

Gender-Based Violence Against Female Sex Workers in Nigeria, How Helpful Are Grassroots Interventions?

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ABSTRACT

Introduction: Gender-based violence (GBV) against female sex workers (FSWs) increases their risk of unwanted pregnancies, abortion, HIV, and other sexually transmitted infections (STIs). Hence, this study aims to assess the impacts of grassroots interventions on GBV against FSW in Benue State, Nigeria.

Methods: The study is a cross-sectional baseline-post-intervention survey using a randomized cluster sampling technique. It was carried out in six local governments of the State using structured questionnaires to collect data from the respondents. Data were analyzed using IBM Statistical Package for the Social Science (SPSS) version 25.0.

Results: This study comprised 446 FSWs with 223 from each baseline and intervention survey. The prevalence of GBV was 48.0% in the baseline and 59.2% in the intervention ($P < 0.001$). The most common GBV were being beaten/battered/kicked (26.0%) in the baseline and 30.9% in the intervention ($P > 0.05$). Paying partners (65.6%), the police (53.0%), and vigilantes (30.3%) were the top perpetrators of GBV in the post-intervention study, higher than 41.3%, 17.5%, and 3.9% in the baseline ($P < 0.001$). Access to health care services after GBV was 43.0% in the baseline and 72.7% in the intervention ($P < 0.001$). Only 24.2% of post-intervention respondents would keep cases of GBV to themselves instead of reporting them to appropriate authorities, compared to 53.3% in baseline ($P < 0.001$).

Conclusion: The study recorded higher reports of GBV among the FSWs after the intervention than at the baseline, in which most cases of GBV were underreported. The increased ability to report cases among FSWs after intervention helped to improve the boldness of the victims in reporting the GBV.

Keywords: Gender-based violence, Female sex workers, Interventions, Rape

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Introduction

The use of violence by men is a common occurrence in sexual relationships in most sub-Saharan African societies, particularly with female sex workers (FSWs).^{1,2} Gender-based violence against FSWs has been a persistent problem in this part of the world. Violence toward FSWs has

resulted in physical, sexual and mental damage, contributing to discrimination in accessing health care, insecurity and other health risks.³ The most common attacks on FSWs are beating, rape and social injustice, which in turn leads to physical injury, trauma and inaccessibility to sexual and

reproductive health (SRH) services and basic human rights, respectively.⁴

FSWs in Nigeria often face violence and harassment, increasing their risk of HIV infection and sexually transmitted infections (STIs).² Those with lower educational status are at higher risk of HIV.² FSWs suffer economic, physical, sexual and psychological violence from clients, brothel managers, and police.⁵⁻⁷ Consequently, FSWs continue to be exploited by pimps. Most have been unable to establish a working relationship with hotel and brothel owners to gain a better working environment or obtain their workers' rights.⁶ Besides, most of those who indulge in the daily experience of prostitution continue to face violence, stigma and discrimination.⁷ Thus, the sex workers' situation remains fragile. Investing in their well-being and care appears difficult, and their sexual and reproductive health needs have been widely neglected.

Restricted access to contraception for FSWs, challenges negotiating condom usage, and exposure to gender-based violence (GBV) often result in an unplanned pregnancy,⁸ making access to safe abortion and post-abortion treatment an urgent sexual and reproductive health need. If abortion is banned, it is possible to use illegal care providers, raising the risk of death and long-term health problems.

While there is very little knowledge on the gender-based violence faced by FSWs, a study to understand the incidence and causes of violence against FSWs in Abuja, Nigeria, indicates that 52.5 percent of FSWs had encountered violence in the six months preceding the study.⁹ The study further revealed that 63.8% of the sexual violence reported was committed by their clients, which was the most prevalent.

