

**PREVALENCE AND CORRELATES OF VIOLENCE AGAINST FEMALE SEX
WORKERS (FSWs) IN ABUJA, NIGERIA**

By

DAGUNDURO, Tolu Abosede

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CERTIFICATION

I certify that this work was carried out by Miss DAGUNDURO TOLU ABOSEDE in the Department of Epidemiology, Medical Statistics and Environmental Health (EMSEH) College of Medicine, University of Ibadan, Nigeria.

Supervisor: Dr. Olufunmilayo I. Fawole

MBBS (IB) MSc. (SA) F.M.C.P.H (Nig), F.W.A.C.P

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DEDICATION

This work is dedicated to the Author and the Finisher of my faith, without Him I cannot do anything, but with Him all things are possible. Also, to my Mother Mrs. Olufunmilayo Dagunduro, I appreciate your motherly love.

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I deeply express my heartfelt gratitude to my Maker; He made all things to work together for my success. I want to appreciate the supportive role of my supervisor Dr. O.I Fawole for making this project a success, may the Lord God Almighty continue to grant you more wisdom and knowledge. I also appreciate the immense efforts of my parents Mr. Henry and Mrs. Funmilayo Dagunduro to ensure that this program is achieved; I pray the God in His infinite mercies will grant you longevity in good health and prosperity to eat the fruits of your labour.

I want to also appreciate the Executive Director Agent of Change Initiative, Miss Toni Adeleke for her contribution to the success of the project. I will never ever forget the efforts of Mr Akinsola, you are really ‘a God sent’ to my program, May God Almighty bless you and your family.

A big thanks to the love of my life Adewale Alamu, I really appreciate your consistent efforts to see that this program is a success

Finally to all my friends and well wishers, I appreciate your contributory role to the success of this project, May God meet all of you at the points of your needs in Jesus Name (amen)

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AMA	American Medical Association
ASCP	American STI Control Program
CSWs	Commercial Sex workers
FCT	Federal Capital Territory
FSWs	Female Sex Workers
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
IDI	In- Depth Interview
IHVN	Institute of Human Virology Nigeria
NACA	National Agency for the Control of AIDS
NACO	National AIDS Control Organization
NGOs	Non-Governmental Organizations
NSWP	National Sex Work Project
PTSD	Post-Traumatic Stress Disorder
SFH	Society for Family Health
SPSS	Statistical Package for the Social Sciences
SW	Sex work
SWs	Sex workers
STD	Sexually Transmitted Disease
UCH	University College Hospital
UI	University of Ibadan
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNIFEM	United Nations Development Fund for Women
US	United States
VAW	Violence Against Women
WHO	World Health Organization

ABSTRACT

Violence against women (VAW) is a major public health problem affecting women globally. In addition to causing injuries and eroding women's self esteem, violence increases the risk of reproductive health problems. However, only little is known about the magnitude and determinants of violence in female sex workers (FSWs) in Nigeria. This study assessed the prevalence and the risk factors that contribute to violence against FSWs in Abuja

A descriptive cross-sectional study design was adopted. Three hundred and five brothel-based FSWs were selected using stratified random sampling and proportional allocation techniques. One hundred and ten FSWs from the high, 63 from the middle and 132 from the low income areas were interviewed using a semi-structured questionnaire. Information on occurrence of violence and predisposing factors was obtained from the respondents. In-depth interviews were conducted on 10 FSWs to obtain better insight into their recent experiences of violence. Data were analyzed using descriptive statistics, Chi-square tests and logistic regression analysis.

Mean age of the respondents was 27 ± 5.7 years. Seventy five percent had at least secondary education and majority (69.5%) were single. The prevalence of violence experienced by FSWs in the last six months was 52.8% of which 61% had been abused between once and thrice at some point in their lives. The forms of violence experienced among respondents included physical (38.7%), sexual (43.3%), psychological (32.5%) and economic (29.2%). The main perpetrators of violence were clients (47.5%), brothel managers/ owners (38.2%), local thugs (8.0%) and police men (4.0%). Bi-variate analysis showed that respondents below 30 years were less prone to physical violence than their older counterparts (P-value= 0.00). FSWs from who never attended school experienced sexual violence than those who ever attended school (p-value= 0.02). The FSWs with no formal education and those with over 10 years work experience in the sex industry were at a higher risk of psychological violence than those with formal education and with less than 10 years work experience (OR=2.6, 95% C.I= 1.37-5.08 and OR=2.3, 95%CI=1.26-4.31 respectively). Respondents with over 10 years experience in sex work were more vulnerable to economic violence than those with less than 10 years sex work experience (OR=1.9, 95%CI=1.01-3.52). Major health consequences reported were physical injury (14.1%), HIV infection (4.3%) and 10.5% reported ever had STI. Sixty percent accessed services at health

facilities while 29.3% used traditional healing homes after they experienced violence. The results from the in-depth interviews showed that violence was a common experience among the respondents with clients and policemen being the main perpetrators.

The prevalence of violence against FSWs in Abuja was high. Therefore, there is need to educate FSWs on their sexual rights and how to protect themselves from violence. In addition, FSWs require educational and economic empowerment to enable them move on to other more socially acceptable vocations.

Keywords: Violence, Female sex workers, Prevalence, Nigeria

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TABLE OF CONTENTS

Title Page.....	i
Certification.....	ii
Dedication.....	iii
Acknowledgement.....	iv
Abstract.....	vi
Table of Contents.....	viii
CHAPTER ONE	
1.1 Introduction.....	1
1.2 Rationale for the study.....	2
1.3 Objectives of the study.....	3
CHAPTER TWO	
Literature review History of	4
CHAPTER THREE	
Methodology.....	21
CHAPTER FOUR	
Results.....	28
CHAPTER FIVE	
5.1 Discussion.....	47
5.2 Conclusion.....	50
5.3 Recommendation.....	51
References.....	52
Questionnaire	58
UI/UCH Ethical Approval.....	70

CHAPTER ONE

1.1 INTRODUCTION

Violence is defined as a behavior towards another person, which is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm (Crowell & Burgess, 1996). Violence against women (VAW) is any act of gender- based violence that results in or likely to result in physical, sexual and psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life (UN,1999). VAW is not confined to any specific culture, region or country, or to particular groups of women within a society (UN, 2006). It occurs to all age groups (Vlachova & Biason, 2004). The different manifestations of violence and women's personal experiences are, however shaped by factors such as ethnicity, class, age, sexual orientation, disability, nationality and religion (UN, 2006). VAW occurs within the family setting as wife battering, marital rape, sexual abuse of female children, dowry - related violence, and female genital mutilation. It also occurs as traditional practices that have proven to be harmful to women like widowhood rites and may also accompany various forms of female exploitation such as trafficking of women and girls (Vlachova & Biason, 2004).

VAW is a major cause of death and incapacity among women of reproductive age as cancer and a greater cause of ill- health than road traffic accidents and malaria combined (WHO, 1997). A review of a study on VAW conducted in 35 countries indicated that between 10% and 50% of women reported being hit or physically harmed by men at some point in their lives. In addition, 32% of teenagers and 72% of adult women had been sexually abused. Seventy eight percent had been beaten because they refused sex and 58% had been beaten ten or more times by sexual partners (WHO, 1999). Through out history and in most societies women have held a much lower status than men, unfortunately this leaves them disadvantaged in terms of power, wealth and personal freedom and therefore vulnerable to violence (WHO, 2005).

Female sex work (FSW) is an ancient and widespread phenomenon; women, men and transgender sell sex all over the world. Worldwide it is estimated that more than 20 million people work as sex workers (NSWP, 2005). Despite the large number, sex workers (SWs) have never been accepted by society. This makes their work environment even more difficult and

leaves them vulnerable to various types of violence. Daily, female sex workers (FSWs) are exposed to different types of violence and their human rights violated (NSWP, 2005). Worldwide, thousands of sex workers are killed each year, 60% reported been raped while 70% reported been beaten by perpetrators (WHO, 2005). For example, in United States (US), 82% of SWs had been physically assaulted, 83% had been threatened with a weapon, and 68% had been sexually abused (Farley & Barkan, 1998). The Green Rivers Killer' raped and killed more than 60 sex workers every year in US (NSWP, 2005).

1.2 RATIONALE FOR THE STUDY

VAW is the most pervasive but yet the least recognized human rights abuse in the world (Heise et al, 1999). It is a profound health problem that saps women's energy, compromises their physical and mental health, and erodes their self esteem. In addition to causing injuries, violence increases women's long term risk of other health problems such as HIV/AIDS, maternal morbidity and mortality, drug and alcohol abuse and depression (WHO, 2002; Heise *et al* 1999). VAW is a social problem that burdens the health system, impoverishes community and reinforces other forms of violence in the society; it drains the economically productive workforce and generates a climate of fear and insecurity thereby reducing productivity and development (WHO, 2000; UN, 2006). Abuse as a form of violence has marred the lives of millions of women and girls all over the world (Vlachova & Biason, 2004).

Sex workers experience a greater extent of violence than other groups of women, because they are not socially accepted and discriminated against in the society. They are often treated as outcasts, marginalized and stigmatized. They do not receive the protection and support of law enforcers who often disregard complaints from SWs. Thus, violence committed to female sex workers often go unpunished (NSWP, 2005).

CSW is not a violent behavior and should not be equated as such. Doing this, will trivialize the violence experienced by sex workers. Forms of violence experience by CSWs include rape, beating and trafficking. Sex workers in many places opt for sex work from very limited options (NSWP, 2005). However, CSW like other professions have rights which should be protected and enforced. Many times, the sex industry is based on exploitation, humiliation and enslavement

(Vlachova & Biason, 2004). Sex workers are stigmatized and therefore can not access help from regular sources as other women because they are not socially accepted. In addition, they are reservoir of HIV infection and (HIV sentinel survey, 2001) have the highest prevalence of HIV/AIDS among other identifiable groups including pregnant women. A prevalence rate of 35.5% was reported among the SWs in Nigeria (SFH, 2001; SFH, 2004).

The low socio-economic class is the most vulnerable to violence; they are prone because they lack the means to resist abuse, to escape from dangerous situations and to warrant protection from society (Heise *et al* 1999). Unfortunately, little is known about the prevalence and determinants of violence against FSWs in Nigeria. Hence this study seeks to document the prevalence and determinants of violence against FSWs in Abuja and also to identify the perpetrators of violence and recommends ways to end violence.

1.3 GENERAL OBJECTIVE

To determine the prevalence of violence against female sex workers (VAFSWs) and identify factors which makes them vulnerable.

SPECIFIC OBJECTIVES

1. To assess the level of knowledge of sex workers on types of violence against women
2. To determine the prevalence of violence against female sex workers in Abuja
3. To describe types of violence experienced by the sex workers
4. To identify determinants for experiencing violence
5. To document the health consequences of violence against female sex workers

CHAPTER TWO

LITERATURE REVIEW

2.1 HISTORY OF VIOLENCE AGAINST WOMEN (VAW)

VAW was drawn out of the private domain into public attention and the arena of State accountability largely because of the work of women organizations and movements around the world. This works drew attention to the fact that VAW is not the result of random, individual acts of misconduct, but rather that it is deeply rooted in structural relationships of inequality between women and men. The interaction between women's advocacy and United Nation (UN) initiatives has been a driving factor in establishing VAW as a human rights issue on the international agenda. There has been significant progress in elaborating and agreeing on international standards and norms. International and regional legal and policy instruments have clarified the obligations on States to prevent, eradicate and punish VAW. However, States around the world are failing to meet the requirements of the international legal and policy framework (UN, 2006).

