

African Journal for the Psychological Studies of Social Issues

Volume 12 Numbers 1 & 2, April and September, 2009 Edition

- Founding Editor - in - Chief: Professor Denis C. E. Ugwuegbu,
(Retired Professor of Department of Psychology,
University of Ibadan)
- Editor - in - Chief: Professor Shyngle K. Balogun
Department of Psychology, University of Ibadan.
- Associate Editor: Prof. Benjamin O. Ehigie
Department of Psychology, University of Ibadan

EDITORIAL ADVISORY BOARD

- | | |
|--------------------------|---------------------------------------|
| Professor S. N. Madu | University of Limpapo, South Africa |
| Professor S. E. Idemudia | University of Limpapo, South Africa |
| Professor Tope Akinnawo | Adekunle Ajasin University of Nigeria |
| Professor C. O. Ajila | Obafemi Awolowo University of Nigeria |
| Professor O. O. Olowu | Obafemi Awolowo University of Nigeria |
| Prof. P. N. Ibeagba | University of Ibadan, Nigeria |
| Prof. A. M. Sunmola | University of Ibadan, Nigeria |
| Dr. O. J. Osiki | University of Ibadan, Nigeria |
| Dr. K. O. Taiwo | University of Ibadan, Nigeria |
| Dr. D. O. Adebayo | University of Ibadan, Nigeria |

Journal of the African Society for THE PSYCHOLOGICAL STUDY OF
SOCIAL ISSUES C/O Dept of Psychology, University Of Ibadan, Nigeria

WOMEN TRAFFICKING AND THE RISK OF CONTRACTING HIV/AIDS AMONG THE TRAFFICKED IN EDO STATE, NIGERIA.

JEROME, A.P. & OWUMI, B

*Department of Sociology
Faculty of the Social Sciences
University of Ibadan*

ABSTRACT

Women trafficking and HIV/AIDS have affected the country adversely and has posed a threat to the development of the nation. Although studies have documented the contribution of commercial sex workers of long truck drivers towards HIV/AIDS, there is dearth of knowledge about the phenomena of women trafficking and HIV/AIDS.

This study therefore focused on the risk of contracting HIV/AIDS amongst trafficked girls in the two rehabilitation centres in Edo State. Qualitative techniques, which through, a case study, in-depth interviews and Focus Group Discussion were used in eliciting data. Content analysis was used in the presentation of findings.

The study revealed that most trafficked victims have very little or no knowledge about HIV/AIDS and its prevention before they are trafficked. Data showed improved knowledge of HIV/AIDS during the process of rehabilitation after they had been trafficked. The study observed that most of the trafficked girls refused to test for their HIV-status because they were involved in high-risk sexual behaviour (unprotected sex) before rehabilitation to avoid stigma associated with HIV/AIDS, if they tested positive. The most known and preferred means of preventing HIV/AIDS amongst trafficked victim is condom use. However data showed that, in actual practice, the use of condom is low especially with regular and close partners. It was also revealed that only one object is shared amongst subjects in the collection of blood, pubic and nails during the oath taking process and this is done to ensure that the girls are bound to their sponsor's instructions in the course of being trafficked in order to avoid repercussions. Following these findings, the study recommends that the effort to combat women trafficking and HIV/AIDS be intensified through poverty alleviation, sensitization against women trafficking and HIV/AIDS, reduction of stigmatization towards HIV/AIDS and empowerment of trafficked girls who have been rehabilitated to reduce recidivism.

INTRODUCTION

Women trafficking and HIV/AIDS are both crucial issues that have attracted the attention of the international community. The United Nations observed the phenomenon of women trafficking as becoming a global industry, which generates an estimated, amounts of 5.7 billion dollars annually (approximately 400 billion naira

per year) (UNAIDS 2002). By this account, trafficking in women is an economic activity, which is increasing in strength. Salt (2000), puts it that trafficking in humans especially women and children have become one of the most rewarding illegal economic activities and can be put at par with drug trafficking and arms smuggling. Some criminals in recent times have identified trafficking in human beings as one of the easy sources of income and have transferred the knowledge and network they are using for their drug businesses to the trafficking business where the risk of being caught is low.

Women trafficking has become a phenomenon that has negatively impacted on the image of Nigeria. Nigerian girls especially the Edos are reported to constitute a larger proportion of the population of those involved in prostitution and commercial sex works in the trafficking act (Nwoha, 2006). Previous studies have revealed that over 80 percent of the activities carried out by trafficked women across border, end up in prostitution. (Retroci on HIV/AIDS 2003, NPC/UNICEF 2001, Nwoha, 2006, Owa 2002.)

