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A Study of HIV/AIDS Media Campaigns and Knowledge of High Risk Factors among Sex Workers in South-South Nigeria

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Abstract

The study investigates HIV/AIDS media campaigns and knowledge of high risk factors among sex workers in South-South geo-political zone of Nigeria. The main purpose of the study is to ascertain whether the numerous media campaigns on HIV/AIDS have positive influence on sex workers' attitude towards the high risk factors of the pandemic. In pursuance of this objective, the following questions were formulated to provide the needed guide to the study: Do media campaign messages on HIV/AIDS have a positive influence on respondents' attitude towards penetrative sexual intercourse? Do respondents maintain consistent condom use with paying and non-paying clients? Would respondents shun sex without condom, irrespective of the amount the client would be willing to pay for it? Would respondents be willing to quit sex work knowing that it constitutes high risk behaviour of HIV/AIDS? Anchored on the agenda-setting theory and the standpoint theory, the work adopted survey method and utilised questionnaire as instrument of data collection. The sample size was 300 sex workers drawn purposively from three cities in South-South Nigeria, namely: Asaba, Port-Harcourt and Uyo. Findings of the study revealed that sex workers still engage in high risk behaviour of the scourge. The study, therefore, concluded that media campaigns on HIV/AIDS have not been effective on sex workers in the South-South geo-political zone of Nigeria. The paper recommends re-structuring of campaign strategies in order to make them more effective.

Keywords: Sex Workers, HIV/AIDS, Media Campaigns, Knowledge and High Risk Factors.

Introduction and Conceptual Clarification

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 acquired immune deficiency syndrome (AIDS) which is ravaging mankind today (Nyakato, 2012; Onyeneho, 2009). 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 American Heritage Dictionary of English Language (2006) defines sex work simply as "the performance of sex acts for hire; prostitution". Sex work could be broadly defined 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. The Encyclopedia of Prostitution and Sex Work (2006) aptly differentiates sex work from prostitution in the following way: "Sex work was conceived as a non-stigmatizing term without the taint of the words 'whore' and 'prostitution'. The point of the term was to convey the professionalism of the sex worker rather than her lack of worth as seen by much of society."

A sex worker is a person who works in the sex industry. She/he is a person who provides sexual services to willing clients in exchange of money or goods. A sex worker is a person who performs sexual acts for hire: She is a person who works and earns a living by trading on sex as a commodity. Thus, many people view the term 'sex worker' as a synonym or euphemism for prostitute but it is more general. Some use the term to avoid invoking the stigma associated with the word 'prostitute' (Silverberg, 2010).

Acquired Immune Deficiency Syndrome or acquired immunodeficiency syndrome (AIDS) is a disease caused by a virus called human immune deficiency or human immunodeficiency 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. HIV is a virus while AIDS is a medical condition (Nordqvist, 2012).

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 (http://www.avert.org/hiv.html). In Nigeria as well as other developing nations of Africa and the world at large, the story is more pathetic. Gordon (2002) cited in Nwabueze and Edegoh (2011) writes that official prevalence rate of the disease in Nigeria is almost 6 percent while unofficial estimates range as high as 10 percent which is about 4.6 million people living with HIV in 2003. Based on advancement in the state of the pandemic and Nigerian government's seemingly limited capacity to respond to the threat presented by the epidemic, Gordon (2002) cited in Nwabueze and Edegoh (2011) predicts that as many as 10 to 15 million people will be infected with the disease in Nigeria in 2010.

HIV/AIDS and condom use campaigns in Nigerian media are many and varied. All of them are geared toward creation of awareness and sensitization of people on possible means of HIV/AIDS infection and spread as well as safe behaviours toward the pandemic. The main reason for the media campaigns against HIV/AIDS is premised on the fact that the disease cannot be eradicated, so, efforts should be made to discourage behaviours that could increase chances of infection and spread of the scourge in society. The most popular HIV/AIDS and condom use media campaigns in Nigeria include the ABC campaign, the zip up campaign, the AIDS *no dey show for face* campaign and AIDS is real campaign.

The media of communication through which these campaigns on HIV/AIDS and condom use are made available to the audience include the print media of newspapers, magazines and the electronic media of radio, television (to name a few). These mass media channels disseminate campaign programmes to make the audiences have balanced knowledge of the scourge especially on how they could stay protected from the disease.

The study therefore focuses on media campaigns on HIV/AIDS and knowledge of high risk factors among sex workers in South-South Nigeria.

