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**HUMAN TRAFFICKING
FOR SEXUAL EXPLOITATION:
EVALUATING
THE HEALTH CONSEQUENCES
OF VICTIMS**



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**HUMAN TRAFFICKING FOR SEXUAL EXPLOITATION:
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VICTIMS**

Abstract:

Sexually transmissible diseases linked to binding or coerced prostitution activities, especially HIV, have attracted considerable attention. Other health issues are sometimes glossed over, both in the academic literature and by rehabilitation organizations working with trafficked individuals. Based on field research conducted in Lagos and Oyo States, the study focuses on health issues such as non-communicable disease ailments experienced by trafficking victims and rehabilitated individuals. The paper documents the physical, psychological effects of trafficking as well as non-communicable diseases such as hypertension and diabetes resulting from the living conditions of victims. It also investigates the (self)-medication practices among trafficked individuals.

Keywords: Health, human trafficking, non-communicable disease, victims

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I. Background to the Study

Human trafficking has serious health consequences and lasting effects on the health of victims. Their lives are easily shattered from their experiences and this affects their well-being owing to poor living conditions, separation from families and at the end, they are traumatized and become threatened and powerless. Trafficked women are equally traumatized and in many cases, the women are beaten, raped, threatened, confined and/or deprived of food, medical access, assessing their families until they agree to the traffickers' demands (Abdulkadir 2011). Precisely and frequently, their travel documents are confiscated and used to control their movement, make them dependent on traffickers and as debt bondage to control and coerce them. They are forced into sex trade and the 'working conditions' of the trafficked victims are inhuman and many are forced to have sex with multiple clients per day (Abdulkadir 2011). Yet, at each stage and process of the trafficking, victims may encounter psychological, physical and/or sexual abuse, forced or coerced use of drugs or alcohol, social restrictions and emotional manipulation, economic exploitation, inescapable debts and legal insecurities (Zimmerman, 2007; Zimmerman and Hossain, 2011). Risks often persist even after a person is released from the trafficking situation and only a small proportion of people reach post-trafficking services or receive any financial or other compensation (GAATW, 2007).

Moreover, there are many health issues experienced by victims of human trafficking and sexual exploitation. Such victims suffer from an array of physical and psychological health issues stemming from communicable diseases, non-communicable diseases, inhumane living conditions, poor sanitation, inadequate nutrition, poor personal hygiene, brutal physical and emotional attacks at the hands of their traffickers, dangerous work place conditions, occupational hazards and general lack of quality health care. Preventive health care is virtually non-existent for this hard-to-reach population. Health issues are typically not treated in their early stages, but tend to fester until they become critical, and even life-endangering situations. In many cases, health care is administered at least initially by an unqualified individual hired by the trafficker with little, if any, regard for the well-being of their 'parents' - and even less regard for disease, infection or contamination control.

II. Statement of the Problem

The trafficking of vulnerable group of persons such as women, men and children for sexual exploitation is accompanied by potentially lifelong and/or life-threatening health consequences. It prevents victims from attaining the highest possible level of physical, mental and social well-being. Victims' health is affected by the trafficking process itself and by sexual exploitation. More so, secret migration often requires sub-optimal means of transportation, putting the victims at risk for starvation, drowning, suffocation and exposure to the

elements (HTNCC, 2014). Numerous reports of accidents and deaths have caused the International Organization for Migration to identify trafficking as the most dangerous form of migration (HTNCC, 2014). There is therefore an imperative to mitigate the health challenges of these ‘hard to reach’ victims. A logical step in this direction should be preventive public health measures. However, this will be predicated on how much we know on the lifestyles along the pathways of trafficking.

The health-service needs of victims and survivors on non-communicable diseases have received limited attention because research on health and trafficking has been conducted almost exclusively on sexual exploitation (Tsutsumi et al., 2008; Ostrovski et al., 2011; Hossain et al. 2010). Previous studies (Beyrer and Stachowiak, 2003; Schinina, 2004; Silverman et al., 2007; Fleisher, Johnston and Alon, 2008; Dharmadhikari et al., 2009) place more emphasis on sexual health issues (STIs and HIV/AIDS), reproductive health issues (pregnancy and cases of complications from abortions) and communicable diseases (malaria and typhoid) with trafficked victims and, to a lesser degree, mental health (Schinina, 2004). Notably, knowledge about the health risks of non-communicable diseases (NCDs) and its consequences among people trafficked for sexual exploitation purposes remains scarce.

A lot of studies do not inquire or investigate the trafficked victim’s health in relation to non-communicable diseases. These health issues are related to poor knowledge of non-communicable disease among vulnerable population and thus, this study is particularly relevant. Hence, the following questions can be considered: what are health dimensions of trafficking on the victims in relation to non-communicable diseases? What are the challenges arising from the health conditions of the victims? What are the coping strategies of trafficked victims? What are the documentation of the various bodies/associations that are advocating for a better health conditions of trafficked victims? What are the proffered solutions for the health conditions of victims? These and other related questions form the central problem that this research sets out to examine.

III. Study Objectives

The broad objective of the proposed research is to investigate human trafficking for sexual exploitation and the health consequences of victims in relation to non-communicable diseases.

IV. Methodology

The study design was exploratory, using mainly the qualitative methods. Lagos and Oyo States were purposively chosen for this study. This was based on the heterogeneous nature of Lagos State, its historic antecedents and documentation on the use of its corridor as a hub for inter-boarder movement of trafficked persons (Mberu and Pongou, 2010; Adeola, 2012; Blum, 2014; Adetula, 2014). Lagos

state, which is located in the southwestern part of Nigeria, is the most populous state in Nigeria. It has a rich history of economic growth and transformation (Nwagwu and Oni, 2015). Lagos State is a very diverse population owing to heavy migration from other parts of Nigeria and surrounding countries (Filani, 2012). However, Oyo State, with its Ibadan as its capital, has thirty-three local government areas. Brothels are involved seriously in sex-work business with persons trafficked within from different locations of the geo-political zones of Nigeria. All trafficked female victims who had experience of sexual exploitation, between the ages of less than 15 and 45 years of reproductive age in selected organizations that works with national/international trafficked victims and residents of brothels in Ibadan and Lagos State were recruited into the study.

