Socio-Economic Status and Health Risk of Urban Commercial Sex Practitioners in Jos Metropolis, Plateau State, Nigeria

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Abstract

Commercialization of sex is becoming an eyesore in most densely populated urban areas of the world including Nigeria. The study conducted in Jos Metropolis was aimed at investigating the socio-economic status, health risk of commercial sex practitioners as well as their level of contentment in the trade. A combination of purposive and stratified random sampling techniques were employed to select 141 participants for the study, from 11 brothels in Jos North and Jos South, L.G.As of Plateau State. A semi-structured questionnaire instrument was constructed and administered to the respondents to generate requisite data. Simple descriptive statistics, with the aid of SPSS version 16 was used to analyze the data. Results obtained indicated that 44% of the respondents were between the 20-25 age bracket and over half (54%) of the respondents completed primary school education. About 43% of the respondents earned between #52,000 to #260,000 as annual income from the sex trade. A whooping number (86.5%) of the respondents hardly go for medical check-up to ascertain their health status. A greater number (mean = 54.6%) of the respondents had good knowledge of the health risk inherent in joining the commercial sex practice and an upward of 57% would quit the profession in exchange for any serene jobs that pay off. Therefore, the paper recommended the need for public enlightenment among the youth, introduction of sex education in all educational curricula, acquisition of entrepreneurial skills, creation of job opportunities and better parental care in order to curb promiscuity among youth.

Key words: Commercial, Sex, Health, Practitioner, Brothel, Risk, Urbanization.

Introduction

The world is undergoing rapid urbanization in this 21st century, rising from 13% in 1900 to 29% in 1950, 49% in 2005 and is expected to reach up to 60% by the year 2030 (Aliyu & Lawal 2017). In 1931, less than 7% of Nigerians lived in urban centres with population of over 20,000 people, but now projection shows that there would be 680 cities with population of 200,000 people in 2030 (Onibokun & Faniran). The growth of urbanization in modern times is mainly due to rapid population growth arising from improved primary and secondary health care as well as rural-urban migration of able-bodied youth into the cities because of the pull factors that appeal to them, which range from economic to the growing leisure hours by visiting picture theaters, attending picnics, hotels, dance and bar clubs, among others (Taiwo 1970). The economic reasons for increased rush to urban centres is the fact that after Nigeria's independence, ministries in capital cities have been expanded, more industries established, nationalized corporations have sprung up, coupled with the establishment of diplomatic missions and non-governmental organizations by foreign countries (Otoo 1985).

Historically, cities have been the hub of socio-economic activities and centres of industry and commerce globally. Nigeria is one of the most urbanized African countries south of the Sahara,

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and in all her geopolitical zones, in-migration outweighs out migration (Federal Ministry of Information and Communications, FMIC, 2008). Between 1960 and 2010, Nigeria added approximately 62.5 million inhabitants to its urban population, and is projected to reach an additional 226 million (Farrel 2018). The rush to towns and cities of the youth, according to Taiwo (1970), is no doubt, precipitated by several factors namely: growing economic development in non-farm sectors, deprivation of social amenities to rural areas in favour of urban areas, quest for higher education located in urban areas and the desire by young ladies to raise their status by being in company of men, who are living higher standard of life than men in rural areas. However, much concentration of youthful population in urban centres is causing manysocial problems, predisposing young females who are not so well educated and are suffering from acute poverty to take to ungodly jobs to earn livelihood. The slums, lacking security of tenure, are mostly the places young ladies can enjoy anonymity and find cheaper accommodation to share with friends or strangers. The 'new arrivals' are, consequently, prone to get inducted into sex and drugs at an early age. Often times, many of these young ladies do not fit into the formal employment system of the cities; hence, they easily resort to doing menial jobs such as domestic servants and bar attendants, and may be lured into 'body-sale trade'.

