

ORIGINAL ARTICLE

Marital Practices Targeting Women and its Implication on HIV/ AIDS Preventive Campaigns in South-West, Nigeria

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Abstract

In the fight against HIV/AIDS in Nigeria, the incorporation of marital values and practices tenet in the campaign programmes remain one of the major assets that has remained untapped. This study was conducted towards understanding the positive and negative marital values and practices in Nigeria and how they can improve HIV/AIDS preventive campaigns. In-depth interviews were conducted on married young people who reside in Abeokuta town in South West, Nigeria. The first and the second categories were HIV positive and HIV negative respectively. The findings show that there are some marital values and practices which promote risky sexual behaviour among men which leads to HIV/AIDS while some curtails sexual excesses particularly among females. Some of the female informants indicated that some marital values and practices were promoting social cohesion and unity while others were having negative influence on their physical and psychological health. Majority of the informants testified that cultural values and practices gave married men the permissiveness to involve in extra marital affairs. The consequences of the above scenario make more women to be vulnerable to HIV/AIDS than their male counterparts. These findings show that inculcating marital virtues into HIV/AIDS preventive communication campaigns would reduce the prevalence of HIV/AIDS among married couple. This study concludes that there is a need to specifically design marital sensitive HIV/AIDS preventive campaigns specifically for married individuals.

Key words: HIV/AIDS/Marriage/Practice/Married individuals/Values/

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1. Introduction

Marriage institution represents a union where a man and a woman have the liberty to enjoy the intimacy of sexual pleasure and unique partnership of life and love. However, in the modern world, the meaning of marriage is becoming more complicated (Guzzo, 2014). The definition of marriage differs from one person to another and from one time to another (Ogletree, 2014; Kabira, 2015; Anderson, et al., 2015). In ancient times, for example, a marriage meant a condition in which a woman was given to a man almost as property, and often as part of a political, social, or business arrangement of some sort. For much of human history, marriage has been defined as a permanent institution that, once entered into, cannot be dissolved except by the death of one of the spouses. In the modern world, however, marriage is a vastly different thing. On the up side, marriage is today more of a gathering of equals, rather than the subjugation of one to the other. On the down side, marriage often becomes much more temporary than it has been in years past (Grant & Soler-Hampejsek, 2014). In some areas, same-sex couples are pursuing the right to be married.

Despite the different perspectives on the meaning of marriage, it is noteworthy to say that the institution goes beyond copulation; it is an exchange of strong feelings and intimacy between two consenting partners. Love, sex, care, welfare, and procreation are involved; and above all, it is supposed to be a life-long union. However, the marital institutions in Nigeria is not without its problems as gender inequalities that characterise marriage institutions in Nigeria arguably place the institution as an important risk factor for HIV/AIDS infection (Smith, 2007; Smith, 2010; Ankomah, Adebayo, Anyanti, Ladipo & Ekweremadu, 2013). The implication is that men are acquiring HIV/AIDS from extra-marital relationships and infecting their wives (Smith, 2007). Even when married women have knowledge of HIV/AIDS prevention, they explained that they have little or no control over the extra-marital relationships of their husbands (Fox et al., 2007; Mukherjee, 2007; Smith, 2010). Despite the high awareness of condom as a contraceptive measure, the use of condoms is higher among unmarried than among married individuals and also among men than women (Akande, 1994; Adih& Alexander, 1999; Karim, Magnani, Morgan, & Bond, 2003). Women in Sub-Sahara Africa countries find it difficult to suggest condom use because it is seen as challenging the sexual fidelity of the male (Machel, 2001; Fox *et al.*, 2007). However, several HIV/AIDS preventive communication campaigns continue to target young unmarried individuals despite the HIV prevalence among married couples (Schatz, 2005). There is also minimal investigation on how marital norms and practices in Nigeria make married women to be susceptible to HIV/AIDS (Momoh, Moses & Ugiomoh, 2013; Kadiri, Ahmad & Muataffa, 2014). Consequently, this study specifically explores the social context of marriage and how it increases women's risk for acquiring HIV (Glynn *et al.*, 2003; Clark, 2004; Shandera, 2007) which highlights the need to inculcate the marital practices in Nigeria into HIV/AIDS preventive communication campaigns.