Mirkinson (1994), reported most of the victims of women trafficking are not just traded to serve the demand for sex; they are subjected to unprotected sex notwithstanding the risk of contacting sexually transmitted diseases including HIV/AIDS. She further stated that some of them are sexually abused or raped, tortured and even murdered in the process (UNAIDS, 2004) just like slaves. Trafficking in human beings has taken a mantle of latter day slave trade with coercion, deception and violence underpinning its activities according to Shelton (2000).

Over 50,000 Nigerian girls are reported to be trafficked annually to the Western world and forced into slave labour, sexual works and dehumanizing treatment (Olakunle, 2003). An average of 50,000 women including about 20,000 Nigerian girls are sent out into the street every night for prostitution after being trafficked (Owa, 2002). Studies have revealed that not less than 80 percent of the transmission of HIV infection in Nigeria is caused through unprotected sexual intercourse (Akanmi, 2000, Alhassan, 2003), stated that unprotected sexual intercourse accounts for 93 percent of all adult cases of HIV/AIDS.

According to Olafimihan and Odewumi (2003), the mystery surrounding the disease of AIDS is more complicated by the fact that years after it was discovered, it became glaringly clear that its infection is wide spread in many countries before the first AIDS case was diagnosed in 1981 in America Agadzi (1990). AIDS; a disease by virtue of its magnitude and complex pathogenesis, affects all continents, countries and communities in the world without discrimination for age, tribe, color, race class and sex. However, this view seem to be changing nowadays as the disease is said to discriminate more against women, affects the youth more and is highly prevalent in Sub-Saharan Africa (UNAIDS 2004, Alhassan, 2003). More so, Africa is said to

be harboring the largest proportion of AIDS victims and that Nigeria contributes 10 percent of the global estimate of HIV prevalence rates (UNAIDS 2001; 2004, Alhassan, 2003.) Olafimihan and Odewumi (2003) concluded that AIDS does not only discriminate against, but hinders social and economic development and cause great irreparable damages.

Despite the various intervention programs made available on HIV/AIDS, not less than 40 million people are infected with HIV/AIDS. In Nigeria, not less than 4 million people are infected with HIV virus. This already accounts for about 10 percent of the global estimate. Surprisingly, Edero-Okpor (2004) puts the statistics of Nigerians living with this virus at 6 million, since there are still many undiagnosed and unreported cases (Ahonsi, 2005). Perception of risk as well as accurate knowledge of ways to avoid risks, play a crucial role in the prevention of sexually transmitted infection (STIs) and HIV/AIDS (Isiugo-Abanihe, 1994; 2000). In his study on Extramarital Relations and Perception of HIV/AIDS in Nigeria. 81.3 percent of men and 76.3 percent of women identified avoidance of casual sex as the most important precaution against AIDS transmission. Yet, only 1/3 felt the fear of AIDS and had limited casual sex in their community. He also observed that men and women who perceived that having multiple sex partners is major risk factors for AIDS were half more likely to have engaged in extramarital sex in the preceding week than those that were without knowledge of this route of transmission.

In a study carried out by Ogbuagu and Charles (1993) on survey of sexual networking in Calabar, they observed that the percentage of men and women who had 1-3 sexual partners did not fall greatly after their knowledge of HIV/AIDS. In addition, 93 percent and 88.5 percent knew about AIDS and condoms respectively but as evidenced by the degree of sexual networking and low use of condoms, they concluded that the respondents did not understand the implications of AIDS or were not concerned about their lives.

Alhassan (2003) carried out a study among JSS 3 student in Benue a high-risk state, on the perception of risk and action taken to avoid HIV/AIDS. When asked if they knew that sexual actions taken put them at risk, he observed that 84 and 64 respondents said "yes" and "no" respectively. He concluded that some of the students who said they had sex aware that their behaviour is risky. His findings he stated was contrary to that of King (1998) and Bosompra (1997) who stated that adolescents do not think they are at risk when they engage in sexual behaviour. This shows an increase in awareness and perception of individuals of both old and young about the risk of contracting HIV/AIDS through unprotected sexual intercourse

Olley (2003), sought to evaluate pre and post training levels of knowledge of adolescents concerning sexual coercion, HIV/AIDS, sexual role/responsibilities as

well as respondents assertiveness/communication skills of male and female adolescents from Ibadan North West L.G.A. He discovered an increase in knowledge and skills regarding safe after the skills training program. This result was consistent with the reports of Hovel (1998) who in a controlled skill training study, aimed at presenting frequency and AIDS, found a significant increase in assertiveness, condom negotiating and knowledge of AIDS among Anglo and Latino youth. Olléy concluded by saying that adolescents can be empowered to follow safe sexual practice and prevent sexual coercion. He also, discovered that the general self-efficacy, level of education, age and gender of individuals associated with knowledge skill acquisitions. Olley and Sholuwa (2001) reported similar results amongst adolescent freshmen in Ibadan, where fresh men with high level of self-efficacy and self-esteem had safe sexual practices