The word "prostitution", etymologically derived from two Latin words: *Pro* (upfront) and *situere* (offer for sale) means 'straightforward for sale'. Prostitutes are called by different names in different countries: *nagarvadhu* and *devadasis* in India (Gadekar 2015), '*zinanci'* and prostitute in the Quran and Holy Bible respectively (Gungul & Audu, 2014). In Nigeria, they are called with such derogatory terms, '*karwa'*, '*ashawo'*, 'call girl', 'the street walker' 'bar attendant', 'fair weather girl', 'nude dancer', 'nightclub girl', 'good evening sir', and so on. Prakash (2013) has catalogued different types of prostitutes namely: bar girls, gimmick prostitutes, brothel ladies, dance hall prostitutes, beat prostitutes, camp followers, inter-racial prostitutes and fleabags. It should be noted that all these descriptive terms are derogatory; hence, the practitioners have rejected them and are now known with a more dignified trade name, commercial sex workers (CSW).

Prostitution is a consequence of unbridled urbanization and increasing social change emerging rapidly in most countries of the world which is linked mainly to poverty (Sheykhi 2017). Commercialization of sex belongs to the service or tertiary sector of the economy and 'commodification' of sex is a common feature of cities all over the world. Kangiwa (2015) argued that 'the flesh trade' is flourishing in cities because the practitioners serve as sexual outlets for men who satisfy themselves temporarily when they are separated from the normal regular sexual partners and lovers.

The World Health Organization (WHO) (cited in Oyeoku, Ngwoke, Eskay & Obikwelu 2014) defines prostitution as a process that involves a transaction between a seller and buyer of a 'sexual service', either regularly or occasionally as an economic activity to earn a living. This means, it is a practice where a sexually active female deliberately offers her genital organs to any male for sexual pleasure at an agreed sum of money or valuable material. The commercial sex practitioners (CSP) may engage in sexual act with strangers or familiar persons whom she does not necessarily have affectionate relationship but only accept because of the monetary or material gains.

For ages, schools and colleges have been regarded as institutions where students pursue and acquire intellectual, technical, moral and virtuous skills. However, this tradition does not seem to stand the test of time anymore, as female students are also adept in the 'body-sale' without remorse (Oyeoku et al.,2014). This social practice of great antiquity is devastating the morality of our societies. The early evidence of female commercial sex practitioners were young widows, separated wives or women thrown out of marriage because of their inability to conceive and bear children, but today the menace is a cankerworm eating deep into the fabric of Nigerian society.

The origin of commercial sex practice is as old as the marriage institution itself. There are 40 to 42 million prostitutes in the world and three quarters of them are between the ages of 13 and 25 (Businessinsider October 13, 2018). The trade has gained importance across the globe; its practices range between 0.7% and 4.3% in sub-Saharan

Africa; 0.2% and 2.6% in Asia; 0.4% and 1.4% in Europe and 0.2% and 7.4% in Latin America; and the profession is generating a whooping sum of $100 billion (#36 trillion) every year (Gungul &Audu 2014). While the social and legal status of commercial sex industry varies from country to country, a number of countries are already making concerted efforts to curb the trade because of its role in spreading venereal diseases, including HIV/AIDS. According to Prakesh (2013), Church leaders in Europe, during the Middle Age made concerted efforts to rehabilitate penitent prostitutes who denounced the body-sale trade. In the USA, prostitution was virtually uncontrolled till the Mann Act was passed in 1910, prohibiting interstate trafficking of women for immoral purposes. Laws made in Scandinavian countries emphasized hygienic aspect more, where medical examination and hospitalization of the victims with venereal diseases were made compulsory. In China, the flesh trade flourished because it was the only occupation open to the helpless and debased women, who wanted to earn their own livelihood but the practice was stopped legally in the mid- 20th century.

In Indian, on the other hand, Gadekar (2015) reported that during the British rule in the 18th and 19th centuries British soldiers were allowed to visit Indian brothels and dance centres for millions of girls trafficked into the country from Europe and Japan. However, most countries are trying to outlaw commercial sex work. In Nigeria, the flesh trade is said to have increased mainly due to the adverse economic hardship. In spite of the efforts and intervention programmes, such as Better Life for Rural Women, Pet Projects, National Poverty Alleviation Programme of the past administrations and now the 'N-power' programme of the present administration; thousands of Nigerians are daily sinking into poverty trap, thus predisposing the young females to indulge in antisocial act of prostitution.