It is increasingly recognized that violence is a pervasive violation of fundamental human rights of women and children; it continued to be fostered and reinforced by entrenched patriarchal value system, the perpetration of traditions that identify women as inferior to men, prevalent illiteracy, poverty and the low status of women in the society (Kapur, 1995; Meena, 1992). Also some aspects of the statutory, customary and religious provision including the limited access to and control over power as productive resources, make women vulnerable to violence (UNIFEM, 1999). Thus violence occurs irrespective of social class, occupation, race, religion and other status.

The use of violence in relationship limits a woman's ability to negotiate safe sex. Women who have been sexually abused in childhood have greater probability of engaging in risky sexual activities as adolescent or adults (UNIFEM, 2002). Several reports have made linkages between VAW and HIV/AIDS (UNIFEM, 2002)

2.2 SOCIAL CONTEXT OF VAW

Violence is deeply rooted in social and cultural practices and has been regarded as strictly a private affair that is difficult to analyze the depth of the problem. Also it was recognized that VAW is an obstacle to equality, development and peace and that the opportunities for women to

attain legal, social economic and political equality are constantly being limited by violence. Women are the victims of gender-based violence (GBV) in the same way that individuals are victimized because of their race, religion or sexual orientation. Girls and women are the primary victims of sexual assault and the most gravely affected by partner abuse, elder abuse and sexual harassment in the work place. Women's economic dependence on male partners and women's sense of responsibility toward their children may make it difficult for them to seek help against abuse or to leave a violent man relationship. Women have fewer options for employment and often are in lower positions in the workplace thereby making them more vulnerable to sexual abuse. Women are also vulnerable to sexual assault due to physical environments that fail to take their safety needs into consideration (Women's Health Forum, 2007)

2.3 VULNERABLE INDIVIDUALS AND GROUPS OF VAW

Certain groups of girls and women, due to their relative lack of power and absence of resources are more vulnerable to violence than other. Young girls and young women are vulnerable to abuse by parents, adult care givers, acquaintances and boyfriends. Immigrant women, women of color, refugee women, live-in domestic workers, and women from linguistic minorities more often encounter barriers in accessing appropriate services, and therefore bear a greater burden from violence than other women (Shin, 1992), (Macleod and Shin,1993).

Women and girls with disabilities experience higher than average rates of violence and also encounter double disadvantage in accessing services (Health Welfare Canada, 1993). The risk of women's experiencing violence according to income is not clear; some believe that women on low income are more vulnerable to violence than other socio-economic classes of women, creating a greater incidence. Others believe that poverty and unemployment contribute to a higher rate of victimization. Results from the Canadian Urban Victimization Survey showed that women with low household incomes, low levels of education and/or who are unemployed are at higher risk of being sexually assaulted than women in general (WHO, 2004).

2.4 FORMS OF VIOLENCE

Violence against women takes many forms, from the overt to the subtle. World Health Organization (WHO) adopted the following definitions of physical and sexual violence to aid in research and programming, concentrating on identifiable acts.

2.4.1 Physical violence includes been slapped, object thrown, been pushed, shoved, hit with a fist, hair pulled or something else that could hurt, choke or burn, threatened with or had a weapon or acid bath and leaving the victim in a dangerous place, and refusing to help when the person is sick or injured (WHO, 2002). Wide proportion of women had suffered physical violence all over the world. The proportion of women who had suffered physical violence by male partner ranged from 13% in Japan to 61% in provincial Peru; in most places it ranged from 11% to 21% of women reported being hit by a partner with fist. The most common act of physical violence experienced by women was being slapped by their partners from 9% in Japan and 52% in provincial Peru; followed by being struck with a fist. (WHO, 2009). In Nigeria, precisely in Ibadan, Enugu and Kaduna the overall prevalence of physical violence experienced was 26.9% (Yusuf et al, 2011)

2.4.2 Sexual violence is defined as ‘any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home work’ (WHO, 1993). It also includes been physically forced to have sexual intercourse, or forced to do something sexual that is degrading or humiliating like unwanted touch of breast, buttocks or molest (WHO, 2002)

Sexual abuse takes many forms within relationship, including marital, date and acquaintance rape. Three major elements characterize legal definitions of rape: lack of consent; penetration, no matter how slight or independent of whether ejaculation occurred; and compelling participation by force threat of bodily harm, or with a person incapable of giving consent due to intoxication or mental incapacitation. Sexual abuse also includes acts such as sexual degradation, intentionally hurting someone during sex assault upon the genitals, including use of objects intra-vaginally, orally, or anally, pursuing sex when one is not fully conscious or afraid to say no, and coercing an individual to have sex without protection against pregnancy or sexually transmitted

diseases (WHO, 1993). The percentage of women who reported sexual abuse by partner ranged from 6% in Japan and 59% Ethiopia; the proportion of women physically forced into intercourse range from 4% in Ethiopia and 46% in Bangladesh. This high rate of forced sex is particularly alarming in the light of the AIDS epidemic and the difficulty that many women have in protecting themselves from HIV infection (WHO, 2009).

2.4.3 Emotional violence does not yet have a widely accepted definition, but includes being humiliated or belittled, scared or purposely intimidated (WHO, 2002). This also includes intense criticizing, insulting and name calling that have the effect of making a person believe he/she is not worthwhile and keep them under the control of the abuser, verbal threats of abuse, harm, or torture directed at an individual (AMA,1992). Across all countries, between 20% to 75% of women had experienced one or more of these acts (WHO, 2009).

2.5 PREVALENCE OF VAW

Increasing numbers of research give the global overview of the extent of VAW. Potential perpetrators include spouse, partners, neighbors, and men in position of power or influence. Most acts of violence are not unique incidents but ongoing, and may continue for decades. Violence is almost universally under-reported because of its sensitivity. Nevertheless, the prevalence of violence suggests that globally, millions of women are experiencing violence or living with its consequences (Watts & Zimmerman, 2002).

In 2000, an estimated 199,000 youth homicides occurred globally, in United States, an estimated 1.9 million women are physically assaulted, 54 percent were sexually abused annually (WHO, 2005). In Japan, 60 percent of women and girls had suffered from physical, psychological and sexual abuse (WHO, 2005). In Mexico 52% of physically abused women had also experienced sexual abuse by their partners (WHO, 1999).

In India, 70% of sex workers the respondents in a survey were beaten by the police and more than 80% had been arrested without evidence (Sangram, 2002). In Mainland China, more than 500 sex workers are killed each year (NSWP, 2005). Ninety seven of every 100 Cambodia sex workers had been raped on the job by clients (NSWP, 2005); In Bangladesh, the national HIV surveillance system (1999-2000) found that between 52% and 60% of sex workers reported being raped by men in uniform, and between 41% and 51% reported being raped by local

criminals (ASCP, 2000). In Namibia, 72% of 148 sex workers who were interviewed reported being verbally abused by clients and neighbors; approximately 16% reported abuse by intimate partners, 18% by clients, and 9% by policemen (Hubbard & Zimba, 2003).

Eighty percent of women surveyed in rural Egypt said that beatings are common. This was justified if the woman refused to have sex with her partner (El-Zanaty *et al*, 1996). In Africa, 67 (percent) of both women and girls were physically abused and 50 (percent) were sexually abused (Okemgbo *et al*, 2002).

In Nigeria, 20% of girls suffered sexual violence, 40% of the women are victims of violence in the family. About 79% of women reported being battered by their male counterparts (Odujirin *et al*, 1993), 21% experienced forced intercourse (Okemgbo *et al*, 2002), and 59% of young women in Ibadan reported physical abused and 26% sexual harassment (Fawole *et al*, 2003). In Lagos, 31% of adult women had been physically abused by intimate partners (Odujirin *et al*, 1993). About 39% of women of child bearing age in Anambra State had experienced physical abuse(Ilika *et al*, 2002) while about 79% of women in Imo State reported being battered by their male counterpart (Okemgbo *et al*, 2002)

About 80% of women with a disability will be sexually assaulted in their life time (Stimpson & Best, 1991). About 60% to 70% of runaways and 98% of child prostitutes have a history of child abuse (Women's Health Forum, 2007). About 45% of university students have been sexually abused in a dating relationship, in US, 35% had been physically abused and 79% had been psychologically abused (DeKeseredy & Kelley, 1993)

In the US, violence is one of the major problems among prostitutes, 60% of the abuse against street prostitutes were perpetrated by clients, 20% by police and 20% in domestic relationships (WHO, 2005). In Africa many sex workers experience violence on the street, on the job, or in their personal lives, which increases their vulnerability to HIV and other health concerns, the estimated prevalence of physical violence ranged from 30% in Yaoundé to 75% in Cameroon (WHO,2005). In Bangladesh, the national HIV surveillance (1999-2000) found that between 52% and 60% of street-based sex workers reported being raped by men in uniform in the previous 12 months and between 41% and 51% reported being raped by local criminals(ASCP, 2000). In Namibia, 72% of 148 sex workers who were interviewed reported being abused. Approximately 16% reported abuse by intimate partners, 18% by clients, and 9% at the hands of

the police (Hubbard and Zimba, 2003). In India, 70% of sex workers in a survey reported being beaten by the police and more than 80% had been arrested without evidence (Sangram, 2000)

2.6 FACTORS RELATED TO VIOLENCE AGAINST WOMEN

There are several factors associated with VAW; some of them were highlighted below:

- 2.6.1 Young Age:** VAW is common among girls and women of all ages, adolescents and youths are disproportionately affected with the higher age and higher number of children associated with reduced risk of violence. It was reported in a research conducted by WHO in Japan and Ethiopia that younger women especially those in the range of 15- 19 were at a higher risk either physical or sexual violence (WHO, 2009).
- 2.6.2 Socio- economic Status:** A number of studies have found strong associations between low socio-economic and VAW. Other studies have found that women with high status- measured by their educational attainment, degree of autonomy or control over their resources are more protected from risk of domestic violence. However in some setting women with high autonomy may actually still be at risk of violence.
- 2.6.3 Drug and Alcohol Consumption:** Several studies have shown a strong association between the consumption of drugs or alcohol and the risk of violence. For instance, Clark and Foy's (2000) study in the US found that the severity of domestic violence, as well as childhood abuse and parental alcohol abuse were correlated with women's alcohol use. However it was also shown that alcohol may be used to medicate the physical and emotional pain of domestic violence (Stuart et al, 2002)
- 2.6.4 Intergenerational Transmission:** Studies have shown that children who witness family violence are more likely to be perpetrators of violence or victims of violence in adulthood
- 2.6.5 Myths:** The belief that having sexual intercourse with a virgin will cure sexually transmitted infection and AIDS increases the risk of VAW (WHO,1999)

2.7 HEALTH OUTCOMES OF VAW

Violence in all its forms causes immense damage to the reproductive health and well-being of women and girls throughout the world, in direct and indirect ways, it could result in: Unintended pregnancies and restricted access to family planning information and contraceptives; Unsafe abortion or injuries sustained during a legal abortion after an unintended pregnancy; Complications from frequent, high-risk pregnancies and lack of follow-up care; Sexually transmitted diseases, including HIV/AIDS; Persistent gynecological problems and Psychological problems, including fear of sex and loss of pleasure (WHO, 1999)

2.8 BARRIERS TO ADDRESSING VAW

2.8.1 Cultural Factors: Most cultures in the West African sub-region support physical punishment of wives by husbands. This is thought to be justified in the situations such as not obeying the husbands, talking back, not having food ready on time, failing to adequately care for children or home, questioning about money and girl friends, going out of the house without permission, refusing him sex or expressing suspicions of infidelity

2.8.2 Lack of Technical Competence and Resources: Health workers often do not ask women about their experiences with violence because it is viewed as a private affair and fear that patients may be upset or offended if asked about violence. Others feel that they do not have the time or resources to help.

