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Gender Relations and HIV Transmission in North-Central Nigeria

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Abstract Nigeria's most recent National HIV/AIDS and Reproductive Health Survey of 2012 shows a decline in the national prevalence rate from 3.6% in 2007 to 3.0% in 2012. Despite this moderate decrease, the rate for the North-central geopolitical zone: (5.7 and 3.4%, respectively) remained higher than the national average for both years. Besides, virtually all of the HIV and AIDS surveys conducted in Nigeria from 1999 till date have consistently shown higher rates among females than males. For instance, it was 4.0 and 3.5% among females; and 3.5 and 3.3% in males in 2007 and 2012 respectively. UNAIDS reported that studies on the mode of transmission in 2008 found the bulk of new infections among cohabiting and married sexual partners who are not engaged in high risk sex (42.2%) compared to casual heterosexual sex (9.1%) and sex workers (3.4%). Higher vulnerability among married females implies higher risk of parent to child transmission, yet married women are perceived as a "low risk" group. Against this backdrop, I studied some gender related socio-cultural factors that influence HIV transmission among married women in two ethnic groups in North-central Nigeria. Results of the qualitative study conducted through 24 in-depth interviews and 36 focus group discussions in six communities indicate that marital consent; women's poor access to safe sex; double standards in marital sexual practices; gender based violence against women; among others influence the spread of HIV infection in married heterosexual couples. In conclusion, marriage does not necessarily reduce HIV vulnerability in women.

Keywords HIV transmission in marriage · Cultural practices · North-central Nigeria · Gender relations · Gender based violence

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Introduction

It is trite to state that sub-Saharan African countries have the highest prevalence of the human immunodeficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS) worldwide. Apart from the success story of Uganda, concerted efforts led by the government and several development agencies towards realizing target seven of the Millennium Development Goal six that sought to "Have halted by 2015 and begun to reverse the spread of HIV/AIDS" (United Nations 2000) have only yielded moderate result in sub-Saharan Africa. For instance, Nigeria's most recent National HIV/AIDS and Reproductive Health Survey of 2012 shows only a small decline in the national prevalence rate from 3.6% in 2007 to 3.0% in 2012.

Although poverty is a major challenge in most of these countries, previous research reveals that HIV transmission cannot be reduced to socio-economic issues (Abimanyi-Ochom 2011; Makinwa-Adebusoye 2006). Besides, Nigeria has been heavily reliant on the Health belief model that assumes that once a person has been given the necessary information and education about the dangers of unsafe sexual behaviour, the individual would take responsibility and act rationally to desist from such (Rugalema 2004; Smith 2007). The Ugandan case has clearly demonstrated that sexually transmitted infections (STIs) including HIV/AIDS are medical conditions with multiple causes that are beyond generalized medical explanations. The different aspects of social relationships including marriage and the pattern of sexual contact which is directly related to transmission, are guided by subsisting cultural beliefs and norms. Therefore, beyond economic factors and Health belief intervention model, understanding the social and cultural environment is crucial to establishing the major determinants of the problem and enhancing a socially acceptable behavioural change borne out of the recognition of an effective link between socio-cultural practices and ill health.

Smith (2007) underpins the role of marriage as a risk factor for HIV/AIDS in Southeastern Nigeria and contends that married women's greatest risk of contracting HIV is through sexual intercourse with their infected husbands. Similarly, the United Nations Joint Programme on HIV/AIDS [UNAIDS] (2014) reported that studies on the mode of transmission in 2008 found the bulk of new infections among cohabiting and married sexual partners who are not engaged in high risk sex (42.2%) compared to casual heterosexual sex (9.1%) and sex workers (3.4%). This corroborates Roura et al. (2010) argument for situating the concept of "risk" in the transmission and management of HIV/AIDS within the culture of those concerned. Apart from making perceived "high risk" individuals the primary target for much of HIV/AIDS prevention programmes, they generally fall short of contextualizing the concept of risk in STI discussion in Nigeria. The cultural construction of risk could be largely responsible for the high incidence of HIV infection (42.2%) in the supposedly low risk group of cohabiting and married partners. Hence, Smith (2007:1003) argued for a "social and economic transformation beyond the scope of conventional public health programmes".

Nigeria is predominantly heterosexual, yet virtually all of the HIV/AIDS surveys conducted in the country from 1999 till date have consistently shown higher rates

among females than males as with most other heterosexual societies. For example, it was 4.0 and 3.5% among females; and 3.5 and 3.3% among males in 2007 and 2012 respectively. Higher vulnerability among married females implies higher risk of parent to child transmission. In spite of the modest national decrease mentioned above, the rate for the North-central geopolitical zone: 5.7 and 3.4% respectively was higher than the national average for both years and Nigeria ranks second highest in the world in terms of HIV/AIDS burden (National Agency for the Control of AIDS (NACA) 2015). South Africa is first.

Uganda, the hitherto worst hit country in Africa, achieved much success in the fight against HIV and AIDS because of the comprehensive community based approach embarked upon by all stakeholders. To successfully halt the spread of HIV in a heterosexual society like Nigeria, it is imperative to design culturally sensitive and holistic intervention packages that would target the needs of all adult women and men irrespective of their marital status and the level of exposure to perceived sexual risk. Rather than rely on the HIV control models that are dictated by the West. Therefore, what is urgently needed are locally generated multi-sectorial interventions that take into account the cultural and social aspects of transmission and infection. It is against this backdrop, that I undertook an exploratory study of how the socio-cultural factor of gender relations influences the spread of HIV/AIDS among married women in two ethnic groups in North-central Nigeria.

Study Setting

Nigeria, a country in the West African sub-continent lies between 4°16′ and 13°53′ north latitude and between 2°40′ and 14°41′ east longitude. Nigeria is bordered on the east by Cameroon, Chad on the northeast, north and west by the Republics of Niger and Benin respectively, and on the south by the Gulf of Guinea. With a total land area of 923,768 km^2, Nigeria exhibits a variety of relief features which include highlands and lowlands. The highlands consist of the Jos Plateau and parts of Adamawa in the north; and Oban hills and Obudu Plateau in the south-east. The 2006 population census gave Nigeria a population figure of 140,003,542 (Federal Republic of Nigeria 2006). Approximately two-thirds of these reside in rural areas.

Nigeria is occupied by sundry ethnic groups with distinct traditions, customs and languages. The Hausa, Fulani, Igbo and Yoruba are the largest and politically dominant ethnic groups. The country is divided into six geopolitical zones: North-east; North-central; North-west; South-east; South-west; and South–south. Each has six States. Thus, the Federal Republic of Nigeria is made up of 36 States and a Federal Capital Territory (FCT). These States are further divided into 774 Local Government Areas (LGAs). The North central consists of the following: Benue, Kogi, Kwara, Nasarawa, Niger, Plateau and the FCT. It is characterized by a massive concentration of small ethnic groups of autonomous political systems (Ekanade 1986). This study was conducted among two ethnic groups in this zone: the Tarok and the Gbagyi. The Tarok ethnic group is located in Plateau State and the Gbagyi are predominantly found in about thirty Local Government Areas across Niger, Nasarawa, Kogi, Kwara, the FCT, and in Kaduna State in the North-west which borders the North-central zone.

