

CHAPTER 6

DATA ANALYSIS AND INTERPRETATION

6.1 Introduction

In this chapter the data obtained from the empirical study is analyzed and interpreted.

A quantitative and qualitative study was done. In all, these are the results of the findings of qualitative and quantitative information from an interaction with 325 sex work related persons who were selected for this study. These included two hundred and five prostitutes reached in the quantitative sample, made up of a stratified sample of 180 persons from Nigeria, in four sites, namely Zaria, Kasuwa Magani, Ogoja and Lagos and a non- stratified comparative sample of 25 prostitutes from Botswana.

The structured interview schedule used seeks to identify socio-demographic data of each prostitute, information on their parental family background, knowledge, attitude and practice of prostitution to prevent sexually transmitted diseases, information on income, expenditure, motivating factors, experiences (positive/negative), e.g. violence and method of handling these experiences. In addition their views on a possible alternative trade was investigated. These represent the quantitative data of the research.

Through the Focus Group Discussion information, which hitherto was not available to the researcher from the qualitative research, was received and this served as the qualitative data and complimented the quantitative data.

The qualitative sample included 96 participants in 8 focus group sessions in four study sites in Nigeria, i.e. 12 participants per session and 14 participants in one focus group session in Francistown, Botswana. All participants were practicing behaviour suggestive of commercial sex work at the time of discussion.

The case studies in Nigeria were informed by a person-to-person interview with six sex workers, one per site of study, and one pimp and in Botswana by a male and a female sex worker.

The analysis of the quantitative data is presented in 12 sections, which corresponds with the questions posed to the respondents. This will be followed with the presentation of the qualitative data.

6.2 Analysis Of The Quantitative Data: Response rates and structure of Data collection

As indicated above the following presentations signify the results of responses to the questions posed to respondents in both Nigeria and Botswana. It describes the characteristics of the respondents.

Figure 6.1 indicates that 12% of respondents of the quantitative data were from Botswana, while 88% were from Nigeria.

FIGURE 6.1: Percentage distribution of respondents

6.2.1 Respondents' age as relevant to prostitution

An analysis of the age of the respondents included knowledge of the age at time of data collection as well as the age at first sexual contact and the age at commencement of prostitution. It was important to see if there were similarities or differences in the two countries. Table 6.1 shows that at the time of data collection, 50% of Nigerian respondents were more than 25 years old as compared with 76% of Botswana respondents. This would normally be the age at which most women are married and engaged in reproduction in both countries. 20% of Botswana respondents were less than 25 years of age as compared with 50% of Nigerian respondents of the same age. It is to be noted that while it was very easy to get a number of prostitutes to select from using an age parameter it was difficult to select the Botswana respondents using age categories.

TABLE 6.1: Age of respondents at time of data collection

PRESENT AGE	BOTSWANA	BOTSWANA %	NIGERIA	NIGERIA %
>25 YEARS	19	76	90	50
<25 YEARS	5	20	90	50
Not known	1	4		
TOTAL RESPONSE	#25	100%	# 180	100%

An analysis of the age at which respondents had their first sexual contact suggest that there was very little difference in the percentage of prostitutes who had their first sexual contact at age less than 10 years in Nigeria and Botswana, namely 27% and 28% respectively. The data also reveals that there was a major difference between Nigerians and Botswana who had their first sexual exposure at older than 10 years but younger than 18 years, these were 55% of Nigerians and 72% of Botswana respectively. There were no Nigerians in the study who had their first sexual contact at above 18 years old (see figure 6.2).

Figure 6.2: Age at first sexual contact

In discussing age at entry into prostitution (Table 6.2), it showed that 7% of Nigerian prostitutes started the profession at younger than 14 years; while 55% started at older than 15 years but less than 19 years. 19.4% of respondents started sex work when they were more than 20 years. There was a lot of similarities with the Botswana sample that showed 8% of respondents started prostitution at less than 14 years, 48% at more than 15 years but less than

19 years. Of significance was the high number of Botswana respondents, 36% that started prostitution at more than 20 years old.

Table 6.2: Age at start of prostitution

AGE AT START OF PROSTITUTION	BOTSWANA	BOTSWANA %	NIGERIA	NIGERIA %
< 14	2	8	13	7
> 15 AND < 19	12	48	100	56
> 20	9	36	64	36
No responses	2	8	3	1
TOTAL	25	100%	180	100%

An analysis of the average age of sexual contact and average age of starting prostitution by site of study, suggests that for the respondents aged above 25 years old in northern Nigeria (site 1 and 2) the average age of first sexual contact is 12 years old and the average age at start of prostitution is between 18 years and 21 years. In the same sites, respondents less than 25 years started their first sexual contact at ages ranging between 10 and 18 years and commenced prostitution at ages between 15-19 years of age. This was similar to Botswana where the average age at first sexual contact is between 10 and 18 years and the average entry age to prostitution are between 15 and 19 years. Other sites in Nigeria suggest that the average

age for first sexual contact of prostitutes is age 10-18. This is important as we examine the significant role of child sexual molestation and abuse in creating prostitutes.

Table 6.3: Average age of respondents at first sexual contact and start of prostitution by sites of study

SITE	PRESENT AGE	AVERAGE AGE AT FIRST SEXUAL CONTACT	AVERAGE AGE AT START OF PROFESSION
NIGERIA			
1 & 2	>25	12 YEARS	18 YEARS
SITE 3	>25	14 YEARS	20 YEARS
SITE 4	>25	13 YEARS	21 YEARS
1 & 2	<25	BETWEEN 10 AND 18	BETWEEN 15 AND 19
SITE 3	<25	BETWEEN 10 AND 18	BETWEEN 15 AND 19
SITE 4	<25	BETWEEN 10 AND 18	BETWEEN 15 AND 19
		BETWEEN 10 AND 18	BETWEEN 15 AND 19
BOTSWANA		BETWEEN 10 AND 18	BETWEEN 15 AND 19

6.2.2 Marital Status of Respondents

An analysis of the marital status of respondents (table 6.4), shows that 12% of Botswana's respondents were married, 8% were divorced and 80% were single. This is compared with 1% of respondents married, 24% divorced, 12% widowed, 4% separated and 63% single in the Nigerian sample. Of interest is the high percentage of widowed and divorced Nigerian respondents participating in prostitution. It could be deducted from the analysis that although single women were seen to participate more in prostitution than married women, some of the singles had at one time or the other been married.

Table 6.4 : Marital status of respondents

MARITAL STATUS	BOTSWANA	BOTSWANA %	NIGERIA	NIGERIA %
MARRIED	3	12	1	1
DIVORCED	2	8	43	24
SEPARATED	0	0	8	4
SINGLE	20	80	113	63
WIDOWED	0	0	12	7
NEVER MARRIED	0	0	2	1
HAS A LIVE- IN BOYFRIEND	0	0	1	1
HAS REGULAR BOYFRIEND	0	0	0	0
TOTAL NO OF RESPONSE	25		180	

***Some respondents gave more than one response**

6.2.3 Working environment, Family and Religion of Respondents

An analysis of the place of work of prostitutes (Table 6.5) indicates that while the majority of Nigerian respondents, 63%, lived and worked as prostitutes in a brothel, 8% of the Botswana

sample reported operating from a brothel but with further probing it was realized that drinking places or bars were understood to mean brothels. There were no live-in prostitutes in the bars like was found in the Nigerian sample.

This is very significant and could explain why it is easier to reach prostitutes in Nigeria than in Botswana. While most Nigerian prostitutes had a recognised place to work from, it was not the same for Botswana. In Botswana, 56% of prostitutes in the study, worked on the street as against 9% of Nigerians on the street. The percentage of Botswana prostitutes that operated in a car, bush or choice of the clients was high as compared with the same, for Nigerian respondents. This differed from the Nigerian respondents that had a choice of where to operate from. The responses indicate that some prostitutes in both Nigerian and Botswana had more than one place of work at a time.

On the choice of venue for respondents, 34% of Nigerian respondents said that the Pimps choose the venue. 24% of Nigerians are where they are operating from because it is the only available place. 19% Nigerian respondents said they change their places of operation sometimes. 7.4% Nigerians said their place of operation allows them to combine more than one profession, 6% of Nigerians and 50% of Botswana's are operating in their current venues because that is where they can meet appropriate customers whom they refer to as better men.

Table 6.5 : Respondents' place of work at time of data collection

PLACE OF WORK	BOTSWANA	BOTSWANA %	NIGERIA	NIGERIA %
BROTHEL	2	8	114	63
HOUSE	1	4	9	5
STREET	14	56	16	9
BROTHEL + HOUSE	2	8	8	4
BROTHEL + STREET	0	0	13	7
HOUSE + STREET	5	20	8	4
CALL UP	3	12	11	6
CHOICE OF CLIENT	2	8	14	8
CAR	4	16	0	0
BUSH	4	16	0	0
TOTAL NO OF RESPONSE	37	148	193	107

- This table indicates that some prostitutes had more than one place of work

at time of interview

An analysis of the respondent's employment outside of prostitution at the time of study (Table 6.6) reveals that 39% of Nigerian respondents engaged in a petty trade. Usually selling of ogogoro (local gin), cigarettes, and marijuana (hemp). In Botswana 8% of respondents did some clerical job either in a government setting or in any of the private agencies, usually Indian shops. What was significant was the similarities in prostitutes being bar girls in the two countries, although a higher number of Nigerian prostitutes were bar girls (10% of Nigerians), while only 4% of Botswana's in the study were also bar girls, These employments were in addition to prostitution. 31% of Nigerian prostitutes were engaged in only prostitution as compared with the high number of Botswana prostitutes who did nothing other than prostitution (72% of Botswana respondents).

Table 6.6 Employment outside of prostitution

EMPLOYMENT OUTSIDE PROSTITUTION	BOTSWANA	BOTSWANA %	NIGERIA	NIGERIA %
PETTY TRADING	0	0	39	22
CONTRACTOR	0	0	11	6
SEWING	0	0	3	2
HAIR DRESSING	1	4	18	10
BAR GIRL	1	4	18	10
CLERICAL OFFICER	2	8	3	2
BUSSINESS LADY	0	0	6	3
POLICE OFFICER	0	0	2	1
MUSICIAN	0	0	5	3
TRADERS	0	0	4	2
OTHERS	3	12	15	8
NONE	18	72	56	31
TOTAL NO OF RESPONSE	25	100	180	100

Table 6.7 suggests that both Nigerian and Botswana prostitutes had some inclination to religion, which is expected to play a role in the moral upbringing of the prostitutes. 36% of Botswana respondents, and 42% of Nigerians that participated in the study were Catholics, while 22% of Nigerians and 12% Botswana respondents were Protestants. 26% of Nigerians in the study were Moslems. No Botswana Moslem was found in this study. A great percentage of Botswana respondents, 52% belonged to other non-specified religion, these included those who believe that there is a superior being but has no attachment to any known religion and those who believed in the ancestors. Only 11% of Nigerian respondents had other non - specified religion.

Table 6.7: Religion of respondents'

RELIGION	BOTSWANA	BOTSWANA %	NIGERIA	NIGERIA %
CATHOLIC	9	36	75	42
PROTESTANT	3	12	40	22
MOSLEM	0	0	47	26
ANOTHER	13	52	18	10
TOTAL NO OF RESPONSES	25	100%	180	100%

Family is an important part of early child hood socialization. In discussing the family history, 31% of the fathers of Nigerians as against 12% of the fathers of Botswana's in the study were still alive. 28% of Nigerians in the study had mothers alive as compared with 42% of

Botswana's. 12% of the parents of Nigerians were separated as against 3% of Botswana's, 18% of Botswana participants were orphaned as compared to 8% of Nigerians.

Table 6.8 : Family residences of respondents

FAMILY RESIDENCE	BOTSWANA	BOTSWANA %	NIGERIA	NIGERIA %
PARENTS/GUARDIAN STAYS IN SAME CITY AS REPENDENT	0	0	12	7
IN ANOTHER CITY	18	72	158	88
NO RESPONSE	7	28	10	6
TOTAL NO OF RESPONSES	25	100%	180	100%

Common to both countries is the high number of prostitutes who stayed in a different city as their parents, i.e. 88% Nigerians and 72% of Botswana's in the study. This is reflected in Table 6.8.

Most respondents gave the reason for not staying in the same city to include their not wanting their parents to know what they do for a living. They were conscious of the negative public perception of prostitution and therefore informed that they were ashamed of their parents finding out about them. This indicates that although parents may benefit from the proceeds of prostitution, they may not necessarily give an approval. In discussing the relationship of

respondents with their parents, it was found that a majority had a good relationship with parents, i.e. 47% of Nigerians and 68% of Botswana's respectively.

6.2.4 Socio- Economic Characteristics of prostitutes

The only parameter available to the researcher to understand the socio- economic status of the prostitute, was to look at the parents of prostitutes earning capacity. It was found from the information given by respondents that 30% of Nigerians and 12% of Botswana respondents had their parents earning some form of income.

Table 6.9 Occupation of prostitutes parents by site of study

>25years			<25 years			No age range	
OCCUPATION OF PARENTS BY SITE OF STUDY	NIGERIA						BOTSWANA
	1&2	3	4	1&2	3	4	1&2
FARMER	4	1	17	11	0	9	1
OFFICE WORKER	6	17	1	3	22	4	3
TRADER	1	3	3	1	6	4	3
HOME MAKER	3	2	3	0	1	3	3
UNKNOWN	8	2	4	8	2	8	3
NO RESPONSE	5	3	0	4	1	1	11
UNEMPLOYMENT	0	0	0	0	1	2	1

TOTAL NO OF RESPONSES	27	28	28	27	33	31	25
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18% of Nigerians and 20% of Botswana's respondents respectively, did not know the occupation of their parents, while 24% of Nigerians and 4% of Botswana's respectively reported that their parents were farmers. In the two studied countries farmers (non mechanized) were seen as the lowest grade of income earners, they are usually subsistence farmers. This suggests that the majority of the respondents came from a poverty challenged parental background. It can be deduced therefore that this could be a factor in becoming involved in prostitution. Table 6.9 details the occupation of prostitutes' parents by site of study.

