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INCIDENCE AND REACTION OF COMMERCIAL FEMALE SEX WORKERS TOWARDS UNINTENDED PREGNANCY IN NIGERIA

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Abstract

Research and programmes for female sex workers (FSW) tend to focus exclusively on HIV prevention, with little attention paid to how pregnancy affects their lives. Limited knowledge and misunderstandings, particularly in relation to contraceptive uptake exists. Family planning services are often neglected as part of FSW-specific provision, which largely focus on preventing HIV and other sexually transmitted infections (STIs). Stigma of health workers towards sex workers can also limit access to contraceptive use. FSWs have the same reproductive rights as all women, and their desires and needs in relation to pregnancy have often been neglected, similar to other marginalized populations, which have historically been subjected to reproductive coercion. It is important that those who do desire pregnancy are provided with non-judgmental care and that those who do not are given the opportunity and resources to prevent it. Moreover, many FSWs who become pregnant may be reluctant to access maternal health services, given their previous experiences of discrimination and abuse from health workers. This study basically embarked on the exploration of the incidence of unintended pregnancy among female sex workers in Nigeria. The study focused on the circumstances surrounding unintended pregnancy among women selling sex in Nigeria. The study revealed that poverty, sexual, and inconsistent condom use were causes of unintended pregnancy. Abortion was common typically with a medication regimen at a facility. Comprehensive sexual and reproductive health services should be provided to women who sell sex, in recognition and support of their need for family planning and their desire whether and when to have children.

***Key words**: Female sex workers, unintended pregnancy, contraceptive.*

Introduction/Statement of the Problem

Unintended pregnancy is a pregnancy that is either unplanned or unwanted at the time of conception. It is a significant public health concern in the world due to its negative association with social and health effects for both women and their families in particular and to the health sector's resources and the public at large. Unintended pregnancy is a core concept that is used to better understand the fertility of populations and the unmet need for contraception (birth control) and family planning. Unintended pregnancy mainly results from not using contraception, or inconsistent or incorrect use of effective contraceptive methods (WHO, 2002).

Female sex work (FSW) is an ancient and widespread profession. Worldwide it is estimated that more than 40 Million people work as sex workers. In Sub-Saharan Africa, the proportion of FSWs in the capital cities ranged between 0.7% and 4.3% and in other urban areas between 0.4% and 3.9% in 2010. The effects of commercial sex work are multifaceted (Hubbard, 2003). Sex work affects individuals in the profession as well as the society. FSWs are at risk of contracting HIV/AIDS and other sexually transmitted infections. For example, over-third of workers in Nigeria are infected with HIV and in some cities, 50% of all brothel-based sex workers are HIV –infected (IBBSS, 2007). FSWs also experience reproductive health problems such as unintended pregnancy, septic abortion and maternal deaths. Babies born to sex workers are more likely to be low weight, premature and have higher risk of infant morbidity and mortality (Menaker, 2013). Many young sex workers suffer from psychological reactions including depression, anxiety, irritability, distrust, shame, rejection, low-esteem and post-traumatic stress disorder. Unfortunately, sex workers are often unable to access help from regular sources as other women, despite the fact that they are more vulnerable and experience many more health risks/problems (Hubbard, 2003). Healthcare providers often fail to provide information or adequate services to this vulnerable group because of discriminatory attitudes. Even when care was available, sex workers perceived the stigma attached to sex work as a barrier to receiving healthcare, and often preferred care from peers who unfortunately may not be knowledgeable (Rushing, 2005). This makes them more uninformed and therefore more vulnerable to unintended pregnancy and violence. Of the estimated 210 million pregnancies that happen throughout the world every year, about 405 are unintended and around 14 million are from Sub-Saharan Africa (WHO, 2011). The World Health Organization (WHO) estimates that nearly 5.5 million African women practice unsafe abortions each year. Over 36,000 of these women die from the procedure, while millions more suffer from short- or long-term illness and disability. This case is not only in countries where abortion is permissible and secure but also in places where it is prohibited.