The phenomenon of HIV-AIDS is one of the primary cause of death in Africa (Alhassan, 2003; UNAIDS, 2004, Ahonsi, 2005). Available statistics reveal that Africa harbours the largest populations of AIDS patients with about 70 percent Sub-Saharan Africa (World Bank 2005). The reason for the rise in HIV/AIDS, is attributed to the fact most individuals spread it because they do not know their HIV status. Over 70 percent of Nigerians do not consider HIV test necessary (Ahonsi, 2005). Even those who are aware of their HIV status are afraid to expose their status if found positive due to the social stigma associated with the disease. Recent anecdotal reports indicate a continuing rise in HIV infection amongst especially females youth (UNAIDS 2005, Alhassan 2003.).

The vulnerability of trafficked women to contracting HIV-virus high. The illicit activities of this group before trafficking favours transmission of HIV-virus. Their activities include includes oath taking which involves incisions using sharp objects, which is shared without sterilization. The oath taking for the trafficked women is to ensure conformity with respect to their sponsors to ensure respect for traffickers orders (Onyeonoru 2001).

Oath in this context refers to a solemn promise to do something. The process of trafficking young girls abroad involves taking an oath to ensure that these girls are loyal to their madams and sponsors. Such oath is under taken most times with a herbalist or traditional medicine man who serves as an intermediary between the sponsors, trafficked girls and the gods who are believed to control the affairs of men. (Onyeonoru 2001) explained that during the oath taken process, the medicine man collects blood, nails and pubic hairs from the girls to be trafficked and make them promise that they will remain obedient to their madams when they get abroad. He further explained that these girls sometimes have a spiritual bath in the River Olokun at Ikpoba hill. This is usually done in the middle of the night. The oath these girls take, makes them do whatever their sponsor ask of them even when it is

against their will. The obedient to these order is done to ensure that they escape the evil that will befall them for disobeying their sponsors and breaking the oath (Onyenoru 2001). This accounts for the social implication of the oath they take which places them in a situation whereby they have to obey whatever dictates of their sponsors like a compulsory task and most time go into prostitution and other sexually risky acts even when they ordinary would not want to. Thus making them vulnerable to contracting HIV/AIDS. A concern is the unknown status of these trafficked women after the oath. Studies have shown that majority of them are exposed to unprotected sexual activities at their destinations and at home when they returned. It therefore becomes pertinent and strategic to examine the level of awareness, attitudes and practice of trafficked women in Edo State who are not only vulnerable to trafficking but also to prostitution with regards to the phenomena of HIV/AIDS.

METHODOLOGY

The study was conducted in Benin City the capital of Edo State. The study population consisted of 28 trafficked girls/women who were undergoing rehabilitation at Skills Acquisition centres at Aduwawa and Idia Renaissance in Ihama and **nine** officials from the two rehabilitation centres and National Agency for Prohibition of Trafficking in Persons (NAPTIP). **Three** officials were purposively selected from each centre for indepth-interview. Three opinion leaders who are also chiefs as well as two herbalists and two traffickers were purposively included through key informant to elicit data pertaining to oath taking and the general knowledge of the phenomenon of study. Overall 44 persons were interviewed in the study. Responses were recorded in tape as well as written in a field note. A case study was conducted with a trafficked HIV/AIDS positive woman.. finally, data were transcribed, sorted and analyzed using content analysis and direct quotation approach

FINDINGS.

LEVEL OF AWARENESS OF HIV/AIDS

The study revealed that most of the respondents at the rehabilitation centre had very little or no knowledge of the HIV/AIDS virus before trafficking. Respondents revealed that they had very little or no knowledge of the HIV virus until trafficking. A respondent expressed:

Well I did not know about HIV or AIDs before I traveled out. The bitter truth is that I did not know anything about sex before I was sent to go abroad and practice sex. I know about the disease after I had sex so many times even without condom

The study also revealed that a greater number of the respondents at the rehabilitation had a good knowledge of HIV and AIDS after they had been trafficked and

repatriated. Most of them stated that AIDS is an incurable disease mostly contracted through sexual intercourse while HIV is the virus that results into the disease AID. When asked how they got the information through the awareness programme that was presented to them during their rehabilitation process. Others reported that they got their information about HIV/AIDS from the mass media at the rehabilitation centres. Data showed that majority of respondents had a better knowledge about the difference between HIV and AIDS at the rehabilitation centers. A respondent confirmed this by saying:

I knew about HIV in the lessons they taught us in this centre. I also watched radio and television programs especially the drama they normally act about HIV/AIDS right in this centre too. But I used to think that HIV and AIDS are the same sickness not until they explained it better to us here that HIV is the virus that cause AIDS while AIDS is the disease that comes from HIV just as malaria disease come from mosquito bite. .

