Possible health and growth implications of prostitution in Nigeria: A theoretical perspective

Mubaraq Dele Sulaimon and Adamu Auwal Muhammad and Oluwafunmilayo Shofoyeke

Winners Academy, Sanyo, Ibadan, Nigeria, General Studies Department, Federal Polytechnic, Ilaro, General Studies Department, Saapade, Ogun State

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POSSIBLE HEALTH AND GROWTH IMPLICATIONS OF PROSTITUTION IN NIGERIA: A THEORETICAL PERSPECTIVE

[1]Mubaraq Dele Sulaimon,[*] [2]Adamu Auwal Muhammad and [3]Oluwafunmilayo Shofoyeke

[1]*Winners Academy, Sanyo, Ibadan, Nigeria*
[2]*General Studies Department, Federal Polytechnic, Ilaro*
[3]*General Studies Department, Gateway Polytechnic, Saapade, Ogun State*

Abstract

The desire to meet the basic needs of life in the face of poverty and increasing income inequality has propelled individuals in the country to look outward and beam their search light on alternative sources of income to either complement or substitute existing source. Prostitution, although demeaning and widely socially impugned, has been identified by some individuals as one of the feasible solutions to addressing the problem of financing basic human needs (BHNs) in the present Nigerian economic situation. Thus, the paper examines the possible health and growth implications of prostitution in Nigeria. The paper views the primary driver of prostitution through the conflict theory's lens. As a result, the study identifies the unemployed, orphans, widows, divorcees, and members of low income households as the vulnerable groups in the economy. The paper concludes that the growth of poverty and income inequality will continue to drive prostitution among vulnerable groups, and the developmental efforts of the country will be undermined as a result of its possible associated health crisis and the sapping of human resources that otherwise could have been channeled to productive sectors of the economy. Thus, the paper suggests appropriate policy remedies that may assist in reducing the growth of prostitution among individuals and set the country on the path of growth and sustainable development.

Keywords: Growth; Health; HIV/AIDS; Nigeria; Prostitution

1. BACKGROUND TO THE STUDY

Despite the question of morality that keeps hovering around the practice of prostitution as a profession, it unarguably remains one of the employers of labour in the world, most especially in low and middle income countries. According to Lim (2002), the International Labour Office estimated that between 0.25% and 1.5% of the female population work as prostitutes in Indonesia, Malaysia, the Philippines and Thailand, and that the sex sector accounts for between 2% and 14% of the Gross Domestic Product of countries where prostitution and other sex activities are regarded as part of the formal sector (as cited in Edlund and Korn, 2002). Nonetheless, Prostitution is not far from absent in developed countries, although not heavily concentrated and widespread as observed in low income countries (Edlund and Korn, 2002). In Germany for example, Morell (1998) put government estimated number of prostitutes to be 15,000 and Financial Times (October 27th, 1999) put the estimated number of prostitutes in Amsterdam, Netherland to be 25,000 women (as cited in Edlund and Korn, 2002).

The legal status of prostitution varies across countries and regions in Africa (see Table I of appendix I). But for countries where it is considered illegal, the law is rarely enforced. One of the likely reasons for this is the inability of established institutions to effectively implement or enforce

[*]Corresponding Author: Mubaraq Dele Sulaimon; Tel.: +234-70-3204-1752; E-mail address: mubaraqsulaimon@gmail.com

existing anti-prostitution laws as a result of regulatory capture. For example, in Nigeria, it is observed that Prostitutes and owners of brothels pay certain amount of money to compensate some officials of law enforcement institutions for allowing them to violate laws. In addition, some regulatory officials are also consumers of the services produced by the prostitutes. This silently explain the rationale behind the positive number of prostitutes in countries whose laws frown at prostitution. Although in these countries, the market for prostitution service still remains illegal, and as a result, activities in the sector will not reflect in the country's Gross Domestic Product (GDP). But for countries where prostitution is legal, prostitutes are allowed to operate freely without any legal intimidation and contribute to the growth of the economy.

