a little again to 4.6% in 2005. It increased from 4.6% in 2005 to 5.2% in 2008 and stabilized at the rate of 5.3% in 2010. Among youth aged 15-24 years it declined from 6.0% in 2001 to 4.3% in 2005. It has stabilized between 4.3% in 2005 and 4.1% in 2010. According to age, sentinel surveys conducted in 2005 revealed that those between the ages of 25-29 and 20-24 had a high prevalence of 4.9% and 4.7% respectively. However, while the rates for those between the ages of 20-24 stabilized between 4.7% in 2005 and 4.6% in 2010, the rate for those between the ages of 25-29 increased from 4.9% in 2005 to 5.4% in 2010. These age ranges are the youthful and most affected group in Nigeria. Furthermore, the sentinel survey of 2005 revealed that 2.86 million people in Nigeria were infected in 2005, which increased to 2.99m million in 2006. It was expected that this number will increase to 3.4 million in 2010, although an estimated number of 3.14 million and 3.15 million were infected in 2010 and 2011 respectively. In all these, females are not only the most affected, but also the most infected victims. While averages of 1.32 million males were estimated as being HIV-positive in 2010, a corresponding average of 1.82 million females was infected in the same year. The cumulative deaths of people with HIV in Nigeria increased from 1.45 million in 2005 to 1.7 million in 2006. The estimated annual death of people with HIV was 215, 130 out of which 118,390 females died in 2010. In 2011, the annual death for both males and females increased to 104,900 and 128,270 respectively. This however reduced in 2012 to 97,680 and 120,480 deaths of infected males and females respectively. From the foregoing, more efforts need to be put not only in preventing the virus from spreading, but also in caring for those living with HIV/AIDS most of which are females.

As identified by the Planned Parenthood Federation of Nigeria (PPFN), HIV can be transmitted through the following ways: having unprotected sexual intercourse with an infected person, from an infected mother to her unborn child, through the use of unsterilized needles, syringes or other sharp objects such as blades , knives etc, through transmission of infected blood. Ahonsi (2005) added that unprotected sexual intercourse accounts for 80 percent of all HIV infections in Nigeria, while 93 percent of all adult cases of HIV/AIDS are transmitted through unprotected sexual intercourse (Alhassan, 2003).

The prevention of HIV/AIDS is as simple as ABC which basically refers to the ABC practice where A stands for total abstinence from Sexual intercourse among unmarried persons, B stands for being faithful to a partner that is uninfected, and C for condom use if one must engage in sexual intercourse when not sure about the HIV- Status the of the partner ((UNAIDS. 2004) This preventive strategy places emphasis on the sexual mode of transmission and silent on the other modes of transmission. Other preventive modes include a proper screening of blood before use ; to avoid sharing objects that involve blood contact such as razor blades, syringes, scissors, clippers or ensuring such instruments are properly sterilized if one must share them.

Ahonsi (2005) emphasized that Nigerians are involved in risk-taking because of some external forces such as ignorance, illiteracy, poverty and unemployment and these influence their safety and sexual expressions. And this he said makes so many people vulnerable to HIV infection. Such external forces also relate to individuals' access to information, availability of economic and related opportunities for self and group survival, issues regarding reproduction, customary practices, norms and dominant ideologies or belief systems regarding sexuality, gender and health. Thus; no matter the hyperactivity of the libido and the sense of invincibility that is inherent to the individual's personality, whether an individual engages in HIV risk-bearing behavior and does so frequently, is determined by the structural , demographic, cultural and other properties of the social system that impinge on the individual's personality. This is because external circumstances must operate to energize dominant tendencies

On the issue of sharing sharp objects, one may be tempted to blame the continuing operation of this factor of HIV transmission on an individual's ignorance, carelessness and action. However, Ahonsi (2005) reported that the majority of Nigerians across different socio-economic strata now is aware of this mode of transmission. But the appropriate risk avoidance behavior is not practiced probably because of the least value some Nigerians place in their lives due to the extreme sufferings they undergo as a result of the harsh economic environment they live in. The crux of the matter is that HIV thrives when social conditions cause people to be vulnerable in their lack of adequate capacity to address and fight external factors that constantly affect the individual. This according to Ahonsi (2005), is to say that appropriate knowledge, motivation or attitudes and behaviour change at the individual level are not important. Nigerians like all other human beings are not passive hostages to their society neither is the society itself a static entity. We create society just as we are created by society. Hence, human agency at individual and collective levels remain critical is structured and functions are often forced to change to accommodate the new realities of contemporary Nigeria and the society is beginning to change because of its numerous impacts.

Twenty years ago, AIDS was known as gay related immune disease that was associated with the gay men and homosexuals. Today, the face of AIDS has changed; it is now black, feminine and extremely young according to Msimange (2003.) In some parts of Sub-Saharan Africa, girls aged 15-19 years, are six times more likely than their male counterparts to be HIV positive (Alhassan 2003). Over half of those living with HIV/AIDS at the end of 2003 in the developing world were women (UNAIDS 2004). Also, the population reports on issues in world health stated clearly that the risk of becoming infected with HIV during unprotected sex is two or four times greater for women than men (UNAIDS 2004). Male to female transmission is more likely because during vaginal intercourse, a woman has a larger surface area of her genital tract exposed to her partner's sexual secretions than does a man. Also, HIV

concentration is generally higher in a man's semen than a woman's secretion (Edero-Okpor 2004). Hence a male to female transmission is more effective than female to male. This is probably the reason why he placed the transmission of HIV from the male to female at 90 percent while that of female to male is just 50 percent.

