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# SHADOW REPORT

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## On the situation of Sex Workers in Nigeria



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## **DEFINITION OF TERMS (GLOSSARY)**

- AIDS- Acquired Immune Deficiency Syndrome
- ANC- Ante-Natal Care
- BBFSWs- Brothel Based Female Sex Workers
- CEDAW
- EKPIN
- FSWs: Female Sex Workers
- GBV- Gender Based Violence
- HAI-Heartland Alliance International or HAN- Heartland Alliance Nigeria
- HCT/HTS- HIV Counselling or HTS- HIV Testing Service
- HIV- Human Immuno deficiency Virus
- IBBSS- Integrated Behavioral and Biomedical Surveillance Survey
- KAP/KP- Key Affected Population or Key Population
- MDG/SDG- Millennium Development Goal or Sustainable Development Goal
- MSM- Men Who have Sex with Men
- NACA- National Agency for Control of AIDS
- NARHS- National Reproductive and Health Survey
- NBBFSWs- Non-Brothel Based Female Sex Workers
- NHDS- National Health and Demographic Survey
- NSWA- Nigeria Sex Workers Association
- **PCRP: Presidential AIDS Control Response Plan**
- PWID- People Who Inject Drug
- SFH Society for Family Health
- STIs- Sexually Transmitted Infections
- UNAIDS- United Nation Joint Action on AIDS
- USAID- United State Agency for International Development

## **Executive Summary**

Nigeria located in sub-saharan Africa with current population estimate of over 160 million people is the most populous country in the continent and constitutes one-tenth of the world population. With annual growth rate of about 3.18 per annum, average age of 15 years and young people 15-24 years contributing more than a quarter of its population (2006 census), Nigeria has a young workforce and sexually active population within the reproductive age faced with social, economic and health challenges.

Though the UNAIDS considers HIV epidemic to be stable in Nigeria but the current national prevalence of 4.1% (3 million people living with HIV/AIDs- IBBSS 2014), places Nigeria second to South Africa in terms of the global burden of HIV. The study also reported contribute 21% of new HIV infection among Female Sex Workers, Men who have Sex with Men and People Who Inject Drug in Nigeria. The HIV prevalence of about 14% (BBFSWs 19.4% and NBBFSWS 8.6%)----among FSWs is attributable to behavioural and structural factors such as unprotected sex, multiple sex partners, societal marginalization, stigma and discrimination of to mention a few. This situation is worsened by criminalization of sex work, physical abuse, violence and punitive measures of the law enforcement agents which drive the activities of the target group underground and making them hard to reach with service. The growing trend of these ills further weaken the efforts and reverses the gains of the national HIV response despite the huge investment made by donors' in this regard.

It is on this premise that the National Association of Sex Workers Association- Nigeria arm of the of Network of Sex Work Project and Africa Sex Work Alliance was formed to respond to challenges facing FSWs issues, human right violation and document case study witnessed while seeking avenue to same under national, regional and international laws and treaties as captured in report.

## **Chapter 1. PROFILE OF NIGERIA**

Nigeria is located in the West Africa sub region and is bordered by Niger in the north, Chad in the northeast, and Cameroun in the east and the republic of Benin in the west. To the south, the country is bordered by approximately 800 kilometers of the Atlantic Ocean. The country is made up of 36 states and a Federal Capital Territory (FCT) which are grouped into six geo-political zones: North central, north east, North West, South east and south west. Nigeria has about 374 identifiable ethnic groups with Hausa, Igbo and Yoruba as the dominant group.

The total population of Nigeria as reported by the 2006 census was put at 140,003,542 with males higher than females on 71,709,859 and 68,293,683 respectively. This population size ranked Nigeria as the most populous country in Africa and (the tenth most populous country in the world). Nigeria has a wide population structure, with almost half of the population being under the age of 15 years. Young people, 15-24 years, constitute more than a quarter of the population. The median age of the Nigerian population, according to the United Nation Millennium Development Goal Monitor, was 17.6 years in 2007. Based on the result of the 2006 national population and housing census, the National population commission specified the growth rate of the country as 3.18 per annum. At this rapid growth rate, Nigeria is expected to double her population in about 22 years. The most populous states in the country are Kano (9,383,682) and Lagos (9,013,534), while the least populous are Bayelsa (1,703,358) and Nasarawa (1,863,275). The growth rate for the states varies from 2.7% for Abia, Edo, and Taraba to 3.5 in Yobe State and 9.3 per annum in the federal capital Territory.