Nigeria remains one of the countries in West Africa where prostitution service is still considered an illegal commodity. Although there have been agitations from both national and international organisations to legalise the act, but the religious views of the lawmakers and those they represent, mainly Islam and Christianity, will continue to constitute a great hindrance to accepting it as a legal act in the country's space. This consequently makes it impossible for prostitutes in Nigeria to constitute a legally recognised union or association to protect the interest of its registered members. Regardless of this, on the 5th of June, 2015, the National Association of Nigerian Prostitutes (NANP), an indigenous organisation, protested in request for government provision of safe working environment and protection of its members from abuse and exploitation (Abuja Facts, 2015).

Currently, there exist no official estimated number of prostitutes operating in the country's space, but one key feature of the market for prostitution service in Nigeria is that it is dominated by female sellers and male buyers. However, in recent time, the structure of the market in terms of the gender of sellers seems to be changing. Using capture-recapture technique, Adebajo et al. (2013) estimated the number of men having sex with men sex workers (MSM-SW) in three notable cities of Nigeria, namely: Lagos, Kano and Port-Harcourt. The results revealed that Port-Harcourt, Lagos and Kano have 723, 620, and 353 men having sex with men sex workers respectively. Another feature of prostitution is the relatively high income it commands despite being low skilled and labour intensive; it requires little or no financial capital for its start up as a business. According to Edlund and Korn (2002), "earnings even in the worst paid type, street walking, may be several multiple of full-time earnings in professions with comparable skill requirements." *Aftonbladet* (September 25, 1998) revealed that the average earning of prostitutes in Sweden was SEK 14,000 ($1,750) a day. An amount close to the monthly average earning of regular unskilled workers in Sweden. In the same vein, *The Economist* (February 14, 1998) revealed that prostitutes in the Gulf States could make an average earning of $2,000 per night, while a Latvian prostitute was reported to earn an average of $5,000 per month. An amount considered to be 20 times the monthly average earning of workers in Latvia (a cited in Edlund and Korn, 2002). This huge disparity between the average earning of prostitutes and average earning of workers in other low skilled professions is not only peculiar to Europe and the Asian environment, it is also obtainable in Africa, Nigeria to be precise. In a study conducted by Gungul and Samson (2014), it is revealed that the monthly average earning of prostitutes in Lokoja (Kogi State) is ₦48,611 under the period of study. An amount higher than the monthly average wage of low skilled workers in Nigerian public institutions.

When desperation sets in, reasoning takes flight. Hence, the need to meet the basic necessities of life in the face of poverty and income inequality has been identified by most individuals as one of the reasons for engaging in prostitution. In recent time, observation reveals that the number of

prostitutes operating in the country's space is growing at an alarming rate. This is evident in the fast spread of brothels, pubs and clubs, and the heavy concentration of prostitutes in their vicinity, most especially at night. Of great concern to this trend is the increased risk of contracting and spreading Human Immunodeficiency Virus (HIV) as most prostitutes and their customers still lack the adequate health education required to prevent or circumvent HIV from rearing its ugly head in the scheme of things. This consequently poses a serious threat to the health of the working population and the sustainable development efforts of the country.

The primary objective of this paper is to present a theoretical analysis of the possible health and growth implications of prostitution in Nigeria. Be that as it may, the paper also identify vulnerable groups and suggests possible policy remedies to help check the spate of prostitutes and put the country on the path of growth and sustainable development.

The paper focuses on male and female prostitutes operating in the Nigerian environment. In addition, it covers only HIV/AIDS and disregard other possible Sexually Transmitted Diseases (STDs) associated with the profession of prostitution.

The paper is partitioned into four sections. The first section gives an introduction to prostitution with special attention to its legal status in selected African countries including Nigeria and the relatively high average earning of workers in the profession despite being low skilled. Section two of the paper captures review of relevant theories and explanation of identified key concepts. Section three looks at both the health and growth implications of prostitution. In the light of the possible problems associated with prostitution, section four concludes the paper and suggests feasible policy remedies to the government.