With support from the Kingdom of the Netherlands, HAI is implementing a two-year initiative in Nigeria called "Sexual and Reproductive Rights for All (SARRA)." Which are inclusive, intersectional human rights and movement-building interventions with reproductive health knowledge and resources to cover eight thousand relegated women and girls.¹⁰ The grassroots intervention programs are

supported in Nigeria by Heartland Alliance International (HAI) in collaboration with the Kingdom of the Netherlands. This project empowers vulnerable women, regardless of social status, sexual orientation and gender identity, to secure their sexual and reproductive health and rights (SRHR). The goal of Heartland Alliance International is to ensure the protection of individuals whose rights are violated and to encourage them to participate actively in their communities and foster social change. Heartland Alliance International supports progressive, creative approaches to defending human rights and gender equality in all programmes.¹⁰ Since the project's inception, about 500 formerly disadvantaged women and girls in the states of Benue and Lagos have voluntarily begun using family planning options, safeguarding them from unwanted pregnancies and the challenges that come with them, as well as societal shame and stigma. Some program graduates have reported increasing their knowledge of human rights violations such as Gender-Based Violence and other forms of injustice that they had previously neglected. Sexual and Reproductive Rights for All (SARRA) has organized support group sessions for survivors of sexual and intimate partner abuse so that they may feel safe discussing their sexual, reproductive, mental, and emotional health with people they know and trust. Finally, a significant number of victims are coming forward due to their increasing participation in public health services, health-seeking behavior and narrative have gained confidence and agency. This study will address the GBV against FSWs in Benue state Nigeria before and after grassroots interventions.

Methods

This is a cross-sectional quantitative study that evaluates gender-based violence among FSWs in Benue State, both before grassroots interventions and after the interventions, using a randomized cluster sampling technique, the clusters chosen were brothels in the six LGA of the states, random number generation was used to randomly select some brothels for the study. From the selected clusters the sample size within the brothels was

determined and participants (FSWs) were randomly selected from each cluster (brothel). All FSWs who gave informed consent when the interviewers visited their sites were included in the study.

The study was carried out in six local government areas (LGAs), including Makurdi, Gboko, Ukum, Katsina-Ala, Konshisha, and Buruku in the Benue State, Nigeria. The study population comprised FSWs in the six LGAs selected. These were selected because they are a good representative of FSWs in Benue state since the six LGAs have a high concentration of FSWs from various parts of the country.

The sample size was calculated based on the 15,000 estimated population of female sex workers in the State. A 7% marginal error was used, and Alpha α was taken as $P=0.05$ at 95% confidence. Using the formula

$$\text{Sample size } n = N \frac{Z^2 \times P(1-P)}{e^2} \quad 11$$

$$N-1 + \frac{Z^2 \times P(1-P)}{e^2}$$

$N=15000$ – population of FSWs in Benue State, $Z^2 = 1.96$ at 95% confidence interval, a response proportion (P) of 50% was used and this is $= 0.5$, $1-P = 1-0.5 = 0.5$, and $e = \text{marginal error} = 7\% = 0.07$. The sample size N was calculated as 446, comprising 223 participants at baseline and 223 at post-intervention surveys. The sample size was grouped because the study is a randomized controlled trial with a continuous outcome measure.

All FSWs 15 years old or above who were willing to be part of the study were included. Non-female sex workers, FSWs younger than 15 years old, and those unwilling to participate in the study were excluded. FSWs younger than 15 years old were excluded because they are very scarce to find compared to other age groups and can affect the overall outcome of the study.

Ethical approval was obtained from the National Health Research Ethics Committee of Nigeria (NHREC) with approval number NHREC Protocol Number NHREC/01/01/2007-08/03/2019. Approval was also obtained from Heartland Alliance International to use its baseline data, based on past experiences of violence experienced

by FSWs. The data collected from the participants were kept private and only used for the analysis. The research protocol was explained to each respondent, and informed consent was obtained before conducting the questionnaire. There is no set of data that can be used to identify the respondents.