Globally, unintended pregnancies are major public health problems among key populations such as youths and Female Sex Workers (FSWs) with high rate of sexual risk behaviour. In Sub-Saharan Africa, women who are engaged in commercial sex are at high risk of becoming victims of physical and sexual violence, unwanted pregnancy, and contracting Sexually Transmitted Infections (STIs). Despite the concern of many governments about the rising rates of unintended pregnancy and unsafe abortions, still access to safe abortion is restricted especially in low income countries

where unsafe abortion causes more than 30% of maternal deaths. To the best of our knowledge, very few studies have reported on unintended pregnancy among FSWs in Sub-Saharan Africa. These studies have shown high incidences of unintended pregnancy and low contraceptive use in this particular group.

Female sex work is often referred to as "Key Population" at elevated risk of HIV transmission because of their disadvantaged socio-economic status, multiple sexual partnerships, and challenges with using condoms consistently. As a result, research and programmes among this population typically focus exclusively on reducing HIV risk behaviour, with an emphasis on HIV testing and promotion of condom use. Comparatively little attention is paid to the reproductive health histories and fertility desires of women who sell sex, despite the fact that the surveillance studies worldwide have found that most have children, and the vast majority have been pregnant (Scorgie *et al*, 2012).

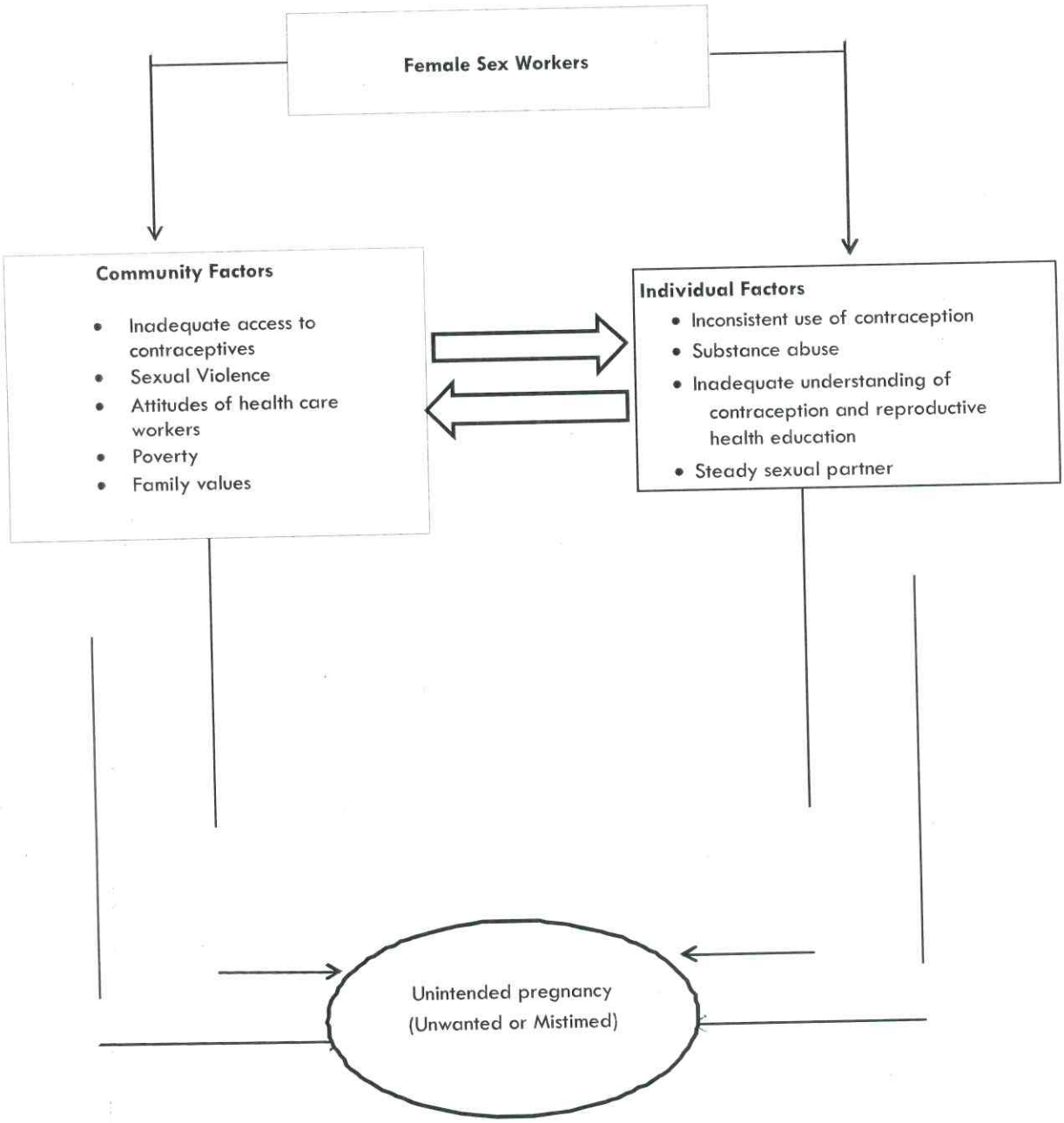
Ample evidence exists of unmet need for family planning and high abortion prevalence among women who sell sex, which has led to calls to integrate family planning into HIV programming for female sex workers (Petruney *et al*, 2012).