Against this backdrop, the main focus of this study would be to explore the implications of marital practices on the prevalence of HIV/AIDS among married HIV positive and negative females in ARV clinic and tertiary institution respectively. Therefore, at the heart of this is to proffer answers to the following questions.

1. What are the marital values that contribute to HIV/AIDS prevalence among married couple in Abeokuta, South-West Nigeria?
2. What are the marital practices that contribute to HIV/AIDS prevalence among married couple in Abeokuta, South-West Nigeria?
3. How can marital practices and values be incorporated into HIV/AIDS campaigns?

2. Related Literature

2.1 Overview

Nigeria is the most populous African country with about 160 million people. The country has the second highest number of annual new infection of HIV/AIDS in the world (NACA, 2012). In 2003, the national sentinel surveillance study estimated that 48% of people living with HIV/AIDS were women (Federal Ministry of Health, 2003). Similarly in 2004, a United Nation Human Development report revealed that the burden of HIV infection in Nigeria was borne more by young females. Furthermore, the WHO (2008) report revealed that the HIV prevalence rate among females and males within 15-24 years old are 2.3% and 0.8% respectively. WHO report of 2008 also observed that 61% of HIV positive people in Sub-Saharan Africa were young women (15–24 years). In 2011, about 3.4 million people were living with the virus (Olaleye & Ogwumike, 2013). Young females are more afraid of pregnancy than contracting HIV/AIDS, yet this does not result in increase in the usage of condom (Momoh, Moses & Ugiomoh, 2006). These reports show that the pattern of HIV/AIDS infection is tilting towards the female gender and people within the age group of 15-24 years (Anugwom & Anugwom, 2016; Fagbamigbe, Adebayo & Idemudia, 2016). This trend is largely due to the socio-cultural factors which conferred low status to Nigerian women in the society thereby making it difficult for them to say no to sex or to unprotected sex. Similarly, Reddy, Meyer-Weitz, Van den Norne and Kok (1999) stated that some social and cultural conditions of a society play an important role in sexual behaviour, which consequently has a strong bearing on the transmission and causes of sexually transmitted infections. It has also been argued that where traditional values permit men to have more than one wife and where manhood seems to be often demonstrated through sex with several women, there is high likelihood that females will be more exposed to sexually transmitted infection (Ebisi, 2012).

In Nigeria, women are culturally constrained to remain silent and to suffer from their husband sexual exploits, due to the intense societal pressure that sees a woman with a broken marriage as a failure and disgrace to her family (Ebisi, 2012). As far as the Nigerian culture goes, it is a privilege to the woman if a man restricts himself to a single sexual partner. Ebisi (2012) argued that any attempt at re-defining the masculine superiority and responsibility must strive to deconstruct some of these existing perceptions that are disposing men to risky sexual behaviour. Smith (2010) asserted that from experience, several campaigns tend to give women the impression that by remaining faithful, they will be safe from STIs. However, the reverse has remained the case due to the infidelity of men (Mills & Anarfi, 2002). A corroborating data showed that married women pay the price for the infidelity of their husbands as they have been known to be more vulnerable to contracting STIs through them (Nigeria Federal Ministry of Health, 2004; Smith, 2007). In other words, Nigerian men cannot be absolved as constituting transmission of STIs to their wives.

The cultural irony must not be lost sight of that despite the male promiscuity, Nigerian culture that places premium on virginity of the females. Chastity is still an admirable value expected of a socially upright young female (Ebire, Ola & George, 2014). Rarely is there any part of Nigeria where it is not a pride – not just that of the individual girl but that of the family and community – for a young girl to have preserved herself until marriage (Oyefara, 2013).

In contradistinction, however, is the opprobrious cultural practice of “wife inheritance” whereby a widow is passed on to a member of her dead husband’s family. Ebisi (2012) revealed that the practice which is perpetrated without the woman’s consent is one of the main leading causes of the prevalence of STIs in Anambra state of Nigeria. Similarly, the Luo and Luhya tribe of Western Kenya force their widows to have sexual intercourse with their brothers in-law as a prerequisite for the burial rites cleansing exercise for the late husband (Ocholla-Ayayo & Schwarz, 1991). This abuse of women is even surpassed by another horrendous cultural practice: wife sharing which also fuel STIs in Kenya.