The Tarok

Tarok men and women are traditionally agriculturalists. Many still combine farming with paid employment or other traditional economic activities like hunting, blacksmithing, woodcarving and weaving. Weekly markets which are fora for buying and selling as well as intense social activities are held in the district headquarters in Tarok land. Traditional religion and Christianity are the dominant religions in the land. In the early twentieth century, early Christian evangelical missionaries introduced Western education and medical services to Tarok land. The Tarok people embraced Western education and many on completion sought paid employment in the large urban centres. They have taken to several careers but made the most impact in the Nigerian Armed forces. Military career seems to fit the traditional values of bravery and valour among Tarok men and women. Traditionally, the Tarok practice strict lineage exogamy with patrilocal residential pattern organised around patriarchy until the advent of urbanization and labour migration which is often characterised by neolocality.

The Gbagyi

The Gbagyi also known as Gwari are a Nupoid-speaking people. Their major occupation includes farming, fishing, pottery and hunting. They are remarkable for the way their women bear heavy loads on their shoulders as distinct from holding them on the head as commonly practiced by most other ethnic groups in Nigeria. This practice is believed to be rooted in the respect of the Gbagyi for the head which is believed to have a prime place as the "king" of the human body. The men are forbidden by the gods from carrying loads. Until their early contact with Islam in the nineteenth century and Christian missionaries in the twentieth century, the Gbagyi practiced traditional religion, *Knunu* that was based on their belief in *Shekwoyi*, a supreme being who created all things. Contact with the Christian evangelical missionaries led to Western education and relative access to modern medicine. Many educated Gbagyi are in paid employment across the federation. Like most ethnic groups in Nigeria, authority among the Gbagyi lies with the men and residential pattern is increasingly becoming neolocal.

Literature

Ninety-five per cent of HIV infections in Nigeria are traceable to heterosexual transmission (Adeokun 2006). The literature on the transmission of HIV in women generally underscores their social location in the society. This is closely tied to traditional gender roles which limit their access to family decision making in reproductive and sexual matters and denies them the right to influence their partners' sexual behaviour (Izugbara and Ezeh 2010). The men on the other hand, are invested with the power to control the sexual desires of their wives (Worth 1996) as well as their sexuality and fertility (Makinwa-Adebusoye 2006; Health Reform Foundation 2006; Okoronkwo 2000; Wall 1998; Isuigo-Abanihe 1994). Men's dominance in reproductive decision making extends to their ability to make choices

regarding engaging in legitimate multiple sexual relationships and or extramarital sexual partnerships (Epstein 2008; Smith 2007) irrespective of the health consequences. Conversely, wives suffer much constraints to taking personal precaution or negotiating safe sex with their husbands, hence some are obliged to take certain reproductive decisions like the use of contraceptives, in secret (Orisaremi and Alubo 2012; Alubo 2007). This Ezumah (2003) further argues, is borne out of fear of facing the consequences of their unilateral action which may include husbands' withdrawal of economic support for themselves and their children. They may also be subjected to physical violence by their male spouse (Abane 2000; National Population Commission (Nigeria) and ORC Macro 2004; Orisaremi and Odinkalu 2014); be denied food; be subjected to threats of marrying other wives; or even outright divorce (Wojcicki 2005; Izugbara and Ezeh 2010). The pressure to be married and the generally poor socio-economic status of women in Nigeria, also partly account for their inability to negotiate safe sex with their spouse or to quit abusive relationships. Economically dependent women find the risk of losing their source of livelihood through separation or divorce much higher than that of contacting HIV or other STIs.

Sexual networking among Okun male and female spouses in North-central Nigeria was examined by Osagbemi and Adepetu (2001). The effects of long duration of the postpartum sexual abstinence in the female on men's extramarital sex was investigated by Caldwell et al. (1990) while Orisaremi (2013) documented certain cultural beliefs around the postpartum abstinence and female sexuality. Adeokun (2006) and Hollos (2003) underscored the central place of procreation and boy child preference in Nigerian marriages and Jegede and Odumosu (2003) examined the health implications of arranged marriage among other practices in South-western Nigeria. Customary double standards in sexual matters were found to be vital elements in women's ability to condone the practice of multiple sexual partnerships by their male spouse (Adeokun 2006).

Elsewhere in Africa, Matshalaga (1999) studied how married Zimbabwean women were particularly disadvantaged in access to essential sexual health information unlike their male spouse or unmarried female sex workers. Upton (2002) equally underscores the role of the myth of "virgin cleansing" as cure for male infertility in the rapid spread of HIV in Botswana. Abimanyi-Ochom (2011) found the married, widowed and divorced women more at risk of HIV/AIDS in Kenya and Uganda than the "never married" women because marriage tends to "limit and control their sexual behaviour". Additionally, the author documented the nature of transactional sex especially between mobile professional and wealthy women and men who can easily afford to have multiple sexual partners. Dixon-Mueller (1996) however contends that beyond socio-economic status, social organization of gender differences is crucial to sexual and reproductive health.

Dixon-Mueller's (1996) sexuality-gender model explains how socially constructed hierarchical gender relationships determine women's sexual reproductive health especially in relation to protection from STIs, sexual violence, and other harmful practices; control over sexual access and sexual enjoyment; and information on sexuality. The model provides the theoretical framework for the current

study because it establishes a clear link between socially constructed and accepted unequal gender relations and HIV/AIDS in women in a heterosexual society.

Methods

A purposive, non-probability sampling procedure was used. This allowed for a reflection of the relevant differences in the population and a selection of strategic informants from diverse sub groups with adequate and intimate knowledge of the issues canvassed. A mixed method design was used for the study: quantitative method generated the needed socio-demographic data for a descriptive analysis of the study participants; and the qualitative method provided for a detailed, in-depth, and descriptive analysis of individual participant's narratives and actions as well as the cultural patterns, and behavioural norms and practices that cannot be easily captured or explained by quantitative methods. It also provided for an understanding of the local knowledge needed to clarify ambiguities where necessary and formulate valid and meaningful sociological explanations of data. This methodological triangulation provided the much needed background picture for a clearer understanding of results and the collection of robust and comprehensive data.

A combination of focus-group discussions (FGDs) and in-depth interviews (IDIs) was employed and this enriched the data by capturing the diversity of opinions and thereby, deepening our understanding of the problem. The FGDs served as a platform for the researcher to experience and record the dominant, diverse, and even sometimes contradictory opinions expressed by the interacting participants and the IDIs generated in-depth data from individual opinion leaders and key stakeholders.

The study population from which sample was drawn was female and male indigenous community members aged 15 and above with good knowledge of the social norms and practices of the community especially in relation to the issues canvassed. Verbal consent was got from each adult participant and from the parents or guardians of the FGD participants aged below 18 as appropriate. The inclusion of women and men from different backgrounds provided for a diversity of perceptions and opinions along gender lines and the opinions of the different age groups enabled a historical analysis of the study phenomenon.

