

Perceived Faith-based Invulnerability to HIV Infection Among Female Sex Workers in Nigeria

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Introduction: The study explores the extent to which sex workers self-assessment of risk depends on their faith.

Method: Participants were systematically selected from the list of sex workers resident in purposively chosen brothels to constitute eight focus groups.

Results: To most of the women, belief and trust in God offered safety and protection, and belief in the transcendental created some form of risk relief among sex workers. One of the dangerous outcomes of sex workers' reliance on God for protection is the emergence of faith-based invulnerability to HIV infection resulting in the belief that they will never get infected because of their faith and hence no need to use condoms.

Conclusion: HIV interventions need to address the accuracy of personal vulnerability and risk self-appraisal and the erroneous belief that contracting HIV is more a matter of bad luck or chance than a result dependent upon a person's sexual behaviour.

Introduction

The national HIV prevalence of women attending ante-natal clinics has been increasing since 1984: from 1.8% in 1991 to 5.8% in 2001 (Ministry of Health, 2001). Sero-prevalence of HIV among the female sex workers was put at 36% in 1995/96. Brothel based sex workers are said to have the highest rate of partner change put at an average of four clients per day (Ladipo et al, 2001). Female commercial sex is commonplace in Nigeria, occurring in both residential brothels and more informally as street workers. (Orubuloye, Caldwell and Caldwell 1994, OSUTH Research

Team, 1999; Ladipo and Ankomah, 2001). Poverty and gender discrimination are the two major factors driving women into sex work in Nigeria.

Nigeria is a highly religious society where many people, including sex workers, rely on God for all types of protection. Quantitative studies of sex workers in Nigeria have demonstrated that those who use condoms consistently correctly estimate their risk of infection as low, but the great many who engage in unprotected risky sex incorrectly perceive themselves as low risk (Ladipo et al., 2001). Religion was reported to be a key reason (Ladipo and Ankomah, 2001) for low risk perception among sex workers. Given the importance of self-assessment of risk in HIV prevention, it was considered necessary to explore the extent to which sex workers perceived invulnerability depended on their faith in God.

Method

Eight focus group discussions (FGDs) were conducted in Pidgin English and Hausa in brothels in four geographically dispersed cities in Nigeria in 2000. Selection of brothels was purposive but participants were systematically selected from the list of sex workers resident in the selected brothels. Both females and male moderators were used. There was no evidence that the sex of moderators affected the outcome of discussions. No material incentives were offered although participants were given soft drinks and snacks in the course of the discussion as well as complimentary condoms and promotional items at the end of the discussion. The tapes were later transcribed verbatim and translated to English. Transcripts were organised, sorted and coded using the Ethnograph software.

Results

Characteristics of participants

Majority of the sex workers were Christians aged between 18 and 42 years. More than half of them had some secondary education. To ensure anonymity almost all operated from locations other than their hometown.

Faith-based HIV risk assessment

Perceived vulnerability to HIV infection is an important issue in HIV prevention (Fisher and Fisher, 2000). While perceived susceptibility to infection does not necessarily translate to behaviour change, it is a necessary precondition for behaviour change. As Kelly (1995) has pointed out, risk reduction behaviour change often requires personalization of risk. Though nearly all believed that AIDS was real, most of the sex workers perceived themselves as low risk not because of their sexual behaviour but because of their belief that God will offer them protection from HIV. Organized

religion is practiced and daily or weekly prayer meetings are common in some brothels, especially in Ibadan. One of the key factors explaining sex workers self-perceived risk to infection is the faith in God. Three interrelated religious issues which shape sex workers self-assessment of susceptibility to infection are discussed here: faith in God, belief in predestination, and the power of positive thinking and confession.

In God we trust

While sex workers appreciated the contradiction that their religion may not support their work, belief and trust in God offered safety and security for many creating some form of risk relief. They strongly believed that it is only God who can protect them from HIV infection: *"whether high or low risk, I put my trust in God"*; *"it is only God that gives protection"*. In Ibadan some of the sex workers had morning religious devotion during which prevention from HIV was a major prayer subject. They often prayed that God would bless their work and protect them from contracting AIDS: *"We pray that anything which is bad; we pray that God does not allow it to come near us"*. Many participants felt they were not vulnerable to infection because of their faith. A participant had this to say: *"I no go fit catch am in Jesus name"* (I can't catch it in Jesus' name). Even more worrying is the misconception held by some of the participants that condoms are irrelevant, since it is only God who can protect an individual from infection: *"Whether I use condom or I don't use condom, it's only God who can protect"*.