Polygamy is another cultural issue which allows the male to have more than one wife. It is a practice that exposes women to multiple sexual relationships and as Reddy *et al.* (1999) argued that this cultural practice fraught with the danger of spurring a high tendency of risky sexual behaviour which can metamorphose into STIs. Thus, in Nigeria, the examples of cultural beliefs and practices that favour multiple sexual relationships have their serious complications because they can eventually exacerbate the STIs infections.

Women’s inequality and empowerment have become areas of interest in HIV prevention researches but studies have produced inconsistent results on the gendered factor(s) most relevant to the HIV epidemic. Some studies have shown that the level of education of women and educational inequality measures positively correlate with HIV prevalence and prevention practices, while economic ones do not (Grieg & Koopman, 2003; Jewkes, Levin & Penn-Kekana, 2003). However, other studies argued that economic independence is more critical about HIV prevention practices including condom use and discussions about HIV than education (Seidel, 1993; Grieg & Koopman, 2003).

Although researches focusing on Nigerian women and HIV/AIDS were given high priority in literature (Lawan, Abubakar, & Ahmed, 2012; Obidoa, M’Lan, & Schensul, 2012; Etukumana, Thacher, & Sagay, 2013), few studies have explored how marital practices in Nigeria contributes to the vulnerability of married women to HIV/AIDS. In recognition of this knowledge gap, this study is set to understand how HIV/AIDS preventive communication campaigns in Nigeria should be designed to be marital sensitive.

2.2 Social Action Theory

The concept of social action is fundamental to Weberian sociological school of thought (Cuff, Sharock & Francis, 2006). The social action paradigm as a theoretical perspective tends to focus on the importance of less obvious microscopic elements of social reality. The conception in social action is that social reality which composed majorly of human behaviour is largely influenced by some inner subjective sensitive factors that need to be considered if one wants to get a deeper understanding of any social reality. In other words, if one wants to achieve a good understanding of the nature of a social reality or the sensitive causes of human behaviour in a particular social setting, one must project oneself into the actor’s subjective situation. Weber

believes that to do so would involve sensitive study of their background and social attachments (Olatunji, 2015). According to Weber (1946), one of the goals of sociological research should be the understanding of action in term of its subjective values. Social action theory was developed from Weber's interpretive analysis, to explain how subjective orientations produced actions and why action in turn influenced meanings in the social realm (Labinjoh, 2002 cited in Olatunji, 2015).

According to Labinjoh (2002), "the basis of Weber's Sociology is that the human subject is a free being who projects meaning and seeks ends and such ends are determined by the values of the society. One of the factors that condition the nature of social reality, according to this school of thought, is the subjective meaning attached to it by the actor and that the subjective elements are sensitive and should be considered as germane for better understanding of any social reality. Weber distinguished between behaviour and social action in terms of subjective meaning which are imposed on action and the subjective meanings are usually sensitive and are influenced by socio-cultural dynamics in the society (Turner, 1993).

The subjective meaning is derived from social interactions and it is this meaning that consequently gives rise to social action (behaviour). According to Labinjoh (2002), there are five distinguishing features of social action: meaning, values, norms, means and goal. According to him, the meaning attached to action by the actor makes the basis of social action and the subjective meaning is a cognitive process based on the actor's past experiences which are derived from social interactions. With this theoretical orientation, social action is governed by the individual subjective orientations which are derived from social interactions and the subjective value attached to the meaning that determines the extent of possibility of such action.

In relation to this study, it could be said that, the spread of HIV/AIDS in Sub-Saharan Africa could not be unconnected with some sensitive socio-cultural issues which are largely ignored in the process of examining and analysing factors influencing the spread of the virus. In other words, issues such as gender inequality, religious prescriptions, less economic viability of women and several socio-cultural beliefs and practices are important sensitive marital factors that could determine the dynamics spread or control of the HIV/AIDS reality in the country.