The Problem

Sex work is posing a serious problem to the fight against HIV/AIDS. It is viewed as one of the potential pathways to HIV/AIDS transmission (Udoh, Mantell, Sandfort and Eighmy, 2009). Dandona, Gutierrez, Kuma, McPherson, Samuels and Bertozzi (2005) report that heterosexual contact was the most common mode of HIV transmission in India that was largely linked to sex work. Nyakato (2012) also reports that Ugandan sex workers have one of the highest rates of HIV infections in the world. It has been found that commercial sex workers remain a major source of HIV/AIDS transmission in Nigeria (Onyeneho, 2009), and there exists a strong belief that one-third of sex workers in Nigeria were HIV positive (Ankomah, Omoregie, Akinyomi, Anyanti, Ladipo and Adebayo, 2011). These findings point to one problem: sex work facilitates HIV/AIDS infection and transmission in the society.

To address the problem of HIV/AIDS, promotional campaigns are on in the media. The campaigns are such that jingles and messages are aired in broadcast media and published in the print media informing people not to engage in behaviour that could make them contract or spread the disease; sensitizing people on the high risk behaviours of the pandemic and urging them to stay safe. Whether these campaigns are effective in achieving the objectives for which they were initiated is what this study seeks to investigative. The study is significant in the face of rising cases of sex work in Nigeria and its undeniable link with the increasing number of HIV/AIDS infection and transmission as well as HIV/AIDS devastating consequences on the society.

To this end, the following research questions have been formulated to guide the conduct of the study:

i. Do media campaign messages on HIV/AIDS have a positive influence on respondents' attitude towards penetrative sexual intercourse?
ii. Do respondents maintain consistent condom use with paying and non paying clients?
iii. Would respondents shun sex without condom irrespective of how much the client would be willing to pay for it?
iv. Would respondents be willing to quit sex work knowing that it is high risk behaviour of HIV/AIDS?

Theoretical Framework

Social Philosopher, Abraham Kaplan (1964) cited in Okoro and Agbo (2003) opines that a theory is a way of making sense out of a disturbing situation, and Daramola (2003) asserts that communication theory is a "set of ideas which provides an explanation for communication phenomena". The relevance of theories in any academic endeavour is premised on the fact that theories lend themselves, to various texts and analysis such that the phenomenon central to the research get explained, clarified and even predicted as the case may be (Asemah 2010, p.345 cited in Asemah and Edegoh, 2012). Therefore, for better understanding of the study, two theories of communication have been chosen to provide the framework. These are the agenda setting theory and the standpoint theory.

Agenda setting theory was propounded by Maxwell McCombs and Donald L. Shaw in 1972/1973 (Asemah, 2011, p. 176). The major assumption of the theory is that the media set agenda for the public to follow. The theory holds that most of the pictures we store in our heads, most of the things we think or worry about, most of the issues we discuss, are based on what we have read, listened to or watched in different mass media. The media make us to think about certain issues: they make us to think that certain issues are more important than others in our society. According to Wimmer and Dominick (2000) the agenda setting theory of the media proposes that public agenda or what kinds of things people talk about, think or worry about is powerfully shaped and directed by what the media choose to publicize.

The theory is of great relevance to this study in that HIV/AIDS messages in the media form the basis of what the public (sex workers and their numerous clients inclusive) would be thinking and discussing about. The media, therefore, set health agenda for the public to follow thereby placing before everyone messages that could dissuade them from engaging in behaviours that could make them contract HIV/AIDS.

The standpoint theory was propounded by Sandra Handing and Julia T. Wood. The theory simply claims that our standpoint affects our world view. According to the theory, the position or stance we take on certain matters affect how we will view things in society. Communication generally has a frame of reference and it affects how we interpret every form of communication. This perhaps explains why Griffin (2000, p. 447) observes that a standpoint is a place from which to view the world around us. The standpoint theory mainly explains how members of the public differently react to media messages based on their cultural background. That is, people in different religions perceive communication in different ways. The world is a place where you have different culture. Thus, your culture affects how you view communication messages. This also explains why Griffin (2000, p.447) argues that the social groups within which we are located powerfully shape what we experience and know, as well as how we understand and communicate with ourselves, others and the world. Standpoint theorists, as noted by Griffin (2000, p. 448) suggest that we can use the inequalities of gender, race, class and sexual orientation to observe how different locations within the social hierarchy tend to generate distinct accounts of nature and social relationships.

The standpoint theory also assumes that women are a marginalized group. The theorists see important differences between men and women; men tend to want autonomy while women tend to want connectedness. The theorists do not attribute gender differences to biology, material instinct or women's institution to the extent that women are distinct from men. The theorists see the difference largely as a result of cultural expectations and treatment that each group receives from the other.