With a land area of 923,768 square kilometers, Nigeria is the fourth largest country in Africa and the population density is approximately 152 persons per square kilometer currently. Wide variability is, however, encountered in terms of the spatial distribution of the population: Anambra, Akwa Ibom, Imo and Lagos are the most densely populated states while many of the state in the North have low population density. The population of Nigeria is predominantly rural, although rapid urban-rural migration is being continuously witnessed: at least three-fifth of the population is currently estimated to be rural dwellers. The most urbanized areas in the country are Anambra, Lagos, and Oyo whereas most of the State that are least urbanized are located in the northern part of the country.

The life expectancy rate in Nigeria, according to the 2009 World population Data Sheet, is presently estimated at 47 years (47 years male and 48 years for females). Nigeria's total fertility rate, as reported by the 2008 Nigeria Demographic and Health Survey, is 5.7

children per woman while the crude birth rate is 40.6 per 1,000 populations. Rural-urban variation exists in the fertility pattern with the total fertility rate being 6.3 for rural area and 4.7 for urban area. The infant mortality rate for 2004-2008 periods, according to the 2008 NDHS, is 75 deaths per 1,000 live births while the under-five mortality rate is 157 deaths per 1,000 live births.

Most Nigerians are poor despite the state of the Country as a crude oil producing with high income. The gross domestic capital is US\$1,166 and the annual GDP growth rate is 5.9 percent. According to the poverty profile published by the National Bureau of Statistics in 2004, 51.6 percent of Nigerians are living below the poverty line of US\$1 purchasing power parity while the poverty incidence is 53.8 percent based on the national poverty standard. The poverty incidence varies significantly in the country with the rural areas and northern part of the country disproportionately affected. There is marked economic inequality in Nigeria, with a national Gini co-efficient of 0.4882 in 2004. The Gini coefficient for the urban and rural areas was 0.5541 and 0.5187 respectively. These high figures of Gini coefficients at all levels are manifestations of poverty and inequality of distribution of income.

### **HIV Epidemic Review in Nigeria: Trends and Sources of New Infection**

In the decade 1991-2001, Nigeria progressively witnessed increase in its HIV prevalence level. The overall picture is that of significant increase within the period. The national HIV sero-prevalence level obtained through sentinel survey of antenatal care attendees, increased from 1.8 percent in 1991 to 5.8 percent in 2001 and then declined to 5.0 percent in 2003 and further to 4.4 percent in 2005. This current national prevalence for 2014 is 4.1%. The UNAIDS considers the HIV epidemic to be stable in Nigeria. This prevalence places Nigeria second to South Africa in terms of the global burden of HIV. The country is home to over 3 million people living with HIV.

## **Chapter 2: PROFILE OF FEMALE SEX WORKERS (FSWs) AND HIV IN NIGERIA**

It is estimated that there are 176,400 FSW in Nigeria (National Agency for the Control of AIDS-NACA, 2014). The 2014 Integrated Behavioral and Biological Sentinel Survey (IBBSS) study identify risk factors for HIV infection among key affected populations (KAP), which includes Female Sex Workers (FSW), Men who have sex with Men and People Who Inject Drugs. The HIV prevalence rate in Federal Capital Territory among brothel-based female sex workers was reported as 16.8% and 7.8% among non-brothel based FSWs. This is four times higher than the 2010 national Antenatal Care (ANC) HIV prevalence of 4.1% and five times higher than the HIV prevalence among general population 3.4% (National Reproductive Health Survey-NARHS 2012).

The high prevalence among FSWs is attributable to behavioral, and structural risk factors, such as unprotected vaginal, multiple sex partners, and the social marginalization and discrimination that FSW often face. Despite this elevated risk for HIV infection, the 2010 IBBSS reported few HIV prevention programs targeting FSWs. Not only are FSW suffering from HIV at a much higher prevalence rate, but they are simultaneously difficult to reach with appropriate interventions. This is because FSW are often mobile, stigmatized, mostly illiterate especially brothel based FSW, marginalized, and at a higher risk of physical abuse. Due to these factors, it is difficult for most organizations to reach KAP with accurate, non-judgmental educational materials that include HIV/AIDS/STI prevention messaging as specialized and carefully adapted outreach techniques are required. Additionally, the lack of KAP-friendly and component care in public and private health facilities further increases the vulnerability of these groups by discouraging FSW from accessing healthcare.