A structured questionnaire with questions on socio-demographic characteristics, sexual lifestyle, knowledge of sexual health and rights issues and sources of information, health-seeking behavior, observations on the attitude of service providers in both the private and public sectors, questions on sexual choices and practices for female sex workers, and drug-use habits for female drug users was developed. There were also questions about mental health and whether the intervention program could reduce their stress level and preferences for different types of sexual and reproductive health and rights services. The questionnaire used in this study was adapted from a programming tool developed by Heartland Alliance Nigeria, which has been previously validated and used in similar research studies. The original tool was developed based on established theories and concepts in the field of sexual and reproductive health and rights, as well as the experiences and perspectives of individuals and communities affected by these issues. Additionally, the instrument has been piloted and validated by Heartland Alliance, Nigeria, to ensure its reliability and validity in the context of our research objectives and target population. The questionnaire was written in English and translated to the local dialect, after which it was cross-checked to assure context. Research assistants were employed to administer questionnaires after training for two days. The questionnaire was pre-tested in the Federal Capital Territory (FCT), Abuja and corrections and observations were dully addressed before data collection.

The data collected were cleaned and analyzed using IBM-Statistical Package for Social Sciences (IBM-SPSS) version 25.0 for Windows IBM Corp., Armonk, N.Y., USA. Descriptive statistics were performed, the association between categorical

variables was established using the Chi-square analysis, and the statistical significance level was set as $P < 0.05$.

Results

This study comprised 446 FSWs, of which 223 (50.0%) were interviewed at the baseline study (before intervention) in 2018 and another 223 (50.0%) in 2020 after two years of Sexual and Reproductive Rights for All (SARRA) intervention programs. Two years were selected for the interventional assessment period because SARRA programs last for this time. The minimum age of all respondents was 15 years and a maximum of 45 years for baseline and 49 years for intervention,

respectively. The mean age was 26.6 ± 6.30 years. Slightly above half (53.6%) of all respondents had experienced Gender-Based Violence, as shown in Table 1. Forty-eight percent (48.0%) of respondents in the baseline had experienced Gender-Based Violence compared to 59.2% of their colleagues in the intervention. About one-quarter (26.0%) of the participants in the baseline experienced being beaten/battered/kicked as the most prevalent Gender-Based Violence compared to 30.9% of respondents in the intervention. However, 8.1% of the baseline experienced rape as the least prevalent Gender-Based Violence compared to 15.2% of respondents in the intervention (Table 1).

Table 1: Prevalence of Gender-Based Violence Among FSWs at Baseline and Intervention

		Baseline	Intervention	Total	X ²	P-value
Have experienced GBV	Yes	107 (48.0)	132 (59.2)	239 (53.6)	12.535	<0.001*
	No	139 (52.0)	93 (40.8)	232 (46.4)		
Kind of GBV (n = 446)	Beaten/battered/ kicked	58 (26.0)	64 (28.7)	122 (27.4)	0.406	0.524
	Verbal abuse/ insulted	60 (26.9)	69 (30.9)	129 (28.9)	0.883	0.347
	Unwanted touch	20 (9.0)	54 (24.2)	74 (16.6)	18.729	<0.001*
	Rape	18 (8.1)	34 (15.2)	52 (11.7)	5.573	0.018*
	Arrest/raid	24 (10.8)	59 (26.5)	83 (18.6)	18.134	<0.001*
	Exploitation	17 (7.6)	43 (19.3)	60 (13.5)	13.018	<0.001*
Perpetrator (n = 235)	Paying partner(s)	43 (41.3)	86 (65.6)	129 (54.9)	13.829	<0.001*
	Non-Paying partner(s)	15 (14.6)	20 (15.2)	35 (14.9)	0.016	0.900
	Bunk/Brothel mate(s)	15 (14.6)	5 (3.8)	20 (8.5)	8.627	0.003*
	Bunk/Brothel manager	8 (7.8)	10 (7.6)	18 (7.7)	0.003	0.956
	Police	18 (17.5)	70 (53.0)	88 (37.4)	31.223	<0.001*
	Vigilante	4 (3.9)	40 (30.3)	44 (18.7)	26.536	<0.001*