The data collection for this study spanned six months (November, 2015 – May, 2016) and involved in-depth interviews with sixteen female trafficked victims – six victims from Lagos State and ten victims selected from brothels in Ibadan, Oyo State. Data collection involved qualitative techniques, namely in-depth guided individual interviews and key informant interviews. In Lagos State and Ibadan city, respondents were sourced through the Goodman's (1996) snowball strategy and this was facilitated by a government body (National Agency for the Prohibition of Trafficking in Persons (NAPTIP)) in Lagos State and an informant who has worked with trafficked victims in brothels in Ibadan axis. Through this approach, the principal investigator established a network between the 'informants' and trafficked victims. In Ibadan, interviews were conducted in the bars and their rooms in the brothel to suit the demands of the research participants, although the 'Pimps' and 'Madams' made it a little difficult to gain access to the trafficked victims. While in Lagos State, interviews in the trafficked organizations were conducted in the organization premises to suit the binding laws of the organizations that non-NAPTIP persons cannot gain access to the trafficked victims in the shelter in order to protect them from counter attacks from their traffickers.

The process of data collection was guided by the following social science research ethics: confidentiality, beneficence, non-maleficence to participants and voluntariness. The consent of each interviewee was obtained before conducting the interviews. The interviews were conducted in English and Yoruba languages, as preferred by the interviewees. The data from the formal interviews were handwritten based on observations and informal discussions with the help of two research assistants. The collected data were analyzed, using content analysis procedures involving sorting, categorization, transcription and extrapolation of themes and sub-themes. The data were thoroughly anonymized to protect the identities of the participants.

V. Results and discussion of findings

Health Dimensions of Trafficking on the Victims

Despite the widening recognition of trafficking of women and young girls, the aspect of extreme and persistent human physical and psychological harm it causes, and the subject of 'health' in the context of trafficking of women in the area of non-communicable diseases has received extremely little attention and less evidence-based inquiry. Besides, in a study conducted by Themeli (2011) reported that accurate description of health issues and its consequences for trafficked women for sexual exploitation could be distinguished to direct health threats (infectious diseases and physical trauma) and direct health threats (sexually and reproductive threats) (Themeli, 2011). Though, given the underground nature of trafficking, the health consequences of trafficking are hidden and difficult to see. Trafficked persons often have limited access to basic necessities such as safety, sleep, food, hygiene, and medical care. The effects of trafficking vary depending on the type of trafficking and the specific situation. However, participants were asked to rate their health conditions before the journey from their home to this new base. Participants noted:

I am okay, I hardly fall sick. Once in a while I might just have malaria or typhoid especially when we are in the dry season looking for water (IDI, Female/ Trafficked Victim/27 years/Ibadan).

For one 23-year old trafficked victim,

I will rate my health conditions as fine. I was not sick except that I had my child through cesarean operation and my baby was a year and six months before I travelled to Dubai. I had no ailments before I embarked on the journey (IDI, Female/Trafficked Victim/23 years/Ibadan).

For another,

I will rate my health condition as okay but once in a while I do have malaria and my ulcer pain is very frequent. I also do self-medication to treat the ulcer (IDI, Female/ Trafficked Victim/23 years/Ibadan).

Most of the health issues reported by the participants are centered on non-communicable diseases. They were being faced with mild acute non-communicable diseases where they can receive medical attention. Most of the participants reported that they take self-medication for

these minor ailments. Other reported health complications include headaches and dizziness. In addition, participants were asked about the types of ailments they were experiencing before the journey from their home to this new base where they are trafficked. A participant explained:

The type of ailment I do normally have before I travelled down to Ibadan is malaria and is not a frequent sickness. If I am stressed, I do have slight headache but occasionally (IDI, Female/Trafficked Victim /27 years/Ibadan).

Another participant clarifies:

I only have malaria, cough, headaches and pain from the cesarean operation and it is just a while that I do have such complains. I only visited my post-natal sessions for such complains. Apart from that, I do not have any ailments at all (IDI, Female/ Trafficked Victim /23 years/ Lagos State).

To greater extent, trafficking in persons is best understood as a very serious health risk because it is associated with physical and psychological harm. The health effects of sex trafficking are multi-fold, with widespread and intense impacts for physical, psychological health and well-being (Heise, Raikes, Watts and Zwi, 1994; Zimmerman, et al. 2003; Zimmerman, 2007). Such effects that appear to be attributable to the experience during trafficking process and its sex trade poses serious health issues in the area of non-communicable diseases. A participant elaborated:

For some time now, I have been having high blood pressure and diabetes lately as a result of sleeping disorder and the type of food I eat, mainly on junks and sugary food. Occasionally, I might just have malaria or typhoid. In addition, I have severe pain all over my body (IDI, Female/ Trafficked Victim/28 years/Ibadan).

One of the participants trafficked internationally in an IDI explained:

I have sore throat and sleepless night owing to thinking. The terrible clients I have had sexual contacts with affected me a lot...I was traumatized and I could not sleep at all because all these thoughts of being abused sexually kept recalling back to me all the time

whenever I want to sleep (IDI, Female/
Trafficked Victim /23 years/ Lagos State).

Another participant in an IDI explained:

In the course of this journey, I have terrible health challenges ranging from severe pain all over my body, severe anal pain, ulcer, diabetes, hypertension, pneumonia and stomach upset. All these health challenges I am experiencing was during when I was recruited fully into sex business and I have been gang-raped by four-man show sexual services. I frequently sleep with numerous men who often prefer oral and anal sex coupled with the use of drugs and heavy alcoholic drinks. Diabetes and hypertension started when I was introduced to drug use and heavy consumption of alcohol drinks (hot gin) because I became addicted to it. I was given food on flour and carbohydrate majorly by my 'Madam' (IDI, Female/ Trafficked Victim /27 years/ Ibadan).

However, trafficked victims frequently present a group of symptoms and disease conditions or health problems that are minor or severe, but trafficked victims reported health issues pointing towards non-communicable diseases. The most commonly reported physical health symptoms included fatigue, headaches, sexual and reproductive health problems (e.g. STIs and HIV/AIDS), back pain and significant weight loss, mental health symptoms (Gushulak and MacPherson, 2000). One of the KII participants reported that:

We have had cases of victims that have severe headaches, aches all over the body, sexual and reproductive health issues, mental issues...even some were pregnant...heavily pregnant...but once we rescued female victims, we take their consents to conduct series of tests for them but mostly centered on STIs and HIV/AIDS. However, in the issue of non-communicable diseases, we have not gotten such reports. Although, most of this victims hide their health issues from medical doctors. They find it difficult to give out their health information...and sometimes, some victims decline to go for test but we obliged them to go for these tests for the safety of other victims in the shelter (Male, KII/

Married/ Medical counsellor, NAPTIP Organization).