6.2.5 Process of Prostitution: Introduction To Prostitution, Training, Reasons for Prostitution , and Benefit of Prostitution as Identified By Respondents

This section discusses the reasons given by respondents for joining prostitution, the process of becoming prostitutes, training if any, and the persons responsible for training. The section also discusses the payments made for training and other significant issues related to becoming a prostitute.

Table 6. 10 Reasons for joining prostitution

REASON FOR JOINING	Freq n= 25	BOTSWANA	Freq n =180	NIGERIA
NEED TO SUPPORT FAMILY MEMBER	n	8	n	65
	%	32	%	36.1%
FORCED BY FAMILY MEMBER	n	5	n	26
	%	20	%	14.4
FORCED BY PIMP	n	0	n	32
	%	0	%	17.7
JOB SEEKING FAILURE	n	0	n	27
	%		%	15
ADVENTURE	n	1	n	7
	%	4	%	3.8
AS AN ESCAPE FROM UNHAPPY HOME	0	9	n	30
	%	36	%	16.6
TO SUPPLIMENT INCOME	n	1	n	18
	%	4	%	10
FUN SEEKING	n	2	n	5
	%	8	%	2.7
WIDOWED WITH NO SUPPORT	n	0	n	8
	%	0	%	4.4
OTHER TRAGIDIES	n	3	n	16

WAR DISASTERS ETC				
	%	12	%	8.8
DO NOT KNOW	n	0	n	0
	%	0	%	0
NO RESPONSE	n	2	n	3
	%	8	%	1.6

6.2.5.1 Reasons for becoming a prostitute

This section looks at why the respondents entered the profession of prostitution.

Table 6.10 suggests that there were several reasons given by prostitutes for joining prostitution outside the need for an economic benefit. It was found that in addition to economic need, other factors played a role in eliciting prostitutes in this study. While 36.1 % of Nigerians and 32% of Botswana's joined prostitution to support family members, 36% o Botswana and 16.6% of Nigerians joined as an escape from an unhappy home. 9% of Nigerians joined following other tragedies like religious riots resulting in displacement, divorce without any support to children, etc.

This is compared with 12% of Botswana's who had other tragedies like the death of a bread winner, denial of a pregnancy by a partner resulting in searching for other means of child maintenance. 8% of Botswana and 9% of Nigerians joined to improve their status. 20% of Botswana's and 14% of Nigerians said a family member forced them. A consideration of the percentage from both countries that joined prostitution as an escape from an unhappy home gives credence to the fact that other factors outside material gain influence women to get into prostitution.

6.2. 5.2 A history of respondents' introduction to prostitution

This section discusses what the respondents had to say about their introduction to prostitution, and who introduced them to prostitution.

Table 6.11 : Introduction of respondents' to prostitution

WHO INTRODUCED YOU TO- PROSTITUTION	BOTSWANA	BOTSWANA %	NIGERIA	NIGERIA %
FRIEND	18	72	131	73
FAMILY MEMBER	2	8	9	5
PIMP	4	16	37	21
JOINED ON OWN ACCORD/NOBODY	2	8	19	11
NO RESPONSE	0	0	4	2
TOTAL NO OF RESPONSE	26	104	200	111

* Some respondents gave more than one response resulting in the percentage difference

In discussing introduction into prostitution with the respondents, it was found that friends introduced the majority of prostitutes into the act of prostitution. This is reflected in table 6.10. The role played by pimps in introducing respondents to prostitution was also pronounced, 21% Nigerian and 16% Botswana respondents were introduced into prostitution by Pimps.

6.2.5.3: Respondents' description of training

Training is an important aspect of any profession. The prostitutes in the study had some level of training prior to commencement of prostitution. This ranged from less than 1 month to more than one year, but less than 5 years as reflected in table 6.12

Table 6.12 Length of time in training

HOW LONG WAS TRAINING	BOTSWANA	BOTSWANA %	NIGERIA	NIGERIA %
< 1 MONTH	15	60	68	37.77
1 TO 3 MONTHS	2	8	43	23.88
> 3 MONTHS < 6 MONTHS	0	0	45	25
> 6 MONTHS < 1 YEAR	2	8	12	6.6
>1 YEAR < 5 YEARS	1	4	3	1.6
NO	5	20	9	5

RESPONSE				
TOTAL NO OF RESPONSE	25	100%	180	100%

These trainings were sometimes in the form of a combination of observation, a practical or a theoretical training. Table 6. 13 indicate that over 52% of Nigerian respondents, and 40% of Botswana respondents were trained through observing their peers. In describing the theoretical training given to the prostitutes, 17 Botswana and 27 Nigerian prostitutes indicated that the theoretical training was in the form of an older prostitute giving instructions to the trainee on the type of dressing, approach to clients, cost of the sexual act, issues of difficult clients, defensive measures and how to identify sexually transmitted infections on the clients. At other times, the prostitutes had a combination of training where they receive instructions and are made to observe their peers for a period of time after which they are allowed to begin receiving clients.

Table 6.13 : Nature of Training

NATURE OF TRAINING	Freq N=25	BOTSWANA	BOTSWANA %	Freq N=180	NIGERIA	NIGERIA %
OBSERVATION	n	10	40	n	94	52.2
PRACTICAL	n	2	8	n	37	21
THEORY	n	17	68	n	27	15
A COMBINATION OF ALL	n	1	4	n	59	33
NO RESPONSE	n	2	8	n	4	2
TOTAL NO OF RESPONSES	n	32	128	n	221	123

In Nigeria professional prostitute trainers who are either retired prostitutes or pimps conducted most of the training. In Botswana older prostitutes did training. What was common to both countries was that the training usually cost some amount of money, usually N1000 in Nigeria and 300 Pula in Botswana. Payment of these fees was however made at a later date after the prostitute commences business.

6.2.5.4: Benefit of prostitution to respondents

In discussing the benefit of prostitution with respondents, almost all respondents said they earned enough from their activities to allow them to meet their responsibilities. Table 6.14 suggest that about 60% and 53% of Botswana and Nigerian respondents respectively see the benefit of prostitution as including an ability to meet family needs. It is significant to note that 4% of Nigerian respondents as against 32% of Botswana respondents did not see any recognized benefit from prostitution. A significant percentage of respondents saw prostitution as a means to dine and wine with people from the upper class while hoping to meet and marry one of them (see table 6.14). Almost all the respondents saw the hidden nature of prostitution as very beneficial to them.

Table 6.14 : Benefit of sexwork for prostitutes

BENEFITS OF PROSTITUTION	BOTSWANA N=25	BOTSWANA %	NIGERIA N=180	NIGERIA %
MEET FAMILY NEEDS	15	60	96	53
RISE ABOVE POVERTY LEVEL	14	56	75	42
SUPPORT YOUNGER FAMILY MEMBERS	10	40	74	41
DINE WINE WITH HIGH CLASS	13	52	42	23
POSSIBILITY OF MEETING AND MARRYING HIGH	5	20	19	11

CLASS				
HIDDEN BUSINESS	7	28	45	25
NO BENEFITS	8	32	7	4
NO RESPONSE	0	0	10	6
TOTAL NO OF RESPONSE	72	288	368	204

*Some respondents saw more than one benefit of prostitution and that explains the difference in additions.

6.2.6 Hazards of prostitution

The hazards of prostitution looked at here, are those difficult challenges the prostitutes have to live with while practicing their profession. The respondents discussed experiencing several forms of this. Table 6.15 shows that 84 Nigerian respondents and 19 Botswana respondents indicated that sexually transmitted infections was the greatest form of hazard experienced by prostitutes. This was followed by physical violence. Other forms of hazard reported included having sex with clients whom they have no love or attachment for. This caused a degree of discomfort to the prostitutes and affected them psychologically. They said that this led to feeling of shame and guilt. The respondents also reported having issues with the police. A total of 67 Nigerian and 2 Botswana respondents saw their continuous police arrest as the most hazardous to prostitutes.

Table 6.15 : Hazards of profession

HAZARDS OF PROFESSION	BOTSWANA	BOTSWANA %	NIGERIA	NIGERIA %
SEXUALLY TRANSMITTED DISEASES	19	76	84	47
VIOLENCE	10	40	96	53
POLICE ARREST	2	8	67	37
SHAME, GUILTY(PSYCHOLOGICAL)	3	12	36	20
SEX WITHOUT LOVE	2	8	41	23
SEX WITH	4	16	49	27

DRUKARDS				
SEX WITH DEFORMED PERSONS	0	0	9	5
NO RESPONSE	2	8	6	3
TOTAL NO OF RESPONSE	42	168	388	216

*Some respondents experienced more than one type of hazard

Respondents from both countries rated sexually transmitted diseases high in the category of hazards. While STD's were rated the highest hazard for Botswana respondents, the Nigerian respondents saw physical violence as the highest form of hazard suffered by prostitutes. Of significance is the percentage of prostitutes that identified guilt and shame (psychological) and having sexual intercourse without love as hazards from the two countries. Also is the percentage of Nigerian respondents that identified police arrest as a significant hazard.

6.2.7 Respondents' method of soliciting for clients and associated challenges

An analysis of the respondents' method of soliciting for clients (customers) as seen in table 6.16, indicates that while 140 Nigerian respondents i.e. 78%, indicted having an organized competition, only one Botswana respondent reported organized competition. Further probing informed that the prostitutes had rules and regulations guiding their soliciting for customers. In some instances it is the pimp who decides which client should go to which prostitute, while in

other occasions there are lines of demarcation for the operations, especially for street prostitutes. In this case certain red light areas are reserved for certain ages and levels of prostitutes. The majority of Botswana respondents reported operating in a non-organized competition in which case they just care for their immediate need of soliciting for clients with no consideration or recognition of fellow prostitutes. Considering that the Botswana prostitutes do not have brothels to work from, they solicited for their customers on the street.

Table 6.16 : Method of soliciting for clients

SOLICITING CUSTOMERS	BOTSWANA	BOTSWANA %	NIGERIA	NIGERIA %
ORGANISED COMPETITION	1	4	140	78
NON ORGANISED COMPETITION	22	88	2	1
NO RESPONSE	2	8	37	21
TOTAL NO OF RESPONSE	25	100	180	100

Other associated challenges with soliciting for clients as reported by the respondents includes the relationship with fellow prostitutes. The responses indicated that while 55.3% of Nigerians

reported being each other's keeper, 76% of Botswana sex workers reported that they had a hostile relationship with each other in the business.

In discussing clients with the prostitutes, it was found that clients are mostly travelers, men with nagging wives, lonely men, and young boys. This is reflected in table 6.25 where 52% of Botswana and 37% of Nigerian respondents reported that their clients are travelers and 26% of Nigerian respondents get their clients from men with breastfeeding wives.

Table 6.17 : Respondents' appropriate customers

APPROPRIATE CUSTOMERS	BOTSWANA	BOTSWANA %	NIGERIA	NIGERIA %
ALL MEN	9	36	56	31
MOSTLY BIG MEN	4	16	40	22
TRAVELLERS	13	52	67	37
LONELY MEN	11	44	35	19
MEN WITH NAGGING WIVES	7	28	44	24
YOUNG BOYS LIKE STUDENT	0	0	49	27
MEN WITH BREASTFEEDING	0	0	47	26

WIVES				
NO RESPONSE	0	0	1	1
TOTAL NO OF RESPONSE	44	176	339	188

*Some respondents had more than one response and that explain the percentage difference

Other associated challenges was the need to abandon prostitution and a discussion on this revealed that while over 80% of Nigerian respondents would want to abandon prostitution in the event that they earned the same money through other means, only about 10 % of Botswana respondents indicated that they would abandon prostitution under similar circumstances. This is reflected in figure 6.4

Figure 6.4 : Willingness to abandon prostitution

64% of these Nigerians who would abandon prostitution indicated that it had to do with the hazards they are experiencing. Only 3% of Botswana's responded to the question on why they will not abandon the business. They said it was because they were already seen as an outcast for taking up sex work. 66% of Botswana participants saw sex work as a very lucrative job that allowed them to earn enough to meet their needs.

Of the Nigerian respondents who would like to abandon prostitution, over 60% gave reasons to include hazards experienced in the profession, about 20% discussed the associated shame of prostitution and about 18% gave no reason for wanting to abandon prostitution as reflected in figure 6.5

Figure 6.5 Reasons given by respondents for abandoning prostitution

The respondents that do not want to abandon prostitution gave their reasons to include the fact that it is too late, others saw it as a very good job. These included persons who felt that they would not earn the same in any other job considering their educational background and skills. Some prostitutes felt that their family and society already considered them as an outcast. Others considered all men as the same, when probed further on the meaning of men are the same, the respondents informed that men have little regards for women especially when it has to do with sex. They did not see any reason to abandon prostitution to go into marriage, as they will still be satisfying a male sexual urge in or out of marriage. Reasons for not wanting to abandon prostitution is reflected in Table 6.17

Table 6. 17: Reasons for not wanting to abandon prostitution

REASON (NO)	BOTSWA NA	BOTSWA NA %	NIGE RIA	NIGERI A %
BECAUSE ITS LATE FOR ME	0	0	10	6
BECAUSE I AM AN OUTCASTE	1	4	9	5
IT IS A VERY GOOD JOB	20	80	3	2
NO EDUCATION TO GET BIG JOB	6	24	3	2
MEN ARE THE	0	0	3	2

SAME ANYWAY				
NO RESPONSE	3	12	130	72
TOTAL NO OF RESPONSE	30	120	158	88

6.2.8 Knowledge, Attitude And Practice about STD/HIV/AIDS/reproductive health

This section looks at what information the prostitutes have about STDs and reviews what prostitutes do in the event of STDs including HIV/AIDS.