Not all FSWs aspire to space or limit pregnancy. However, recent studies have found that a notable minority, about 10-15 percent, reported that they were trying to conceive with one of their partners, typically a non-paying intimate partner (Becham *et al*, 2015). These findings underscore a fundamental reality for FSWs of reproductive age: not unlike their female peers who do not sell sex. Sex workers' decisions about whether and when to have children are dependent upon range of individual and community factors. Programmes for these women that solely emphasize increasing and measuring condom use run risk of neglecting their basic family planning needs and fertility desires. This is particularly problematic for FSWs who are living with HIV, who often have limited access to prevention of mother to child transmission services or safer conception counseling (Schwartz *et al*, 2014). This omission can ultimately lead to increased risk of vertical HIV transmission and unintended pregnancies among these vulnerable women (Beckham *et al*, 2015).

The complex relationship contexts in which FSWs experience pregnancy create substantial challenges to researchers who seek to examine their fertility desire and family planning behaviours across multiple partners. The traditional reliance on quantitative behavioural surveillance studies among FSWs is not always conducive to understanding the heavily context-dependent nature of pregnancy among women whose relationship status, fertility desires, and disease prevention behaviours can vary dramatically across sexual encounters and partners. Unlike respondents to traditional demographic surveys which access contraceptive method use in the context of women's relationships with a single man. Women who sell sex often report different contraceptive use and fertility desires across multiple men.

In recent years, a small number of studies have described how FSWs navigate parenthood while selling sex. A recurring theme in these studies is that FSWs parenting roles play a critical role in their decisions to initiate and continue selling sex. Their need to provide for their children is a major motivation for engaging in sex work, and many struggle to balance child care with their work (Zalwango *et al*, 2010). However, far less is known about the specific contexts in which these women experience pregnancy. One qualitative study from Tanzania sought to understand FSWs' experiences with intended pregnancy. Concluding that many saw child-bearing as a way to earn respectability as a mother or solidify intimate relationships, even if conceiving meant engaging in risky sexual practices. Expanding on this previous research on FSWs' unintended pregnancies, this article describes their experience with pregnancy more generally –including unintended as well as unwanted or unplanned pregnancies among gravid FSWs. Specifically, we aim to explore intendedness of the pregnancies, use of contraceptive at the time of pregnancy, and pregnancy outcomes (e.g. miscarriage, still-birth, abortion) (Basu and Dutta, 2011). The study aims to determine the incidence of unintended pregnancy among Female Sex Workers (FSWs), to examine the factors associated with unintended pregnancy among FSWs, to examine the barriers they face to effective contraceptive use, to examine the rate of unintended pregnancy among FSWs.

