

Contraception and Pregnancy Experience among Adolescent Commercial Sex Workers in Southwest Nigeria

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ABSTRACT

Background: Female adolescent prostitution, a very challenging area of adolescent sexual behavior, is a pandemic social and medical issue that is of great public and reproductive health importance. **Aim:** The objective of the study was to determine contraceptive options and pregnancy experience among female adolescent sex workers in Southwest Nigeria. **Materials and Methods:** It was a mixed-method study adopting a questionnaire-based survey and in-depth interviews of female adolescent sex workers in Oyingbo and Yaba communities of Lagos metropolis, Nigeria, done over a 6-month period. SPSS version 17.0 and content analysis were used to analyze quantitative and qualitative data, respectively. **Results:** The sex workers had a mean age of 16.9 years. About 78% of the sex workers used condom only, the use of pills was recorded in about 5% of them. None of the respondents (0%) had ever used injectables, implants, or intrauterine contraceptive device. Twenty-one (7.2%) had been pregnant in the business, 262 (90.3%) had never been pregnant. Of all the respondents that had been pregnant, 16/21 (76.2%) got delivered, and 5/21 (23.8%) went for induced abortion. **Conclusion:** Unwanted and unplanned pregnancy remains a burden among female adolescent sex workers. Efforts should be geared toward strategies that will ensure free access to an effective dual method of contraception among this vulnerable reproductive age group.

Key words: Adolescent, contraceptive options, pregnancy, sex workers

INTRODUCTION

Female adolescent prostitution, a very challenging area of adolescent sexual behavior, is a pandemic social and medical issue that is of great public and

reproductive health importance.^[1-3] It has been described as the sexual exploitation of girls and teenagers in the age bracket of 10–19 years for economic reason and sexual gratification.^[4] More and more adolescent girls enter the sex trade primarily due to the prevailing unfavorable

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socioeconomic and political environment that they are exposed to. It is particularly a big burden in a country like Nigeria, in which about 30% of the total population is made up of adolescents.^[5]

It is, however, interesting to know that one of the greatest challenges encountered by these girls in the sex industry is unwanted and unplanned pregnancy with its attendant medical, social, and psychological complications that adversely affect their development in all ramifications.^[6,7] These complications include unsafe abortion and its life-threatening challenges, teenage pregnancy, domestic violence, depression, suicidal ideation, poverty, incarceration in prostitution business, and death.^[8] These problems are the corollary of low utilization of contraceptives among female sex workers. A systematic review and meta-analysis revealed the incidence rates of unwanted pregnancy among sex workers ranging from 7.2% to 59.2%.^[9]

One of the solutions to pregnancy-related problems among this class of people is a right to be informed about and have access to safe, effective, affordable, and acceptable methods of contraception of their choice without fear of coercion or intimidation. Studies have, however, shown that the most popular contraceptive method among sex workers is the use of condom which some of the prostitutes regard as their working tool.^[7,10,11] Unfortunately, findings have shown that condom, as well as other non-barrier methods of contraception, is not being consistently and correctly used by this group of people.^[11,12]

In addition, a related study has linked the inconsistent and incorrect use of condom with the use of illicit, sex-enhancing drugs, culminating in a myriad of aberrant, unsafe, and non-conventional forms of sexual intercourse in the sex industry.^[13] Other factors determining contraceptive use among sex workers include sex charges, age in the sex business, nature of clients, presence or absence of violence/threat, and level of education/information about contraception.^[12,13] Thus, it is not surprising that unwanted pregnancy, as well as sexually transmitted infections, is high among prostitutes.

Therefore, the aim of this study is to evaluate the contraceptive options and pregnancy experience among these female adolescent prostitutes. This has become imperative as there is a paucity of data on family planning in adolescent prostitution. This paucity of data is partly due to the sociocultural lens that sees prescription of adolescent contraceptives as being sacrilegious, evil, and morally inappropriate. This is made worse by the negative attitude of parents toward educating adolescents on sexuality and reproductive health issues. Information obtained from this study will help the relevant stakeholders appreciate some gap in contraceptive use among this neglected class of sex workers, which may influence policymaking on this harmful practice.

