

Mental health implications of the commercial sex industry in Nigeria*



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The history and some of the consequences of the growth of the sex industry in Nigeria have been identified and discussed by previous researchers (Little 1973; Caldwell, Caldwell and Orubuloye 1992; Orubuloye, Caldwell and Caldwell 1991, 1994). These authors have contributed immensely to providing fundamental information that may be useful in preventing or at least minimizing the hazardous effects of the sex industry. They stress the vital roles played by the sex workers in transmitting STDs and HIV/AIDS and suggested how the situation can be controlled. There are however, some issues of psychological importance that are yet to be examined. For instance, we are interested in knowing what prompted the interest of the women in the business, the occupational hazards in the sex industry, the coping mechanisms adopted, what is keeping the sex workers on the job in spite of the occupational hazards, their level of satisfaction with the business, and most importantly, the mental health implications of the growth of the sex industry in Nigeria.

The present study was an attempt to give a psychological analysis of commercial sex in Nigeria and to appraise the prevalence and level of psychopathological symptoms among sex workers. Findings from this study not only will suggest how to arrest the growth of the sex industry in Nigeria but also may alert the Federal Ministry of Health and other health organizations to the mental health implications of commercial sex.

Methodology

One hundred and twenty-five sex workers and an equal number of women of other occupational groups participated in the study. The sex workers were the experimental group while the other 125 women served as a control group. The control group includes students, apprentices, artisans, traders and civil servants of equivalent age. Subjects in the control group lived in the same location as the hotel or bar where the sex workers stayed. The survey was carried out in Akure and Ondo.

The major instruments for the study are the Awaritefe Psychological Index (Awaritefe 1982) and the Eysenck Personality Inventory (Eysenck 1976). The Psychological Index, a paper and pencil test, consists of 51 items eliciting general psychopathological symptoms. The instrument is divided into eight subsections, each measuring the following disorders-sleep, intellect, heat, sensation, affective, speech, head and general somatic. The addition of all the subsection scores represents the level of general psychopathology. It is an interval scale and the higher the score the higher the level of manifested psychopathological symptoms. The Eysenck Personality Inventory is similar to the Psychological Index except that it consists of 48 items measuring two personality dimensions; neuroticism-stability, and

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extraversion-introversion. The neuroticism-stability dimension of the scale consists of 26 items while the extraversion-introversion dimension consists of 22 items. The psychometric properties of both instruments have been discussed elsewhere (Awaritefe 1982; Akinnawo 1989). These instruments, supplemented with a structured questionnaire, were administered to the sex workers and the control group by the author and a trained female research assistant. The resulting data-set was subjected to statistical analysis.

Results

The mean age of the sex workers was 30.45 years; 52 of them are single and 73 are either married, separated or divorced. The mean age of the control group is 29.82 years, 55 of them are single and 70 are either married, separated or divorced.

Factors influencing the growth of the commercial sex industry in Nigeria

Table 1
Some factors influencing the growth of the sex industry in Nigeria

	Frequency (N=125)	%
Financial handicap	58	46.4
Death of parent/husband	18	14.4
Divorce/separation from husband	16	12.8
Unemployment	10	8.0
Peer influence	10	8.0
Desire for sex	7	5.6
Husband's unco-operative attitude	6	4.8
Occupational hazards in the sex industry		
Poor health/diseases excluding STDs	56	44.8
Risk of STDs	25	20.0
Embarrassment from the public	17	13.6
Feeling of rejection	12	9.6
Rivalry/jealousy among fellow-sex workers	9	7.2
Shame	6	4.8
Coping mechanisms adopted by sex workers		
Seeking medical attention	36	28.8
Endurance	27	21.6
Self-medication	25	20.0
Adaptation	23	18.4
Consulting herbalists	14	11.2
Why sex workers stay on the job in spite of the reported hazards		
Monetary rewards	78	62.4
Caring for children	20	16.0
Unemployment	11	8.8
Inability to secure a man for marriage/divorce	10	8.0
Interest	6	4.8
Why some sex workers plan to quit the business		
To establish a more acceptable business	30	24.0
To live a happy life	24	19.2
Commercial sex is not a good business	20	16.0
Poor health	15	12.0
Plan for marriage	11	8.8
Not applicable	25	20.0

The major reported reasons for engaging in commercial sex include financial handicap, death of parents or husband, divorce or separation from husband, unemployment, peer influence, desire for sex, and husband's unco-operative attitudes. These reasons can be regarded as socio-economic factors encouraging the growth of commercial sex in Nigeria.

The reported occupational hazards in the sex industry are poor health (mental and physical health excluding STDs), risk of STDs infection, embarrassment from the public, poor self concept, and rivalry among sex workers. Seventy per cent of the sex workers did not have foreknowledge of the reported occupational hazards. One would expect these hazards to be strong enough to have an adverse effect on the growth of the industry. The sex workers, however, cope with their occupational hazards by seeking medical attention, endurance, self medication (drug abuse), adaptation, or consulting herbalists. Also, in spite of the occupational hazards experienced, the sex workers remain on the job because of the monetary rewards, intention to care for their children, unemployment, divorce, or interest.

