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A Perspective on the Occupational Health, Therapy, and Safety of Sex Workers in Nigeria

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Abstract

This article focuses on human rights challenges, and while it is not meant for an endorsement of prostitution, it expresses concern that sex work in Nigeria exists within a fraught legal, cultural, and health landscape. Although these activities contribute significantly to the informal economy, sex workers remain among the most marginalized and vulnerable populations in the country. This paper examines the occupational health, therapy, and safety of sex workers in Nigeria, focusing on risks related to physical health, mental health, violence, social exclusion, and a lack of institutional protection. With an emphasis on empirical evidence from Lagos, Abuja, and Port Harcourt, the paper analyzes how the criminalization of sex work, combined with entrenched societal stigma, systematically denies sex workers access to essential health services, psychological support, and labor rights. Sex workers in Nigeria experience disproportionate rates of sexually transmitted infections (STIs), including HIV/AIDS, in part due to inconsistent condom use, limited access to healthcare, and exploitation by clients and law enforcement agents. Mental health challenges such as anxiety, depression, and substance abuse are common, exacerbated by social isolation, police harassment, and a lack of therapeutic services. Community-based interventions, like those by the Nigerian Sex Workers Alliance (NSWA), offer important harm-reduction frameworks, yet lack broad policy backing. This article recommends a harm reduction approach, decriminalization of consensual adult sex work, and the integration of occupational health principles into public health and labor strategies. By safeguarding the rights and health of sex workers, Nigeria can move toward a more inclusive and equitable health system.

Keywords: Occupational health, Sex work, Therapy, Safety, Nigeria

1. Introduction

The discourse on occupational health and safety in Nigeria rarely includes sex workers, despite the increasing visibility and vulnerability of this group within urban informal economies. Nigeria's complex legal environment leaves sex workers unprotected, exposing them to severe physical, emotional, and

occupational hazards (Adebajo, Eluwa, Allman, 2014). Although sex work is not outrightly banned by federal law, it is criminalized in various forms at the state and municipal levels, particularly under laws against prostitution, public nuisance, and immorality (Legal Defence and Assistance Project, 2017).

This criminalization denies sex workers access to legal protections and institutional health services, reinforcing their marginalization. In cities like Lagos, Abuja, and Port Harcourt, the work environments of sex workers are often informal and high-risk, lacking basic safety protocols or avenues for medical and psychological support (Isiugo-Abanihe and Omoniyi, 2020). The occupational risks faced include physical violence, sexually transmitted infections, coercion, mental trauma, and in many cases, death results.

Therapeutic services and psychosocial interventions for sex workers in Nigeria are virtually non-existent in government programs. Instead, support has largely come from NGOs such as the Heartland Alliance Nigeria and the Society for Family Health, which provide HIV prevention, counselling, and STI screening (Heartland Alliance, 2021). Still, structural barriers remain. In Nigeria sex workers have over the decades been the targets of ritualists, sadistic attack and hidden relationships. The operational environments operated by hoteliers and protection from criminals and security agents, have been typical of Hollywood movies, written by the most successful producers. Given the condemnation associated with these activities, and isolations by the general societies, there are “occupational” challenges, which are not taken into consideration by existing legal and industrial guidelines in documented Nigerian laws.

This paper adopts an interdisciplinary approach, integrating perspectives from public health, sociology, and occupational therapy. It critically examines the risks sex workers face and explores frameworks for improving their occupational safety and well-being within Nigeria’s broader health system.

Historical and Legal Context of Sex Work in Nigeria

Sex work in Nigeria has long existed on the margins of formal economy and state regulation. Under colonial rule, prostitution was ambiguously governed through local ordinance laws which were later adapted into state penal codes. Today, Nigerian law remains inconsistent. While the Penal Code (applicable in the north) and the Criminal Code (in the south) prohibit acts of prostitution-related offenses, soliciting, brothel-keeping, and pimping, none explicitly criminalize consensual adult sex work (Odekunle, 2005).

