

A Rapid Situation Assessment of Alcohol in Relation to Sexual Behaviour in Lagos, Nigeria



**World Health Organization
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in Relation to Sexual Behaviour in Lagos,
Nigeria**

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Dr. R. A. Lawal
Principal Investigator
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EXECUTIVE SUMMARY

Background

The prevalence rate of HIV/AIDS in Nigeria has been rising with every national sentinel survey conducted in the country. It rose from 1.8% in 1991 through 3.8% and 4.5% in 1993 and 1995 respectively to 5.4% and 5.8% in 1999 and 2001 respectively (Federal Ministry of Health sero-sentinel report, 2001). The prevalence of HIV in the 1995 survey among sex workers (34.2%) and STD patients (15.1%) were higher than the national average (5.4%) (Federal Ministry of Health Technical Report, 1999). Understanding and determining the nature and socio-cultural driving force behind the epidemic in the country is important if adequate and effective interventions are to be formulated for the country. Although many studies have been reported in Nigeria on alcohol and drug use, (Asuni, 1964), very little has so far been reported on the relationship between alcohol and HIV infection in the country.

This study offered the much desired opportunity to study the dynamics of the HIV risk behaviours that result from the interaction between alcohol users, commercial sex workers and subjects suffering from sexually transmitted diseases.

Objectives

- i. To determine the knowledge, attitude and practice of alcohol users in relation to sexual behavior.
- ii. To study the relationship between the use of alcohol and high risk sexual behaviour in Lagos.
- iii. To identify key features of the social, cultural and structural context which influence sexual behaviour, alcohol use and sexual risk taking by alcohol users and commercial sex workers.
- iv. To identify factors influencing relationship formation, the satisfaction of sexual and other needs among alcohol users and commercial sex workers.
- v. To assess the potentials for the occurrence of adverse health consequences such as HIV and other infections associated with risky sexual behavior by alcohol users and commercial sex workers.
- vi. To identify key factors which influence the reduction of alcohol use and sexual risk behavior among alcohol users and commercial sex workers.
- vii. To study the community awareness of issues pertaining to alcohol use and high risk sexual behavior and the associated adverse health effects, especially HIV infection.
- viii. To assess the resources available within the community to address alcohol use and sex-related problems among alcohol users and commercial sex workers.
- ix. To use the data gathered from the assessment to develop appropriate intervention strategies for alcohol users, commercial sex workers and STD patients.
- x. To empower alcohol users, commercial sex workers and STD clinic attendees on HIV prevention measures.
- xi. To offer a constructive critique of the existing RAR methodology and to make suggestions concerning its improvement for use in Nigeria and other similar settings.

Methods

The study employed a rapid assessment methodology which consisted of both quantitative and qualitative methods.

The quantitative design used a modified form of the 2nd version of the WHO Drug Injecting Study Phase II Survey Questionnaire.

The qualitative design was based on Rapid Assessment methodology by using the WHO/PSA Rapid Assessment and Response (RAR) Guide on Psychoactive Substance Use and Sexual Risk Behaviour (2000).

The essential features of the methods were:

- i) **Duration:** The whole study was conducted within a period of eleven months divided as follows:
 - *Pre-field work:* Ten weeks;
 - *Field work:* Six weeks;
 - *Initial data analysis:* Four weeks;
 - *Full data analysis and report writing:* Twelve weeks
- ii) **Personnel:** The research team consisted of 27 carefully selected members of the research team. They included 15 field workers (13 males and two females), 6 supervisors, 5 key informants and one statistician.
- iii) **Study Location:** The study was carried out in three local Government Areas of Lagos, one in the high density and two in the low density areas.
- iv) **Pre-field work:** These included the formation of the Advisory Board to ensure a close linkage between the research team and the community through contact and good rapport, obtaining ethical approval from the community and other stakeholders, recruitment and training of research team and a pilot study
- v) **Field work (Qualitative):** These included secondary data gathering; four FGDs each in the low and high density areas – two with the alcohol users and two with the CSWs alike; in-depth interviews, observations and triangulations.
- vi) **Field Work, including sampling and recruitment method (Quantitative):** Conducted after the FGDs. The survey questionnaire was administered to 354 subjects. They were made up of 239 alcohol users, 62 commercial sex workers (CSWs) and 53 subjects with sexually transmitted diseases (STDs). The snowball sampling method was used to recruit subjects who satisfied the criteria for inclusion in the study.
- vii) **Post-field work:** Data analysis, report writing and limited intervention in the form of educational programmes for attendees in one beer parlour each in the low and high density areas with free distribution of condoms.

