

Risky Sexual Behaviours, Health-Risk Awareness and Emotional Wellbeing among Female Sex Workers in Gusau Metropolis

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Abstract

This study examined risky sexual behaviours, health-risk awareness and emotional wellbeing among female sex workers in Gusau Metropolis. The study employed a cross-sectional survey design where 168 female sex workers were used. Sampling was achieved via was Multi-Stage sampling technique. Data were collected using three instruments; Sexual Risk Survey, Health Risk Awareness Scale and the Emotional Wellbeing scale. Three hypotheses were tested using Standard Multiple regression. Findings indicated that there was a significant influence of risky sexual behaviours on emotional wellbeing among female sex workers. It was also found that, there was a significant influence of health risk awareness on emotional wellbeing among female sex workers. Lastly, findings indicated that there was a significant joint influence of risky sexual behaviours and health risk awareness on emotional wellbeing among female sex workers. It was recommended that female sex workers should be educated on healthy lifestyles such as their sex habits and drug use that will reduce their engagement in risky sexual behaviours and in the long run deter the compromise of their emotional wellbeing.

Key Words: *Risky Sexual Behaviour, Health Risk Awareness, Emotional Wellbeing, Female Sex Workers, Gusau.*

Introduction

The state of emotional well-being of female sex workers has attracted the attention of researchers for many centuries. However, there exist a dearth of literature and data on the emotional wellbeing of female sex workers in Gusau metropolis. Emotional wellbeing is an indispensable state of mental functioning among the general populace and specifically for female sex workers (Henderson et al., 2017). This population is hardly examined in Northwestern Nigeria and this has created a gap that requires research attention. The presence of poor emotional wellbeing among female sex workers is associated with a host of psychosocial vulnerabilities. Thus, they are at greater risk for health problems, occupational hazards, unsafe sex, exposure to violence, drug use, experience of stigma, homelessness and low education level (Patel et al., 2019). Available global literature suggests that, female sex workers generally have relatively higher rates of health-related risks, anxiety, depression, posttraumatic stress disorder (PTSD), drug use and psychological distress (Amini-Lari et al., 2024). This implies that they may be at risk of poor emotional wellbeing.

Over the last few decades, a growing number of female sex workers have reported symptoms of mental health problems and psychiatric disorders (Rikus et al., 2024). About 10 to 20% of female sex workers across the world suffer from emotional health problems. Many ugly incidents have demonstrated the role of risky behaviour and lack of health risk awareness on the emotional health of female sex workers (Henderson et al., 2017). Some of the likely factors discussed in this study include risky sexual behaviour and health risk awareness.

One variable implicated in the prediction of emotional wellbeing is risky sexual behaviour. This includes promiscuity, unprotected sex, use of drugs and having multiple sexual partners. Risk taking among female sex workers is of great concern to the society. Most of the emotional issues among female sex workers today are related to engagement in unhealthy sexual lifestyles. Many researchers have documented a high prevalence of risky sexual behaviour in association with substance misuse (Ramrakha et al., 2020) which is another form of risky behaviour whose dangers are yet to be appreciated by female sex workers. One of the propellants of risky sexual behaviour is alcohol use. Alcohol and drug consumption increase the likelihood that female sex workers will engage in high-risk sexual behaviour, as a result of impaired decision making, mood elevation, and the reduction of inhibitions (Rikus et al., 2024). However, outside risky sexual behaviour, health risk awareness is another likely determinant of emotional wellbeing among female sex workers.

Health risk awareness is a cognitive process on a personal or collective basis involving having knowledge of existing health hazards. Steptoe and Wardle (2017) assessed health behaviour, risk awareness and emotional well-being among students. Their study revealed that risk awareness was positively associated with emotional wellbeing. In a contra study, Weber, Sinker and Torino (2022) indicated that, health risk awareness had no significant influence on emotional wellbeing among youths. Also on the contra, Rikus et al. (2024) revealed that health risk awareness did not predict emotional wellbeing among students. These studies are in opposition to previous studies as revealed above. This discrepancy in finding indicates the need for investigating risky sexual behaviours, health risk awareness and emotional wellbeing among female sex workers.