Conceptual Framework



Literature review

Unintended pregnancy is a high priority issue for many female sex workers (FSWs) who usually have dependents to support and for whom pregnancy may increase financial dependence on sex work and add to already high levels of stigmatization. FSWs can face elevated risks of unintended pregnancy due to a high frequency of intercourse and a high number of sexual partners. Risks are exacerbated by concurrent paying and non-paying partnerships and by sexual and gender-based violence, gender inequalities and stigma towards sex work, which reduce women's power to negotiate within sexual relationships. While gains have been made in terms of condom use with paying clients, rates of condom and other contraceptive use are consistently lower with emotional (non-paying) partners. In many countries, particularly in Sub-Saharan Africa, few FSWs use long-acting reversible contraceptives (intrauterine devices and implants), and methods such as injections, condoms and pills may be used inconsistently o incorrectly, rendering them less effective. FSW programmes need to make concerted efforts to facilitat timely attendance of FSW at ante-natal clinic and child birth services. Importantly, FSWs often have remarkabl high levels of HIV, and maternal health services are a ke entry point for them to access anti-retroviral treatmen which secures their health and reduces HIV in infant (Schwartz *et al*, 2015). Despite a clear rationale fo addressing unintended pregnancy in this population, it i important to acknowledge that intention is a problemati concept, which is more accurately represented as spectrum than a dichotomy. Indeed, many women fe positive about pregnancy despite not intending t conceive, or may simultaneously desire both pregnanc and its avoidance, for different reasons. The degree t

which women accept or welcome a pregnancy once it has occurred has been hypothesized to be a more important predictor of adverse outcomes than pre-pregnancy intentions (Shellenberg and Yego, 2014).

Unintended intercourse is the primary cause of unwanted pregnancies in Nigeria, and many women with unwanted pregnancies from unintended intercourse decide to end them by abortion (Otiode, 2001). The prevalence of unintended pregnancy in Nigeria is high. A study carried out in two states of South-Western Nigeria by Oye-Adeniran reported a prevalence rate of unwanted pregnancy of 26.6% and abortion prevalence of 21.7% (Oye-Adeniran, 2004). Since abortion is illegal in Nigeria (unless medically recommended to save a mother's life), many abortions are carried out in an unsafe environment. The consequences of these clandestine abortions are grave and can be life-threatening, often leading to maternal death. Abortion accounts for 20%-40% of maternal deaths in Nigeria (Oye-Adeniran, 2004). An estimated 610,000 abortions are reported to occur in Nigeria annually. Unwanted pregnancy occurs in women of all ages but FSWs have been most affected. It has been reported that by the age of 45 years most women would have had at least one abortion.

Factors Associated with Unintended Pregnancy Among FSWs

1. **Poverty:** Poverty remains a key barrier to unintended pregnancy among FSWs. Poverty is manifested as lack of money to look after the family or one's basic needs including food. Poverty is citied as a driving force for FSWs to engage in unprotected sex for money even in situations where they knew that they would get pregnancy or acquire HIV or other STIs in the process. The need for survival overrode the normative expectation that a woman undergoing her menstrual circle should not have sex during this period. The following quotations illustrate the aspect of poverty and its effect on unintended pregnancy:

   > *You could be in a bad situation yet you are sick and on medication. At the same time, you may not have anything to eat...you look for man who can help you. Then that man will give you conditions... if you are going to have sex with him with a condom, he will give you 5,000 Naira, then he says that if it is without a condom, he will give you 20,000 Naira. Because you can't help yourself, there is no way you can leave 20,000 Naira and go for 5,000 Naira* (Morris, 2009).

   > *... The only reason why they do it is because of poverty. Most of us here are using family planning (pills), so you find that one can spend two weeks bleeding; without anything to eat, what do you expect? You go, and have sex for money. When a man sees blood on the sheets after intercourse, you also pretend as if you didn't know or as if the periods have only started from that point.*

2. **Inconsistent use of Contraceptives:** Contraceptives in this context refers to names given to medicines and other devices that are used to prevent unwanted pregnancy. Contraceptives may also be referred to as birth control methods (such as condoms) have greatly increased among FSWs but many FSWs are inconsistent users. FSWs are more or less likely to use condom with their clients due to factors such as an unsupportive sex workplace management, type and pricing of transactional sex services and familiarity with clients (Todd, 2010).

3. **Substance Abuse:** This involves the intake of alcohol, prescription medicine and other legal substances too much or in the wrong way. Both legal and illegal drugs have chemicals that can change how the body and mind works. Drug use is significantly associated with unintended pregnancy among FSWs (Todd, 2010). Studies suggest that drug addicted FSWs are more likely to be exposed to unprotected sexual intercourse as well as higher risk for unintended pregnancy (Glasier, 2006). FSWs are regular patrons at drinking places, including bars and hotels. Alcohol consumption, particularly before sex, impairs one's judgment with regard to having protected sex, resulting in many instances of unintended pregnancy.

