

Evaluation of Commercial Sex Workers' Attitude to HIV/AIDS and Condom Use Campaigns in Otukpo, Benue State, Nigeria

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ABSTRACT: *HIV/AIDS is a major health concern all over the world. No known cure has been found for the disease. Change in behaviour and attitude appears to be the major possible way for the prevention of the ailment. This study examined the 'Attitude of Commercial Sex Workers to HIV/AIDS and Condom Use Campaigns in Otukpo, Benue State, Nigeria'. The survey research method was adopted. Structured questionnaire served as instrument for data collection. Data generated were analysed using simple descriptive and statistical tools such as tables, percentages and frequency distributions. The study was anchored on the Theory of Reasoned Action and AIDS Risk Reduction and Management Model. Findings show that there is high level of exposure to HIV/AIDS and condom use campaigns among commercial sex workers in Otukpo, Benue state, Nigeria, but this has not translated to expected attitude and behaviour change towards penetrative sexual intercourse among them. The study recommends integrated marketing communication approach with focus on Behaviour Change Communication (BCC) approach in the campaigns, and translation of the campaign messages in local dialects and pidgin English as these constitute the commonest languages used by commercial sex workers in the area. Condoms could also be provided for them at no cost or at a subsidized rate by government and other health organizations. Education through entertainment could also be considered because many of the commercial sex workers are fun seekers and are most likely to be attracted to 'edutainments' (educative and entertaining messages).*

KEYWORDS: *Attitude, Commercial Sex Workers, HIV/AIDS, Condom Use, Campaigns*

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I. INTRODUCTION

Human Immune Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) is a growing public health problem across the world (UNAIDS, 2011). The epidemic has extended beyond the commonly classified high-risk groups and is now common in the general population (Ugande, 2008). The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that around 3.1% of adults, between ages 15–49, are living with HIV and AIDS in Nigeria. This agrees with the Vanguard newspaper of November 2, 2006 report that:

Almost 1.8 million out of a total of 3.5 million people living with HIV/AIDS in Nigeria are youth... the youth are the future trustees of the nation's posterity. They are expected to take over from the older generation, which means they need sound health to be able to effectively achieve this purpose. Any nation with a sick youth population has a stalled future as a largely sick citizenry especially with a terminal disease like HIV/AIDS is a dead country. Some of these young ones are already orphaned by HIV/AIDS". (see: Vanguard Editorial, 2006 p. 6).

Again, the gender differences in the epidemic remain glaring, with women being infected more often than men. In 2012, UNAIDS estimated that women accounted for 61.5% of all adults aged 15 years and above living with HIV. Heterosexual transmission is the main portal of entry of HIV in Nigeria. While awareness on HIV is relatively high especially among urban populations, it appears that the high level of knowledge of HIV has little impact on the myths and misconceptions about HIV transmission. Risky sexual practices have been reported in several sub-populations such as in young persons, commercial drivers, Nigerian military, and mostly among commercial sex workers (Allen, 2006).

Several factors place commercial sex workers particularly at increased risk of HIV infection. Among them, high rates of sexual partner change, exposure to alcohol and drug consumption which could result in inconsistency in condom use. In an intervention study to evaluate the effectiveness of a situational-based HIV risk-reduction for commercial sex workers in Nigeria in 2011, it was noted that at baseline, 36% of the participants reported that they had not insisted on using condoms with their casual partners.

Many studies comparing condom use among women who had access to both male and female condoms and those with access to male condoms alone have shown that female condom availability does increase protection. Such studies include those of Fishbein, Middlestadt, and Hitchcock (1994); Josiah (2013) and Ekanem, Afolabi, Nuga, and Adebayo (2005).

However, negative attitudes toward using male condoms tend to be associated with higher rates of sexual risk. Little has been written about the factors that influence women's attitudes toward condom use, and this has implications for HIV intervention efforts.

Meanwhile, whereas many studies have been done on media and HIV/AIDS prevention among the general public, not many of such studies have focused on commercial sex workers which is perhaps the most vulnerable group to the pandemic; where this exists, not many focused on Benue state which until 2015 had remained the most HIV/AIDS prevalent state in Nigeria according to NACA ratings. This implies that available literature on the chosen area of study has remained scanty and undocumented. It is this knowledge gap that this study seeks to fill.