2.8.3 Women's Reluctance to Disclose. Unless a woman is asked directly about violence many will not disclose. This is mainly due to shame and fear of reprisals from the perpetrator.

2.8.4 Law Enforcers: A report from WHO reflected that the attitude of law enforcers are not supportive in reducing violence against women, it was stated that they themselves are perpetrators of VAW (WHO, 1999).

2.9 PREVENTION OF VIOLENCE

Violence is a multifaceted problem with biological, psychological, social, and environmental roots. There is no simple or single solution to the problem; rather violence must be addressed on multiple levels and in multiple sectors of society simultaneously. Based on the perspective provided by the ecological model, violence prevention programmes and policies can be targeted at individuals, relationships, communities and whole societies delivered in collaboration places, other institutions and criminal justice systems. Violence prevention is most likely to be successful if it is comprehensive and scientifically based. The following section gives a glimpse into the different programs around the world aimed at curbing and responding to VAW (Olweus et al, 1998; Hawkins, 1999).

2.9.1 Individual Approaches

Prevention of violence at the individual level focuses primarily on two objectives. First, it aims to encourage healthy attitudes and behavior in children and young people in order to protect them as they grow up. Second, it aims to change attitudes and behavior in individuals who have already become violent or are at risk of harming themselves. In particular, it aims to ensure that people can resolve differences and conflict without resorting to violence.

Types of approaches that focus on individual beliefs and behaviors include:

2.9.1.1 Educational programs such as incentives for pupils to complete secondary schooling, vocational training for underprivileged youths and young adults, and programs providing information about drug abuse.

2.9.1.2 Social development programs including those preventing bullying, as well as preschool enrichment programs. Such programs are aimed at improving success at school and social relationships. Social development programs, in particular, are designed to help children and adolescents develop a moral perspective.

2.9.1.3 Therapeutic programs including counseling for victims of violence or for those at risk of harming themselves, support groups and behavioral therapy for depression and other psychiatric disorder associated with suicide.

2.9.1.4 Treatment programs for people at risk of harming themselves, including medical treatment for those suffering from psychiatric disorders. There are also programs for sex

offenders and people who abuse their partners or children. Such programs typically use a group format to discuss gender issues and teach skills such as anger management and taking responsibility for one's actions.

The effectiveness of these different approaches varies depending on a variety of factors. For example, social development programs that emphasize competency and social skills are among the most effective strategies for preventing youth violence, but appear to be more effective when delivered to preschool and primary school children to secondary school pupils (Olweus et al, 1998; Hawkins, 1999).

Counseling program for men who abuse their partners have proved successful in helping some men modify their behavior (Elderson, 1995; Gondolf, 1999), but there is generally a very high drop-out rate and many who are referred to in these programs never attend or end sessions (Elderson, 1995; Gondolf, 1997). Behavioral therapy programs for suicide, on the other hand, have demonstrated some benefits in reducing suicidal thoughts and behavior.

Individual approach focus primarily on encouraging healthy attitudes and behavior in children and young people as they grow up, and changing attitudes or behaviors in individuals who have already become violent or are at risk of harming themselves.

2.9.2 Relationship approaches

Relationship approaches focus mainly on influencing the types of relationships that victims and perpetrators have with the people with whom they most regularly interact. These approaches typically target problems within families for instance, marital conflict, lack of emotional bonding between parents and children, lack of discipline or supervision of children and negative influences brought to bear by peers.

Types of approaches that target relationship include:

- 2.9.2.1 **Training in parenting:** these programs are aimed at improving the emotional bonds between parents and their children, encouraging parents to use consistent child-rearing methods, and helping them to develop self control in bringing up children. Parenting programs may be used in cases where children are at risk of being abused by their parents and also to prevent future delinquency, in cases where young children's behavior is a cause for concern

2.9.2.2 Mentoring programs: these programs match a young person, particularly one at risk of developing antisocial behavior, with a caring adult from outside the family who can act as a positive role model and guide

2.9.2.3 Family therapy programs: these are aimed at improving communication and interactions between family members, as well as teaching problems; solving skills to assist parent and children.

2.9.2.4 .Home visitation programs include regular visit from a nurse or other health professional to the homes of families in special need of support and guidance with child care or where there is an identified risk of child maltreatment. Such programs are also used to avert delinquent behavior; interventions can include counseling, training and referrals to specialists or other agencies

2.9.2.5 Training on relationship skills typically bring together mixed groups of men and women with a facilitator to explore gender and relationship issues that play a part in violence and to learn life building skills to deal with them.

All of these programs have proved effective in some settings. For example, in both developing and industrialized countries, home visitation programs are effective in reducing abuse of children by parents and are also one of the most promising interventions for producing long term reductions in violence among young people (Farrington & Welsh, 1999). Training on parenting and family therapy programs are also approaches with positive, long term effects in reducing violence and delinquent behavior and at lower costs over the long run than other treatment programs “Youth Violence 2001” (Patterson et al, 1991), Relationship approaches aim to influence the types of relationship that victims and perpetrators have with the people with whom they most regularly interact and focus on problems within families and negative influences from peers.

2.9.3 Community- based efforts

The principal aims of community - based violence prevention activities are to raise public awareness on and debate about issues, stimulate community action, address the social and material causes of violence in the local environment, and make provision for the care and support of victims

Types of approaches that focus on community factors include

- 2.9.3.1 Public education campaigns using the media to target entire communities or educational campaign for specific settings such as schools, workplaces and health care and other institutions
- 2.9.3.2 Modification of the physical environment, such as improving street lighting, creating safe routes for children and youths on their way to and from school, and monitoring and removing environmental pollutants that may affect child development
- 2.9.3.3 Extracurricular activities for young people such as sports, drama, art and music
- 2.9.3.4 Training for police, health education for professionals and employers to make them better and able to identify and respond to the different types of violence
- 2.9.3.5 Community policing to create partnerships between police and a variety of groups at community level
- 2.9.3.6 Programs for specific setting such as school, workplaces, refugee camps and care institution including hospitals, health care clinics and long term care institution for elderly. These types of programs focus on changing the institutional environment by means of appropriate policies, guidelines and protocols formulation
- 2.9.3.7 Coordinated community interventions involving many sectors and geared toward improving services and programs (WHO, 2002)

Educational campaigns have been shown to be beneficial in some circumstances, such as the soul city multimedia campaign in South Africa. This campaign addressed many types of interpersonal violence including bullying, gang violence, and violence among sex workers, rape and sexual harassment. Evaluations of the adult soul city television series have found increased knowledge and awareness, and shifts in attitudes and social norms concerning gender-based violence. There

has been a significant increase in the willingness to change behaviour and take action against violence, both in urban and rural areas among men and women (Jarquin & Carrillo, 1997).

Networking and multi-sectoral cooperation at the community level are increasingly used to deal with violence. Coordinating councils, interagency forums and similar activities are established involving a wide range of people, including magistrates' community health and social workers, members of women's groups, staff of schools and the local religious and political authorities. Typically, their functions include sharing information and expertise, identifying problems in the provision of services, and promoting community awareness and action on one or several types of violence (WHO, 2002).

2.9.4 Societal approaches

Societal approaches to reduce violence focus on cultural, social and economic factors and how these factors shape different setting and entire communities.

Types of approaches that focus on these broader societal factors include:

- 2.9.4.1 Legislatives and judicial remedies such as the creation or improvement of laws against Violence among sex workers or against the physical punishment of children at home, in schools or in other settings, reporting laws for child abuse as well as abuse of the elderly; and procedures for handling cases of family and sexually violence
- 2.9.4.2 International treaties: many international treaties set standards towards prevention of violence. Beside setting standards for national legislation, these instruments are valuable for advocacy purposes
- 2.9.4.3 Policy changes to reduce poverty and inequality, improve support for families such as social assistance and economic development schemes, employment creation, improved education, maternal employment and child care arrangements
- 2.9.4.4 Efforts to change harmful social and cultural norms. These are especially important in tackling gender issues, racial or ethnic discrimination, and harmful traditional practices all of which may have deep roots in the social fabric.

2.9.4.5 Implementing disarmament and demobilization programs such as provision of alternative employment and rehabilitation for former combatants in countries emerging from conflict.

It is believed that the rates of child abuse and neglect can be significantly reduced by successfully tackling poverty, improving educational levels, creating employment opportunities and increasing the availability and quality of child care. Research from several countries indicates that high quality early-child-hood programs may offset social and economic inequalities and improve child outcomes such as child development and success at school (Boocock, 1995).

Societal approaches focus on the cultural, social and economic factors related to violence and emphasize changes in legislation, policies and the larger social and cultural environment to reduce rates of violence in different setting and entire communities.

2.10 BROTHEL-BASED SEX WORK

Despite being illegal, sex work is on the increase, sex workers work both indoors and outdoors. The SWs working in and around night clubs, at harbors, truck stops and on the street make up the street sex workers or the outdoor agency. While the indoor agency comprises sex workers working in escort agencies, massage parlors and clubs or privately from home or hotels where they advertise their services in the classified section of the daily newspapers. A brothel is a residential 'quarters' for sex workers. Most brothels in Nigeria are located in 'hotels' with bars where alcoholic and non-alcoholic drinks are sold. Women who offer sexual services for money occupy these brothels (SFH, 2001).

For the purpose of this study, women who live, work and offer sexual services for money in such houses are referred to as sex workers (SWs). SWs that pay for accommodation in these houses are referred to as resident SWs. The non-resident SWs are often found around big hotels and major streets in the evening or at night, soliciting for male clients who may pick them up for the night or weekend, these SWs are also called street hawkers. Brothel-based prostitution has a hierarchical structure within which the SWs operate. The brothel proprietor or manager is at the apex of the structure. Followed by the bar manager and then the chairlady who is the leader of the SWs of a particular brothel. The chairlady ensures the co-operation of all the residents and

not much can be achieved without her consent. Therefore to work with these target groups there is need to identify with this hierarchical structure (SFH, 2001).

2.11 THE CAUSES OF PROSTITUTION IN NIGERIA

The sex industry in Nigeria points to a fundamental injustice in the current materialist world order (SFH, 2001). It is an indication of a global willingness to sacrifice society's most vulnerable members for the sake of other economic and sexual gratifications. The involvement of the young girls in prostitution, mortgages their future. The major causes of the factors responsible for prostitution are listed below

2.11.1 ECONOMIC FACTORS

Unless there is a change in the economic situation in Nigeria, prostitution will continue to thrive. (www.irin Africa.org). A study conducted in Abidjan in June 2009, attributed female involvement in prostitution to the need to meet the educational, feeding and financial expenses of women (www.irin Africa.org). Davis (1971) had earlier affirmed this and said in many of his research works on prostitution that the economic factor was seen as a major cause. Odiagbe (1994), during a study in Edo state, Nigeria, also affirmed that the lack of a better job and the comfort of a relatively high income compared with workers in the civil service are the reasons for the increased involvement in prostitution. He said that prostitution is seen as a relatively easy means of earning and saving money. Thus, the high rate of unemployment, poverty and economic hardship in Nigeria are the major economic factors driving prostitution.