Relatedly, studies on trafficked women for sexual exploitation have concentrated on the work-related issues, sexual health and communicable diseases (such as STIs and HIV/AIDS) rather than their wider health on non-communicable diseases as a result of the lifestyles and ill-treatment that they are subjected to by their clients or procurers in the process of the trafficking. Another participant responded:

In the course of this journey, I have been having terrible health challenges ranging from severe pain all over my body, and to high blood pressure. My major health challenge is hypertension and it was as a result of the trafficking process. Maybe because of 'high' drugs, flour food I was given to eat, drink a lot of alcohol especially gin, not having much sleep and occasionally being beaten by my clients (IDI, Female/ Trafficked Victim /24 years/ Ibadan).

In another participant's views:

During the course of my journey to Libya, I was faced terribly with cold and chronicle ulcer because there was no food. Even during the road journey in the desert, I was very sick with cold and ulcer. It was so terrible (IDI, Female/ Trafficked Victim /23 years/ Lagos State).

Conversely, knowledge on any issue /phenomenon will have implication for man's disposition towards it (Akokuwebe, 2016). Victims suffer a wide variety of health problems beyond what would be expected given their age, gender and country of residence (Heise, 1994; Zimmerman et al., 2003; International Organization for Migration, 2009). Sexual exploitation is accompanied by potentially lifelong and/or life-threatening non-communicable diseases and its consequences may prevent victims from attaining the highest possible level of physical, mental and social well-being in the society (Gushulak and MacPherson, 2000).

Notedly, even when health issues have been a subject concern to organizations providing medical services to trafficked victims, discussions are generally limited to sexually transmitted infections – specifically, the potential public health implications of trafficking for the HIV/AIDS epidemic (Huntington and Guest, 2002; Peroff, 2002; Breyer and Stachowiak, 2003). This area of health issues that are

lifestyles-related should be taken into consideration with these vulnerable segments of trafficked victims.

VI. Challenges arising from the health conditions of the victims

Non-communicable diseases (NCDs) often referred to, as 'lifestyle diseases' are majorly preventable if the modifiable risk factors are avoided. Risk factors such as smoking, alcohol abuse, poor diets, physical inactivity, analgesic abuse, hard drug use, herbal drink consumption and high salt intake pose a serious health challenge on one's health if such lifestyle is not avoided. These lifestyles mentioned above have been medically documented that they are risk factors for NCDs (Bamgboye, 2014; 2015; Rarau et al. 2017). Trafficked victims do not have that freedom to make their smart choices that will protect their health because of their circumstances surrounding them. Therefore, they are more likely to be susceptible to NCDs as a result of their engagement in an unhealthy lifestyles associated with the process of trafficking. This captures most of the challenges arising from the health conditions of the participants reported in the in-depth interview sessions:

In the course of this journey, I have terrible health challenges ranging from severe pain all over my body, severe vaginal pain, and high blood pressure. All these health challenges I am experiencing was during when I was introduced fully into prostitution. I slept with numerous men who like vigorous sex activities. I started taking hot gin, sleeping tablets, smoked heavily every day and a lot of pain relievers such as tramadol and paracetamol. I took tramadol to enhance my sexual performance with my clients. I am addicted to all these pain relievers and heavy alcoholic drinks (IDI, Female/ Trafficked Victim /20 years/ Ibadan).

Medical studies (Adams et al. 2013; Babalonis et al. 2013) have indicated that tramadol abuse liability is under-estimated and evidences on abuse and dependence are emerging. A medical expert from one of the KII sessions revealed that the evidence of tramadol abuse and dependence is emerging and under-estimated, which has many health and social consequences especially among vulnerable group of persons who take it without prior and adequate knowledge of its health implications as result of its abuse. One of the medical experts gave more light on this:

Tramadol is the generic name for a prescription pain reliever sold under the

brand names Ultram, Conzip, Rybix ODT, and Ultrum ER. Doctors prescribe tramadol to treat moderate to severe pain in adults. It is in a class of pain drugs called opiate narcotic analgesics, which work by changing the way your brain responds to pain. There have been many reports of abuse because the drug can have opioid-like effects, giving users a narcotic 'high' (Male, KII/Married/Medical Doctor, University College Hospital, Ibadan).

Findings disclosed that some of the trafficked victims reported that they take tramadol to enhance their sexual performance with their clients, without the knowledge of the adverse effects on them. However, a medical doctor explains the dangers of taking tramadol to prolong sex and enhance sexual performance:

Some individuals take tramadol to prolong sex and enhance sexual performance, but the side effects are closer...the drive, the passion, prospect and libido for sex is high, yet it can cause delayed ejaculation in male, delayed orgasm for female, sexual dysfunction for both male and female, and difficulty in getting or maintaining an erection in male. Although, these effects varies from one person to another since we all have different biological make-up (Male, KII/ Married/ Medical Doctor, University College Hospital, Ibadan).

Another medical expert/counsellor explained further:

In 2010, Janssen and the FDA issued a revised warning for tramadol tablets, advising doctors not to prescribe the drug for people who are suicidal, at risk for addiction, take tranquilizers or anti-depressants, have alcohol or drug abuse problems, or are depressed or emotionally disturbed (Male, KII/Married/ Medical counsellor, NAPTIP Organization).

Reports on analgesics from the key informant interviews revealed that taking analgesics without doctors' prescription has a serious adverse impact on the health of an individual involved in such practice. Such drugs often come along with serious side effects such as seizures (convulsions), trouble breathing, agitation, fever, muscle stiffness, lack of coordination or loss of consciousness, chest pain, rapid heartbeat, severe rash, thoughts of suicide, vomiting, sleepiness, itching, sweating, sleeplessness, tremor and loss of appetite. However,

some of the victims reported that they take alcohol with tramadol without knowing its negative consequences on their health. A participant buttressed that:

In the course of this journey, I have been having terrible health challenges ranging from severe pain all over my body, high blood pressure, diabetes and once in a while that, I will have malaria and typhoid. My major health challenges in the course of this journey and sex business is diabetes and hypertension. Maybe as a result of the drugs (*scorn*), the type of food I take, too much alcohol consumption...taking alcohol with analgesics such as tramadol, diclophenac, paracetamol ...having limited sleep and sometimes get beatings from my clients when I refused to do drugs with them before sexual foreplay (IDI, Female/ Trafficked Victim/24 years/ Ibadan).