A lot of concerted efforts was made following the 2010 IBBSS report. Despite the structural and socio-cultural factors that shape vulnerability to infection, the national HIV response for FSW had been limited to individualistic methods of prevention through behavior change communication, condom and lubricant access, and management of sexually transmitted infections (NACA, 2010a; 2010b). The 2012 mid-term assessment of the national HIV response indicated that HIV programming for FSW showed mixed successes (NACA, 2013). First, FSW reported reduction in the frequency of alcohol usage, more regular and consistent use of condoms, avoidance of sharing sharps, decrease in number of concurrent boyfriends, and increased regular visits to the hospital for self-care. In addition, the report also noted an increase in perception of risk for HIV infection and an increase in the number of FSW who underwent repeated HIV tests. However, the HIV prevention programme only reached 9.0% of the estimated FSW population, use of the government clinics was poor, and use of FSW-friendly clinics was also poor.

In an effort to drive evidence based, cost-effective HIV responses in Nigeria, the country has shifted focus to prioritise interventions and direct resources where interventions would make the largest impact on the HIV incidence. One strategy is to focus attention on the 12 states in Nigeria that contributes to 70% of the HIV infection. The second strategy is to concentrate efforts with key populations, such as FSW and MSM.

One outcome of this re-strategizing approach is the development of national guidelines for the implementation of HIV prevention programmes for FSW in Nigeria in 2013 that is hinged on combination of approaches (behavioural, biomedical and structural) for HIV prevention programming for FSW (NACA, 2013). It also proposes the use of a cluster model for delivery of HIV services for FSW.

FSW projects were expected to work with cluster of hotspots within each local government area in the country. The clusters are expected to be linked to a secondary and a number of primary health care facilities offering HIV testing, STI management, prevention of mother to child transmission of HIV infection management and antiretroviral therapy. A cluster will include community-based organizations working with key populations and police stations and security operative's friendly to key populations. Efforts will be geared at promoting intervention packages provided for FSW through FSW-led organizations. Individuals can access HIV related programmes through a single facility rather than be transferred between facilities. The details on national HIV programming for FSW are highlighted in the guidelines on programming for FSW in Nigeria (NACA, 2013).

The 2015 end term review of the national HIV strategic response showed measureable impact of these approaches. By the end of 2014, the percentage of brothel based FSW who had received an HIV test in the past 12 months and know their results had increased from 54.3% in 2010 to 86.2% in 2014. Also the percentage of non-brothel based FSW who had received an HIV test in the past 12 months and know their results had increased from 38.6% in 2010 to 76.8% in 2014 (NACA, 2016). Also, in 2015, 150,085 FSW were reached with the MPPI; a significant decline from the numbers FSW reached in 2014. The figure constitutes 30.0% of the 500,000 MARPS targeted for 2015 in the PCRP. Also, 130,080 FSW received a HCT of which 126,341 (97.1%) received their test results. Of these, 5,734 (4.4%) tested HIV positive (NACA, 2016). The report however noted that: *the high challenges associated with human rights abuse, the hostile treatment of community members by law enforcement officers, and the stigma (perceived and or real) and discrimination by health care providers reduce interests of community members [FSW] to access HIV services in public facilities especially.*

The limited reach of FSW may not be unconnected to the poor funding for FSW response in Nigeria. For example, in 2007 and 2008 respectively, the external donor funding for the national response was 85.4% and 92.3% of the total national HIV spending (NACA 2010c). Only 0.06% and 0.28% of the national HIV spending in 2007 and 2008 respectively was spent on male and female condom social marketing, behavior change communication, and other types of preventive programmatic interventions for key populations (NACA 2010c). Prevention programs for FSW and their clients also received an additional 0.08% and 0.13% of the HIV response funds in 2007 and 2008 respectively (NACA 2010c). This data may have since improved; as there had been increased focused programme to reach FSW through the multi-million dollars USAID funded projects supporting the Society for Family Health and Heartland Alliance. This programme has supported the institution of one-stop shops that support the response needs of key populations including that FSW. These services are however far in between and distance to these centers to access services remains a challenge (EKPIN, 2015). The HIV response has also been delivered in silos without addressing the other social and developmental needs of the community.

## **A BRIEF ABOUT NSWA**

Nigeria Sex Workers Association (NSWA) also known as Precious Jewels is an umbrella network of community based organizations of sex workers and led by sex workers. NSWA is non-governmental, non-profit making organization focusing on health, social and human rights of sex workers. NSWA is registered with the Corporate Affairs Commission (CAC) of Nigeria.