3. Methods

This study focused on two groups of respondents: the HIV positive and HIV negative young females. The study was conducted in two months (13th of September, 2015 up to 12th of November, 2015). The study purposively recruited female informants from ARV unit of Federal Medical Centre (a government hospital) located in Abeokuta, Ogun State, South-West, Nigeria. The reason for choosing the HIV positive females from the hospital is because of the relative ease of having access to them. The second group are students from MoshoodAbiola Polytechnic, Abeokuta, who are HIV negative married individuals within the same community of the hospital. The students were also purposively chosen to get the perspectives of HIV negative young people on the topic of discussion. The informants were chosen because it becomes necessary to get their viewpoints on HIV/AIDS issues since HIV/AIDS campaigns are not only meant for PLWHA. Young informants are cardinal study group in Nigeria because they engage in sexual activities at an earlier age than in the past, thereby making them vulnerable to infections than people in other age categories (Harper, Riplinger, Neubauer, Murphy, Velcoff, & Bangi, 2013).

The standard used in choosing participants and study sites is whether they are “information rich” (Patton, 1990). This means that the individuals were purposively chosen because they have certain qualities that added values to the research work. The criteria used for purposively choosing an individual is that they must be married, living with their spouses, and must be between the age range of 18 to 35 years.

Therefore, 15 informants were chosen for each group thereby making both groups to be a total of 30 participants. Prior to the commencement of the study, the purpose of the study was explained in details to the management of the hospital and polytechnic and approval were given through the ethical committees of both organisations. A nurse and a lecturer were designated by the organisations as the study coordinators in the respective organisations. With the guidance of the researchers, the nurse and the lecturer were assigned with the responsibility of choosing the informants that meet the criteria for the study and also explaining the research purpose to them. The interview sessions were conducted by three authors of this study which consist of a female and two males. The informants were given the opportunity to opt out of the research before or during the interview; therefore, they were given freewill to participate in the research. Their intention to participate was duly written and signed by each informant. At this stage, the informants were also assured that the information provided would strictly be used for research purpose.

This study employed the qualitative research approach. Unstructured in-depth interviews were conducted in both Yoruba and English languages. Yoruba language is the local dialect of people in the study sites. The Yoruba language was used for informants who could not speak English and it was later transcribed into English by a qualified linguist. The interview questions were constructed based on the literature reviewed on this study.

To protect the confidentiality of the informants, HIV negative informants were identified with alphabet B with numbers ranging between 1-15. While informants who are HIV positive were identified with alphabet A with numbers ranging from 1-15. The study focused on how marital practices influence HIV. The data for this study can be considered to be valid because it was adequately triangulated. According to Flick (2004), triangulation of data combines data drawn from different sources and at different times in different places or from different people. This study combines data from vital sources such as HIV positive and negative individuals to get the perspectives of people that are already affected by the virus as well as from those who are vulnerable to the infection. The combination of both perspectives results in rich quality data for the study.

The size of the population posed no worry to the quality of result that was obtained from the efforts. According to Guest, Bunce and Johnson (2006), the number of informants is immaterial as long as the researcher reaches the saturation point in the investigation. The golden rule therefore in this type of research was the persistent endeavour to attain saturation which is key in conducting qualitative research. The researcher, bearing this in mind, was persistent in probing informants in each successive interview until convinced that a level of saturation in data was reached. The saturation level was achieved when the researcher observed that as the data gathering goes on, more data does not lead to additional information (Cresswell, 2012).

The research focused on how marital values and practices in Nigeria have made married women to be vulnerable to HIV/AIDS which also results into its prevalence. Specifically, the researcher sought information on how the cultural practices which make women to be submissive and obedient to male influence or put

them at high risk of HIV/AIDS. Finally, the study addressed informants' opinion on how women's socio-economic dependency on men makes them prone to HIV infection.

4. Findings

Analysis in qualitative research derives from interplay of an investigator's investigation and the data generated from the field exercise. To aid the data management, Nvivo 10 qualitative software analysis was used. Analysis of the transcripts revealed five main themes which were identified simultaneously by two independent reviewers of the transcripts. The five themes are as follows: faithfulness in marriage, polygamy, Female Genital Mutilation (FMG), forced or early marriage and subservient roles of females.

4.1 Faithfulness in Marriage

The researcher sought information on the implications of faithfulness in marriage on the prevalence of HIV/AIDS in Nigeria. Majority of the informants explained on the need for a lady to be adequately prepared for marriage before taking the leap because marriage is a life time contract.

