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Female adolescent hawkers in Nigeria: HIV/AIDS-related knowledge, attitudes and behaviour

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Abstract

Background: HIV/AIDS is a pandemic with serious consequences. It affects such vulnerable groups as street children, adolescents and particularly females.

Methodology: In 1999, a study was conducted among 686 randomly selected single females aged 10 to 24 years, who hawked food and other items in motor parks, in order to identify their HIV/AIDS risk and examine their possible role in its transmission, as a baseline for an intervention. Focus Group Discussion and adapted Participatory Action Research methodology were used to obtain information.

Results: Eighty-one per cent had heard about HIV/AIDS and its sexual transmission. Thirty-eight per cent did not abstain from sexual intercourse, 54.0% of these had multiple partners, 38.0% used the condom, and 7.4% had ever been raped during the course of their jobs as hawkers. Their risk perception was poor.

Conclusion: This target population is at high risk of contracting HIV infection and could transmit the infection within the community, thereby contributing significantly to the HIV/AIDS epidemic. Female adolescent hawkers should be targeted with appropriate programmes that would empower them for the prevention of HIV/AIDS.

Introduction

The AIDS pandemic has continued to have its toll on Africans. Heterosexual route has been reported to be the most important in the continent. The 1999 HIV/Syphilis sentinel sero-prevalence survey among antenatal women in Nigeria revealed that the youth were the worst affected group by HIV infection. While the national average was 5.4 per cent, the prevalence among 20-24 year-olds was 4.2-9.7 per cent.[1]

Demographically, the youth constitute a significant proportion of the Nigerian population. They represent the nation's future and the development of the country rests in their hands. These young people, particularly females are biologically and socially more vulnerable to infection than adults. Young people are often ignorant of their risk and rights, and they have limited access to reproductive health information and services. Their information, the source of which is most commonly their peers, is usually inadequate and often inaccurate.[2,3] The provision of sexual and reproductive health education to young people is still controversial among some adults. The latter believe that such information will encourage promiscuity among young persons. However, there is no evidence that sex education in schools leads to earlier or increased sexual activity among young people.[4] Very few schools are beginning to include sexual and reproductive health education in their curricula. The "National Sexuality Education Curriculum for Upper Primary, Secondary and Tertiary Institutions" has recently been approved by the Nigerian government.[5] Even when there is accurate information, there seems to be a gap between knowledge and practice.[6] These young people therefore constitute a priority group for the control and prevention of HIV/AIDS.

The social situation that places adolescent girls at a higher risk of contracting HIV infection than their male counterparts and adults include their relatively low status and gender discrimination in terms of access to education and the types of occupation they engage in, among others. Usually both males and females engage in street trading or hawking but observation from many studies showed that there were slightly more girls than boys.[7] The reason adduced for the latter is the division of labour, which is under girded by the attributes of age and gender. This necessitates the participation of children in the same occupation as their same sex parents. Hence, in areas where women

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specialise in trading as a professional activity there will be more girls than boys in street trading or hawking. Another reason adduced for the male: female ratio is the male preference and the 'girl child' issue. Boys are sent to school while girls work, especially in rural communities.

Street trading usually involves the sale of agricultural and food items such as vegetables and fruits, bread, coke and snacks in the rural communities, while in urban centres the items are not limited and could include household items, clothing and motor spare parts. This practice of street trading, also known as hawking, is the offer of goods for sale by going from house to house, street to street, etc. Street trading and hawking are used in this paper interchangeably. The goods are either hand-carried or typically, displayed in a tray carried on the head by the vendor, who moves around highways, streets and paths or remains in stationary positions. These traders often advertise their goods by crying out their wares and they woo potential customers to buy from them.