According to Emeka (1996) the economic motive for prostitution is so strong that it engenders a state of helplessness amongst the prostitutes with respect to when, where, and whom to have sex with and whether or not to use condoms in the act.

2.11.2 SOCIOLOGICAL FACTORS

Societal effects play a prominent role in influencing behavior. Factors such as rapid urbanization, increased rural urban migration, and high unemployment rates were identified as causes of prostitution (Bamgbose, 2002). In the southern parts of Nigeria, many young girls have a

secondary education and many of these high school graduates are often reluctant to engage in menial jobs. Hence prostitution is embraced as a means of employment for these females who refer to themselves as business workers. The quest for material things, peer influence, changing social values, and new consumer lifestyles make young girls ready prey for rich older men often referred to as sugar daddies or “*Aristo*” (Bamgbose, 2002)

2.12 THE EFFECTS OF PROSTITUTION ON WOMEN AND GIRLS

The trauma of being forced into prostitution is devastating. The multifaceted effects of prostitution on those involved as well as the society are discussed below.

HEALTH RISKS

Prostitution constitutes a health risk to both the actors and the society at large. The health implications include contracting HIV/AIDS and other STIs. Prostitutes are significant HIV transmitters (Isiugo-Abanihe, 1993). AIDS has become a major public health issue in Nigeria. The other health risks associated with it include: Unintended teenage pregnancy, Illicit and illegal abortion, Untimely death, Higher risk of maternal death, Low birth weight of babies, Premature birth and higher risk of infant morbidity and mortality (Makinwa-Adebusoye, 1991)

PSYCHOSOCIAL DAMAGE

Alongside the health risk is the psychosocial damage inflicted by prostitution. The effect is such that at an early stage in life, the young prostitutes are plunged into a reality in which violence; distrust, shame, rejection and low self-esteem are the norm (Reid & Bulman, 1992)

PSYCHOLOGICAL REACTIONS AND PHYSICAL ASSAULT

It has been discovered that many young prostitutes suffer from post-traumatic stress disorder (PTSD). PTSD is a psychological reaction to extremely stressful events. These reactions include depression, anxiety, irritability, flashback, insomnia, nightmares, avoidance of memories of the event, and a general numbing response to life situation. Other effects that are physical in nature are incidence of rape, physical assault and threat with dangerous weapons. The psychological

reactions may be as a result of the physical assaults that occurred during the sexual exploitation (Reid & Bulman, 1992).

SOCIOLOGICAL EFFECTS

The society reacts to prostitution and prostitutes alike. Prostitutes are often shunned, ostracized, and considered unmarriageable. Also, the sociological effect is the spread of HIV/AIDS from the urban to the rural areas. Sex traffickers are known to send young prostitutes who are infected with STIs back to the village where there is no medical care.

The infected prostitutes, who invariably are found unmarriageable, continue to prostitute and spread disease. Stigmatization is another sociological effect of prostitution as there is no opportunity for reintegration of prostitutes into the society without the stigma and label of prostitution. To avoid the stigma often attached to extramarital sexual involvement or prostitution, female adolescents are known to have abandoned babies conceived as a result of illicit acts.

Child abandonment also has its own social repercussion such as lack of care and affection from the mother and the child may end up being violated or end up being a tout or a menace to the society (Reid and Bulman, 1992).

POLITICAL IMPLICATIONS

Prostitutes claimed that they enjoyed a relatively high income compared with workers in the civil service (Reid & Bulman, 1992). However, no matter how much is the contribution of the trade of prostitution to the economy of the country, it damages the image of a country (“Prostitution: Envoy chided Benin Girls”, 2000; The Punch, 2000). Many female prostitutes from Nigeria have been deported back into the country from Italy. There has been features in international newspapers about the nuisance such Nigerian girls cause to their government. The present situation of prostitution in Nigeria is complex and requires a multifaceted approach to find a solution. It is pertinent to consider combating prostitution in Nigeria (Reid and Bulman, 1992).

2.13 VAW, SWs AND HIV/AIDS

Sex workers are among those who are most vulnerable to HIV infection in the world (WHO, 2005). In low prevalence settings with a concentrated epidemic, such as India, Indonesia, Cambodia and the Russian Federation, the HIV epidemic initially spreads rapidly among sex workers with prevalence reaching as high as 65% in some sex-worker populations (NACO, 2005; UNAIDS & WHO 2004). Many women in sex work experience violence on the streets, on the job or in their personal lives, which increases their vulnerability to HIV and other health concerns. Research showed that many sex workers, particularly those who work on the streets have reportedly been beaten, threatened with a weapon, slashed, choked, raped and coerced into sex (ASCP, 2000; Hubbard & Zimba, 2003, Sangram, 2002).

Violence is a manifestation of the stigma and discrimination experienced by sex workers (WHO, 2005). Many sex workers consider violence "normal" or "part of the job" and do not have information about their rights. As a result, they are reluctant to report incidences of rapes, attempted (or actual) murders, beatings, molestation or sexual assault to the authorities. Sex workers who are rounded up during police raids are beaten, coerced into having sex by corrupt police officials in exchange for their release or placed in institutions where they are sexually exploited or physically abused (Surtees, 2003; Sangram, 2002). The risk of sexual transmission of HIV infection is well established (WHO, 2004). In situations where sex workers do not have access to condoms, HIV prevention information and sexual health services, or are prevented from protecting their health and using condoms for any reason, they are at increased risk of contracting HIV. Violence has a direct and indirect bearing on a sex worker's ability to protect herself from HIV and maintain good sexual health. Rape (frequent and gang rape), by individuals engaged in high-risk behaviors can directly increase their risk of becoming infected with HIV through vaginal trauma and lacerations.

Also, sex workers are surrounded by a complex web of "gatekeepers" including owners of sex establishments, managers, clients, intimate partners, law enforcement authorities and local power brokers who often have control or power over their daily lives. Gatekeepers, for example, may exert control by dictating the amount charged by a sex worker, whether a sex worker should take on a particular client and even whether the sex worker can or cannot insist on condom use. Some gatekeepers may exert control through subtle means such as holding a debt, emotional manipulation or through overt means such as threat of and actual sexual and physical violence,

physical isolation, threat of handing them over to legal authorities and forced drug and alcohol use. (Alexander 2001).

In several settings police use anti-prostitution laws to harass, threaten, arrest, beat and sexually coerce sex workers. In Papua New Guinea, for example, sex workers participating in an HIV prevention intervention reported gang-rape and harassment by the police as a serious problem that impeded their ability to practice safer sex (Jenkins, 2000).

In Kazakhstan, police routinely arrest and beat up sex workers and often force them to bribe arresting officers with money or sexual services (WHO, 2005). This combination of violence and AIDS-related stigma and discrimination also undermines HIV prevention efforts by affecting the psychological well-being of sex workers. Violence and lack of control over one's life means that sex workers may give lower priority to their health needs and behavior change, over more immediate concerns for safety and survival. Program experiences with sex workers suggest that maintaining health and preventing HIV hold lower priority with sex workers compared to coping with violence and daily harassment from police. Many sex workers have low self-esteem, emotional stress and depression associated with living with violence and fear of arrest. Some resort to alcohol and drug use to cope with their situation – behaviors that are linked to violence, lack of control and HIV risk. (Alexander, 1998).

Chapter 3

METHODOLOGY

3.1 Study design

The study was a cross sectional survey which investigated the prevalence and correlates of violence against female sex workers in Abuja. It gathered baseline data on the prevalence and correlates of violence against female sex workers from different social class brothels in Abuja.

3.2 Study area

The Federal Capital Territory (FCT) is located in the geographical centre of Nigeria. It is made up of both urban and rural settlements with people of different tribes such as Yoruba, Hausa, Ibo, Tiv, Iggede, and Igala. The inhabitants belong to the upper socio- economic class while others are from the middle and low socio-economic class (www.fct.gov.ng). Abuja was developed over 30 years ago but is still undergoing development changes. There is a high level of migration into the city from different states in the nation because a lot of people believe that Abuja is a land of opportunities and that it is not impossible to become wealthy in the city. In addition, following the relocation of the country's capital from Lagos to Abuja, politicians, contractors and expatriates have also relocated their residence to the city thereby making it a thriving city for commercial sex work. Furthermore, the proliferation of hotels, club houses and eateries has also made Abuja very attractive to CSWs.

3.3 The Selected Brothels

Prior to the selection of the brothels, thorough search was conducted so as to have a list of the functioning brothels which were then categorized into three major social classes using snow-balling technique. Five brothels were selected in the high income areas and were grouped as high class based on the caliber of people patronizing them. These high class brothels are generally expensive, well constructed and clean. The men who patronize them are usually expatriates, diplomats, politicians and some other highly influential people. Three brothels were selected in the middle income areas and were grouped as middle class brothels based on the social class of men who patronize them. These middle class brothels are affordable for the civil servants and business men including students. Six brothels were found and selected in the low income areas and were grouped as low class brothels because they are cheap, poorly constructed and the environments were dirty. They are patronized by motor cycle riders, truck drivers, local thugs

and students. A total of 14 brothels were rolled into this study and there was an even distribution in the number of participants per brothel selected; this is illustrated in table 3.1.

3.4 Study Population

The study population included brothel-based female sex workers of different ages from different social class brothels in Abuja.

3.5 Study Duration

The data collection was carried out between April and July 2007.

3.6 Sample Size

The sample size was determined using the prevalence of sex workers that were sexually abused by clients in US 20.8% (El bassel & Witte, 2001).

$$n = z^2pq / d^2$$

Z = Normal standard deviate (1.96) = 95% confidence interval

P = the prevalence of *sexual* abuse by clients was 20.8% to street sex workers in US (El bassel & Witte, 2001).

P is approximated to 21% = 0.21

$$q = 1-p = 0.79$$

d = degree of accuracy desired at 0.05 (Estimate of female sex workers fall within 5% from the assumed true rate)

$$n = 1.96^2 * 0.21 * 0.79 / 0.05^2$$

$$n = 254.928 = 255$$

Assume a response rate of 90% = 255/0.9 = 283 (Actual sample size)

Table3.1 Name, Class and Location of selected brothels

S/N	Brothel Names	Class	Location	Respondents
1	Grand Mirage	High	Area 11	22
2	Empress	High	Wuse 2	22
3	Xlenshun	High	Wuse 2	22
4	Transcorp Hilton	High	Maitama	22
5	Sheraton	High	Zone 4	22
6	Rita Lori	Middle	Central Area	21
7	Blake's Resort	Middle	Central Area	21
8	Meeting Point	Middle	Mpape	21
9	Cashew Garden	Low	Lugbe	22
10	Kasham	Low	Nyanyan	22
11	Heritage House	Low	Zone 3	22
12	Chief's Palace	Low	Garki 2	22
13	Pepper	Low	New Karu	22
14	Ring City	Low	Jabi	22

3.7 Sampling Procedure

A purposive sampling procedure was used to select the brothels for the study based on the socio-economic status of the areas in which the brothels were located. A snow-balling sampling was adopted for the selection of the brothels. Due to the demolition exercise of illegally constructed buildings in the FCT, identifying brothels for inclusion in the study was difficult. The high class areas were located where the elites reside. The cost of living in these areas is high and the population density low. Most of the sex workers residing in the brothels in these areas were sponsored by their clients because of the exorbitant accommodation rates.

