

Condom Use among Risk Behaviour Group in Ekiti-State, Nigeria

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Abstract: This study investigated the effective use of condom among risk behaviour group and the group considered for this study are the commercial sex workers at different levels in Ekiti State. The population consisted of all commercial sex workers in hotels/brothels in Ekiti State, Nigeria. The population consisted of all commercial sex workers in hotels/brothels in Ekiti-State, Nigeria. A volunteer sample consisted of 200 sex workers selected from five Local Governments through purposive and stratified random sampling techniques were used. The strata recognized age, sex, family background, location of residence and socio-economic status. The instrument for collecting data was Condom Use Among Commercial Sex Workers (CUACSW). Reliability coefficient of the instrument was estimated at 0.75 using Pearson Product Moment Correlation. Data collected were analyzed using frequency counts, percentages, t-test and analysis of variance and tested at 0.05 level of significant. The result shows that there is a significant difference in the use of condom of sex workers in terms of their socio-economic status, place of residence in urban and rural areas and age. It was recommended that commercial sex workers' economic situation should be enhanced by various levels of Government at their different locations and that the older sex workers should be settled into a good trade which will eventually lead into the eradication of sex work since research has shown that it is the older ones that induct the younger ones into the trade.

Key words: Condom, commercial sexworkers, HIV/AIDS, urban area, Pearson product, Nigeria

INTRODUCTION

The Acquired Immune Deficiency Syndromes, AIDS is a pattern of devastating infections caused by the Human Immunodeficiency Virus or HIV which attacks and destroys certain white bloods cells that are essential to the body's immune system. According to WHO and GPA (1995) HIV/AIDS is acquired and not inherited; it is transmitted from person to person. As reported by UNAIDS (2003), in the early 80s only about 100,000 adults world wide were thought to have been infected with HIV/AIDS, at the end of 1988, the number rose to 33.4 million. At the end of 2005, it rose to 57 million.

A review of the proportion of HIV transmission caused by sexual contact according to UNAIDS (2003) shows that sex accounts for various percentages of infections in several regions of the world. The difference in the rate of sexual transmission was attributed to sexual behaviour practices existing within the different regions and locations of the world.

The probability of contacting HIV depends on individual's sexual behaviour. Some of the sexual behaviour practices that can facilitate HIV infections are practices that involve intercourse, insertion of penis into

the vagina, anus or mouth particularly penetrative sexual contact with an infected person. According to WHO and GPA (1995) all sexual penetrations carry a risk of HIV transmission because of the blood base fluids secreted during sex and the direct contact of this fluids with the exposed mucus membrane. Non condom use by commercial sex workers tends to fuel the transmission of HIV/AIDS.

The risk of becoming infected through unprotected sexual intercourse depends on factors like, the probability that the sex partners are infected, the amount of virus present in the blood or sexual secretions, the number of sexual partners and unprotected sex acts one has. To become infected with HIV is not a matter of frequency or intensity, one sexual encounter with one infected partner can be more disastrous than numerous encounters with numerous uninfected partners (Owuamanam, 2002).

Different classes of Nigerians have various sex cultures which need to be approached individually. According to Ogundana (2002), evidence from past research, indicates that in the early days premarital sex was forbidden in Nigeria but nowadays it is observed that young girls and boys relate and have penetrative sexual relations as regular aspect of dating. Owuamanam

(1982), stated that evidence abound of coital sex, premarital and extramarital involvement among Nigerians. This is particularly so among people of all ages in Ekiti-state.

Owuamanam (2002) reported that if sexual abstinence is not possible the alternative preventive measure for AIDS is safe sex, a behaviour which involves an individual taking a decision to modify his sexual behaviour to reduce the risk of AIDS infection. Such high risk behaviour that individual needs to change includes maintaining more than one sexual partner, avoid sexual relationship with high risk groups such as sex workers, long truck drivers, having sex with a partner that the HIV status is unknown, sex with drug addicted people, oral and anal sex. Sex workers are categories of people who have chosen sex as a major work in exchange for money. This groups of ladies are often after economic survival than the risk associated with the business, making the possibility of contacting HIV/AIDS very prevalent among them.