2.0 LITERATURE REVIEW

2.1 Conceptual Framework

In order to prevent ambiguity from shrouding the subject of discussion, it becomes necessary to clarify the identified key concepts used in this paper so that readers can have a clear grasp of the issue under discourse. The identified key concepts are prostitution, HIV/AIDS, health and growth. The key concepts are reviewed seriatim below:

2.1.1 Prostitution

Garner (1999) defines prostitution "as the act or practice of engaging in sexual activities for money or its equivalent" (as cited in Alobo and Ndifon, 2004). Overs (2002) defines commercial sex or prostitution as "the exchange of money or goods for sexual services." According to James (2007), prostitution can be viewed "as the business or practice of engaging in sexual relations in exchange for financial reward" (as cited in Gungul and Samson, 2014). In the view of Alobo and Ndifon (2004), "it is the act of engaging in sexual activity, usually with individuals other than a spouse or a friend in exchange for immediate payment in money or other valuables"

The above definitions see prostitution as a profession or a source of getting the means (resource) of meeting human basic needs. Sexual activity between two married individuals in which compensation is involved cannot be seen as an act of prostitution. Hence, it is the motive that guides the supply of sexual service from one economic agent to the other that defines an act as a prostitution. In addition, prostitution is seen as not only specific to the female gender, the males also engage in it.

In light of the foregoing, prostitution can be defined as a profession which involves the creation of utility through the production of sexual services to opposite or similar gender in exchange for monetary or non-monetary reward.

2.1.2 HIV/AIDS

Human Immunodeficiency Virus (HIV) is a virus that attacks the immune cells and causes Acquired Immunodeficiency Syndrome (AIDS) over time. However, it is possible to contract HIV without it metamorphosing into AIDS. The virus is transmitted through the body fluid of infected individuals via the semen, vaginal fluids, blood and human breast milk.

Acquired Immunodeficiency Syndrome (AIDS) is a disease caused by the Human Immunodeficiency Virus (HIV). The disease weakens the body immune system and expose affected individuals to infections and diseases.

A careful examination of the duo concepts shows that HIV is a virus, while AIDS is a medical condition. In other words, HIV precedes AIDS.

2.1.3 Health

Although there exist no generally agreed definition on the concept of health, but that which appears the most widely referenced is that favoured by the World Health Organisation (WHO, 1948). The organisation defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This definition deviates from the traditional idea that explained health in terms of the presence or absence of disease only. It creates a link between the health and wellbeing of an individual in the society. In the 1980s, the World Health Organisation further clarified that health is a resource required for everyday life, and not the objective of living. Health is a social and personal resources, as well as physical capacities.

2.1.4 Growth

"Growth may be defined as "a quantitative sustained increase in the country's per capita output or income accompanied by expansion in its labour force, consumption, capital and volume of trade (Jhingan, 1997)."

A relatively new dimension to growth is the concept of inclusive growth. Presently, there exist no generally agreed definition of the concept, but there appears to be an increasing tendency among researchers and policy makers to adopt the definition put forward by the World Bank (2009). Hence, inclusive growth may be defined "as rapid growth that is sustained in the long run, broad based across sectors and inclusive of large section of a country's labour force." Oyejide (2018) identifies four implications associated with this definition. The first is that there must be effective participation of all in the growth process and sharing of the benefits generated by economic growth. The second is that it requires increased productivity and the creation of new employment opportunities. The third implication implies that enhancement of the income of previously excluded groups should be generated primarily through their participation in the growth process rather than through direct transfers. When this is achieved, the possible reverse causality from poverty and inequality to reduce growth can be blocked. The fourth implication is that growth must be broad based and sustained in the long run.

2.2 Theory of Prostitution

2.2.1 The Conflict Theory of Prostitution

Different theories have been propounded by sociologists to examine the cause(s) of prostitution despite demeaning and widely socially criticized. Some of these theories are functional, conflict, interaction, et cetera. But of great relevance to this paper is the conflict theory of prostitution. It perceives prostitution as primarily driven by poverty and income inequality. In summary, it views prostitution via the lens that gives a clearer picture of the issue under discussion. A snapshot of the theory is presented below:

The conflict theory of prostitution is of the idea that prostitution is a consequence of poverty among women in a patriarchal society. In other words, it views female prostitution as being mainly driven by income inequality. In the face of very little resources engineered by low access to economic opportunities, women then rely on support from men. This they get by exchanging sexual services for money or non-monetary.

