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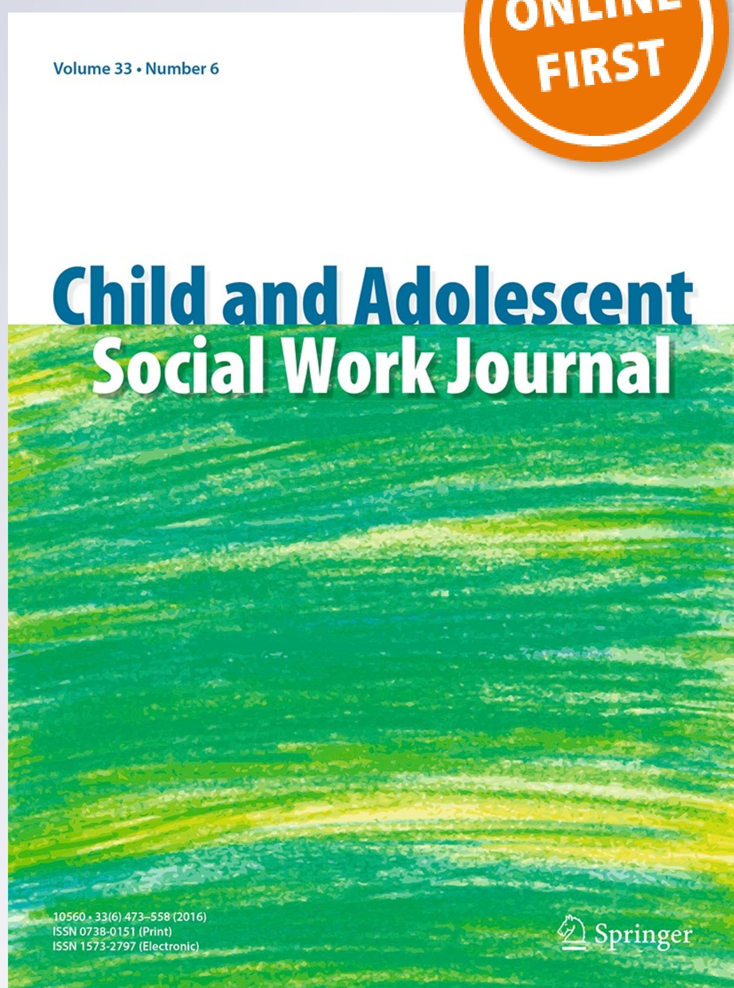
Child and Adolescent Social Work Journal

ISSN 0738-0151

Child Adolesc Soc Work J
DOI 10.1007/s10560-016-0475-z



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Child Adolesc Soc Work J
DOI 10.1007/s10560-016-0475-z

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Issues of Sexually Transmitted Infections and Violence Among Children in Prostitution in West Africa

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Abstract By its pervasiveness throughout the world, child prostitution can be considered a public health problem. It poses serious health and safety risks for minors involved in this practice. Not only is child prostitution taboo in many communities in Sub-Saharan Africa, but its effects on minors in that region are also hardly explored. A descriptive cross-sectional research design, with a survey instrument consisting of 41 closed-ended questions, was used to conduct a study about the risks and effects of prostitution on the health and safety of prostituted children in three countries in the West African region. A convenience sample of 709 children in prostitution, including 696 girls and 13 boys, took part in the study. Issues explored include risks and consequences of child prostitution, prevalence of sexually transmitted infections and diseases (STIs/STDs) among the respondents, experiences of violence in prostitution, and strategies for prevention of STIs and violence. The findings show that the level of condom use among prostituted children was higher in major cities than in small ones. Less than 25% of the respondents contracted STIs/STDs; very few respondents among those who experienced such infections sought any medical care. Substantial proportions of respondents who experienced physical violence by clients, community members, and/or law enforcement, did not seek assistance from child protection services. Implications for practice, policy, and research are discussed.

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Keywords Child prostitution · Condoms · Sexually transmitted infections · HIV/AIDS · Health · Violence · Sub-Saharan Africa

By its prevalence throughout the world, child prostitution can be viewed as a major public health problem. This issue poses significant health and safety concerns for all minors involved. Child prostitution is not only taboo in many communities in Sub-Saharan Africa, but its effects on victims are also overlooked in research and healthcare (McClure, Chandler, & Bissell, 2015). Whereas there are many studies about health issues among sex workers in Sub-Saharan Africa, there is limited research that specifically focuses on the vulnerability of children in prostitution to sexually transmitted infections (STIs) and diseases (STDs) including HIV/AIDS. Almost no country in Sub-Saharan Africa has developed policies or programs to address health concerns regarding children in prostitution in general, and particularly issues of STIs including HIV infection. In order to address this gap in knowledge, an international study was conducted in three countries sharing borders in the West African region to explore the characteristics of child prostitution and associated risk factors, the mobility of children in prostitution, and health and safety issues that this vulnerable population experienced. The present paper discusses the research findings about issues of STIs and violence experienced by children in prostitution in the three target countries.

Literature Review

Child prostitution usually manifests in the form of sex trafficking, in which a child is coerced or lured into becoming involved in the sex trade, or "survival sex," in which the child engages in sexual activities for basic

Published online: 23 November 2016

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essentials such as food and shelter. Most children involved in prostitution are girls, but there are an increasing number of boys found in the sex trade (ECPAT USA, 2013). Child prostitution is the most prevalent form of commercial sexual exploitation of children (CSEC), which also includes trafficking of children for sexual purposes, in which children are transported within or across national boundaries for the purpose of engaging in commercial sex and child sex tourism. Article 1 of the U.N. Convention on the Rights of the Child of 1989 (CRC) defines a child as any person below age 18, unless the laws of a particular country set the legal age for adulthood younger. In addition, the CRC's *Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography* of 2000 requires states to prohibit the sale of children, child prostitution, and child pornography. It is estimated that one million children are forced into prostitution worldwide every year (Willis & Levy, 2002). This population is highly vulnerable to sexually transmitted infections and diseases (STIs/STDs) including HIV/AIDS (Ennew, 2008; Lalor, 2004; McClure et al., 2015; WHO, 2011, 2015). Every year, approximately two million prostituted children contract STIs, and 300,000 had HIV infection worldwide (Willis & Levy, 2002). Prostituted children also experience a high level of violence, with a global estimate of 2500,000 physical assaults occurring against this vulnerable population every year (Willis & Levy, 2002).