As to the place of the wife in the home, most of the informants insisted that the woman owns the home because she is the pivot of the marriage. However, they unanimously agreed that adultery is permissible for men but married women should not engage in the vice because it forebodes consequences. Furthermore, a married woman has the cultural imposition to remain faithful to her husband even when the husband was neither faithful nor alive to his marital responsibilities. The burden is more on women as expressed by this HIV negative informant:

... a lady with a multiple sexual partner is known as a dog or a whore; it doesn't speak well of her and her family, she will not be able to talk to people in the community ... she may not even find a person to settle down with considering her past records (Informant A1).

One interesting question surrounds the observation that the cultural norms tend to be most stringent concerning the married woman than single ladies, or even the married men. The answers provided are that generally marriage has a stringent code in the culture because:

It seems they [culture and tradition] believe that it is better to enjoy yourself while it lasts as an unmarried individual but once you are married you must be ready to settle down and comply with what the tradition expects of you (Informant B 6).

Informant A2 shares the view of informant B 6 on this point:

Let me say the culture has helped to curb STIs especially for the married women because once you are married, 'them no born you well' (woe betides anyone caught violating the canon!). Because you will lose your husband, your integrity, your dignity and everything that speaks of self-respect to you because once you are labelled as one...(Informant A2).

As could be inferred from the evidence of the last informant, in some parts of Nigeria, grave consequences would be experienced by not only the married woman

caught with infidelity but her family as well. In areas of those sub-cultures, unfaithfulness is also deemed to expose the husbands of such women to grave risks.

it is a taboo; it is an abomination because the consequences is not even for the woman. It is the husband that is at risk because it can lead to his death... (Informant A2).

Informant B5 further revealed how a married woman's infidelity can be exposed once the husband's suspicion is aroused. In that culture, a special broom is normally kept in the house, and when a wife is involved in extra-marital affairs, the moment she uses the broom to sweep, she will start confessing about her infidelity acts. Other informants who are HIV positive explained further on the consequences that befall a woman who is involved in extra-marital affairs. One of the informants explained that if an adulterous woman got pregnant, she wouldn't be able to give birth to the baby unless she confesses. The informant added : "if she cooks for the husband, the husband may die. If this does not happen, the children she had earlier will die". Another informant explained that in her mother's town, once a woman is married, even if the husband is far away, the woman is still prohibited from having extra-marital sex or else she will have ill health. Yet another informant explained that a woman that is caught in an adulterous act will be asked to make some spiritual sacrifices to cleanse her from the curse that she has acquired.

Evidently, cultural norms governing the matrimony vary from one ethnic community to another. However, all cultures have severe sanctions that may befall a woman who is sexually loose. It is also obvious that women hold the cultural norms regulating matrimonial conduct in high esteem. They regard them as some of the avenues through which sexually transmitted infections such as HIV/AIDS can be prevented, particularly among married women. When asked if a similar severity of sanctions discouraging unfaithfulness applies to husbands like their wives, the positions were clear that there was cultural bias in favour of men:

It is better for a married woman to stick to her husband instead of going out for extra marital pleasures because she might contract HIV in the process. Even if the husband has extra marital affairs, the wife should continue to pray that he does not infect her with STIs (Informant A2).

The culture favours the male than the female... males are more superior to the females and there are so many things that males get away with that women cannot and must not even think of doing. It is a man world anyway (Informant B1).

It is clear from the comments above that fidelity among married women is held in high esteem while it is normal within the cultural practice for men to get away with many of the constraints put on the path of women. This finding shows that there is gender inequality, a wide gulf between the rights of female and male in the Nigerian society. The socio-cultural practices reinforce the patriarchal system of Nigeria thereby placing women at a relative disadvantage. Another informant explained that a woman cannot question her husband about his sexual activities; on the other hand, the woman is also expected to tolerate and live with her husband's infidelity. Similarly, another informant explained that the effect of this act makes married women to be susceptible to HIV/AIDS as it is also the custom, men are

supposed to be the head of the home, the undisputed authority. Therefore, the image of masculinity portrayed by men is that whatever a male does is not only normal but is also proper.