Risky Sexual Behaviour and Emotional Wellbeing

Gebeyehu and Mulatie (2021) examined the association between risky sexual behaviours and emotional disorders in patients with mental disorders attending an outpatient clinic at the University of Gondar Comprehensive Specialized Hospital, Psychiatric Clinic. The study found that male gender, no ability to read and write, history of hospitalization, perceived internal stigma, and poor social support were significant predictors of risky sexual behaviours among patients with severe mental disorders. However, this study also suffers the weakness that it was not carried out among female sex workers in Nigeria.

Srahbzu and Tirfeneh (2020) examined the magnitude of risky sexual behaviours and associated factors among adolescents aged 15-19 years in high schools at Aksum town, Tigray, Ethiopia. The prevalence of risky sexual behaviours among adolescents aged 15-19 years was found to be 17.2%. Factors like poor social support, living out of family, experiencing parental neglect, and drinking alcohol were statistically associated with risky sexual behaviours. The prevalence of risky sexual behaviours was found to be alarming among adolescents of high school aged 15-19 years. This can significantly affect health quality in the community and the country at large. Despite the contributions of this study, it has failed to assess how the predictor variable affects emotional wellbeing.

Badillo-Viloria et al. (2020) identified risky sexual behaviours and associated factors in students at a university in Barranquilla, 2019. 63% of participants initiated sexual activity before the age of 18. The 87% have participated one or more times in risky sexual behaviours: vaginal sex without a condom (73%), fellatio without a condom (60.3%), number of partners with whom they have sexual behaviours (66.2%) and unexpected sexual experiences (54.4%). Men and law students had higher sexual risk scores than women and nursing students. The major risk factors were; early sex, gender, age >20 years, risky sexual practices such as vaginal, oral, and anal unprotected sex and impulsive and unplanned sexual behaviours.

Kheswa and van-Eeden (2020) assessed the contextual factors which may play an important role in promoting safe sexual behaviour of adolescent males, especially in South Africa, where sexually transmitted infections, teenage fatherhood and substance abuse continue to reach alarming proportions. For data collection, a desktop review was employed for its usefulness in identifying and addressing the gaps from previous studies. Grounded in theories of human development and psychological well-being, this article concluded that provision of emotional support and healthy parent-child relationships, quality peers, constructive environment and adequate knowledge from traditional male circumcision mentors may contribute to adolescent males' safe sexual practices, decision-making skills and mental health.

Srahbzu and Tirfeneh (2020) assessed the magnitude of risky sexual behaviours and associated factors among adolescents aged 15-19 years in high schools at Aksum town, Tigray, Ethiopia. The prevalence of risky sexual behaviours among adolescents aged 15-19 years was found to be 17.2%. Factors like poor social support, living out of family, experiencing parental

neglect, and drinking alcohol were statistically associated with risky sexual behaviours. The prevalence of risky sexual behaviours was found to be alarming among adolescents of high school aged 15-19 years. This can significantly affect health quality in the community and the country at large.

Health-Risk Awareness and Emotional Wellbeing

Sussolou et al. (2017) examined knowledge of health risky-behaviours and emotional wellbeing among adolescents in Kenshisa. Results showed that knowledge of health risky behaviours significantly predicted emotional wellbeing among adolescents. Accidental findings revealed that there was a significant gender, age and income difference in emotional wellbeing. However, this study also failed to indicate the role of the predictor variable on the dimensions of the dependent variable. Practical and research suggestions were made. Despite the contributions of this study, it was carried out among adolescents and not female sex workers as is done in the present study.

Step toe and Wardle (2017) assessed health behaviour, risk awareness and emotional well-being in students from Eastern Europe and Western Europe. After adjustment for age and sex, East European students had less healthy lifestyles than Western Europeans according to a composite index of 11 health behaviours, with significant differences for seven activities: regular exercise, drinking alcohol, avoiding dietary fat, eating fibre, adding salt to food, wearing a seat-belt, and using sunscreen protection. East European students were less likely to be aware of the relationship between lifestyle factors (smoking, exercise, fat and salt consumption) and cardiovascular disease risk. In addition, they were more depressed, reported lower social support, and had higher beliefs in the “chance” and “powerful others” locus of control. Internal locus of control levels did not differ across regions, and Eastern Europeans placed a higher valuation on their health. Risk awareness was positively associated with emotional wellbeing. Unhealthy lifestyles associated with lack of information about health and behaviour, greater beliefs in uncontrollable influences, and diminished emotional well-being, may contribute to poor health status in Eastern Europe. The gaps in the above reviewed studies led to the following hypotheses.