Studies conducted in different parts of the world (including the works of Gadekar 2015; Daze & Amagon 2006) have shown that endemic and vicious cycles of poverty, economic hardships, insecurity, broken homes, male child preference, peer group influence from the environment, lack of equal opportunity and early sexual experience largely predispose women and girls to sex business. The economically depressed female from low socio-economic background has low educational power to meet her basic necessities of life such as food, shelter, clothing, health and education; hence, she becomes highly vulnerable to the 'body-sale trade'.

Commercial sex practice has both short and long time effects on the practitioners themselves, their family members and the society in general. Multiple-sex predisposes the victims to HIV/AIDS and other sexually transmitted diseases (STDs) such as gonorrhea, syphilis, staphylococcus, genital herpes, human papilloma virus, chlamydia, bacteria vaginitis, hepatitis B, among others (Gungul &Audu 2014). Furthermore, practitioners are liable to suffer stigmatization, drop out of school, use unhygienic sanitary pads like wool and old cloth to stop flow during menstruation to enable them attend to their clients, shunning hospitals in preference to private spiritual healing centres and self-medication. It is against this backdrop that the present study is being undertaken.

The paper is aimed at investigating the social and economic status of brothel-based commercial sex practitioners in Jos metropolis, the main reasons for indulging in the business, the perceived health risk and practitioners' level of satisfaction with the body-sale trade. The study is therefore guided by the following questions:

1. What is the social and economic profile of the commercial sex practitioners in Jos metropolis?
2. What cogent reasons do young ladies have for indulging in commercial sex work?
3. How often do the commercial sex practitioners visit accredited hospitals to verify their health status?
4. What are the potential health risk of commercial sex practices?
5. Are the practitioners of commercial sex work contented with the trade?

Methodology

The Study Area

Jos Metropolis is located approximately between latitudes 9^0 45' N and 9^0 55'N of the equator, and between longitudes 8^0 45'E and 8^0 58' E of the Greenwich Meridian. It has an average elevation of 1200m, dissected by River Delimi, flowing from South to Northwest before curving northward to

empty its contents into Lake Chad through River Yobe. Jos Plateau experiences a near temperate climate with an annual average temperature of 22^0 C and the rainfall total reaches 1450mm per year.

Jos Metropolis comprises major towns in Jos North and Jos South LGAs of Plateau State. Jos is the capital city of Plateau State in North Central Nigeria. Being a cosmopolitan settlement, Jos is inhabited by virtually all the different ethnic groups of Nigeria and foreign nationals. The discovery of tin ore and columbite in the early 1900s led to rapid growth, rising from: 8,000 in 1920 to 11,000 in 1931; to 80,000 in 1960; to 637,036 in 1991; and is over 1 million at present (Ihemegbulem &Nyong 2002). The residents are engaged mainly in secondary, tertiary and quaternary activities of the economy for livelihood. The city is rapidly growing at an alarming rate majorly due to improved health care services and rural-urban drift of young people who are pursuing education, job fortunes, enjoying new lifestyle or safe haven away from conflict-ridden rural areas of the state and neighbouring states. Besides, other attractive factors to youth immigrants into Jos city are: the near temperate, cool, hospitable and friendly Jos climate as well as the splendor of Shere Hills, Jos Wildlife Park, Jos Zoological Garden, Jos National Museum of the Traditional Nigerian Architecture (MOTNA), industries, organizations, tertiary institutions, hotels and other entertainment outfits.

However, many of these youth do not always possess the requisite qualifications to fit into the employment system of the city; hence, some of them especially, the young females resort to culturally unacceptable 'flesh trade'. Some of the young ladies take advantage of the hospitality and entertainment centres, particularly hotels, bars and clubs to be in the company of men perceived to be living a higher standard of life than men in rural areas, from where these promiscuous ladies come.