Children in Especially Difficult Circumstances (CEDC) such as those who engage in street trading are exposed to many dangers, including sexual exploitation and abuse. [8, 9] The victims of rape could contract HIV infection from their assailants, who usually would have had other sexual partners. Sexual violence has been found to have many links to HIV/AIDS.[10] Early exposure to sexual intercourse and multiplicity of sexual partners also increase their risk of infection. It has been reported internationally that the prevalence of HIV infection among street children is 2-10 per cent.[11]

In terms of definition, the period of adolescence is ages 10-19 years and youth 15-24 years. In this paper the target population aged 10-24 years shall be referred to as adolescents and youth. This study targeted female adolescent and youth hawkers in motor parks. The commercial drivers have been identified as a high-risk group for HIV infection.[12, 13] This is due to multiplicity of sexual partners, involvement in casual and/or commercial sex and low prevalence of consistent condom use. It has also been reported that some sexual partners of the commercial or long distance drivers are the traders in the motor parks [13], among who are the target population for this study.

This study was undertaken to provide information on the risk of STDs/AIDS among female adolescent and youth hawkers, to examine their role in its transmission and to assess their knowledge and attitudes to HIV/AIDS. In addition, factors that could enhance or militate against promotive and preventive behaviours were identified. Ways and means of promoting and protecting the sexual and reproductive health and rights of the girls were discussed.

Methods

Study area

This study was carried out in the Middle Belt of Nigeria (Kwara and Kogi States). The States constitute a cultural mix of the northern and southern parts of the country. Two urban and two rural sites were selected for the project. Within each of the two States, the capital city as an urban, and a rural community were selected. These were respectively, Ilorin and Bode Saadu cluster (Oke Oyi, Bode Saadu and Jebba) in Kwara State. In Kogi State, Lokoja as the urban, and Egbe as the rural sites were selected. Within the urban communities major motor parks were selected for the study while all motor parks in the rural clusters were selected.

Setting

Motor parks in Nigeria are designated locations where commercial vehicles load or drop passengers. They also serve as stop stations for long-distance drivers, who either stop briefly or for the night. The motor parks are very busy with people and vehicles. Trading and hawking are part of the activities in these transport nodes. Typically, the hawkers rush at vehicles to sell their wares as they slow down or stop at the motor parks. Some motor parks are operated for 24 hours, although the level of activity might vary with the time. Some motor parks are fully operational at daytime but are virtually closed late at night. Parents or guardians of some of the hawkers are traders in stalls or shops around the motor parks. The girls return to them from time to time to re-stock. However, some of the hawkers live alone but return home at the end of the sales period.

Research tools

A Focus Group Discussion guide was developed for the identification of related concepts and terminologies among the target group. In addition, the FGD guide was designed to identify the structure of operations of the hawkers, and their perception of the possible roles of peers, parents and motor park officials in influencing their reproductive health and rights. A questionnaire was developed for obtaining information on the girls' socio-demographic background, knowledge and attitudes to HIV/AIDS, and sexual experiences as a result of hawking, among others. The questionnaire was translated into Yoruba, which is the major language spoken in most of the sites. Both research tools were pre-tested and necessary modifications were made. A field guide on the field procedure was developed to assist the field staff.

Subject selection

Single females aged 10-24 years who hawked in

Table 1: Socio-demographic characteristics of respondents

Characteristics	*Urban*		*Rural*		*All*	
	n	%	n	%	n	%
Age-group (in years)						
10-14	156	34.4	64	27.6	220	32.1
15-19	249	54.8	122	52.6	371	54.1
20-24	49	10.8	46	19.7	95	13.8
n	454	100.0	232	100.0	686	100.0
Educational status						
Out-of-school	195	42.9	96	41.4	291	42.4
In-school	166	36.6	107	46.1	273	39.8
Never attended school	93	20.5	29	12.5	122	17.8
n	454	100.0	232	100.0	686	100.0
Religion						
Islam	316	69.6	98	42.2	414	60.3
Christianity	136	30.0	134	57.8	270	39.4
Traditional	2	0.4	-	-	2	0.3
n	454	100.0	232	100.0	686	100.0

and around the selected motor parks constituted the target population. Their population was unknown and it varied between. An estimate was made; 240 from each urban and 120 from each rural site. Subjects were recruited following an informed consent, through quota sampling technique.