The conflict theory is enrooted in the Marxian ideology that views economic agents as having unequal amount of resources. Because of this resources disparity, those at the base or bottom end of the society will revolt. The conflict between those who have and those who do not have will create a new change or order in the society.

3. HEALTH AND GROWTH IMPLICATIONS OF PROSTITUTION

3.1 Geographical Area

Nigeria is a country in the western region of Africa and south of the Sahara Desert. It is bordered by Republic of Benin in the west, Niger in the north, Cameroon and Chad in the east and Gulf of Guinea in the south. It covers a total surface area of 923,768 km^2 and lies within latitudes $4^0 1'$ and $13^0 9'$ north and longitudes $2^0 2'$ and $14^0 3'$ east. The country comprises 36 states (including the Federal Capital Territory) which are divided into 6 geo-political zones. It is the most populated country in Africa and ranked 7^{th} in the world. It hosted a total number of 183,376,728 people in 2015 (NBS, 2016). Currently, it accounts for approximately 2.57% of the total world population. The country is an agrarian economy. Agriculture employs a larger percentage of its labour force and contribute the highest to the country's Gross Domestic Product. A larger percentage of its population still live below one dollar per day.

3.2 Possible Health Implication of Prostitution

In order to meet the basic needs of life, economic agents engage in different socio-economic activities that are characterised by various magnitude of risks. As for prostitution activity, the possibility of contracting Sexually Transmitted Diseases (STDs) by prostitutes from sexually unprotected consumers of sexual services and the transmission of STDs from sexually unprotected prostitutes to consumers remain the greatest health risk faced by buyers and sellers in the market for prostitution services. More specifically, the spread of the deadly Human Immunodeficiency Virus (HIV) that causes Acquired Immunodeficiency Syndrome (AIDS). According to Overs (2002), where sex workers are addicted to drugs, there is increased probability of contracting HIV through needle sharing, as some sex workers are drug addicts, or through unprotected sex with buyers of the service.

Information gathered via questionnaire reveals that sometimes, prostitutes and the consumers of their products do ignorantly express negative attitude towards the use of condoms (disease and pregnancy control device). In a study conducted by Nnabugwu (2005), only 20% of the sampled female prostitutes know that a condom can be used to protect individuals from Sexually Transmitted Diseases (STDs), 23% feels that a condom is dangerous as it could slip off into the womb, while 23% feels that a condom is not meant for an African penis. Nnabugwu (2005) revealed that prostitutes identified different reasons responsible for consumers' refusal of condom use. Some of the reasons given are: it reduces pleasure; the whites infected condoms with virus to kill the blacks; the available brand is not meant for a black penis; and it gives rashes. The last reason is raised by larger percentage (51%) of the prostitutes for being why consumers decide to be unprotected during sexual intercourse. According to Gungul and Samson (2014), 27.78% of the sampled female prostitutes do not protect themselves from sexually transmitted diseases, while 53.7% of the female prostitutes protect themselves from STDs. This observed behaviour may be as a result of lack of information, misinformation and previous experience of the market players. This unprotected sexual behaviour between buyers and sellers in the market present prostitution as a breeding ground for the spread of HIV infection in Nigeria.

In many countries, it is difficult to know the actual number of sex workers and their clients whose bodies host the deadly Human Immunodeficiency Virus. This may be as a result of the clandestine nature of transactional sex and the stigma associated with it. In countries where information is available, Overs (2002) shows that the rate of HIV infection among women sex workers is above 80% in Zimbabwe and Kenya, above 60% in Malawi, Cote d'Ivoire and Ethiopia and above 40% in Tanzania, Benin and Mali. As obtainable in these countries, so also is HIV prevalence not far from being absent among sex workers in Nigeria. HIV prevalence is 27.4% among brothel-based female sex workers, 21.1% among non-brothel-based female sex workers, and 17.2% among men who have sex with men (Fagbamigbe, Adebayo and Idemudia, 2016). The odds of HIV infection is also 1.4 times higher among women who have transactional sex compared with others (Fagbamigbe et al., 2016).