Research Hypotheses

- i. Risky sexual behaviours will significantly influence emotional wellbeing among female sex workers in Gusau metropolis.
- ii. Health-risk awareness will significantly influence emotional wellbeing among female sex workers in Gusau metropolis.
- iii. Risky sexual behaviours and health-risk awareness will jointly influence emotional wellbeing among female sex workers in Gusau metropolis.

Design

This study employed the use of cross-sectional survey design to investigate the influence of risky sexual behaviours and health-risk awareness on emotional wellbeing among female sex workers in Gusau metropolis. A cross-sectional survey collects data to make inferences about a population of interest (universe) at one point in time. In this study, the independent variables are risky sexual behaviours and health-risk awareness while the dependent variable is emotional wellbeing.

Participants

The participants for the study were 168 female sex workers in Gusau metropolis. Their ages ranged from 21-49year with a mean age of 36years (SD=2.134). Considering their ethnic groups, 106 (63.1%) were Hausa, while 62 (37%) were from other ethnic groups. As for their religion, 151 (89.9%) were Muslims, 12 (7.1%) were Christians while the remaining 5 (3%) were from other ethnic groups.

Sampling

The sampling technique used for this study was Multi-stage sampling technique. This technique was used because the population of female sex workers exist in layers and each layer of the population was accounted for in the study. In this technique, proportionate sampling technique was used to sample each council ward while simple random sampling technique was used at the second stage to draw the participants randomly.

Instruments

The instruments used for the study included the Sexual Risk Survey, Health Risk Awareness Scale and the Emotional Wellbeing scale.

- i. **Sexual Risk Survey:** Risky Sexual Behaviour was measured using the Sexual Risk Survey developed by Turchik and Garske (2007). It assesses the frequency of sexual risk behaviours in the past 6 months using 23 items. This scale has five dimensions: Sexual Risk Taking with Uncommitted Partners, Risky Sex Acts, Impulsive Sexual Behaviours, Intent to Engage in Risky Sexual Behaviours and Risky Anal Sex Acts. The five subscales, had Cronbach's Alphas of .88, .80, .78, .89, and .61 respectively. The 2 weeks test-retest reliability for the total Sexual Risk Survey was .93 and .90, .89, .79, .70, and .58, for the subscales respectively. Sample of items include "How many times have you left a social event with someone you just met?", "How many partners have you had sex with"?
- ii. **Health Risk Awareness Scale:** Health Risk Awareness was measured using the Health Risk Awareness Scale developed by Van-Osch and Stiggelbout (2007) to measure health risk awareness. The scale has 13 items measured on a 7-point format of 1 (totally disagree) to 7 (totally agree). The author obtained an alpha of .84 and the present study obtained .78. Sample of items include; "When I look back at my past, I think that, in general, I did take

risks with my health”, “If it concerns my health, then I see myself as someone who avoids risks”.

- iii. **Emotional Wellbeing Scale:** Emotional wellbeing was measured using the Emotional Wellbeing Scale developed by Portia and Shermila (2015). This scale is a 26-item scale with four dimensions; Mental health (items 1, 5, 9, 13, 17, 21), Emotional resilience (items 2, 6, 10, 14, 18) Emotional health (items 3, 7, 11, 15, 19, 22, 23, 25, 26) and Emotional happiness (items 4, 8, 12, 16, 20, 24). Items 11, 13, 17, 21 and 22 are reverse scored. It is measured on a 3-point format of 1(disagree) to 3(agree) with an overall alpha coefficient of .90, while that of the dimensions range from .75 - .86. Sample of items include; “I am a contented person”, “I find it little difficult to adjust with others”.