Commercial sex work is often described as the world's oldest profession Wilkin, reported that sex work began long ago even before the HIV/AIDS epidemic. As reported by Orubuloye *et al.* (1994) one of the earliest forms of commercial sex service is sacred prostitution; supposedly practiced among Sumerians. In ancient sources (Herodotus Thucydides) there are many traces of sacred prostitution starting perhaps in Babylon where each woman had to reach once in her life time (Militta Aphrodites or Nana/Anatutu) and they have sex with a foreigner as a sign of hospitality for a symbolic price. During the middle ages, prostitution was commonly found in urban centers (major towns and cities) where people established civic brothels/hotels. Sex work is illegal in some countries like France, Britain and Nigeria and this has however not deterred the sex workers from operating. According to WHO and GPA (1995), sex work has been legalized in United States, Alaska and Nevada.

Commercial sex activities pose subsequent insurmountable social problems in Nigeria. These sex workers engage in sexual activities with different categories of men in the society that are prone to HIV infection which includes drug addicts, long distance truck drivers and low income earners such as Okada men. This is a cause for concern in the society. The expectation is that the knowledge that HIV/AIDS is an incurable and a killer disease will motivate the sex workers to practice safe sex behaviour. According to Odu ((2003) knowledge is essentially the recall of specific and universal elements within a subject area. Knowledge in the context of HIV/AIDS implies having the ability to recall facts

concerning the origin, causes, transmission, prevention, impacts and policies concerning HIV/AIDS. The accompanying behaviour of knowledge of HIV/AIDS is expected to motivate logical safe sex behaviour.

In the view of Fawole knowledge is not so, he believed that individual may know the fact about the consequences of an action, the chances are that the individual either behave in accordance with the knowledge or disregard the knowledge and even behave contrary to the knowledge. Also, situation may arise in which the individual has knowledge but decided not to use the knowledge and act irresponsibly. At times, individual may have correct knowledge and may be led to exhibit constructive or destructive behaviour and thus may end up making the wrong decision. Orubuloye and Oguntimehin (1999) found out from a study that frequent sexual contact with commercial sex workers is high among men in Ekiti State and that only a few men accepted the use of condom during intercourse with the commercial sex workers. Osuth maintained that the use of condom by sex workers who are patronized by numerous customers is essential.

Condom is a close-fitting (usually rubber or animal skin) covering, designed for wearing on the penises during sexual intercourse as a contraceptive. It is worn on the penis during sexual intercourse to prevent pregnancies and the contact of sexually transmitted infections. The use of condom has been in existence before the HIV epidemic. The historical antecedents could be traced back to 1000 BC when Egypt use linen sheaths for protection against sexually transmitted diseases. Condoms were used in Rome to prevent infection during the Syphilis epidemic of the 14th-15th century. It was later that its usefulness for the prevention of pregnancy was discovered. Any effort to prevent HIV infection without the use of condom is incomplete and it will ultimately be ineffective because for now, condom is the only reliable available technology for HIV prevention universally (UNAIDS, 2003).

An investigation aimed at exploring the extent of use of condom by sex workers, the regularity and the correct use is essential and necessary for the prevention of HIV.

MATERIALS AND METHODS

Statement of the problem: HIV/AIDS is spreading fast in the society. The major source of transmission is through the sexual behaviour of some individuals which include having sex with multiple sex partners and the practice of unprotected sex (Orubuloye *et al.*, 1994). Rao *et al.* (1994) reported that condom is the only technology available for

the prevention of HIV/AIDS infection and other sexually transmitted diseases. The rate at which sex workers engage in multiple sex partnership in Nigeria is now giving a lot of people some concern as numerous customers patronize them daily. It was reported by Olaronke and Augustine (2001) that in most cases condom negotiation depends on the customers wish and that to all commercial sex workers, the customer is king in condom negotiation.

This study investigated whether commercial sex workers that have multiple sex partners actually engage in sexual intercourse with or without the use of condom, the regularity and also the correct usage. The following hypotheses were stated to guide the study:

- There is no significant difference in the use of condom by sex workers from low and high socio-economic status
- There is no significant difference in the rate of condom use among commercial sex workers in urban and rural areas
- Age range of commercial sex workers will have no significant difference on their use of condom

Research design: Descriptive research design of the survey type was used for this study. The design was considered appropriate because the study focused on the observation and perception of current situation of the prevalence of HIV/AIDS. A self constructed questionnaire was used to gather the opinion of the respondents concerning their knowledge about HIV/AIDS and their attitude to the use of condom in their sex business.

Population: The target population for the study consisted of all commercial sex workers in Ekiti State.

Sample and sampling techniques: A volunteered sample of 200 female sex workers, selected from five Local Government Areas in different brothels and hotels through purposive and stratified random sampling techniques. The strata recognize sex, age and socio economic status.