The possibility of contracting HIV/AIDS by prostitutes via unprotected transactional sex cannot be ruled out. Although the direction of spread could be from prostitutes to consumers. Hence, the major risk associated with the profession is the possibility of loss of health.

3.2 *Possible growth Implication of Prostitution*

Prior to the first official report of HIV/AIDS in 1981 at the global level, both developed and developing countries were confronted with different critical health issues. More specifically, those capable of slowing down the pace of growth and development of a country.

Since HIV/AIDS slipped into the stock of diseases in sub-Saharan Africa (countries south of Sahara desert), it has become a critical issue of concern to all economic agents in these countries. More so, it has influenced government spending patterns in sub-Saharan Africa. This is because more resources are now allocated to the health sector to manage its spread. In the context of Nigeria, the emergence of HIV/AIDS birthed the establishment of the National Agency for the Control of AIDS (NACA) and other expenditure driving activities. Nonetheless, international institutions such as the World Health Organisation (WHO), World Bank, et cetera are not also left out in the fight against HIV/AIDS, most especially in countries where the spread is highly pronounced and the amount of resources available to manage it is relatively small. This is evident

in the financial aids given to countries to make anti-retroviral drugs easily accessible and affordable to carriers, and to set up HIV/AIDS enlightenment campaign programmes.

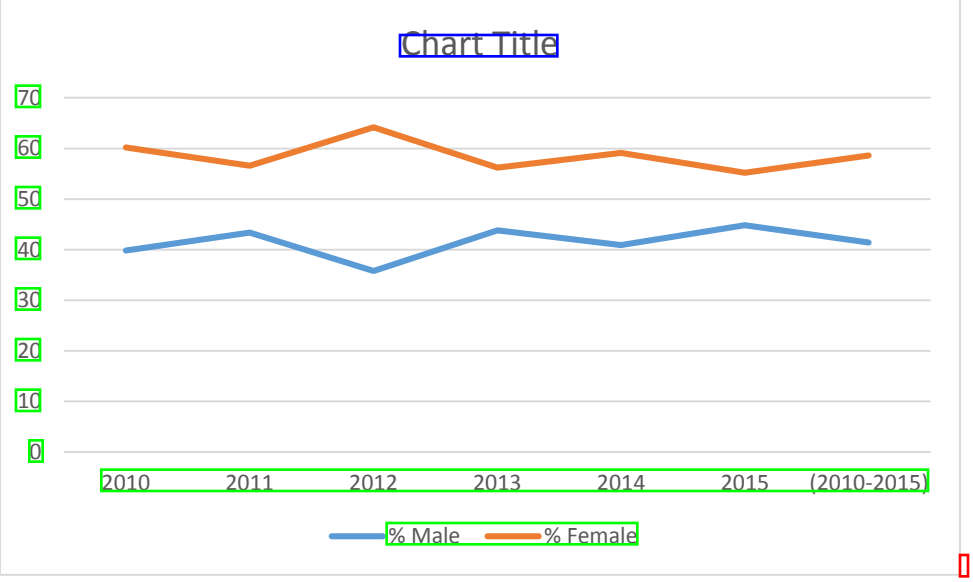
Since Nigeria added HIV/AIDS to its stock of diseases, it has become one of the leading causes of death in the country. Historically, Nasidi and Harry (2006) argued that the first two cases of Acquired Immunodeficiency Syndrome in the country were diagnosed in 1985 and officially reported in 1986. Of the two diagnosed cases, a female sex worker from one of the West African Countries was involved (as cited in Awofala and Ogundele, 2016). This unarguably confirms the possible spread of the disease via unprotected transactional sex. Table 2 and figure 1 below show the distribution of deaths resulting from HIV/AIDS disease by year and gender.