MATERIALS AND METHODS

A research design was drawn to examine the topic of the study and determine the most appropriate methods employed to gather correct and objective data for the study. The study made use of data obtained from interviewer-administered questionnaires combined with an ethnographic method of in-depth interviews. The basis of this was to generate both quantitative and qualitative pieces of information for the study. The mixed-methods approach helped the richness of this study not only by probing further beyond the capacity of what questionnaire alone could cover but also by ensuring the validity and reliability of the whole research.

The study population covered those female adolescent sex workers within the age bracket of 10–19 years in Oyingbo and Yaba communities of Lagos State, Nigeria. Yaba is a suburb in Lagos Mainland, and home to many Federal institutions such as the Nigerian Institute of Medical Research, Igbobi College, Yaba College of Technology, and the University of Lagos. It also has one of the busiest markets in Lagos, the popular Tejuosho Market, and many hotels and brothels. Oyingbo is the site of the ultramodern Oyingbo Market. Anecdotal evidence has it that these two communities play host to a number of brothels where sex workers, particularly in their adolescence, are found.

A purposive sampling technique was utilized to select respondents in the survey, while in the in-depth interview, respondents were selected using both purposive and accidental sampling techniques (the selected method was based on convenience, chance, availability, and relevance of the respondents to the theme of the study).

It was a 6-month study carried out between April 01, 2014, and September 30, 2014. Ethical approval, with protocol reference number 15/00049, was given by the Faculty of Social Sciences, Department of Sociology, University of Lagos, Nigeria. A total number of 300 copies of questionnaire were administered to the female adolescent sex workers in the survey. A total of 300 female adolescent sex workers from 10 different brothels were interviewed in the general survey through a method of personal interview (230 female adolescent sex workers from 6 brothels in Oyingbo community and 70 female adolescent sex workers from 4 brothels in Yaba community). The questionnaire was made anonymous and the women were at liberty to decline participation in the study; all the respondents gave consent, which also included the possibility of an in-depth interview that will be recorded on tape. The survey questionnaire was structured into sections to capture the objectives of the study: The first section captured information on the sociodemographic attributes of the respondents, followed by inquiries into the use, methods, and perceptions on contraception. Finally, the pregnancy experience of the participants and outcome of the pregnancies were explored.

However, to obtain the qualitative research data, a total of four in-depth interviews were conducted using an unstructured guide with “quick questions.” The four participants in the in-depth interviews were also drawn from the same population of adolescent commercial sex workers studied. This made the data generated from the technique to represent a relatively true picture of adolescent prostitution in Lagos metropolis.

Both descriptive and content analyses were utilized to analyze the data generated. For the quantitative analytical method, Statistical Packages for Social Sciences (SPSS/PC+) was used to analyze the collected data. The qualitative data were analyzed using “content analysis.” This technique facilitated compressing inferences by systematically and objectively identifying specified characteristics of messages. In doing this, the in-depth interviews recorded into the tapes were transcribed from a local language (i.e., Yoruba, Igbo, or pidgin) to English language. Responses to each question were summarized and important responses were reported verbatim to complement our findings in the survey. It should be noted that the content analysis was done manually to enhance the explanatory clarity of findings.

RESULTS

Of the 300 questionnaires that were distributed, seven (2.3%) were improperly filled and so were excluded from the analyses, while three (1%) of the respondents failed to return the questionnaires despite attempts to retrieve them. Thus, the data analyses were based on the remaining 290 (96.7%) correctly filled and returned questionnaires.

Table 1 shows the sociodemographic characteristics of the respondents. Most of the respondents (98.3%) were between the ages of 15 and 19 years, with a mean age of 16.9 years. Two hundred and sixty-three (90.7%) of them had secondary school education, 19 (6.6%) primary, and 3 (1.0%) had no education. While the majority (97.6%) of them were single, 4 (1.4%) were married, and 3 (1%) had divorced.