Research instrument: A questionnaire titled (Condom Use Among Commercial Sex Workers' questionnaire (CUACSWQ) was used. The questionnaire was in three sections, the first study consisted of items that measured background characteristics and the second section sought information on the nature of sex work while section three contained questions which sought information on the sex workers knowledge of HIV/AIDS.

Validity and reliability of the instrument: Experts in Tests and measurement ascertained the face and content validities of the instrument. Test-retest method was used to establish the reliability of the instrument. The reliability co-efficient of 0.75 was obtained.

Administration of the instrument: The administration of the instrument done partly by the researcher and partly by the research assistance. Copies of the instrument was distributed to the sex workers in the brothel during the day. The brothel manager and leader of sex workers helped in persuading the sex workers to obtain the form and promised them a reward if filled correctly.

Data analysis: The data generated were analyzed using frequency counts and simple percentages while t-test statistics and Analyses Of Variance (ANOVA) were also used in testing the hypotheses generated. The three hypotheses were tested at 0.05 level of significance.

RESULTS AND DISCUSSION

Descriptive analysis

Question 1: Do commercial sex workers use condom? The data collected were analyzed based on the responses of the respondents. Frequency counts and percentages were used in doing the analysis. The findings are shown in Table 1.

Table 1 shows that greater percentage of sex workers 102 (51.5%) do not use condom with clients who can practice withdrawal method, 47.5% of the respondents, use condom with all customers while 105 (52.5%) do not. Lesser percentage of the sex workers, 73 (36.5%) use condom for casual clients. Only few (30.5%) of the sex workers use condom for the first timers. In summary, greater percentage of the commercial sex workers do not use condom with their customers.

Question 2: What is the sex workers knowledge about HIV/AIDS? This question was answered using scores obtained from the knowledge about HIV/AIDS questionnaire.

Table 1: Usage of condom by commercial sex workers

Use of condom	Yes		No	
	Frequency	%	Frequency	%
I use condom with all customers	95	47.5	105	52.5
I use condom for the first timers only	61	30.5	139	69.5
I use condom for casual clients	73	36.5	127	63.5
Clients who can practice withdrawal method do not need the use of condom	102	51.0	98	49.0

Table 2: Knowledge about HIV/AIDS

	Yes		No	
	Frequency	%	Frequency	%
Sex workers knowledge about HIV/AIDS				
HIV could be transmitted by infected partner to an uninfected partner	161	80.5	39	17.5
HIV/AIDS has no cure	150	75.0	50	25.0
Use of condom can prevent the spread of HIV/AIDS	148	74.0	52	26.0
Multiple sex partners enhance the chances of contracting HIV infection	147	73.5	53	26.5
HIV could be contracted through homosexual sex	135	67.5	65	34.0
A healthy looking person can be HIV positive	129	64.5	71	35.5
Sexually transmitted infection could enhance HIV/AIDS if not treated	119	59.5	81	40.5

Table 2 shows that 80.5% of the sex workers have the correct knowledge that HIV could be transmitted by infected partner to an uninfected partner while, 75.0% of them have the correct knowledge that HIV/AIDS has no cure. Some of them also have the correct knowledge that the use of condom can prevent the spread of HIV/AIDS (74.0%). They also know that multiple sex partners enhance the chance of contracting HIV/AIDS (73.5%). HIV could be contracted through homosexual sex (67.5%) and that a healthy looking person could be HIV positive (64.5%).

From the above response on Table 2, it is very obvious that commercial sex workers have high knowledge about HIV/AIDS infection.

Hypotheses testing: This section deals with the testing of the three hypotheses generated for the study using the appropriate statistical tools tested at 0.05 level of significance.

Hypothesis 1

Ho1: There is no significant difference in the use of condom by commercial sex workers from low and high socio-economic status.

To test this hypothesis the mean score obtained by commercial sex workers whose socio-economic status are low and high were subjected to t-test analysis. Result of the test is shown in Table 3.

Table 3 shows that the value of t-cal (2.160) is greater than the value of t-table (1.960) at 0.05 level of significance; as a result the null hypothesis is rejected. Therefore, there is a significant difference in the use of condom by sex workers in terms of their socio-economic status. The rate of the use of condom by sex workers with low socio-economic status is lower than the use of condom by sex workers with high socio-economic status.

Hypothesis 2

Ho 2: There is no significant difference in the rate of condom use among sex workers in urban and rural areas. To test this hypothesis, mean score obtained by sex workers in rural and urban areas were subjected to t-test analysis. The result of the analysis is shown in Table 4.