During the key informant interview, the medical doctor participant elucidated:

Drinking alcohol and taking tramadol or mixing tramadol with alcohol can increase the risk of experiencing dangerous side effects or death. Alcohol can increase the nervous system side effects of tramadol such as dizziness, drowsiness, and difficulty in concentrating... some people may experience impairment in thinking and in their judgement. It affects the brain...so that is why doctors always advised that patients should not combine tramadol with alcohol (Male, KII/Married /Medical Doctor, University College Hospital, Ibadan).

Another doctor also explain in details the effect of using cocaine, scorn and other hard drugs to make them feel 'high. He analysed the effects by stating the short-term effects as loss of appetite, increased heart rate, blood pressure, body temperature, increased rate of breathing, intense drug craving, depression, convulsions, seizures and sudden death from high dose (even one time). However the long-term effects mentioned include permanent damage to blood vessels of heart and brain, high blood pressure, leading to heart attacks, strokes, and death, liver, kidney and lung damage, destruction of tissues in nose if sniffed, respiratory failure if smoked, severe depression, severe tooth decay, malnutrition, weight loss, sexual problems, reproductive damage and

infertility, increased frequency of risky behaviour, tolerance and addition (even after just one use):

Cocaine or *scorn* causes a short lived, intense high...that is...immediately followed by the opposite – intense depression, edginess and craving for more of the drug. People who use it often do not eat or sleep properly. They can experience greatly increased heart rate, muscle spasms and convulsions. The drug can make them feel paranoid, anger, hostile and anxious – even when they are not high. Regardless of how much of the drug is used or how frequently, cocaine increases the risk that the user will experience a heart attack, stroke, seizure or respiratory (breathing) failure...and any of these...which can result in sudden death (Male, KII/ Married/ Medical Doctor, University College Hospital, Ibadan).

Lifestyles of an individual are a major determinant of health and unhealthy lifestyles predisposes one not to have good health. Such lifestyles are the risk factors for non-communicable diseases. This lifestyle of a participant is captured:

During the course of my journey to Libya, I was having terrible cold and chronicle ulcer because there was no food especially in the road journey in the desert when the little *garri* and 5 litres keg of water got finished and we have to travel for more than 15 hours. I was terribly sick with cold and ulcer. It was a bad experience that I have with my health (IDI, Female/ Trafficked Victim /23 years/ Ibadan).

Victims of trafficking often experience harsh physical impacts owing to excessive work forced on them by traffickers. In addition, victims may be exposed to other serious health risks such as anxiety, insecurity, fear and trauma. Challenges arising from the awful experiences of the trafficked persons can also lead them to cognitive impairment, memory loss, depression and even suicide. One of the participants narrated her encounter:

I was sick in the course of my journey to Dubai most especially when I agreed to go into prostitution for fear of being beaten to death. I was affected with pain again when I slept with my clients and the pain was severe as a result of the cesarean operation I had

when having my child back here in Nigeria. I was psychologically and emotionally traumatized when men forced themselves on me. I tried to fight back and they will call my 'Boss' to report my attitude to them. I started having strange emotional attitude such as hating human beings around me...this made me depressed and I started avoiding people (IDI, Female/ Trafficked Victim /23 years/ Ibadan).

Another participant recalled her ordeals with law enforcement agents in taking care of their well-being when she was thrown into jail. Such ill-treatments towards trafficked victims can affect their health. In addition, those in charge of the care of the victims do not bother about the type of food and drugs given to them. Such types of treatments victims were exposed to have a negative effect on their health. The participants recounted:

When I went to make a report at the Dubai police station for them to help me to come back to Nigeria, I was thrown into jail because I had no returning air ticket to Nigeria. I was kept in jail with so many Nigeria girls. The jail prison was so cold because of the big and massive air conditioners that were put in that place. They put them on 24 hours every day on us as a sign of punishment for us. That affected my health because the cold was so much and it affected my ribs...I was having pneumonia. I was also stooling, having diarrhea because of the type of food they gave to us in the jail at Dubai. The Dubai jail officials injected our foods given to us in order to kill our sexual emotions. This affected my health and I was stooling terribly (IDI, Female/ Trafficked Victim /23 years/ Ibadan).

Victims are treated as commodities who often endure physical, psychological and/or sexual trauma. Specifically, maltreatment coming from law enforcement agencies or clients play a severe or permanent damage on trafficked victims. Such severe or permanent damage on the trafficked victims include severe emotional trauma, as well as symptoms of post-traumatic stress disorder and disassociation. They are also at greater risk of contracting sexually transmissible infections, including HIV/AIDS (Zimmerman, 2003; Themeli, 2011). Many become pregnant and are forced to undergo often-unsafe abortions. Majorly, such unsafe abortions are conducted for them by

the procurers or untrained persons hired by the procurers. A participant recalled that:

I have unpleasant treatments from some of my clients, especially those that have a 4-man show and other men who prefer oral and anal sex to be performed for them. Some customers will prefer oral sex combined with the use of sniffing cocaine or *scorn* during foreplay. Without that, they cannot be aroused sexually. Severe beatings can be resulted to if I refused to comply with their request of sniffing cocaine because my 'madam' has collected huge amount of money from them. A lot of times, many clients do not agree to the use of condoms and that can result to one having any sexually transmitted infections. These horrible treatments from these rich clients have a negative effect on my health. Some will tell you to have sex with their pet animals such as dog and they will be watching you doing that type of sex especially when they are high with cocaine that they have sniffed combined with hot drinks that they have taken (IDI, Female/Trafficked Victim /27 years/ Ibadan).

Another participant recounted that:

I was forced into having sex with different men. These men refuse to use condom with me. I got pregnant and I never knew that I was pregnant. It was four months later that I discovered that I am pregnant even though I was menstruating. I told my 'Madam' and she brought someone to carry abortion on me...this led to bleeding...I was bleeding...I was dumped later in a garbage when I passed out thinking that I was dead. Some good persons took me to the hospital and the only option to save my life was to remove my entire reproductive organ...I lost everything...I could not locate the 'Madam' again...she has moved out of that place (IDI, Female/Trafficked Victim/20 years/Living quarters, Lagos State).