Data collection

Field workers were recruited – supervisors and interviewers. The latter were young adult females with a background in health fields such as Nursing and Health Records. The supervisors were Community Health Officers. Meetings were held with the field staff in order to acquaint them with study objectives and instruments. Data collection was carried out in 1999. Two FGDs were conducted at each of the 4 sites, each with 8 participants, a moderator, an observer and a note-taker. The FGDs led to slight modifications of the terminologies used in the questionnaire.

The Participatory Action Research (PAR) methodology, which involves the following four steps: problem identification, data collection, analysis and planning for action was adapted and used for the survey.[14] A period of observation and interaction by the interviewers at the motor parks preceded data collection so as to gain the confidence of the subjects. Data was collected from a total of 690 girls.

Data analysis

The FGD audio tapes were transcribed, manually analysed, and complemented with the notes taken. Records of 686 respondents, which were complete, were analysed using EPI-INFO version 6.0. Frequency counts were performed. Independent or explanatory variables and dependent/outcome variables were defined. Relevant bivariate analyses were performed to test hypotheses. Test statistic such as chi-square was used and the level of significance is $p<0.05$.

Results

The findings from the analysis of the records of the 686 respondents are presented. The mean age of the respondents was 16 years (+3.1). About 82.0% had attended school, while 17.6% had never been to school. (Table 1). Most of the girls (88.2%) lived with either their parents or relatives. Majority of the girls lived within the communities where they hawked their goods while a few others came from neighbouring communities. The average duration on the job as hawkers was 5.7 years. The hawkers were not organised into any formal groups or associations.

Knowledge of HIV/AIDS

The adolescents and youth who had heard about AIDS constituted 81.0% of the samples population but less than half of them (48.1%) knew the causative agent. They knew mainly the sexual route of transmission. A few of them (16.0%) claimed to have ever known someone living with HIV/AIDS. Only 22.0% knew that asymptomatic stage of the infection exists. Most of them (78.6%)

Table 2: Respondents' knowledge of HIV/AIDS

Characteristics	*Urban*		*Rural*		*ALL*	
	n	%	n	%	n	%
Ever heard of AIDS						
Yes	360	79.3	195	84.1	555	81.0
No	94	20.7	37	15.9	131	19.0
Knew causative agent						
Yes	155	43.1	112	57.4	267	48.1
No	205	56.9	83	42.6	289	51.9
Route of transmission						
Knew only sexual	266	73.9	81	41.5	347	62.5
Knew sexual & other	24	6.7	100	51.3	124	22.3
Knew only non-sexual	70	19.4	14	7.2	84	15.1
Aware of asymptomatic state of HIV infection						
Yes	45	12.5	79	40.5	124	22.3
No	315	87.5	116	59.5	431	77.7
Source of 1st information on HIV/AIDS						
TV	162	45.0	41	21.0	203	36.6
Radio	97	26.9	47	24.1	144	25.9
Friends	66	18.3	57	29.2	123	22.2
School	8	2.2	25	12.8	33	5.9
Other (print, Church/Mosque, etc)	27	7.5	25	12.8	52	9.4
Risk perception	285	79.2	162	83.1	447	80.5
Not likely	8	2.2	6	3.1	14	2.5
Very small chance	5	1.4	-	-	5	0.9
Moderate chance	18	5.0	-	-	18	3.2
Good chance	44	12.2	27	13.8	71	12.8
Don't know						
Aware there is yet no cure	267	74.2	169	86.7	436	78.6
Yes	93	25.8	26	13.3	119	21.4
No						

knew that there was yet no cure for AIDS. Their first sources of information about HIV/AIDS were the television (36.6%), radio (26.0%) and friends (22.0%). Other sources included the school (Table 2). Most of the respondents (80.5%) perceived that they were not at risk of contracting HIV infection at all. This was irrespective of their sexual experience and condom use or non-use (*p= 0.15*)

STDs/AIDS-related attitudes, behaviour and practices

Within the preceding twelve months of the study, 93 (13.6%) had experienced abnormal vaginal discharge, for which they received treatment from either the clinic (37.0%), patent medicine vendors (25.0%) or used traditional medication (13.7%). Others did nothing about it. Also 63 (9.0%) claimed to have had genital ulcers, for which they sought various treatment.