Data were collected from Tarok and Gbagyi men and women in six distinct communities across two States and the FCT, namely, Langtang, Gazum, Reak and Pil-gani (Tarok communities in Plateau state); Kuchikau in Nasarawa State and Kwali in the FCT (both Gbagyi communities). Although Langtang, Pilgani and Kwali are classified as urban communities by the Nigerian National Population Commission, they are small towns of relatively homogenous groups. I therefore refer to them as semi-urban. Reak, Gazum and Kuchikau are rural. Data were collected from both rural and semi-urban communities to ensure that findings on the traditional cultural practices that constitute the subject matter reflect and are discussed within the context of social change and continuity. Structured questionnaire was used to collect data on the social, economic and demographic background of all the potential IDI and FGD participants. Information got through the

questionnaires was used to constitute the various FGD groups. An interview guide was used for each of the IDIs and FGDs.

The IDI participants were 24 from the six communities. There were four from each community: (1) the traditional leader; (2) a religious leader; (2) a female opinion leader; and (4) a senior health service provider. This is because of their strategic positions and the relevance of their roles in the respective communities to the research topic. Efforts were made to ensure that the non-indigenes in these positions had resided in the communities for at least 3 years and had sufficient knowledge of the social and cultural lives of their host communities. A total of 36 FGDs were conducted: three each for female and male groups of diverse socio-demographic characteristics in each of the six (two Gbagyi and four Tarok) communities studied.

This paper is part of a larger study on gender relations and women reproductive health in the two ethnic groups. Data on the Tarok were collected in 2008 and 2011 while those of the Gbagyi were collected in 2015. From the wider cultural and social issues canvassed, practices that have direct bearing on HIV transmission in marriage: patterns of marital gender relations; female consent in heterosexual marriage; subsisting gender differences in sexual behaviour; gender based spousal violence against women; women's access to decision making in sexual and reproductive matters; etc. were extracted and used for this study. Three local research assistants of both genders participated in data collection process among the Tarok and two among the Gbagyi. Each field research assistant had tertiary education and was fluent in the local language as well as in Hausa and English languages. Each research team was trained on the research objective, instruments and the needed skills for both quantitative and qualitative data collection by the principal researcher herself to enhance the quality of data. Training was concluded a day before the commencement of the actual field exercise in each of the ethnic groups.

Data from the structured questionnaires were analysed electronically and used to describe the socio-demographic background of the participants while qualitative content analysis began with manual verbatim transcription. Transcripts were translated into English language at the research site and within 24 h of data collection. This enabled further clarification of any unclear points from participants. Thereafter, the range of views expressed were weighted and the dominant and minority opinions, peculiarities, and dissenting voices were identified, compared and situated within the context of the data on the social background of the various categories of participants in order to build a unified system.

Limitation

Some of the data on the Tarok ethnic group were collected in 2008 eight years ago, and certain opinions and practices especially among the youth may have changed over time. However, data were collected from different age groups and analyzed within the relevant contexts, so they are still quite dependable in reflecting both the static and dynamic aspects of the culture and in giving a good indication of the cultural elements that influence HIV transmission among married Tarok women.

Secondly, although a mixed method of data collection was used, the bulk of the findings were generated using qualitative research tools which unlike quantitative data, call for different standards in terms of generalization. Nonetheless, efforts made by the researcher to present a description of the social context of the study participants should facilitate a cautious and responsible transfer of results to larger population of similar contexts.

Findings

Although administered questionnaires generated the necessary socio-demographic information on each of the participants, background data for FGD participants were summarized to reflect the constitution of each group as presented in Tables 1, 2 and 3.

Interaction with participants indicates that HIV transmission in marriage especially as regards women is hardly discussed, yet their narratives support a close link between certain cultural practices and the transmission of HIV in heterosexual marriages. Findings demonstrate how social relationships including gender relations are culturally defined and thus, underscore the intricate relationship between observed cultural and social factors. Discussion of HIV/AIDS is limited to women in heterogeneous marriage chiefly because both ethnic groups like other groups in Nigeria are heterosexual. Gender related cultural and social practices that facilitate HIV transmission in married women were extracted from participants' narratives and organized into five major themes as presented below:

Poor Level of Female Consent to Marriage

The research identified two broad types of marriages in both ethnic groups: consensual and non-consensual or forced marriage. Majority of the older female and male participants expressed the opinion that in the past, a girl's consent was not considered relevant in deciding who she would marry as the choice depended largely on the parents particularly fathers:

> Girls were often forced by their fathers to marry men of their choice…. If there is a man from *so and so* house who has indicated interest to marry your daughter, she must marry him because it could be that as a man you have been having a good relationship with your friend, a very strong one at that; then she must marry him. Sometimes the girl would reject and run away to a neighbouring village but she must marry him when she comes back. Sometimes the girl would go into the marriage crying and sometimes also the marriage would not last because of lack of initial love between the two {IDI, Male, 68, Gbagyi, Semi-urban}.
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> …Parents could even give away their daughters in the past against her wish. It happened and out of respect for the parents the girl would agree to marry the man. Even if the girl refused they could in rare cases resort to the use of charms to ensure that she agreed to marry him, they could ask the man to bring some concoction and other things {FGD, Male, 65+, Gbagyi, Rural}.

Table 1 Social background of Tarok IDI participants (Fieldwork April–May 2008 and January 2011)

S/No.	Tool	Locality	Sex	Age	Religion	Educational status	Marital status	Status in community	Income earning activity
1	IDI	Semi-urban	Female	70	Christian	No formal education	Married	Opinion leader	Petty trading and farming
2		Semi-urban	Male	63	Christian	Tertiary	Married	Traditional ruler	Community service and part time farming
3		Semi-urban	Male	44	Christian	Tertiary	Single	Religious leader	Community service only
4		Semi-urban	Male	51	Christian	Tertiary	Married	Health service provider	Paid employment and part farming
5		Semi-urban	Female	45	Christian	Tertiary	Married	Health service provider	Paid employment and part time farming
6		Semi-urban	Male	66	Christian	Primary	Married	Traditional ruler	Community service and farming
7		Semi-urban	Male	64	Christian	Tertiary	Married	Opinion leader	Full time farming
8		Semi-urban	Male	62	Christian	Primary	Married	Religious leader	Pensioner in part time farming
9		Rural	Female	60	Christian	Primary	Married	Opinion leader	Petty trading and farming
10		Rural	Female	44	Christian	Tertiary	Married	Health service provider	Paid employment and farming
11		Rural	Male	78	Christian	Primary	Married	Traditional ruler	Pensioner and part time farming
12		Rural	Male	47	Traditionalist	No formal	Married	Religious leader	Community service and Farming
13		Rural	Male	68	Christian	Tertiary	Married	Traditional ruler	Community service and farming
14		Rural	Male	33	Christian	Tertiary	Married	Health service provider	Paid employment and farming
15		Rural	Female	75	Traditionalist	No formal	Widow	Opinion leader	Farming
16		Rural	Male	59	Christian	Secondary	Married	Religious leader	Pensioner in part-time farming

Table 2 Social background of Tarok FGD participants (Fieldwork April–May 2008)