The traffickers or procurer does not properly handle some of these health challenges of the victims and always allow them to carry the

burden of their health. The procurer failed to realize that most of the health challenges are being faced by the trafficked victims arises from the victims' trafficked pathways. A participant asserted that their health challenges are left for them to carry by themselves and sometimes such treatment recommended by the procurers can be crude and cause permanent damage on ones' health. In her words:

I told the chairlady about my health challenges and she told me to pretend as if all is well...she told me to take care of myself. I have been seeing one nurse that normally comes to the brothel to treat other girls that are sick. She was the one who discovered that my blood pressure is very high. She gives me treatment and I pay for her services. When I was raped, she helped me with drugs and gave me treatment to flush my system from any effect from the rape. I was raped without condoms (IDI, Female/ Trafficked Victim /20 years/ Ibadan).

Another participant reported that:

At first, I told my friends in the brothel who brought some herbal drinks for me to take but my situation got worse when I started feeling dizzy. I told my 'Madam' and she told me to use bitter leaf that is washed with water and drink it. Therefore, I used it and it relieved me but I still need to see a doctor to lay my complains concerning my health to him (IDI, Female/ Trafficked Victim /23 years/ Ibadan).

There were occasions that trafficked victims have wished to access health facility (ies) given their circumstances of their health challenges arising from the pathway of being trafficked. Victims are denied of their rights to access health care on their own free will owing to the fact that they are likely to expose the traffickers to appropriate authorities. The in-depth interview participants asserted in an affirmative way that they all experienced the denial of accessing health care facilities when they needed to. A participant confirmed this submission:

Yes...when I was feeling dizzy because of the hypertension and diabetes. I wanted to see a doctor to give me treatment but my 'Madam' did not allow it because she said she cannot pay...so she offer me bitter leaf washed with

water as herbal drink to cure the diabetes and hypertension. Therefore, I was never given that wish to access health facility, as I would have wanted. But if I have the opportunity I will love to see a doctor to tell me why I am having diabetes and hypertension in order to provide permanent remedy for my ailments (IDI, Female/ Trafficked Victim /23 years/ Ibadan).

Another also asserted that:

Yes...when I had chronic ulcer and pneumonia pain in my stomach and chest. I told my madam that I needed to see a medical doctor who will give me a better medical attention but she refused. I asked for the reasons for her refusal and she said that our agreement is that I am not allowed to visit any doctor except that she allows me. Therefore, I was never given that request to access health facility, as I have wanted with this ulcer and pneumonia pain (IDI, Female / Trafficked Victim /27 years / Ibadan).

A participant presents her ordeal with her procurer:

There was no alternative treatment that I could result to because the woman took my passport from me and my phones were seized too. There was no one that I could talk to about my health issues. I was in pain; I was dying in severe pain most especially when I met with those terrible Dubai white men that molested me sexually. I have no alternative ways to treat my pain...no paracetamol, no panadol to ease the pain...none of this was given to me at all except the hot water mixed with salt that was recommended by the 'Madam' (IDI, Female/ Trafficked Victim /23 years/ Lagos State).

Findings illustrated that since the procurers refused them access to health care facilities, the trafficked victims seek alternative assistance to address their health problems. Some of the victims reported that they were equally exploited by the procurers even in seeking alternative medical assistance for their health situations. A participant commented that:

At first, I told my madam and she told me to use hot water to treat the pneumonia; she then asked me to buy peak milk, add it to cold water and take it to ease off the ulcer pain. She gives me herbal drink (‘*agbo*’) to take to treat the stomach upset. She was doing that because a lot of these rich clients prefer me to perform sexual services for them than other girls in the brothel and my ‘Madam’ collects a lot of money from them. I paid for all the treatments my madam gave me especially if she buys me milk or anything to make those herbal drinks. I am saving some of the money she paid me and sometimes, some good clients will give me money as gifts and my ‘Madam’ must not know anything about it (IDI, Female/ Trafficked Victim /27 years/ Ibadan).

Another participant mentioned further:

Yes, my madam deducted money for my treatment she suggested to me. She told me that she spent money in preparing the ‘*agbo*’. She will later give me stipends at the end of the day. I stopped discussing my health issues with her. I will discuss it with reasonable customers that will assist me to get the drugs from their own pockets (IDI, Female/ Trafficked Victim /25 years/ Ibadan).

Despite the severe health effects of trafficking, the victims’ access to health information and medical care were extremely limited. This lack of access resulted because of the traffickers’ restrictions on the victim’s movements, victim’s lack of knowledge about available care options, and because of fear of being arrested and losing everything they have worked for as instilled by the procurer in them. The findings also shown that victims are likely to be predisposed to non-communicable diseases such as hypertension and diabetes owing to the type of lifestyles they are subjected to by the procurers or traffickers.

VII. Coping Strategies of Trafficked Victims

The health challenges experienced by most trafficking victims, its impact on their health and well-being cut across human trafficking populations most especially women and young girls. And this has a special emphasis on non-communicable diseases resulting from the unhealthy lifestyles and risk factors they are subjected to in the trafficked path way. Besides, victims of trafficking may suffer from

anxiety, panic disorder, major depression, substance abuse, and eating disorders as well as a combination of these.

In addition, emotional problems, physical health problems can also predominate and result from the trauma of physical injury or indirectly through stress-related illnesses. Victims with complaints such as stomach pain, headaches and other unexplained ailments are often not attended to. Many of the health and social needs of trafficking victims stem directly from their experience with unhealthy lifestyles, trauma and the brutality of unremitting threats or actual physical and sexual violence. Participants were interviewed on how they cope with their health challenges based on their reports that they were denied from accessing health care facilities. One of the participants commented that:

She does not give me my complete money I realized from my client even when I was sick with hypertension and diabetes. She did not bother to assist me with finances. It was when I could not meet up with the daily payment from my clients, that she now suggested bitter leaf washed with water to treat ailment. I also cope by relating with some girls in the brothel who assisted in giving me concoction drink for treatment. However, apart from that, I take *scorn* or cocaine if I have access to it and gin (distilled alcohol drink) to cope with the situation (IDI, Female/ Trafficked Victim /23 years/ Ibadan).

Another participant observed that:

In the prison, I met some Nigerian girls who came to me to advise me to come out of depression and to talk to people. I started talking to other female inmates in the prison, and one of them preached to me about the word of God using the Bible. She prayed with me and I started coming out of psychological and emotional trauma. Nevertheless, it was not easy for me...it was a gradual process. Meeting and talking with the other girls in the prison really helped me to cope with the pain I was going through (IDI, Female/Trafficked Victim/23 years/ Lagos State).