4.2 Polygamy

Polygamy has implications for the prevalence of HIV/AIDS because the contraction of an infection may result into a contagion for the rest of the members in the polygamy. The crucial question however is: how do the informants see polygamy both as a cultural practice and as a cross-cutting factor in the STIs prevention? Their responses are diverse. As examples, Informants B5 and B12 are of the views that polygamy only encourages men to boost their egos and demonstrate the influence of men in the society. Further, they argued that it is also a way for a man to demonstrate his wealth, power and status. Also, polygamy status gives men a higher respect in the society. Coincidentally, all the informants in this study admitted that it is natural for an African man to be a polygamist! There are those who however, pointed out that the cultural permission is not a blanket exercise. Informants in this category stated that there are prerequisites that a polygamist is expected to put into consideration before taking the step. Central is that, "Though a man can still marry more than one wife if he so wishes ... he must get the consent of his first wife" (Informant B2). Contrary to the Quran that some use to justify their resort to polygamy, an informant insists that the correction is that "...Quran says you can marry one, two, three or four, but if you are afraid you will not be just and fair among them just take one. People use this as an excuse forgetting the condition of justice, which is very difficult to achieve" (Informant B12). Yet another informant explained that polygamy does not prevent married men from involving in extra-marital relationship.

This finding suggests that polygamy is not an hindrance for men to indulge in risky sexual behaviour, which can lead to contraction of any of the STIs. Therefore, polygamy as a cultural practice can aid the prevalence and spread of HIV/AIDS in Nigeria. What is being promoted beyond proof is that "self-restraint" remains one of the remedy to risk-bearing sexual behaviour.

4.3 Female Genital Mutilation (FGM)

The young women described female genital mutilation as one of the harmful traditional practices which involves the cutting of a female's clitoral prepuces and tip of the clitoris for the reason of protecting chastity and reducing her sexual enjoyment. The rationale for this traditional act was anchored on the premise that the reduction or "killing" of the sexual pleasure of females will reduce their risky sexual behaviour. Furthermore, the informants revealed some positive traditional practices which include the preservation of the custom and tradition surrounding female sexual purity, sustaining of family honour, protection of virginity, prevention of promiscuity and increase of the sexual pleasure a woman gives to her husband.

According to some informants who are both HIV positive and negative, FGM is still performed by "old" traditional attendants who use unsterilized knives and razors that have the high potential of exposing their patients to STIs particularly HIV/AIDS. The two categories of HIV positive and negative young people explained that culture affects the increase in the spread of the HIV/AIDS because the same sharp objects are used for many people at the same time for the process of circumcision.

These informants were emphatically asked about the bias of circumcision against female. Many of them explained that subjecting women to such a barbaric practice was bad. Emphatic was the response by an informant who said: "They also do circumcision prior to her wedding day for a woman that was not circumcised when she was a baby. They do the circumcision based on the belief that it will prevent a lady from being promiscuous" (Informant A7). It is clear from the above sentiments that the informants believe that circumcision, especially, that of girls, is a bad, retrogressive and harmful traditional practice that should be stopped because it does no good.

However, there are some informants who have a contrary opinion about circumcision. The views of these female informants showed that there were socio-cultural factors behind the prominent existence of female circumcision in the area. One of the informants explained that "...I still have the belief that if a lady is not circumcised she will become wayward" (Informant B10). Another informant also has a similar opinion, she said: "I have a strong conviction that circumcision is okay, but I think the people who are against it don't know the consequences of not doing it that is the reason why they are campaigning against it" (Informant B18).

Whatever the feelings of outside agents, it is evident from the above information that circumcision remains an age-old practice that is still highly valued in the South-Eastern part of Nigeria. People still believe and practice it and the practice has continued despite attempts at raising awareness about its detrimental effects. They also explained that any attempt to halt the practice would result into opening the door for sexual promiscuity among the females in their society.

4.4 Forced or Early Marriage

Diverse opinions were expressed on how early marriage can be used to curb risky sexual behaviour that leads to HIV/AIDS. The reason for this is that it can bring positive or negative effects depending on the circumstances surrounding the marriage. Proponents of early marriage observed that it negated HIV/AIDS prevalence because it curbed the promiscuity tendencies of young girls. They argued that once a girl is married she would not be able to involve in risky sexual behaviour. On the other hand, early or forced marriage has implications, which may also lead to the occurrence of HIV/AIDS. For instance, in some parts of Nigeria, girls do not have the right to choose who to marry. Betrothal decisions are single-handedly taken by the fathers. Not infrequently, girls have been betrothed to an elderly man at an early age with perceived believe that it will lead to less promiscuity in them.