Predestination: "What will be will be"

In many Nigerian cultures, people believe that whatever happens to you is pre-ordained by God. This includes HIV/AIDS and its consequences. Although many of the women professed their belief in God, they struggled to reconcile an individual's ability to make choices with the faith-based concept of predestination. To many, those who will die from AIDS had already been numbered and consequently it made no sense taking preventive measures. A participant made clear her fatalistic conclusion: *"If God says it will happen, so will it happen. If God says a person will die of AIDS, even if he wears multiple condoms, they will all break and he will get infected and die of it"*. Similarly, many held the view that *"they will not die unless they reach the time God says they will die"*. Such fatalistic views concerning HIV/AIDS can reinforce the erroneous belief that contracting HIV is more a matter of bad luck or chance, or something predetermined long in advance than an outcome determined by one's sexual behaviour.

Positive confession: "What you say is what you get"

A related observation, albeit contradictory to the concept of predestination, is the strong belief that those who will die from AIDS are those who think and perceive the possibility that they stand a risk of contracting the

infection. This idea of “positive thinking and confession” is based on the cultural norm that evil befalls those who think and speak evil about themselves. For many, therefore, however high the risk of contracting HIV, one should not accept it, or worse of all express through spoken word that they are at risk. To them, avoiding or contracting AIDS is the battle of the mind rather than behavioural disposition, a point aptly stated by a participant: *“It is your mind. It is what you say that is how your mind is and that is what you get”*. Many participants spoke or through gestures and facial expressions showed physical evidence of their total rejection of AIDS by either snapping their fingers over their heads or declaring openly that *“AIDS was not their portion”*. This leads to a situation where the women think one can reduce risk of infection by simply refusing to accept the risk. Many of the participants, including even those who do not use condoms, queried why they should openly ‘wish bad things for themselves’ by accepting that they were at risk. *“Why should I say I stand the risk of catching it, even if I don’t use condoms all the time. I can’t wish that bad thing for myself”*. This explains the participants’ refusal to answer direct questions on their risk levels, as they believe that voicing out any personal perception of risk automatically may bring the disease upon them.

Conclusion

While it is clear that many of the sex workers engaged in unprotected risky sex, they incorrectly judge their risk as low apparently because many felt their belief in God offered them protection from infection. The extent of a sex worker’s self-perceived risk depends on her faith in God, belief in predestination and the power of positive thinking and positive confession. Many of the sex workers felt more comfortable placing their trust in the protective power of God and whatever had been ordained for them by God rather than an objective self-assessment of risk. It was clear that their risk levels were woefully underestimated resulting in unrealistic optimistic bias, which may hinder sex workers from embarking on risk reduction strategies. One of the dangerous outcomes of relying on God for protection is the emergence of faith-based invulnerability to HIV infection. Many were of the view that they will never get the infection because of their faith. For them the belief in the transcendental created, albeit falsely, some form of risk relief. Even more worrying is the misconception held by some sex workers that condoms are irrelevant, since it is only God who can protect an individual from infection, and for people who have been ordained to be infected, condoms would not be effective. For this group, self-protective strategies were of little effect.

Therefore, one area of intervention appears to be activities which develop the accuracy of personal vulnerability and risk self-appraisal based upon sex workers own behavior. There is need to address the erroneous belief

that contracting HIV is a matter of bad luck, chance, or God's will, rather than a result dependent upon a person's behaviour. Program managers however need considerable care in the design and implementation of interventions to address the accuracy of personal vulnerability and risk self-appraisal. Given sex workers professed religious inclinations, too much emphasis on risk associated with sex work may be counterproductive and is likely to induce fear which may push them to the extreme and harden their already strong beliefs in predestination, fatalism and over reliance on God for protection.

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