Alhassan (2003) explained from the medical point of view that there is a type of cell lining the inside of the cervical canal of the adolescent female. The cell lining he says extends onto the outer surface of the cervix where exposure to sexually transmitted pathogens is greater. He further stated that the cells are more vulnerable to infections such as Chlamydia and gonorrhea and as women get older; these vulnerable tissues recede and usually no longer extend onto the outer surface. This is why young women who are usually predisposed to trafficking for prostitution are said to be more vulnerable to contracting HIV/AIDS (UNAIDS 2004).

Adejumo (2000) also stated that HIV/AIDS is common among young women who form the fulcrum of development in the Nigerian society. Frasca (2003) in her view stated that gay men in Latin America are viewed as vulnerable as women to HIV infection. However, she further agreed with the Pan American Organization who stated that the risk of HIV is higher in women. They concluded that all over the world, women run more risk of contracting HIV infection due to unequal social conditions. As a result of this disequilibrium, the rate of infection in women is growing so rapidly than the general rate in Latin America and Carribean.

Poverty and inadequate public services contribute to making the burden of HIV/AIDS unviable for many women with consequent social, health and economic implications. According to UNAIDS (2004), women are sometimes prevented from investing their time in other activities that generate income, education or impact skills, they pay a high price in lost opportunities when undertaking unpaid care for family members or others with HIV or AIDS related illnesses. Thus, AIDS contributes to the feminization of poverty and disempowerment of women particularly in the regions of the hardest hit. Akinlembola (2005) stated that the biological vulnerability does not provide sufficient explanation for the disparity in the prevalence of HIV between men and women. There is evidence of other factors linked with under-development, poverty, food insecurity and gender inequality which are intricately connected with vulnerability to HIV/AIDS. Gender had been viewed as an array of societal beliefs, values, norms, and attitudes that determine and shape what is acceptable as masculine and feminine behavior. Though this varies from culture to culture, cultural norms are considered sacred and inviolable to a large extent especially in setups where such norms promote domination by some groups. The African Patriarchal system is a typical example. He added that patriarchy is a set of social relations amongst men and solidarity amongst them which enables them to dominate women, labor and power.

Essential elements on which patriarchy thrives includes unequal power relations between men and women , men's access to women's bodies for sex, women, economic dependence on men. These norms are enforced by society's institutions such as workplaces, schools, families and health. They influence the gender division of labour as other essential issues. Sexuality in this regard is a game of power and like gender relations, unequal sexual relations coupled with women's economic dependence on men, perpetually place men in charge of their lives. This according to Akinlembola (2005) is the reason why we find cases whereby even when some women are aware that their husbands or partners have sexually transmitted diseases, they sometimes are unable to refuse sexual advances or negotiate safer sex. According to UNAIDS (2004), women often contract HIV/AIDS from husbands or intimate partners who have multiple sex partners. Many societies tolerate and even encourage men to engage in such high-risk behavior and deem men's promiscuity a sign of masculinity.

The above point was supported by Akanmi (2000) that in many African countries, there is this culture of silence that surrounds sex that dictates that "good" women are expected to be ignorant about sex and passive in sexual interactions and this makes it difficult for them to be proactive in negotiating safe sex. Akinlembola (2005) in line with this fact concluded that

whether a woman will become vulnerable to infection with HIV or not is determined by her male partner. Although this view is changing with the increase in awareness about the consequences of unprotected se with special emphasis on HIV infection, some women stand their grounds on the use of condom use in order to protect themselves against this virus and other STIs (Isiugo-Abanihe 2003).

Amongst other factors that make women vulnerable HIV infection are cultural practices such as female genital mutilation, polygyny, widow inheritance all of which are related to the influence of patriarchy. More so, poverty and women's exclusion from the formal economy has pushed most poor women from poor backgrounds into the commercial sex trade (Akanmi 2005). This trade makes the practitioners and their client vulnerable to STIs and HIV infection (Isiugo-Abanihe 1992, Orubuloye 1993). Odile (2005) observed that the global estimates show that 52 million work age women from 25-24 years in Sub-Saharan Africa are at risk of HIV/AIDS due to poverty. 12-13 million (i.e. One out of every four women are at risk because the females are young, poor and live below 2 dollars daily in urban areas without urban infrastructures). While 7-8 million (i.e. One out of every seven of all women are at great risk because they are living under one dollar per day).

Studies have revealed that HIV/AIDS is mainly contracted through unprotected sexual intercourse (Alhassan 2003, Olakunle, 2003). The risk of contracting HIV/AIDS has also been discovered to be high amongst truck pushers and prostitutes (Isiugho-Abanihe 1993, Orubuloye 1993, UNAIDS 2004). Furthermore, various researches have revealed that most trafficked women are forced to engage in prostitution as the main source of livelihood and repayment of debts owed to their sponsors (Idia Renaissance 2000, NPC/UNICEF 2001, IOM 2006 Taylor 2002).

In a study conducted by IOM 2006, most of the trafficked women who were interviewed as commercial sex workers revealed that they had 10 to 25 clients per nights while some had as many as 40 to 50 clients per nights. Nearly one –quarter of the women reported not using condoms regularly or at all for sex with their clients. Also, more than half of the 28 women that were interviewed reported not using a condom at all with intimate partners. The fact that trafficked women are at risk of contracting HIV/AIDS is revealed in the sense that most of them do not have a perfect knowledge of the pandemic before trafficking and as such do not guide themselves against it. For instance only one out of 23 trafficked women reported that she was well informed about sexually transmitted infections or HIV before leaving home. This lack of knowledge has implications for women's later health or health seeking behaviour especially with regards to HIV/AIDS prevention.