Objectives of the Study

The objectives of the study include:

1. To determine the level of exposure to condom use campaigns for HIV/AIDS prevention among commercial sex workers in Otukpo, Benue state, Nigeria.
2. To determine the extent of influence of the campaigns on commercial sex workers in Otukpo, Benue state, Nigeria.
3. To identify the major media channels through which commercial sex workers in Otukpo, Benue state, Nigeria access the campaigns.
4. To determine whether commercial sex workers in Otukpo, Benue state, Nigeria would shun sex without condom irrespective of how much the client would be willing to pay for it.

Research Questions

The following questions are posed to guide the conduct of the study:

1. What is the level of exposure to condom use campaigns for HIV/AIDS prevention among commercial sex workers in Otukpo, Benue state, Nigeria?
2. To what extent do condom use media campaigns influence attitude of commercial sex workers in Otukpo, Benue state, Nigeria towards penetrative sexual intercourse?
3. What are the major media channels through which commercial sex workers in Otukpo, Benue state, Nigeria access condom use messages?
4. To what extent would commercial sex workers in Otukpo, Benue state, Nigeria be willing to shun sex without condom irrespective of how much the client would be willing to pay for it?

II. LITERATURE REVIEW

Sex Work: Concept and Consequences

Sex work has attracted a lot of interest from scholars and well-meaning individuals around the world because of its perceived consequences on society's health. It is viewed by many as one of the fastest growing ways of the spread of the dreaded Human Immuno-deficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS) which are ravaging mankind today (Tinuola, 2011). This explains why research on sex work is on the increase in every part of the world as humanity continues to search for solution to HIV/AIDS infection and spread in society.

The Merriam-Webster (2012) defines sex work simply as "the performance of sex acts for hire; prostitution". Edegoh, Asemah and Ude-Akpeh (2013) see sex work as the exchange of money or goods for sexual services, on regular or occasional basis, involving female, male, transgender adults, young people and even children.

Sex work is viewed as an umbrella term used to describe any kind of work that involves providing sexual services for financial gain. Sex workers may be of any gender and what they do can include everything from erotic massage to phone sex to nude dancing to having intercourse for money.

Studies across the world show that sex work is among the leading risk factors for HIV/AIDS in Sub-Saharan Africa. One of such studies is that of Edegoh, Asemah and Ude-Akpeh (2013). The Acquired Immune Deficiency Syndrome or acquired immune-deficiency syndrome (AIDS) is a disease caused by a virus called human immune deficiency or human immune-deficiency virus (HIV). The disease alters human immune system, making people much more vulnerable to infections and disease. This susceptibility worsens as the disease progresses (Medical News Today, 2013). The major difference between HIV and AIDS is that HIV is the virus

which attacks the T-cells in the immune system while AIDS is the syndrome which appears in advanced stages of HIV infection (Sood, and Nambiar, 2006).

Global HIV burden stood at 27 million people in 2010 while in 2012, it was reported that over 34 million people were infected with the virus, including millions who have developed AIDS. In Nigeria, and in other developing nations of Africa, Asia and Latin America, the story is more pathetic. Gordon (2002) cited in Nwabueze and Edegoh (2011) writes that official prevalence rate of the disease in Nigeria was almost 6 percent while unofficial estimates ranged as high as 10 percent which was about 4.6 million people living with HIV as at 2003. This was projected to rise to as high as 10 to 15 million people by 2010 and 18 to 20 million people in Nigeria alone by 2020 (Leedy, and Ormrod, 2010).