Table 3: t-test analysis of the use of condom among sex workers from low and high socio-economic status

Groups	N	X	SD	df	t-cal	t-table
Low	143	29.45	4.07			
High	57	30.95	3.28	198	2.160	1.960

Table 4: t-test analysis of the use of condom among sex workers in rural and urban areas

Groups	N	X	SD	Df	t-cal	t-table
Rural	106	30.80	3.44			
Urban	94	08.71	4.11	198	3.917	1.960

Table 5: Analysis of variance showing age range and use of condom among sex workers

Groups	ss	Df	m ²	f-cal	f-table
Between group	429.591	2	214.796		
Within group	3593.929	197	13.167	16.313	3.000
Total	3033.520	199			

Table 6: Sheffe post-hoc analysis of sex workers use of condom

Age	15-24 25-49 50 yreas			N	X
	years	years	and above		
15-24 years		-		116	28.66
25-49 years			-	65	31.77
50 years and above				19	30.58

Table 4 shows that the value of t-cal (3.917) is greater than t-table (1.960) at 0.05 level of significance. The null hypothesis is rejected therefore; there is a significant difference in the rate of condom use among sex workers in urban and rural areas.

Hypothesis 3: Age range of sex workers will have no significant difference on the use of condom. This hypothesis was tested through the use of Analysis of Variance showing age range and the use of condom among sex workers.

The result is shown in Table 5 reveals that the value of f-cal (16.313) is greater than f-table (3.0%) at 0.05 level of significant therefore the null hypothesis is rejected. Sex workers differ in their use of condom in terms of age.

Sheffe Post-Hoc Analysis was used to locate the source of the differences in age range of the sex workers use of condom. The mean difference is significant at 0.05 level of significance.

Table 6 shows that there is a difference in the use of condom by sex workers between the ages of 15-24 and 50 years and above, similarly there is a difference in the use of condom by sex workers between age range 15-24

and 25-49, the table also reveals that there is a difference in the use of condom by sex workers between age 25-49 and 50 years and above. Sex workers between 25-29 and 50 years and above use condom more than sex workers between ages 15-24 years.

The findings of this study show that a greater percentage of sex workers do not use condom in casual sex and with first timers. No wonder why it was reported in center for the right to Health that non use of condom by commercial sex workers tends to fuel the spread of HIV infection as numerous partners patronized them. Withdrawal method of prevention is dangerous as regard HIV infection. WHO and GPA (1995) established that all sexual penetrations carry a risk of HIV transmission because of the blood base fluid secreted during sex and direct contact of this fluid with the exposed mucus membrane. This is supported by the findings of the study carried out by Orubuloye and Oguntimehin (1999) where they reported that the frequency of sexual contact with commercial sex workers among men in Ekiti State was high while only few men accepted the use of condom. Possible reason for this is that majority of the sex workers are only after economic gain because they are victims of economic deprivation, they cannot afford to loose customer who does not have interest in the use of condom as a result of their low socio-economic status. Sex workers are more concerned with economic survival than the risk associated with the business.

The findings of the study show that only few sex workers use condom regularly. The percentage of sex workers using condom with all customers are very low compared with those that do not using condom. Consistent condom use for HIV prevention does not increase among sex workers despite their knowledge of HIV. This finding is in accordance with the belief of Fawole about knowledge that individual may know the facts about the consequences of an action but still disregard it and behaved contrary. Sexual intercourse in the face of AIDS should not base on trust; a trusted partner could be HIV positive. Adegoke (2003). The findings are contrary to the report by Ogundana (2002) who reported high rate of condom use in Ekiti state. The possible reason for this is that the decision to use condom with clients is dictated by their customers, in most cases customer is king in condom negotiation. For this reason; sex workers prefer sex without the use of condom than to loose their money and customers to co-sex workers who is ready to co-operate with customers that insisted on non-use of condom. Who care not about the consequence despite the knowledge that HIV/AIDS is real, deadly and that the cure has not be discovered except through condom use.

The findings of this study show that there is a significant difference between the uses of condom of sex workers from high and low socio economic status. The result is in accordance with Orubuloye and Oguntimehin (1999) that sex workers do not use condom as a result of the influence of prevailing socio economic setting, they further explained that sex workers were more concerned with economic gain than the possibility of contracting HIV infection. Only sex workers with high socio economic status can insist upon condom use with customers. Sex workers with low socio economic status prefer to have sex without the use of condom than to loose their customer. Caldwell *et al.* (1999) reported that poor economic power is the mystery behind non use of condom by sex workers and this increases the practice of unsafe sex in the society. Sex workers attitude towards death is another factor. Sex workers believed that hunger can kill faster than HIV infection. With this believe most of them prefer to satisfy hunger to the fear of HIV/AIDS.