Table 2: Summary Distribution of Death Resulting from HIV/AIDS disease by year and gender

Year	Male	Female	Total	% Male	% Female
2010	16499	24931	41430	39.8	60.2
2011	8683	11309	19992	43.4	56.6
2012	9398	16820	26218	35.8	64.2
2013	20239	25955	46194	43.8	56.2
2014	13692	19754	33446	40.9	59.1
2015	15003	18459	33462	44.8	55.2
Average (2010-2015)				41.4	58.6

Source: National Bureau of Statistics 2015 Report

Figure 1: Percentage of Death Resulting from HIV/AIDS over Time



Source: Author's Construction

Table 2 above shows that on the average (2010-2015), approximately 59% of females in Nigeria lost their lives to HIV/AIDS epidemic. On the other hand, approximately 41% of males lost their lives to the epidemic between 2010 and 2015. These statistics are litmus test that confirmss the widespread of HIV/AIDS among females than males in Nigeria. However, other factors like child delivery outside health facility without a skilled birth attendant, female genital mutilation, et cetera could be responsible for higher risk of HIV/AIDS among females than males. Figure 1 above shows that there exist an inverse relationship between male and female death resulting from

HIV/AIDS epidemic in Nigeria. As the percentage of males that lost their lives to HIV/AIDS increases, the percentage of females that lost their lives to the epidemic decreases. All things being equal, as the number of male carriers reduces via death, less spread occurs among females and HIV death reduces.

HIV/AIDS epidemic has over time undermined the developmental efforts of the country, basically through reduced human capital and labour productivity, and the destruction of productive human resources through death. Although HIV death is relatively low in countries with highly advanced health system, but reverse is the case in Nigeria and other sub-Saharan African countries. Table 2 above shows that between 2010 and 2015, two hundred thousand, and seven hundred and forty two (200742) individuals lost their lives to the epidemic. This implies loss of human resources and slowdown in the growth and development of the country's economy.

At the aggregate level, it has been particularly noted to affect the working population, thus preventing women and men from contributing optimally to the country's Gross Domestic Product. At the household level, HIV/AIDS epidemic influences household expenditure patterns as a larger percentage of household income is allocated to health care consumption and lesser percentage to others. This expenditure behaviour adversely affect the mechanism through which the society generate human capital as loss of income makes it difficult to spend more on the education of household members. More so, as the burden of care increases in order to save life of the infected person, savings erodes. Although the degree of impact on economic growth as argued in the literature depends on the extent to which illness is funded with savings and the individuals infected.

The spread of HIV/AIDS in Nigeria has been noted to exhibit strong correlation with sexual intercourse. According to The National Agency for the Control of AIDS (NACA, 2012), heterosexual intercourse is the major route of HIV transmission in Nigeria and it accounts for over 80% of the infection. Identified high risk groups such as female sex workers (FSWs), men that have sex with men (MSM) and injecting drug users will contribute significantly to new HIV infection in coming years (as cited in Awofala and Ogundele, 2016). This then set a premise from which one can logically conclude that prostitution drives the spread of HIV/AIDS and consequently retard growth and development in Nigeria.

4. CONCLUSION AND RECOMMENDATIONS

4.1 Conclusion

The unemployed, members of low income households, orphans, widows and divorcees are the perceived most vulnerable groups in the country. In other words, the probability of being a prostitute is relatively high among any member of these groups.

The growth of poverty and increasing income inequality will continue to drive prostitution among vulnerable groups, and the developmental efforts of the country will be undermined as a result of its possible associated health crisis and the sapping of human resources that otherwise could have been channeled to productive sectors of the economy.

4.2 Recommendations

The paper recommends the following as feasible solutions to check the spate of prostitutes among vulnerable groups in Nigeria.