This theory is relevant to the study because the standpoint of sex workers and those who patronize them on HIV/AIDS tends to make them ignore the consequences of HIV/AIDS infection and spread as emphasized by the campaigns. Their standpoint on HIV/AIDS tends to blindfold them from the inherent danger in contracting HIV infection. Sex workers appear to be engaging in very high risk behaviours despite several campaign messages intended to discourage such behaviours. So, the standpoint theory is adequate in explaining the mindset of those who sell sex and the buyers of sex.

Review of Related Literature

Nyakato (2012) reported a study 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 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.

The Economist, 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 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. 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.

Udoh, Mantell, Sandfort, and Eighmy (2009) conducted a study which was premised on the fact that HIV/AIDS pandemic in the Niger Delta of Nigeria was generally attributed to concurrent sexual partnerships and weak public sector health care and educational systems. The major aim of the study was to examine the likelihood of additional factors, such as the intersection of widespread poverty, migration, and sex work as contributory channels of HIV transmission in the oil-rich region. The researchers adopted a Delphi survey method with 27 experts to formulate consensus about the impact of poverty, migration and commercial sex on AIDS in the Niger Delta. Findings of the study revealed that the high HIV epidemic in the region was caused by structural factors, such as poverty, transactional sex, concurrent sexual partnership, and intra-regional migration.

Onyeneho (2009) conducted a study on HIV/AIDS risk factors and economic empowerment needs of female sex workers in Enugu Urban, 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. 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. Onyeneho (2009) 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.

The 1997 Report of the Network of Sex Work Projects (NSWP) and the End Child Prostitution in Asian Tourism (ECPAT) titled "Redefining Prostitution as Sex Work on International Agenda" explains:

> The terms 'sex work' and 'sex worker' have been coined by sex workers themselves to redefine commercial sex, not as the social or psychological characteristic of a class of women but as an income generating activity or form of employment for women and men… The report, therefore, defines sex work as: Negotiation and performance of sexual services for remuneration 1. with or without intervention by a third party. 2. where those services are advertised or generally recognized as available from a specific location. 3. where the price of services reflects the pressure of supply and demand.

The report goes on to explain that 'negotiation' in the definition implies the rejection of specific clients or acts on an individual basis. The report argues that indiscriminate acceptance by the worker of all proposed transactions is not presumed – such acceptance would indicate the presence of coercion.

Sex work entails engaging in several types of sexually explicit behaviours with clients and getting payment for the actions performed. This view has been echoed by UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS Report of 2005 which clearly identified the different categories of sex work as follows:

> A sex worker is a person who works in the sex industry. The term is used in reference to all those in all areas of the sex industry including those who provide direct sexual services as well as the staff of such industries. Some sexual workers are paid to engage in sexually explicitly behaviours which involve varying degree of physical contact with clients (prostitutes, escorts, some but not all professional dominants); pornography models and actors engage in sexually explicitly behaviours which are filmed or photographed. Phone sex operators have sexually-oriented conversations with clients, and do auditive sexual

> role play. Other sex workers are paid to engage in live sexual performance, such as web cam sex and performers in live sex shows. Some sex workers perform erotic dances and other acts for an audience (Strip tease, Go-go dancing, Lap dancing, Neo burlesque, and Peep shows)

Sex work could be formal or informal. People that engage in occasional commercial sexual transactions or in situations where sex is exchanged for food, shelter or protection (survival sex) would not view themselves as linked with formal sex work. In these instances sex work is viewed as a temporal informal activity. UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS fact sheet (2005) argues that "occasional sex work takes place where sex is exchanged for basic, short term economic needs and this is less likely to be a formal full-time occupation". Formal sex work involves conducting commercial sex work in properly organized settings from sites such as brothels, night clubs and massage parlours; or more informally by commercial sex workers who are street based or self-employed (Lumby, 2012; Weitzer, 2000).

Thus, 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 every thing from erotic massage to phone sex to nude dancing to having intercourse for money.

Proponents of sex work (such as Silverberg, 2010) argue that the term is much more useful than the vague and highly stigmatizing term 'prostitute'. They contend that the term is useful because:

> It lets us look at all sorts of different people who are 'doing' sex for money and talk about how to keep them and their clients safe, how to reduce the number of people who may be coerced into doing sex work, and how to deal with the ways that society and sex work clash, which in the end benefit no one (Silverberg, 2010).

Supporters of the term further argue that sex work is preferred because:

> It puts the focus on how many, if not most sex workers talk about what they do, which is that it is a job. The term prostitution tends to paint a picture not of a job but of a kind of person, from all kinds of places and have sex for money for all kinds of reasons (Silverberg, 2010).