Findings illustrated that majority of the trafficked victims most especially those living in the brothel took hard drugs (such as *scorn* and cocaine), excessive smoking of cigarettes, taking analgesics drugs, taking cough syrup that contain codeine. These risk-inducing lifestyles

were majorly reported by the participants in the in-depth interviews, as means of strategy to cope with their present situation or ‘clients’.

However, literature (Huntington and Guest, 2002; TAFH, 2005; Deshpande and Nour, 2013) has documented ‘Stockholm Syndrome’ as coping strategies employed by victims especially when they are faced with cases of domestic violence and sexual assault. Other coping strategies include trafficked women and young girls entered into relationships with traffickers to become complicit by supervising other trafficked victims and becoming part of the trafficking recruitment processes of other women and young girls for sexual exploitation (TAFH, 2005).

VIII. Documentation of the various bodies/associations that are advocating for a better health conditions of trafficked persons

Policies and legislations are adopted in line with the Conventions on the Rights of Children (CRV) and for the Elimination of all forms of Discrimination against Women (CEDAW). This has strengthened coordination and monitoring mechanisms at all government levels for the protection of children and women from abuse, violence, trafficking and exploitation. However, the extent of trafficking from Nigeria is difficult to estimate and this has posed a major concern for the authorities and a number of non-governmental organizations (NGOs) in the country. Passed in July 2003, the trafficking in person’s prohibition and administration Act prohibits all forms of trafficking in persons and especially protect children and women against criminal networks. Consequently, the National Agency for the Prohibition of Trafficking in Persons and other Related Matters (NAPTIP) was established to fight human trafficking through investigation of cases, prosecution of criminals, rescue and rehabilitation of victims (DIS, 2008). A participant recalled her account with Immigration and NAPTIP officials:

I was in jail in Dubai for two months because I could not get air ticket to Nigeria. I went to Nigeria Embassy in Dubai and met with Immigration officials who asked me about my passport. I explained my ugly ordeals and how my passport was ceased by the ‘Madam’. They welcomed me and tried to get across to the ‘Madam’ but they could not reach her. She has moved out of that place she was leaving as reported by the Dubai Police cops. Finally, they handed me over to NAPTIP officials in Nigeria — precisely at Muritala Mohammed airport, Lagos State. I was so scared and inquire from the Immigration Officials if I will be sent to jail and they said

no. They told me that NAPTIP officials would take care of my needs and reunite me back to my family. They advised me to cooperate with them and I cooperate with NAPTIP officials (IDI, Female/ Trafficked Victim/23years/ Lagos State).

On the other hand, UNICEF is also working closely with civil society organizations, the Nigeria Police and Nigeria Immigration Services to reinforce coordination of anti-trafficking responses, cross border trafficking issues, and facilitate implementation of bilateral agreements on combating child trafficking (DIS, 2008). Both the police and the immigration authorities now have anti-child trafficking units. Another participant who is a minor was trafficked for labour exploitation:

During December festive celebration, so I followed my step-uncle after my 'Madam' has paid my one-year wages to my step-uncle. So after the festive period, my step-uncle told my mother that he is bringing me to my 'Madam' and even brought my younger brothers along with me. My mother agreed and releases my younger brothers with me for my step-uncle. My step-uncle also took one of his youngest brothers to come along with us too to come and work in Nigeria. So as we are coming to Nigeria, from Apondele border town close to Cotonu, we ran into law enforcement agency, police precisely and we were all arrested. The police quickly called NAPTIP officers to take us into their custody. My step-uncle was arrested and is in NAPTIP prison and we were kept in NAPTIP shelter. My mother is not aware that we have been arrested (IDI, Female/Trafficked Victim/14 years/ Lagos State).

In Nigeria, the efforts of the coalition of non-governmental organizations, NAPTIP agency and civil society networks on human trafficking have led to an increased level of awareness, provision of recovery services to victims and survivors of trafficking, and rescue/integration interventions (DIS, 2008). On the other hand, another submission by one of the NAPTIP officials recalled that minors trafficked for labour will later be subjected to sex trade or exploited for sexual purposes. The KII participant asserted that:

Minors are often exploited for labour by their traffickers. A lot of times, their parents are

given incentives in form of money to release their children for work. Such minors will be taken across the borders and brought to Lagos to do house girl chores, working in beer parlour and so on. When such business is not yielding lot of finance or they want more money, such minors will be introduced to men to sell sex to them for money and gifts (Male KII/ Married/ NAPTIP Organization/ Counselling Department).

However, in this study, trafficked victims reported very low awareness or no knowledge of NAPTIP agency and their activities. International trafficked victim stated that they met with NAPTIP officials during their rescue from their traffickers when their cases are presented to local police in places where they were trafficked. Conversely, literature has documented that there are some NGOs and other civil society networks that have been involved in combating human trafficking in Nigeria for some time (DIS, 2008); and advocating for better social conditions of trafficked victims. This buttress reports from the interview sessions with trafficked victims that few NGOs come to pay them visits and advocate for their well-being and better social conditions. A participant mentioned that:

Once in a while NGOs such as Initiative for youth development organization (IYDO) and Purity foundation (PF) came to see us but there are other NGOs that come to us to assist us but I cannot remember their names presently (IDI, Female/Trafficked Victim/23 years/ Ibadan).

Another participant commented:

Occasionally some churches such as RCCG, Winners Missionary Groups and NGOs such as Body and Soul Builder Initiatives visit us and give us a lot of assistance. There are also others that I cannot remember their names that also come to give us some assistance (IDI, Female/ Trafficked Victim/18 years/ Ibadan).

The nature of the activities of these various bodies/associations that pay visits to trafficked victims in brothels are majorly focused on sexual and reproductive health issues. NAPTIP agency's activities relate more to rescuing trafficked victims, providing shelter, medical attention to rescued victims (with STIs, HIV, mental and psychological trauma and other communicable diseases) and

reintegrating them back to their family and into the society with collaboration from civil society/organizations.

In addition, public awareness should be emphasized by various bodies and association that are in charge of trafficking of persons and this will create an avenue and appropriate communication strategy with these bodies and marginalized groups who could be targeted by traffickers. Participants mentioned that they do not know that people can be trafficked for sexual exploitation purposes. Also, they are not aware of trafficking or agencies that deal with trafficking of persons. However, NAPTIP officials emphasized that they have been sensitizing the public through the media; with particular attention to the media, sensitization work has led to investigation reporting, editorials, posters, and radio drama organized by National Youth Service Corp Members (using NAPTIP as their community development group during the NYSC program). A key informant participant supported the submission:

We always sensitize the public through radios jingles, televisions, newspapers. We used NYSC members who are having their community development programs with NAPTIP to talk and sensitize students in secondary schools, market women and so on. The organization also supports awareness and sensitization campaigns in order to improve the masses' knowledge on trafficking with adequate information (Female KII/ Married/ NAPTIP Organization/ Public Enlightenment Department).