However, children in prostitution are highly under-represented in research on STIs including HIV infection, as well as in research on violence affecting persons in the sex trade (WHO, 2015). Reliable data about STIs and violence endured by prostituted children are scarce because most studies about prostitution focus broadly on women aged 15–49 years, without any disaggregation by age groups (i.e., children, adolescents, and adults) (Willis & Levy, 2002). Thus, in most studies about prostitution, children in prostitution are often indistinctively considered sex workers. The terms "sex worker" usually refer to a person over 18 years old whose main occupation is prostitution. A prostituted child is not a sex worker, but a victim of sex trafficking who is entitled to protection instead of criminalization (ECPAT International, 2014). According to the *UN Convention on the Rights of the Child*, and the *Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography*, any child in prostitution is a victim of sexual exploitation, because a person below age 18 is not physically and cognitively mature enough to consent to practice prostitution as a professional.

Girls and women in prostitution aged 15–49 years are 13.5 times more likely to acquire HIV than all other women of similar ages, even in comparison to girls and women in countries with high HIV-prevalence (McClure et al., 2015). The reason for this high prevalence rate can be attributed to both the risks members of this population are vulnerable to and the environment in which they live and work (McClure et al., 2015; Morison et al., 2001; UNAIDS, 2009; WHO, 2011). In Sub-Saharan Africa, there is substantial research about the prevalence of STIs, and especially HIV infection, among the general population of sex workers (Ahoyo, Alary, Ndour, Labbé, & Ahoussinou, 2009; Aklilu et al., 2001; Alary et al., 2002; Chersich et al., 2013; Nagot et al., 2005; Terfa, 2011). In contrast, there are almost no separate studies on the prevalence of STIs among prostituted children in the region, even though research shows that minors are more vulnerable to risks associated with the sex trade than are sex workers (McClure et al., 2015). According to WHO (2011), prostituted children who are infected with an STD such as syphilis and chancroid have a four times increased risk of HIV infection than sex workers.

The high level of vulnerability of prostituted children to HIV infection is due to a combination of reasons including their immaturity, their limited access to condoms and ability to negotiate its use, and an unsubstantiated, yet rampant claim that having sex with children protects against HIV and cures AIDS (McClure et al., 2015; Lalor, 2004; Silverman, 2011; UNAIDS, 2009; UNHCR & SC-UK, 2002; WHO, 2011; Willis & Levis, 2002). Since children are often not fully physically developed, acts of sexual violence frequently cause vaginal and anal injuries that result in a significantly higher risk of acquiring STIs, including HIV infection (ECPAT International, 2007). A high prevalence of child sexual abuse and especially an age-discordant demand for prostituted children considerably contribute to the HIV epidemic in Sub-Saharan Africa (Glynn et al., 2001; Gregson et al., 2002). It is often reported that prostituted children are far easier and cheaper to access than are sex workers (Coulibaly, 2010; ECPAT France & ECPAT Luxembourg, 2014; Ennew, 2008; Lalor, 2004). In addition, the spread of HIV infection and AIDS in Sub-Saharan Africa is associated with the increase in sexual assaults and exploitation of young girls. As mentioned above, children are believed to be less likely to be infected with HIV, and it is even alleged that having sex with a young virgin girl can cure HIV/AIDS (Ennew, 2008; Lalor, 2004; Lema, 1997; UNICEF & ANPCAN, 2001; UNHCR & SC-UK, 2002; Willis & Levis, 2002).

According to UNICEF, 63% of the 2.1 million adolescents aged 10–19 years living with HIV in the world are in eastern and southern Africa, and an additional 18% of this global population is in west and central Africa (as cited in McClure et al., 2015). Approximately 0.6–1.8% of all children in high HIV-incidence countries in southern Africa are likely to experience penetrative sexual abuse by an AIDS/HIV infected perpetrator before 18 years of age (Lalor, 2004). ECPAT International (2012) explored the

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vulnerability to HIV among children in prostitution in Togo in Africa and Nepal in Asia. Based on a sample of 320 children and youth at risk of, or already involved in, commercial sexual exploitation, the study identified a low rate (9%) of HIV testing among Togolese children and youth aged 15–25 years old. The study showed that, even though children in prostitution are highly vulnerable to contracting HIV/AIDS, their access to basic information on HIV and critical services remained problematic. Children in prostitution had limited access to social services and other forms of support due to their fear of being victims of humiliation and discrimination or because the services are not available for minors in the sex trade (ECPAT International, 2014). Other reasons for high vulnerability of prostituted children to HIV infection and violence include: lack of confidential and child-friendly HIV services; legal and policy barriers to accessing sexual and reproductive health and other services; and recurrent harassment by law enforcement entities (McClure et al., 2015).

A six-country research study in Africa on the relationship between HIV/AIDS and CSEC showed that child victims of commercial sexual exploitation not only have very limited awareness about HIV/AIDS and how to protect themselves against this infection, but they also tend to have limited access to HIV testing, condoms, or treatment services for HIV or other STIs (ECPAT International, 2007). Yet, condom programs have been found to be associated with very high levels of reported condom use and declining STI and HIV prevalence among girls and women in prostitution (Adu-Oppong, Grimes, Ross, Risser, & Kessie, 2007; Aklilu et al., 2001; Morison, et al., 2001; Lagarde, et al., 2001; WHO, 2011, 2015). Reasons for unprotected sex reported by girls and women in prostitution in the Sub-Saharan Africa region include limited access to condoms, refusal by clients to use condoms, and risks of losing clients and substantial revenue. Characteristics such as level of education and substance use are other key predictors of condom use among girls and women in prostitution (WHO, 2011). Some studies show that sex workers and prostituted children who are educated are more likely to use condoms than those who are uneducated (Masirikalrenge, 2012; Glynn et al., 2004; Lagarde et al., 2001).