However, laws are often broadly interpreted, resulting in frequent arrests of sex workers under vague statutes like ‘wandering’ or ‘public nuisance’ (Amnesty International, 2016). The enforcement of Sharia law in twelve northern states further heightens legal and physical risks for sex workers, particularly women, some of whom face public flogging or long jail terms (Bakare, 2020). These legal inconsistencies foster environments where sex workers are extorted, raped, or unlawfully detained by police, often without trial. The lack of legal protections significantly undermines any occupational safety strategies and directly contributes to the deterioration of sex workers’ physical and mental well-being.

Although not commendable, sex work (or Prostitution) is now widely seen in contemporary times in Nigeria, as not condemnable, especially with emerging levels of hedonism and pleasure tourism development in the country. The argument is, do these categories of “Bread Winners”. Deserving of protection and activity regulation. In all spheres of human endeavor, it is evident that prostitution and its challenges, especially with regard to vulnerable young women, and especially female children, have attracted deep concerns. The Federation of International Football Associations (FIFA), has been a major focus of such concern (Voice of America (2009), FIFA World Cup (2012), Richter, Chersich, Scorgie , Luchters, Temmerman, Steen (2010), Songololo (2008), Solidar Suisse (2012), Schuster, Sülzle, and Zimowska (2010), Sanpath (2006), Brunel Centre for Sport, Health and Wellbeing (2013) recognized this problem decades ago, when it

Occupational Hazards in Sex Work

Sex workers in Nigeria face a gamut of occupational hazards. The most prominent are exposure to STIs, especially HIV. According to the National Agency for the Control of AIDS (NACA, 2022), sex workers have an HIV prevalence rate of 14.4%, much higher than the national average of 1.4%. Barriers to consistent condom use, either due to client refusal, power imbalance, or lack of access, exacerbate this challenge. Additionally, physical violence is a routine occupational risk. A study by Adebajo, Eluwa, and

Allman (2014) revealed that 35% of sex workers in Lagos had experienced physical abuse from clients or law enforcement in the previous year. Others report being subjected to gang rape, extortion, and forced labor.

Working conditions also contribute to these risks. Many sex workers operate in street settings, brothels, or unregulated lodges where there are no health inspections, safety standards, or labor rights enforcement. These locations are often unsafe, poorly lit, and lack basic sanitation.

Mental Health, Therapy Access, Occupational Safety Practices and Constraints

The psychological burden of sex work in Nigeria is immense. Depression, anxiety, trauma, and substance abuse are widely reported, yet remain understudied. Research by Isiugo-Abanihe and Omoniyi (2020) in Port Harcourt found that over 40% of surveyed sex workers showed symptoms of moderate to severe depression.

Therapeutic services for mental health are largely unavailable. Most public mental health facilities are under-resourced, underfunded, and difficult to access without formal documentation or referral. NGOs like the Nigerian Sex Workers Alliance (NSWA) and the Women's Health and Equal Rights Initiative (WHER) have attempted to bridge the gap through community mental health workshops and peer counseling, but these remain limited in scope and capacity. Unlike formal occupational settings, sex work is not covered by Nigeria's labor laws. There are no unions, formal grievance mechanisms, or workplace protections.

Informal peer-led safety practices exist, such as alert networks via WhatsApp, but these are reactive rather than preventative. The Heartland Alliance (2021) provides "safe spaces" for sex workers in Lagos and Benin where they can access condoms, lubricants, and peer education. However, many workers cannot access these services due to stigma, police surveillance, or lack of awareness. Structural inequality and the criminalization of their work continue to block access to occupational health frameworks.