The middle class brothels which are located in areas of slightly lower class are mostly occupied by civil servants and the cost of living is moderate. The SWs in these areas live in medium sized rooms within the brothels and pay rent and other dues to the brothel owners monthly. Low class brothels were located in the outskirts of the city where a large number of the population reside. Here, the standard of living is very low and population density is high (low cost area). The brothels in these areas are very cheap and the occupants pay rents and dues monthly.

A total number of fourteen brothels were listed and selected for this study, five high, three middle and six low brothel classes; a total of twenty two FSWs were recruited in the brothels that they are more than twenty-two (High and Low) class brothels while a total of twenty-one participants were interviewed in the middle class brothels because they are not more than twenty one in their brothels. At the end of the survey a total of 305 FSWs were interviewed and all were analyzed. Table 3.1 showed the distribution of how the participants were selected.

From the brothels that the size is large simple balloting was adopted to select respondents and all the occupants of the middle class were interviewed because they are more than twenty one. As an incentive to participate in the survey, male and female condoms donated by the National Agency for Control of AIDS (NACA) as well as the Institute of Human Virology Nigeria (IHVN) were distributed to the FSWs after the interviews. The FSWs were trained on how to use the female condom and were encouraged to use it with clients who refuse the male condom.

3.8 Inclusion criteria

Only the brothel-based female sex workers who reside in Abuja were eligible for the survey. Street based sex workers were not included in the study because they were difficult to access due to the high mobile nature of their work.

3.9 Development and standardization of survey instrument

Data collection instrument were questionnaire and in-depth interview guide. Prior to that; relevant literatures on violence against women and commercial sex works were reviewed. The close-ended questionnaire had five sections. Section one asked questions on the socio-demographic data of the respondents. Section two consisted of questions about the knowledge of respondents regarding violence against women. Section three focused on the perception of the respondents on VAW. Section four dealt with the personal experience of the respondents on job and on VAW while section five was an open-ended question that obtained suggestions on how to mitigate violence against them. A pretest was carried out on 20 FSW at “Cashew Joint” in Nassarawa State. Following this pre-test the questionnaire was modified to improve the understanding of the users.

3.10 Ethical Considerations

First, ethical clearance was obtained from the Joint University of Ibadan /University College Hospital Institutional Review Committee (Appendix 2). Secondly, the purpose of the study was explained to the brothel owners/managers and the participants. Thirdly, written consent was obtained and the participants were free to decline to the study. The questions were sometimes explained in Pidgin English to ensure respondent understood the questions. Confidentiality of information gathered was assured by making sure that the questionnaires were only accessible to the research assistants and the principal investigator; the data entered were pass-warded. The participants were interviewed in a place with maximum auditory privacy.

3.11 Data Quality Management

Training of Personnel

The two female research assistants with educational level of at least secondary school leaving certificate with ability to speak pidgin fluently were recruited. The research assistants had three-days training on security, confidentiality, accuracy, validity and completeness of data of the questionnaire. Their capabilities were checked through methods such as explanations, discussions and field experimentation trials. The ages of the interviewers were 22 and 24 years. After the training exercise, field pre-testing was carried out.

Pre-test Study

The pilot study was carried out in Cashew Joint Brothel in Nasarawa state on twenty FSWs. Pretest was done to determine the duration for questionnaire administration and modify the ambiguous questions. Interim analysis was conducted on the pilot study.

Data Collection

Data was collected for a period of three weeks using a semi-structured interviewer administered questionnaire, the questionnaires is shown in Appendix 1. Consistent checking was carried out by the investigator for any errors or incomplete and inappropriate responses.

Data processing and analysis

The questionnaires template was created using SPSS software package. Frequency distributions, percentages, measures of central tendency, measures of dispersions and graphical presentations were generated. Bi-variate analysis was done to determine association between key variables of violence against FSWs. P value was considered statistically significant at 5%. Multivariate logistic regression model was used for all significant associations with the Chi-square test to adjust for multiple significant factors and to adjust the effect of confounders.

Quality checks

In order to ensure the quality of data collection and analysis, the following steps were adopted. Research assistants were trained for three days on the data collection and importance of data quality by the principal investigator.

1. The research instrument (questionnaire) was developed after pre-testing and input from the expert in the field.
2. Data were checked for appropriateness and completeness at the source of collection. Cleaning/editing was carried out after data entry by running frequencies on a daily basis. Data was also cleaned electronically using SPSS Software Package.

3.12 Limitation of the study

1. Access to information from the participants was difficult and so data collection was tedious. Only a few of them were calm. There was fervently demand for money before participation in the interviews.
2. Focus Group Discussion (FGD) could not be conducted due to incessant request for payment hence; in-depth interviews were carried out instead. Participants were given incentives such as soft-drinks and the female condoms following the interviews.
3. Sourcing information on violence against FSWs in Nigeria was difficult and literature relating to this subject was scanty.
4. Interviewing the participants was challenging as most of them viewed the research with suspicion. Many of them believed that their names might be published or their photographs secretly taken. But after their fears were allayed, many agreed to participate. This time taken to reassure them prolonged the time taken for each interview.

Chapter Four

Results

4.1 Socio- demographic background

Table 4.1 shows the socio-demographic profile of the respondents. Majority (48.9%) were in the (25-29) age bracket. The mean age was 27 ± 5.7 years. Majority of the respondents had at least secondary school education (75.3%) of which 32.7% had tertiary education. The distribution shows that Christians were in the majority (72.1%) while Tivs were the major ethnic group 21.3%. Many (69.5%) of the respondents were single, 12.1% were currently married, 18.4% have been married at some time in their lives. About half (49%) had children.

Table 4.1: Socio-demographic data of respondents

Variable	Frequency	%
Age (years)		
15-19	7	2.3
20-24	69	22.6
25-29	149	48.9
30-34	46	15.0
35-39	14	4.6
≥40	20	6.6
Education		
No education	54	17.9
Primary	21	6.9
Secondary	129	42.6
Tertiary	99	32.7
Tribe		
Igbo	40	13.1
Yoruba	65	21.3
Tiv	25	8.3
Nupe	32	10.5
Igala	33	10.8
Idoma	73	23.9
*Others		
Marital Status		
Never married	212	69.5
Ever married	93	30.5
Religion		
Christianity	220	72.1
Islam	27	8.9
Traditional	28	9.2
No religion	30	9.8

*Others were Hausa, Igede, Bini, Efik, and Isan.

4.1.1Life style

About eighty percent had people they were financially responsible for the income they receive from this job. Twenty percent of the FSW had been sexually abused in childhood with the mean age of sexual assault being 13 ± 2.2 years. The perpetrators of childhood sexual abuse were family friends (36.8%) such as father's friend, brother's friend and uncles. About twenty-seven percent began sex work less than a year preceding the survey while 50.0% has spent at most five years in the business. About fifty percent were full time SWs while the others worked as part-time. About sixty eight percent lived permanently in the brothels, 11.8% stay for few days and they leave, while 20.7% come with or meet their clients at the brothel for just a few hours. The reasons given for engaging in SW were "lack of money" (39%) for survival and "lack of family support" (12.5%) for a living. Eighty nine percent of FSWs used alcohols as stimulant before sex work while 56.4% smoked. Other work habits are seen in the table 4.1.1 below.

Table 4.1.1: Occupational characteristics

Variable	High (110)		Middle (63)		Low (132)	
	Freq	%	Freq	%	Freq	%
Duration in SW (Years)						
1-5	78	81.3	54	87.1	103	80.5
6-10	11	11.5	5	8.1	11	8.6
>10	7	7.2	3	4.8	14	10.9
Activity Status						
Full time	48	43.6	23	36.5	80	60.6
Part-time	62	56.4	40	63.5	50	37.9
Types of Brothel						
Permanent	57	51.8	44	69.8	105	99.5
Temporary	15	13.6	8	12.7	13	9.8
Few hours	37	33.6	11	17.5	14	10.6
Major reasons for SW						
Lack of money	40	36.3	30	47.5	60	45.5
Husband's death	3	2.7	3	4.8	10	7.6
Lack of job	17	15.5	10	15.9	23	17.4
No family support	18	16.4	9	14.3	33	25
Sexual satisfaction	32	29.1	11	17.5	6	4.5
Alcohol consumption						
Consume alcohol before sex	97	88.2	59	93.7	116	87.9
Does not consume alcohol before sex	13	11.8	4	6.3	16	12.1
Currently smoking						
Yes	71	64.5	43	68.3	58	43.9
No	39	35.5	20	31.7	74	56.1
Earnings per week (N)						
1,000-9,000	18	16.4	4	6.3	81	61.4
10,000-19,000	23	20.9	30	47.6	15	11.4
20,000 above	36	32.7	8	12.7	1	0.8

Section 4.2: Knowledge on Violence against Women

As shown in Figure 4.2 about 70% were aware of what is VAW. Fifty three of the respondents had heard of VAW through mass media.

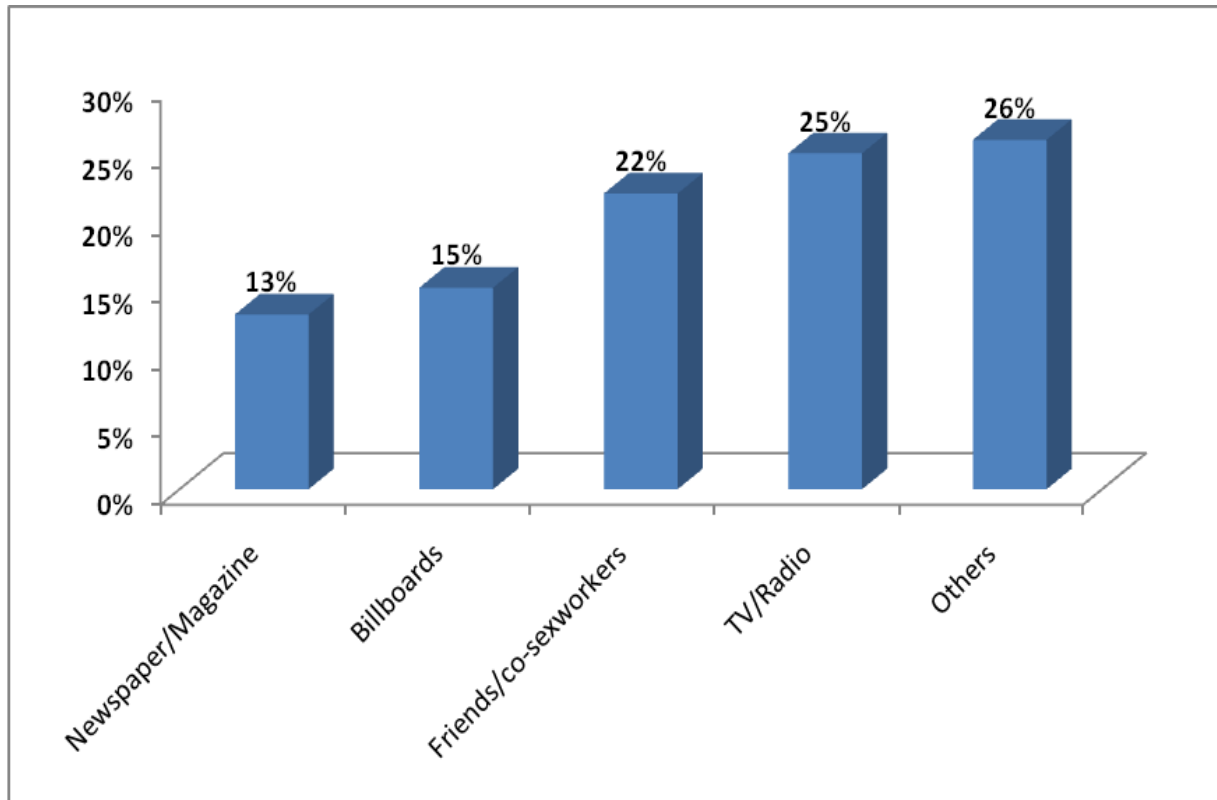


Figure 4.2: Major Sources of Information

*Others: Handbills, Seminars, families, neighbors and within the community

Table 4.2.1 shows the percentage of respondent with adequate knowledge of the components of violence against women