Prostituted children are not only at high risk of STIs, but they are also highly vulnerable to physical and sexual violence. They are at risk of injuries, including rape, as a result of violence from pimps, clients, and police (Terfa, 2011; Willis and Levy, 2002). The criminalization of prostitution often prevents prostituted children from reporting abuse to the police after sexual assaults. Police harassment of sex workers is well documented in the literature, and often takes the form of assault, unlawful arrests, rape, and demands for sex or money as bribes (Pettifor, Beksinska, & Rees, 2000; Sherwood et al., 2015; WHO, 2011; Wojcicki, 2002). While ECPAT International (2007) and ECPAT International (2014) appear to be the only studies of their kind to shed some light on the risk factors for HIV infection among children in prostitution in Sub-Saharan Africa, research is yet to be done about the prevalence of both STIs and violence in child prostitution in the region.

The literature review points to the need for empirical research that helps assess STI/STD prevalence and violence problems among children in prostitution in Sub-Saharan Africa, and explore the potential consequences on the health and well-being of child victims. There is also a need of knowledge about the availability and use of condoms and contraceptives among prostituted children, and their level of access to STI-related health services and assistance against violence. The following research questions have been used to assess issues of STIs/STDs including HIV infection and violence among prostituted children in the West African region: (1) What is the level of awareness of children in prostitution of risks associated with the sex trade? (2) What is the prevalence of STIs/STDs and violence issues among children in prostitution? and (3) What prevention and coping strategies against STIs/STDs and violence do children in prostitution use?

Methods

Study Setting

The research was conducted in four cities in Benin, Burkina Faso and Niger, three countries in the West African region. In Benin, the research took place in Djougou and Malanville, two medium size cities in the northern region of the country. With a population of 266,522 inhabitants, Djougou is a crossroads and transit city to Togo, Burkina Faso, and Niger, which share borders with Benin (INSAE, 2013). With a population of 168,006 inhabitants, Malanville, located at the international borders between Benin and Niger, is a major commercial hub and transit city. Ouagadougou, the setting for this study in Burkina Faso, has a population of 1,915,102 inhabitants (INSD, 2012). As the capital city, Ouagadougou consists of 12 urban districts. Niamey, the fourth target city for this study, is the capital city of Niger, and has a population of 1,026,848 inhabitants (INS, 2014). Administratively divided into five major districts, Niamey has many tourism attractions and combines a dense network of markets, shops, and restaurants. The three countries share, not only borders, but also a lot of economic, cultural, and historical characteristics including the French language, a legacy of colonization by France.

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Participant Selection

The target population consists of children in prostitution in the above-mentioned four cities. Due to various issues including the underground nature of child prostitution, challenges to accessing the target population, and a lack of a reliable sampling frame of children in prostitution in the target countries, convenience sampling was used to select participants. The eligibility criteria include: (1) being less than 18 years old; (2) being sexually active; and (3) being compensated for engaging in sex. Overall, 709 children in prostitution, included 696 girls and 13 boys, took part in the study.

Data Collection and Analysis

This study used a descriptive, cross-sectional research design, and a quantitative survey method. The survey questionnaire, consisting of 41 closed-ended question items, was utilized to explore the following variables: demographics of children in prostitution; issues of STIs including HIV/AIDS among children in prostitution; and issues of violence among children in prostitution. A pretest of the survey questionnaire in another city in each country helped address various issues including the reliability of the survey items, the length of time needed to administer the survey questions, respondent accessibility to sensitive questions about sexual practices, and language barriers. The average duration for administering the survey questionnaire was about 45 min.

The data collection sites were selected on the basis of the following information: an existing mapping for HIV/AIDS intervention programs, tips from key informants about child prostitution sites, accessibility to prostitution sites, peak periods of transactions on prostitution sites, and safety concerns on sites known for drug use and gang activities. The research team consisted of one international principal investigator, three national co-investigators, and 12 field agents in each country. A five-day training about ethical issues related to research with children in general, and especially children who are victims of sexual abuse and exploitation, was provided to the research staff in each of the three countries. In the process of the data collection, the research team received assistance from various key informants, community groups, and social service agencies for accessibility to the target group. Child protection units in police departments, city hall officials, traditional and religious leaders, school officials, brothel and hotel managers, pimps, and female peer educators (i.e., former sex workers trained to provide outreach service and health education to girls and women still in the sex trade) provided assistance as well. Additionally, peer educators served as gate-keepers for access to underground sites deemed highly unsafe for people other than regular sex buyers.

The data collection took place consecutively in the three countries over a period of three months. In Benin, data were collected on a total of 41 of the 82 child prostitution sites identified (50%), whereas in Burkina Faso, data were collected on 83 of 101 sites (82%), and in Niger, on 36 of the 48 sites (75%). Child prostitution sites included dating sites and other gathering places where negotiations and transactions for sex are done between potential clients and prostituted children, as well as places where sexual services are provided (i.e., bars, brothels, hotels/motels, brothels with rooms reserved for sex services, compounds where sex workers live and work, etc.).

Univariate and bivariate analyses of the data were carried out using the SPSS 20.0 quantitative data analysis software. The analyses were based on frequency tables, means, standard deviation, and cross-tabulations.

Human Subject Protection

Potential risks for participation in this research about child prostitution were minimized through a series of steps in each target country. First, an international research monitoring committee appointed by the study sponsors reviewed the research protocol. Second, the research methodology was presented at meetings of the international research team with national stakeholders for feedback and suggestions to further address potential issues regarding participation of sexually exploited children in the study. Third, the research protocol was reviewed and approved by the office of research ethics at a public university in one of the target countries. All the respondents gave oral assent. Parental consent for participation of children in the study was not sought due to challenges for research with hard-to-reach populations. No names or personal identifiers were collected from participants at any point of the data collection. In addition, the authors received an approval from their university's Institutional Review Board in the United States for publication based on the study dataset.