As shown in Table 3, thirty-eight per cent of the girls had ever had sexual intercourse and the proportion increased with age. Of these, 50.4% had multiple sexual partners. The mean age at sexual debut was 15.3 years. Those in the urban areas had sexual exposure earlier than those in the rural communities. Their first sexual partners were most commonly men within the motor parks (39.1%). One-third of the girls had sexual intercourse preceding 4 weeks, 3 months and 12 months

because they could not "say no". within the respectively, 169 (24.6%) 186 (27.1%) 225 (22.8%) had sexual intercourse. About one in five (21.1%) had experienced attempted rape. Overall, fifty-one (7.4%) of the respondents were raped while hawking their goods. This was commoner in the urban sites than the rural. Rape occurred most commonly among the 15-19 year-olds who recorded a prevalence rate of 38 (10.2%). Seven or 7.4% of the 20-24 year-olds were raped while 6 or 2.7% of the 10-14 year-olds experienced rape. The assailants were the motor park workers for more than half of the victims (57.4%), while 12.8% did not know whom the assailants were.

Seventy-two per cent of the respondents had ever heard of the condom. Of these, 64.0% knew the source of condoms, the commonest of which was the chemist shop. Only half of the respondents had positive attitudes to the condom. These respondents were of the opinion that it is safe and protective. About one-quarter of the respondents claimed that condoms could lead to complications. Only 34.0% of the respondents said that they could ever use the condom. Fifty-four of the 263 sexually experienced girls (20.5%) claimed to have used the condom consistently, while 70 or 26.6% said they used it occasionally. Among the 139 sexually experienced who never used the condom, 17 or 12.2% would have liked to use it consistently and 18 or 12.9% would have liked to use it occasionally, but for lack of negotiating power (51.4%), lack of access (22.9%) and partner's refusal (20.0%).

Sixty-five per cent of the respondents said that their parents/guardians had ever discussed reproductive health issues such as menstruation, conception and STDs/AIDS with them. The girls suggested such ways and means of improving their reproductive health and rights as radio/television programmes, health talks and printed materials. Some of them (57.4%) said they would like to participate in such programmes while 21.7% would not and others were undecided. The former would like to play the role of educating and mobilising their peers. Most of those who would not like to participate gave such reasons as incompetence, lack of time and possible parent's resistance. From the FGDs, the girls stressed the need to involve the commercial drivers in the programmes. The girls would also like their parents to be involved, especially for the purpose of obtaining consent for their daughter's participation. The main obstacle anticipated by the respondents for the success of such a programme was inadequate resource.

Discussion

Even though the focus of this study was on the risk of heterosexual transmission of HIV, it is essential that the subjects know other routes of transmission of HIV infection, as well as mode of prevention. This study showed that the knowledge of the female adolescent and youth hawkers was deficient concerning HIV/AIDS. The existence of asymptomatic state of the infection is also important information, which these adolescents lacked. The sources of their information on HIV/AIDS (electronic media, peers and the school) could be strengthened and well targeted so as to ensure adequate information to these adolescents and youth. While some parents/guardians provided information on some reproductive health issues, it seems inadequate and requires more details for the promotion and protection of the health of these adolescents and youth.

It has been highlighted that these adolescents and youth are at high risk of contracting STDs/AIDS due to various factors among which is their early involvement in sexual intercourse. The mean age of their sexual debut (15.3 years) is earlier than in some other studies among similar age-groups (10-24 years).[15, 16] This implies that they are at higher risk than their peers. Furthermore, they tended to have multiple sexual partners, although this was not commoner than in other studies[16]. This poses a risk of HIV transmission.