The knowledge of the preventive measure against HIV/AIDS, as well as the perception of risk of contracting and preventing this pandemic have great influence in the prevention of sexually transmitted diseases (STIs) and HIV/AIDS. (Isiugo-Abanihe, 1994; 2000). Isiugo (1994) revealed that 81.3 percent of men and 76.3 percent of women identified avoidance of casual sex as the most important precaution against the transmission of HIV/AIDS. Inspite of this knowledge, only one-third perceived the risk of contracting HIV/AIDS and associated it with the behavioural change of engaging in casual or unsafe sex with sexual partners. He also observed that despite the knowledge of the fact that having multiple sexual partners put an individual's at the risk of contracting HIV/AIDS, such persons are half more likely to engage in such act in the very next week than those who lack the knowledge that HIV/AIDS can be transmitted through such means. Alhassan (2003) also revealed that JSS 3 students in a high risk state as Benue had a high perceived HIV risk with regards to engaging in sexual actions. He however observed that some of the students who were involved in sexually risky behaviour were aware that it was risky. Contrary to this expectation, Bosompra (1997) observed that adolescent who had a low level of perceived HIV-risk when they engage in sexual relationships, were involved in unprotected sexual intercourse. Ogbuagu and Charles (1993) in a study on the survey of sexual networking in Calabar, concluded that respondents either had no

concerns about their lives or had no understanding about the implications or adverse effects of contracting HIV/AIDS. This was because despite the fact that they observed that 93 percent had knowledge about HIV/AIDS, while 88.5 knew about condom use as a means of preventing its infection. It was still evident that there was a low use of condoms among respondents. In order to avert the situation, it was observed that increased training and sex/ HIV/AIDS education will empower young adults to practice safe sex and prevent HIV/AIDS as observed Owumi and Jerome, 2009.

1.2 THEORETICAL PERSPECTIVES

The social action theory explains the perception, knowledge and attitudes of individuals about certain actions which to a large extent influences their actions. Weber (1947) in his analysis of the fundamental concept of sociology maintains that the notion of action plays a central part in human interactions. He stated that the defining feature of action is its meaningfulness to the actors in an interactive process. Included in action according to Weber is all human behavior in as much as the actor attaches a subjective meaning to it. For him, "individuals are creative actors, agents whose actions determine both the structure of the society and the road which history travels". This means that the end product of society is determined by the actions of individuals within the society. Existing structural circumstances are the constraints within which actors have to choose to act. Weber further stated that though these structural circumstances are there to shape and direct man's activities, what should be of interest is the actors' perception of those constraints . To him, human beings have a unique ability to interpret the world around them and to choose to act in the light of those interpretations and meanings.

Most young women are trafficked because of the value they place on the rewards they would get after being trafficked. They consider the foreign currency they will earn from the works they will do abroad, a great value. In this regard also, they would have considered such act the most efficient way of making money and accumulating wealth, especially when they are unable to make a living in their country in the midst of economic hardship and unemployment. Such calculations and considerations are what Weber refers to as the subjective meanings attached to actions which are reflected in value-oriented and rational type of action Furthermore the individuals are like to involve in risky sexual behaviour despite the fact that perceive they are at risk of contracting HIV/AIDS due to the fact that the value the place on their life is not as high as it ought as their perceived HIV-risk on they have not subjectively evaluated the dangers of engaging in such risky behaviour hence their actions do not seem at par with their perception (Ogbuagu and Charles 1991).

Generally the health belief model may be viewed as useful when discussing illnesses and health seeking behaviour of individuals in the society. The phenomenon of HIV/AIDS is generally an illness that individuals in the society never want to be sick of or treated for. Besides, actions taken to prevent it can also be viewed as health seeking behaviour. Furthermore, according to Becker and Maiman (1983), the health belief model serves as a model for the study of preventive health behaviour than a successful predictive model. This underscores the importance of this model to the study.

The health belief model conceptualizes decision to take a positive health action as motivated by a perceived threat (either susceptibility to a particular condition, or perception that the condition is severe or judgment about the barriers and benefits associated with specific changes in behaviour. The perception of HIV/AIDS by an individual as regards the level of threat and severity of threat it poses to human health and existence will influence the individual's attitudes to risky behaviour. This will further influence the individual's decision to involve or not be involved in such risky behaviour. However, Seltzer et al (1980) explained that it may not be the mere formal acquisition that enhances compliance, but the patient's

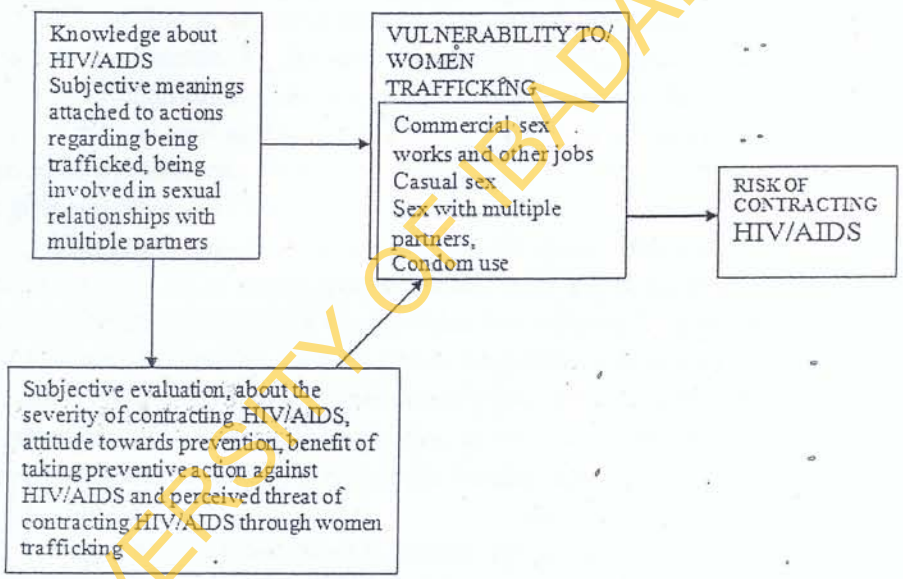
interpretation, subjective evaluation and attitude related to such knowledge. This suggests that the awareness of the fact (knowledge) about an illness may not bring about the desired change except it finds consonance with the individual's pre-existing cognition. This explains why despite the increase in awareness of HIV/AIDS, people still observed to involve in some risky behaviours that can make them contact HIV.