Another informant explained that there have been many incidents of girls running away from such marital homes when they cannot cope with the challenges of marital daily living. Some of them also resorted to commercial sex work leading to the spread of HIV/AIDS and other STIs. Similarly, another informant who is HIV positive expounded further on the practice of forced marriage in some communities in South-west Nigeria. She said "once the husband dies, the brothers of the late husband do not allow the woman to take the husband's properties rather they acquire all the properties and send the woman back to her father's house". She explained further that the brother of the deceased also has the right to acquire the late brother's wife if he so wishes.

The above views (under 4.4) show that the fact that girls are given out to matured men in marriage without their approval is an abhorrent cultural behaviour.

Another similar act is the wife-inheritance, which is the taking over of the wife of a deceased brother or relative by other siblings or family members.

Other views regarding the use of marriage to curb sexual recklessness of young people was expressed by another informant who is HIV negative; she expressed that once a lady of marriageable age is found to be sexually reckless, her parents would encourage her to get marry the man of her choice.

4.5 Subservient Roles of Females

A number of views emerged on the subservient roles that females are made to accept in the society because of their gender. The young people admitted that females face many restrictions that the society operates as norms. Generally, in Nigeria, the movement of the females is restricted to the barest minimum. Some of the young people interviewed believe that restriction of movement is a good cultural practice that can reduce the potential exposure of the females to risky sexual behaviour that might lead to HIV/AIDS. A few others feel otherwise suggesting that the act makes girls to be under-exposed to life educating experiences.

Furthermore, there is an element of gender bias as the restrictive culture curtails only the single girls and married women while boys and men enjoy freedom of movement without any form of hindrances. One of the informants asserted that even as an adult, it is a predominant aspect of the Nigerian culture that a married woman must get the permission of her husband to go out because venturing out without such permission can incur the wrath of the husband and this may lead to marital dispute.

In other ways, females are made to play demeaning roles because of their being subservient. Some parts of Nigeria have the unedifying culture of using young females as objects of entertainment. Informant B3, who was annoyed with this practice, saw it as a risky venture and repulsive of the socio-cultural practice which has the tendencies of leading to the prevalence of HIV/AIDS.

According to informant B9, this practice is usually kept secret within the family yet the entire community is aware of it as it is a communal more. A “free-for-all” sex as the practice connotes, certainly, is a risky enterprise to the contraction and spread of STIs. Exposure of young ladies to dangers like this shows the vestiges of the different kinds of discriminatory attitudes and behaviours that some customs and traditions are still inflicting on the Nigerian girl-child because of their helplessness. No matter the pretences, the Nigerian society still considers the girl child and women as inferior beings.

5. Discussion

The data in this study showed that some existing traditional practices were promoting social cohesion and unity while others were having negative influence on the physical and psychological health of individuals. It was noted that some cultural practices in Nigeria were promoting, sustaining and fanning the spread of HIV/AIDS because those culpable practices condoned extra-marital activities of men in Nigeria. Across the Nigerian culture, men had the liberty and dominance over sexual issues in the home (Kadiri, Ahmad & Mustaffa, 2014). While sexual immorality is frowned upon in women, men still have the liberty to enjoy sexual philandering. The sad development is the after-effect does not exclude the women.

Turshen (1991) in Ebisi (2012) explained that this cultural practice encouraged Nigerian men to keep concubines and indulge in multiple sexual relationships which results in the increase of HIV/AIDS. Based on the experiences shared by the informants, it is obvious that the flexibility in the cultural norms between a man and woman makes HIV/AIDS to thrive easily. Similarly, Smith (2007) painted a pathetic situation of faithful Nigerian women, submitting that marriage was no more an avenue to prevent them from contracting HIV or other STIs.

However, the question of the discriminatory nature of the moral codes and taboos that favour men against women has to be addressed. If infidelity is sternly frowned upon in women, why should it be leniently encouraged in men? The disparity will not help in checking STIs in Nigeria, more so given the fact that polygamy is still an extant practice. These are some of the outstanding issues pertaining to faithfulness in marriage, which bear effect on how marital sensitive approach can be used in tackling the upsurge of HIV/AIDS in Nigeria. Therefore, faithfulness in marriage and the consequences of spousal unfaithfulness are two contrasting attributes of culture that can be used in HIV/AIDS preventive campaign. Consequently, it is important for HIV/AIDS preventive campaign to emphasize control of this negative aspect of the Nigerian culture that is having implication on the reduction of HIV/AIDS in Nigeria.