Procedure

This study was conducted among female sex workers in Gusau metropolis. The researchers sought and obtained approvals from brothel managements to carry out this survey. Also, the consents of the female sex workers were sought individually and obtained before administration. They were assured that the study would be harmless, confidential, and the data would be used solely for the purpose of the research and that they are free to withdraw from participation at any point. Those who upon understanding the nature of the study, willingly consented to participate were issued a copy of the questionnaire and instructed on how to complete it. After the administration, the collected copies were screened and 168 copies out of 170 copies were viable for data analysis.

Data Analysis

Data for this study were analyzed using descriptive and inferential statistics. Descriptive statistics such as mean, standard deviation, frequencies and percentages were used to describe the participants. Standard Multiple Regression was used to test the three hypotheses raised in the study.

Results

Table 1: Standard Multiple regression showing the independent and joint influence of risky sexual behaviours and health-risk awareness on emotional wellbeing among female Sex workers in Gusau metropolis.

Variables	R	R ²	df	F	β	t	Sig.
Constant	.406	.165	2,165	15.820		24.680	.000
Risky Sexual Behaviour					-.307	-4.179	.000
Health Risk Awareness					.216	2.938	.004

The result displayed in table 1 shows that, there was a significant influence of risky sexual behaviours on emotional wellbeing among female sex workers; ($\beta = -.307$, $t = -4.179$, $p < .001$). This implies that high risky sexual behaviour is associated with lower perceived emotional wellbeing among female sex workers. Thus, hypothesis one was supported.

The result further showed that, there was a significant influence of health risk awareness on emotional wellbeing among female sex workers; ($\beta = .216$, $t = 2.938$, $p < .001$). This implies that high health risk awareness is associated with high emotional wellbeing among female sex workers. Thus, hypothesis two was also supported.

The result further showed that, there was a significant joint influence of risky sexual behaviour and health risk awareness on emotional wellbeing among female sex workers; [$R^2 = .165$, $F(2,165) = 15.820$, $p < .01$]. This implies that both risky sexual behaviour and health risk awareness explained 16.5% of the variance in emotional wellbeing among female sex workers. Thus, hypothesis three was also supported.

Discussion

Hypothesis one was tested to find out if there is a significant influence of risky sexual behaviour on emotional wellbeing among female sex workers. Findings indicated that there was a significant influence of risky sexual behaviours on emotional wellbeing among female sex workers. This finding tallies with numerous authors (Gebeyehu & Mulatie, 2021; Srahbzu & Tirfeneh, 2020; Badillo-Viloria et al., 2020) who revealed that 87% of the respondents participated one or more times in risky sexual behaviours: vaginal sex without a condom (73%), fellatio without a condom (60.3%), number of partners with whom they have sexual behaviours (66.2%) and unexpected sexual experiences (54.4%). As expected, there was no discordant study negating the findings obtained in the present study.

Hypothesis two was tested to find out if there is a significant influence of health risk awareness on emotional wellbeing among female sex workers. Findings indicated that there was a significant influence of health risk awareness on emotional wellbeing among female sex workers. This finding tallies with Sussolou et al. (2017) who showed that knowledge of health risky behaviours significantly predicted emotional wellbeing among adolescents. More so, Steptoe and Wardle (2017) revealed that risk awareness was positively associated with emotional wellbeing. However, Rikus et al. (2024) showed that health risk awareness did not predict emotional wellbeing among students.

Hypothesis three was tested to find out if there is a significant joint influence of risky sexual behaviour and health risk awareness on emotional wellbeing among female sex workers. Findings indicated that there was a significant joint influence of risky sexual behaviours and health risk awareness on emotional wellbeing among female sex workers. This finding tallies with Weber et al. (2022) who indicated that health risk-attitude and risky sexual behaviour had significant joint

influence on emotional wellbeing among youths. However, this finding lacks the support of other studies in this area. This calls for additional research attention in this area.

Recommendations

Given the findings from this study, the researchers recommended that female sex workers should be educated on healthy lifestyles such as their sex habits and drug use that will reduce their engagement in risky sexual behaviours and in the long run deter the compromise of their emotional wellbeing.