The victims of women trafficking are highly vulnerable to contracting HIV/AIDS. However their knowledge of this fact alone may not be sufficient for them to be less involved in risky behaviour which makes them vulnerable to contracting the deadly disease. Rather, their interpretation, subjective evaluation and attitude related to this knowledge which conforms with experts and doctors' views, may go a long way to determine their behaviour change which in turn will result in the prevention of contracting HIV/AIDS.

2. CONCEPTUAL FRAMEWORK

The theories explained above will be better understood using a diagram to depict the interactions of the two theories and how they explain the phenomena under study.

Fig. 1: Perceived HIV-AIDS and preventive measures practiced among trafficked and vulnerable women as explained by the social action theory and the health belief model



Source: Taiwo and Owumi 2013

From the diagram it can be deduced that individual's knowledge about HIV/AIDS and subjective meanings attached to actions regarding being trafficked and involving in sexual relationship with multiple partners, has influence on and is being influenced by the subjective evaluation about the severity of contracting HIV/AIDS, attitude, towards preventing HIV/AIDS and behavioral actions taken to prevent its spread. These in turn will influence the behaviours of trafficked and vulnerable women with respects to preventive strategies such as condom use, guarding against casual sex and sex with multiple partners, which in turn influences their susceptibility to or not to contract HIV/AIDS.

It is however not surprising that despite their knowledge of the fact that they are vulnerable to contracting HIV/AIDS, when they engage themselves in prostitution (a major activity indulged in by trafficked victims), young women still allow themselves to be trafficked. This may be because they lack a better knowledge, have wrong perceptions and interpretations and poor subjective evaluation of their tendency to be infected. It could also be due the lack of the right attitude towards the knowledge its interpretation and subjective evaluations in terms of

whether they should or should not indulge themselves in risky behaviour that can make them contact HIV/AIDS such as oath taking and prostituting as trafficked victims. Again, it could be due to lack of value for their lives and nonchalance about dying through HIV/AIDS which still boils down to attitude. This is why some individuals allow themselves to be concerned more about the rewards of having casual sex than the cost of having casual sex. This thus makes them prone to contracting HIV/AIDS.

3. METHOD AND MATERIALS

The study was conducted in Benin City the capital of Edo State, which is located in South-South Nigeria. It is a state with few industries, which inhabits Christians, traditional worshippers and few Muslims. The City is blessed with individuals who possess the skills of arts and craftsmanship although these skills seem to be present amongst the elderly in the society. The city is also filled with vibrant youth whose common interest is the desire to make quick money or travel abroad (Onyeonoru, 2002). The study population consisted of two main categories of women: those in the slums who are vulnerable to trafficking and former victims of traffickers were repatriated from different countries abroad ranging from Italy to Spain to Europe and America and were undergoing rehabilitation in the Skill Acquisition centre at Aduwawa and Idia Renaissance in Ihama. These centres were established by the former Government of Edo as an anti-human trafficking and rehabilitation agency. It should however be noted at this juncture that the two rehabilitation centres studied are under one administration which is Idia Renaissance. Skills acquisition centers are more like a school where trafficked and repatriated girls as well as those vulnerable to trafficking are empowered to possess the dignity and pride of womanhood, while Idia Renaissance is a center for rehabilitation and education of these girls and other youths including males.

The vulnerabilities were chosen from two slums (Okhoromi and Udo) in Benin. These are communities within which young women who are vulnerable to trafficking are easily accessible. The study population also included four officials from the rehabilitation centres, two Chiefs who are also opinion leaders and two herbalists. Also two traffickers served as our key informants. After the research instrument/guide was reviewed to see if the questions comprehensible and addressed the objectives of the study. A pre-test was then conducted before the study commenced proper to ensure the validity and reliability of instruments used and in turn, data collected.

Data were collected through primary and secondary sources for this study. Literature searches from textbooks, journals, new paper magazines and internet materials served as the secondary sources of data while the primary sources of data was done using an in-depth interview and Focus Group Discussion methods. The interview section was conducted in the rehabilitation centres for the already trafficked girls who were repatriated from abroad and the officials from the rehabilitation centres. Two (2) chiefs and opinion leaders were also interviewed. The Focus Group discussion sections were conducted with girls who were vulnerable to trafficking in the selected slums using a Focus Group discussion guide. A case study was conducted by an internationally trafficked woman who was infected with HIV/AIDS using the in-depth interview guide this was made possible through a trafficker who served as a key guide. Instruments used for data collection included Focus Group Discussion (FGD) guide and in-depth interview (IDI) guide.

In summary, 18 girls were selected from the two-rehabilitation centers in Edo State (Idia Renaissance and Skill Acquisition Centres) and interviewed. Ten girls who were trafficked abroad and repatriated were all purposefully selected from a total of 18 girls in the Skills Acquisition Centre. The ten girls were selected because they had been trafficked internationally before repatriation. The other 8 girls were also internationally trafficked girls who are selected from a total of 15 girls in Idia Renaissance. In addition, three (3) Focus Group Discussions

(FGDs) were conducted in each of the two selected slums (Okhoromi and Oko village), making a total of six FGDs each of the areas. Each FGD consisted of not less than 6 discussants. Afterwards, four (4) girls were selected from the FGDs for an interview two (2) from each of the slums.

For the case study, a trafficked woman who has HIV/AIDS was accessed through a key guide (a trafficker) and interviewed. A case study was used because women who had been trafficked and certified as HIV-positive were not readily available and accessible in Benin.
The study which lasted for about eight months was strictly qualitative hence; the descriptive method was employed in the analysis of findings which were transcribed, sorted and content analyzed.