A respondent who is HIV positive reported for low knowledge about HIV until she was found positive

Well I know about HIV/AIDS shortly before I knew I was positive. Infact it was before I did the test. Although I use to hear of it in the television but I did not understand. Most of us who go oversea do not really know about HIV/AIDS before we go. We did not even know the importance of this protection thing. All we want is the plenty money we will make for our madam and send home. So if we have one customer that we know very well or some other ones who give us plenty money, we just do it with them anyhow.

Furthermore, when asked about the means of contraction of HIV/AIDSs, all the respondents revealed that sexual intercourse with an infected person is the major means of transmission. Other mode of transmission such as sharing sharp instruments with infected persons, transfusion of blood, and mother-to-child transmission were mentioned especially after the researcher had probed further. A girl stated categorically:

The major means of contracting HIV in Nigeria we all know, is sexual intercourse with an infected person without protection but other means which I think may be highly neglected include transmission of the virus from a mother to her child during pregnancy, use of objects that involve blood contact with infected person, blood transfusion and so on.

PERCEPTION ABOUT HIV/AIDS

The perception of respondents about the diseases HIV/AIDS are unique as responses are given based on personal views and opinion. Respondents interviewed at the rehabilitation viewed HIV/AIDS as similar to other diseases such as cancer because cancer do not have cure like HIV/AIDS and can lead to death. Also, they stated that some diseases like epilepsy are even stigmatizing like AIDS. An interviewed person stated that:

AIDS may have higher stigma because it is mainly caused by sex but I still think it is the same when compared to cancer because some disease like cancer of the brain may have no cure like HIV/AIDS, tuberculosis and cancer can kill someone like AIDS too. Someone who has epilepsy can have stigma like AIDS. It is just that people look at AIDS like one demon from hell. That makes it worse

The response of an official interviewed at the rehabilitation centers was almost similar to that of the trafficked respondents. In his view he stated:

The disease cancer, epilepsy, tuberculosis if we look at these critically, cannot be said to be better. AIDS is highly stigmatized because it is contracted mainly through sexual intercourse with infected person and it has no cure. But tell me does real cancer have a perfect cure? Are people who have epilepsy not stigmatized? Does cancer and tuberculosis not kill? AIDS is viewed as very deadly because of the way the white men presented it to us. Now they are trying to make it look lighter, but it is not that sad if you can see it that way. I think AIDS is just like any other diseases. All we need is courage to face it.

Others who also viewed AIDS as very deadly and stigmatizing and concludes that other diseases like cancer, tuberculosis and epilepsy are still better off. A girl that was interviewed argued her point out by saying:

AIDS is not a disease that one should have. I am not saying that cancer, tuberculosis and epilepsy are good sickness but we have been living with these disease but since we hear of AIDS, we have been living with great fear for it because of points like it does, not have a cure, you are certainly going to die, it does not show on the face, people with it are highly stigmatized etc. So you cannot compare AIDS with these other diseases because the fear and stigma we have for them are not as high as the of AIDS.

When asked how they feel as regards contracting HIV/AIDS. It was obvious that none of the girls that were interviewed wished to contract the diseases. However all of the respondents at the rehabilitation center accepted that they are at high risk of contracting it. Majority of the respondents stated that they do not know their HIV-status because they are afraid that they may have the virus. A respondent stated:

I do not wish my enemy should contact HIV/AIDS not to talk of me. But I am afraid that I am at high risk because I have practiced unsafe sex several times. I cannot even go boldly to check my HIV status despite al the counseling. The shock of having HIV/AIDS alone can just kill me so it is better I just remain like this.

Another girl had similar response:

I don't want to think about contracting HIV/AIDS or even the risk of contracting it because I know that I have a very high risk of contracting it, with what I have done in the past. I pray I don't have it but if it is there, it is there I can't even go for the test ah ha! no I can't.

The two traffickers that were interviewed shared the same view with the above respondents. Only two of the respondents stated that as they know that they are at high risk of contracting HIV/AIDS they would go for their test on HIV in order to know their fate and face it. A respondent boldly stated:

If I have the virus, it is not the end of the world because I know that am at a high risk of contracting it but if I don't I will thank God. However, it takes courage to go for the test because no one on earth would be same to wish that he or she is ill talk less of contracting HIV/AIDS.