HIV/AIDS in Nigeria: The Realities on Ground

The Human Immuno deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) were first detected in the U.S.A. in 1981. According to World Bank Report (1997), "HIV/AIDS left the USA, the country of the initial discovery, and swept through the other continents of the world in a blind, wild fury. In less than a decade, the HIV/AIDS epidemic has become a pandemic wreaking havoc in different parts of the world and Sub-Saharan African seems to be the worst hit by the scourge." UNAIDS, (2006) explains HIV/AIDS as one of the most destructive health crises of modern times. According to them, as at 2005, more than 25 million people had died and an estimated 40 million were living with the HIV (UNAIDS, 2006). This submission is supported by the studies of the Development Management Associates, (2005) which shows that an estimated four million people were newly infected on yearly basis while 70 percent of them in sub-Saharan Africa have been the worst hit.

The first recorded case of HIV/AIDS in Nigeria was in 1985 and reported at the International AIDS Conference in 1986 (Edegoh, Asemah, and Ude-Akpeh, 2013). In 1987, the Nigerian health sector established the National AIDS Advisory Committee, which was shortly followed by the establishment of National Expert Advisory Committee on AIDS (NEACA) which metamorphosed to the National Action Committee on AIDS (NACA). The Nigerian Federal Ministry of Health puts the estimated number of infected persons in the year 2010 alone at 3.4 million as against 2.99 million in the 2005 sentinel national survey (The Economist, 2012). Iyayi and Bardi, (2011) cited in The Sun (2013) believe that two-thirds of an estimated 40.3% affected people world-wide live in sub-Saharan Africa and 77% of these are women.

As at 2014, the HIV prevalence among the general population was 3.7%, and national median prevalence among pregnant women was 4.2%. While 3.2 million persons live with the virus in the country. Another over 300,000 new infections cases are recorded annually predominantly among people aged 16 – 25 consisting 60% of infected population. The prevalence among young women aged 16 – 25 years was estimated to be three times higher than among men of the same age. This implies that young women constitute 57% (about 1.8 million) of persons living with HIV in Nigeria, and each year, 56% of AIDS deaths occur among young women and girls (WebMD, 2012).

In response, government of Nigeria has initiated several HIV/AIDS control programmes aimed at preventive strategies through health education and information campaigns at all levels, condom distribution and correct usage, counseling and testing, safe blood transfusion and mass media campaigns, (Udoakah and Iwokwagh, 2008).

In 1991 the Federal Ministry of Health made attempt to ascertain the AIDS situation in Nigeria (Adeyi and Kanki, 2006). The findings indicate that over 1.8% of the population of Nigeria was infected with HIV. Further studies show that prevalence rate rose to 3.8% in 1993 and jumped to 4.5% in 1998 (Adesina, Afolabi, Awosola, and Adesina, 2007).

In 1999, the new democratic government of Olusegun Obasanjo conducted HIV/AIDS prevalence survey. The result of the study moved the President to immediately constitute a presidential commission on AIDS (PCA). The commission comprised of ministers of all sectors, and the President was the chairman. Later in the year 2000, the federal government inaugurated another committee called National Action Committee on AIDS (NACA). The committee was charged to adopt a multi-dimensional approach in the fight of HIV/AIDS. Membership included representatives from ministries, the private sector, non-governmental organisations (NGOs) and Networks of Persons Living With HIV/AIDS, State and Local Action Committees on AIDS (SACA and LACA respectively) were also formed to lead the fight (UNAIDS, 2011).

HIV/AIDS and Condom Use Campaigns in Nigerian Media

Condoms are a form of birth control that prevent pregnancy as well as protect against sexually transmitted diseases (STDs). There are basically two types of condom: the male and female condoms. Condom has different variety of sizes, colours, flavours, lubrications, thickness, shapes, and more (WebMD, 2012). The male condom is made of latex, plastic or lambskin. The female condom is a tube of soft plastic (polyurethane)

with a closed end. Each end has a ring or rim. The ring at the closed end is inserted deep into the vagina, over the cervix, like a diaphragm, to hold the tube in place. The male condom is inserted when the penis is erect and removed immediately after sexual intercourse, while the penis is still erect. The female condom could be worn hours before sex but must be removed immediately after while one is still in lying position (WebMD, 2012).

Condoms serve as effective forms of birth control by blocking the sperm from entering the vagina; because condoms are made of latex, they disallow bacteria and viruses which carry STDs and AIDS from passing through during sex, thus making them an effective measure of disease control. One major advantage of condom is that it does not allow passage or sharing of body fluid between sexual partners. Thus, condom use campaign has been designed to encourage people to use condom during sexual intercourse as a way to protect themselves from infection (NACA, 2004).