4. FINDINGS AND DISCUSSIONS

4.1 Socio-Demographic Profile of Interviewees in the two Rehabilitation Centres

The socio-demographic characteristics of the trafficked females who participated in the study are revealed in table 1 below. Eight (8) from Idia Renaissance and Ten (10) From Skill Acquisition centre. The table below reveals that a greater percentage (67 percent) of trafficked girls falls within the ages of 14-19. Previous studies (Mirkinson 1994, Onyeonoru 2001, Tylor 2002, Owumi and Jerome 2007) have also revealed that most of the girls, who are vulnerable to trafficking or trafficked, fall within this category.

Table 1: Socio-demographic profile of interviewees at the rehabilitation centers (n=18)

Variables	Category	Frequency	Percentage
Age	14-19	12	67
	20-25	4	22
	26-30	2	11
Educational status	Drop out	9	50
	Primary	8	44
	Secondary	1	6
Religion	Christianity	12	67
	Muslim	2	11
	Pagan	4	22
Ethnic Affiliation	Edo	18	100

Interviewees who reported that they are trafficked within these age categories are few probably because they are already very matured and can decide firmly by themselves whether or not to involve themselves in trafficking activities no matter the influence. The table also reveals that most (50 percent) of the participants are dropouts from primary schools. This result supported the information in the magazine published by Idia Renaissance. While forty-four percent of the girls had primary education, only six percent of the girls interviewed had secondary education. None of the girls had tertiary education. The findings support the views of Onyeonoru 2002, on the high rate of illiteracy among young females in the study area which makes it difficult for them to be gainfully employed, thus making them vulnerable to trafficking. Furthermore, about 67 percent of the trafficked girls are Christians. This may however be due to the fact that a greater percentage of the population of the Benin people practices Christianity. Twenty-two percent of the girls said they practice traditional religion while 11 percent practice Islamic as religion. With regards to marital and occupational, all the girls were single and unemployed. Also, one hundred percent of the girls are unemployed. These findings support the reports of several literatures which revealed that unemployment contributes a great deal to the vulnerability of women to trafficking activities.

4.2 The Level of Awareness of HIV /AIDS

The study revealed that most of the respondents at the rehabilitation centre had very little or no knowledge of the HIV/AIDs virus before being trafficked and validates the views of Onyeonoru 2003 that most trafficked girls are ignorant of the adverse effect of being trafficked into the sex trade or labour. However, they had improved knowledge about HIV/AIDS after they had been trafficked and repatriated. Seventy-two percent of the interviewed girls revealed that they had very little or no knowledge of the virus HIV before trafficking. A repatriated girl from Europe revealed that she hardly knew anything about HIV or AIDS before she was trafficked. She painfully added that she was a virgin before she was trafficked to engage in commercial sex works in Europe and that she had been involved in several unprotected sexual acts before she had knowledge of HIV/AIDS. The response was supported by the experience of the lady for the case study who reported that she had knowledge of HIV/AIDS after shortly before she tested and discovered she was positive. She added that she heard about HIV/AIDS in the television but did not have a deep understanding of it, that most of the girls who were trafficked along side with her were ignorant about HIV/AIDS and lacked knowledge about the essence of preventing themselves from being infected before they were trafficked as they were desperate to pay their madam and buy their freedom. She further stated that their earnest ambition was to make quick cash, hence they engaged in risky sexual acts especially with customers who offered them more money.

However, the focus group discussions (FGDs) conducted with girls who are vulnerable to trafficking in the slums revealed the opposite. The study revealed a high level of awareness of HIV/AIDS but low knowledge of HIV/AIDs amongst these girls. Most of the respondents stated that there is no difference between HIV and AIDS. Very few informed the researchers what they think AIDS is and how such disease can be contracted. A girl from the slum that was selected for interview said she knew AIDS to be an incurable disease acquired mostly through unprotected sex especially with a promiscuous or *waka waka*[1] person. The low knowledge about HIV and AIDs in these slums could be due to the fact that illiteracy is quite high in this place. This is because most of the respondents could hardly express themselves in good and correct English. They would rather express themselves in pidgin.

Furthermore, it was also revealed that a greater percentage of the respondents at the rehabilitation centre had a good knowledge of HIV/AIDS as the most of them stated that AIDS is an incurable disease mostly contracted through sexual intercourse while HIV is the virus that causes the disease AIDS. When asked how they got to have such a high knowledge of HIV/AIDs, over 80 percent of the interviewed group revealed that they had their knowledge through the education programme that was presented to them during their rehabilitation process at the rehabilitation centres. Less than 20 percent reported that they had a better knowledge of HIV/AIDS from the mass media while at the rehabilitation centres. Precisely 83 percent revealed that they knew about HIV through the education programmes at the rehabilitation centre. More so, 94% percent stated that they had a better knowledge about the difference between HIV and AIDS at the rehabilitation centers. When asked about the mode/means of contracting HIV/AIDs, all the interviewed girls revealed that sexual intercourse with an infected person is the major mode of transmission.

Another mode of transmission such as sharing sharp instruments with infected persons, transfusion of blood, mother to child transmission were mentioned especially after the researcher had probed further. An interviewee in the rehabilitation centre however stated categorically that the major means of contracting HIV in Nigeria known to all is through unprotected sexual intercourse with an infected person but other means which she thought may be highly neglected include transmission of the virus from a mother to her child during

[1] Waka waka here refers to a promiscuous person

pregnancy, use of unsterilized sharp objects among or between infected person, blood transfusion and so on.