Table 4.2.1 Respondents with correct knowledge on VAW

Variables	Correct knowledge N=305 (%)
Rape	238(78.0)
Beating/ Slapping	239(78.4)
Female circumcision	151(49.5)
Early Marriage	149(48.9)
Forced Marriage	181(59.3)
Verbal abuse and curses	218(71.5)
Not allowing women leadership position in the society	169(55.4)
Preferential treatment of male to female	172(56.4)
Taking women as sex objects	190(62.3)

Findings also showed that 10.8% of respondents believed that violence can only occur at home while 34.2% believed it could occur anywhere/everywhere. Some (9.2%) believed that violence occurs at work places only, 10.3% believed it is only on streets while 8.6% believed it could only occurred in the market place; about 9.2% believed it could occur in either churches or mosques while 8.5% felt it is rampant at parties some (9.2%) even felt it occurs in schools

Table 4.2.2 Knowledge of VAW by respondents' socio-demographic characteristics

Variable	Knowledge			
	Adequate knowledge	Inadequate knowledge	X ²	P-value
Social Class				
High (100)	77 (70.0)	33 (30.0)	19.7	0.00
Middle/Low (195)	85 (27.8)	110 (12.6)		
Education				
Ever attended (75)	145 (57.8)	106 (42.2)	12.6	0.00
Never attended (52)	16 (30.8)	36 (69.2)		
Age				
<30 (225)	114 (50.7)	111(49.3)	2.06	0.01
30+ (80)	48 (60.0)	32 (40.0)		
Religion				
Christianity (220)	108 (49.1)	112 (50.1)	5.11	0.02
Others (85)	54 (63.5)	31 (36.5)		

*others were Islam, no religion and traditional

In table 4.2.2 above, all the stated factors contributed to the adequate knowledge of participants

Table 4.2.3: Logistic Regression of Adequate Knowledge and Co-variates

Variable in the equation	Sig	OR Exp (B)	95.% C.I for Exp (B)	
			Lower	Upper
High Class Middle/Low	0.00	2.63	1.569	4.401
Ever attended Never attended	0.01	0.43	0.224	0.823
<30 years 30+	0.42	0.79	0.452	1.396
Christianity Others	0.06	0.60	0.350	1.027

Variable(s) entered on step 1: Social Class and Education. OR= ODDS RATIO

Education and social class contributed to the adequate knowledge the participants had. FSWs who were in high class brothels were 2.63 more likely to have adequate knowledge compared with those from low or middle class brothel. Also, those who ever attended school were 0.43 less likely to have adequate knowledge than those who did not go to school.

Section 4.3 Attitude of sex workers towards violence from men

Table 4.3.1 below captures the different perspective of FSW to VAW. About ninety five% respondents strongly agree that torching buttocks and breasts of women/ladies on the streets is a VAW, 90.6% strongly agreed that not giving affection/ Sexual satisfaction to women is VAW, 86.1% strongly agreed that telling women that they are inferior constitute VAW and 96.2% strongly agree that violence is a global issue.

Table 4.3.1: Percentage of Perception of FSW to VAW

Variables	N=305	Agree %	Disagree %	Not sure %
Torching buttocks and breast of women/ladies on the streets		94.7	2.5	2.9
Deliberately not giving affection/ Sexual satisfaction to women		90.6	4.7	4.7
Telling women that they are inferior to men		86.1	6.7	7.1
Rape is a serious form of violence		93.0	3.7	3.3
Early marriage of girls is violence		83.8	6.6	9.5
Not taking adequate care of female children and infants		86.3	7.5	6.2
Clients having sex and refusing to use condoms is violence to you		93.8	2.5	3.8
Not allowing female children to go to school is violence		86.6	5.5	8.0
Verbal abuse is a serious form of violence		89.9	5.5	4.6
Exploitative practices by brothel owners/leaders are a form of abuse		91.9	3.8	4.3
Coercion into sex work is violence		87.6	6.0	6.4
Lack of parental care of female children is a serious type of violence		88.0	6.0	6.0
Violence occurs in all profession		95.3	1.7	3.0
Violence from clients to you is part of the business and there is nothing to do about it		90.2	5.1	4.7
Abuse occurs even to the rich women		92.3	3.8	3.8
It is better for a woman to play a background role in the society		88.1	4.3	7.7
Women should not involve themselves in politics and governance		86.3	5.6	8.1
Inheriting the widows as part of husband's property is an act of abused		89.8	5.5	4.7
Violence occurs all over the world		96.2	0.9	3.0

Table below shows how knowledge has contributed to the responses of respondents to violence against women

Table 4.3.2 Knowledge of FSW against their Actions towards VAW

Responses to VAW	Adequate Knowledge n(%)	Inadequate knowledge n(%)	X²	P-value
Do nothing	68 (35.1)	73 (32.7)	0.45	0.55
Do something	29 (18.3)	38 (13.9)		
Report to the chairperson	55 (26.3)	55 (26.3)	4.06	0.13
Don't report to the chairperson	43 (20.6)	56 (26.8)		
Gather co-sex workers and beat the perpetrators	37 (18.0)	37 (18.0)	4.06	0.13
Don't gather co-sex workers	57 (27.8)	74 (36.1)		
Report to the police	38 (14.4)	30 (18.3)	3.12	0.08
Don't report to the police	60 (38.5)	80 (28.8)		
Tell friends/family	17 (8.4)	12 (5.9)	2.23	0.16
Don't tell friends/family	76 (37.4)	98 (48.3)		
Report to community leaders	19 (5.9)	27 (9.3)	0.86	0.43
Don't report to the community leaders	97 (47.3)	83 (37.6)		
Seek help at NGO	28 (13.4)	27 (13.9)	0.88	0.43
Don't seek help at NGO	64 (41.1)	83 (31.7)		

Section 4. 4 Types and Prevalence of VAW

Generally, the prevalence of VAW six months preceding the survey was 52.8%. The episodes of abuse in the last six months were once/twice (40.5%), thrice (19.5%) and more than thrice (39.9%). The types of violence experienced by the respondents were physical violence 38.7%, sexual violence 43.3%, psychological violence 32.5% and economic violence 29.2%. The main perpetrators were clients (47.5%), brothel owners/co-sex workers (38.2%), police (4.0%), thugs (8.0%) and others (2.3%)

Table 4.4.1 Types of VAW among FSW

Types of violence	Prevalence %
Physical	118 (38.7)
Sexual	132 (43.3)
Psychological	45 (32.5)
Economic	46 (29.2)

The socio-demographic data was not significant to the types of violence experience

Table 4.4.2 shows that the younger respondents who were above 30 years of age were subject to physical violence more than their younger counterparts

Table 4.4.2 Physical violence against socio-demographic data

Variable	Physical Violence		X ²	P-value
	Experienced	No experience		
Social Class				
High	46 (41.8)	64 (58.2)	0.71	0.24
Middle/Low	72 (36.9)	123 (63.1)		
Education				
Never attended	25 (48.1)	27 (51.9)	2.20	0.93
Ever attended	93 (37.1)	158 (62.9)		
Age (yrs)				
<30	74 (32.9)	151 (67.1)	12.2	0.00
30+	44 (55.0)	36 (45.0)		
Marital Status				
Never married	15 (40.5)	22 (59.5)	0.06	0.46
Ever married	103 (38.4)	160 (61.6)		
Religion				
Christianity	91 (41.4)	129 (58.6)	2.38	0.78
Others	27 (31.8)	58 (68.2)		

*Others in religion include: Islam, Traditional and No religion

* Ever married includes: Married, Widowed Separated and Divorced

Table 4.4.3 Sexual violence against socio-demographic data

Variable	Sexual Violence		X ²	P-value
	Experienced	No experience		
Social Class				
High	48 (43.6)	62 (56.4)	0.01	0.51
Middle/Low	20 (15.2)	41 (24.3)		
Education				
Never attended	30(57.7)	22 (42.3)	5.10	0.02
Ever attended	102 (40.6)	149 (59.4)		
Age (years)				
<30	94 (41.8)	131 (58.2)	0.79	0.23
30+	38 (47.5)	42 (52.5)		
Marital Status				
Single	14 (37.8)	23 (62.2)	0.51	0.30
Others	118 (44.0)	150 (56.0)		
Religion				
Christianity	98 (44.5)	122 (55.5)	0.52	0.28
Others	34 (40.)	51 (60.0)		

*Others in religion include: Islam, Traditional and No religion

* Others in marital status include: Married, Widowed Separated and Divorced

Table 4.4.4 Psychological violence against socio-demographic data

Variable	Psychological Violence		X ²	P-value
	Experienced	No experience		
Social Class				
High	37 (33.6)	73 (66.4)	0.21	0.42
Middle/Low	62(31.8)	133 (68.2)		
Education				
Never attended	23 (44.2)	29 (55.8)	3.8	0.04
Ever attended	76 (30.3)	175 (69.7)		
Age (years)				
<30	62 (27.6)	163 (72.4)	9.4	0.002
30+	37 (46.3)	43 (53.8)		
Marital Status				
Single	10 (27.0)	27 (73.0)	0.57	0.29
Others	89 (33.2)	179 (66.8)		
Religion				
Christianity	68 (30.9)	152 (69.1)	0.87	0.21
Others	31 (36.5)	54 (63.5)		
Years of Experience				
<10	74 (33.6)	146 (66.4)	11.22	0.001
10+	44 (55.0)	36 (44.0)		

Table 4.4.5 Logistic Regression of Psychological Violence against Age, Education and Years of work experience in SW

Variable in the equation	Sig	OR Exp (B)	95.% C.I for Exp (B)	
			Lower	Upper
Ever attended school Never attended school	0.04	2.56	1.37	5.08
<30 years of age >30 years of age	0.13	2.53	1.213	5.31
<10 years in SW >10 years in SW	0.512	2.3	1.264	4.31

Education, age and years of experience in SW increased the risk of psychological violence. FSW with no formal education are 2.6 times more likely to experience psychological violence than those with tertiary education, also those who are less than 30 years of age are 2.5 more likely to be vulnerable to psychological violence while those that have spent less than 10 years in SW were 2.3 times more prone to experience more psychological violence when compared with those that have spent over 10 years in SW.