The finding of this study shows that there is a significant difference in the rate of the use of condom among sex workers in urban and rural areas. This is also reported by Varga (1997) that constant information received on radio, television and through seminars by sex workers in the urban areas enhance their high condom use. Few customers patronize sex workers in the rural areas. This statement was supported by Varga (1997), few customers patronize sex workers in the rural areas. It is clear from this study that sex work is based on commercial transactions in which the feelings, demands and interests of the customer often take precedence over any apparent risks of contacting HIV/AIDS. Sex workers that are patronized with few customers cannot afford to loose them as a result of economic deprivation. This reason makes greater percentage of the sex workers to play down the risk of HIV infections to practice unsafe sex and thereby neglecting condom use.

The result of this study shows that sex workers differ in the use of condom in terms of age. Sex workers between the ages of 25-49 and above use condom more than sex workers between the ages 15-24 years. Sexual activities of sex workers between ages 24-49 and above seem to be somewhat low yet, they are more conscious in the use of condom. The reason for this could be because they are more mature and responsible; their perception about the risk of HIV infection is very high. They allow the knowledge acquired about HIV/AIDS to change their sexual behaviour and adopt save sex behaviour by using condom. No wonder why it was concluded by some early researchers that maturity is an important ingredient that influenced knowledge.

Young adult sex workers between the ages of 15-24 are sexually active; their rate of condom use was very low. They do not adopt safe sex behaviour in their sex business (consistence condom use), these category of sex worker are vulnerable group of people at the risk of contacting HIV infection as a result of their sexual activeness. Omotosho was in support of this finding, he confirmed that sex worker within the ages of 15-24 rarely use condom with their customers despite their sexual activeness. The possible reason for neglecting condom use may be as a result of their early initiation to sexual activities and it can place them at the risk of contacting HIV infection.

They may be shy to discuss condom use with customers. Age at first debut has continued to decline among adolescents (Adegoke, 2003). Care-free attitude to life and ignorance that has to do with the effectiveness of condom as the only preventive technology for HIV/AIDS. As evidence abound, many of these sex workers are only after the pleasure and the economic gain derived from sexual intercourse whereas a round of sex can put them into everlasting regret.

Adolescence is a period of life that is characterized by intensive sexual drive, sexual experimental and care-free attitude (Moronkola, 1998). Owuamanam (2002) in his research finding about the contact of HIV/infection was in support of this statement that to become infected with HIV is not a matter of frequency or intensity, one sexual encounter with one infected partner can be more disastrous than numerous encounters with numerous uninfected partners.

Their act of non-condom use is that they perceive the risk of HIV infection to be low as regards their attitudes to the use of condom. Sex workers between these ages 15-29 are more vulnerable to HIV infection because they rarely use condom in spite of their sexual activeness. The possible reason for their behaviour may be as a result of the following reasons.

Most of these young adolescent are ignorant of what they are doing as a result of their youthful exorbitance, care-free attitude to life, their level of maturity with little or no responsibility makes them to be narrow-minded. They are only after the pleasure derived from sexual intercourse; they don't care about the risk attached to non-use of condom unlike sex workers between the ages of 29 and above. These categories of sex workers are more matured, responsible to many things, very careful and conscious of each step they take towards sexual intercourse. They allowed the knowledge acquired on HIV/AIDS to modify their sexual behaviour.

CONCLUSION

Based on the findings of this study, it could be concluded that sex workers attitude to non condom use and believe in withdrawal method of prevention enhances the transmission of HIV infection as a result of economic deprivation.

Sex worker have high knowledge about HIV/AIDS as an infectious disease that has no cure for now. The knowledge acquired has not been so effective to motivate logical behaviour with regards to condom use due to their economic position and the trust they have in their customer to go natural.

It is concluded that the socio-economic status of commercial sex workers affects their use of condom. Sex workers with high socio-economic status make higher use of condom probably because they have alternative source of income. They can ignore any customer that insists on non use of condom, unlike sex worker with low socio-economic status that has no other means of getting money.