4. **Sexual Violence:** Sexual coercion is an increasingly common experience among FSWs. Sexual violence is not only violation of a young woman's body and human rights but also an encroachment upon her right to control her reproductive and over-all health. Strong evidence exists to demonstrate a relationship between gender-based violence, including intimate partner violence (IPV), sexual coercion, and child abuse, and the risk of adverse reproductive health outcomes. Research has shown an increased risk for unintended pregnancy among FSWs experiencing IPV (Pallito, 2004). However, as is the case globally, less known about sexual violence among FSWs. There are different mechanisms that explain unintended pregnancy among FSWs. First there is the possibility that an unintended pregnancy is the direct result of coercive sex that contraception was not used because the sex was forced. Second, sexual violence may be a disempowering experience, particularly when it happens to a young woman (Koenig, 2004). FSWs who have experienced sexual violence may face difficulties in negotiating condom and contraceptive use and thus be at increased risk for unintended pregnancy, abortion, STIs, HIV and subsequent sexual coercion (Koenig, 2004). In the present analysis, FSWs at risk of unintended pregnancy who have experience sexual violence are less likely to be using contraception despite a stated desire to delay or avoid practices (Schutt-Aine, 2003). Childhood sexual abuse may disrupt normal development processes around sexuality and be associated with compromised mental health (including depression, post-traumatic stress disorder, and dissociative disorders), adult use, and social network

characteristics that increase exposure to adverse reproductive health outcomes (Chut-Aines, 2003).

Violence is a common experience in the lives of many FSWs. In India, 70% of sex workers reported being beaten by the Police and more than 80% had been arrested without evidence (WHO, 2013).In Bangladesh, between 52% and 60% of street-based sex workers reported being raped by men in uniform in a 12-month period, and between 41% and 51 % reported being raped by local criminals. Similarly, high rates were found among FSWs in Vancouver, Canada, where 57% of FSWs experienced gender-based violence over an 18-month follow-up period and in southern India 50% and 77% of FSWs reported work-related physical and sexual violence.

Few studies in Africa provide detailed descriptions of the vulnerabilities of FSWs to violence. In Namibia, 72% of 148 sex workers reported being verbally abused by clients and neighbours; approximately 16% reported abuse by intimate partners, 18% by clients and 9% by Policemen. In Kenya, sexual and physical violence was pervasive among FSWs. Violence was commonly triggered by negotiations around condom use and payments. Pressing financial needs, gender-power differentials, illegality of trading in sex and cultural subscriptions to men's entitlement for sex and money underscored much of the violence FSWs experience in Kenya (Okal, 2011). Unfortunately, violence to sex workers often goes unreported and under-researched. There is paucity of data on the prevalence and experience of violence to FWSs in West Africa. This study is unique in that it identifies the factors that increase likelihood of experiencing physical, sexual, psychological and economic violence by FSWs (Hubbard, 2003).

Theoretical framework

In reviewing the extensive literature produced by unintended pregnancy among FSWs, it is clear that theory has played an important role in the development of some of the most effective approaches, including such well-known programmes as "Reducing the Risk".

In this section, a theoretical framework is found to be most clearly relevant for unintended pregnancy among FSWs. These theoretical models were extracted from various sources studied in the course of a wide-ranging review of the professional literature. Although various theoretical frameworks have been available for a number of years and used in psychological and sociological studies to gain greater understanding and insight into human behaviour, their practical application to developing more effective interventions, such as programmes focused on adolescent pregnancy prevention, has rarely fully explored, when these frameworks have been applied, it has often been with the goal of influencing behaviours by working at the individual level (e.g. adolescent self-esteem, knowledge of and motivation to delay sexual activity or use contraceptives).