S/No.	Tool	Locality	Sex	Age	Religion	Educational status	Marital status	Income earning activity
1	FGD	Semi-urban	Female	15–24	Christian	Primary and secondary	Single	Schooling
2		Semi-urban	Female	20–24	Christian	Secondary and tertiary	Married and single	Petty trading/farming
3		Semi-urban	Female	30–35	Christian	Tertiary	Married	Paid employment and farming
4		Semi-urban	Female	35–45	Christian	Primary	Married	Farming and petty trading
5		Semi-urban	Female	50+	Christian	Secondary	Married	Farming, paid employment and trading
6		Semi-urban	Female	65+	Christian	No-formal primary	Widowed	Full time farming
7		Semi-urban	Male	25–34	Christian	Secondary and primary	Married	Paid employment and farming
8		Semi-urban	Male	30–39	Christian	Primary	Married	Petty trading
9		Semi-urban	Male	40–49	Christian	No formal	Married and widowed	Full time farming
10		Semi-urban	Male	50–59	Christian	Primary and secondary	Married	Paid employment and farming
11		Semi-urban	Male	65+	Christian	Primary	Married	Paid employment/pensioner and farming
12		Semi-urban	Male	70+	Traditionalist and Christian	No formal	Married and widowed	Pensioner/full time farming
13		Rural	Female	15–24	Christian	Primary	Single	Schooling
14		Rural	Female	18–24	Christian	Primary and secondary	Married	Paid employment, petty trading and farming
15		Rural	Female	45–50	Christian	Primary	Married	Petty trading and farming
16		Rural	Female	50–55	Christian	Tertiary	Married	Paid employment and farming
17		Rural	Female	60+	Christian	Primary	Married	Petty trading and farming
18		Rural	Female	65+	Christian	No formal and primary	Married and widowed	Petty trading and farming
19		Rural	Female	70+	Traditionalist	No formal	Widowed	Full time farming
20		Rural	Male	20–24	Christian	Primary	Married	Petty trading/farming
21		Rural	Male	30–34	Christian	Secondary	Married	Paid employment and farming
22		Rural	Male	35–39	Christian	Primary	Married	Full time farming
23		Rural	Male	45–54	Christian	Secondary and tertiary	Married	Paid employment and farming
24		Rural	Male	65+	Christian	Secondary	Married	Pensioner and full time farming

Table 3 Social background of IDI and FGD participants in Gbagyi communities (Fieldwork, March–April, 2015)

S/No.	Tool	Locality	Sex	Age	Religion	Educational status	Marital status	Income earning activity
1	IDI	Semi-urban	Female	43	Christian	Secondary	Married	Paid employment and farming
2		Semi-urban	Male	66	Christian	Tertiary	Married	Paid employment and farming
3		Semi-urban	Male	68	Muslim	Tertiary	Married	Community service and paid employment
4		Semi-urban	Male	41	Christian	Tertiary	Married	Paid employment and farming
5		Rural	Female	34	Christian	Primary	Married	Full time farming
6		Rural	Female	42	Christian	Tertiary	Married	Paid employment and petty trading
7		Rural	Male	47	Christian	Primary	Married	Community service, trading and farming
8		Rural	Male	55	Christian	Tertiary	Married	Paid employment and part time farming
9	FGD	Semi-urban	Female	15–24	Christian	Secondary	Single	Most of the participants in the 15–24 age category were mostly students and apprentices, while other age categories were constituted by participants with varied income earning activities including trading, paid employment, self-employment, etc. However, practically every FGD participant was engaged in farming either as an exclusive income earning activity or as a complement

Table 3 continued

S/No.	Tool	Locality	Sex	Age	Religion	Educational status	Marital status	Income earning activity
10		Semi-urban	Female	25–34	Christian	Secondary and tertiary	Married and single	
11		Semi-urban	Female	50–59	Christian	Primary and secondary	Married and widowed	
12		Semi-urban	Male	15–24	Christian	Secondary and tertiary	Single	
13		Semi-urban	Male	35–49	Muslim	Primary	Married	
14		Semi-urban	Male	50–64	Christian	Non-literate and primary	Married	
15		Rural	Female	15–24	Christian	Primary and secondary	Single	
16		Rural	Female	35–49	Christian	Primary	Married	
17		Rural	Female	70+	Traditionalist and Christian	Non-literate	Married and widowed	
18		Rural	Male	15–24	Christian	Primary and secondary	Single	
19		Rural	Male	35–45	Christian	Primary and secondary	Married	
20		Rural	Male	65+	Traditionalist and Christian	Non-literate	Married and widowed	

The main reasons adduced by participants for this practice are: if the suitor is hard working; if there is a long standing friendship between the groom and the bride's dad or his family; sympathy for a male friend who is too poor to pay the requisite bride wealth and is thus "gifted" with a wife; and poverty in the girl's family:

> … my mum told me that her parents made her marry my father because he was very hard-working and could farm very well. She said that was the practice then. She said she was simply told one night by her parents 'you are going to marry this man because he is hard working and can take care of a woman'. She had no choice but to marry him. She was not asked if she liked him or not (IDI, Female, 42, Gbagyi, Semi-urban).
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> In those days if a man relied on a friend's goodwill for survival, he may decide to give his daughter to his friend's son as *nzok* (gift). In that case, a father can force his daughter because of the existing relationship … as *ntimman* (an act of trust and love) {FGD, Female, 60-65, Tarok, Rural}.
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> … If the family of the girl is poor and if they know they cannot sponsor that girl to school … if a rich man goes to them to say he loves their daughter and knowing that that is where they will get something, they will give him the girl… She will be willing to go because she knows that in her dad's house, there's nothing for her and … that the man will be bringing money and food items to her parents {FGD, 15-24, Female, Tarok, Semi-urban}.

It is worthy of note that only a minority of Tarok participants mentioned *nzok* marriage which they said is a relatively recent practice connected to the introduction of a cash economy. They also said that *nzok* marriage usually involves elderly men and innocent teenage girls.

Even the community or its leader could take the decision especially if her marriage is to make peace after communal war or to solidify existing relationship between communities:

> … we are all our brothers keepers, the whole community, everybody is concerned about everybody so not just the maternal or paternal relations; even the leader of the community can determine the relationship … There was no choice for the girl, if there was at all the choice was very slim and like I said earlier it was the society that determined … the girl had no choice … {IDI, Male, 68, Gbagyi, Semi-urban}.

In general, most grooms would know their would-be-brides before marriage. However, there were proxy marriages arranged by families for their sons living in foreign lands:

> There was also marriage by proxy; the family sees the girl recommends her to their son living afar and if he shows interest that is it {IDI, Female, 42, Gbagyi, Rural}.