The institutional bodies and various NGOs should create a forum where health issues such as non-communicable diseases will be discussed and put into consideration. Findings showed that the majority of the participants are not pleased with the NGOs activities, which are revolved round sexual health issues. Non-communicable diseases are usually caused by genetic or lifestyle factors. They account for almost two-thirds of all deaths globally, with 80% of them occurring in low- and middle- income countries.

Creating awareness on NCDs will determine good health, bringing about the required changes in behavior and attitudes that will reduce the risk of NCDs. Various bodies and associations including government agencies, should play an essential role in contributing to the global NCD effort in advocating programmes that will help trafficked victims in such issues to promote better and more accessible screening programmes, combined with wider public awareness initiatives to reduce the number of NCD-related health issues among rescued trafficked victims.

Besides, NAPTIP officials in one of the KII sessions reported that when they rescue a trafficked victim, they often take them for medical test for sexual and reproductive health issues, pregnancy, abortion complications and other communicable disease ailments. Yet, they indicated that majority of the rescued victims do not comply with NAPTIP officials to undergo test. They tend to hide their health history and activities during the process of being trafficked and they (medical experts) find it difficult to ascertain if they have non-communicable disease ailments or not. Thus, one of the interviewees explained some of the roles these NGOs carried out during their advocacy visits:

Some NGOs visit us to talk about sexual health and bring condoms for us to use. I do not know their names. All they come to do here is to talk about HIV/AIDS. Is it only HIV/AIDS that is affecting prostitutes? No, I have high blood pressure, ulcer, headache and severe pains all over my body and around my vagina and they will not come with medical team to assist us with proper medical attention for such ailment. So I just do not feel happy when they come (IDI, Female/Trafficked Victim/20 years/ Ibadan).

Another participant submitted that:

When NGOs visit us, they talked to us about sexual health and bring condoms for us. They brought female condoms and introduce it to us. They do not bring medical team to attend to our needs; they always come with this mind-set that our problem is not more than sexually transmitted diseases and HIV/AIDS infection. That is not true, many of us have diabetes, hypertension, asthma, swollen feet, migraine, ulcer and other diseases that I do not know their names. In addition, some of the organizations that visited us talk about self-development and promise to give us training on how we can develop ourselves when we decided to sex business (IDI, Female/Trafficked Victim/23 years/ Ibadan).

Another participant averred again:

[They are] preaching the word of God, educating us on sexual matters and teaching us how to use and insist the use of female condoms to our clients (IDI, Female/Trafficked Victim/18 years/ Ibadan).

Additional information was given by the international trafficked victims of the nature of the activities that the agency that rescued her:

NAPTIP is the only government body that I have come across since I was a victim of trafficking. In the shelter where all the victims were kept, NAPTIP officials organizes morning devotion, teaches us how we can clean our environment and rooms we are sleeping. They also provided good and quality three square meals (breakfast, lunch and dinner) for us in the shelter, play Ludo games and we sometimes have church night vigils organized by some churches that worked with NAPTIP to help us grow spiritually with God (IDI, Female/ Trafficked Victim/ 23 years/ Lagos State).

Another participant also buttressed:

NAPTIP also taught us so many things such as praying to God, how to treat human beings and how to put what we learnt there into practice. We were also exposed to different vocational training such as bead making, hair dressing, sewing and so on. There are a lot of things NAPTIP expose us to that will make our life better after the circumstances of being trafficked. They also try to re-integrate us back to our family and the society (IDI, Female/ Trafficked Victim/23 years/Lagos State).

A majority of the trafficked victims interviewed revealed that they participated in the programmes and activities put in place by NAPTIP agency and the various NGOs bodies/associations. However, a majority of the interviewees pointed out that their procurers are not happy with the various NGOs and organizations that come to give them talk. They have a fear of losing their victims when they are exposed to self-development programmes and activities. One of the participants submitted that:

Educating us on sexual matters and teaching us how to use condom correctly and consistently with our clients and customers. Some also talked about development of ourselves in order for us to leave sex business. Nevertheless, on several occasion, our 'Madam' was not happy about the NGOs who came to talk about self-development. In

short, she deliberately stopped some of those NGOs from coming to that brothel to see us, knowing fully well that she is going to lose most of the girls she trafficked through the self-development training programmes as proposed by these NGOs and associations (IDI, Female/Trafficked Victim/23 years/Ibadan).

Proffering solutions of the health conditions of the trafficked victims

Human trafficking spans all demographics but there are some circumstances or vulnerabilities that lead to a higher susceptibility to victimization and human trafficking. However, a more holistic approach that is grounded in human rights should ensure the rights to protection, assistance and redress, which will encourage investigations and prosecutions of traffickers. Similarly, government agencies, NGOs and civil society networks need to take a less parochial view in combating trafficking but to majorly address the social and economic conditions that underpin human trafficking. Consequently, comprehensive health facilities should be put in place to attend to the medical needs of rescued trafficked victims, most especially with health issues relating to non-communicable disease ailments.

Thus, poverty is linked inextricably with inequality particularly for young girls from poor family background which makes them fall prey to traffickers who lure them for sexual exploitation and labour rather than the 'better life' they promised them. In-and-out of school young females should be equipped with self-development training programmes and they should be given skills and credit facilities to become entrepreneurs. In addition, enlightenment of young girls and women on the tactics used by traffickers and the negative consequences of being trafficked should be emphasized more on mass media.

Conversely, human trafficking is associated with poor socio-economic background and social conditions of victims. Vulnerable groups are more likely to experience low social and economic status or condition. However, trafficked victims were asked to proffer solutions during the interview sessions that will address trafficking issues especially among young girls who have not been trafficked. A majority of the interviewees laid emphasises on government agencies, NGOs, civil society, government agencies, and international bodies to enlighten young girls in their 'shoes' about the consequences of being trafficked through deceit and fake promises of taking them for a greener pasture.