Results

Respondent Demographics

As displayed in Table 1, 261 girls in prostitution aged 12–17 years participated in the research in Benin ($M = 16$ years, $SD = 1.1$). In Burkina Faso, 243 girls aged 13–17 years took part in the study ($M = 16.5$ years, $SD = 0.8$). The 205 participants aged 11-17 years recruited in Niger ($M = 16$ years, $SD = 1.1$) included 192 girls and 13 boys. The boy respondents represented just 6.3% of

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Table 1 Respondent demographics

Variables	Benin ($n = 261$) %	Burkina Faso ($n = 243$) %	Niger ($n = 205$) %
Age (years)			
11	–	–	0.5
12	0.4	–	0.5
13	3.4	0.8	1.0
14	6.5	1.2	10.2
15	18.4	8.2	15.1
16	25.7	22.5	22.9
17	45.6	67.2	49.8
Number of children			
No child	92.7	62.3	75.1
One child	5.4	31.1	19.5
Two children	1.9	6.6	5.4
Country of origin			
Benin	77.0	0.8	0.5
Burkina Faso	1.1	63.0	1.0
Niger	8.4	1.2	92.7
Nigeria	3.8	29.6	1.0
Cote-d'Ivoire	–	2.1	0.5
Ghana	1.1	2.1	2.4
Mali	1.1	0.8	0.5
Senegal	–	–	2.1
Togo	7.3	1.2	1.5
Educational situation			
Uneducated	16.1	23.0	26.3
School dropout	44.8	50.8	53.7
Student	39.1	26.2	20.0
	($n = 219$)	($n = 187$)	($n = 149$)
Level of education			
Primary education	38.3	41.0	71.1
Secondary education	61.7	55.9	27.5
College education	–	3.1	1.4

the Niger sample and less than 2% of all the respondents in the three target countries. Subsequently, the data of the Niger sample were mostly analyzed and discussed with limited disaggregation of the findings about girls and boys.

The findings show that most of the respondents in each target country were native children (i.e., they were born in the nation where the study was conducted). Thus, in Benin, about eight out of every ten participants (77%) were natives of this country. Likewise, nine out of every ten respondents in the Niger sample (93%) were natives of this nation. While six out of every ten respondents in the Burkina Faso sample (63%) were natives of this country, three out of every ten (30%) were from Nigeria. Most of the respondents in the three countries were school dropouts. In the context of this study, school dropouts were respondents who left school before graduating or completing a course of instruction of any level, and students were respondents who were enrolled in a primary or secondary school during the period of this study. Whereas 62% of the respondents in Benin and 56% of those in Burkina Faso had the secondary education level, ranging from the 7th to 12th grade, most respondents (71%) in the Niger sample had the primary education level (1st to 6th grade). A relatively substantial proportion of the respondents in the three countries were teen mothers. In fact, 38% of the respondents in Burkina Faso (i.e., about four out of every ten respondents), and 25% of the respondents in Niger (i.e., one out of every four respondents) had at least one child of their own.

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Issues of Sexually Transmitted Infections and Diseases

The findings show that 98% of the respondents in Benin, 84% in Burkina Faso, and 92% in Niger, were aware of their vulnerability to sexually transmitted infections and diseases including HIV/AIDS. Likewise, as shown in Table 2, most of the respondents were aware of other major risks associated with prostitution, including violence, stigma, and unwanted pregnancies. The findings regarding condom use show that one out of every four respondents in the Benin sample (25%) reported *always* using condoms with clients, against one in every three respondents (36%) who reported *never* using condoms. In contrast, nine out of every ten respondents (92%) in the Burkina Faso sample reported *always* using condoms. In the Niger sample, 11 out of every 20 respondents (55%) reported *always* using condoms against 22% who reported *never* doing so. A relatively high proportion of 51% of the 196 respondents in Benin, who failed to consistently use condoms, reported that they disliked using condoms. In contrast, refusal of clients was most reported among the 20 respondents in Burkina Faso and the 93 respondents in Niger who failed to consistently use condoms. While lack of information about places where to get condom supplies was reported by 24% of the respondents in Benin who did not consistently use condoms, almost all the respondents in Burkina Faso and Niger reported knowing places where to get condom supplies when needed.

The findings about strategies for condom acquisition show that one in every three respondents in Benin (35%) was frequently offered condoms they used against one in every four respondents (25%) who often purchased condoms. In contrast, three out of every four respondents in Burkina Faso (75%) frequently purchased condoms they needed. Likewise, half the number of the respondents in Niger (49%) frequently purchased condoms they needed. The findings about prevention of unwanted pregnancy through other methods than condoms show that 17% of the respondents in Benin used other contraceptive methods (pills, injections, etc.), against 26% in Burkina Faso, and 29% among the female respondents in Niger.

HIV/AIDS Testing Among Children in Prostitution

As shown in Table 3, the findings indicate that 108 participants in Benin (41%) reported being tested for HIV/AIDS at least once. Among the 153 respondents who were never tested for HIV/AIDS in Benin, 35% reported that it was out of fear of finding out that they might be HIV

Table 2 Distribution of respondents based on awareness and prevention of STIs, and condom use

Variables	Benin ($n = 261$) %	Burkina Faso ($n = 243$) %	Niger ($n = 205$) %
Awareness of health risks and other situations related to prostitution[a]			
STI, STD, and HIV/AIDS	92.7	84.4	92.2
Unwanted pregnancy	82.8	66.0	80.0
Sexual assault	27.6	41.0	29.8
Police harassment	16.5	27.9	19.5
Rejection by family/community	16.1	17.2	19.0
Other	2.3	6.6	6.3
Frequency of condom use			
Always	24.9	91.8	55.1
Often	15.3	4.1	11.2
Sometimes	11.9	3.3	8.8
Rarely	11.5	0.4	2.9
Never	36.4	0.4	22.0
	($n = 196$)	($n = 20$)	($n = 93$)
Reason for not consistently using condoms			
Dislike of condoms	51.1	25.0	32.3
Refusal of clients of condoms	31.2	35.0	32.2
Condom availability	11.2	23.0	13.0
Can't afford/access condoms	6.1	12.0	7.5
Other	0.4	5.0	15.0