The above response from respondents highly agrees with those from the officials of the rehabilitation centers who are said to have inculcated knowledge about the diseases to the trafficked girls in the centers. Official at Idia Renaissance in response to perception about HIV/AIDS stated;

HIV/AIDS is not a disease that one should wish to contact. But if peradventure it is contracted, then one has to live up to it because it makes no difference. It is just like being sick normally and given yourself a good treatment to survive it. We are all at risk of contracting HIV/AIDS; all we need is caution and positive attitude towards preventing it.

When asked about knowing HIV status, the same respondent said:

Well it is appropriate that everyone should know his or her HIV status. The question is how many Nigerians are ready to take

up the challenge and know their HIV-status? I had to do my own test not because I wanted to but because I am involved in this organization and needed to use myself as an example whether am HIV positive or not. Before test I was really scared and wished I didn't do the test actually. The same is applicable to many Nigerians out there to be candid.

The two herbalist interviewed perceive HIV/AIDS as a sickness and curse from the gods or ancestors on those who have offended them. They referred to the fact that Nigerians disobedience to some basic traditions of the society, which made the gods to protect them, is what created an avenue for them to be inflicted with an incurable disease like HIV. A herbalist stated:

When asked about the risk of contracting HIV/AIDS, one of the herbalists has this to say:

My ancestor will not let me have the sickness unless they want me to come and join them hence I see no reason why I should be talking about testing for it. If we follow and obey them they will not inflict us with incurable diseases like AIDS as you call it.

This indicates that people's perception about particular illness affects their belief about such illness and these are some times influenced by the ideas or norms they are socialized with. This is the premise on which the Health Belief Model is based.

KNOWLEDGE OF PREVENTIVE MEASURES HIV/AIDS

Here, all the respondents mentioned appropriate use of condom, and abstinence from sexual intercourse as the major means through which HIV/AIDS can be prevented. Other measures mentioned by the girls in the rehabilitation centres are prevention from mother to child screening of blood before transfusion occurs, avoidance of use of sharp objects with any body. These same views were expressed in the views of an official from in one of the rehabilitation centres.

HIV/AIDS can be prevented by abstaining totally from sex, using condom properly if you must have sex being faithful to partner that is not infected use of screened blood, mother to child prevention non-use of sharp object with anybody and above absolute caution.

This knowledge was observed to be high amongst the official of the rehabilitation centres, the trafficked girls at the rehabilitation centers and the chief and opinion leaders. However, the officials from the rehabilitation centres revealed that such knowledge was increased amongst trafficked girls during the cause of rehabilitation.

Responses from the herbalist reveals that they have very little or no interest in the preventive measures of HIV/AIDS that are scientifically known. Although the two

herbalists strong believe that, the gods can cure the disease HIV/AIDS and prevent them from contracting it. Their response revealed that only those who do not follow the steps of the gods and ancestor would pave way for problem with the disease and thus bother about how it can be prevented.

The above response revealed that the herbalist have a strong believe in the power of their gods and ancestors to prevent them against and even cure them from the disease and as such do not think they need to know any preventive measure. However, they are aware that the disease HIV/AIDS exist and has no permanent cure to it according to scientific analysis. The traffickers that were interviewed have knowledge of preventive measures to HIV/AIDS, these according to them include faithfulness to a person that is not infected, proper use of condom, total abstinence, avoidance of using sharp objects with infected persons etc.

ATTITUDE TOWARDS THE USE OF PREVENTIVE MEASURES TO HIV/AIDS

Apart from the herbalists who do not believe that they don't need any preventive measures since the gods can protect them, all the other respondents such as the traffickers, chiefs and opinion leaders, officials from the rehabilitation centres, trafficked girls at rehabilitation centres and those vulnerable to trafficking from the slums have a positive and strong attitude toward HIV/AIDS prevention. They also mentioned the proper use of condom, as their most preferred means of prevention as total abstinence might not be easy. In addition, emphasis was laid on the avoidance of using sharp objects with people as another preferred means of prevention. The others means of prevention such as use of screened blood, prevention from mother to child etc. they preferred, however it was obvious that their preference for these measures they complained was not strongly dependent on them as they may not be directly involved in the blood screening and mother to child prevention. One of the girls that were interviewed from the rehabilitation centre said.

Everybody may say that abstinence is best to prevent HIV but how many people can do that? Me I prefer using condom and then I avoid sharing sharp object with people.

Obviously the respondent is yet to know her HIV status from the above response. The above response is also supported by the responses from the official from the rehabilitation centres, who said:

In reality, abstinence is not easy for one who has tasted sex, so lets talk about other preventive measures. The most preferred is use of condom but the question is how many people can swear that they use of condom all the time with their partners? The reason am asking this is because most people do not know if

they are HIV positive or negative. I will use myself as an example. I started appreciating condom use after I had known my status. The only person I don't use condom for now is my wife, but any other you know.... I must wear my condom.