The use of condom is lesser in rural areas than in urban areas. It is so because of the few partners that patronize them, they have no option than to do their customers wish if they insisted on non condom use. They can not afford to loose the few customers that patronized. They have determined in their hearth to satisfy their needs not minding the consequence than to fear HIV/AIDS.

Also, it appears that enough information is not available to rural dwellers on HIV/AIDS related matters and condom use. The age of sex workers affects their use of condom as young adult sex workers that are more vulnerable to HIV/AIDS rarely use condom because of their care free attitude to life and ignorance that has to do with safe sex.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations are made: Health workers should intensify efforts to organize seminars, conferences, workshops and give information concerning the risk attached to unprotected sex, non-condom use in the spread of HIV/AIDS. There is the need to strengthen HIV/AIDS programmer to correct the belief about death and ignorance prevalence among commercial sex workers. Government, counsellors, clinicians, clergymen and other public health providers should continue to educate men and women especially sex workers on the benefits of consistent and regular use of condom in sexual intercourse.

Government should strengthen HIV/AIDS awareness programmers in the rural areas. There should be an effort to improve sex workers socio-economic status regardless of their location.

Efforts should be made to encourage young adult sex workers to develop positive attitude to the use of condom. Older sex workers should be settled into another trade by the Government as this will gradually lead into the eradication of the trade since research has shown that it is the older ones that induct the younger ones into the trade.

REFERENCES

- Adegoke, A.A., 2003. Adolescents in Africa: Revealing the Problem of Teenagers in Contemporary African Society. Hadassal Publishing, Nigeria.
- Caldwell, J.C., I.O. Orubuloye and P. Caldwell, 1999. Obstacles to behaviours changes to lesson the risk of HIV infection in Africa AIDS epidemic infection in the African AIDS epidemic: Nigerian research. Proceedings of the Workshop on Resistance to Behaviour Change to Reduce HIV/AIDS Infection in Predominantly Heterosexual Epidemic in Third World Countries, April 28-30, The Australian National University, Canberra, pp: 113-124.
- Moronkola, O.A., 1998. Contemporary Issues and Researches on Adolescents. Royal People Ltd., Nigeria.
- Odu, B.K., 2003. Knowledge of, Attitude to and Perception of HIV/AIDS by married and unmarried people in Ekiti State, Nigeria. *Afr. J. Educ. Res.*, 9: 70-79.
- Ogundana, F., 2002. Attitude to death on obstacle to sexual behavioural change among men in urban Ekiti, Nigerian. *J. Counselling Appl. Psychol.*, 1: 56-67.
- Olaronke, L. and A. Augustine, 2001. The Customer is the King How Sex Workers Perceive Risk and Negotiation for Condom use in Nigeria. The Society for Family Health, Lagos, Nigeria, pp: 1-7.
- Orubuloye, I.O. and F. Oguntimehin, 1999. Intervention for Control of STDs Including HIV Among Commercial Sex Workers, Commercial Drivers and Students in Nigeria. In: *The Continuing HIV/AIDS Epidemic in Africa: Responses and Coping Strategies*, Orubuloye, I.O., J.C. Caldwell and J.P.M. Ntozi (Eds.). Australian National University, Canberra, pp: 121-129.
- Orubuloye, I.O., J.C. Caldwell and P. Caldwell, 1994. Commercial Sex Workers in Nigeria in the Shadow of AIDS. In: *Sexual Networking and AIDS in Sub-Saharan Africa: Behavioural Research and the Social Context*, Orubuloye, I.O., J.C. Caldwell, P. Caldwell and G. Santow (Eds.). Australian National University, Canberra, pp: 101-116.
- Owuamanam, D.O., 1982. Sexual activities of school going adolescents in Nigeria. *Adolescence*, 17: 81-87.
- Owuamanam, D.O., 2002. Premarital sex and early marriage. *Niger. J. Counselling Appl. Psychol.*, 1: 49-55.
- Rao, A.M., K. Nag and A. Day, 1994. Sexual behaviour pattern of truck drivers and their helpers in relation to female sex workers. *Indian J. Social Work*, 55: 603-615.
- UNAIDS, 2003. Report on the Global HIV/AIDS Epidemic. Family Health International, Geneva, Switzerland.
- Varga, C.A., 1997. The condom conundrum: Barriers to condom use among commercial sex workers in Dunban, South Africa. *Afr. J. Reproductive Health*, 1: 74-88.
- WHO and GPA, 1995. Current and future dimensions of the HIV/AIDS Pandemic. A capsule summary. World Health Organisation Global Programme on AIDS, WHO/GPA/RES/SF192.