[a] Data based on multiple choice responses

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Table 3 Distribution of respondents based on STI experiences, HIV testing and types of care received

Variables	Benin % ($n = 108$)	Burkina Faso % ($n = 207$)	Niger % ($n = 131$)
HIV/AIDS testing period			
Less than 3 months	28.7	48.8	48.9
Between 3 and 6 months	25.9	34.1	25.2
Between 6 and 9 months	17.6	9.8	12.2
Between 9 and 12 months	15.7	3.9	8.4
Over 12 months	12.0	3.4	5.3
	($n = 153$)	($n = 36$)	($n = 74$)
Reasons for not doing HIV testing			
Fear of knowing one's HIV status	34.8	18.9	17.6
Lack of money to ask for the test	9.3	10.8	10.8
Doesn't know places for testing	24.8	43.2	47.3
Feels healthy and uninfected	31.1	27.1	24.3
	($n = 261$)	($n = 243$)	($n = 205$)
Frequency of STI/STD issues			
Contracted an STI at least once	23.4	22.2	8.3
Has never contracted any STIs	73.9	74.9	90.7
Does not know if ever infected	2.7	2.9	1.0
	($n = 61$)	($n = 54$)	($n = 17$)
Type of care received for contracted STIs/STDs			
Self-medication	41.0	20.0	15.8
Local health center visits	24.6	29.1	42.1
Hospital visits	27.9	32.7	10.5
NGO/association assistance	4.9	9.1	26.3
No care received for infections	1.6	9.1	5.3

positive, and 25% did not know where to go to have the screening done. In sharp contrast with these findings in Benin, 207 of the 243 respondents in Burkina Faso (84%) reported being tested for HIV/AIDS at least once. The main reasons given by the 36 respondents in Burkina Faso who were never tested for HIV/AIDS included not knowing places to go for testing (43%) and feeling very healthy (27%). In Niger, 131 of the 205 respondents in Niger (64%) reported being tested for HIV/AIDS at least once. Most of the 74 respondents in the Niger sample who did not do HIV testing reported not knowing where to go for testing.

The findings show that 23% of the respondents in Benin sample, 22% in Burkina Faso, and 8% in Niger contracted STIs/STDs at least once. The findings also show that among those who experienced STIs/STDs, 41% in Benin, 20% in Burkina Faso, and 16% in Niger resorted to self-medication, implying that they self-treated the infections through other ways than get appropriate medical care from health professionals.

As displayed in Table 4, 76% of the minors who *always* used condoms and 70% of those who *often* used condoms in the Burkina Faso sample did not contract any STIs/STDs. In contrast, all the respondents who *rarely* used condoms and those who *never* used condoms experienced STIs/STDs. Likewise, in the Niger and Benin samples, the proportions of respondents who contracted STIs/STDs among those who *always* used condoms were comparatively far lower than among respondents who *sometimes* or *never* used condoms. Overall, the results indicate that the proportion of respondents who contracted STIs/STDs was higher among respondents who occasionally or never used condoms than among those who consistently used condoms.

Table 5 displays the distribution of respondents based on completion of HIV testing and educational status. The findings appear to indicate that respondents who were educated (i.e., students and school dropouts with primary and secondary education levels) were more likely to do HIV screening than those who were uneducated in any of the three countries. For instance, in Benin, both the number of students and that of school dropouts who completed HIV testing at least once were substantially higher than the number of uneducated respondents who did so. A similar observation can be made about the findings of Burkina Faso and Niger.

Violence Experienced by Children in Prostitution

As shown in Table 6, three out of every ten respondents in Benin (33%) reported having experienced violence at various levels by clients against seven out of every ten respondents (67%) who reported not having such experiences. Likewise, nine out of every 20 respondents in Niger (46%) and eight out of every ten respondents in Burkina Faso (82%) reported having experienced violence at various levels by clients.

Violence against prostituted children was also perpetrated by neighbors or community members who did not tolerate prostitution in their neighborhood. In fact, while 23 of the 261 respondents in Benin (9%) reported having been victims of violence by people in their neighborhoods, 42 of the 243 participants in Burkina Faso (17%) reported similar experiences. The findings also show that 19% of the respondents in Burkina Faso were victims of violence by the police during raids targeting sex workers. In contrast with the findings in Benin and Burkina Faso, 73 of the 205 respondents in Niger (36%) experienced violence by people in their neighborhoods. However, in a situation of

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Table 4 Experience of STIs/STDs as related to frequency of condom use among respondents

Variables	Have you ever contracted any STI/STD?			
	Yes	No	Don't know	*n*
How often do you use condoms with clients?				
Benin ($n = 261$)				
Always	6 (9.2%)	59 (90.8%)	–	65
Often	19 (47.5%)	21 (52.5%)	–	40
Sometimes	9 (29.0%)	22 (71.0%)	–	31
Rarely	12 (40.0%)	17 (56.7%)	1 (3.3%)	30
Never	15 (15.8%)	74 (77.9%)	6 (6.3%)	95
Total	61 (23.4%)	193 (73.9%)	7 (2.7%)	261
Burkina Faso ($n = 243$)				
Always	49 (22.0%)	170 (76.2%)	4 (1.8%)	223
Often	1 (10.0%)	7 (70.0%)	2 (20.0%)	10
Sometimes	3 (37.5%)	5 (62.5%)	–	8
Rarely	1 (100.0%)	–	–	1
Never	–	–	1 (100.0%)	1
Total	54 (22.2%)	182 (74.9%)	7 (2.9%)	243
Niger ($n = 205$)				
Always	8 (7.1%)	104 (92.0%)	1 (0.9%)	113
Often	2 (8.7%)	21 (91.3%)	–	23
Sometimes	3 (16.7%)	14 (77.8%)	1 (5.6%)	18
Rarely	3 (50.0%)	3 (50.0%)	–	6
Never	1 (2.2%)	44 (97.8%)	–	45
Total	17 (8.3%)	186 (90.7%)	2 (1.0%)	205