Condom use campaigns in the media in Nigeria are many and varied; majority of them run together with HIV/AIDS campaigns. The most common of these campaigns include (but are not limited to) ABC campaign, the Zip up campaign, AIDS no dey show for face campaign, AIDS is real campaign, Spread the news, not the virus campaign, etc. The essence of these campaigns is to create awareness on the need to use condom during sex as a preventive approach to STDs.

The Executive Director, UNICEF, Bellamy (2005, p.54) agrees that:

Access to information is a matter of survival in many situations, most urgently in the midst of the HIV/AIDS pandemic. Misconceptions and ignorance about the disease are widespread among young people. The misconception varies from one culture to another, and particular rumours gain currency in some populations both on how HIV/AIDS is spread by (Mosquito bites or witchcraft, for example) and how it can be avoided (by eating a certain fish, or sleeping with virgins).

There is no doubt that a critical element in addressing discrimination against people living with HIV/AIDS, as well as preventing its spread is accurate and comprehensive information about how the disease is transmitted. There is also need for appropriate information to reduce stigmatization of people living with HIV/AIDS and to protect them against transmission.

Review of Related Empirical Studies

Many empirical studies exist on reproductive health, HIV/AIDS, media contraceptives use campaigns and safe penetrative sexual intercourse. One of such works is the one done by UNICEF (2003), conducted between January 2007 and June 2011 involving 99,898 female sex workers (FSWs) in 50 countries of the world (14 in Asia, four in Eastern Europe, 11 in Latin America and the Caribbean, one in the Middle East and 20 in Africa). The four-year survey funded by the World Bank and United Nations Population Fund and led by Dr. Stefan Baral of U.S. - based John Hopkins School of Public Health, ranked Uganda as one of the countries where sex workers had a higher HIV prevalence than in other women. The study reported that the women who “sell sex in Uganda came sixth among the 20 African countries after Malawi, Zimbabwe, South Africa, Kenya and Benin, and that an average of four sex workers in 10, would have HIV”. Findings of the study showed that this rate was about five times more than other women of reproductive age, who had 7.7% prevalence. The study further found that the likelihood of new HIV infection among sex workers stands at 15%. The study also revealed that “out of the prostitutes in these countries, those in sub-Saharan Africa had the highest HIV prevalence and that in most of Africa sex workers had substantially higher levels of HIV than other women, positing more than 20% of prevalence.

Similarly, The Economist of March 10, 2012 reported that South Africa which is home to 0.7% of the world's population had 17% of all HIV/AIDS sufferers in the world and that the number of people living with the disease in South Africa now totals nearly 6 million (out of a population of 50 million). The report chronicled the devastating effect of the pandemic on South African population to include an estimated 2.8 million premature deaths at the peak of the scourge, averaging 700 deaths per day; over 1 million children under the age of 18 who had lost their mothers to AIDS; and among South African adults aged 15-49, 17% were HIV positive which was more than triple the rate for the whole of sub-Saharan Africa. The paper reported that the Black South Africans were the hardest hit with 13% of their total of all ages been HIV positive.

The report attributed the high rate of HIV/AIDS infection in South Africa to a number of cultural differences, namely: that black South African men tend to be more promiscuous, have more concurrent sexual partners and have sex more often than other South African men. Other factors identified by the paper included prostitution and sexual violence which appear to be more common in black communities. According to the report, a survey conducted in Soweto, a suburb of Johannesburg, found that a quarter of school boys described gang rape as fun. That edition of The Economist further explained that some in South Africa still believe that sex with a virgin is a cure for AIDS while black South Africans had also tended to be particularly hostile to condom use believing that “flesh-on-flesh” intercourse is good for their health.