In the two countries, childbirth is an important role expected of women in the ages studied. It was important therefore to access the knowledge of prostitutes about the relationship between STDs and their reproductive health. The knowledge of prostitutes about this relationship is also discussed.

6.2.8.1 Respondents' knowledge about STD/HIV/AIDS/reproductive health

In discussing the knowledge of prostitutes about HIV/AIDS/STDs, it was found that the majority of Botswana's respondents had a good knowledge about STDs/AIDS. This is

reflected in table 6.18 where 76% of Botswana respondents indicated that it is a deadly disease as compare to 44% of Nigerian respondents with a similar knowledge.

Table 6.18 : Respondents Knowledge About STD/HIV/AIDS

KNOWLEDGE ABOUT STD/AIDS	BOTSWAN A	BOTSWA NA %	NIGERI A	NIGER IA %
IT IS A DEADLY DISEASE	19	76	79	44
IT IS A DISEASE FROM MEN	19	76	128	71
AIDS IS MORE DEADLY	1	4	64	36
IT AFFECTS OUR	1	4	32	18

MARKET				
IT AFFECTS OUR WOMB	5	20	5	3
TOTAL NO OF RESPONSE	45	180	308	171

* Some respondents had more than one information on their knowledge about STD/AIDS

It was also seen that while 90% of Botswana respondents were aware of a relationship between STD'S/HIV/AIDS and childbearing, only about 12% of Nigerians had the same knowledge.

**Figure 6. 6: Respondents knowledge on the relationship between
STD'S and Childbearing**

6.2.8.2 : Respondents' attitude and practice about STD/HIV/AIDS

An analysis of how prostitutes cope with STD'S (Table 6.19) suggest that while Botswana prostitutes would go to a clinic for medication in the event of an STD, most Nigerian prostitutes take antibiotics before and after sexual intercourse and they buy these from chemist shops. 11% of Nigerians indicated that they would drink traditional medicine. What was significant was that 40% of Nigerian prostitutes examine their partner's genitals for possibilities of what they consider as infection, they considered those with any form of discharge prior to sexual activity as infected with gonorrhoea and those with a floppy penis as diseased.

Table 6.19: Respondents behaviour in response to STD's

RESPONSE TO STD'S	BOTSWANA	BOTSWANA %	NIGERIA	NIGERIA %
TAKE ANTIBIOTICS BEFORE SEX	1	4	50	28
TAKE ANTIBIOTICS AFTER SEX	0	0	70	39
GO TO CLINIC	18	72	2	1
GO TO HOSPITAL	0	0	3	2

USE CONDOM	0	0	14	8
DRINK TRADITIONAL MEDICINE	0	0	40	22
DRINK HOT DRINKS LIKE SCHNAPS BRANDY	0	0	21	12
EXAMINE MY CLIENT'S PENIS	0	0	135	75
TOTAL NO OF RESPONSES	19	76	335	186

*Some respondents had more than one answer and that do not always add to 100%

Figure 6.7 suggests that all Botswana respondents had no problem in getting to the hospital in the event of STD's while about 68% of Nigerian respondents had difficulties going to hospital for treatment in the event of STD's.

Figure 6.7: Respondents ability to access hospital services in the event of STD's

It was significant that most of the Nigerian respondents would not want to access hospital treatment. 34% of the Nigerian respondents that do not have access to a hospital would like to have a visiting doctor/nurse in their brothels.

2.8.3 Respondents' information surrounding the use of condoms as a protection against STD's/HIV/AIDS

Figure 6. 8: Type of protection used by respondents

An analysis of issues concerning protective sexual intercourse through condom use among respondents suggests that while only about 38% of Nigerians use a condom during sexual intercourse, almost all Botswana respondents reported the use of condoms. See Figure 6.8. Most of the respondents from the two countries who indicated condom use reported inconsistency in use. It is significant that while almost all Botswana's respondents had good knowledge of condom use as prevention for STD's, only 20% of Nigerians knew that condoms were useful as a protection from STD's. 8% of Botswana respondents who used condoms reported that condoms tear very fast, 10% of Nigerians also reported that condoms tear. A reasonable percentage of Nigerian respondents, i.e. 23% felt that a condom was dangerous for their womb (uterus) as it could slip off into their womb. 23% of respondents indicated that available condoms were not made for an African penis. This is reflected in Table 6.20

Table 6.20: Respondents knowledge about condoms

KNOWLEDGE ABOUT CONDOMS	BOTSWA NA	BOTSWA NA %	NIGER IA	NIGERIA %
PREVENTS INFECTION	25	100	51	28
NOT GOOD FOR OUR MARKET	0	0	43	24
IT TEARS VERY FAST	2	8	27	15
IT IS DANGEROUS FOR WOMB	0	0	42	23
NOT FOR AFRICAN	0	0	42	23

PENIS				
NO INFORMATION	0	0	35	19
NO RESPONSE	0	0	12	7
TOTAL NO OF RESPONSE	27	108	252	140

*Some respondents had more than one response while others had no response

An analysis of respondent's perception on their client's objection to condom use indicated that about 63% of Nigerian respondents said that their clients would object to the use of condoms. While 100% Botswana respondents knew about condom, 68% said their clients objected to its use. Of those whose clients object to its use, 19% Nigerian and 33% Botswanas said their clients gave reasons such as sex not being the same with condoms, while 14% Nigerians whose customers object to the use of condoms claimed that the information they have, is that whites put the HIV virus in condoms distributed in Africa to kill the blacks. 26% say the type here is not for a black penis, while about 51% says it gives rashes.

What was significant in these responses is that although the prostitutes may have good information on condom use as a protection against STD's they are not empowered to use it, as their clients are not willing to use condoms. See table 6.21.

Table 6.21: Respondents perception of client's condom usage

RESPONDENTS	BOTSWANA	BOTSWANA	NIGERIA	NIGERIA
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PERCEPTION OF CLIENTS' CONDOM USAGE		%		%
YES	17	68	96	53
NO	0	0	4	2
DO NOT KNOW	0	0	34	19
SOMETIMES	8	32	12	7
NO RESPONSE	-	-	44	19
TOTAL NO OF RESPONSE	25	100	100	100

On the consistent use of condoms, 50% of Botswana's say that they always try to use condoms. 80% Nigerians who use condoms always say they insist on its use. An analysis of respondents' perception of the reasons why their clients do not want to use condoms indicated that most clients believe that sex with condoms is not the same with sex without condoms. They referred to sex with a condom in the prostitute circle as eating a banana with its skin on. Some said that the clients complain of rashes with condom uses. See Table 6.22.

Table 6.22: Respondents perception of why clients refuse the use of condoms

REASONS FOR CLIENTS NON - USE OF CONDOMS	BOTSWANA	BOTSWANA %	NIGERIA	NIGERIA %

IT IS NOT SAME	10	40	30	17
SEX IS NOT SWEET FOR THEM	2	8	28	16
THEY SAY WHITE MAN PUT AIDS IN IT TO KILL US ALL	0	0	22	12
THEY SAY IT IS NOT FOR BLACK PENIS	0	0	41	23
OTHERS (IT GIVES RASHES)	16	64	9	5
NO RESPONSE	2	8	26	14
TOTAL NO OF RESPONSES	30	120	156	87

*Some respondents had more than one response

6. 2. 8. 3: Prostitutes' experience of interacting with the society

Figure 6. 8 Respondents' indication of challenges in interaction with the public

In discussing the experiences of prostitutes in their interaction with the general public figure 6.8 shows the percentage of respondents that reported difficulties in associating with the public. Table 6.2.3 indicated that a majority of Nigerian respondents with associated difficulties in interaction with the public, indicated that such difficulties included discussing their profession like other citizens, the public making degrading remarks and questioning their morality and the public being hostile to the prostitutes. This was the same with the Botswana respondents who also indicated having challenges in their interaction with the public. It is important to note that the respondents, who did not have difficulties interacting with the public, also indicated that the public including their parents were not aware of their activities as prostitutes. This may suggest that where the public is aware of the profession of the prostitute, there will be some challenges with the prostitutes' interaction with the society. Where however the activities of the prostitute is hidden from the public eyes, then the prostitute will have no problem interacting with the public.

Table 6.2.3: Respondents' experiences in their interaction with society

RESPONDENTS EXPERIENCES IN SOCIETY	BOTSWANA	BOTSWANA %	NIGERIA	NIGERIA %
CANNOT DISCUSS MY PROFESSION LIKE OTHERS	2	8	92	51
HOSTILE	0	0	65	36
DEGRADING	2	8	75	42

REMARKS				
QUESTION OUR MORALITY	4	16	77	43
AVOID US EVEN WHEN THEY WERE OLD FRIENDS	0	0	44	24
SCARED OF COMING CLOSE TO KNOWN FACES	2	8	10	6
TOTAL NO OF RESPONSE	10	40	363	202

*Some respondents had more than one difficulty with the public

In discussing the relationship that exists between the prostitutes and law enforcement officers with the respondents, Table 6.24 suggest that there exists a very hostile relationship between the law enforcement officers and the prostitutes. 62% of Botswana and 16% of Nigerian respondents reported a very hostile relationship. In both countries, the respondents reported that although the police are hostile to them, the police remain their most valuable customers/ clients. Most of the Nigerian respondents further informed that prostitutes received money in the form of bribes for the police from criminals. The Police and the prostitutes also have a rapport, as the prostitutes become informants when they report criminals who become the clients/ customers to prostitutes. A significant percentage of the Nigerian respondents i.e. 22%

consider law enforcement officers as blocking their business by constantly arresting them. 49% of Nigerians and 6% of Botswana respondents indicated that although there is a hostile relationship between them and the law enforcement officers leading to arrests, the law enforcement officers remain their best customer/clients. It is significant to note that in both countries the prostitutes reported a hostile relationship with the law enforcement officers and at the same time report them as the good customers.

Table 6.24: Respondents' relationship with law enforcement officers

LAW ENFORCEMENT OFFICERS/PROSTITUTE	BO TSWANA	BOTSWANA %	NIGERIA	NIGERIA %
CORDIAL	0	0	9	5
HOSTILE	18	72	57	32
THEY ARREST US BUT COME TO US AT NIGHT	6	24	88	49
THEY PRETEND A LOT	0	0	39	22
THEY ARE OUR BEST	3	12	28	16

FRIENDS/CLIENTS				
WE GET MONEY FROM CRIMINALS FOR THEM	0	0	27	15
WE HELP THEM BY REPORTING CRIMINALS TO THEM	0	0	32	18
THEY ARE STUPID PEOPLE	1	4	25	14
THEY BLOCK OUR BUSINESS	1	4	39	22
NO RESPONSE	0	0	3	2
TOTAL NO OF RESPONSES	29	116	347	193

*Some respondents had more than one response

6. 2. 8. 4 Respondents view of possible achievements

An analysis of what prostitutes hope to achieve with their profession as reflected in table 6.26 indicates that the majority of Nigerian respondents hope to use their earnings to train brothers in college/university, while the majority of Botswana respondents just want to make big money. 11% of Nigerian and 22% of Botswana respondents hope to use the money made to support their children. A majority of Botswana respondents, 29.6%, as against 11% of Nigerian respondents hope to buy their own house from the proceeds of their activities as sex

workers. 11% of Botswana respondents hope to use their earnings to join the big social lights. 1% of Nigerians hope to get promotions in their job from their activities as prostitutes. 7% of Nigerian respondents hope to meet a white man to marry in the process of their job. 7.4% of Botswana respondents look forward to meeting any man to marry in the process of their job. 3% Botswana respondents and 3% of Nigerian respondents just want a better level of existence.

Table 6.26: Respondents' intended achievement with profession

INTENDED ACHIEVEMENT WITH PROFESSION	BOTSWANA	BOTSWANA %	NIGERIA	NIGERIA %
TRAIN BROTHERS IN COLLEGE/UNIVERSITY	0	0	66	37
SUPPORT CHILDREN	6	24	35	19
BUILD A HOUSE FOR MOTHER	0	0	39	22
BUY A HOUSE	8	32	35	19
MAKE BIG MONEY	7	28	37	21

JOIN THE BIG SOCIALITY	3	12	48	27
GET PROMOTION	0	0	4	2
MEET WHITE MAN TO MARRY	0	0	22	12
MEET ANY MAN TO MARRY	2	8	8	4
JUST EXISTENCE	1	4	12	7
NORESPONSE	0	0	5	3
TOTAL NO OF RESPONSE	27	108	311	173

*Some respondents had more than one response

An analysis of the condition for abandoning prostitution suggests that the majority of Botswana respondents, about 72%, were uncomfortable responding to the question. While 20% of Botswana respondents will never abandon prostitution under any circumstance, only 13.8% of Nigerian respondents will remain prostitutes under any circumstance. What was significant was that about 48% of Nigerian respondents who would leave prostitution if circumstances changed, would leave only under a condition of marriage. 36% Nigerians and 14% Botswana would only abandon prostitution when they get old.

Table 6.27: Respondents' condition for leaving prostitution

CONDITION TO LEAVE	BOTSWANA	BOTSWANA %	NIGERIA	NIGERIA %
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PROFESSION				
NEVER	5	20	25	14
OLD AGE	1	4	65	36
MADE GOOD				
MONEY	0	0	67	37
MARRIAGE	0	0	86	48
BETTER JOB	1	4	5	3
NO RESPONSE	18	72	0	0
TOTAL	25	100	248	138

*Some respondents had more than one responds

6. 2. 8.4 Respondents knowledge, attitude and practice about circumcision

Circumcision or genital mutilation was seen as a means of preventing girls from becoming prostitutes. In discussing this with prostitutes it was found that Botswana respondents had no idea about circumcision as reflected in table 6.28. Nigerian respondents saw circumcision as a stupid tradition that involves cutting male or female genitals. 33% of Nigerian respondents say circumcision was seen by society as a means of preventing prostitution.