Key Findings

- i) **Alcohol Use by Subjects:** Most of the alcohol users started the habit either to experiment, HDA-beer 52 (50%); LDA 29 (27.1%); PWD 5 (21.7%) or due to peer pressure/friends, HDA-beer 32 (30.8%); LDA 49 (45.8%); PWD 8 (34.7%). This applied also to CSWs and STD subjects who used alcohol. Many of the alcohol users drank to feel happy and to be their normal self, HDA-Beer 57 (55.9%); PWD 14 (60.8%); LDA 35 (33%).
- ii) **Sexual Partners of Subjects:** Although many of the subjects had one primary sex partner, Alcohol - LDA 70 (75%); HDA-Beer 72, (74.5%), PWD 14 (70%); CSWs - HDA 8 (66.7%); LDA 14 (73.7%); STD 29 (65.9%), some others had more than one. Except for the STD subjects, most of the other subjects had casual partners, sometimes more than one. Many of the subjects in all the groups and areas engaged in sex almost everyday.
- iii) **Alcohol use at sex with Primary and Casual Partners:** Many of the alcohol users drink alcohol both before and after sexual activities with their partners. **Primary:** Before sex - LDA 70 (72.9%), HDA-Beer 49 (53%), PWD 8 (42.1%); After sex - LDA 37 (45.2%), HDA-Beer 31 (28%), PWD 1 (5.6%). **Casual:** Before sex - HDA-Beer 28 (75.6%); PWD 5 (62.5%); LDA 50 (79.2%). After sex - HDA-Beer 22 (61.2%), PWD 1 (12.5%); LDA 41 (70%). The beer users in the LDA used alcohol significantly before sex than those in the HDA ($P = 0.0064$). A similar situation also applied to the CSWs and the STDs. HDA beer users significantly drank beer more than the Palm wine drinkers ($P = 0.036$).
- iv) **Alcohol Use by Primary and Casual Partners:** Primary and casual partners of alcohol users used alcohol before sex. **Primary:** HDA – Beer 10 (12.1%); PWD 0 (0%); LDA 20 (21.1%); **Casual:** LDA (60%), HDA-Beer 16 (50%), PWD 6 (25%). They also used after sex.
About two-thirds of the primary partners of CSWs used alcohol, HDA 6 (63.7%); LDA 10 (66.7%). A similar proportion was also in the habit of drinking before sex, HDA 7 (63.6%); LDA 9 (60%). Almost all the casual partners of the commercial sex workers (HDA 93.3%, LDA 93.3%) had ever used alcohol
About one-third (16) of the primary partners of STD subjects had ever used alcohol.
- v) **Role of Alcohol in Sex and Condom Use by Subjects:** The majority of alcohol users in the low density area significantly believed that alcohol played some/major role in their desire and performance of sex with primary partners, LDA 54 (56.8%); HDA-beer, 30 (33.4%); PWD 7 (38.9%) ($P = 0.0052$). A small percentage believed that alcohol use made them careless about condom use, LDA 13 (14%); HDA-Beer 10 (12.4%); PWD 1 (7.1%). About 50% of the CSWs who responded to this question in the high density area and 22.2% in the low density area admitted to some/major role for alcohol in their desire and performance of sex.
- vi) **Condom use by subjects and Partners 3 months before interview:** Most alcohol users in the high density area did not use condoms at all with their

primary sex partners HDA-Beer 44 (52.4%); PWD 11 (68.8%). The opposite was the case with users in the low density area 64 (68.8%). With casual partners, more than half of alcohol users used condoms most or all of the time, except for Palm wine drinkers who were more careless, HDA-Beer 19 (55.8%), PWD 2 (28.6%), LDA 50 (82%). The majority of the CSWs either did not use or used condoms occasionally with their primary partners, HDA 9 (69.3%), LDA 8 (61.5%). A considerable proportion of them were also not using condoms with their casual partners, HDA 5 (22.7%); LDA 7 (35%). STD subjects were mostly not using condoms during sex with their primary 40 (83.4%) and casual partners 29 (85%).