A minority of elderly rural participants equally mentioned two ancient forms of marriage practices in both ethnic groups: *gbepe* among the Gbagyi whereby an elderly member of the extended family chooses a wife for a son or grandson at birth. *Gbepe* ordinarily refers to bride payment. The Tarok mentioned *njing ngya*, a secret

arrangement between the father of a boy (who usually initiates it) and that of a very young girl. The boy abducts her once he feels she is mature enough for marriage. Her consent is not sought. Although *njing ngya* is not a common practice, there was a consensus among Tarok participants that marriage by abduction remains relatively common in rural communities. A form of marriage by abduction commonly mentioned precludes any previous arrangement: once a man sees a girl he likes anywhere within the community, perhaps in the market place, at a festival, or on her way to the stream, he arranges with his friends to help "capture" her even against her wish. Her resistance can lead to severe beating and in some cases, injury. Once they succeed in getting her into his abode, and in forcing her to sleep with him, the man is said to have "married" her. The man's father then sends a messenger with *taba* (meaning "tobacco" which symbolizes any little gift) early the following morning to the girl's father to proudly inform him that he is in "possession" of his missing daughter. The girl is restricted to the man's house and closely guarded. Majority of participants mentioned that she could be locked up in his house for up to 7 days, some said for 2–3 months while a tiny minority said until he is sure that she is pregnant. She may reject meals for the first few days as a sign of protest. The following statements give a clear description of marriage by abduction:

> In those days, there was nothing like *nab igwar* (traditional marriage rites) and so on before marriage. If today I see a girl like my sister here (pointing at the young female research assistant), and I like her, I can arrange with my friends and take her to my house today before other traditional rites will follow… Up till today, it is still happening in villages, interior villages but it is being abolished in towns … What the girl does is to run away if she does not like him, even if she has a child for the man… once captured and brought to his house, she can't be allowed to stay free so to prevent her from running away, they have to lock her for some time. But the very day after her capture, they have to send some people to inform her parents of what they have done … {FGD, 30-39, Male, Tarok, Semi-urban}.

The major reasons proffered by participants for this form of forced marriage are: fear on the part of the man that the girl may reject his proposal; the girl's actual refusal to marry him; and men's superior physical strength as illustrated by the following statements:

> … You don't have to start by approaching the girl because she may refuse because she doesn't know you so the girl has to be captured first … you plan with some other persons to capture her {FGD, 30-39, Male, Tarok, Semi-urban}.
>
> … The girl will be crying and if she insists on her refusal and she attempts to run, they will beat her and get the hell out of her… When they capture her and she does not want to go because she doesn't like that man, she will cry '*oremifa! Oremifa*!! Leave me! Leave me alone!!' They will say '*irebukat nzhi vata sai buga!*' (We will not leave you. You must go to that house!) Leave me alone *mamingakat!* (I'm not going!). They will beat her very well…

> They can even break one of her hands… {FGD, 15-24, Female, Tarok, Semi-urban}

Traditionally among the Tarok, once a marriage is consummated and the girl's parents give their consent, the bride returns to her parents' home where preparations will be made for her *igbak ikpan,* a ceremony that marks her final departure from her natal home. The value placed on girls' premarital virginity was mentioned by some female participants as part of what sometimes compels the girls and their parents to concede to this type of forced marriage. This also explains why parents of girls who elope with the men of their choice are constrained to accept the marriage. On very rare occasions however, parents of abducted girls would try all they can to bring back their daughters from their male abductors especially where there was a feud between both families. Forced marriages discussed by Gbagyi participants are nearly always with the consent of the parents or guardians of the couples involved.

Although forced marriage persists, the advent of Christianity, urbanization and Western education, consensual marriage was reported to be on the increase among both ethnic groups:

> … parents no longer have the responsibility of telling their daughters who they should marry {IDI, Male, 62, Tarok, Rural}.
> Nowadays, with civilization, we have the right to choose whosoever we want to marry and they can come from any region, any tribe, anywhere and our parents allow it {FGD, Female, 15-24, Gbagyi, Semi-urban}
> These days, the man will first approach me and ask me if I love him, if I do … I will tell him that if he wants to marry me, he has to arrange to come and know my people … after their departure, my dad will call me and inform me about his guests. He will ask me if l know them and if I am aware of their visit. If I say 'yes', then I will be asked if I love the man. It is only after that, that someone will be sent to give an answer to the man's request (FGD, Female, 15-24, Gbagyi, Rural).

Even the young male participants said that nowadays men discuss directly with their girlfriends or prospective brides before getting their parents involved:

> … No! (In chorus) you don't start with your parents these days. You go straight to the girl and speak your mind by telling her what you need … before you tell your parents and before she too tells her parents (FGD, Male, 15-24, Gbagyi, Rural).

Even in the past, not all girls were forced into marriage as some parents made their daughters' consent a precondition for accepting any form of bride payment:

> … on the whole many women were asked before … anything was collected and before they were finally given to their husbands even in the past (FGD, Female, 50-59, Gbagyi, Semi-urban).

Data from participants indicate that both forms of marriage can influence women's vulnerability to HIV. It was strongly expressed that the sexual abuses inherent in modern consensual marriage processes increase the risk of HIV before marriage:

> Unlike before where you could not touch the girl before marriage, they have no respect for their bodies anymore… before you the parent, get to know anything about their relationship, they have gone too deep…you will even be lucky if your daughter does not get infected or pregnant before her marriage… It is risky because if that happens she may never get a man to marry again if care is not taken {FGD, Female, 70+, Gbagyi, Rural}.
> … In fact, it is because young people these days engage in abusing their bodies before marriage and testing one man or girl to another that AIDS is on the increase … even after marriage they are so used to testing other men that they cannot keep to their husbands. Men are worse … {IDI, Female, 60, Tarok, Rural}.

A minority believed that non-consensual marriage poses more threat to women's sexual health after marriage. This they traced to lack of love which may result in extramarital sex in either partner but particularly in modern young women who can even decide to abscond with the men they love.

Widow Inheritance

Traditionally, most patrilineal societies in Nigeria have ways of ensuring that the agnates of a deceased man provide social security first for his dependent children and then, for his young widow(s). Many of these societies exempt widows who are childless or are past reproductive age as an inherited widow is expected to continue to bear children for her deceased husband's patrilineage either through levirate marriage (where her new set of children belong to her new husband) or through ghost marriage (where they are regarded as those of the deceased). The practice exposes both parties to multiple sexual relationships. Though on the decline, it was relatively common even among Christians and the parties involved are hardly ever screened. The majority of the elderly male rural based participants and a minority of the younger men in all communities cherished this cultural practice of widow inheritance and were of the opinion that women like it because it guarantees their social security:

> A widow is allowed to marry her late husband's brother, older or younger depending on her choice. Because as you have (relate with) the brothers of your husband, you will be having in mind which one of them you like… As he comes to the house, he fondly calls you '*ucar mi'* (my wife), from doing that you know which one is kind to you, who loves you. Then when the time comes you'll be asked 'what would you do now?' then you'll say '*so so* person has been nice to me I'll stay with him'. Then the elders will call him and talk to him …' So in the night you will see the man coming to greet you. Gradually, the greeting will become complete… {IDI, Male, 62, Tarok, Semi-urban}

It was strongly argued by younger Tarok female participants that young widows have no real choice because those who refuse to be inherited yet choose to remain in order to take care of their children are forbidden from having an intimate relationship with any man outside their late husbands' patrilineage at the risk of

death. An elderly male traditional ruler of a rural Tarok community corroborated this:

> If you refuse to choose any of his brothers, they'll make you so unhappy… You cannot stay in his house while a different man comes to look for you in that house. No. That is forbidden unless you want to die… you will not be happy. You yourself will find a way of moving out quickly while you leave the children behind because they are not yours… this can also lead to war between the family of the late man and the new man.