Table 6.28: Respondents knowledge of circumcision

KNOWLEDGE OF CIRCUMCISION	BOTSWANA	BOTSWANA %	NIGERIA	NIGERIA %
NOTHING	0	0	29	16

STUPID TRADITION	0	0	21	12
THEY SAY IT IS TO PREVENT PROSTITUTION	0	0	33	18
CUTTING MALE WOMAN PART	0	0	104	58
TOTAL NO OF RESPONSES	0	0	187	104

* Some respondents had more than one answer

The majority of the respondents with some knowledge about circumcision said that it is done in the home. Only 51 of the 180 Nigerian respondents said their circumcision was done in the hospital setting. Most circumcisions were reported as done by traditional birth attendants, or done by their aunties. It was also found that of the 180 respondents, over 67.2% (121 Nigerian respondents) were circumcised, refuting the general believe in the Nigerian setting that circumcision will prevent girls from being prostitutes.

It was important to understand the meaning of not being circumcised for the prostitutes in the societies they come from. Information on this showed that 43% of the Nigerian respondents said that in the culture they come from, not being circumcised meant that the uncircumcised individual would be useless, 22% said that the society views them as having the ability to rape men, signifying promiscuity. This is reflected in table 6. 29.

Of the circumcised prostitutes, it was found that 80 of these said it was to satisfy culture, of the 10 persons who did not have circumcision, 2 said they were not circumcised because their parents were educated.

Table 6.29 Meaning of not being circumcised in the respondent's society

MEANING OF NOT BEING CIRCUMCISED	BOTSWANA	BOTSWANA %	NIGERIA	NIGERIA %
I DO NOT KNOW	0	0	39	22
THEY SAY YOU WILL RAPE MEN	0	0	40	22
YOU WILL BE USELESS	0	0	78	43
NO RESPONSE	0	0	57	32
TOTAL NO OF RESPONSES	0	0	214	119

In discussing the respondent's advice to the society, it was found that the majority of respondents, 63% of Nigerians and 56% of Botswana consider themselves as giving a service to society. About the clients they said they would want a better payment and no physical abuse. They request that clients treat themselves for any sexually transmitted infections before patronizing the prostitutes. Of significance is the high percentage of Botswana respondents

(56%) who said this. This is reflected in table 6.30 where only 10% of Nigerian respondents advised their clients to wear a condom.

6.2. 8. 5: Respondents' advice to society and their clients

Table 6.30: Respondents' advice to clients

CLIENTS	BOTSWANA	BOTSWANA %	NIGERIA	NIGERIA %
PAY US MORE	0	0	63	35
DO NOT BEAT US	1	4	77	43
TREAT US WELL BECAUSE WE GIVE SERVICE	14	56	114	63
TREAT YOURSELF BEFORE COMING TO US	3	12	57	32
WEAR CONDOM	14	56	18	10
NO RESPONSE	1	4	24	13
TOTAL NO OF RESPONSES	33	132	353	196

An analysis of the respondents' advice to fellow prostitutes (table 6. 31) indicates that the majority of Botswana respondents' advice is that prostitutes should insist on the use of condoms while only 9% of Nigerians felt the same way. It was significant to note the relatively high number of respondents who think sex workers should get organized and who advised fellow prostitutes to be careful with sex because of AIDS.

Table 6.31: Respondents' advice to other prostitutes

TO OTHER PROSTITUTES	BOTSWANA	BOTSWANA %	NIGERIA	NIGERIA %
GET ORGANISED	3	12	57	32
CAREFUL WITH SEX BECAUSE OF AIDS	3	12	39	22
INSIST ON CONDOM	17	68	17	9
NO RESPONSE	4	16	78	43
TOTAL NO OF RESPONSE	27	108	191	106

In discussing advice to government and law enforcement officers with the respondents, it was found that the majority of prostitutes would like the government to seize from any form of harassment. These respondents asked to be formally registered; others would like to see an equal society that will deter people from becoming prostitutes. A significant number identified poverty in the country as resulting in prostitution. Of most significance is the number of respondents who say that Government use the prostitutes, but hate their actions. These included those in the Nigerian sample that identified the Government as calling them to make up numbers at political rallies and provide comfort to politicians. Some prostitutes advised the Government and its agencies to stop pretending, as most of them are customers or clients of prostitutes. This is reflected in table 6.32

Table 6. 32: Respondents’ advice to Government and Law enforcement officers

SOCIETY INCLUDING GOVERNMENT LAW ENFORCEMENT OFFICERS ETC	BOTSWANA	BOTSWANA %	NIGERIA	NIGERIA %
LEAVE US ALONE	19	76	94	52
MAKE SOCIETY EQUAL THEN WE WILL NOT BE PROSTITUTE	10	40	66	37
WE ARE SURFFERING PROBLEMS IN SOCIETY	11	44	103	57
REGISTER US BUT DO NOT HARRASS US	1	4	61	34
DOT HARRASS US	12	48	45	25
GOVERNMENT USE US BUT HATE US	1	4	30	17
WE ARE JUST LIKE YOUR OWN CHILDREN	1	4	25	14
WE HAVE NO OTHER WAY TO EAT SINCE WE ARE POOR	2	8	19	11
THEY SHOULD STOP PRETENDING: THEY ARE OUR CUSTOMERS	1	4	35	19
NO RESPONSE	1	4	8	4
TOTAL NO OF RESPONSES	59	236	486	270

*Some respondents had more than one advice to government and law enforcement officers.

6.3. RESULTS OF THE QUALITATIVE STUDY

6.3.1 Introduction

The section that follows is a presentation of the qualitative findings from the focus group discussions and case studies from Nigeria and Botswana. A total of 120 persons participated in the qualitative study. This includes 48 respondents from Nigeria aged less than 25 years and 48 participants aged above 25 years. Only one focus group discussion was done in Botswana with a total of 14 participants. An in-depth interview was done on a select number of respondents and pimps. Refer to chapter 5 for selection criteria.

6.3.2 Respondents' definition of a prostitute

A majority of the respondents see a prostitute as any person, usually of the female gender, who has sexual intercourse with one or more persons for any gratification. These included those in bars, hotels, brothels, on the street, in offices and homes in and out of marriage. Others defined prostitutes as people forced by society to choose sex as a means of livelihood, some see sex without love either in marriage or out of marriage as prostitution.

In an attempt to be specific about whom the community categorizes as a prostitute, a respondent in Kasuwa Magani, Nigeria focus group discussion, defined prostitutes as those who provide sex for travelers on a market day.

It was significant to note that some respondents who practiced prostitution at the time of data collection in the focus group session did not classify themselves as prostitutes; rather they classified themselves as persons adopting a temporary means of survival. To support this an undergraduate respondent from a renowned university in Nigeria participating in the focus group discussion made the following statement.

“Prostitutes are women or girls who take to sex with men as a means of livelihood. I do not consider myself as a prostitute, because yes! I am in the University; I come out to provide sex for men who need company at a price to support my education. When I get a certificate, I will use my certificate to work for money, then I will not need to be here!”

Other definitions given by respondents to a prostitute are, that prostitutes are women who provide comfort for unhappy men in society at a fee. Some respondents see the number of sex partners as the determinant for classification of a person as a prostitute and therefore contend that any woman that has more than one sex partner is a prostitute.

One Nigerian respondent commented in this regard that: “Prostitutes are women who provide comfort for unhappy men in society at a fee”.

These definitions were true for both Botswana and Nigerian respondents.

In respondents’ definition of a prostitute, certain key elements were salient, namely (a) the act of sex for a gratification in any form in or out of marriage (b) Sex as a means of livelihood, (c) number of sexual partners, and (d) the temporary or permanent nature of the sexual act.

6.3.3 Training given before commencement of prostitution and the best person to train the prostitute

An attempt to understand the training received by prostitutes revealed that they receive some training before commencing the job. These were identified by respondents as including practical training by pimps and older prostitutes. A majority of respondents identified some form of tutelage of at least one month before a prostitute could be in a position to go out alone or take in customers as the clients are called. The respondents informed that the big Madame,

usually the leader of the prostitutes (Ex-Prostitute) takes up the role of ensuring that every new entry has adequate training.

The training identified by the respondents includes what to do with a difficult man, how to defend one self in the event of violence, how to identify a venereal disease or infected penis, how to collect money from clients, and how to separate a sexual relationship with a lover and that with a customer. Other forms of training identified by respondents include allowing the new entries to watch others carry out the business of prostitution. Some respondents informed that sometimes pimps actually perform a sexual act with new entries to teach them what they are expected to do with their clients.

6.3.4 Respondents' view on the appropriate age to enter prostitution

Most respondents felt that the need of the individual prostitute rather than the age of the prostitute is the determinant for entering prostitution. Full time prostitution is however seen by the respondents as most appropriate for very young girls. A 29-year-old Nigerian respondent commented as follows on the appropriate age to enter prostitution:

“ I have nothing to say, only that full time Ashawo is good for a young girl. When you get older you get into another business, like owning a hair salon, or a hotel, or a bar for money. You can then employ young people and have your regular man for sex”.

Some respondents felt that prostitution is best before having a child, at most after having one or two children. What was important for the respondents was the ability to have sex with several men in a day rather than the age of the prostitute. A Nigerian respondent commented in pigeon English on the issue as follows:

“ eh better when you dei young, when body de tight(referring to vagina), when you dei like morning flower(very young), when you still fit fuck twenty man for day”(when you can have sex with twenty men in a day).

Other respondents informed that as long as the prostitute looks after her self with nice perfumes, nice cream, nice dress and looks smart, she could practice prostitution at any age. Most respondents contended that there is a man for every age in prostitution. These responses were true for both Nigeria and Botswana.

6.3.5 : Respondents’ discussion on the reasons for the mobile nature of prostitutes

An analysis of the discussion on the mobile nature of prostitutes with the respondents, reveals that the majority of prostitutes move from a city where they are known to a city where they are not known. Some respondents identified police harassment, the need to avoid meeting people whom they know or who know them before they joined the profession, the need to avoid family members who made them become prostitutes, and staying in the same city as some reasons why they have to move.

A Nigerian respondent, while shedding some tears at the focus group discussion session, made the following comments:

“If I did not move to another city! I for commit murder! I for kill that bloody forking man called my father!”

This respondent was referring to a child abuse situation by her father and her bitterness, which if she did not move from the city, would have made her commit murder by killing her father.

Other reasons given by respondents on the mobile nature of prostitutes include avoiding a particular place because of some things they had done to a customer, these included among other things, stealing from customers.

To support this a Nigerian respondent made the following comment on the issue:

“We are afraid of him catching us, we do something like steal their dollar.”

Some respondents identified shame as the major reason prostitutes move from one place to another. Most Botswana respondents identified the need to hide their identity as the main reason for constant movement from one place to another, they specifically said that the Government is against prostitution; soldiers beat people in the night so they go to another site to avoid soldiers. Other Botswana respondents informed that their parents were not aware of the type of work they did and saw moving from one place to another as the best way of keeping the secret. A Botswana respondent made the following comment:

“ We go to where our parents will not recognize our work”.

6.3. 6: Respondents’ knowledge, attitude and practice about STD’s

Most respondents had limited information on STD’s, discussion on STD’s were limited to Gonorrhoea, which they acknowledge as a disease of prostitutes and the main hazard of the job. Only Botswana respondents seemed to know that STD’s were not just gonorrhoea. This is seen as we consider that although most respondents constantly referred to STD’s as gonorrhoea, their description of the signs and symptoms in the discussion referred to other known STD’s like chancroid, candidiasis, and warts without necessarily mentioning them by their clinical names. Most respondents described STD’s to mean a floppy penis, a discharging penis, an offensive vagina, an itching vagina, and a first-degree burn like a lesion on the periphery of

the pelvic region. Sometimes the respondents described the inability to penetrate in a sexual act as a gonorrhoea infested penis.

All respondents see STD's as a very dangerous disease of prostitutes and recognize that it is transmitted during sexual contact. It was significant to note that no respondent from the two countries associated STD's with infertility, not even the ones who later informed that they got into prostitution because of their infertility status in marriage.

A discussion on what prostitutes generally do about STD's revealed that while majority of Botswana respondents indicated that they would go to the clinic for treatment in the event of an STD, most Nigerian respondents informed that they would go to purchase antibiotics from a chemist shop or drink gin mixed with herbs. Some informed that they would normally wash up after every round of sexual intercourse, or take antibiotics before every sexual act. All Botswana respondents mentioned the use of condoms if they suspect that the sex partner may have an STD. Only one Nigerian respondent stressed the need to use a condom all the time. She said:

“STD's are very dangerous diseases, that is why I wear condom No condom, no sex because of garri, man with gonorrhoea with ein swollen penis no fit climb me! God forbid”.

She was stressing that she will not knowingly have sex with an infected man without a condom just because she wants to meet her needs.

None of the respondents in the discussions mentioned HIV/AIDS as an STD.

Most of the Nigerian respondents indicated that as part of the training received before commencing prostitution, prostitutes are equipped with the knowledge on how to examine the customer's penis for signs of STD. They were also taught to charge more money in the event

that the prostitutes suspect that the client has an STD. This is to cater for the cost of the purchase of medication. They were also trained to drink ogogoro or dry gin with bitter leaf before sexual interaction.