Design, Instrumentation, Sampling, Data Collection and Analysis

The study design used is the cross-sectional survey type. This has been chosen because it enables investigators to collect data at a particular place and time from a sample for the purpose of describing the entire population represented by the sample at that particular place and time (Awotunde et al., 1997). Questionnaire instrument was constructed to cover respondents' demographic and socioeconomic variables such as age, educational levels attained, approximate annual income, reasons for indulging in the sex trade, medical check-up routine, perceived knowledge of the health risk associated with commercial sex work as well as respondents' level of satisfaction or otherwise with the sex practice.

The population of commercial sex workers in Jos is not well documented however, Ajijah (2016) reported that 3,000 of them living in 197 hotels and brothels in Jos metropolis participated at the Jos trade fair of October 2016. Therefore, on the basis of that, the study selected 20% of 3,000 residing in 197 hotels and brothels in the study area. Out of the 197 hotels and bothels in Jos metropolis 11 were selected namely: Bolingo, Coupany, Diamond, Green Park, Malawi, Mandela, Mid-West, Plateau Central Hotel, Police Officers' Mess in Katako and Popular Hotel. Purposive sampling technique was used to select the required respondents but for the brothels, stratified random sampling was employed. Purposive sampling is target-oriented suitable for commercial sex workers and other socially unacceptable activities while stratified sampling was deliberately adopted to ensure spatial coverage of both Jos North and Jos South LGAs that constitute Jos metropolis.

A semi-structured questionnaire tagged: Socio-Economic and Health Status of Practitioners in Brothels (SEHSPIB) was divided into sections A and B. Section A sought for information about age, educational level and income that accrues. Section B elicited information on reasons for engaging in the 'sex profession', self-health assessment, perceived health risk for indulging in the business, and level of contentment with the trade. The questionnaire was semi-structured and respondents were allowed to choose appropriate answers to the questions from the options and could freely make their own comments as well.

Informed consent for validity of the instrument of data collection was sought from two senior colleagues who are experts in sociology and zoology, before final copies were produced. A total of 150 copies of questionnaire was administered to 150 target respondents. The 150 respondents represent 20% of the working population of the

commercial sex practioners in the study area. Questionnaire administration was done through the help of two female field assistants who were trained to undertake the task which took place 21st-28th September 2015. Although, 150 copies of questionnaire were distributed, only 141 were duly completed and returned, while the remaining 9 copies were either misplaced or partially filled, hence, could not be used for the analysis. Meanwhile, the 141 copies of questionnaire returned represent 94% response rate. Data collected were collated from 141 copies of the questionnaire, summarized and analyzed using SPSS version 16.0 and the results were presented in frequency tables.

Result Presentation and Analysis

The aggregate data collated from 141 subjects on the socio-economic status and health risk of commercial sex practitioners in Jos Metropolis were analyzed and are presented in frequency tables in this section.

Table 1: Socio-economic Status of the Respondents

Variable	Option	Frequency	%
Age (in years)	< 20	17	12.1
	20 - 25	62	44.0
	26 - 30	42	29.8
	>30	20	14.1
	Total	141	100
Educational Level	Non-formal	26	18.4
	Primary	76	54.0
	Secondary	33	23.4
	Tertiary	6	4.2
	Total	141	100
Annual Income (N)	<52,000	40	28.4
	52,000 - 260,000	60	42.6
	>260,000	41	29.0
	Total	141	100

Source: Researchers' Field Survey, 2015.

Table 1 shows the age brackets of the respondents in the study. It shows that most of the respondents are within the age bracket 20 – 35 which constitutes 44%. There are a reasonable number (29.8%) within 26-30 age bracket. The table also reveals that respondents decline from the CSP to just 14.1% with advancement in age.

In terms of educational level attained, over half (54%) of the respondents completed primary school and could not continue, while 23.4% completed secondary level. However, over 18% never had any formal education. The low educational attainment is, no doubt, likely to play a major role in their enrolment into the CSP.

The table also shows the distribution of the respondents by income accrued yearly. Table reveals that about 71.6% of the respondents earn between N52,000 and N260,000 only per year. However, about one-third (28.4%) earn below N52,000 yearly. It is clear that the income is generally low and predisposes them to engage in other vices like drug trafficking to supplement their income and in order to meet the basic necessities of live.