Table 5 Distribution of respondents based on HIV testing and educational situation

Variables	HIV/AIDS testing		
	Benin ($n = 108$)	Burkina Faso ($n = 205$)	Niger ($n = 131$)
Educational situation			
Uneducated	11	40	30
School dropout	47	108	77
Student	50	57	24

Table 6 Distribution of respondents based on types of violence experienced

	Benin ($n = 261$) %	Burkina Faso ($n = 243$) %	Niger ($n = 205$) %
Have you ever been a victim of violence by clients?			
Yes, often	8.1	16.4	13.2
Yes, sometimes	24.5	10.2	26.0
Yes, rarely	–	55.7	6.4
No, never	67.4	17.6	54.4
Have you ever been a victim of violence by people in your community?			
Yes	8.9	17.3	35.6
No	91.1	82.7	64.4

violence by clients or people in the community, 25% of the respondents in Benin relied on the police for protection and rescue, whereas 20% relied on support from child protection agencies and religious organizations, and 10% on family members, "protectors", or "boyfriends." Only 14% of respondents in Burkina Faso called on the police for help in cases of violence by clients or people in the community, whereas 15% relied on pimps, "protectors", or friends.

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Comparatively, 29% of the respondents in Niger relied on the police for help in similar situations. However, the findings also show that in Burkina Faso and Niger, more than 50% of the respondents called on no one for help or protection in any cases of violence.

Discussion

Condom Use

The findings about the frequency of condom use reveal inconsistent use among the 709 prostituted children, especially in Benin and Niger. While 92% of respondents in Burkina Faso *always* used condoms, only 55% in Niger and 25% in Benin did so. Yet, condom use is the most convenient and common strategy to prevent HIV infection and other STIs/STDs (WHO, 2012; CDC, 2015). Thus, the finding that 36% of the respondents in Benin and 22% of the respondents in Niger *never* used condoms with their clients indicates highly risky sex behaviors among this population. The reported reasons why a relatively sizeable proportion of respondents in Benin and Niger did not *always* use condoms are very conspicuous and include the following issues: low awareness among respondents about the importance of condom use, inability of respondents to negotiate condom use, lack of information about places where to get condoms without stigma, and condom affordability and accessibility. These findings corroborate the literature about reasons why adolescents, especially those in prostitution, have difficulty accessing condoms. For instance, despite efforts by national HIV prevention programs to reduce or eliminate the cost of condoms in many African countries, adolescents still report affordability as a major reason for condom non-use (Guiella & Madise, 2007; Kirakoya-Samadoulougou et al., 2016). Lack of awareness about condom use and limited access to condoms could also be related to the disregard or marginalization of prostituted children in HIV prevention programs in most African countries (McClure, Chandler, & Bissell, 2015). Additionally, negotiation for condom use is often very challenging for prostituted children (Guiella & Madise, 2007). The ability of children in prostitution to negotiate the use of condoms is made more difficult if they have received large amounts of money or substantial gifts from clients. Another reason for condom non-use among prostituted children, as seen in the literature, is the embarrassment to purchase or ask for condoms from adult providers such as health workers and shop owners, who may show judgmental attitudes toward minors purchasing condoms for use (Guiella & Madise, 2007).

The comparatively high proportion of respondents who *always* used condoms in Burkina Faso (92% of the sample) could be partly explained by recent efforts by the government of this country to implement its National Population Policy and National STI and HIV/AIDS prevention programs developed after an HIV epidemic in the early 1990s (ATUJB, 2011; ONUSIDA, 2007). From 2.7 million in 1991, the sale of condoms reached over 13 million just in 2000 in Burkina Faso (Achilli & Hejoaka, 2005). Between 2003 and 2010, HIV prevalence in this country dropped significantly, by 89% among girls ages 15–19 (Kirakoya-Samadoulougou et al., 2016). During the same time period, most people reported safer sex behaviors. The government of Burkina Faso strongly advocated for increased use of reproductive health facilities by adolescents, including implementation of youth friendly services (Guiella & Madise, 2007). The wide range of HIV education and prevention programs that made use of national media combined with school and workplace-based awareness and other interpersonal communication interventions have contributed to a significant decline in HIV prevalence by helping to reduce risky behaviors among youth (Kirakoya-Samadoulougou et al., 2016). In addition, for over a decade, many NGOs and associations in Burkina Faso have made HIV counseling, screening and prevention more accessible nationwide, especially among populations at high risk (Achilli & Hejoaka, 2005). Most of these NGOs relied on female peer educators—girls and women who no longer practiced prostitution—to reach out and educate peers still in the sex trade. Burkina Faso's policy of decentralizing HIV education and prevention programs that focus on adolescents and allowing NGOs and associations to spearhead the campaign against HIV infection appears to be a good policy model that could be replicated in other countries in the sub-Saharan Africa region to address issues of STIs/STDs and HIV/AIDS among adolescents in general, and especially those in prostitution.

Limited awareness about health consequences of prostitution could explain risky sex behaviors among the participants in the three countries, and particularly in Benin and Niger. For instance, over 50% of the 196 respondents in Benin who failed to consistently use condoms reported that they disliked using condoms. Likewise, 31% of the same group of respondents were unable to get clients to use condoms. Similar issues of dislike of condom use and lack of knowledge about where to get condoms were evidenced among the 93 respondents in Niger who did not consistently use condoms. Given that 35% of the Benin sample reported getting condoms free of charge, the low proportion of respondents who *always* used condoms (25%) appears to indicate more a concern of awareness about the importance of condom use than an issue of condom availability or affordability. As a matter of fact, even though most respondents in Burkina Faso (75%) and in Niger (49%) had to purchase condoms, they still reported

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far higher rates of condom use than respondents in Benin. The inability of prostituted children in this study to negotiate condom use by clients as well as the refusal of clients to use condoms could also be related to a high demand for unprotected sex with children due to an unsubstantiated claim in Sub-Saharan Africa that unprotected sex with children could prevent HIV infection or cure AIDS (Lalor, 2004; McClure et al., 2015; WHO, 2011).