Only a minority of older females supported the practice. The younger female participants expressed a general disgust for it for the reasons summarized thus: it is disrespectful especially where she has to marry her late husband's younger brother; it is against the Christian faith; it compounds a widow's economic and social problems; her older children do not get same treatment as the new husband's own children; and the wish of most widows to see their children grown before remarrying. A female health care provider highlighted the health implication of the practice of widow inheritance thus:

> One thing that worries me most is this issue of wife inheritance… A husband dies, you don't know what killed him, you go and inherit the wife, and before you know it, the whole family is infected and there many cases of HIV, AIDS and other STIs here and it cuts across all ages and all sexes … most often even during ANC if a woman is positive, the husband ends up being positive {IDI, Female, 45, Tarok, Semi-urban}

A summary of the reasons given by the male participants who support the practice are: to provide for the children and wives of a late brother; to safeguard the new members of one's extended family and their mother; to provide the much needed paternal care to the children; "to take care of our wife in the absence of a late brother"; and to fulfill a fraternal responsibility of protecting "the property" of a deceased brother. Overall, participants observed that the practice is on the decline among both ethnic groups and that the parties involved are hardly ever tested for HIV.

Culturally Sanctioned Control of Women's Sexuality, Fertility and Gender Based Violence against Women

Asked if wives can negotiate when to have sex as well as safe sex with their husband's, the general consensus was that a woman had no right to. Participants traced this to the cultural practice of payment of bride wealth which confers rights over a woman's sexuality and fertility on her male spouse. She also cannot unilaterally engage in the use of any form of modern contraceptive let alone deny her male spouse of his right to her body. In fact, for most participants, sexual negotiation was tantamount to female refusal:

> Hmmm! It is an abomination to tell your husband that you cannot do it. Whenever the man wants it he just jumps into her room and does whatever he

> wants. The only excuse is during her period and the man has to be sure she is in her period {IDI, Male, 68, Gbagyi, Semi-urban}

> She does not have the right to refuse her husband. Why did she agree to marry him in the first place, her refusal can even make the man suspect her of extra marital affairs so she has to give him… why did she marry the man?… he paid her dowry (bride wealth) for that! {FGD, 30-35, Female, Tarok, Semi-urban}

> No! Except during breastfeeding, otherwise she has no right to because she is legally married to her husband. He can even assume that she is having an affair if she says 'no' {IDI, Male, 55, Gbagyi, Rural}

For the younger generation, things are now different and understanding each other is very important in any marriage:

> It is no longer so. If both of you know each other very well even before marriage, you can explain it to him when you do not want it and he will understand with you. It is important you understand the man you marry {FGD, 15-24, Female, Gbagyi, Rural}.

Only a minority of educated young women with some economic leverage and educated men said that individual modern couples can discuss and agree on certain issues regarding when to have sex and safe sex. Asked if a woman who suspects that her husband moves around with other women can suggest to him to use a condom, the following was the response from an educated 42 years old female Gbagyi health worker in a semi-urban setting:

> If educated 'Yes' she has a right to do so… in this modern world. There will certainly be problems because the man will think you are suspecting him. But like me, I will insist that he uses condom before I will allow him. And there are cases of fight over these issues here. Yes. Of course, it causes a lot of troubles.

For majority however, it is inconceivable:

> Eeh! It is inconceivable. It is bad except if she is menstruating or if she is sick {FGD, Male, 30-34, Tarok, Rural}.

> If she is my wife aah! No! I can't use a condom with her. Except if she is my girlfriend because I don't know who else she is moving with. For me I may feel bad if my ways are not good but my wife cannot have the audacity to tell me that … {FGD, Male 15-24, Gbagyi, Rural}

The opinion that the inability of most women to negotiate safe sex sometimes leads to their refusal and subsequently, to being beaten by their husbands was strongly expressed by a majority of young women and a minority of the educated middle aged participants.

> It must lead to fight once you tell him 'no'{IDI, Female, 42, Gbagyi, Rural}

Majority of the younger male participants expressed disgust for women's refusal to "sleep with" their male spouse and perceived it a cogent reason for beating-up their wives; marrying additional wives; or outright divorce:

> … a man was always beating his wife at night and when asked for the cause he retorted: 'don't mind the stupid woman, every night she goes to lie down among children making the children uncomfortable so that is why I beat her'. As an adult you know what is happening {FGD, Male, 35-45, Gbagyi, Rural}.

> No. If she does, there will be a big dispute between them… we do not joke with it… No matter what she does, she must make herself available to her husband whenever he wants it. That is the only way the home will not shake … There is going to be confusion between them, there can even be a divorce or it may even be taken to the palace. Don't even try it. You will be breaking the number one law because that is the number one law (general laughter) {FGD, Male, 35-49, Gbagyi, Semi-urban).

A minority of older men equally expressed same opinion:

> *Haba*! Beating your wife who refuses you is a common practice. Once you want it and she says 'no' … you have power over her to beat her, why should she keep it. Unless she's sick and you know she is sick… if not once she says 'no' then anything can happen. You don't expect that a man who has only her to…will accept her 'no'. Certainly something will happen and it will end up in beating. It is the only way to control her {IDI, 68, Male, Tarok, Rural}.

> She will be looking for the wrath of the man. It is wrong because ideally a woman does not have a right to do that except she wants his wrath which can be beating or divorce (FGD, Male, 50-64, Gbagyi, Semi-urban}.

There was a general consensus among participants of both ethnic groups that the only culturally acceptable reasons for a man to sexually abstain from his wife are: lactation and menses as illustrated by the statements below:

> In the past, a breastfeeding mother could not sleep with her husband because it would cause diarrhoea in her baby {FGD, Female, 60-69, Tarok, Semi-urban}.

> It is only when your wife is breastfeeding or when she is menstruating that you do not sleep with her… When she is menstruating he is traditionally not allowed to sleep with her because it is believed it will make the man impotent. In these modern times she can explain to the man if she is sick. Also in the past she was meant to abstain from sex for at least two years after child birth. So he was not allowed to go near her at all {FGD, Male, 50-64, Gbagyi, Semi-urban}.

Although, women were traditionally not exempted from "providing sexual service" for their husbands "by merely claiming to be tired or sick" except "if they were truly sick", younger women participants mentioned that modern wives now use sickness or tiredness as an excuse but not without some compromise or penalty as illustrated below:

> A woman is not expected to refuse but if I do not want and I know he will not accept I can pretend to be sick. But some men do not accept such. Even if you say you are tired or sick. Some men may insist or some may let go but you know that tomorrow you cannot escape it. So for peace' sake whether you want it or not you have to get well and just let him do it the following day so that you can have your peace (spontaneous laughter from all) (FGD, Female, 35-49, Gbagyi, Rural).