### **Our Vision**

To see a Nigeria where sex work is recognized as work, violence and discrimination against sex workers eliminated and the health, social and human rights of sex workers are respected and not violated

### **Our Mission**

To empower and strengthen the voices of sex workers, advocate for their health, social and human rights including those living with HIV and those using drugs through collaborations, networking and partnerships. Uplift the status of sex workers through creation of awareness of their social, health and human rights, promotion of healthy living, prevention of diseases through advocacy, education, research, information, quality service delivery for improved livelihood and empowerment.

### **Our Core Values**

- Love, Respect and Passion
- Commitment to the rights of all sex workers
- Solidarity and Unity
- Equality and Diversity
- Transparency and Accountability
- Reliability
- Integrity
- Professionalism

### **Our Goals**

- i. To advocate for the decriminalization of sex work.
- ii. To promote social, psychological and economic well-being of sex workers through provision of information, advocacy, education, skills and quality services.
- iii. To improve public health by enabling sex workers to negotiate condom use with clients and reduce the risk of infection in both groups.
- iv. To educate every sex worker to be able to defend their human rights.
- v. To see a Nigeria where sex workers can freely express themselves and live in dignity without fear or intimidation.
- vi. To provide sex workers with the skills and opportunities needed to find other means of livelihood

## **Our Objectives**

- (a) To create awareness about risky behaviour and HIV/AIDS/STIs prevention, control, and impact mitigation.
- (b) To improve the sexual and reproductive health of sex workers and raise their awareness on the benefits of correct and consistent condom use.
- (c) To provide economic development opportunities for sex workers as a means of improving their earning power.
- (d) To advocate at local, national and international levels for policies and actions that furthers the human rights of sex workers.
- (e) To ensure that the economic & psychosocial needs of sex workers are properly addressed.
- (f) To facilitate opportunities for the voice of sex workers to be heard in local, national and international forums at which ideas about sex work is exchanged.

### **Chapter 3: HUMAN RIGHT ISSUES**

Sex workers have been facing severe human rights abuses and multiple forms of discrimination in Nigeria. These marginalized groups have not received sufficient attention in terms of in-depth consideration and nuanced analysis of discrimination of women, based on sex work, sexual orientation and gender identity, and HIV-status. The Nigeria constitution (1999) and penal code did not criminalize sex work rather it criminalizes anyone who benefits from the proceed of sex work, be it madam, brothel owners/managers. It also said that a sex worker can be arrested when caught negotiating sex aggressively which hardly happens. It mostly conflates sex work with trafficking in women or mentions sex workers in regards to rates of HIV-infection; it discusses women mostly in relation to the problem of violence and limited access to shelters and reveals the alarming statistics of the incidence of HIV transmission. Having acknowledged the efforts made to reveal the problems of the mentioned marginalized groups, we, however, consider crucial to address issues of institutionalized discrimination, specifically focusing on burning issues that violate women's rights and hinder access to medical and social services, as well as contribute to social and economic vulnerability. In particular, this report focuses on the issues of criminalization of the marginalized women, violence and brutality of the law enforcement agencies and medical institutions.

#### **Case Study**

Few months ago, while some group of FSWs and I were resting and others sleeping in our brothel one early morning; some armed police officers stormed our place from nowhere to our surprise stating that they were ordered to raid criminal hideout in the city and villages of the federal capital territory. They said, we are under arrest, that group of girls like ours were being used by insurgency group "Boko Haram" for bombing targeting at civilians and critical government infrastructure and we are all suspect. Before we could realize what was happening, they descended on us, broke into our rooms, and ransacked everywhere in search of the unknown, and; carted away our phones, accessories, cash and leaving us bruised and brutally wounded. They arrested the FSWs found in the brothel and took them to their station where the girls were subjected to all forms of torture, physical assault and inhuman treatment before the intervention of the focal person of NSWIA to secure our bail.

Though the event has come and gone but it left an indelible scar on the victims who yet to come to terms with the shock and trauma especially when the perpetrators go unpunished.

#### **Case Study 2**

There was a certain day while we are relaxing at a hotspot in a red light district in the city waiting for catch up with our client for the days' work, a gang of policemen invaded the environment, raid and arrested the girls (FSWs) present in the vicinity. The policemen searched my bag, forcefully collected my phone, wrist watch and other possession in the

process which I never recover till date. They took us to unknown destination and raped my friends and I- one after the other upon taking us from where we were locked up even to the point of death for one of the girls. Against all plea and offer made to them. We were humiliated with our dignity taken away and human right violated. Few days after, the particular officer in possession of my phone used it to chat my friends on my contact list who informed me and showed me the chats as evidence. When our chairlady tried to intervene at the scene of the raid, she was beaten and molested by same policemen. The same police men who are supposed to protect the life and property of the citizenry are the one acting contrarily. As it stands, the law does not recognize or protect the rights of FSWs except for intervention of NSWA and the wheel of justice seem not just to grind but has stagnated in this regards.