These responses revealed that interviewees at the rehabilitation centers had a good knowledge of the mode of transmission of HIV/AIDS. When asked if they had seen an AIDS patient, over 70 percent of the interviewees of the rehabilitation centers said they had seen an AID patient on the television and magazine but not physically. They reported that they had seen an HIV-positive counselor who was at the center of awareness campaign. The symptoms of AIDS mentioned included; rashes, tuberculosis, malaria, whopping cough, sores and other opportunistic diseases. The discussions from the FGDs conducted in the slums however were different because none of the respondents in the FGD had seen an HIV or AIDs patient and as a result could not give any signs or symptoms associated with AIDS-patient. The only one who attempted to discuss the signs and symptoms of HIV/AIDS stated that she had never seen in AIDS patients before but that she heard that they look very sickly and cough out blood with boils all over their body. She added that she also knows that the disease is a curse on evil peoples especially those who are involved in prostitution husband-snatching.[2]

From the above quote, the disease HIV/AIDS is being feminized (Msimange, 2003) as individual's hardly associate the disease with masculine acts. This is due to the fact that prostitution is mainly associated with females in Nigeria. Unfortunately, the males who patronize them are hardly labeled. The same goes for the issue of "husband snatching".

4.3 The General Perception of HIV/AIDS

The perception of interviewees and discussants about the diseases HIV/AIDs are unique as responses are given based on personal views and opinion. More related to the previous view is the perception of the individuals about HIV/AIDS as compared to how they perceive other deadly and stigmatizing ailments such as cancer, epilepsy, and tuberculosis. A few of the interviewees at the rehabilitation viewed HIV/AIDS as similar to other diseases such as cancer because some types of cancer do not have cures like HIV/AIDS and can lead to death. Also, they stated that some diseases like epilepsy are even stigmatizing. However, most of the interviewees view AIDS as very deadly and stigmatizing and concluded that other diseases like cancer, tuberculosis and epilepsy are still better off. An interviewee stated her point by stating that AIDS is not a disease that someone should acquire. She added that while she is not saying that cancer, tuberculosis and epilepsy are good sicknesses, we have been living with such diseases. Since we heard of AIDS, we have been living with great fear of it because of issues like it does not have a cure, an infected person is certainly going to die, it does not show on the face, people living with it suffer from social stigma and neglect. She thus concluded that one cannot compare AIDS with these other diseases because the fear and stigma we have of them are not as high as those of HIVAIDS. When asked how they felt about contracting HIV/AIDS. It was obvious that none of the participant wish to contract the diseases. However, all of the interviewees at the rehabilitation center accepted that, they are at high risk of contracting it. Almost 90 percent of the girls at the rehabilitation centres stated that they do not know their HIV status because they are afraid that they may have the virus considering their previous sexual behaviours in the past. A respondent stated that she does not wish that her enemy should be infected with HIV/AIDS talk less of herself. Although she knows that she is at high risk because she had practiced unsafe sex several times. She added that she could not even go boldly to test for her HIV status despite all the counselling; "The shock of having HIV/AIDS alone can just kill me so it is better I remain like this unaware of my status." The views of the participants in the focus group discussions (FGDs) who are vulnerable to trafficking were however not only contrary to those of the trafficked females in the rehabilitation centers, but were also based on

[2] Husband snatching are those who are involved in extra-marital affairs with married men

the misconception that only promiscuous people or those who have multiple sexual partners, can contract the HIV/AIDS. As a result, their perceived risk of contracting HIV was low. A discussant stated cannot say that she is at risk of contracting the disease because she is not a prostitute and *waka* about (someone who sleeps around) with different men as those prostitutes do. Even though she has not been using condom with my boyfriend (who's HIV-status is yet to be established). She concludes by saying: "we cannot contract the virus just like that (i.e anyhow)." This indicates that people's perception about particular illnesses such as HIV/AIDS affects their belief about such illnesses and these are sometimes influenced by the ideas or imbibed norms and values in the particular society which sometimes may be misleading. Thus, because it is perceived that HIV/AIDS is mostly caused by sexual intercourse, it is believed to be a disease of the prostitutes most of whom are considered females, and hence HIV/AIDS is itself is considered a feminized disease as reported by Msimange, 2003. Again this has policy implication as such perception could affect predisposition to test or not test for ones HIV-status, which again will affect behavioural change towards preventing the spread of HIV.

4.4 Knowledge of preventive measures of HIV/AIDS

In examining the preventive measures of HIV/AIDS known to interviewees well as the discussants responses provided included the appropriate use of condom, and abstinence from sexual intercourse as the major means through which HIV/AIDS can be prevented. Other measures mentioned by the girls in the rehabilitation centres are prevention of mother to child screening of blood before transfusion occurs, avoidance of use of sharp objects to anybody. One of the interviewees emphatically stated that HIV virus can be spread or contracted mostly through unprotected sex with an infected partner. However, other means of transmission include that from mother to child, use of sharp objects, blood transfusion etc. She concludes that guarding seriously against these behaviours would stop HIV/AIDS spread.

These same views were supported by another respondent from the rehabilitation centres who added that HIV/AIDS can be prevented by abstaining totally from sex, proper use of condom if an individual must have sex, being faithful to one partner that is not infected, use of screened blood, mother to child prevention, non-use of sharp objects with anybody and above absolute caution is paramount. The knowledge of preventive measures of spreading HIV/AIDS was thus, observed to be high amongst the trafficked girls at the rehabilitation centers. However the officials from the rehabilitation centres revealed that such knowledge was increased amongst trafficked girls during the course of rehabilitation. The discussants from the slum were observed to have very low knowledge about HIV/AIDS prevention as they mainly associated its spread with sexual intercourse and stated that the pandemic can be prevented through abstinence and use of condom. As discussant with from the slum stated that an individual can be protected against HIV/AIDS by completely abstaining from sex and refusing to be touched or close by an infected person in order not to get infected. She concludes by stating that those are the major ways of preventing HIV/AIDS from spreading. This shows a low level of knowledge about how HIV/AIDS can be spread and prevented among the vulnerable females in the slums, who participated in the FGDs.