STIs/STDs and HIV/AIDS

The relatively high proportion of condom use among the respondents in Burkina Faso does not appear to translate into better prevention against STIs/STDs and HIV infection than among respondents in Benin and Niger. The findings show that more than one out of every five participants in the Burkina Faso sample reported having contracted STIs/STDs at least once. Comparatively, more than one out of every five participants in the Benin sample and one out of every 12 participants in the Niger sample contracted STI/STD at least once. More importantly, in contrast with the literature showing that consistent and correct use of condoms is highly effective in preventing the sexual transmission of HIV infection and reducing the risk for other STDs (CDC, 2015), it was unexpected that 49 of the 223 respondents in Burkina who *always* used condoms reported having contracted STIs/STDs at least once. A similar observation can be made about six respondents in Benin, and eight in Niger, who *always* used condoms, but reported that they contracted STIs/STDs at least once.

However, factors that respondents in this group might have intentionally or unintentionally overlooked in their reporting of consistent condom use, but that might explain experiences of STIs, could include use of defective condoms, incorrect use of condoms, and non-use of condoms with boyfriends or regular sexual partners. In the context of this study, the phrase "regular sexual partner" refers to regular intimate partners that children in prostitution trust to be without any STIs and usually have sex with without using condoms. Such overlooked factors imply inconsistent condom use, which can potentially lead to STI/STD acquisition because transmission can occur even with a single sex act with an infected partner (CDC, 2016). Research shows that children in prostitution tend not to use condoms with their regular sex partners (ECPAT International, 2007; Ennew, 2008; WHO, 2011). The non-use of condoms with regular partners, who may have sexual encounters with others, is a risky sex behavior that can potentially result in STI/STD and HIV infection (CDC, 2015). Likewise, use of defective condoms or incorrect use of condoms can also result in such infections. According to the Centers for Disease Control and Prevention, "consistent and correct use of the male latex condom reduces the risk of sexually transmitted disease (STD) and human immunodeficiency virus (HIV) transmission. Yet, condom use cannot provide absolute protection against any STD" (CDC, 2016, para 1).

Thus, respondents who reported having contracted STIs/STDs could be at risk of becoming infected with HIV or being HIV positive. The literature indicates that prostituted children who are infected with an STD such as syphilis have a four times increased risk of HIV infection in comparison to sex workers (WHO, 2011). Studies also show that vulnerability to HIV/AIDS is significantly higher among children in prostitution because of various factors including their immaturity, their limited ability to negotiate condom use by clients, and the false perception among sex buyers in Sub-Saharan Africa that having sex with children could prevent HIV or cure AIDS (Lalor, 2004; McClure et al., 2015; WHO, 2011). However, the research team did not conduct any HIV testing for any study participants. Doing so could have allowed assessing the prevalence of HIV/AIDS infection among the study participants, and discussing potential implications for the population of prostituted children in the target cities.

The findings indicate that 41% of the respondents in Benin, 64% in Niger and 84% in Burkina Faso did HIV testing at least once. In all the three countries, the proportion of students who completed HIV testing at least once was consistently higher than that of school dropouts, which in turn was higher than that of the uneducated participants. This difference in HIV testing proportions could imply that education is a positive factor regarding prostituted children's awareness of and access to resources regarding HIV infection and prevention. Reasons reported for not doing HIV testing, particularly in Benin and Niger, may indicate a limited or lack of prevention policies or programs of awareness about HIV/AIDS among the population of adolescents in these two countries. Contrary to Burkina Faso, where significant efforts have been done to reduce HIV infection in the sex trade community, allocation of public resources and community-led approaches to HIV prevention for sex workers were few in Benin (Behanzin et al., 2013; Kerrigan et al., 2013; Semini et al., 2013). Benin's dependence on international resources to fund its HIV programs resulted in disruption of HIV prevention services for the sex work population as international donors' priorities shifted over time. In this country, both the number of HIV prevention programs for the sex work population and the level of coordination of these programs declined over the last decade (Semini et al., 2013). That decrease in HIV prevention services could partly explain the increase in risky sex behavior indicators of HIV infection in Benin between 2005 and 2008. In 2009, it was estimated that only 0.6% of HIV/AIDS resources were allocated to HIV prevention programs for the sex

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work community in Benin, in spite of the fact that the HIV prevalence among girls and women in prostitution was 20 times higher than in the general population in this country (Semini et al.). The finding that a considerable percentage of respondents with STIs/STDs self-medicated, including 41% in Benin, 20% in Burkina Faso and 16% in Niger, highlights a lack of health programs that target children in prostitution. This finding appears to be supported by the literature stating that the vulnerability of prostituted children to STIs/STDs and HIV/AIDS as a public health concern was not given due attention in any country in the Sub-Saharan Africa region (ECPAT International, 2014; McClure et al., 2015).

Issue of Teen Mothers Among Prostituted Children

The findings appear to indicate that unwanted pregnancy was both a factor of vulnerability to prostitution and a motive for teenage mothers to practice prostitution to support their own children. In fact, the relatively high proportion of teenage mothers in this study, especially in the Burkina Faso sample (four out of every ten respondents) and in the Niger sample (two out of every eight respondents) could be related to adverse life events such as forced/child marriage, sexual abuse, issues of unprotected sex and unwanted pregnancy. In the social environment of this study, the substantial proportion of teen mothers among the participants highlights not only a serious issue of family poverty, but also a lack of assistance programs for the families of children who are victims of sexual exploitation, and a lack of pregnancy prevention programs that target female adolescents.

Vulnerability to Violence

The immaturity of children, their inability to negotiate condom use, and a high level of demand for sex with children make prostituted children vulnerable not only to STIs/STDs and unwanted pregnancy, but also to violence by clients, community members, and law enforcement. The literature consistently indicates that children in prostitution are at far higher risk of being victims of violence than are sex workers because they have not reached physical or cognitive maturation (ECPAT France & ECPAT Luxembourg, 2014; ECPAT International, 2014; Terfa, 2011; Willis & Levy, 2002; WHO, 2015). According to Terfa (2011, p. 28), "[t]he most tangible consequence of adolescents who are involved in prostitution is the extremely high probability of suffering violent assault."