An opinion leader emphatically stated in line with the views of an official from the rehabilitation centres that fact that condom use is largely preferred as a means to prevent HIV/AIDS but not used in all cases. The opinion leader said:

Most people prefer the use of condom for extra-marital affairs and even pre-marital sex. The truth is you are likely to reduce your condom use when you get very used to your partner even the one outside I mean extra girlfriends, women friend and vice versa.

This was confirmed by the opinions of other respondents. More so, it is obvious that the increase in condom use increase with ones knowledge of his or her HIV-status. The second official from the rehabilitation centres this to say:

Many people say they prefer the use of condom to prevent HIV, but in actually practice they don't always use condom. The only people I can say always use condom with multiple partners are those who know they are HIV-negative or they just have casual sex with their partner whom they also know is negative. That is why we insist that everyone knows his or her HIV status voluntarily but most people are afraid to do so. Including these girls (trafficked girls).

SOCIAL IMPACT OF OATH TAKING

According to the opinion of the officials from the rehabilitation centres, oath is taking to create agreement or covenant between the sponsor and the trafficked individuals so that the trafficked person will remain loyal to her sponsor. It is meant to create fear of the repercussion that will come upon the trafficked individuals if she goes against the dictates of her sponsor. Such fear is created because of the strong belief in the oath, which is said to be controlled by spiritual forces who control of the affairs of man. An opinion leader:

Oath involves agreement and covenant that is binded by juju or voodoo, which controls human affairs. This oath is carried out to ensure that the girl seen trafficked is loyal and obedient to her sponsor. If the girl violates this oath, she will be punished by the juju in charge ad the fear of this repercussion makes them loyal. That loyalty is the essence of the oath taken.

The response given by the trafficker also supports the above view. A trafficker said:

To send someone abroad to make money is expensive so in order for the girls to be able to pay back the money we have spent on them, they have to work hard and obey their sponsor and this can only be possible when they take oath because some of these girls can be very stubborn. The reason for taken oath is to make sure that no body break it because there is repercussion.

The trafficked girls at the rehabilitation centres stated that what made them carried some activities that they ordinarily would not have done was the oath they had taken. They had great belief that the repercussion will surely come to them if they disobey. The social impact of the oath taking is revealed in the belief attached to the potency of the juju that is involved in the oath taking process which attracts loyalty in order to avoid being punished by the juju that controls their lives and affairs according to their beliefs. This view basically supports the explanation of the health belief model. People's health seeking behaviours are influenced by their perception of their susceptibility and vulnerability to particular illness. Hence in order to maintain good health and not be punished, trafficked girls avoid disobedience to their madam which can attract punishment from the gods that is most time manifested in ill health. A trafficked girl stated:

The oath we take is what makes us do exactly what we are asked to do because if we do not we have broken the oath of loyalty that we take and this will attract serious problem for us.

According to one of herbalist interviewed

The gods punish those who disobey them. Juju no be wetin them dey play with anybody wey do oath must be ready to obey it because e get punishment if you no obey.

Apart from the above ways through which oath taken is conducted, it was also revealed that girls to be trafficked during the oath taken process are taken to a particular church in Benin (name with-held) to continue the oath process which involves fasting and prayers and robbing of ointment. Before this, they are asked to bring a lizard with red neck each so that the blood of the lizard is used to bath them. They are told that they will end up just like the lizard if they refuse to succeed in their mission abroad. An official from the rehabilitation Centre together with two trafficked girls in the centers confirmed this during the interview sessions with them. One of the girls said:

We were asked to kill a lizard in this church, the blood of the lizard was used to bath us after which an ointment was robbed on our body after we had fasted and prayed for 7 days. The

pastor later told us that we will die like the lizard if we do not fulfil our mission when we get to Italy

The study revealed a high level of awareness of HIV/AIDS amongst those who have been trafficked. However, the high level of awareness was said to be due to the activities of the rehabilitation centres and process carried out on the trafficked girls. It further revealed that the trafficked victims were less informed about HIV/AIDS before trafficking.

Case Study:

The lady for the case study is a HIV- positive individual who had been involved in commercial sex work abroad after been trafficked. She reported that she had very little or knowledge about HIV/AIDS and how it can be prevented before she was trafficked. However, she reported that she was positive before she was repatriated and since then insisted on the use of condom as she is already infected. She stated that her sexual partners are not aware of her reason for this decision because they are not aware of her HIV-status. She also reported that the most preferred means of prevention of HIV/AIDS is condom but most people use it and disregard its use after getting more intimate or dating for long without knowing their status before then. She further reported that her boyfriend had suggested they stop the use of condom repeatedly on the ground that they are close enough to trust themselves. She stated that several individuals have been infected on this note.