Although the Botswana's and one Nigerian respondent mentioned the use of a condom, the following statement was common in the two sessions where condom use was mentioned and which would make the use of a condom difficult for the prostitutes.

Three respondents made these similar statements!

“Madam, forget them and their condom talk, which man will allow rubber when he is paying you”?

“She is just talking, no man will allow the use of condom when he is paying for the services”.

“ I can carry condom but how do I get him to wear it when I do not know him and I want it to be over quickly before I am caught, he will not pay me”.

All these point to the difficulties prostitutes could have in insisting on a condom, even where they have the knowledge.

6. 3. 7 Respondents' advice to Government about HIV/AIDS and prostitution

Although respondents avoided discussing HIV/AIDS as they discussed STDs, the facilitators introduced the topic of HIV/AIDS. It was observed that in all focus group discussion sites discussants had heard about AIDS, but not about HIV. Only the Botswana respondents mentioned HIV. On what respondents had to tell Government about HIV/AIDS, it was found that most respondents felt that Government were not sincere when it has to do with prostitutes.

A majority of respondents from both countries felt that governments use them to entertain visitors at government functions. Prostitutes are hired at political rallies to make a noise and show the face of women, but soon after they are arrested for the act of prostitution. Others referred to such roles as providing sexual respite for troubled members of the society and therefore wondered why governments are not appreciative of their services to its citizens. A Nigerian respondent commented as follows on the double standard showed by government to prostitutes:

“Na who be government! Those bad belle people wei go use us and send police to catch us instead of pay us better money” – this is in pigeon English meaning “ who do you refer to as the government? Is it these wicked people who will use us when they need us and after send their police to arrest us, rather than paying us some reasonable fee”.

Some respondents wondered what the government knows about HIV/AIDS, most of the Nigerian respondents felt that there is no disease called HIV/AIDS. They contended that, if there was any such disease as HIV/AIDS, the government was responsible for it because it is only the government officials that have the money to travel to other countries where they get the disease and come home to spread it in the country.

Still describing the government’s double standard and the need for every sex worker to care for her self irrespective of government, a Nigerian respondent commented as follows on the police relationship with prostitutes:

‘ Police na wa customer, we help them catch criminal, we give them sex, so wetin dem get to do, na make every person just take care of emimself!’ Meaning ‘ the police are our clients, we help them catch criminals, we provide them with sex, so what do they have to do for us. I suggest that every person (sexworkers) takes care of her self’.

Another Nigerian respondent in discussing AIDS and the role of government had this to say: ‘who be government- na them bring this disease come Nigeria as na dem get money, they travel go every where fuck every women, black, white, wetin them get to talk about AIDS. Meaning ‘ who is government, it is the government personnel that brought the disease to Nigeria because they have the money to travel abroad and have sex with every woman, black, white, what do they have to say about AIDS’

The prostitutes considered the police as the representative of government and the only connection between them and the government. This is expressed in the comment made by a Nigerian prostitute as follows “ Police na government! Police na arrest clerk”, meaning ‘ the police is the government, the police is the arrest clerk”.

Some Nigerian respondents felt that, if the government had any concerns about prostitution and HIV/AIDS, then a focus on creating a place for information is all that is needed, instead of arresting prostitutes.

Of significance is the large number of discussants from both Nigeria and Botswana that felt that governments should concentrate on men who come to prostitutes. They felt that Government should make the men wear condoms, and that prostitutes do not see themselves

as having the power to play a role in AIDS. A Nigerian respondent made the following comment as part of her contribution to the role of prostitutes and government in HIV/AIDS:

“ my own nna money for ground , back for bed,” meaning ‘all I care for is the money, once the money is there I will lie with my clients in bed !’

The Nigerian discussants were very bitter with the facilitators’ mention of government and HIV/AIDS and a Nigerian respondent reflects this in the following statement:

“What Government are you referring to?” is it the Government that did not care for her citizens like Nigerian government, what can the government do about HIV/AIDS outside making noise and arresting prostitutes”.

What was consistent in the discussion about government by both Botswana and Nigerian respondents was that of aggression and anger at the mention of government. The prostitutes equated law enforcement officers with government and therefore did not understand the double standard of the government. On one hand they use prostitutes for their sexual and other needs like information on criminals, or use them at political rallies, but soon after the same government arrests prostitutes as responsible for HIV/AIDS. What was significant was that although most respondents did not discuss HIV/AIDS as a sexually transmitted disease in previous discussions, they constantly referred to HIV/AIDS as a sexually transmitted infection.

6.3. 8: Respondents' perception on what motivates people to go into prostitution

In discussing what motivates one to go into prostitution, most Nigerian respondents indicated that one goes into prostitution when things are not right. They made such statements as 'ngbe alla adigi level, when better no follow, mgbati ari nko ati sheh, lokochin gare ba lafia' meaning 'when things are not right' in Ibo, pidgin English, Yoruba and Hausa respectively.

Further probing into the meaning of 'when things are not right' to the respondents, indicated that prostitution is as a response to certain difficulties in their existence. These difficulties were listed as poverty, unhappy child hood, unhappy home, survival of individual and significant others, family pressures, Biafra war leaving children as orphans, soldier forced marriage, bad marriages, constant rape and associated shame and disappointments in marriage proposals as leading to prostitution.

In Botswana, respondents saw difficulties as that arising from poverty. A Botswana discussant made the following remark:

"although we have diamond we remain poor and prostitution is therefore meant to support what ever government is doing to support the poor." Of significance in the Botswana discussion was the fact that the respondents recognized their poverty, as due to the fact that most prostitutes in Botswana have no good education to qualify for big jobs and it is difficult to stay in the same society with little money to spend. Some Botswana respondents followed up the discussion by indicating that it is the lack of good education that has lead girls to working for Indian shops as sales girls. A Botswana respondent commented on the discussion as follows:

“We can not get any other job except in Indian shop with poor pay, we cannot eat well with it”.

Some Botswana respondents indicated that they have several children and the men do not support the children, so prostitution help the mothers to support these children. Other Botswana respondents found the high rents and need to support families as leading ladies into prostitution.

What was common in both countries was the shame following rape, especially by family members that cause discontent and distrust that was best resolved by going into prostitution since the prostitutes felt that they are already family rejects. A Botswana respondent made the following statement:

“When I told my mother that her boyfriend use to sex me when I come back from school she said I was a liar and I do not like her boyfriend. So I left school and came to Francistown where I stay with my friends and sometimes we go to make money”.

6.3.9 Respondents’ perception of problems experienced by prostitutes in the society

In discussing the problems experienced by prostitutes in the society with respondents, most identified police harassment as the greatest challenge of prostitution. Others saw the patronizing of prostitutes by big people in the society and turning round to inform police to arrest the same prostitutes as the difficulties experienced.

Some were outraged with anger at statements often made by the society about prostitutes who attribute crime and sexually transmitted diseases to prostitution. In seven sessions the respondents repeated the feeling that society is not fair in their perception of prostitutes.

A respondent made the following statement. “Every crime in society is attributed to prostitutes yet we are everywhere in this country giving service to men”. When further probing was made on the statement the respondents informed that men would have committed suicide or rape without prostitutes. Some respondents saw the fact that fellow women do not like prostitutes as a problem. An angry Nigerian respondent made the following comments as the discussion on problems continued:

“We service men, they turn round to do us what is worse than to be called a prostitute, society make us ashamed of ourselves, we are not recognized as a good job or profession, we help men in trouble, those with no sex partner, those with nagging wives, those whose wife travel, those whose wife is feeding baby, but they turn round and hate us. Every body hates us, but every body needs us! Government need us when election reach to go make numbers and they give us plenty, plenty money, women like us to help their husband when they no get strength, but they no like Ashawo! Prostitutes are underdogs in the society”.

In discussing problems with the Botswana respondents, the question of identity of the prostitutes and challenges posed by the police and the army was the biggest problem experienced. A Botswana respondent commented as follows on the issue of prostitutes and problems in society:

“ Madam, this soldiers running after us at night is a big problem, we used to stay near the shops where the travelers come to collect us to their hotel room, but the soldiers make it difficult, so we go to train station and get into the first class rooms where we get some reasonable men”.

What was common in all the utterances and discussions about society's treatment of prostitutes was that they felt that it is the society that made some of them prostitutes, it is the society that benefit from the act of prostitution. The prostitute considers her role in the society as useful and therefore need some level of recognition.

6.3.10 Respondents' discussion on how society can help prostitutes

In discussing society's role in helping prostitutes, most respondents informed that society can help by recognizing prostitutes as giving a service to needy men, and by making life better for every one. They indicated that as long as one group is very rich and another very poor, prostitution remains to bridge the gap.

Some respondents stressed the important role of society through the following statement made by a Nigerian respondent:

“Society has a very important role, first give us free education, free house, free food and make every person working to pay tax including prostitutes then very few will remain prostitutes’.

Most respondents from both Nigeria and Botswana felt that the need to address the reasons that lead to prostitution was more important than sending the police after them. The respondents that agreed with this went further to ask that men who commit rape, especially to young children should be openly castrated to show that government is not in favour of this. They informed that nothing is done by government to rape victims and even the society forbid children from reporting rape by family members and leave the children with feeling of rage and shame.

The Botswana respondents stressed the need to stop uniformed services harassment as they believe that prostitutes use their earnings to help family members, who in most cases were neglected by the rich and powerful in the society. Some of the Botswana respondents informed that society can help the prostitutes by first acknowledging that there are prostitutes in the Botswana society.

A Botswana respondent commented as follows on the role of society to prostitutes:

‘Let my people acknowledge that we have prostitutes and find out why we chose this and help us that is the first help needed’.

Respondents both from Nigeria and Botswana appealed to society to be more lenient to prostitutes and remember that they are products and children of the society, and they argue that it is the same society that led them to becoming prostitutes because of neglect.

At least three respondents from the sample requested for counseling for raped children and for prostitutes who want to stop prostitution.

6. 4. 1. Case studies from select respondents

In an effort to get in-depth information on the prostitutes’ perception of prostitution in Nigeria and Botswana a select number of key informants were reached for further discussion and this is presented here as case studies. It is important to note that although pimps were not initially in the plan of action, they were seen as important as the research progressed and therefore were interviewed.

6.4.1.1 Case study of Mr Pimp

Mr. Pimp was identified in one of the focus group sites in Nigeria, permission had to be sought from him to get the prostitutes to participate in the focus group discussion. Recognizing the important role he played in the life of the prostitutes, it was important that he is interviewed for more in-depth information on prostitution in general.

Mr. Pimp is a 30-year-old man who works in a popular local restaurant that has rooms where interested clients could have a quick sexual interaction with a willing prostitute for a fee.

The interview revealed the following:

“My involvement with prostitutes started when I served as a bar attendant in a hotel, men come in to hotels and ask if they can get a company for the night. At first we just try our female workers, but later we thought we could be eating from getting partners for customers. Big men who can not go to blue light area ask us to organize sex partners and when we do, they give us a tip – if they enjoy the girl they give us another after they finish sex. Our job is to fix women to men and get our commission. The man pays commission before service. The woman stays here and pays daily – we get some percentage of their daily money. We sometimes use the women, i.e. we have sex with them when they cannot pay daily fee. We use them to teach them what to do when they get customer so that we can get our pay. We are married, but that is my job, my wife does not know.”

6.4.1.2 Case study of Mr. P

In the process of identifying prostitutes in Gaborone, Botswana, the researcher came across a twenty-two year old boy with an O' level certificate who was to lead the researcher to a respondent. An interview with him became significant in understanding prostitution and

clientship for prostitution. It is important to mention that it was a hotel attendant who knew of the activities of Mr. P that introduced him to the researcher in a popular hotel in the central city of Gaborone. The following is the experience of Mr. P.

Mr. P informed that a friend in school introduced him into the act of commercial sex. He goes to South Africa with friend and some times go to Lobatse. His sex partners are usually expatriates. He said “ they pay good money but they use us so badly. You may suck all night and day. Fuck all day, some want us to do them others want to do us. I hate sex now but that is the only job I do. I am HIV positive, I am scared to look for work because I will be tested and driven and I will be miserable. I have failed to tell my partners some are regular, prostitution is banned in my country. I tell you because you are a foreigner, if they know they will send me to prison, we are many, no job, only job for big peoples sons with university education. I cannot go and clean office or to work for zoo”.

6.4.1.3 Case Study Of Madam Pimp Magajia

Pimp Magajia is a 50 year old woman who was identified during one of the focus group discussions in Tudunwada in the northern part of Nigeria. She was salient in the categorization of respondents into different age grades. The researcher recognised the very important position of Pimp Magajia in the day to day life of the prostitutes. The following is the response of Magajia to the issue of prostitution in Nigeria.

“I was once a prostitute myself when I was in my teens, I had married several times, but had no issues (referring to child birth), the several marriages resulted in divorce. I have only primary education because I hate my teacher, he used to touch me in bad places and I could not tell my parents so I hated school and married.

I never enjoyed sex with any man as I remember that teacher each time. I have been doing this since fifteen years. Many girls pass through me, some come here when they have a fight with their husband, they use here as transit camps, others stay here. I protect them from police, I pay police. I teach them to touch penis, see the strength then know if it has disease or not. Wash body after one sex and put perfume. The man pay here and enter – if they enjoy the girl they will ask for her next time, or even give the girl other gifts. I pay the girls weekly according to the money they make. I take the daily rent. I built this house with money from prostitution. Prostitution has some hazards that includes the sermons from preachers, every body talks ill of prostitutes, but come here, that is why we ask police how come you arrest every day, yet they are prostitutes here and there. My complain to government is to leave us alone if we do not do this work, many men will die of sex starvation. Your people come here to teach us about condom, but my goodness, these men do not want to hear it. They say it is not the same, that it use to itch their hair and does not give them feeling of good sex. They can use it with girl friend that they are not paying, but not with some one they are paying. Other hazards include sex with any body with no love. Some times you finish and you feel like jumping into the ocean with shame, but when you count the money in the morning you say, ‘well let me do it for another month, another year, use the money to start business. After all no bank will give you same amount without a bet’. Another hazard is some times we fight among ourselves, especially the young ones in 15 – 20 years age grade, they want us older ones out of the way. I hope to leave soon, infact I am afraid now that you people talk about AIDS, I will begin to teach others how to use condom”.