In 2009 still, Onyeneho investigated HIV/AIDS risk factors and economic empowerment needs of female sex workers in Enugu Urban of Nigeria. The basis of the study was that successes were recorded in the developed world with respect to HIV/AIDS control but the dream of halting and reversing its spread seemed a mirage in most parts of the developing world, and that the forces that drive the transmission of HIV/AIDS in Nigeria, as in many other resource poor societies include the activities of high risk groups like sex work. The study used structured interview schedule to assess the knowledge, attitude and practice (KAP) of HIV/AIDS among FSWs, and interviewed a total of 135 FSWs from four most popular brothels in Enugu. The study found amongst others, that condom use among sex workers depended on the client choice, and that misconceptions existed among FSWs on mode of transmission "as perceptual factors played great role in their attitude toward HIV/AIDS than demographic differences". The study concluded that commercial sex workers remain a major source of HIV/AIDS transmission in Nigeria.

Similarly, Ekanem, Afolabi, Nuga and Adebayo (2005) conducted a study on sexual behaviour, HIV-related knowledge and condom use by intra-city commercial bus drivers and motor park attendants in Lagos, Nigeria. The researchers carried out the study using 395 intra-city commercial bus drivers, conductors and motor park attendants. The study was aimed at ascertaining the level of knowledge of the participants on sexually transmitted diseases including AIDS, their sexual practices and perceived vulnerability to those diseases and in particular, their attitude to and use of condoms. The study adopted semi-structured interview schedule to gather data.

Findings of the study revealed that the men had a strong woven network of sexual relationships, which included, apart from their wives and regular partners, commercial sex workers, young female hawkers, school girls and market women within and outside the motor parks. Also, it was found that more than two third (74.3%) of the men had multiple sex partners and many of them had had sexually transmitted disease at one time or the other. Findings further revealed that those who never had sex with casual partners without condom was 11.6%, and that almost all the respondents (96.4%) knew themselves to be at high risk of contracting STDs, but 87.6% of them felt that it was impossible for them to "catch" AIDS.

III. THEORETICAL FRAMEWORK

The study is anchored on two theories: Theory of Reasoned Action (TRA) and AIDS Risk Reduction and Management Model (ARRMM).

The theory of reasoned action was propounded by Ajzen and Fishbein in 1975. The theory explains individual behaviour by examining attitudes, beliefs and behavioural intentions, as well as, observed and expressed acts. It is based on the idea that the most immediate determinant of a person's behaviour is his/her behavioural intention. One's actions can only be influenced by influencing one's intentions. Intention in turn, is a joint function on one's positive or negative feeling, leading to "perform or not to perform" that particular action. This theory highlights intentions by focusing on attitudes towards risk reduction, response to social norms and behavioural intentions vis-à-vis risky behaviour (UNAIDS, 1999).

The TRA has been used since 1967 by researchers to explain and predict human behaviour. It is based on the premise that humans are rational and that the behaviours being explored are under volitional control (Fishbein, Middlestadt and Hitchcock, 1994). The theory provides a construct that links individual belief, attitudes, intentions, and behaviours.

The TRA provides a framework for linking each of the above variables together. The behavioural and normative beliefs (known as cognitive structures) influence individual attitudes and subjective norms, respectively. In turn, attitudes and norms shape a person's intention to perform a behaviour. The authors of the TRA argue that a person's intention remains the best indicator that desired behaviour will occur. The TRA model supports a linear process in which changes in an individual's behaviour and normative beliefs will ultimately affect the individual's actual behaviour.

The TRA is relevant to this study in that the theory has been found to be very useful in exploring condom utilisation behaviours of males and females (Wilson, Zenda and Lavelle, 1993), and such other behaviours like smoking, drinking, signing up for treatment programmes, using contraceptives, dieting, wearing seat belts or safety helmets, exercising regularly, voting and breast-feeding (Fishbein et al, 1994).

The AIDS Risk Reduction and Management Model on the other hand, was proposed by Catania in 1990. This model combines elements from health belief model and social cognitive theory to describe the process through which individuals change their behaviour and it also explains why individuals fail to change their behaviour regarding AIDS prevention. The ARRM identifies three stages in behaviour change and management.