- vii) **Commercial Sex work by Subjects last 3 months:** Many of the alcohol users gave money for sex during the period, HDA-Beer 24 (57.1%); PWD 4 (40%); LDA 13 (31.7%). They engaged in sex with CSWs almost everyday and many of them, especially the palm wine drinkers, either did not use condoms at all during this period or did so only occasionally, HDA-Beer 35 (41.7%); PWD 7 (77.7%); LDA 13 (44.8%). Almost all the CSWs admitted receiving money/goods for sex, HDA 21 (95.5%), LDA 27 (93.1%). About 75% of the STD subjects did not use condoms whenever money or alcohol exchanged hands for sex.
- viii) **Sexual Practices by Subjects:** Some of the subjects in the two areas engaged in oral sex, HDA-Beer 2 (11.8%) and LDA 9 (32%); CSW: HDA 2, LDA 4; STD 2. One subject from the high density area admitted to male on male sex. One from the low density area engaged in female on female sex. Three and six STD subjects practiced male on male and female on female sex respectively.
- ix) **HIV/AIDS Knowledge by Subjects:** Fewer than half of the alcohol subjects discussed HIV/AIDS with their sex partners, HDA-Beer 40 (38.1%); PWD 23 (45.1%); LDA 52 (49.5%). Whereas most users in low density area were aware that one could be infected with HIV and look well, less than half of the high density users were unaware of this (HDA-Beer 44 (45.8%); PWD 5 (35.7%); LDA 86 (85.1%). This also applied to the CSWs as no less than two-thirds of them did not know that a person can be infected with HIV and look well, HDA 17 (70.8%), LDA 20 (66.7%).
- x) **HIV Test History of Subjects:** More alcohol users in the LDA had had HIV screening tests before compared with the users in the HDA, LDA 49 (46.2%); HDA-Beer 23 (22.3%); PWD 0 (0%). In all, four of the alcohol users, two each in the low and high density areas drinkers had tested positive to HIV before.
- xi) **Factors Affecting Sexual Behaviour Change By Subjects:** Continued alcohol use, 9 (16.4%), availability of sex partners, 7 (12.7%), and refusal of sex partners to use condom, 10 (18.2%), were the three main reasons given by beer users in the high density area that may prevent their reduction of alcohol use. Refusal of sex partners to use condom was the reason given by 41 (43.2%) of the low density area alcohol users. The main factor that the CSWs and STD subjects considered that may enable change in their alcohol use was the Knowledge of adverse health effects that

can result from alcohol use, HDA 4 (44.4%); LDA 7 (58.3%), STD 16 (57.1%).

Conclusions

This study has been able to show that alcohol users in the Nigeria indulge in high risk sexual behaviours that could predispose them to infection with HIV and other sexually transmitted diseases. These behaviours cut across socioeconomic class, ethnic group, educational attainment and religion. Lower levels of education and socioeconomic class may predispose users to indulge in risk behaviours as evidenced by the higher proportion of alcohol users in the high density area not using condoms during sexual activities compared with users in the low density area.

Issues such as the social and cultural acceptability of alcohol in many Nigerian communities and the traffic delays encountered by workers returning home from work everyday appeared to encourage the use of alcohol and consequently the associated HIV risk behaviours.

Knowledge about HIV and its mode of infection was generally low among alcohol users. Most of the subjects did not know their HIV status. There is at present no intervention strategies specifically designed for the HIV and other health problems of alcohol users in the country.

Inadequate financial income may have contributed to the decision of some of the CSWs to indulge in the practice. Use of alcohol and sex without the use of condoms was not uncommon among them, especially with adequate financial incentives. The CSWs adopted self medication and traditional methods to prevent infection with HIV and other STDs that gave them false sense of security and encouraged them to be more careless with HIV risk behaviours.

The STD and the Palm wine users engaged in sex without the use of condoms proportionally more than the other subjects

Recommendations

In view of the sexual risk behaviours identified among the three groups of subjects in this study, the following prevention strategies are recommended.

1. Government, CBOs and NGOs should organize regular IEC programmes for

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