Some female participants explained that male physical violence (due to men's refusal to believe their sick wives) has led to several miscarriages in women in the early days of their pregnancies. This assertion was confirmed by a senior female health service provider:

> There are cases of fight between husband and pregnant wife here seriously. We admit some of them here… sometimes when the pregnancy is two to three months, the husband may beat her and she will start bleeding non-stop … {IDI, Male, 33, Tarok, Rural}

A particular form of social relationship found among the Tarok that increases the risk of women's exposure to STI is *ijam*. Although no information on the history of *ijam,* it was explained to be an extremely cordial relationship between specific clans in Tarok land and between the Tarok and specific ethnic groups like the Igalla, Idoma and Jukun whereby members of one group can do literally anything to any member of the other group and get away with it as a sign of their friendship. There is hardly any limit to this conviviality which tends to victimize women. For instance, under the guise of *ijam*, a male member of clan A is socially permitted to forcefully have sex with a female member of clan B (married or not) even in the presence of her husband or father and it would merely be regarded as an expression of cordiality. A traditional religious priest in a rural Tarok community expressed the nature of *ijam* relationship and the people's attitude to it thus:

> For instance… someone from my *ijam* can come and catch my goat and take it home without any problem… even my own wife. If he likes her, he can come and take her and sleep with her in my presence and nobody will do anything to him, or even my daughter.

Although it was not commonly mentioned, majority of the male participants who were aware of this practice, were of a strong opinion that women enjoyed it for the sole reason that the men involved were playmates to their husbands or fathers. Female participants generally shied away from discussing *ijam*. The minority who accepted to discuss it were ashamed of the practice and expressed their disdain for it. Majority of the participants were however of the opinion that *ijam* no longer exists in Tarok land because of Christianity.

High Fertility and Boy-Child Preference

Preference for many children especially sons was strongly expressed by elderly women and men participants. For this older group, a large family commands respect and guarantees much harvest and family security:

> In those days, a man's strength was measured by the number of children he had so they liked bearing more children than now. The larger your family, the more other people respect and fear you in times of inter family fights… even now, some young men still practice polygamy… {FGD, Male, 65+, Tarok, Semi-urban}

> A man with few children or mostly girls will suffer because he will have no one to help him in his farm. For instance, a man here has eight daughters. No sons at all. He alone works to feed the family. He is very poor and he is suffering. In fact he can no longer go to the farm now because he is tired… {FGD, Male, 50-64, Gbagyi, Semi-urban}

This was not so among the younger and the educated middle aged participants especially women who attributed declining fertility to the economic challenges involved in children's education in these modern times:

> … except you do not want to train your children… school fees are so high that you are forced to limit the number of children…and you know many women here are the ones responsible for training their children in school … They quietly go to the hospital to do family planning {FGD, Female, 30-35, Tarok, semi-urban}

However, not all young men prefer small families:

> … Even now, you still have some uneducated young men who would say 'I want to have seven children' if you as a woman do not want it, you know what to do to prevent pregnancy without telling him … {IDI, Female, 43, Gbagyi, Semi-urban}.

Despite the general abhorrence for modern FP methods by older male participants, some modern young women are said to avail themselves of the services where available with or without the approval of their male spouse.

Men take credit for high fertility, while infertility is often blamed on the women:

> Often the woman is blamed … because the family of the husband is expecting a good result after marriage. A good result on their investment… {IDI, Male, 51, Tarok, Semi-urban}

> In the case of a man with three wives, if two are pregnant and the third isn't, she will be blamed {FGD, 70+, Female, Tarok, Rural}

Infertility and lack of a son were reported as major reasons for polygyny in both societies:

> In those days, your childless wife could suggest that you married someone else to give you children. She could even recommend to you who she would like you to marry for peace sake {IDI, Male, 84, Tarok, Semi-urban}.

> Where a man has only few children or his wife keeps having girls, it can lead to quarrel and if it persists, the man's parents may intervene by encouraging him to marry another wife… they can even decide on their own to marry on your behalf and simply bring her to your house … it is also part of the reason why some men marry many wives {FGD, Male, 50-64, Gbagyi, Semi-urban}.

> … Even till date if a woman is married and after sometime she has no child, they will advise him to marry another woman without thinking it could possibly be the man's fault… men even if they can't bear children, do not agree that they can't {FGD, Female, 45-50, Tarok, Rural}

Participants' explanation of the reason behind boy child preference is directly related to descent and inheritance in patrilineal and patriarchal societies:

> …The eldest son of each woman inherits properties on behalf of his younger brothers to cater for them. If you don't have any boy children, they will only give you goats and other small items. But what we are referring to as inheritance is land. We do not share land with women because after sometime they leave and get married…You'll only be in that house waiting for when God will call you unless if you happen to marry a younger brother of the man and you are fortunate to have a male child {IDI, Male, 68, Tarok, Rural}.

Other reasons proffered by participants for the practice of polygyny that have implications for HIV transmission are: sexual pleasure derived by men from very young girls; and the high level of attractiveness of certain men to the womenfolk.

On the whole, majority of men viewed polygyny in positive terms and elderly women expressed support for the practice which they perceived primarily as a means towards achieving large families and meeting men's sexual needs. On the contrary, most young women denounced the practice and associated it with male selfishness. Participants were generally agreed that although polygyny is not very common among Christians, it is practiced by many Tarok and Gbagyi men irrespective of the faith they profess. They were also of a strong opinion that monogamy predisposes men to extra-marital sex and that married women who use modern contraceptives are prone to extra marital sex because they are free from becoming pregnant.

Wife's Excessive Physical Labour

Farming was found to be the predominant occupation of men and women. For some female participants, women's excessive physical work is partly responsible for the practice of polygyny. Although a minority opinion, it is interesting to note that all views related to this were expressed exclusively by the elderly and middle-aged women. Their description of their functions both at home and in the farm as wives and mothers does not only indicate their work burden but also their lack of control

which compels some women to accept younger co-wives in order to reduce both the physical work and what they described as the "sexual demands" of their husbands to reduce tension in the home:

> In general, Gbari women work very hard from morning till night so sometimes it is better to allow him have other wives to help you out because the man does not want to know whether you are tired or not … you still have to sleep with him after all the work {FGD, Female, 50-59, Gbagyi, Semi-urban}.

> In the past, men were actively involved in farm work. They did the planting, harvesting and some even transported the harvest home… Now some have gone into trading… office work, although some still farm. Gbagyi women these days are greater farmers than their husbands. They own their own farms and do all the farm work… the men have left farming to us. There are some women who even plant yams, make yam heaps, make ridges and so on. Others hire workers and pay them themselves… If the woman is too tired after farm work, housework, kitchen work, etc. he still comes to disturb you when you want to rest…you must meet his demand for sex… some will even threaten to marry new wives … you just have to allow them to marry younger women if you want your peace {IDI, Female, 42, Gbagyi, Rural}.

> You know, as a woman, you had no control over the work you did in your husband's house if you did not have co-wives it would be difficult for you to cope except if you had grown-up children living with you … unlike now that things have changed because of schooling. Although some women are not finding it easy even now … {FGD, Female, 60+, Tarok, Rural}.