Stage one is labeling high-risk behaviour as problematic, which incorporates the notion of susceptibility from health belief model. This involves knowing which sexual activities are associated with HIV transmission, believing that one is personally susceptible to contracting HIV and believing that AIDS is

undesirable. Stage two is making a commitment to changing high-risk behaviour. This notion came from cognitive learning theory. Stage three is seeking for solutions and taking steps to actually adopt the new behaviour than adhering to the previous one.

These stages provide useful diagnostic tool to determine at which stage a target group belongs and, the most appropriate intervention to be adopted. The model seeks to identify target audience that need information, despite that behaviour change may not be achieved in a one-shot campaign. The model is relevant to a study of this nature because there is considerable empirical evidence showing that the mass media can be used for attitude and behavioural changes associated with HIV/AIDS (Ufuophu-Biri, 2008).

IV. RESEARCH DESIGN

Survey research design was adopted for this study. The study area was Otukpo, Benue State, Nigeria. Otukpo is the ancestral home of Idoma land. The Idomas are the second largest ethnic group in Benue state, Nigeria. Otukpo, the ancestral home is located in Benue south senatorial zone of the state. The people are predominantly farmers. It has a total population of 261,666 inhabitants consisting of 126,319 males and 133,347 females according to the 2006 National Population Commission census.

The total population of this study is however, all commercial sex workers in six selected brothels in Otukpo, Benue state, Nigeria which according to the brothels' registers of casual workers was 117. The brothels and the specific numbers of their registered sex workers at the time of this study were: Channel O' One (21), Yoyo hotel (13), city hotel (22), Emu-shine hotel (15), New garage (29).

The study adopted purposive and census sampling techniques. The purposive sampling technique ensured that only consenting female commercial sex workers in the six locations were selected. Census technique on the other hand was applied because the total number of the population of study was few enough to study as a whole, thus, selection of sample size was unnecessary. Questionnaire served as instrument for data collection. Copies were distributed to literate members of the population. For the illiterate ones, the questions were read out and explained to them and their responses were written on their behalf.

V. DATA PRESENTATION

Table 1: Age Distribution of Respondents

S/N	Variables	Frequency	Percentage
1.	Below 18 years	17	15%
2.	18-22	23	19%
3.	23-27	28	21%
4.	28-32	20	18%
5.	33-37	19	17%
6.	38 and above	8	11%
	Total	115	100%

As table 5 above shows, those who were within the age range of 23-27 had the highest outcome which was 21%. This was followed by those within ages 18-22 which were 19%. Those within ages 28-32 amounted to 18%. Those who were ages 33-37 constituted 17%, while those who were 38 years and above were 11%.

Table 2: Educational Qualification of Respondents

S/N	Variables	Frequency	Percentage
1.	FSLC	25	22%
2.	SSCE/GCE	49	52%
3.	Diploma/NCE/OND	24	18%
4.	HND/BA/B.SC	19	16%
	Total	115	100%

Entries in table 7 reveal that respondents with secondary school education had the highest representation with 52%. Those with Diploma/NCE/OND were 24 (18%). Those with HND/BA/B.Sc. were 19 (16%) while those with first school leaving certificate were 25 (22%). This shows that majority of participants were those who had secondary school education.

Table 3: Awareness of any condom use campaigns

S/N	Variables	Frequency	Percentage
1.	Yes	77	74%
2.	No	38	26%
	Total	115	100%

Data on table 9 above show that 78 (74%) of the commercial sex workers studied are aware of condom use campaigns. Only 39 (26%) of them said they are not aware of any condom use campaigns.

Table 4: Respondents' medium of awareness of condom use campaigns

S/N	Variables	Frequency	Percentage
1.	Interpersonal conversation	71	51%
2.	Seminars/Lectures	15	13%
3.	Magazines/Newspapers	5	3%
4.	Radio/Television	24	33%
	Total	115	100%

Table 10 above shows the medium through which respondents know about condom use campaigns. 51% indicated interpersonal conversation. 33% indicated radio/television. Those who indicated seminars/lectures were 13%. Magazines and newspapers were only 3%. This is an indication that majority of the respondents get information on condom use from interpersonal communication.