6.4.1 4. Case Study Of Ms M

Ms M is a 28 year old Nigerian female sex worker (at time of data collection), that participated in a focus group discussion. She was recognized as different from the respondents participating in the session as she was coherent and explicit in her contributions. She was also seen as making her contribution in a comprehensible English language.

Ms M was 780 km from her place of birth and 520kms from her previous place of abode. She has a post secondary education, i.e a Higher National Diploma. She is a widow with two children.

Ms M defines prostitution as the act of having sexual intercourse for material benefit. Ms M's first sexual contact was at 19 years old with her husband who was then a boyfriend. She started her profession as a prostitute at the age of 25 years, she went to church as a Catholic. Prostitution was her first job as her husband did not allow her to work before he died. Her husband provided every thing needed in the house.

After her husband's death, who died at a young age of 32 years, her husband's family accused her of killing him. Ms M was asked to drink bath water from her dead husband and when she refused, she had her things thrown out, including her children. Ms M left her children for her mother and came to Lagos to look for work.

Ms M said "Every office needed years of experience which I did not have, after sleeping with many managers with hope of getting job". One of the managers that Ms M slept with in her process of looking for a job, took her to her present place for the weekend. Further probing revealed the following: "Because he is married and wanted a more secluded place, we slept for two days; he paid me N2000 which was big money.

When I left to the toilet, he drove off. I told another lady I saw in the hotel my predicament, I had no idea of where I was. That is the beginning of prostitution for me as my new found friend told me what they do, how they do it and how I can support my children from the job as I opened up to her. Now I am a team leader in this hotel, my teacher/friend has since graduated into a contractor, she has gone back to Lagos as a business lady getting office supplies contract. We still see once in a while as I go to visit her – I give money to my family through her. I have not seen my children since I started this business because of my emotions. I will have no reason for hearing them, yet I cannot bring them to this place, my knowledge of STD's is limited but I have heard about STD's like gonorrhoea.”. The hazards of the profession as identified by Ms M include STD's, beatings from the police and customers, especially those who accuse them of stealing their money.

6.4.1.5 Case Studies Ms K

Ms K is a 19 year old girl from Oshogho in Kwara state, Nigeria, whose parents separated when she was six years old. She lived with her maternal grand mother who died and at her funeral was taken back by her father who has remarried to live in the parents' home. Her step mother denied her food and gave her only left-overs of food and clothing and bought new cloths for her own biological children. She allowed Ms K to go to school with tattered clothes and sandals.

Although Ms K was brilliant in school, she could not continue after JSS 2, as she puts it “ Lost concentration in school, I was also worried and angry with mother for leaving me and heard my dad talk about my brother, a junior one, who also went with mum”. She wanted to

trace his younger brother and this led to her stealing money at home to go and trace him. On tracing her brother, she found out that he was not in school because their mother had also remarried and left him with a cousin as a house help to sell eko (corn porridge). She says that “I took a decision to do whatever it takes to get him out of the house and put him in school”. This led Ms K to the brothel to meet an old school friend who explained this job and the big money in it. She got her brother to stay in a nearby boarding school and did prostitution to pay his fees. During his holidays, Ms K took him to an aunt who does not know what Ms K did for a living, or know that she did not finish school. She says that now her brother goes to university and that she is making an effort to write and pass her own GCE examination and go abroad for further studies. Ms K has met a man who became a regular customer and knows Ms K’s story and knows the brother and is doing all he can to send Ms K to a Nursing School abroad. Ms K does not therefore work every day. She works only on Saturday, Wednesday and Thursday and does lessons every other day. She says: “My regular customer thinks that I have stopped and now have him alone. I make at least N200 a day and spend about N30 daily on myself. It is a big money for my age and level of education. I think anybody who has sex for money or any material items is a prostitute, even a woman who does not love a man, but has sex with him like my step mother does with my father, is a prostitute”. A transcription of Ms Ks conversation revealed the following:

Ms K informed that training for prostitutes is best done by another older prostitute. Prostitutes go to where they are not known because of shame and sometimes because they do not want to be stopped by any one who may care for them. Prostitutes read about STD’s and AIDS ,but they never think it can happen to them. They pray that their clients be free, but when they notice any unusual thing ,they go to the chemist and buy antibiotics. Sometimes when they suspect that a man has STD, they drink 2 capsules after sex.

She said “Some times we believe that snap or ogogoro (alcohol) can take care of any infection. When we bath we use Asep-soap into our vagina, but I am worried that many more men are asking us to suck them before sex. They pay higher so we are tempted to do so.

Government is making a mistake when they think they can wipe prostitution. If I have a court where I could take my father to for negligence, or where I can take my stepmother to for always beating me before school, I will not leave school for this job, I like book. The more government police drives us, the more we pretend to be office girls. No school fees even when government says free education, no food to eat, or book to write, no uniform, no teacher salary and they will tell us bring this and that and our parents do not have or do not think it important. After all, my father has a big building materials shop”.

6.4.1.6 Case study of Ms Izuru

Ms Izuru is a twenty four year old Nigerian girl. She has a University education and chose prostitution as a means of livelihood. Ms Izuru started prostitution while in secondary school to support herself and her parents. At the time her father was retrenched from work, her mother as a local teacher ,did not get a regular salary. She had nine siblings who were younger than her. Her parents did not know what she did for a living, they believe that Ms Izuru trades. She would usually go to Lagos to prostitute and go back home to Enugu in the Eastern part of Nigeria every three weeks, and this is what she did throughout her period at the university.

Ms Izuru made the following comment: “I can not work for anybody. I hope to get a big capital from prostitution that will enable me to be an employer. I have just finished NYSC, I

do not have hope of getting a job. I do not want to marry; it will not allow me opportunity to train brothers and sisters”.

Ms Izuru identifies the hazards of prostitution as STD's: She thinks people can get it through prostitution, but she does not think that she can get it. She says that “this is because it is rare and the kind of men I get are ones that care for themselves. My customers are very big men in society. I have a pimp who organises this at hotels, I stay here because that is where I started from – I have my flat where the men can pay higher money. Some times they give me a return ticket to London to shop”. She hopes to open a boutique soon. Still discussing the hazards of prostitution she says “ Some times you are in their cars and their wives trail the car and disgrace you, the man will always go with the wife, so we are trained to keep enough money on us and to just open the car and step into a taxi and leave man and wife to stay and fight”.

On sexually transmitted diseases, Ms Izuru informs that every prostitute learns about all types of STD's because that is the disease a prostitute can have. She says that condoms are the best weapon, she goes further to say “but our men do not want it and I need the money, we live in faith” On the attitude of prostitutes to hospital care in the event of STI, she informed that they do not go to hospital, she asks a rhetorical question and responds “what will I write on my card, a prostitute? No! I go to the chemist and buy medicine, usually antibiotics when my pant is stained or I get fowl smell from my private part”.

6.4..1.7 Case study of Ms Amina

Amina is a 23 years old Nigerian Moslem lady who was married as a second wife at the age of 13 years to a man of about 30years. Amina got pregnant at a young age and ended up with vasico vaginal fistula. Amina was divorced at the age of 15 years and had not remarried

since then. On the motivation for being a prostitute, she informed that she was in VVF house waiting for an operation, but needed to buy all the things required by the hospital authorities in Ahmadu Bello Teaching Hospital to carry out the operation of repairing her leaking urine and stool. This made her join her friends to do prostitution in the evening and sell cigarettes and kola- nut during the day to buy food and clothing. Amina said at this interview “ nna aso turari de yawa, kuma muna ayi afani de pouda. Bamu de kudi, kuma su babana basuseni abunde na ayi anang, mijina ta che ndawa lococin nna warke”, meaning “ I need a lot of perfume and we need to use a lot of powder. I do not have money and my parents do not know what I am doing here only my husband says I can return to the marriage when I am completely healed”.

Amina informed that she will go back to her marriage when she gets cured, because as she puts it “this our job is bad even kuturu (person with leprosy) can come in the night to pay and have sex with me. Government should buy something in the hospital to help us who are poor. My friend has this, but she left when her family knew and they have paid for her to get treatment. We shall go to her wedding to a new husband at sallah”.

Amina informs that STD’s are a disease of men that weakens their penis. She describes it with the following words, “any man who comes on you and his penis does not rise well, is sick. Any one who asks you to touch it to help him is sick with venereal disease”.

In discussing how Amina would deal with the situation she informed that she will rub a local oil on the man’s penis and he will be OK. Amina explained as follows, “ we will take another herb to wash the entire thing we get from the man. After sex with one man we go and wash our private part with soap and water, even potash. If we think the person is sick, they wait, they

can be drinking outside while we go and bath. People go into prostitution when they have no helpers in their family, some go because they marry and have no child after many marriages. Society can help prostitutes by not stigmatizing them. They are helping some men who have problem or those drinking medicine of bura tashi (erection of penis) where one woman do not satisfy them, and they do not want trouble in the home because they go to the second wife when it is not her turn”.

6.4.1.8 Case study of Ms Bayana

Ms Bayana is a 14 years old girl from Francistown, Botswana, she prostitutes on the street. Bayana is an orphan who stays with her aunt and two younger siblings in Kanana community of Francistown. She was scared at the first interaction with the researcher, but later gained confidence and spoke with researcher three times in four months.

By the second interaction she informed that she would like to talk to the researcher as she would to talk to her dead mum through a trusted interpreter.

Her information was as follows: money from job is used to buy food for the household and winter clothing for siblings. Her auntie drinks too much and usually sleeps outside after so much drink and provides no food to the family. Ms Bayana was introduced to the job of prostitution by a white man. It began one day when she was confused about what to do with her crying siblings, she decided to cross the rail line and just walk aimlessly when her white man stopped the car and asked her “how are you? What are you doing here? Nothing I said! Where is mummy? No mummy then he gave me fifty Pula and said go and buy food and come tomorrow here. Second day he bought clothes for me and soap, third time he carried me to the area called Blocks. On the way to Blocks, he kissed me and later he love me”.

Bayana was asked about her first sexual experience with the man and she informed that blood come out of her vagina. Bayana did not know the name of the man but informed that he says “call me Tom”. Bayana also said “ I wait every day near this place (a dark area on the ground floor of a computer school). He gives me 40 pula, 50 pula we stay in the car . One day I went to the usual spot and he did not come. I went back another day and another day then I stayed here with my friend in the school and two boys took us and paid us five pula and that is how I started this work. Some times they bring condom. I am afraid ! yes I hear about AIDS but Tom say I can sell in a shop”.

This researcher followed Bayana to her residence, counseled her and family members and got another member of the family to oversee the four young children in the house and the drunken aunt. Bayana was taken to the clinic and at the time of leaving the study site Bayana has returned to school.

6.4.2. SUMMARY

Looking at the above findings, it becomes difficult to attribute a single factor to the cause of prostitution or the sustenance of prostitution. It is also difficult to understand how best to eradicate prostitution without attention given to the clients of prostitutes. Sexually transmitted infections have remained a concern to the society, and these have been attributed to prostitutes.

The findings indicate that the prostitutes are aware of this and have chosen some methods to address it. Prostitutes see themselves as playing a positive role in society and think that the greatest hazard they experience, is the harassment by the law enforcement officers, which they find unjustified. Judging from the willingness of young people in the study to be brought into prostitution by their peers who see prostitution as a better financial rewarding job, it may be

difficult to eradicate prostitution. Alternative employment for the prostitutes may need to be as financially rewarding as prostitution. In looking at what could be done by society for prostitutes, it was obvious from the findings that they want to be part of society and would want to have counselors to help them before they get into prostitution in the event of a situation like abuse. For those already into prostitution a counseling environment can help them deal with their shame and build their self-esteem to continue as recognized members of society.

CHAPTER 7

CONCLUSIONS, RECOMMENDATIONS AND AREAS FOR FURTHER RESEARCH

7.1 Introduction

This chapter discusses the findings of the research as presented in chapter 6, and interpreted by the researcher. Recommendations that could influence policies aimed at integrating sex workers in the society and involve them in the prevention, care and support for Sexually Transmitted Infections including HIV/AIDS are also made. The chapter also indicates areas for further research.

7.2.1 DISCUSSION OF FINDINGS

The prostitutes in this research were mostly young, single and divorced persons. The majority of prostitutes in Nigeria work in brothels while almost all those in Botswana work on the street. Although religions frown at prostitution on moral grounds, almost all the respondents had a religious affiliation. The majority of the prostitutes in the sites of the project are Catholics (32% in Botswana, 42% in Nigeria) and 26% are Moslems in Nigeria and none in Botswana). Over 60% of prostitutes do not have other jobs; while some are contractors and others are petty traders refer to (Table 6.6, P 145).

Over 90% of the prostitutes live in a different city from their parents (See Table 6. 8, P 147) and this could be responsible for the parents' unawareness of their daughters' professions. The majority of the respondents joined the profession to support their family and friends, i.e. 36.1% of Nigerian and 32% of Botswana respondents. Pimps and elder prostitutes provided

training to 'to be' prostitutes. While some prostitutes started their first sexual contact at less than 10 years of age. The majority however started their first sexual contact at above 10 years, but less than 18 years of age (see figure 6.2, P 137). On the average, the respondents began the act of prostitution between the ages of 14 to 19 years of age. Marriage played a small role in their decision to become a prostitute.