Seventy-nine per cent of the sex workers would not have engaged in commercial sex if they had had better options and none of them would like any of her children to engage in commercial sex; 80 per cent intend to quit the business very soon, when they have saved enough money to start a better business, or when their children can take care of themselves. They will give up prostitution in order to establish a more acceptable business, live a better life, or plan for marriage. Many intend to leave the business because of poor health or because commercial sex is not a good business. Those who want to remain on the job (20%) till the end of their lives, either felt that there is no better way of making quick money or they have no other place to go owing to old age or ill-health.

The above analysis not only provides evidence of dissatisfaction with the business as well as dissatisfaction with their lives, but also suggests that some socio-economic factors encourage the growth and maintenance of the sex industry in Nigeria while ill-health and some psychological factors destabilized the industry by pushing sex workers out of it.

Prevalence of psychopathological symptoms

The prevalence of psychopathological symptoms among the sex workers is abnormally high. The prevalence ranged from 11.2 per cent (speech disorder) to 32.0 per cent (general psychopathology) among the sex workers, and from 3.2 per cent (sleep disorder) to 17.6 per cent (general psychopathology) among the control group. This shows that most of the sex workers are psychopathological. Detailed information on the prevalence of psychological symptoms among the sex workers is shown in Table 2.

Table 2
Prevalence of psychopathological symptoms among the sex workers and control group

Symptoms	Prevalence among commercial sex workers %	Prevalence among control group %
Sleep disorder	17.6	3.2
Intellectual disorder	31.2	8.0
Affection/mood disorder	28.8	15.2
Speech disorder	11.2	7.2
Head disorder	30.4	12.8
General somatic disorder	24.0	16.0
General psychopathology	32.0	17.6
Neuroticism	20.0	13.6

Mental health status of the sex workers

Table 3 shows the comparative analysis of the mental health status of the sex workers and the control group. The sex workers, as a group, were observed to obtain higher mean scores than the control groups in all the subsections of the Awaritefe Psychological Index and the Eysenck Personality Inventory-neuroticism dimension. The observed differences were found to be significant at the 0.05 level of significance. This is an indication that the sex workers are significantly more psychopathological than the control group. The sex workers were also found to be significantly more neurotic and less stable than the control group. The above findings imply that the mental health status of the sex workers is poor or at the least poorer than that of the control group.

Table 3
Comparative analysis of mental health status of sex workers and control group

Symptoms	Group	N	X	SD	t-value
Sleep disorder	Sex workers	125	5.78	3.01	4.56
	Control	125	3.96	4.69	
Intellectual disorder	Sex workers	125	6.30	3.38	5.61*
	Control	125	3.27	2.85	
Affective/mood disorder	Sex workers	125	15.79	7.16	6.16*
	Control	125	12.88	4.38	
Speech disorder	Sex Workers	125	5.18	4.32	3.90*
	Control	125	4.31	1.87	
Head disorder	Sex workers	125	4.63	3.52	2.73*
	Control	125	3.13	2.57	
General somatic disorder	Sex workers	125	7.31	4.59	4.10*
	Control	125	6.26	3.57	
General psychopathology	Sex workers	125	47.49	19.73	15.958*
	Control	125	40.05	12.79	

* P<.05

Discussion and conclusion

Socio-economic factors such as financial handicap, divorce or separation from husband, unemployment and peer influence were found to be major factors encouraging the growth of the sex industry in Nigeria. This finding is consistent with Orubuloye et al. (1994). Ill health and some psychological factors such as poor self-concept, dissatisfaction with commercial sex and self-dissatisfaction may be capable of destabilizing the sex industry.

The prevalence of psychopathological symptoms is very high among the sex workers. The obtained prevalence is not only higher than that of the control group but also higher than what had been previously obtained among other groups in Nigeria. For instance, the prevalence of psychopathological symptoms ranged from 9 to 21 per cent among Nigerian nurses (Akinnawo 1992) and between 6 and 16 per cent among female self-employees of Ado-Ekiti community (Akinnawo, in press).

The finding that the sex workers were significantly more psychopathological than the control group is also an indication that commercial sex either creates a conducive atmosphere for the development of psychopathology or maintains the growth of psychopathology. Two possibilities can be examined from the above findings, since a causal relationship could not be sufficiently established. First, there is the likelihood that people are already psychopathological before engaging in commercial sex. This possibility is, however, ruled

out by the fact that Orubuloye et al. (1994) did not find anything to discriminate between women who would go into prostitution and those who would not, except 'marriage breakdown' and 'pressure to support children'. We recognize the fact that marriage breakdown and pressure to support children are capable of inducing psychopathological symptoms. It should, however, be noted that not all cases of marriage breakdown or pressure to support children lead to mental breakdown. If there is nothing to show that people engage in commercial sex because they are psychopathological, the only plausible alternative is the second option, that sex workers develop psychopathological symptoms as a result of their involvement in commercial sex. In fact, some of the reported occupational hazards and some of the reasons given for intention to quit the business suggest that commercial sex is capable of inducing psychopathological symptoms.

We can conclude from the study that the growth of the sex industry in Nigeria is influenced by socio-economic, ill-health and psychological factors; also that commercial sex has adverse effects on the mental health of the sex workers.

The occupational hazards and the mental health effects of commercial sex should be stressed by our various health agencies, in order to discourage people, especially our youth, from engaging in commercial sex. A new national economic policy that will reduce the present level of unemployment and the consequent financial handicap may reduce the number of young women engaging in commercial sex. Finally, the policy makers should include the sex workers in the national mental health policy, since it may not be possible to eradicate commercial sex in Nigeria, in this era of depressed economy.

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