Table 5: Ascertaining whether respondents believe the condom use messages

S/N	Variables	Frequency	Percentage
1.	Yes	81	71%
2.	No	34	29%
	Total	115	100%

Data on table 12 indicate that majority of the respondents believe the condom use messages they are exposed to. This was the overwhelming response of 81 (71%) respondents. Only 34 (29%) indicated that they do not believe such messages.

Table 6: Precautions respondents now take as a result of the condom use campaigns

S/N	Variables	Frequency	Percentage
1.	I use condom consistently	10	4%
2.	I take antibiotics	12	5%
3.	Withdrawer method	69	74%
4.	I wash myself after sex	24	12%
	Total	115	100%

Table 21 shows that 10 (4%) of the respondents agreed that condom use campaigns made them to start using condoms as a precautionary measure. 12 (5%) of the participants claimed they resulted to antibiotics taking as a precautionary measure as a result of the exposure to condom use campaigns. 69 (74%) of the participants resulted to withdrawer method as a precaution due to exposure to condom use campaigns while 24(12%) of the respondents adopted washing of themselves after sex as a precaution because of their exposure to condom use campaigns.

Table 7: Ascertaining whether respondents would shun sex without condom irrespective of how much the customer would be willing to pay for it

S/N	Variables	Frequency	Percentage
1.	Yes	45	33%
2.	No	70	67%
	Total	115	100%

Table 22 reveals that 45 (33) of the respondents participants affirmed that they would shun sex without condom irrespective of the amount of money involved while an overwhelming majority of the participants 70 (67%) confirmed that they would engage in sex without condom at any given price.

Table 8: Ascertaining whether respondents know their current HIV status

S/N	Variables	Frequency	Percentage
1.	Yes	42	37%
2.	No	73	63%
	Total	115	100%

Table 24 shows that 42 (37%) of the research participants knew their HIV status while 73(63%) of the respondents did not know their HIV status.

Table 9: Ascertaining whether respondents are aware that engaging in sex with multiple partners increases the chance of contracting HIV/AIDS and other STIs

S/N	Variables	Frequency	Percentage
1.	Yes	93	80%
2.	No	22	20%
	Total	115	100%

Table 28 indicates that 93 (80%) of the participants were aware that engaging in sex with multiple partners would increase their chances of contracting HIV. 22 (20%) of the participants were not aware that engaging in sex with multiple partners would increase their chances of contracting HIV.

Table 10: Conditions under which respondents would be willing to stop commercial sex work

S/N	Variables	Frequency	Percentage
1.	If I can secure a white cola job	41	35%
2.	If I marry a rich man	21	18%
3.	When my husband can take care of me	24	21%
4.	If you can give help me to start a big business	29	25%
	Total	115	100%

Source: Field Survey, May 2016

Table 29 shows that 41 (35%) would quit prostitution if gainfully employed. 21(18%) of the participants would quit prostitution if married to rich men. 24 (21%) of the respondents would leave prostitution if their husbands would take care of them. 29 (25%) of the respondents would need huge amount of money to start business before they would quit prostitution.

Major Findings

From the data generated, the dominant findings are:

- i. The level of exposure to condom use campaigns among commercial sex workers in Otukpo, Benue state, Nigeria is high.
- ii. There is low influence of condom use campaigns on attitude of commercial sex workers in Otukpo, Benue state, Nigeria towards penetrative sexual intercourse.
- iii. Interpersonal communication is the major media channel through which commercial sex workers in Otukpo, Benue state, Nigeria access condom use messages.
- iv. The majority of the participants constituting 67% indicated that they would engage in sex without condom if the customer pays big.

RECOMMENDATIONS

Arising from the findings, the study recommends:

1. integrated marketing communication approach with focus on Behaviour Change Communication (BCC) in the campaigns
2. translation of the campaign messages in local dialects and pidgin English because these constitute the commonest languages used by commercial sex workers in the area.
3. Condoms could also be provided for them at no cost or at a subsidized rate by government and other health organizations.
4. Education through entertainment could also be considered because many of the commercial sex workers are fun seekers and are most likely to be attracted to 'edutainments' (educative and entertaining messages).

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