The findings of this study show that considerable proportions of respondents experienced violence from clients, protectors, law enforcement, and people in their neighborhoods. Between 30% and 80% of all the respondents reported being victims of violence by clients in the three countries. Despite the desire of children in prostitution to protect themselves against HIV infection and other STIs, the likelihood of their experiencing sexual violence could be high with clients who refused to use condoms. The level of violence and isolation associated with child prostitution is heightened by the finding that 9% to 36% of the respondents in this study were victims of violence by people in their neighborhoods who did not tolerate child prostitution. Worse, some respondents reported experiencing violence at the hands of the police.

The three countries ratified almost all the international conventions regarding the protection of children against prostitution and other forms of commercial sexual exploitation (ECPAT France & ECPAT Luxembourg, 2014). These countries also have various laws and policies that address issues of sexual abuse of children, and stipulate that children in prostitution are victims of sexual exploitation (ECPAT France & ECPAT Luxembourg, 2014; ECPAT International, 2007, 2014). The availability of national and international laws for the protection of children in many countries in Sub-Saharan Africa does not prevent law enforcement from treating prostituted children as criminals (Pettifor et al., 2000; Sherwood et al., 2015; WHO, 2011; Wojcicki, 2002). Therefore, there is a need for an effective implementation of the policies related to the protection of children who are victims of sexual abuse and commercial sexual exploitation. The finding that over 50% of the respondents in Niger and Burkina Faso who were victims of violence did not solicit any help appears to show a high level of helplessness prostituted children experience due to shame or stigma from both community members and those who have the duty to assist them (i.e., health care, social service or law enforcement agencies).

Study Limitations

The findings of this study are not representative of all minors in prostitution in the target cities or countries because of the use of convenience sampling. First, the selection of data collection sites was made based on factors that could expedite access to the target population. Not all the identified prostitution sites were visited, nor were all children on visited sites interviewed for various reasons including the following: opposition of site managers to interviews with potential participants, lack of privacy to interview respondents, respondents' difficulty leaving clients to participate in the interview, challenges for field agents to find participants during day time, and lack of access to children belonging to special populations such as refugees. Second, the collected data were primarily based on respondents' self-reports. Thus, for research on child prostitution, a taboo issue in most communities in the

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geographical context of the study, social desirability bias was very likely in participants' responses. However, despite these limitations, this international study provides important information about STIs and violence experienced by children in prostitution in the three target countries.

Implications for Social Work Practice, Policy, and Research

Practice

A key observation based on the literature and the findings of this study is that STIs and violence in child prostitution are not yet well perceived in the social work community as a major social issue that demands the same level of service attention as other issues of child abuse. Beyond the geographical context of this study, health and safety issues surrounding child prostitution call for an active involvement of social workers in the development of services that consider specialized needs of the vulnerable population of prostituted children. There is a need to increase health and social workers' awareness of the vulnerability of prostituted children to STIs/STDs, not only in the target countries but also in other parts of Sub-Saharan Africa and beyond. Prostituted children's distrust for institutions and organizations responsible to address their service needs calls for appropriate, separate, child-friendly STI screening programs in health centers and other places such as social services organizations where the privacy, confidentiality, and dignity of child victims of commercial sexual exploitation should be respected, and the needs of children in this vulnerable group prioritized. Advocating for automatic condom vending machines in accessible public places can help address the issue of discrimination and shame experienced by children in prostitution. Additionally, teenage mothers in prostitution constitute a high-risk group that merits professional care and appropriate assistance, and requires sensitive clinical approaches (Deisher, Farrow, Hope, & Litchfield, 1989).

Policy

It is important for every country in the Sub-Saharan Africa region to implement all existing legislations regarding the protection of children against sexual abuse and exploitation. There is also a need for policymakers to consider child prostitution a public health issue that requires the same level of social services as is devoted to prevention and intervention programming for women in the sex trade. Appropriate policy responses should be distinctively developed that address STIs and violence among children in prostitution. Enforcing policies that stress prostituted children's victimization, instead of criminalization, could encourage law enforcement to treat rescued children in a humane manner. It is important to train not only law enforcement agencies, but also health and social service providers about policies stipulating that any person below age 18 in prostitution is a victim of sex trafficking who needs appropriate protection against all forms of abuse and violence. Such training can be reinforced with education manuals for first responders that summarize the legal resources and best practices to identify and provide appropriate assistance to children in prostitution.

Research

The literature reviewed for this study has shown that, even globally, there is very little social work research available on issues of sexual health and violence experienced by child victims of sex trafficking in general, and those in prostitution in particular. Thus, the present study should be considered both a call and a modest contribution toward developing a body of knowledge in social work research around the issues of sexually transmitted infections and violence among the vulnerable population of prostituted children worldwide. Future studies can focus on STI and HIV testing among children in prostitution in various cities in each of the target countries for this study, so as to assess the prevalence of these serious health issues among this vulnerable population and inform policymakers and service providers about the need to give due attention to the health risks and consequences of child prostitution. There is also a need for comparative research on the prevalence of HIV infection among prostituted children and adult sex workers at the national level in each country. As mentioned in the literature, most research on the population of people in the sex trade hardly makes any distinction between children and adults. Thus, it is important to initiate research that disaggregates data by age groups and separately explores the access to HIV prevention and intervention programs among the population of children involved in prostitution.

Acknowledgements This paper is based on a three-country, comparative study sponsored by ECPAT France and ECPAT Luxembourg as part of their project PACTES in Benin, Burkina Faso, and Niger, in the West African region in 2013–2014.

Compliance with Ethical Standards

Conflict of interest Charles Hounmenou, who was the international consultant for the research on which this paper is based, has full access to the dataset of this study. The study sponsors authorized the author to use the dataset for research dissemination purposes. The points of view expressed in this paper do not necessarily reflect the position of the study sponsors.

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Ethical approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committees in the three target countries and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed consent Informed consent was obtained from all individual participants included in the study.

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