The majority of prostitutes considered STD's, violence and police arrest as a hazard of the profession. Most reported that they would abandon the job if they had a better offer. Because of the associated hazards, respondents reported that they examine their clients' penis before having sex. Over 80% of Nigerian respondents have difficulty going to regular clinics or hospitals in the event of STI/AIDS due to shame, stigma and fear of harassment by law enforcement officers. Although knowledge about condom use is high among prostitutes, especially the Botswana respondents, the unwillingness of clients to accept its use and the financial need of the woman makes it difficult to use condoms. Although female circumcision is said to be based on preventing promiscuity, most of the respondents studied in Nigeria were circumcised.

Looking at the findings of the quantitative data, there is a relationship between the structure of society, women's status in society and prostitution. It is not all women who see the circumstances of the prostitute as having any relationship with the structure of society and this has led to women who are privileged not to resort to prostitution to emancipate them, to frown at prostitution. This supports the writings of Gerda (1991) that it is patriarchy that has succeeded in keeping women apart from each other and making them ignorant or blind to the need for total emancipation. Rather than look at prostitutes as a product of society and an attempt by a certain group of women to emancipate themselves, prostitutes are seen as

problematic for society because they are seen as spreading sexually transmitted diseases to the general population including fellow women.

Looking at the quantitative and qualitative data from this study, it corroborates the fact that prostitutes do not see themselves as a problem for society, rather they believe that society's inability to provide them an equal opportunity has resulted in their use of their sexuality to meet their needs. Prostitutes are generally seen by society as coming from families that are morally bankrupt. This study however reveals that it is the economic need of the individual prostitute, rather than her moral upbringing that results in what is seen in society as prostitutes. Almost all the respondents had a religious inclination and good morals are stressed by the different religions. It therefore means that the prostitute is aware of what her religion expects of her as far as good morals are concerned.

In looking at the relationship between male morality and the male double standard in creating prostitution, the relationship between the clients of prostitutes and the existence of prostitution leads one to conclude that the prostitute exists to meet the needs of society, which is in this case the need to satisfy a male sexual need (Akinawo 1995:117). Society, by allowing a male to take advantage of an undeveloped mind of a 10-14 years old child (refer to age of first sexual contact), society has made the child believe that the need to satisfy a male urge could also be a means of livelihood in the face of difficulties. This is made more visible in the societies studied, which do not have a respite for children found in such circumstances as child sex abuse. In looking at the relationship between male morality and male double standards in sustaining prostitution, the study reveals that police officers that are mostly males, harass prostitutes, but also happens to be their best clients. Again works of Akinawo (1995: 118) comes to mind where his respondents who were police officers informed him that they had

sexual affairs with prostitutes in hotels or brothels near their place of work, especially on arrival in new stations. According to (Akinawo 1995:118) “The circumstances that led police officers to patronize commercial sex workers include the sexual urge, spouse absence, the nature of their duties, because their wives were pregnant or breastfeeding and affection” (Akinawo 1995:118).

7.2.1.1 Effect of negative labeling of prostitutes on society

In looking at the effect of a negative labelling of commercial sex workers on the society, it is seen as causing more problems to the society than the act of prostitution itself. This can be seen when the mobility of prostitutes is considered.

All respondents acknowledged moving from one place to another, they however indicated that it is because they do not want to meet those who know them, those whom they had a previous affair with, or their family members who sometimes were indirectly responsible for letting them get into the business of prostitution. All sites studied talked about the law enforcement officers. (Akinawo 1995: 118) research clearly confirms the finding of this research that although the police arrest prostitutes, they provide sexual services to the police.

The studied cohort also informs that they provide information to police about criminals and collect money for the police from criminals. It is obvious therefore that there is a relationship between morality, male double standards in society and prostitution. One may want to argue that the question of immorality in prostitution is best addressed to the clients of prostitutes as it is their low morals that makes them want to use prostitutes, while the prostitute’s primary goal is to make enough money in a society that has closed every other avenue to meet her needs.

Sometimes these needs include bringing useful citizens to society by ensuring that their siblings, ironically male siblings, remain in school.

The negative labeling of prostitutes has caused the world the horror we are faced today, the HIV/AIDS crisis. Until most recently attention was concentrated in making the world believe that HIV/AIDS was a problem of prostitutes and later that of itinerant truck drivers. This approach neglected findings, such as that of Nnabugwu-Otesanya (1987) and Akinnawo (1995) that most males attending the STI clinic, irrespective of their social status, have used prostitutes, and the fact that although married, most police officers studied used the casuals and prostitutes.

This study however did not see any link between the age of prostitutes and their awareness of STD's and the need for protection. What was obvious however, was that all prostitutes saw STD's including HIV/AIDS as a hazard and made an effort either through traditional medicine, examination of the penis of their would be clients, taking antibiotics pre- and post-coitus and taking local brewed gin (ogogoro).

Those who knew about condom use mostly came from the Botswana and the Lagos sample and they would use them consistently, but this depended to a great deal on the willingness of their client. It could be concluded therefore that all prostitutes aim at protecting themselves from STI and AIDS, but their methods have a limited scientific basis. The knowledge of using a condom or (rubber) was limited to the urban areas which included the Lagos and the Botswana sites.

Negative labeling of prostitutes has therefore impacted on the prostitutes' ability to seek appropriate medical treatment and has made her take the option of moving from one place to the other and spreading the infections where they are present.

7.2.1.2 Respondents definition of a prostitute

While the Random House Dictionary of the English language as identified by Edlund and Korn (2002: 183) identifies prostitution as the act or practice of engaging in sexual intercourse for money, it was found from this study that the respondents consider any woman who provides sexual intercourse to any man for a reward as a prostitute. For them this reward can be in the form of a position as a wife, a job, or physical cash. The respondents in defining a prostitute confirms the thinking of Ellis as presented in the market theory of prostitution by Edlund and Korn (2002:183) that a prostitute cannot simply be a woman who sells her body since that is done every day by women who become wives in order to gain a home and a livelihood. To some of the respondents, such payment in any form makes the individual providing sex for such payment a prostitute. Some respondents however, think that sex without love should be what differentiates a prostitute from any other woman as the prostitute provides sex to an individual whom she does not love. They see the continuous provision of sex in or out of marriage without love as prostitution as to them some degree of payment is made in every sexual encounter.

7.2.1.3 Causes of prostitution

In looking at what creates prostitution in society, one can see from the case studies and the quantitative data that most people who became prostitutes had started at an early sexual exposure. Social crises like death, separation of breadwinners, and wars suffered by the

individual rather than promiscuity or morality leads to prostitution. Most respondents also revealed that the attitude of care providers play a role in creating prostitution. Attitudes like circumstances where fathers, stepfathers or close family relatives rape a young girl instead of protecting her in the family. These are usually followed with an associated shame and stigma which makes the girl lose her self esteem and regard her self as useless and preferring to go into prostitution. Other factors identified as creating prostitution include unhappy marriages, divorce and widowhood with no provision for the care of the dependants.

The economic need of the individual prostitute is seen in this research as not causing prostitution but as sustaining prostitution. The respondents indicated that considering the short training prior to commencing prostitution and the earnings thereafter, prostitution is a lucrative job. This confirms the assertion of Ellis as reported by Edlund and Korn (2002: 188), that there is overwhelming evidence that prostitution can be considered well paid, that no practicable rise in the wages paid to women in ordinary industries can possibly compete with wages which fairly attractive women of quite ordinary ability can earn by prostitution. Edlund and Korn (2002:181) sees prostitution as a low-skill, labour intensive, female and well paid job.

7.3.1 DISCUSSION ON NARRATIVES

The group discussions and case studies brought into light other factors that played a role in creating and sustaining prostitution, which could not easily be identified through the quantitative data. The effect of such things as cultural factors related to marriage and widowhood were highlighted. For example, where a 13-year-old girl is married to a 36-year-old man, or where as in the case of Ms M, she is accused of killing her husband because he died at a young age of 32 years old.

Other cultural factors like, keeping the family ties making it difficult for individuals or her significant others to report sexual abuse of children by close relations and this significant silence eventually creates an additional prostitute in the society, were also highlighted.

Through the focus group discussions, it was evident that there is no common or universal definition of a prostitute by the prostitutes themselves. While some defined prostitutes as those providing sex for money, others felt that it is the act of waiting on men specifically for sex that differentiates a prostitute from other women. The discussants see all women in and out of prostitution as providing sex for a price, which could be physical payment or in kind.

On the training received by prostitutes before commencement of prostitution, the discussants reiterated on the findings of the quantitative sample that training is provided by prostitutes who have been longer in the business, or by pimps, and that such training could be as long as one to three months. Payment to the pimps is usually by providing free sexual services while payment to the older prostitutes is made when the trainee commences the job.

A discussion on the appropriate age to commence prostitution and an explanation for the mobile nature of prostitution revealed that it could be started at any age but best at a young age. The determinant factor for the age of entry into prostitution is the need. If a widow with no training or assets is faced with the option of prostitution at thirty years old to provide food for her children, she could commence prostitution. While the mobile nature of prostitution is explained by the discussants as dependent on where the client is and where the chances of identification of the prostitute by significant others is very minimal.

Discussions on knowledge, attitude and practice about sexually transmitted infections and HIV/AIDS, indicated that the respondents are conscious of its existence and would attend the

orthodox clinics in Botswana when necessary, but in Nigeria, they will resort to self-medication, usually with antibiotics or local herbs mixed with alcohol.

The focus group discussions and case studies shed light on what motivates individuals to go into prostitution. The role of childhood negative experiences like rape by close family members, maltreatment by significant other family members, or just fun seeking, has been responsible for motivating people into prostitution. Others identified poverty and the need to support significant others as motivating individuals to prostitution. What was significant however is that a sexually abused child eventually turns to prostitution. An explanation was given as the child's loss of self-esteem, self-pity, guilt feeling and resolve to use sex as a means of livelihood. A discussant summarized it thus " anyway, I am already useless, so I can as well do it with any man", referring to an experience of sexual abuse by a step father and her mother refusing to believe her story, resulting in her living on the street and turning to prostitution.

In summarizing what the qualitative research findings were on the experiences of the prostitute, and what the discussants believe the society could do to mitigate their experiences, showed that similar to the quantitative findings, prostitutes suffered a great deal of mental (where they see themselves admitting a person with leprosy as a client against their will because they have no option), and physical violence by their clients especially the law enforcement officers, and the rest of the society. The discussants suggest that a recognition of the services provided by prostitutes to society (either through supporting their siblings to become responsible citizens by providing fund for their education, or recognising their service of providing sex to men who seek them), or an attempt by government to reduce the gap between the rich and the poor by providing basic services like free education, capital for

business without requesting for collateral, would go a long way in reducing the numbers that go into prostitution.

The discussants however stressed the need to focus on the clients of prostitutes, especially the law enforcement officers as one way of reducing prostitution or ensuring that their activities are not a threat to the health of the society, as they will freely seek for medical care like any other citizen in the event of Sexually Transmitted Infections including HIV/AIDS.

7.4.1 Conclusion and generalizations

Prostitutes are considered a high-risk group in society because they are seen as spreading sexually transmitted diseases and HIV/AIDS. Some classify them as criminals while others see them as immoral persons. Looking at the grounded theory, as popularized by Glaser (1967) in her book, *The Discovery of Grounded Theory*, it becomes necessary to give a sociological meaning to a social behaviour on the basis of a specific behaviour and its output. In this study the researcher recognizes the grounded theory with an understanding that in sociology theory is mainly for predictions and explanation of behaviour and as a guide for research on particular areas of behaviour. In this case the behaviour of prostitutes are explained using the information from the data collected and this information are coming from the prostitutes themselves. That is what grounded theory is all about.

As indicated earlier in the review of literature, some NGO's in the developing world have set up projects largely for prostitutes, like the Daughters of Abraham by Mrs. Jerry Useni, former first lady of the Federal Capital Territory of Abuja, based on the fact that these are "fallen women". In this study most prostitutes did not see themselves as "fallen women"; they see the

attitude and behaviour towards prostitutes by the public as a result of ignorance. The respondents were females except for two who were male prostitutes. One doubled as a pimp and a gay. Society abhors their existence, yet like prisons all countries have prostitutes. This is the problem this study looks at from the prostitutes' view and it was found that in the two countries studied prostitution has some similarities and differences. Most respondents in Nigeria were organized, and had a structured hierarchy and operated in a brothel- setting. Those in Botswana do not have a regular house of prostitutes; rather they operate in cars, in the bush, dark areas or go to their clients' homes. Both countries studied had street prostitutes and those who use prostitution to supplement their regular income from other sources like petty trading, used it to support themselves or a family member in school, especially in the Nigeria setting. Others use it to support themselves and their significant others.

This was also evident in the experience shared by Margaret Savince on BBC network Africa (1997), in the literature review on the impact of the Sierra Leone coup on prostitutes. Margaret was a determined prostitute who made a difference in her family's life by using sex to soldiers to provide for her family in the face of war.

Prostitutes studied in this research describe their clients as travelers, or itinerant workers, expatriates who come without their families, men with nagging wives, men with sexual difficulties, and men with pregnant or lactating wives. Contrary to public opinion, prostitutes see themselves as contributing to the society's equilibrium, they see themselves as having been put in their current situation by the structure of society which does not allow them equal opportunities.

Those who want to be educated do not have the financial and material support; others are abused by stepparents and sometimes by fathers. This creates an emotional gap that prevents

them from continuing with their education. Those who have some education do not have the expected experience required to get a job and are sometimes sexually abused in the process of looking for a job. Others do not have the education to enable them to look for a job and do not have the collateral needed by the banks to get a loan to start a trade.