DISCUSSION OF FINDINGS.

Women trafficking and HIV/AIDS have affected the country adversely to the extent that it poses a threat to the development of the nation. Studies have revealed that most of the trafficked girls engage in commercial sex works. This study reveals that most trafficked victims had very little or no knowledge about HIV/AIDS and its prevention, before they were trafficked and are therefore afraid to test for their HIV-status because feel they are at high risk of being infected following the fact that they had involved themselves in unprotected sex as commercial sex workers before rehabilitation.

The study revealed also that, trafficked and repatriated girls have a higher knowledge of the fact that HIV is highly contracted through sexual intercourse in Nigeria. This also goes in line with findings from several other studies (Alhassan 2001, Isiugho 1993).

The knowledge of the opinion leaders also indicated that unsafe sexual practice is a major means of contracting HIV/AIDS and the disease is incurable. This is similar to responses from traffickers who revealed that HIV/AIDS is contracted mainly through sexual intercourse with infected persons or through having causal sex with multiple partners. Findings from the study supported the views of Ahonsi (2005)

that most Nigerians are afraid to know their HIV status as most of the girls refused to know their status due to the fear that they might be positive and be stigmatized.

The study also discovered that oath taking involves the sharing of sharp objects in the collection of blood, nails and pubic hair from every one involved without precautions as to the prevention of HIV/AIDS. This is due to the fact that oath taking involves a connection and bond between the persons involved. Thus, increasing their risk of contracting HIV/AIDS. Data also supports the views of Onyenoru (2001) that most of the trafficked girls obey their sponsors and become loyal to them even when they are asked to engage in activities contrary to their own will, because of the oath they have taken which they cannot break for fear of the repercussion that follows. This was confirmed by the other studies conducted in the same region by Jerome (2004)

The study recommends that efforts be intensified to reduce stigmatization both to trafficked victims and AIDS-patients so that people can freely come out to know their HIV-status and combine efforts to combat HIV/AIDS and trafficking women. The efforts to reduce stigmatization of HIV-infected people should be intensified in the society. This will help reduce the fear and refusal to test voluntary testing for one's HIV-status.

Further more, efforts geared towards stopping and restricting traffickers from trafficking young girls should be intensified at all levels. In addition, young women who are repatriated should be trained and empowered to reduce the desire for them to go back (recidivism). Finally, the Government should intensify efforts in the sensitization of the public especially the youth on the prevalence of HIV/AIDS and the need to test for HIV/AIDS as well as the provision of antiretroviral treatment for people living with HIV/AIDS (PLWHA). This could start by increasing and adequately training counseling and testing agents, increasing the number of centres that will take care of these, making ARV drugs and treatment free. Finally HIV/AIDS* must be totally de-stigmatized.

REFERENCES

- Adejumo P. (2000) "Knowledge, Attitudes and Practices of Nursing Mothers about Vertical Transmission of HIV/AIDS. "An unpublished M.sc project, University of Ibadan.
- Alhassan A. (2003) Perception of Risk and Action Taken to Avoid HIV/AIDS Infection among Students in a High Risk State. *Ife Centre for Psychological Studies* 11(2)
- Akanmi O. (2000) "HIV/AIDS: Why Women are More Vulnerable". The Punch Wednesday October 4th 2000
- Akinwunmi F. (2005); HIV/AIDS: What Hope For Nigerians?. The Guardian December 3rd. 2005
- Akinlembola T. 2005; Sexual Violence and HIV/AIDS, Nigerian Tribune November 5th
- Askew, I. & Berer, M. (2003) The Contribution of Sexual and Reproductive Health Services to the Fight against HIV/AIDS: A review; *Reproductive Health Matters*. 11 (22) November
- Becker M. 1974; *The Health Belief Model and Personal Health Behaviour* Thorofare N.J Slack.
- Berer M. (2003) "HIV/AIDS, Sexual and Development Health Intimately Related". *Reproductive Health Matters* 11(22).
- Charles B. (1999). "Vivre et pensus le sida en Afrique; Experiencing and Understanding AIDS" in Africa *CODESRIA Journal of African Studies*.
- Becker M. and Maiman L. (1983) "Models of Health Related Behaviour. In. Mechanic D. eds. *Handbook of Health, Health Care and Health Professions*". New York; FreePress.
- Bosompra. K (1992). "The Potential of Drama and Songs as Channels for AIDS Education in Africa" .In *International Quarterly of Community Health Education: A journal of Policy and Applied Research*. 12(.4).
- Caldwell J. Caldwell P. and Orubuloye O. (1994). "The family and sexual networking in Sub-Saharan Africa; Historical/Regional Differences and present Day implications" In: O Orubuloye, J. Caldwell and G. Santow, (eds) *Sexual Networking and AIDS in Sub-Saharan African: Behaviour Research and the Social Context*, H.T.C. The Australian National University.