Table 2 shows the distribution of respondents by contraceptive methods being used. About 78% of the sex workers used male condom only, 10.7% used female condom, use of diaphragm was recorded in about 13% of the respondents. Use of pills was recorded in about 5%. None (0%) of the respondents had ever used intrauterine contraceptive devices, injectables, or implants.

Table 3 shows the distribution of respondents by their experience of pregnancy in commercial sex work and outcome of pregnancy. Twenty-one (7.2%) had been pregnant in the business, 262 (90.3%) had never been pregnant, and 7 (2.4%) showed no response, while 13 (4.5%) had been pregnant once and 1 (0.3%) was pregnant 4 times. Among the respondents

Table 1: Sociodemographic characteristics of female adolescent sex workers in Southwest Nigeria

Variables	Frequency, n=290	Percentage
Age group		
10–14 years	5	1.7
15–19 years	285	98.3
Religion		
Christianity	284	97.9
Islam	5	1.7
No response	1	0.3
Ethnic background		
Yoruba	4	1.4
Igbo	128	44.1
Hausa/Fulani	1	0.3
Others (not specified)	157	54.1
Educational attainment		
None	3	1.0
Primary	19	6.6
Secondary	263	90.7
Tertiary	5	1.7
Current marital status		
Single	283	97.6
Married	4	1.4
Divorced	3	1.0
Nationality		
Nigerian	279	96.2
Others (not specified)	11	3.8

Table 2: Contraceptive methods used by female adolescent sex workers in Southwest Nigeria

Contraceptive methods being used with clients	Frequency	Percentage
Male condom	225	77.6
Diaphragm	4	1.4
Male condom/spermicidal cream	12	4.1
Spermicidal cream only	1	0.3
Male condom/pills	7	2.4
Female condom/diaphragm	31	10.7
Male condom/pills/diaphragm/withdrawal	7	2.4
Intrauterine contraceptive device	0	0.0
Injectables	0	0.0
Implant	0	0.0
No response	3	1.0
Total	290	100.0

Table 3: Distribution of respondents by their pregnancy experience during commercial sex work

Have been pregnant in the business	Frequency	Percentage
Yes	21	7.2
No	262	90.3
No response	7	2.4
Number of times been pregnant, n=21		
1	13	61.9
2	4	19.0
3	3	14.3
4	1	4.7
Outcome of the pregnancy, n=21		
Born	16	76.2
Aborted	5	23.8

that conceived, 16/21 (76.2%) continued with the pregnancy till delivery, while 5/21(23.8%) had induced abortion.

DISCUSSION

Although most of the adolescent sex workers were in their late adolescence, the fact that some percentage was recorded in early adolescence shows that a girl could embark on sex trade as early as possible in life. This finding is in line with that of Dandona *et al.*^[14] Expectedly, the highest level of education among the respondents was secondary school since this is the highest level of educational attainment of most adolescents. These respondents may find it difficult to continue with their academic pursuits as long as they remain in commercial sex work, making them like most adult female sex workers who usually have a low level of education.^[15,16]

It is interesting to find out that contraceptive prevalence among the respondents was about 100%, as every one of them was using one form of contraceptive method or the other. The question is, do they correctly and consistently use these methods? Unfortunately, there is evidence of a high level of unmet contraceptive needs among female sex workers.^[17]

The most prevalent contraceptive method in the respondents was a male condom. This finding is consistent with what was found in most studies.^[11,12] As the qualitative data confirmed, the adolescent respondents negotiated off the consistent use of male condoms under pressure from their clients, and in exchange for extra cash.

A 14-year-old respondent said: *“When he tempts me with money and drinks, I compromise on the rubber. More money is attractive to the economically starved sex workers and condom use can be traded for the extra cash. Customers*

believing that condoms interfere with sexual pleasure are willing to pay more to avoid condom use. Money, myths, and wrong beliefs about correct sexual behavior and protection place the sex workers in potential danger by not insisting on condom use all the time.”