Social learning theory

Social Learning Theory posits that behaviour is the result of "reciprocal determinism", the continuing interaction between a person, the behaviour of that person, and the environment within which the behaviour is performed. The constant interaction between these factors is such that a change in one has implications for others. Behaviour can result from the characteristics of a person or an environment, and it can be used to change that person or environment as well. Behaviour is viewed not in isolation, but rather as the outcome of the dynamic interaction of personal and environmental variables. The two most important variables that Social Learning Theory takes into account are self-efficacy and modeling. Self-efficacy, or the confidence in one's ability to successfully perform a specific type of action is considered by Bandura (the "father" of Social Learning Theory) to be single most important aspect of the sense of self that determines one's effort to change behaviour. That people learn not only from their own experience, but from the actions and reactions of others as well, is defined as imitation or modeling, a basic premise of Social Learning Theory.

In applying Social Learning Theory to unintended pregnancy, a major component would be modeling: sex workers imitate behaviour from others in their environment through observational learning. It is often the job of health educators and counselors to help sex workers recognize that different, sometimes conflicting, social norms may exist in their community or environment. The messages they receives about sexual behaviour from the media, from their peers, or from family members, religious leaders, and others, will almost inevitably be different to some extent. By providing sex workers with an increased awareness of the influence of other significant individuals in their lives, as well as knowledge and negotiation skills about the use of contraceptives, the chances of an unplanned pregnancy can be lessened.

Social ecology theory

Using this theoretical framework, health promotion, and specifically pregnancy prevention, is viewed not only from an individual perspective, but rather more broadly, as an individual is embedded in and influenced by numerous systems or groups. Whether an individual feels supported or neglected by these systems also impacts behaviour. Thus, if social institutions do not invest in young people's futures, pregnancy becomes an attractive alternative where personal meaning is gained through becoming a parent, even prematurely. Social Ecology Theory was developed as a response to the severity and complexity of chronic health conditions that are rooted in a larger social, cultural, political and economic fabric. Traditionally, the emphasis on risk for unhealthy behaviour that can lead to pregnancy has been placed on individual factors. As a result, the majority of health promotion programmes often focus solely on changing individual characteristics, rather than seeking to change environmental resources and interventions as an adjunct to interventions that are solely targeted at the individual level. Social Ecology Theory

assumes that the effectiveness of health promotion (i.e. pregnancy prevention) can be enhanced through multi-level intervention packages that combine both behavioural and environmental modification strategies. The current wisdom in health promotion holds that ignoring behaviours beyond those at the individual level will produce less of an impact on health status.

In applying Social Ecology Theory to unintended pregnancy, two key elements must be emphasized. First, it is important to integrate health promotion interventions across multiple life domains, such as the home (family members practice open communication concerning values related to education, personal responsibility, delayed sexual activity and or supporting contraceptive use.) The school (including comprehensive school-based family life education curriculum and academic enrichment programmes, tutoring, and job shadowing), the community (employment and recreational opportunities for youth, mentoring, and health services that are affordable and accessible in the community), in political setting (including legislation addressing poverty issues). The second key element, opportunities for enhancing community well-being can be realized through cultural change. For example, through the transformation of norms, values and policies regarding the need to invest in young people, social support for comprehensive youth programmes can be strengthened.

Conclusion

In conclusion the major premise of this paper has demonstrated the yawning concerning lack of research on an issue which is a priority for many FSWs in Nigeria. This is surprising as we found many studies on HIV incidence and prevention in this population, for which unintended pregnancy is both relevant to the primary outcome and may indicate overall sexual risk. Unintended pregnancy associated consequences could lead to poor reproductive and the general health of FSWs. Unintended pregnancy could also be associated with increased risk of STI/HIV transmissions among FSWs and in the general community.

High level of unintended pregnancy and abortion as a result of unsafe sex (particularly due to underutilization of effective contraceptive methods) suggest that FSWs may not have access, detailed knowledge or resources for procuring reproductive health service. Hence access in terms of increasing availability and accessibility of contraceptives as well as provision of compassionate care to FSWs is crucial to reduce unintended pregnancy in this group.

Ongoing and continuous counselling on safe sex, including correct and consistent use of the condom and for particular clients, enhancing use of emergency contraceptive methods will benefit to reduce unintended pregnancy among FSWs. As this population group is special and difficult to reach with reproductive health interventions, tailored strategies and mechanism should be developed to address unintended pregnancy and its consequences.

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