**N/B: See attached picture as addendum**

#### **SITUATION OF SEX WORKERS UNDER SPECIFIC CEDAW ARTICLES**

The economic crisis and hardship in the country made sex workers to experience increasing levels of poverty and gender-based violence, which further hinder their access to medical and social services. Financial situation is even more aggravated for single mothers and internally displaced persons that also do sex work. For a very long time sex workers organization have been suffering from organizing but recently 2014 precisely they were able to come together to form a network that is in charge of all the community based organizations that are sex workers led. **Thus, on the one hand, the recession in the country makes sex workers more vulnerable to social and economic injustice, and on the other hand, even less important in regards to budget relocations and respect to human rights.**

The lack of disaggregated statistics and monitoring of human rights violations makes it difficult to analyze a situation of multiple forms of discrimination and aggravates the plight of sex workers is significantly lowered as a result of the refusal of women to report their occupation in sex work due to its criminalization.

## **CHAPTER4. CRIMINALIZATION AND PATHOLOGIZATION OF THE MARGINALIZED GROUPS OF WOMEN**

**Article 2** of CEDAW states that States Parties condemn discrimination against women in all its forms and pursue by all appropriate means a policy of eliminating discrimination against women. However, norms of Article 2, in particular parts **(d), (f), and (g)**, of the Convention are not implemented by Nigeria, whose legislation are silent on sex workers issues. In regards to sex workers, **Article 6** of CEDAW is not implemented fully.

- According to Nigeria constitution, sex work is not criminalized rather the people that benefits from the proceeds of sex work, again a sex worker can be punished when caught negotiating sex aggressively with a client. Sex workers, even in the absence of a legal basis for criminalization of operational aspects of sex work, are harassed and punished by law enforcement agencies that apply administrative offences. Due to the law being silent on sex work, sex workers, on the one hand, are forced to work in dangerous conditions and subjected to violence (often by law enforcement authorities and at times by their clients), on the other hand, sex workers are unable to defend their rights. Thus, from the gender violence incidents recorded, it was gathered that almost all the sex workers detained by law enforcement agencies are being violated. According to the results regarding violations of sex workers' rights during administrative detention, it has shown that almost all sex workers questioned had been a subject to unlawful detention. The biggest number of unlawful detentions was reported to be performed by officers of the Nigeria police force. For instance those sex workers detained are picked from their hotel rooms and during the raiding they will be robbed and some of the police officers will go to the extent to putting their hands into their vagina and thereafter force them to enter into their vehicle and they do these holding gun. Most times sex workers are forced or blackmailed to say all sorts of things or they will be exposed to the media for everyone to know that they are doing sex work.

The results of the criminalization of sex work a limitation of the right of sex workers. The penalization of sex work lead to silencing of human rights abuses, it is difficult for women to speak out on their behalf, and they fear to go to the protests in defense of their rights due to the criminalization and stigmatization.

The result of the criminalization of sex workers and women who use drugs is a limitation of the right to peaceful assembly and association. The repressive drug policy and the penalization of sex work lead to silencing of human rights abuses, it is difficult for women to speak out on their behalf, and they fear to go to the protests in defense of their rights due to the criminalization and stigmatization.

## **Recommendations**

- The State Party should develop and adopt policy of humanization in regards to sex workers, laws and practices based on respect for human rights that will ensure protection and exclude any discrimination and violence against women; with the provision of healthcare and social services.
- Ensure that law enforcement practices do not hinder HIV-prevention and treatment programs aimed at sex workers or incarcerated people, including training on HIV, and human rights for law enforcement officers.
- Revise legislation on prostitution in order to decriminalize sex work and not to subject sex workers to administrative or criminal prosecution; legally recognize sex work in order to bring it from the shadow and ensure labor and social rights of sex workers.
- Prosecute cases of blackmail with the disclosure of information about health status - unlawful actions of law enforcement officers - in relation to sex workers and sex workers living with HIV.
- Educate law enforcement representatives about the rights of sex workers, include these issues in the training and educational programs for law enforcement officers within new state program on equal opportunities for men and women for the period to the year 2020.



AFTERMATH OF VIOLENCE AGAINST FSWs BY LAW ENFORCEMENT AGENTS, 2017. ....LEFT UNDER SUN TO SUFFER SEVER PAIN OF SUNLIGHT INTENSITY.