For the younger female participants polygyny is not the solution to the problem, rather, it is better for women to acquire Western education so that they can also get good jobs and employ available labour to work on their farms. The narratives of female participants about the exhaustive nature of women's physical work were corroborated by men who however did not relate it to polygyny but to male violence:

> Early in the morning she prepares breakfast … she prepares the children for school and after that she goes to the farm, she comes back with the baby on her back, on her way back she will try to see that she fetches and brings home some firewood. She drops the firewood, goes into the kitchen and prepares hot bathing water for the man, if possible she prepares…definitely she prepares the food. If the flour is not available she takes it for grinding. All these are done by the woman. The man who returns from the farm with the woman, that is, if he comes back at all, because sometimes he will just hand over the hoe to the woman on the way and branch to where he will drink his *burukutu* (locally brewed beer)… He comes back home and the first thing is 'where is my food?' 'Where is my food?' She takes the food to him and after all this tiredness he comes to her again and if she doesn't respond, fight will start. Before you know it, he starts beating her … {IDI, 44, Male, Tarok, Semi-urban}.

We shall examine the implications of the findings presented above for HIV transmission in married women in the discussion that follows.

Discussion

Every culture is unique. Data from the exploratory study of the two distinct ethnic groups were not necessarily for the purpose of comparison or generalization but simply presented to demonstrate elements in each of the cultures that predispose married women to contracting HIV. Results underscore the importance of culturally prescribed gender specific behavioural patterns in shaping and determining the sexual health of women in heterosexual relationships in patrilineal and patriarchal setting and indicate that their subordinate position increases their vulnerability to STIs including HIV (Smith 2007; Osagbemi and Adepetu 2001; Matshalaga 1999).

Marital sexual behaviour is highly influenced by the nature of marriage. Data point to the existence of consensual and non-consensual marriage in both ethnic groups and indicate the potentials of both forms of marriage in the transmission of HIV infection in premarital and in marital relationships (Makinwa-Adebusoye 2006; Ityavar and Jalingo 2006). In addition to encouraging the practice of multiple sexual partnerships in sexually active young women (Abimanyi-Ochom 2011), data on how girls are abducted or forcefully taken to their prospective spouse connote forced sex, and sexual violence implies the female partner's susceptibility to bruising and thus, to STIs. Nonetheless, forced marriage is increasingly becoming unpopular as observed in the narratives of younger participants and it is remarkable that several states have passed laws against forced marriage in Nigeria despite the challenges of enforcing these laws.

Although widow inheritance is becoming obsolete with Western education, Christianity and women's increasing economic status, this cultural practice equally implies sexual networking especially since a widow's reproductive capacity is essential for her inheritability. Where the cause of the death of the deceased nor that of his surviving wife is unknown, as is the case in most rural communities, the new couple and their future offspring are at risk of HIV infection.

Undoubtedly, payment of bride wealth performs several vital social functions: (1) it symbolizes a groom's seriousness to assume the role of a husband; (2) confers on the groom, juridical rights over his bride, her children and their services; (3) acts as a pledge against dissolution of the marriage; (4) legitimizes the membership of the offspring in an appropriate kin group; among others. Nevertheless, results show a clear discrimination and contradiction between the sexual responsibilities and duties expected of a bride and the denial of her sexual rights by the same society (Dixon-Mueller 1996; Adeokun 2006). This cultural practice accounts for much of the reproductive rights abuses against women by their male spouse which had been earlier found to be highly detrimental to their sexual and reproductive health (Orisaremi and Alubo 2012; Orisaremi and Odinkalu 2014). Further, the culturally defined long period of the postpartum sexual abstinence in both societies indicates the premium they place on the well-being of the child and the sexual satisfaction of its father while paying little or no attention to the woman's sexuality. Culturally

limiting the practice to women is a tacit approval for men's engagement in multiple sexual relationships within or outside marriage. These practices clearly have implications for HIV transmission in marital relationships and highlight the pervasiveness of double standards in extramarital sexuality whereby women are expected to be highly disciplined in sexual matters while men are actively encouraged to be permissive (Adeokun 2006; Orisaremi 2013). Uptake of contraceptives by young women seems to serve as a useful tool in sustaining sexual intimacy between modern nursing mothers and their husbands and can also encourage wife infidelity hence the stigma attached to contraception in marriage.

Not only are wives blamed for men's infertility or lack of sons, data demonstrate that sexual relations with multiple women is generally perceived as a means to solving both problems. Thereby acting as a driving force for polygyny (Isuigo-Abanihe 1994; Izugbara and Ezeh 2010) or extramarital sex; as a proof of the man's virility and fertility; and also creates a highway for STI transmission (Epstein 2008; Adeokun 2006). The general hopelessness which characterises the life of a childless wife or one without sons (Izugbara and Ezeh 2010) can frustrate her into extra-marital affairs. Also, the cultural denial of a man's impotence poses a great risk to his wife and agnates because it places on them, the pressure to procreate for his lineage. This practice is however fading out due to modernity.

Data on fertility and boy child preference indicate how culture places men in control of women's sexuality and fertility (Isuigo-Abanihe 1994; Izugbara and Ezeh 2010); bestows on men the power to decide whether or not to marry additional wives; gives men the right to initiate and maintain extramarital sexual relationships; (Makinwa-Adebusoye 2006) etc. Yet, women who are men's sexual partners and who bear responsibility for men's sexual actions are denied all of these rights. This prevailing gender inequality renders both polygyny and monogamy a ready tool for HIV transmission in marriage as shown in participants' narratives.

Finally, results on the relationship between wives' excessive physical work, their sex roles and men's sexual practices do not only corroborate Doyal (1995) by highlighting the importance of situating women's health and general wellbeing within the context of the tasks they perform, but strengthens the argument for the need to educate and economically empower women. Overall, findings demonstrate that culturally constructed hierarchical gender relationships structure sexuality; are disadvantageous to women; and render women vulnerable to reproductive rights abuses and sexual and reproductive ill health; thereby, confirming the sexuality-gender framework adopted the study. However, social and cultural practices are open to change and some of the traditional practices discussed in this paper are dynamic.

Conclusion

Although culture has both negative and positive influences on the spread of HIV/AIDS, the focus of this paper was primarily on the gender related cultural elements that facilitate the spread of HIV among married women who are often perceived as a "low risk group". Findings not only deepen our understanding of the susceptibility

of married women to HIV, but also of the level of risk in marital relationships and the importance of including married women in any HIV/AIDS preventive efforts in Nigeria. Certain culturally induced high risk-taking marital sexual behaviours that are traceable to double standards in the marriage processes and marital sexuality in both ethnic groups are chiefly rooted in subsisting patriarchal structures. Therefore, understanding the connection between gender inequality and women's sexual and reproductive health is crucial to the development of culturally sensitive and effective intervention strategies that can genuinely address the challenges of HIV/AIDS in marital relationships and in the general populace.

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Compliance with Ethical Standards

Conflict of interest Author declared that there is no conflict of interest.

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

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

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