- Davis M. (1997) Shattered Assumption of Time and the Experience of Long Term HIV Positivity. *Social Science Medical Journal* 44 No.5 (561-571)
- Diley, J.W, Ochitil H.W and Perlm (1985) "Findings in Psychiatric Consultation with Acquired Immune Deficiency Syndrome" *American Journal of Psychiatry*.
- Ehigie B.O (2003) "Comparative Analysis of the Psychological Consequences of the Traumatic Experience of Cancer, HIV-AIDS and Sickle Cell Anaemia Patients" *Ife Centre for Psychological Studies* 11(3)
- Glynn K. (2001) "Why do Young Women have much Prevalence of HIV than Men? A study of Kisumu, Kenya and Ndola Zambia AIDS" (supplement 4) pg 51-60.
- Haralambos M. Holborrn M. (2004) *Sociology: Themes and Perspectives* Fourth Edition. Happer Collins Publishers limited Hammersmith London.
- Nwoha R.(2006); "A global campaign against human trafficking and HIV/AIDS", an annual bulletin published by Idia Renaissance.
- Isiugo-Abanihe, U. (1996). "Women and the risk of HIV infection in Nigeria; Implications for prevention and control programs"; In E.A. Oke and B.E. Owumi (eds) *Readings in Medical Sociology RDMS Books* 85-103.
- Isiugo- Abanihe U. (1993) "Sexual Behaviour and Exposure to the risk of AIDS in Nigeria, 8th Faculty lecture presented in the Faculty of the Social Sciences on 22nd of December 1993.
- Isiugo-Abanihe U. (1994) Extramarital relations and Perceptions of HIV/AIDS in Nigeria Health Transition Reviews.
- King E. (1998); *What is AIDS?* Watford. England- A dormeno Company
- Wall A. (2003); How will HIV/AIDS Transform African Governance. *The Journal of the Royal African Society* 102(406).
- Magawa. N. (1998); "HIV-AIDS in Subsaharan Africa. Africa link". A publication of international Planned Parenthood Federal, Africa Region . Pg 4-7.
- Maticka. T. (2001) "Twenty years in the AIDS Pandemic: A Placer for Sociology. In; Work, Employment and Society", Sage Publications, London.
- Mirkinson J. 1994 *Red Light Green Light: The Global Trafficking of Women.*
<http://www.antitraffickingforinternational.org/frameset%findexhtml>
- National Intelligence Council 2003; *The Next Wave of HIV-AIDS Pandemic.*

- Olafimihan E and Odewumi P. 2003. "Provision of Health Care to AIDS Patients in Nigeria". *Nigeria Journal of Gender and Development* 4(1) January 2003.
- Olakunle O.A 2003. Knowledge, Beliefs and Attitudes to HIV/AIDS in South West Nigeria. National Institute of Social Science and Economic Research (NISER) publications
- Onyeonoru I. 2001; Push Factors in Girl Trafficking for Work and the Gender Implications; A Study of Benin, Edo State. *African Journal of Peace and Conflict*.
- Orubuloye. O, Caldwell J (1993); Sexual Networking and HIV-AIDS in West Africa. Health Transition Review.
- Oxford Learners Dictionary (1995); Fifth Edition Oxford University Press.
- Population Reports. (2001); Youth and HIV/AIDS; Issues in World Health 19(3).
- Shiffman . P. (200); "Trafficking and Women; Human Rights in a Globalized World". *Gender and Development* 11(1).
- Skelton R. (2000); Trafficking: A Perspective from Asia (IOM vol. 38 No 3)
- Msimange S. (2003); "Women Reinventing Globalisation. HIV/AIDS, Globalisation and the International Women's Movement" *Journal of Gender and Development* 4(1)
- Tylor. E (2002) Trafficking in Women and Girls, Expert Group meeting, Glen Cove, New York U.S.A.
- UNAIDS 2004; Women and HIV-AIDS, Advocacy, Prevention and Empowerment, United Nations Publications.
- UNAIDS (2002); Gender and AIDS Almanac ISBN; 92-9173-003.03
- World Bank (1997); Confronting AIDS; Public Priorities in Global Epidemic.
- World Health Organisation (2002); AIDS Epidemic UPDATES Geneva.
- Zimmerman C.(2006); stolen smiles: a summary report on the physical and psychological health consequences of women and adolescents trafficked in Europe. European Commission's Daphne Programme and IOM document.