Opponents of sex work (such as Melissa Farley, Sheila Jeffrey and Baptie Irisha) condemn it in strongest terms. These social conservative, anti-prostitution feminists and other prohibitionists anchor their opposition to sex industry on moral grounds. They view prostitution variously as a crime or as victimization and see 'sex work' as legitimizing criminal activity or exploitation as a type of labour (Farley, 2006; Farley and Barkan, 1998; Portillo, 2007; Brown 2000; Norma, 2012). In the view of these who oppose sex work (Caroline Norma, Melissa Farley, and other anti-prostitution feminists) "all forms of sex work, including stripping and performing in pornography, are simply different types of prostitution". Sheila Jeffrey, an outstanding anti-prostitution feminist, prefers the term "prostituted woman" (and analogous term such as "prostituted child") to emphasize the victimization they see as inherent in such activity (also see deBoer, 2006; Irisha, 2009; Dunn, 2002).

Kimbal (2012) identifies HIV risk factors to include:

i. Having unprotected vaginal, anal, or oral sex with someone who is infected with HIV or whose HIV status is not known.
ii. Having many sexual partners.
iii. Having sex with a sex worker or an IV drug user.
iv. Sharing needles, syringes, or equipment used to prepare or inject drugs with someone who is HIV infected.
v. Using needles for piecing or tattooing that are not sterile.
vi. Having another sexually transmitted disease (STD), such as herpes, Chlamydia, Syphilis, or gonorrhea. STDs may cause changes in tissue that make HIV transmission more likely,
vii. Having sex after drinking alcohol or taking drugs which may trigger off other high risk behaviours.
viii. Having a mother who was infected with HIV before you were born.
ix. Having had a blood transfusion or received blood products before 1985 (in the United States) or within the years when blood test for HIV had not been put in place in other nations of the world.

x. Having fewer copies of a gene that helps to fight HIV.

A good look at the factors listed above reveals that the activities of sex workers are inherently dangerous not only to them but also to their numerous clients and, indeed, to the society at large.

Methodology

The study adopted survey research method. Survey is the most appropriate method of gathering and measuring data relating to demographics, attitude, opinion and perception (Asemah, Gujbawu, Ekhareafo and Okpanachi, 2012). A total of 300 copies of structured questionnaire were distributed to sex workers in South-South Nigeria. Using simple random sampling technique, three cities were chosen in South-South geo-political zone of Nigeria, namely: Asaba (in Delta State), Port-Harcourt (in Rivers State), and Uyo (in Akwa Ibom State). Purposively one hundred respondents were drawn in each of the cities giving a total of 300 in all. The study only included female sex workers (FSWs) who were brothel based, street based and those who operate in night clubs.

Presentation of Findings

Table 1: Return Rate of Questionnaire

ITEM	FREQUENCY	PERCENTAGE
Returned and found usable	294	98
Not usable	6	2
Not returned	0	0
Total distributed	300	100

Table one shows that the return rate is 98% (n = 294) while the mortality rate is 2% (n = 6). The return rate is higher than the mortality rate. The mortality rate of 2% does not affect the study because it is insignificant compared to the return rate of 98%. Thus, the copies were considered adequate enough to represent the population. The presentation and analysis of data that were obtained from the questionnaire were therefore based on the two hundred and ninety-four (294) copies that were returned and found usable.

Research Question One: Do media campaigns on HIV/AIDS have a positive influence on respondents' attitude towards penetrative sexual intercourse?

Table 2: Provision of information on whether respondents still engage in penetrative sexual intercourse

RESPONSES	FREQUENCY	PERCENTAGE
Yes	262	89
No	20	7
Don't know	12	4
Total	**294**	**100**

Table two shows that 89% (n = 262) of the respondents still engage in penetrative sexual intercourse, 7% (n = 20) of the respondents answered "no" meaning that they do not engage in penetrative sexual intercourse while 4% (n = 12) showed lack of knowledge of the question. The implication of data on table two is that the majority of the sex workers engage in penetrative sexual intercourse.

Research Question Two: Do respondents maintain consistent condom use with paying and non-paying clients?

Table 3: Provision of information on respondents' condom use with paying clients

RESPONSES	FREQUENCY	PERCENTAGE
Yes	266	90
No	0	0
Don't know	28	10
Total	**294**	**100**

Data on the above reveals that 90% (n = 266) said yes that they make use of condom with their fee paying clients and 10% (n = 28) failed to answer either 'Yes' or 'No' to the question; they were neutral. The import of this is that respondents make use of condom with their fee paying clients.