In addition, Clinical Psychologists are encouraged to closely support female sex workers by providing psychoeducational services on health risks and emotional support. This will reduce the detrimental emotional implication of the risky behaviours indulged by female sex workers.

Contributions to Knowledge

This study has made significant contributions to knowledge and practice of clinical psychology. The study has reiterated the relevance of harm reduction services in ensuring that female sex workers are exposed to minimal risky sexual behaviours. It also emphasized the role of psychologists in supporting female sex workers maintain good mental health.

In addition, the study has availed indigenous data and literature on the emotional wellbeing of female sex workers in Gusau metropolis. This data is pertinent to designing and implementing policies to support female sex workers to maintain a positive mental health.

REFERENCES

- Amini-Lari, M., Bagheri, P. & Ameli, F. (2024). Mental health and HIV-related high-risk behaviourss among female sex workers. *Shiraz E-Medical Journal*, 15(4), 22-26.
- Badillo-Viloria, M., Sanchez, X. M., Vasquez, M. B. & Diaz-Perez, A. (2020). Risky sexual behaviourss and associated factors among university students in Barranquilla, Colombia, 2019. *Enferm Global*, 19(59), 422-449.
- Gebeyehu, D. A., & Mulatie, M. (2021). Risky sexual behaviours and its associated factors among patients with severe mental disorder in University of Gondar Comprehensive Specialized Hospital, 2018. *BMC Psychiatry*, 21, 51-77.
- Henderson, J. L., Cheung, A. & Cleverley, K. (2017). “Integrated collaborative care teams to enhance service delivery to youth with mental health and substance use challenges: Protocol for a pragmatic randomized controlled trial”. *British Medical Journal*, 7(2), 65–75.

- Kheswa, J. G. & Van-Eeden, C. (2018). Contextual factors promoting psychosocial well-being and safe sexual behaviour in African male youth: A literature review. *The Journal for Transdisciplinary Research in Southern Africa*, 14(1), 1-8.
- Patel, S. K., Saggurti, N., Pachauri, S. & Prabhakar, P. (2019). Correlates of Mental Depression Among Female Sex Workers in Southern India. *Asian Pacific Journal of Public Health*, 27(8), 809–19.
- Portia, R. & Shermila, J. (2015). Preparation and Validation of Emotional Well-being Scale. *International Journal of Informative and Futuristic Research*, 3(3), 927-937.
- Ramrakha, S., Caspi, A., Dickson, N., Moffitt, T. E. & Paul, C. (2020). Psychiatric disorders and risky sexual behaviour in young adulthood: cross sectional study in birth cohort. *Biomedical Journal*, 321(7256), 263-266.
- Rikus, G., Jinger, H., & Otenn, R. (2024). Hope, happiness and health risk awareness as antecedents of emotional wellbeing among a sample of first year undergraduate students. *Journal of Human Behaviours*, 4(1), 78-88.
- Srahbzu, M. & Tirfeneh, E. (2020). Risky Sexual Behaviours and Associated Factors among Adolescents Aged 15-19 Years at Governmental High Schools in Aksum Town, Tigray, Ethiopia, 2019: An Institution-Based, Cross-Sectional Study. *Biomedical Research International*, 3(1), 32-43.
- Step toe, A. & Wardle, J. (2017). Health behaviours, risk awareness and emotional well-being in students from Eastern Europe and Western Europe. *Social Science and Medicine*, 53, 1621-1630.
- Sussolou, D., Krisman, N. & Rotter, T. (2017). Health risky-behaviours and psychological wellbeing among adolescents in Kenshisa. *Journal of Psychological Science*, 2, 34-56.
- Turchik, J. A. & Garske, J. P. (2009). Measurement of sexual risk taking among college students. *Archives of Sexual Behaviour*, 38(6), 936-948.
- Van-Osch, S. M. C. & Stiggelbout, A. M. (2007). The development of the Health-Risk Attitude Scale. *Journal of Health Systems*, 3, 22-34.
- Weber, E., Sinker, J. & Torino, D. (2022). Influence of health risk-attitude and risky sexual behaviours on subjective wellbeing among youths in West Germany. *Science*, 4(1), 31-42.