All sex workers studied see their job as a step to a better life in society and rejoining society. Some want to make the best use of their situation to turn their lives around. They want to meet wealthy men to marry and get out of their situation, others want to marry a white man, others want to make enough money to set up a business instead of roaming the street looking for a job. Muzvidziwa (2001: 75-89) discusses his findings of Masvingo in a Zimbabwean cohort of prostitutes who considered prostitution as a short-lived career. Prostitutes saw some similarities between their job and that of food vendors.

Sacho Nelia (1997) a women's rights activist and a member of the Asia Pacific Women Forum sees prostitutes as persons faced with a double exploitation, both by men and their moralistic women partners. They suffer extreme forms of degradation, abuse and violence that all women are vulnerable to. She sees the stigmatization of women in prostitution as immoral and evil women, as pitting "good" women against "bad", deterring all women from recognizing their common vulnerability and the manner in which they are actually or potentially labeled as "whores". For Nelia, prostitution must be situated within the realities of the intensification of the powerlessness, especially among women and girls, and the widening poverty and marginalization of people and communities brought about by the growth of a global market economy.

Sylvia Wally (1988: 215-232) on her part discusses further the double standard of men's sexual exploitation of women and how this affected the first wave feminism, and cites Butlers'

rigorous protest at this double standard especially in the effort to repeal the contagious disease act. To Sylvia Wally, governments were worried about the extent to which venereal diseases was incapacitating the strength of its navy and sought to contain it by regulations of female prostitutes. This was seen as controlling women in order to protect men's health. Sylvia further cites Hamilton (1981) as arguing that these laws were unfavourable to prostitutes and pitched them against married women. For Hamilton as cited by Sylvia, "marriage was a trade, and there was little difference between a wife and a prostitute in the way they traded their bodies for economic support, except that one was respectable and the other was not".

The study acknowledges these assumptions as the respondents describe the several mental and physical violence and harassment they go through in society to provide services for a living to respectable members of society. As a respondent said, "even as they beat us, we stay for the business as we no get another thing to do, any way they say we are useless people". Jim and Sally Conway in their book, *Sexual harassment no more* (1993), sees harassment in all forms as basically taking advantage of another person's humanity. In this study the "honorable men of society" took advantage of prostitutes and these men are conscious of their advantaged position that is why they use prostitutes to satisfy their sexual need. The study reveals that most respondents enter into prostitution as a result of older people, mostly men who take advantage of the young ones.

The age of first sexual contact by the respondents (refer to page137, figure6.2) pointed to 27.2 % of Nigerian respondents and 28% of Botswana respondents having first sexual contact at less than 10years old. 55% of Nigerian respondents and 72% of Botswana respondents started their first sexual contact at more than 10 years old, but less than 18 years old. In the Nigeria sample there were cases of young women who went into prostitution after an early marriage

and subsequent Vesico- vaginal fistula, and who needed money to buy surgical material required in the hospital for their surgery.

Patricia McFadden (1992) in her discussion on sexuality, dress and appearance pointed out vividly the universality of accepting prostitutes' clothes like mini skirts, tight jeans, wearing a wig or too much makeup, or being on the street unaccompanied by a decent looking male, as viewed by society as representing a lady's invitation for a sexual relationship and a representation of a prostitute. These dressings are viewed by society as attributing to the rate of rape, and the rape is in most cases seen as justified because the young woman is accused of having asked for it, having tempted the man through her dressing.

The concern therefore is the question of using dressing as criteria for blaming the young girl being taken advantage of even by her immediate family. The question now is where do we put the traditional African dress, which in the real sense is a mini skirt, no bra or grass bra. Should rape be an accepted part of the culture? The answer remains 'no' and self-control was the African way of life as people wore those clothes. It is obvious that these children were taken advantage of and today that singular action has resulted into prostitution.

While most people discuss immorality, delinquency and promiscuity as associated with the prostitute, they themselves discuss the hazards they suffer and talk about the dehumanization prostitution causes them. One respondent asked the researcher to "imagine what it means to me to have sex with a man with leprosy, but we have to do it and go away with the shame and guilt". From the study it is obvious that most prostitutes do not know about other sexually transmitted diseases, except gonorrhoea and they do not associate STI with gynecological problems like infertility. Labelling prostitutes as spreading STD's including HIV, to my mind means that there is an underlining belief that prostitutes willingly spread STI's. This is to deny

the fact that the prostitute is there for a purpose and would like to have a good health and benefit from her work like any other individual, but the general inability of females to take control of their sexuality both in and outside marriage affects the prostitute and makes it impossible for her to use such preventive measures as a condom.

Unlike the married or the “clean” woman who does not see any danger in having sexual intercourse, the prostitute’s awareness of the associated hazards leads her to attempt prevention of disease washing her private part after every sexual exposure or by using local gin “ogogoro”, antibiotics before and after sexual exposure and sometimes using other herbs.

In the beginning of the HIV/AIDS epidemic, all attempts at prevention was focused on the prostitute and the long distance truck drivers as they were labeled as the carriers, and little attention was given to the general population.

McFadden (1992:159) in her work “Sex, Sexuality and problems of AIDS”, had attributed the difficulties in the management of HIV/AIDS to the earlier medicalisation of HIV/AIDS in society. She asserts that one of the consequences of medicalising the problem of HIV/AIDS was that it resulted in a poor understanding of the socio- cultural characteristics of HIV- transmission and its life- threatening implications for those affected. While the researcher agrees with this assumption, the findings of this study makes her think that the moralization of HIV/AIDS that resulted in the labelling of truck drivers and prostitutes as the possible carriers and the concentration of earlier education efforts on them was an important factor in the prevalence of HIV/AIDS in Africa.

The neglected gender related issues in the earlier attempt at interventions to prevent and control HIV/AIDS, which was focused on condom use in the face of poverty, to a great extent

played a role in the prevalence of HIV/AIDS in the African setting. In this study the sexworkers saw condom use as an issue. While they would like their clients to wear a condom to prevent STI / HIV/AIDS, their clients who came from all walks of life, had difficulties using condoms.

It is this consciousness of the respondents to their limited power in enforcing the use of condoms on their clients that made them suggest that more effort be put into encouraging men to use a condom, rather than condemning prostitution as it is a given in every society. The respondents emphasized the need to educate men about condom use and not the females who have no sexual power to take a decision.

When it came to prostitution religion was not a very salient factor as most sex workers studied were either practicing Moslems or Christians, and the majority of Christians studied were Catholics. The expectation by this researcher was that since these two religions were known to be very strict about morality, prostitutes were not expected to belong to these religions. It was a surprise to the researcher, to see that the sex workers were practicing a strict religion. This explains the fact that the prostitute is human like other members of society and has spiritual needs.

Looking at cultural believes related to prostitution in the countries studied, no cultural position about prostitution in Botswana was obvious in this study. The Nigerian cultural belief systems as also confirmed by respondents suggest that circumcision of females was perceived to prevent promiscuity, and eventual prostitution. This was found to be incorrect, or what the researcher wishes to refer to as an in-appropriate assumption as most of the females interviewed (Nigeria sample) for the quantitative data were circumcised. The assumption of promiscuity was seen as part of justifying female mutilation by the society.

To conclude, the findings of this research can be summarized in the following:

Prostitution can never be completely eradicated in Nigeria or Botswana.

Prostitution is caused by more than economic need.

Prostitutes support significant others with their earnings and these supported persons could become useful citizens.

Prostitutes are conscious of their health, but their attempt at care may not be appropriate.

Labeling and harassment of prostitutes by society has done more harm than good to the society.

Prostitution is practiced at different levels, either as a stand alone, a combination with other activities, or as a temporary measure to meet a specific need.

Prostitution is organized in Nigeria, but is not organized in Botswana.

Clients of prostitutes come from all categories of men - young and old, married and unmarried.

Prostitutes are easier to reach with information in Nigeria than in Botswana because of their organized nature.

Prostitutes' harassment by law enforcement officers contributes to the inability to reach prostitutes with useful information and care.

Prostitutes' mobile nature has more to do with the non-recognition of their job by society and the associated shame and guilt.

Prostitutes see their behaviour as contributing to the equilibrium of society.

Prostitutes see their actions as a job, a profession with its hazards like any other profession.

While the prostitutes believe that there is a client for all ages, age was seen as a factor in prostitution as the older the prostitute the more she becomes interested in trying another job or moving on to a pimp.

Prostitutes in Botswana were more informed about STI/HIV/AIDS than their counterparts in Nigeria.

Infertility among women was both a cause and an effect of prostitution.

Although poverty is relevant in causing prostitution, not all prostitutes are as a result of poverty.

7. 4. 2 Recommendations

Considering the above findings, this researcher wishes to recommend the following:

Governments should provide free crisis counseling centers. This will take care of prostitutes who want to abandon prostitution, girls who have difficulties in their homes (e.g. sexual abuse and rape by family members). Such centres are also expected to take care of men who have difficulties that ordinarily will lead them to seek respite with prostitutes, e.g. those with sexuality problems. It is expected that counseling will help them build their self-esteem and enable them to reintegrate into society and being able to go for treatment in the event of an STI.

More focus on the education of clients of prostitutes rather than harassment of prostitutes will reduce prostitution.

Decriminalization of prostitution will reduce the mobile nature of prostitutes and therefore make them easier to reach with useful information that will help them make informed decisions.

More effort should be made in minimizing or addressing those conditions that prompt people to go into prostitution, like providing for child support in the event of divorce, abandonment or separation.

Efforts aimed at prevention and control of STI/HIV/AIDS should emphasize men talking to men about the predicament of women and sexuality in society.

7. 4.3 Areas for further research

Following the findings of this research, it is recommended that further investigation be made in understanding men who use prostitutes, their characteristics, cultural and relevant issues that motivates them to prefer the use of prostitutes.

Edlund and Korn (2002:195, 197, 205) suggest that the male willingness to pay for reproductive sex (married woman) is higher than for non- reproductive sex (prostitute); that a tax on prostitution makes men poorer and makes prostitution more expensive, both of which should reduce prostitution and hence increase marriage. Citing Bullough and Bullough, Edlund and Korn (2002: 205) asserts that African urban prostitution has been linked to high

sex ratios where men outnumber women. This needs to be further investigated in the Nigerian and Botswana setting

A further suggested area for research is in income generating activities that requires limited training and a pronounced earning. This is with the intention of finding alternatives for prostitutes who wish to abandon prostitution.

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8.1 APPENDICES:

8.1.1 FOCUS GROUP DISCUSSION GUIDE:

1. Who is classified as a prostitute?
2. What trainings if any are given before commencement?
3. What is the proper age to enter profession?
4. Who is best to train as a profession?
5. What is the mobile nature of prostitution and why?
6. What information do prostitutes have about STD's?
7. What do prostitutes do generally about STD's?
8. What information can be given to government about STD's and Prostitution?
9. What do you think motivates one to go into prostitution?
10. What problems do you think prostitutes have in the society?
11. How do you think society can help the prostitutes ?

Thank you

8.1.2 QUESTIONNAIRE SAMPLE:

Demographic Data:

1. Age:

(a) Present

(b) first sexual contact

(c) Age at start of profession

2. Marital Status:

(a) Married

(b) Divorced

(c) Separated

(d) Single

(e) widowed

(f) Never been married

(g) Others

3. State of Origin:

4. Place of Work:

(a) Brothel

(b) House

(c) Street

5. Religion:

(a) Catholic

(b) Protestant

(c) Moslem

(Others please specify)

6. Employment Outside Prostitution

7. Family History

Information about family to include

if parents are alive,

where they lived,

what they do for living ,

relationship with parents.

8. Present History

- (a) How long have you been in this business?
- (b) What made you join?
- (c) Who introduced you to the business?
- (d) How long was your training period ?
- (e) What was the nature of the training?
- (f) Who was responsible for the training?
- (g) How much did it cost you to train?
- (h) Do you earn enough to enable you carry out your responsibility as you would
with your previous jobs if any?
- (i) What do you think are the benefit of this profession?
- (j) What has been the hazards of the profession ?
- (k) Discuss freely on issues concerning soliciting for customers relationship
with fellow members of the profession and competition
- (l) About how much do you earn in a day?
- (m) About how much do you spend on housing, feeding, clothing, medical, others ? Specify.

(n) if you were to earn the same through other means, would you be prepared to leave the business?

(if yes, why?)(if no, why?)

9. Health Information as Related to Sexually Transmitted Disease

(a) What do you know about Sexually Transmitted Diseases

including AIDS, Acquired Immune Deficiency Syndrome.

(b) Do you think it has any relationship with child bearing?

(c) How have you been able to cope with Sexually Transmitted Disease?

(d) Have you had any problems getting to hospital for treatment?

(e) What would you prefer; Dr/Nurse to visit you here, evening clinic for you?

(f) Do you use any form of protection?

(g)What information do you have about a condom(rubber)?

(h) Do you think your client will object to the use of a condom?. Give reasons

for your answer.

10. Information on method of operation:

(a) Do you have problems interacting with the public?(if yes, what form did it take?)

(b) What has been your experience with the law enforcement officers in caring out your profession/ business?.

(c) Why have you chosen your present venue?

(d) Who are your appropriate customers?

(e) What do you hope to achieve while in this profession?

(f) Under what conditions will you leave this profession, e.g if you achieve your aim.?

11. Social Cultural issues:

(a) What do you know about circumcision (cutting of private part)?

(b) Is this currently done in your state of origin?

(c) Specify what kind of cuts, where , what age, by whom?

(d) Were you circumcised, if yes, why? if no, why not?

(e) What would it mean not to be cut?

11. What information, advice or suggestion do you have for Clients

(a) Other prostitutes

(b) Society (including law enforcement officers and relevant government agencies)

Thank you.