Rape, which was experienced by 7.4% of the girls, apart from its rights issue, also makes these female adolescents and youth (especially those in the urban communities) more vulnerable than their peers to contracting STDs/HIV infection. These adolescents would therefore benefit from life skills for the protection of their sexual and reproductive health and rights. There also seems to be sexual networking in the motor park community, as (multiple) sexual partners were commonly within that community. This creates an enabling environment for HIV transmission. These adolescents and youth could transmit HIV infection from the motor park to other parts of the community, especially in the urban. Their report of abnormal vaginal discharge and genital ulcers shows occurrence of reproductive tract infections, some of which also predispose to HIV infection. Genital ulcers particularly predispose to HIV transmission.[17] Hawking has therefore been shown to be a high-risk occupation for HIV transmission and these female adolescents and youth would therefore play an important role in HIV transmission.

The female adolescent and youth hawkers should be empowered to "say no to sex". While it is possible to educate the girls about the need for single sexual partnership, getting a mutually faithful

Table 3: Sexual experience of respondents

Item	Urban		Rural		All	
	n	%	n	%	n	%
Ever had sex						
10-14 year-olds	16	10.3	3	4.7	19	8.6
15-19 year-olds	129	51.2	40	32.8	169	45.6
20-24 year-olds	36	73.5	39	84.8	75	78.9
All	181	39.9	82	35.3	263	38.3
	n	Year	n	Year	n	Year
Mean age at 1st sex	16	11.4	3	12.7	19	11.6
	126	14.6	36	15.2	162	14.7
10-14 year-olds	36	17.4	39	17.6	75	17.5
15-19 year-olds	178	14.9	78	16.3	256	15.3
20-24 year-olds						
All						
	n	%	n	%	n	%
First sex partner						
Driver/conductor/tout	77	42.5	25	31.3	102	39.1
Boy friend	38	21.0	35	43.8	73	28.0
Others	59	32.6	18	22.5	77	29.5
Unknown	7	3.9	2	2.5	9	3.4
n	181	100.0	80	100.0	261	100.0
	n	%	n	%	n	%
Raped						
10-14 year-olds	6	3.8	0	0.0	6	2.7
15-19 year-olds	33	13.3	5	4.1	38	10.2
20-24 year-olds	2	4.1	5	10.9	7	7.4
All	41	9.0	10	4.3	51	7.4
	n	%	n	%	n	%
Assailant						
Driver/conductor/tout	65	59.1	20	52.6	85	57.4
Boy friend	10	9.1	6	15.8	16	10.8
Other	20	18.2	8	21.1	28	18.9
Unknown	15	13.6	4	10.5	19	12.8
n	110	100.0	38	100.0	148	100.0

partner might not be feasible, as it has been established that the commercial drivers (who are commonly their partners) have high risk sexual behaviour.[12, 13] Both groups would have to be targeted for sexual behavioural change through behavioural change communication. It is important for these girls to know about condom and have positive attitudes to it since apart from abstinence and sexual behavioural change it remains an important preventive measure against HIV transmission. Their fears need to be allayed and misconceptions need to be corrected. Based on the nature of their job as hawkers, these adolescents and youth could benefit from social marketing of condom.

Hawkers as part of the group of Children in Especially Difficult Circumstances are at high risk of contracting HIV infection and require an intervention as a priority group. This is in addition to other issues of their rights, which have been discussed in a previous paper.[18] As it appears difficult or even impossible to eradicate hawking because of its economic context, efforts by the government and other agencies to alleviate poverty might reduce its prevalence and/or undesirable effects. An HIV/AIDS education as a component of a broader curriculum such as sexuality education curriculum is required for these adolescents and youth.[5] Since most of these girls had been or were still in school, a school-based programme would reach this target population. The agents to be used for the programme, such as the schoolteachers would also require some training.[19] Parents/guardians through advocacy and sensitisation should be made to complement such an education. They too would require some education[20]. The media practitioners will also serve as useful agents. Efforts to strengthen them for the communication would be beneficial. Importantly, the adolescents and youth themselves should be trained as peer educators, since friends were also popular sources of their information. A community-based programme should complement the school-

based for the sake of out-of-school adolescents and youth. The commercial drivers, as suggested by the girls, should participate in such an education programme as well. Voluntary and confidential counselling and testing should be made available to this population. This intervention could be undertaken by the government in collaboration with the Non-Governmental Organisations and the Civil Society Organisations among others. The programme should be monitored and evaluated.

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