As shown in Table 1, about half (54.9%) of all the participants have experienced Gender-Based Violence through their paying partners as major perpetrators. Paying partners (65.6%), the police (53.0%), and vigilantes (30.3%) were the top perpetrators of Gender-Based Violence against FSWs, as found in the post-intervention study. These values are higher than what was obtained in the baseline 41.3% for paying partners, 17.5%

for police and 3.9% for vigilantes

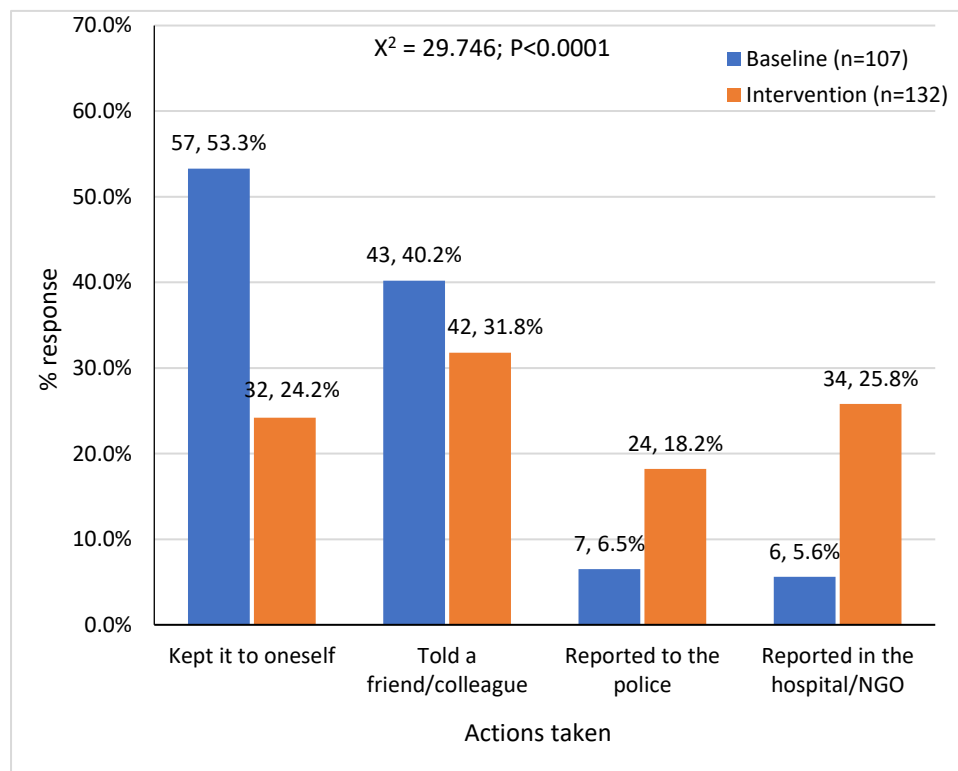
About 2 of 5 (43.0%) respondents in the baseline had access to care after experiencing GBV, in contrast to 72.7% of respondents in the intervention ($P < 0.001$). About 20.6% of the respondents in the baseline were given post-exposure prophylaxis, which is slightly lower compared to 28.8% of their counterparts in the intervention, as shown in Table 2.

Table 2: Access to Care After Experiencing Gender-Based Violence

	Baseline (n=107)	Intervention (n = 132)	Total (n=239)	X ²	P-value
Able to receive the needed care	46 (43)	96 (72.7)	142 (59.4)	30.613	<0.001*
Given post-exposure prophylaxis	22 (20.6)	38 (28.8)	60 (25.1)	7.428	0.006*

Figure 1 shows various actions taken by respondents on gender-based violence. About half (53.3%) of respondents in the baseline prefer to keep the abuse to themselves compared to about one-quarter (24.2%) in the intervention. However,

only about 1 of 20 (5.6%) respondents in the baseline reported in the hospital/NGO compared to about 1 out of 4 respondents (25.8%) in the intervention.



n_r = number of responses; * significant at P-value <0.05.