Table 2: Health-related Status of Respondents

Variable	Option	Frequency	%
Reasons for Prostitution	To care for parents	62	44.0
	To care for siblings	40	28.3
	To care for parents and siblings	39	27.7
	Total	41	100

Source: Researchers' Field Survey, 2015.

Table 2 displays the reasons why ladies are lured into CSP. As much as 44% of the participants alleged that they have responsibility of taking care of their parents, aside theirs, while 28.3% joined the trade so they can take care of their siblings. The remaining 27.7% have joined the occupation so that they can take care of both their parents and siblings. This implies that a majority of them have come from poor family backgrounds that hardly meet the basic needs of family members.

Table 3: Self-health Assessment of the Respondents

Variable	Option	Frequency	
		Yes (%)	No (%)
Medical Check up	Daily	2 (1.4)	139 (98.6)
	Weekly	15 (10.6)	126 (89.4)
	Monthly	20 (14.2)	121 (85.8)
	Yearly	40 (28.4)	101 (71.6)
	Mean (%)	19 (13.5)	122 (86.5)

Source: Researchers' Field Survey, 2015.

Table 3 shows the frequency of the respondents visit to accredited medical centers for regular check-up. Table indicates that the percentage of those who do not visit clinical centres for checkup is as high as 86.5% whereas those who keep to the health tenet of visiting the clinics is abysmally low (13.5%). This implies that majority of the respondents are outlets for spreading STDs, especially to their unfortunate clients who hardly use protective devices: mechanical prophylazis such as condoms.

Table 4: Knowledge of the Respondents on Consequences of CSP

Variable/Effect	Good Knowledge	Poor Knowledge
	Freq. (%)	Freq. (%)
Risk of spreading HIV/AIDS	112 (79.4%)	29 (20.6)
Risk of spreading STDs	135 (95.7)	6 (4.3)
Self-Medication	64 (45.4)	77 (54.6)
Patronizing traditional and spiritual healing centres	121 (85.8)	20 (14.2)
Use of less standard pads: cloth & wool during menstrual flow	131 (92.9)	10 (6.1)
Must not use condom always	29 (20.6)	112 (79.4)
Mean percentage	77 (54.6)	64 (45.4)

Source: Researchers' Field Survey, 2015.

Table 4 is a display of respondents' level of knowledge about the health risk for indulging in 'fresh trade'. The mean percentage for those with good knowledge of the risk is about 54.6% as against the 45.4% who do not have good knowledge of the health implication of the trade. This implies that health awareness campaign among the young sexually active population is required.

Table 5: Respondents' Level of Satisfaction with the Sex Trade

Variable	Frequency	%
Very much satisfied with the trade	60	42.6
Would quit if given alternative job	81	57.4
Total	141	100

Source: Researchers' Field Survey, 2015.

On the level of contentment with the CSP,57.4% of the respondents would renounce the trade in exchange for culturally, acceptable serene jobs that pay off. However, the remaining 42.6% of the participants at the study were contented with the body-sale trade, in spite of the meagre annual income and the negativity of the profession.

Discussion of Results

The study investigated the socio-economic system and health risk of urban commercial sex practitioners in Jos metropolis. The study revealed that 12.1% of the subjects joined the trade before their twentieth birthday and 44% were between 20 and 25 age bracket. This finding contrasts sharply with the discovery made by Kangiwa (2015) who found that 73% of prostitutes in Abuja joined the trade before their twentieth birthday.

The study revealed that 54% of the urban commercial sex practitioners (UCSP) have completed primary school education with just 18.4% without any formal education. This is not congruous with Kangiwa's study of Abuja prostitutes, where he reported that 80% had no formal education at all (Kangiwa 2015).

The findings on the income accruing to the commercial sex practitioners in Jos indicate that 43% earned between N52,000 and N260,000 or more only as annual income. This amount is abysmally low compared with their counterparts in Abuja where their yearly earnings range between N182,000 and N7,280,000 (Kangiwa 2015). The wide gap in earnings between Abuja prostitutes and their counterparts in Jos could be the reason why 57.4% of the latter would wish to quit the trade if there is an alternative job for them (see table 5).