Notedly, trafficked victims stated that these bodies should reach out to trafficked victims by alleviating them from poverty and change their socio-economic conditions so that they can have their life back again. One of the trafficked victims emphasized on that:

Young girls should be enlighten on how traffickers comes with the idea of ‘greener pasture abroad’ and such girl should ask herself: “has this person helped his children?” “Has this person helped his relatives or neighbours?” Once the answer is negative, then, she should know that it is all lies and deceit. Young girls should be to ascertain when they are deceived. If they have fallen into such traps, they should find a way to escape and report to cops in the country where they are taken to. Besides, I want NAPTIP to help me to get a place where I can learn how to make beads very well as a vocation and set up a business for me where I will make and sell beads. I will also like NAPTIP agency to recruit me as a voluntary resource person to talk to young girls about trafficking. I am willing to work with NAPTIP and that is my main request (IDI, Female/ Trafficked Victim/ 23 years/Lagos State).

Another participant mentioned:

If someone doesn’t have money or come from a poor home, one can still do this house-help work and it is very lucrative if you are paid the money directly. Nevertheless, if you come from a very rich background, then there is no need to do house-help work because it is very stressful and sometimes if you meet a bad ‘Madam’...she will beat you with sticks even kill their house-help. However, I want NAPTIP to assist me with money to learn hairdressing so that I can stay on my own to do hair making. I am tired of doing house-help and being arrested...let NAPTIP help me (IDI, Female/ Trafficked Victim/14 years/Lagos State).

Victims of trafficking have diverse socio-economic backgrounds, varied levels of education, and such socio-demographic variables may be documented or undocumented. The needs of victims trafficking are among the most complex of crime victims, often requiring a multi-disciplinary approach to address severe trauma and medical needs, immigration and other legal issues, safety concerns, shelter and other basic daily needs, and financial hardship. Some of the participants’ commented on how NGOs and government agencies can address their socio-economic conditions:

I will advise young Nigerian girls that there is nothing that they should be looking for outside Nigeria. I cannot advise young people to travel because you will be working and someone will be collecting your money. In addition, it is good to talk and discuss with your parents about travelling so that they can be involved in the travelling process. Thank God that I told my dad and he was involved in the travelling process, so that is why I could be rescued. I also want to plead with NAPTIP officers to assist me to get back the one million naira from the trafficker so that I can open chemist and provision shop and start a new life again (IDI, Female/ Trafficked Victim/23 years/ Lagos State).

Other internal trafficked participants emphasized that:

I want NGOs and government agencies to help us with money to start business. I know how to make hair but I do not have money to start a saloon on my own because it requires substantial amount of money. If girls in the same condition of poor family background are assisted with fund, they will not be deceived into sex trade for sexual exploitation. Nobody will take them away from their parents by promising to help them whereas their aim is to deceive them into sex business, which is dangerous and risky to the life of the victim (IDI, Female/ Trafficked Victim/18 years/Ibadan).

I want NGOs to give us self-development training programmes that will equip us with skills and with some money to enable us start business with the new skills that we were taught. If girls in the same condition of poor family background with me are assisted with skill training programmes and with some amount of money to start the business with the skills they have learnt, will not be tricked into prostitution. Bad friends will not take us away from our parents by promising to give us heaven and earth whereas it is all lies to deceive them into sex business (IDI, Female/ Trafficked Victim/23 years/ Ibadan).

Although, socio-economic conditions and lifestyle factors have been found to be related to self-rated health, which is an established predictor of morbidity and mortality of non-communicable diseases (Craddock and Brown, 2009; WHO, 2010; Marrero et al., 2012; Bygbjerg, 2012; WHO, 2013; Reubi et al., 2016). Few studies (Molarius et al., 2006; Parrott, 2014; NHTRC, 2016), however, have investigated the independent effect of material and psychosocial conditions as well as lifestyle factors on self-related health issues (Molarius et al., 2006). Further, demographers and social scientist use socio-economic as an umbrella term to cover a wide variety of interrelated social and economic factors that might tend to explain an observed phenomenon, event or set of events.

IX. Conclusion

This study established that the act of trafficking for sexual exploitation poses serious health implications in relation to non-communicable diseases as a result of trafficked victims' engagement in risk-inducing lifestyles. Thus, trafficked victims suffer from serious physical, mental health problems, serious physical abuse, physical fatigue, starvation, injuries as well as communicable to non-communicable disease ailments. Typical injuries include broken bones, concussion, bruising or burns, as well as other injuries consistent with assault. A lot of trafficked victims are faced with sexual assault with different experiences and such can be wanted touching, grabbing, oral sex, anal sex, sexual penetration with an object, animals and/or sexual intercourse (Martinez, 1991; TAFH, 2005; NHTRC, 2016).

Trafficking victims are often made to participate in sexual activities through pressure from their procurers or 'Madam', manipulation from clients involving more than one sexual persons, impairment from alcohol or hard drugs. With these experiences, victims may experience a range form of physical consequences and emotional reactions, including severe stress, depression, communicable and non-communicable diseases. On the other hand, it can be deduced that there will be growing prevalence of NCDs over time among trafficked victims, with indications of the rise in their engagement in risk-inducing lifestyles (drinking, smoking, unhealthy diets, and physical inactivity) as a result of the trafficked pathway they found themselves.

Private and government organizations/agencies who work with trafficked victims are more aware and concerned of the severe and inter-related health consequence of communicable diseases in relation to sexual and reproductive health. However, they neglect other non-communicable health ailments such as hypertension, diabetes, cardiovascular diseases, liver, and kidney diseases even if victims are predisposed to them as a result of their risk-inducing lifestyles. As shown in the findings, inadequate knowledge and awareness of NCDs prevents their procurers and 'Madams' from assisting them to seek treatment when they are sick. The 'Madams' or procurers have

knowledge of health-seeking behaviour but negative perceptions towards the victims' susceptibility to non-communicable diseases.

Finally, it is necessary to make trafficked and rescued victims aware of the impact of their risk-inducing lifestyles on their health. These risks need to be presented in a way that will raise awareness to get all the necessary treatment and medical attention. The victims need to be conscious of the clinical reality of their social existence in the context of non-communicable diseases, and the long consequences of such diseases. These steps will go a long way in assisting and helping trafficked victims who are already susceptible to NCD ailments. Notably, aside from the negative impact trafficking has on victims, human trafficking impedes national and international economic growth. Sexual exploitation and trafficking deprive them of the opportunity to achieve their full potentials. It deprives developing nations of vital resources for development owing to the fact that sheer proportion of young females in the population as signified in Nigeria population pyramid are being faced with trafficking for sexual exploitation.

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