Public Health Implications and STI Risks

Sex workers' health is intrinsically linked to Nigeria's public health ecosystem. The high prevalence of HIV, syphilis, and gonorrhea among sex workers has broader transmission implications, particularly when clients also engage in sexual relations with non-commercial partners. The Federal Ministry of Health (FMOH, 2021) recognizes sex workers as a key population in HIV transmission but has struggled to implement comprehensive care models due to funding cuts and inconsistent policy enforcement. Community outreach and harm reduction are proven methods to curb transmission, but without legal reform, these remain undermined. Decriminalization is therefore not just a moral issue, it is a public health imperative.

The emergence of the herbal medicine hawkers on Nigerian urban roads, appears to have been boosted by patronage of illicit sex hawkers, deprived of formal and orthodox medicare. These unquantified dosages of herbal medicinal cocktails, are indeed dangerous and can breed drug resistant STDs, which is a major public health concern.

Societal Stigma, Violence, and Police Brutality

Stigma remains a formidable barrier. Public perception of sex workers is shaped by religious conservatism, cultural taboos, and moralistic media framing. As a result, sex workers face discrimination in healthcare settings, are denied housing, and are excluded from public discourse (Bakare, 2020). Police brutality is particularly prevalent. Reports from Amnesty International (2016) and Human Rights Watch (2019) document instances of rape, forced confessions, extortion, and arbitrary arrests. These abuses contribute to the underreporting of crimes and discourage sex workers from seeking help when assaulted or ill.

Instances exist where prostitutes in security agents custody are abused and exploited sexually and financially, resulting in emotional traumas and lack of goodwill. These are abuses of human rights, irrespective of the occupational legality and societal opinions

Community-Led Interventions and Peer Networks

Despite systemic neglect, sex workers have organized around collective resilience. Peer-led organizations like NSWA, WHER, and Education as a Vaccine (EVA) offer vital health education, distribute condoms, and advocate for rights-based approaches. These groups also provide therapy workshops, self-defense training, and access to legal aid.

Such grassroots movements are models for inclusive, localized occupational health initiatives. However, they require greater funding, training, and government collaboration to scale impact.

Comparative Insights from Global South Contexts

Lessons from countries like South Africa, Kenya, and India show that decriminalization paired with public health inclusion significantly improves outcomes for sex workers. In South Africa, programs led by SWEAT (Sex Workers Education and Advocacy Taskforce) have reduced STI rates and violence through legal advocacy and healthcare integration (Richter, 2013).

In India, the Sonagachi Project in Kolkata successfully organized thousands of sex workers into a unionized health cooperative, reducing HIV prevalence from 11% to 5% within a decade (Jana, Basu, Rotheram-Borus, and Newman, 2004). These cases highlight that when sex work is treated as labor, rather than vice, occupational health frameworks can thrive.

Recommendations

The following recommendations have been provided to contribute to the eradication of identified problems:-

1. Decriminalization against Sex Workers should be stopped. There is thus a need to shift laws to recognize consensual sex work as a form of labor protected by occupational laws.
2. Stakeholders should strive to integrate sex workers into National Health Systems. There is a dire need to train healthcare workers on stigma-free service delivery and ensure sex workers are included in national insurance programs.
3. Another area of focus in finding a panacea, is the provision of mental health support. For instance, there must be adequate investment in community-based therapy, trauma counseling, and addiction treatment tailored to the needs of sex workers.
4. The provision of safe working environments, require the provision and development of public-private partnerships, to create designated safe zones or clinics for sex workers.
5. With functional legal aid and grievance mechanisms in place in Nigeria, sex workers will receive adequate protection. Thus, there is urgent need to establish legal support systems for sex workers to report abuse and access justice.

Conclusion

Sex workers in Nigeria live and work at the intersection of risk, neglect, and social injustice. Their exclusion from occupational health frameworks perpetuates cycles of disease, violence, and mental distress. A shift toward decriminalization, public health inclusion, and harm reduction can radically transform outcomes, not just for sex workers, but for Nigerian society as a whole. Recognizing their humanity is the first step toward building a safer, fairer future.

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