4.5 Preferred Measures Of HIV Prevention And Sexual Practices Of Respondents

Many of the trafficked interviewees from the rehabilitation centres who had been repatriated had a positive and strong attitude toward HIV/AIDS prevention. They also preferred proper use of condom, as a major means of preventing HIV/AIDS. This is because according to them, total abstinence may not be easy. Again the prevention of HIV/AIDS might then include the provision of strong and durable condoms especially for sexually active youth who perceive abstinence as impossible. In addition, emphasis was laid on the avoidance of using sharp objects

with people as other preferred means of prevention. An interviewed girl was repatriated from Spain stated that she preferred to use condom, hence it does not matter if she had many sexual partners as the screening and testing for HIV-status as well as the mother-to child transmission occurs in the health centres. She however added that she can insist that a blood be screened before it can be used on her if she is HIV-negative. Obviously, the interviewee does not know her HIV status of the above response. The above view was also supported by the views of the official of the rehabilitation centres.

The lady that served as the case study displayed a positive attitude towards condom use by stating that she is aware that condom use is the best way to prevent HIV/AIDS but commercial sex work has been her work before she was repatriated from Italy. She also added that it was therefore difficult to abstain from sex hence she constantly used condom with her sexual partner who was unaware that she was infected with HIV and ignorantly requested for unprotected sex sometimes which she usually refused because of her HIV-status.

Another striking contribution of an opinion leader, which corroborated those of an official from the rehabilitation centres, is the fact that condom use is largely preferred but not used in all cases. The opinion leader stated that most people prefer condom use especially in indulging in an extra - marital affair and also in pre-marital sex. He also added however that condom use is reduced with increased level of intimacy with sexual partners which supports the views of Berer, 2003 that sexual who are more intimately are less likely to use condom than those who are. The above response supports the points of Ahonsi, (2005) who stated that most Nigerians are afraid to do HIV-test. With reference to the traffickers, condom use is still largely preferred but whether they use it all the time is still largely in doubt. A trafficker reported his likeness to use condom because of his inability to abstain from sex as a man. He added he however does not use it every time especially with intimate partners and on occasions when the opportunity comes to do a 'quick one' i.e engages in a fast sexual action with a willing individual. The risk of contracting HIV/AIDS through unprotected sexual intercourse with intimate partners whose HIV-statuses are unknown becomes evident. Again, when the interviewee was asked about his HIV-status, he was ignorant because he had not tested. It was also obvious that the increase in condom use increased with one's knowledge of his or her HIV-status especially when negative. However, lack of knowledge about this status, predisposes individuals to careless and risky sexual behaviour especially with regular partners whose HIV/status are unknown.

On the contrary, it was observed that the young girls who are vulnerable to trafficking in Okhoromi and Udo were aware of condom use but could not negotiate its use either because they lack self-esteem or because they are shy and afraid of being tagged spoilt and promiscuous. Most of them emphasized abstinence as their major and preferred means of prevention. Surprisingly when the researchers brought out a condom and held it out in the presence of the discussants, the majority (about 72 percent) of the discussants expressed shock and shyness when they saw the condom and thus refused to touch it. Despite their attitude, it was obvious that the girls had sexual partners and engaged in unprotected sex when the researchers probed into their sexual lives and interviewed the selected girls, the majority (86 percent) of which reported they had not tested to know their HIV-status. An interviewed girl stated that her boyfriend has never used condom with her before and that she could not even discuss it with him because she did not want him to think that she was very spoilt and then abandon her for another girl. She added that as a result, she takes any drug that he gives her to drink to prevent her from getting pregnant like her senior sister who mistakenly got pregnant. She added that both of them (herself and her boyfriend) have never been to the hospital for any HIV-test.

This reveals that young and vulnerable girls, especially those in the low class area who are sexually active can be faced with the challenge of negotiating condom use due to low self-esteem and fear of being abandoned by their sexual partners. Again this could be due to their level of exposure and enlightenment or due to the popular orientation that issues regarding

sexual relationship can only be negotiated by the male gender; an orientation that extends from the long experienced issues of female marginalization and suppression (Onyeonor, 2002).

4.6 Women Trafficking And Commercial Sex Work; Risk Of Contracting HIV/AIDS

Several studies have revealed in the past that a larger percentage of girls who are trafficked are from Edo State (Newswatch, July, 1999, Sunday Punch, October, 2001, The Anchor, July 25, 2001; New Age, December 31, 2003, Onyeonou 2001, 2003, 2004, Idia Renaissance). Studies also revealed the majority of the young girls and women, who are trafficked, engage in commercial sex activities (Onyeonou 2001, Tylor 2002, Olakunle 2006, Owumi and Jerome 2007). In relating the phenomena of women trafficking and commercial sex work, the official from the rehabilitation centre stated revealed that though was very shameful to say, only a handful of the girls who are trafficked out of Nigeria abroad engage in other activities. He added that not less than 80 percent of the girls engage in prostitution or commercial sex whatever you call it abroad knowing that they relate with the girls everyday at the rehabilitation centres and have first hand information from them. The trafficked females under rehabilitation attested also to the fact that prostitution or commercial sex work is the most readily available jobs that can fetch them fast money that they are compelled to do. A girl briefly stated the jobs they are expected to do before they travelled may be different but added that prostitution is the work most of them do to get quick cash abroad.

Furthermore, several studies have also revealed that the categories of individuals in the society who are most at risk of contracting HIV/AIDs are commercial sex workers and long distance truck drivers (Isiugho-Abanihe 1993, 1994, Orubuloye 1994, UNAIDS 2004). In a bulletin published by Idia Renaissance 2006, the first effect of Human/women trafficking stated is that "victims are exposed to health hazards such as sexually transmitted diseases (STDs) and Acquired Immune Deficiency Syndrome (AIDS). These were supported by the responses of interviewees in the rehabilitation centres.