Table 4.4.6 Economic violence against socio-demographic data

Variable	Economic Violence		X ²	P-value
	Experienced	No experience		
Social Class				
High	34(30.9)	76 (69.1)	0.25	0.36
Middle/Low	55 (28.2)	52 (71.8)		
Education				
Never attended	22 (42.3)	30 (57.7)	5.06	0.02
Ever attended	67 (26.7)	184 (73.3)		
Age (years)				
<30	61 (27.1)	164 (72.9)	1.78	0.12
30+	28 (35.0)	52 (65.0)		
Marital Status				
Single	7 (18.9)	30 (81.1)	2.15	0.10
Others	82 (30.6)	186 (69.4)		
Religion				
Christianity	65 (29.5)	155 (70.5)	0.05	0.47
Others	24 (28.2)	61 (71.8)		
Years of Experience				
<10	35 (39.3)	54 (60.7)	9.626	0.001
10+	11 (5.4)	193 (94.6)		

Table 4.4.7: Logistic Regression of Economic Violence against Education and years of experience in SW

Variable in the equation	Sig	OR Exp (B)	95.% C.I for Exp (B)	
			Lower	Upper
Never attended	0.828	0.912	0.399	2.089
Ever attended				
< 10 years in SW	0.00	1.9	1.01	3.52
>10 years in SW				

FSW who ever attended school were 0.8 times less likely to experience economic violence than those who never attended. In addition, older respondents who had 10 years or more experience in SW were 1.9 more vulnerable than younger respondents with less than 10 years. The reason is because the respondents with more experience were taken for granted due to their age and the length of time they had spent in the brothels experience.

Section 4.5: Triggers of violence and Health consequences

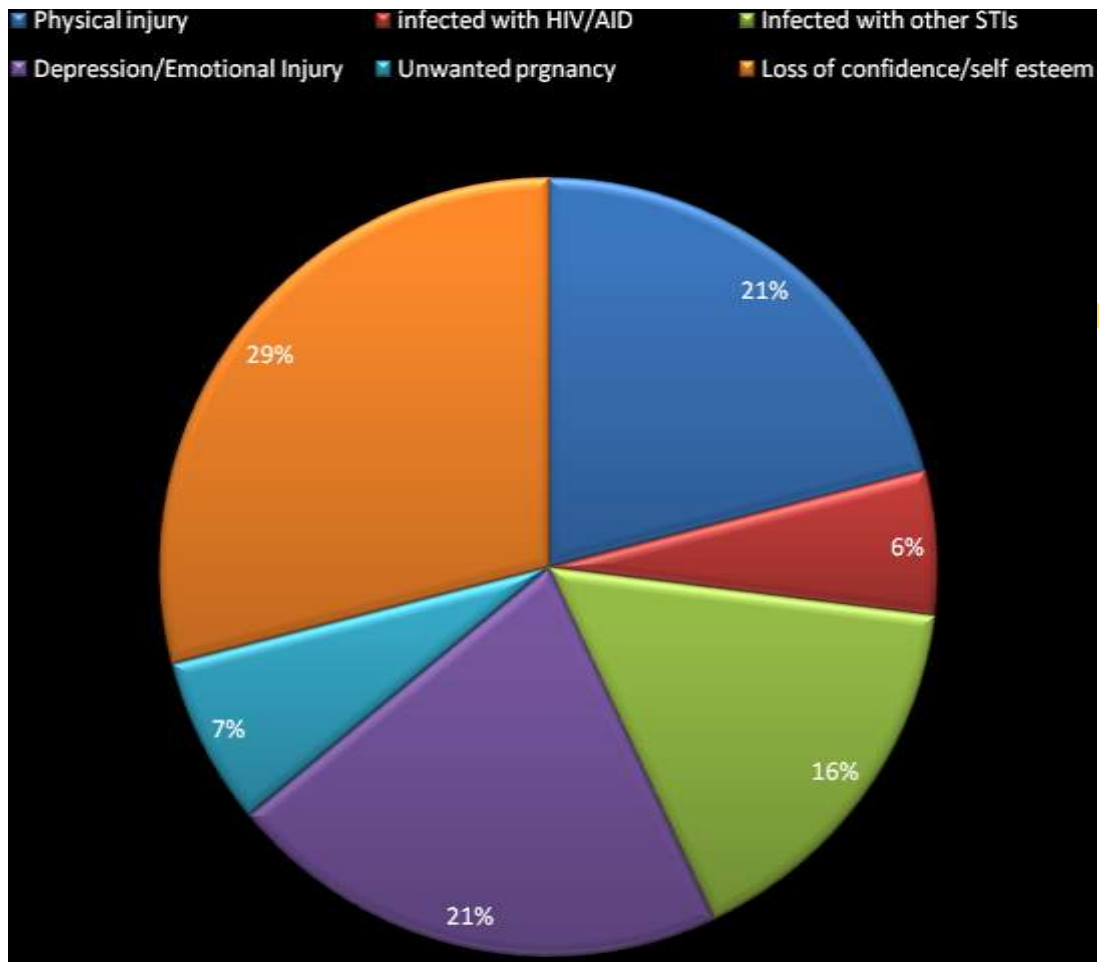
Respondents were subject to abuse as a result of Occupational hazards (92.4%), declining clients' offers (89.2%) being unable to pay rent (75.2%) or debts (78.3%) and living in the brothel environment (81.3%).

UNIVERSITY OF IBADAN

Table 4.5.1 Reasons for experiencing VAW by the FSWs

Reasons	Those who experienced VAW	Those who did not experience VAW	X²	P-value
Nature of the job				
Yes	146 (92.4)	3 (6.3)	136.56	0
No	12 (7.6)	45 (93.8)		
Refusing clients offer				
Yes	141 (89.2)	2 (4.3)	124.01	0
No	17 (10.8)	45 (95.7)		
Stigmatization/ Discrimination				
Yes	125 (80.1)	2 (4.3)	88.77	0
No	31 (19.9)	45 (95.7)		
Being unable to pay rent				
Yes	118 (75.2)	2 (4.3)	75.08	0
No	39 (24.8)	45 (95.7)		
Debt				
Yes	123 (78.3)	2 (1.6)	83.68	0
No	34 (21.7)	45 (95.7)		
Living in the brothel				
Yes	130 (81.3)	100 (69.9)	5.29	0.021
No	30 (18.8)	43 (30.1)		

Figure 4. 5.1 Major Health Consequences of VAW to Respondents



Respondents suffered loss of self esteem a major health consequence. This was followed by depression and physical injury; unwanted pregnancies and HIV infection were the least consequences experienced by the participants

Section 4.6: Results of in-depth interview:

A high class participant said *“I am a receptionist in this hotel and I often stay late to meet some big men after work for more money”* Another one said, *“I am a waitress in this hotel and anytime I am broke, I change my uniform to casual wears and call my ‘aristo’ because I have many mouths to feed. I must definitely go home with something”* A full time SW said: *“I am a graduate and I searched for a job for more than two years but when the suffering was too much a friend of mine introduced this “never short” business to me since then I have no course to regret because I was able to meet my needs. As you are looking at me I protect myself, if a man will not use condom, I will not offer myself”*.

Another participant during an in-depth interview session said *“My parents are in the village, they are very old and do not have any means to sponsor any of their children to school, they still expect me to sponsor my younger ones and also bring money home”*

CHAPTER FIVE

Discussion

5.1 Demographic characteristics

Most of the respondents were young and were in their twenties; however few of them were in their late fifties. Many had started SW early in their teenage years. Majority of the participants had never been married while amongst those that was ever married; some were widowed while others were either separated or divorced. Only a few of them were illiterates and were mostly found in low class areas. Majority of them that had attended school beyond primary and secondary school levels operate in the high class brothels. The participants were from eleven different tribes and majority of them were Christians. Findings of this study revealed that a large number of respondents had been exposed to sex often through sexual abuse at very tender ages. Many of the sex workers had many dependants that they cater for from the income received from this profession. Many of the ever married respondents explained that they left their homes and family members in the village for sex work in Abuja in order to meet their financial needs while for some of the married counterpart, stated need for fulfillment of their sexual satisfaction as the reason cited for involving themselves in the profession.

5.1.1 Life styles of FSWs

One of the reasons often cited by sex workers for engaging in the profession was financial hardship. Thus financial hardship is considered as the “push factor” and SW served as a source of remuneration (SFH 2001). Some of the FSWs who were students complained that they sponsor themselves and there is need for them to live comfortable in school, therefore they resort in making money by any means. The factor is still financial hardship. Majority of the interviewees were introduced into the sex industry through friends, some joined by self while very few were forced into the profession. Just a few of them commenced SW a year preceding the survey, while majority had been in sex trade for many years that they could not even remember. Majority of the low-class brothel participants reside in the brothels permanently

claiming that FCT is a “*happening town*” meaning that they want to reside in a place where things are happening and equally enjoy their lives. The middle-class participants reside in brothels temporarily. The high class claimed that their big shot customers pay for the rent of the brothel as long as they want to stay for the service for easy accessibility. Many of the participants consume alcohol, smoke cigarette and even marijuana to stimulate their sexual urge and be very active with their clients. Some CSWs even source for clients at parties, club houses and even on the streets whenever they are in desperate in need of money. They sometimes offer services at ridiculously low rates and at times they even settle for just anybody who can fulfill their sexual urge.

5.1.2 Knowledge of respondents to violence

Participants with high level of education and class had good knowledge of VAW. Hence, creating awareness on this social vice using mass and electronic media as well as peer education training will go a long way in mitigating the prevalence of violence against women in our society. There will be an improvement on the knowledge if more awareness is created on GBV through various means such as mass and electronic media, peer education training on GBV.

5.1.3 Perceptions on VAW

The perception of the participants interviewed revealed that women are highly vulnerable to all forms of violence. The result of this study supports an earlier survey conducted by Odunjinrin in 1993. He reported that 81% of married women had suffered either verbal abuse or physical abuse or both. Also, it was reported that uniformed men (policemen) took advantage of SWs during raids of brothels by gang-raping them. These uniformed men often times after patronizing these SWs refuse to fulfill their financial obligations and threaten them with possible arrest if they insist on receiving their money for the service rendered. The prevalence of sexual abuse was 43.9% in cases of rape, refusal to pay the negotiated amount and lack of negotiation over condom usage.

5.1.4 Types and Prevalence of VAW

Prevalence of sexual violence was high in this study with the highest figures occurring among participants of low class and amongst those who have lesser years of experience in the profession. The younger FSWs with no formal education or low level of education were reported to be vulnerable to psychological violence. Also, participants with no formal education that have stayed longer in the job were predisposed to economic violence. There is therefore an urgent need for public enlightenment in order to reduce the magnitude of this public health issue.

5.1.5 Consequences of VAW

The exploitation of girls for sex has long been in existence all over the world with poverty being a major predisposing factor. In spite of the risk of exposure to great dangers such as being kidnapped for rituals, these sex workers still indulge in the trade citing poverty and sexual addictions as reasons for continuance. They are sometimes victims of mob actions involving stoning by members of the society and religious groups who frown at their lewd mode of dressing. In addition, unintended pregnancies, STIs and HIV infection also constitute some of the dangers that members of this profession are exposed to. During one of the numerous in-depth interviews carried out during this study, a participant said *“we are all meant to live and die”*. In other words, they see any form of risk faced during their SW as part of the occupational hazards that they have to live with and that since life itself is full of risks, there is no reason for them to discontinue the practice of the trade. However, a small proportion of the respondents were willing to leave the job if offered a better source of income. Many who were willing to opt out of the profession would like to be engaged in viable vocations, some prefer to further their education while others are content with getting married.