Figure 1: Actions taken by respondents about GBV

Discussion

This study found that more respondents in the post-intervention study had experienced gender-based violence than the participants at the baseline. The higher rate of gender-based violence against FSWs recorded in the intervention study might be because of the ability to speak out, which might have been gained through Sexual and Reproductive Rights for All (SARRA) programs. When FSWs know where to seek redress or reliable assistance, they will be willing and able to report cases of gender-based violence than when

there are no reliable places to go.^{12,13} In the case of the FSWs, sometimes, the perpetrators are even the law enforcement agents, which might be why the number of those who reported gender-based violence in the baseline study was lower than after post-interventions. The common gender-based violence against FSWs found in this study includes being beaten/battered/kicked, raped, verbal abuse, unwanted touch, arrest/raid, and exploitation. Studies have reported a high rate of gender-based violence among FSWs.⁴ Seib (2007) in a study conducted in the Queensland sex

industry, reported that within 12 months, 35% of FSWs reported that someone had attempted to forcefully have sex with them, while 31% were forced to have sex.

Paying partners were the top perpetrators of gender-based violence against FSWs in both the baseline and intervention studies. However, a very high proportion of the respondents in the intervention study mentioned the police and vigilantes as the major perpetrators of gender-based violence after paying partners. These findings show that more of the FSWs were able to speak out as a result of the interventions. A similar study conducted in Abuja, Nigeria, to determine the rate of violence against FSWs also reported that more than half of the FSWs experienced gender-based violence within six months; sexual violence was the most common type, while other forms of violence include physical and psychological violence.⁹ Similar to this study, they also reported that the main perpetrators of gender-based violence have clients, brothel staff, and policemen.¹⁴

Studies have shown that violence against FSWs is very common worldwide.^{7,9,12,15-17} studies from Pakistan,¹⁸ India,¹⁹ and Kenya²⁰ revealed that FSWs workers experienced verbal abuse, stoning, and physical and sexual violence, mainly from religious leaders, clients, and the police, and intimate and non-paying partners. Studies have also shown that in cases where there are no interventions, they are not brave enough to speak out, and most violence against FSWs often goes unreported,⁹ which buttresses the fact that more cases of gender-based violence were reported in the post-intervention study due to the interventions, unlike the baseline.

More than twice the number of FSWs who accessed care at the baseline study doubled after the interventions. Although this study assesses the impacts of intervention, considering FSWs' perspectives, the interventions were not limited to the FSWs alone. Still, they were also extended to all health facilities and health workers in the State. The fact that only a few baseline FSWs had access to care or sexual and reproductive health services

compared to post-intervention study participants could be attributed to, first and foremost, increased knowledge of sexual and reproductive health and awareness of where to receive care, provision and accessibility of sexual and reproductive health services as a result of interventions that reached all FSWs in Benue State. Secondly, intervention programs in health facilities and healthcare providers improved support for FSWs' right to sexual and reproductive services.

This study revealed that most baseline study participants would rather keep the experience of gender-based violence to themselves or only tell their friends/colleagues. In contrast, most intervention study participants reported to the NGOs or the police in addition to informing their friends. This shows a great impact of the intervention programs as more FSWs in the intervention study knew the appropriate steps to take and had more confidence to talk about their experiences rather than remaining numb, as seen in the baseline. Sexual and Reproductive Rights for All grassroots intervention aims to improve the FSWs' awareness of their right and access to sexual and reproductive health, improve self-esteem, and build their confidence in the system enough to direct them to the appropriate channels for assistance. Previous studies have reported that FSWs (without sexual and reproductive health interventions) cannot often speak out when they experience gender-based violence or molestation due to penalization of sex work, criminalization, and stigmatization against sex workers, depriving them of their rights to sexual and reproductive health services.²¹⁻²⁴

Conclusions

The study recorded higher reports of gender-based violence among the FSWs after the intervention than at the baseline, in which most cases of gender-based violence were underreported. The increased ability to report cases among FSWs after intervention helped improve the boldness of the victims of gender-based violence. More grassroots interventions are necessary to reduce discrimination, stigmatization

and violence against female sex workers in the community.

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