The level of awareness of HIV/AIDS is presently high amongst the trafficked girls under rehabilitation in the centres and this has affected the perception and attitude towards its prevention lately but this was not so before they were trafficked. The same problem is obvious amongst the girls in the Okhoromi and Udo who are vulnerable to trafficking. Their level of awareness, perception, attitude and practice towards the prevention of HIV/AIDs is low and as such may place them at high HIV-risks.

4.7 CONCLUSION AND RECOMMENDATIONS

Women trafficking and HIV/AIDS have affected the country adversely to the extent that it poses a threat to the development of the nation. The phenomenon of women trafficking is rampant in Edo State. Studies have revealed that most of the trafficked girls engage in commercial sex works. With the advent of HIV/AIDS which is rampant among commercial sex workers and truck drivers; the phenomena of women trafficking and HIV/AIDS have attracted attention. Findings from the study reveals that most trafficked victims have very little or no knowledge about HIV/AIDS and its prevention, before they are trafficked. The respondents' knowledge about this pandemic however is improved during the process of rehabilitation after they had been trafficked. In this regards, the study observed that most of the trafficked girls are afraid to test for their HIV-status due to their high risk behaviour before rehabilitation as commercial sex workers thus validating the views of Ahonsi, 2005 that most individuals including Nigerians are usually afraid to test for the HIV-status especially when they cannot guarantee that they had not been involved in risky sexual activities.

Furthermore, young girls who are vulnerable to women trafficking in the majority of the rural areas or slums of Benin have very little or no knowledge about HIV/AIDS and its

prevention and hardly negotiate the use of a condom during sexual intercourse either because they are shy and naïve or due to low self-esteem. While trafficking in women who are agents of societal continuity in terms of their role reproduction pose a great threat to the development of every nation, the increased lack of women empowerment in the society needs to be addressed. As studies have revealed that a feeling of powerless, unemployment and ignorance as well as preference for the male child and practice of primogenjture which leaves that inheritance of assets and valuable properties in the hands of the male child, pushes the women to look for means to accumulate properties thus making them vulnerable to traffickers who promise them this means. Again, the adverse effect of women trafficking which leaves the victims at the mercy of their exploitative traffickers is undermined coupled with the helplessness they face in the middle of a strange land where they lack protection and choice of what to do out of their own will.

Faced with the huge debt to buy their freedom and begin to make ends meet, they are forced in all manners of life threatening acts which put them at risk of rape, sexually transmitted diseases, HIV/AIDS, psychological and emotional torture and above all deaths with very or no one to fight for their rights considering the manner in which they exited their country and transited into the country they found themselves. Some of them who are unfortunate lose their lives in the process or get repatriated with nothing but HIV/AIDS and other deadly diseases which are contracted out of ignorance and lack of power to make informed decisions about their sexual lives, while another may be treated with the monies they gather till they die out of frustration and ill-health. Some others are left with the stigma and frustration of a hopeless future with very little or no cash to show for their suffering and after being deported. Thus, while human trafficking poses a huge threat to the reputation of the countries from which victims are recruited, it poses another great challenge to the development of the country both economically, socially, politically and health wise. To the individuals, it poses a great challenge to the lives generally and to their health especially where they lack the knowledge and confidence to protect themselves sexually from contracting sexually transmitted diseases including HIV/AIDS.

Efforts must therefore be intensified to combat women trafficking and HIV/AIDS empowering women with micro credit to start new businesses or expanding on existing ones or provide employment opportunities in order to alleviate them from poverty. Again youth most especially young girls should be sensitization against women trafficking and HIV/AIDS especially in the rural areas in Edo State and Benin City as a whole trough the mass media, drama shows in markets place and halls as well as grass roots community campaign. Stigmatization of HIV/AIDS patients and repatriated or trafficked victims should be avoided and seriously fought against in host communities, while young girls should be enlightened on the ills of unprotected sexual intercourse and encouraged to test to know their HIV-status. Traffickers should be arrested and punished accordingly to serve as deterrence to others. There should be the provision of decentralized treatment centres at very affordable prices to AIDS patients and improved empowerment and protection of the trafficked women who have been repatriated in order to discourage recidivism.

There is the need to reduce poverty and unemployment. Also, it is necessary that enlightenment programs are increasing everywhere in the state to intensify efforts to fight against human trafficking and HIV/AIDS. These enlightenment programs combating HIV/AIDS should be carried out even in the slums in Benin City.

Efforts should be intensified to reduce stigmatization both to trafficked victims and AIDS-patients so that people can freely come out to know their HIV-status and combine efforts to combat HIV/AIDS and trafficking women. The efforts to reduce stigmatization of HIV-infected people should be intensified in the society. This will help reduce the fear and refusal to participate in voluntary testing for one's HIV-status. More so, opportunities should be made available for young girls in the slums to get specially educated about the phenomenon of

HIV/AIDS. Furthermore, efforts geared towards stopping and restricting traffickers from trafficking young girls should be intensified at all levels. Also young women who are repatriated should be trained and empowered to reduce the desire for them to go back (recidivism). Campaign against Women trafficking and HIV/AIDS should be intensified even onto the very rural areas in the nation Edo State especially

Finally, stigmatization of trafficked and repatriated people as well as those who are infected with HIV/AIDS should be highly minimized. People should be taught to start viewing HIV/AIDS as a normal illness that can affect any one so that people can voluntarily test for HIV/AIDS and make themselves available for treatment if they are infected The Government should intensify efforts in the provision of antiretroviral treatment for HIV-infected persons or people living with HIV/AIDS (PLWHA).

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