- Government should create a friendly macroeconomic environment that will encourage new entry and expansion of existing firms to absorb unemployed individuals in the country.
- Government should identify the basic human needs (BHNs) in the environment and make them easily accessible and affordable to all.
- Government and private organisations social intervention programmes should be intensified and targeted at the vulnerable groups in the country.
- Concerned institutions should be restructured and sanitized to ensure effective implementation of existing anti-prostitution laws.
- Massive sensitisation campaign programme should be launched at the local government level to educate the households on the danger associated with unplanned child birthing and female child discrimination in the society.

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APPENDIX I

Table 1: Estimated Number of Prostitutes in Selected African Countries

Central Africa			
Country	Number of Prostitutes (Est.)	Status	Source
Angola	3,300	Illegal	UNAIDS
Cameroon	110,000	Illegal	UNAIDS
Chad	1,200	Illegal	UNAIDS
Equatorial Guinea	6,000	Illegal	UNAIDS
D. R. Congo	2, 900,000	Legal	UNAIDS
Gabon	400	Illegal	UNAIDS
East Africa			
Country	Number of Prostitutes (Est.)	Status	Source
Eritrea	2,000	Legal	OHCHR[1]
Madagascar	167,443	Legal	UNAIDS[2]
Burundi	51,000	Illegal	UNAIDS
Comoros	200	Illegal	UNAIDS
Djibouti	2,900	Illegal	UNAIDS
Ethiopia	19,000	Legal	UNAIDS
North Africa			
Country	Number of Prostitutes (Est.)	Status	Source
Morocco	50,000	Illegal	Moroccan Ministry of Health
Sudan	212,462	Illegal	UNAID

[1] OHCHR: The Office of the United Nations High Commissioner for Human Rights
[2] UNAIDS: The Joint United Nations Programme on HIV/AIDS

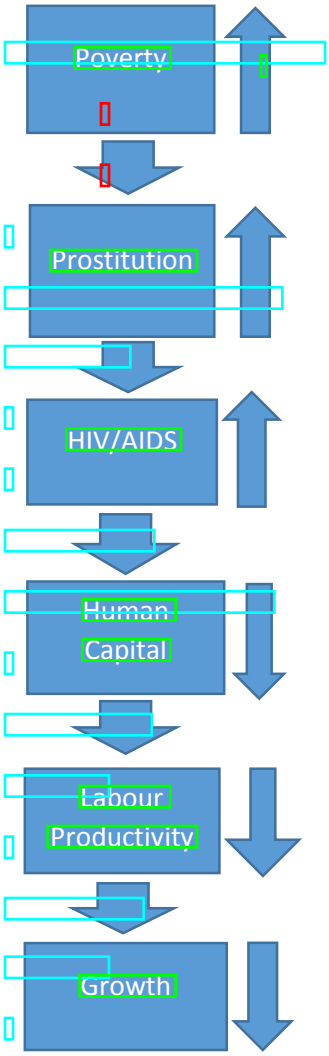
Southern Africa			
Country	Number of Prostitutes (Est.)	Status	Source
South Africa	121,000 to 167,000	Illegal	SANAC[3]
Lesotho	6,300	Legal	UNAIDS
Namibia	11,000	Legal	UNFPA[4] & UNAIDS
West Arica			
Country	Number of Prostitutes (Est.[5])	Status	Source
Cote d´Ivoire	9,211	Legal	UNAIDS
Benin Republic	15,000	Legal	UNAIDS
Cape Verde	1,400	No Prostitution Laws	UNAIDS
Guinea	8,357	Illegal	UNAIDS
Mali	35,900	Illegal	UNAIDS
Guinea-Bissau	3,138	No Prostitution Laws	UNAIDS
Liberia	1,822	Illegal	UNAIDS
Mauritania	315	Illegal	UNAIDS
Sao Tome Principe	89	Illegal	UNAIDS

Source: https://en.wikipedia.org/wiki/Prostitution_in_Africa

[3] SANAC: South African National Aids Council
[4] UNFPA: The United Nations Population Fund
[5] Est.: Estimated Number

APPENDIX II

PROSTITUTION-GROWTH FLOWCHART



Source: Author's Idea

The above flowchart summarises the possible channels through which prostitution could slowdown growth.