5.2 CONCLUSION

Commercial sex work is a booming industry despite the fact that it is illegal. Many young women were engaged in the profession for financial gain while some were lured into it unknowingly by hotel owners who after promising them a job forced into having sex with their customers in exchange for money. Many could not really explain how and why they got into the profession and yet could not opt out. Although CSW as a profession is not socially acceptable, however, violence against its SWs is dehumanizing. It devastates its victims and hazardous to the society as a whole. Thus, SWs need to be protected against all forms of violence and their right to sexual health should not be protected.

This research is a preliminary baseline survey of VAW experienced by the participants. There is however need for an intervention to eradicate violence against sex workers and also to engage best strategies to eliminate or reduce sex work in our society. Finally, more studies should be conducted on VAW and how to eliminate it in Nigeria.

5.3 RECOMMENDATION

1. Young girls and women should be empowered with life building and income generating vocational skills.
2. There is need to empower young girls educationally. The education should aim of discouraging prostitution, emphasizing on assertiveness (standing up for one's right without violating other people's right); refusal skill (saying no and really meaning it) and values clarification through religion, culture or the family.
3. Public enlightenment programs or interventions targeted at enlightening women on their rights and creating awareness on VAW should be vigorously pursued.
4. Uniformed men who perpetrate in VAW should be punished according to the law.
5. Organizations involved in care and referral services for FSWs who were unjustly treated and violated should be set up.
6. More research focusing on VAW should be conducted and the outcome should be used to sensitize women and girls.
7. Non Governmental Organizations (NGOs) should collaborate with the government to help protect girls and women from all forms of violence

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Yusuf O.B, Arulogun O.S and Olowookere F. Department of Epidemiology and Medical Statistics & Department of Health Promotion and Education. College of Medicine University of Ibadan, Oyo State. Journal of Public Health and Epidemiology vol 3(5) pp 240-247

**QUESTIONNAIRE ON PREVALENCE, PATTERN AND CORRELATES OF
VIOLENCE TO FEMALE SEX WORKERS**

Brothel name

Serial No

Locality Name

Dear Respondent,

Introduction and consent: My name is ----- I am working with the principal investigator. We are interviewing women here in Abuja to find out about women's pattern, prevalence and correlates of VAW. I am going to ask you questions some of which may be very personal. Your answers are completely confidential and will not be shown to other persons. The information collected from you and people like you will be used solely for academic purpose. Your sincere responses will enable the implementation of interventions to stop violence to FSWs and also to defend their rights.

Section A: Socio - Demographic Data

S/No	Questions and Filters	Coding Categories	Skip to
101	How old were on your last birthday?	.....years	
102	What is the highest standard of education you have attained?	No formal education.....1 Primary.....2 Secondary.....3 Tertiary.....4 Others (specify).....5	
103	What is your tribe?	Hausa..... 1 Igbo..... .....2 Yoruba.....3 Tiv.....4 Nupe.....5 Igede.....6 Igala.....7 Idoma.....8 Bini.....9 Efik.....10 Isan.....11 Others (specify).....12	
104	What is your religion?	Christianity.....1 Islam.....2 Traditional.....3 No religion.....4	

		Others (specify).....5	
105	What is your marital status	Single.....1 Married.....2 Widowed.....3 Separated.....4 Divorced.....5 Others(specify).....6	
106	Do you have children?	Yes.....1 If yes how many? No.....2	
107	What is the educational level of your father?	No formal education.....1 Primary.....2 Secondary.....3 Tertiary.....4 Others (specify).....5 Don't know.....6	
108	What is the educational level of your Mother?	No formal education.....1 Primary.....2 Secondary.....3 Tertiary.....4 Others (specify).....5 Don't know.....6	
109	Which of these situations apply to you now?	Both the parent are living together.....1 Parents are separated .....2 Parents are divorced.....3 Father is dead.....4 Mother is dead.....5 Both parents are dead.....6 Others (specify).....7	
110	What is your father's occupation?	.....
111	What is your mother's occupation?	.....
112	How many are you in the family?	.....
113	What is your position in the family	.....
114	Did your parents fight / argue in front of you as a child?	Yes.....1 No.....2 Don't know.....3	

SECTION B: KNOWLEDGE ON VIOLENCE AGAINST WOMEN

S/No	Questions and Filters	Coding Categories	Skip to
201	Have you ever heard of Violence Against Women before?	Yes.....1 No.....2	If no skip to 203
202	What is one major source of	TV.....1 Radio.....2	

	your information?	Newspaper./Magazine.....3 Bill boards.....4 Friends.....5 Co sex workers.....6 Relatives.....7 Others (specify).....8	
203	What do you understand by violence against women?	.....

204. Which of the following do you know as Violence to women?

Questions and Filters	1. Yes	2. No	3. Don't know
Rape			
Beating /Slapping			
Female circumcision			
Early Marriage			
Forced marriage			
Verbal Abuse and curses			
Not allowing women to lead in the society			
Preferential treatment of male to female			
Taking women as sex objects			
Others (specify)			

205. Where can violent acts occur?

Questions and Filters	1. Yes	2. No	3. Don't know
Home			
Work place			
Street			
Market place			

Church/Mosque			
Parties			
Schools			
Anywhere/Everywhere			
Others (specify)			

SECTIONC: PERCEPTION ON VIOLENCE

Please mark the following statement according to your degree of understanding on whether they constitute acts of violence to women.

S/No.		1. Strongly Agree	2. Agree	3. Strongly Disagree	4. Disagree	5. No opinion
301	Torching buttocks and breast of women/ ladies on the streets					
302	Deliberately not giving affection or sexual satisfaction to a woman					
303	Telling women that they are inferior to men					
304	Rape is a serious form of violence					
305	Early marriage of girls is violence					
306	Not taking adequate care of female children and infants					
307	Clients having sex and					

	refusing to use condom is violence to you.					
308.	Not allowing female children to go to school is violence					
309	Verbal abuse is a serious form of violence					
310	Exploitative practices by brothel owners/ leaders are a form of abuse.					
311	Coercion into sex work is a violence					
312	Lack of parental care of female children is a serious type of violence					
313	Violence occurs in all profession					
314	Violence from clients to you is part of the business and there is nothing to do about it					
315	Abuse occurs even to the rich women					
316	It is better for women to play a background role in the society					
317	Women should not involve themselves in politics and governance					
318	Inheriting the widow as					

	part of husbands property is an act of abuse					
319	Violence occurs all over the World					

SECTION D: PERSONAL EXPERIENCES OF VIOLENCE

S/No	Questions and Filters	Coding Categories	Skip to
401	How do you practice this profession	Full time.....1 Part-time.....2	If full time skip to 404
402	If part time what is your current employment status?	Employed.....1 Unemployed.....2 Student.....3 Trading.....4 Hairdressing.....5 Tailoring.....6 Others (Specify).....7	
403	How much do you earn in the other job per week	.....
404	Who introduce you into this sex work?	Friend(s).....1 Father /Mother.....2 Both parent.....3 By self.....4 Others (specify).....5	
405	At what age did you start this work	..... years	
406	What is your major reason for choosing this work?	Lack of money.....1 Husband is not satisfying sexually.....2	

		pressure from friends.....3 lack of job.....4 For sexual satisfaction .....5 Mother/Father died.....6 No family support .....7 Others (specify).....8	
407	How much do you realize per week in this work?	.....
408	Do you smoke?	Yes.....1 No.....2	
409	Do you take alcohol?	Yes.....1 No.....2	
410	Do you live in this brothel?	Yes.....1 No.....2	If no skip to 412
411	What kind of stay do you have in this brothel?	Permanent.....1 temporary.....2 Others (specify).....3	
412	Do you get most of your clients from this brothel?	Yes.....1 No.....2	
413	Where else do you get your clients?	Streets.....1 Parties.....2 Club house.....3 Other brothels.....4 Through phone calls.....5 Others (specify).....6	
414	Who are your major clients?	Drivers.....1 Okada riders.....2 Policemen.....3 politicians.....4 Others (specify) .....5	
415	Do you have people that you	Yes.....1	

	sponsor?	No.....2	
416	Were you sexually abused (Someone touching or playing with your breast and buttock or have sex with you when you did not want) in childhood?	Yes.....1 No.....2	If no skip to 419
417	If yes how old were you then	.....
418	Who was responsible for this?	Father.....1 Brother.....2 Relative.....3 Stranger.....4 Neighbor.....5 Guardian.....6 Brothel manager.....7 others (specify).....8	
419	Have you ever been a victim of violence in the last six months?	Yes.....1 No.....2	If no skip to 425
420	If yes who is the major perpetrator?	Clients.....1 Brothel owner.....2 Police..... 3 Strangers.....4 Co- workers.....5 Local thugs.....6 Others (specify).....7	
421	How many times in the last six months?	.....

422. What is the major form of violence you have experience in the last six months?

Questions and Filters	1. Yes	2. No
Physical violence		
Beating/ Slapping		
Unwanted torching of breast/ buttocks while going on the street		
Thieves coming to steal /beat you in the brothel		
Sexual violence		
Rape		
Clients have sex and refuse to pay		
Clients refuse to use condom		
Unwanted client trying to force you to have sex		
Psychological violence		
Harassment from the brothel owner		
Abuse and curses from men		
Stigmatization/ discrimination from the society		
Calling you unwanted names in your area		
Been intimidated by men		
Economic violence		
Settling down for any client due to lack of money.		
Overworked and underpaid		
Refuse to allow to work or take customers		

Others (specify).....		
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423. What do you think is the cause of the violence?

Questions and Filters	1. Yes	2. No
The nature of the job		
Refusing clients offers		
Stigmatization/ discrimination in the society		
Been unable to pay rent /dues to brothel owners		
Debt		
Others (specify)		

424. What do you do any time you experience violence?

Questions and Filters	1. Yes	2. No
Nothing		
Report to the Chairperson		
Gather co workers and beat the perpetrator		
Report to Police		
Tell friends or family		
Report to community leader or religious leader in your area		
Seek help at an NGO or Hospital or Traditional		
Others (specify)		

Questions and Filters	1. Yes	2. No	3. Don't know
425. Are you aware of any NGO / Hospital/ Traditional where you can access treatment any time you are violated?		<i>If no skip to 427</i>	<i>If DK skip to 427</i>

S/No	Questions and Filters	Coding Categories
426.	If yes how far is the NGO/ Hospital/ Traditional	1-5KM.....1 6-10KM.....2 11-15.....3 16-20KM.....4.....4 Others (specify).....5
427	What was the major health consequence of violence experienced?	Physical injury.....1 Infected with HIV/AIDS .....2 Infected with other STIs.....3 Depression/ Emotional injury .....4 Unwanted pregnancy.....5 Loss of confidence/ self esteem.....6 Others (specify).....7
428	Would you like to quit this job?	Yes.....1 No.....2 Don't know.....3 <i>if no skip to 430</i>
429	If you live what do you plan to do?	Have a shop for hairdressing/tailoring /catering.....1 Look for office work.....2 Marriage.....3 Go back to school.....4 Start a business .....5 Others(Specify).....6
430	Why don't you want to quit this job	No other job to do.....1 Sexual satisfaction/ Pleasure .....2 Money is

		easy to make.....3
		Others(specify).....4

501. What is your suggestion to stop violence in this work?

Thank you for your participation.

Name of interviewer.....

UNIVERSITY OF IBADAN