A 16-year respondent expressed: *“Education has nothing to do with the use of condoms by adolescent sex workers. As we are all in this business, I can tell you that both literate and illiterate members of this brothel have a better understanding of the use of condom. Even in villages around the country, where people are stark illiterates, yet they consistently use condom for sexual practice. Any prostitutes that want to prove her level of education as regards condom use is only playing with her business, while hunger and suffering may be the reverse of the act. Either you are educated or not, whatever the request of the clients will determine your choice of condom. I know that the use of condom is a universal campaign to ensure safer sex for all.”*

Interestingly, there are other reasons as to why these respondents do not consistently use condoms. One of these reasons is familiarity with the client. Condom use could be excused for an old acquaintance, but not for strangers!

“I don’t usually use condom with old customers because I already know them and am used to them and they are used to me. However, I must use condom for a new customer because I am seeing him for the 1st time.” (15-year-old respondent)

It appears that irrespective of the risks, the depth of intimacy and emotional ties between the female sex worker and her male clients affects their consistent use of condoms.^[18,19]

Another reason is the “cleanliness” of the client. A 17-year-old respondent summarized it as follows:

“I may decide to use condom if I discover that a client is very dirty because he may have HIV. But if he is clean, I usually waive condom because he is not likely to have disease.”

The respondent probably associated overt untidiness with covert HIV seropositivity. It is similar to the assumption by Indonesian female commercial sex workers that native Indonesians and healthy-looking clients cannot spread AIDS.^[20] This innocent naivety could be due to their lack of awareness of the clinical course of the disease and its mode of transmission. The results could be many acts of unprotected sex and soaring incidences of sexually transmissible infections.

It is worthy of note that a female condom was used with the diaphragm as a “dual” form of contraception. This study might probably be one of the few available studies of this kind that would make reference to the use of diaphragm and female

condom in the sex industry. The prevalence of the use of pills and other effective contraceptive methods was very low among the study group as the use of pill was recorded in only 5% of the respondents, with none recorded for injectables, implants and intrauterine contraceptive device. The inappropriate use of barrier methods and low prevalence of use of more effective contraceptive variants have been shown to be responsible for the high prevalence of unwanted, unplanned pregnancy and sexually transmitted infectious among this highly vulnerable group.^[18] With over 7% of the respondents getting pregnant during commercial sex work, teen pregnancy, and its attendant morbidities remain a challenge in this population.

Appreciable part of the strength of this study is that it is one of the few studies combining both quantitative and qualitative qualities on female adolescent prostitution in sub-Saharan Africa. Second, the relatively large sample size of the study is an added strength, as it is difficult to access and get information from this highly secretive class of people. However, further studies of larger sample sizes are required to be able to discover more objective findings on female adolescent prostitution. Furthermore, it is also important to look into the area of male adolescent prostitutes as this may reveal new and hidden findings in the prostitution business.

CONCLUSION

Unwanted and unplanned pregnancy remains a burden among female adolescent sex workers. Inconsistent use of the condoms was due partly to the well-known need to satisfy the clients and make more money, and partly to less common issues like acquaintanceship/intimacy with the client and their perception of the “cleanliness” of the client. We recommend that education of the girl child and her empowerment will go a long way in reducing the burden of adolescent prostitution. There is a need for widespread advocacy on family planning focusing on making contraception, including effective dual protective methods, more acceptable, affordable, and freely accessible for this vulnerable group of people as long as they remain in the commercial sex trade.

CONTRIBUTION OF AUTHORS

OBA and OSA were involved in the conceptualization of the study, analysis of data, and preparation of the manuscript. AJO and OOS were involved in the review of the study and various drafting stages. ODO and OOA contributed appreciably in data analysis. ORO and OOB were involved in data collection and review of the manuscript.

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CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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