The study also found out the main reasons for joining commercial sex trade. Findings indicated that 44% of those interviewed said they have responsibility of taking care of parents, while the remaining 56% joined the trade so they could meet the needs of siblings as well as their respective parents. Kangiwa (2015), quoting Marshal, asserts that prostitution comes mostly from lower socio-economic groups, and often, slum areas. This means that economic needs and poverty promote prostitution. The analysis reported from Abuja indicated that 26% of the studied prostitutes said economic needs and responsibility drove them into prostitution while 24% said it was change of residence that caused it.

The results of the study also indicated that a majority (mean percentage 54.6%) of the urban commercial sex practitioners had good knowledge of the consequences of the 'flesh trade' yet found it difficult to discontinue. The finding is slightly lower than the study conducted by Kangiwa (2015) who discovered that 62.7% of Abuja prostitutes had good knowledge of the negative effects of prostitution. There is also a revelation that 57.4% (see table 5) of the urban commercial sex practitioners in Jos Metropolis were ready to renounce this body-sale trade, provided there was a guarantee of getting well-paid and culturally acceptable jobs. This is a clear indication that poverty is one of the main causes pushing most economically depressed female folk of low educational level into prostitution (Gadekar 2015; Daze &Amagon 2006).

Conclusion and Recommendations

As discovered in the study, commercial sex is a flourishing business in densely populated areas of the world. It is, indeed, a social menace bedeviling the society adversely by playing host to the young minds of our female gender. Therefore, the study investigated urban commercial sex trade in Jos Metropolis, with respect to the practitioners' age, educational attainment, income and reasons for joining the trade, their knowledge of the health risk and contentment. The discovery made also indicated that low educational attainment and family responsibilities in urban setting are playing a significant role in luring gullible minds of the sexually active females into prostitution.

Furthermore, it was noted that, given the opportunity of getting alternative trade, over 57% of the commercial sex practitioners in the study area would renounce the trade in exchange for more culturally acceptable jobs. In view of this, the paper recommends the following possible remedies to solve the hydra-headed social problem playing host to young minds of the female folk.

1. Government should encourage the introduction of sex education in the school curricula and same should be embedded in general studies courses of our tertiary institutions of learning; since findings indicate that over 56% of the commercial sex practitioners in Jos are within the school age; less than 26 years old.
2. Plateau Aids Control Agency (PLACA) and other health agencies should intensify public enlightenment campaign on HIV/AIDS and other sexually transmitted diseases (STDs), where the dangers inherent in indiscriminate sex would be discourage doutright. This is because findings have revealed that many (86.6%) of the respondents in Jos do not go for routine medical checkup.
3. There is need for government at all tiers to create job opportunities for the citizens so that prostitution can be reduced, because as many as 57.4% of the respondents are willing to quit the practice if they get secured alternative jobs.
4. Philanthropists, WHO and other non-governmental organizations that have been collaborating with Nigeria should still do more by funding campaign outfits on health issues.
5. Religious leaders should lay much emphasis in their sermons on the dangers inherent in promiscuous lifestyle which many of our urban youth are guilty of; interaction with the respondents in the study area has revealed that commercial sex practitioners were mostly Christians and Muslim.
6. Entrepreneurial education should be taught at all educational levels so that the young ones can acquire necessary skills for self- reliance and self-sufficiency; as findings have revealed that about 71% of the respondents earn just N260,000 and below; hence, it is one of the factors that have pushed them into socially unacceptable behaviours such as drug

trafficking.

7. Deliberate efforts should be made by the government, organizations and individuals to counsel and rehabilitate victims of prostitution.
8. Parents should live up to their responsibility of meeting the basic necessities of life of their wards in order to discourage them from being lured to join the culturally, prohibitable, unacceptable practice of prostitution and other social vices. Result of this research indicates that many young ladies indulged in commercial sex practice so they could alleviate the poverty conditions of their parents.

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