Table 4: Provision of information on respondents condom use with non paying clients (husband, boy friend/lover)

RESPONSES	FREQUENCY	PERCENTAGE
Yes	8	3
No	261	89
Don't know	25	8
Total	**294**	**100**

Data on the table above shows that only 3% (n = 8) of the respondents utilized condom when having sexual relationship with their non paying clients (husband, boy friend/lovers). The vast majority of the respondents (89%) or (n = 261) did not use condom with this category of their clients. However 8% of the respondents (n = 25) remained neutral. This shows inconsistency in condom usage among respondents.

Research Question Three: Would respondents shun sex without condom irrespective of how much the client would be willing to pay?

Table 5: Provision of information on whether respondents would shun sex without condom no matter how much the client cold offer

RESPONSES	FREQUENCY	PERCENTAGE
Yes	140	48
No	138	47
Don't know	16	5
Total	**294**	**100**

On whether respondents would shun sex without condom irrespective of how much the client would offer for it, opinion appears divided. Forty-eight percent of the respondents (n = 140) said "yes," 47% of the respondents (n =138) said "no" while 5% (n = 16) remained neutral. The implication of this is that about half of the respondents would engage in sex without condom provided the client would pay for it. Just about half of the respondents would resist being enticed with high offer to engage in sex without condom.

Research Question Four: Would respondents be willing to quit sex work knowing that it is high risk behaviour of HIV/AIDS?

Table 6: Provision of information on whether respondents would be willing to quit sex work

RESPONSES	FREQUENCY	PERCENTAGE
Yes	30	10
No	200	68
Don't know	64	22
Total	**294**	**100**

Data on table six above shows that 10% of the respondents (n = 30) would be willing to quit sex work on account of the high risk of HIV/AIDS inherent in trading on sex. However, majority of the sex workers (68% or n = 200) would not quit despite the risks involved in the work. Twenty two percent (n = 64) were neutral. The revelation made in this section of the data is that many sex workers want to continue in sex work not minding the risks involved.

Discussion of Findings and Conclusion

Findings of the study are both interesting and revealing. First and foremost, the study found that despite HIV/AIDS campaigns in the media which the sex workers are exposed to, they (the sex worker) still engage in penetrative sexual intercourse with their numerous clients. This means that sex workers engage in one of the worst risk behaviours of HIV/AIDS infection and spread. Put differently, sex work is a major source of HIV/AIDS transmission in the society (Onyeneho, 2009; Udoh et al, 2009).

Second, the study found that respondents make use of condom with their fee paying clients, but do not utilize condom with their non-paying clients (husband, boy friend/lover). This finding is in line with what Yi, Mantell, Wu, Lu, Zeng and Wan (2010) found in their study of 348 migrant FSWs in China. Specifically the researchers found high rates of clients' refusal to use condom (76%), unsafe sex with both clients (32%), non paid regular partners (e.g., boy friend or husband) (76%) and a sexually transmitted infection symptom (79%) the previous year. The non utilization of condom or inconsistency in condom usage with their different categories of partners by sex workers is a major source of HIV/AIDS infection and spread (Yi et al., 2010; Nyakato, 2012).

Third, the study found that half of the respondents would engage in sex without condom provided the client pays higher fee for the act. Although about half of the respondents said that they would not go for more money to engage in sex without condom, the half that would readily do so present a major problem. This means that sex work can be linked to HIV/AIDS transmission in the society. We can only submit that the standpoint theory of the media which we have reviewed in this work clearly manifests in this finding as respondents quest for materialism seems to override all other considerations. Their standpoint on money acquisition seems to blindfold them from considering the consequences of sex without condom.

Finally, the study found that majority of the respondents would stay put in sex work despite the risks involved. This means that many sex workers do not consider quitting or leaving the sex for sale trade.

Based on the findings of this study we conclude that the various media campaigns on HIV/AIDS have not been effective on sex workers in the South-South geo-political zone of Nigeria because sex workers still

engage in very high risk behaviours. It is also pertinent for us to add that sex work could be a major source of HIV/AIDS infection and spread in the zone, and indeed in Nigeria.

Recommendations

Government and its agencies should re-examine and re-structure HIV/AIDS campaign strategies with a view to utilizing other channels such as cell phone and social media of communication to reach the audience. This is because the use of the traditional media of radio, television, newspaper and magazine appears to be ineffective.

It may also be necessary to enact legislation with enforceable stiffer penalty against sex work and its patronage and facilitation in all its ramifications as many countries of the world are doing in recent time.

There is also the need for government to address the fundamental structural issues that tend to facilitate sex work, such as unemployment and poverty. This will enable sex workers consider other opportunities rather than continue in the infamous sex business.

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