The same relentless campaign needs to be explicit on some negative implications of another cultural relic from Nigerian past: polygamy. Polygamy is practised among all the ethnic groups in Nigeria irrespective of religion. Related to HIV/AIDS, it is counter-productive. The findings from this study make it obvious that polygamy is a tradition that tends to promote promiscuous lifestyle among men. However, what values do polygamy symbolise in the Nigerian culture?

The data in the study revealed that polygamy is seen as a means of demonstrating wealth and prosperity which is measured in the number of wives a man has, which ultimately determines the respect and accolade that he gets from the society. But not only men of means practice it; cases of less endowed, lower class people, and parents also marrying wives for their sons abound. As protagonists of polygamy believe, its positive side is that it helps to reduce risky sexual behaviour of a man. The reason is that he can always meet his sexual desire at any time since he has access to more than one woman. Antagonists of this belief proclaimed that the inherent danger far outweighs the meeting of the sexual pleasure of the man for the simple reason that once one of the wives or the husband is infected with STIs, the infection spreads faster in the household.

However, some studies have shown that the polygamous nature of a man does not correlate with the curbing of extra-marital affairs among the males in the Nigerian

society (Azuonwu, Obire, Putheti, & Ekene, 2010; Iyayi, Igbinomwanhia, Bardi, & Iyayi, 2012; Owuamanam & Bankole, 2013). Rather, it led to the prevalence of the infection due to the impossibility of totally banning polygamy in the Nigerian society. Therefore, it is important for HIV/AIDS preventive campaign planners to ensure that young people and people in the society understand the consequences attendant to the practice and also employ them to play safe in all their sexual dealings. The knowledge of the consequences might create awareness and motivate reduction of the prevalence of risky sexual behaviour by people in multiple sexual relationships to take precautionary safe sex concerning HIV/AIDS.

Another finding of the study is about the female genital mutilation which is still practiced among some culture. The rationale for the practice was the presumption that the traditional act would decrease the sexual libido of females. As a result, their vulnerability to risky sexual behaviour would be contained. The consequence was that in infancy, the girls were circumcised. At other times, the tradition waited for girl prior to becoming a bride. Then, she is subjected to the harmful traditional practice. Several states in Nigeria have proclaimed that the practice is illegal by enacting appropriate laws (Onuhet *al.*, 2006; Ezenyeaku, Okeke, Chigbu & Ikeako, 2011; Ayenigbara, Aina, & Famakin, 2013). Nevertheless, it has remained an old habit refusing to die. This was coming after more than a decade, after Abubakar, Iliyasu, Kabir, Uzoho and Abdulkadir (2004) who had documented cases of female genital mutilation as was highest in the South-East than in any other part of Nigeria. The practice is not only alive but persisting in Nigeria as these studies have shown (Abubakar, Iliyasu, Kabir, Uzoho & Abdulkadir, 2004; Ezenyeaku, Okeke, Chigbu, & Ikeako, 2011).

The interesting part is that some of the young girls did not revolt against this traditional practice but they saw it as helpful to maintain their virginity. This view has very strong implication for designing HIV/AIDS preventive communication in the area. It is also an instructive lesson for HIV/AIDS campaign planners on the futility of fighting against traditions rooted in strong beliefs and cultures even if they do not fit into the Western models of modernity and civilization. Using the information to the advantage of intended communication would mean avoiding antagonising their perception of female genital mutilation rather than attempting to confront their strongly held belief, no matter how vulnerable their culture is to HIV/AIDS. Therefore, attempts should be made to adapt such practices in ways that blend its local cultural values with the change envisaged in the behaviour so that it would not result into waste of resources. Consequently, whatever change is desired, it has to adapt this cultural practice within the dynamics that suit the local context of the people.

An adjunct to this is the practice of early-child marriage in which girls are married off to elderly men at a tender age with or without their consent. The data in this study shows that this cultural practice has its positive and negative aspects. The positive aspect is that it makes young ladies to settle down to marital life thereby, preventing their vulnerability to HIV/AIDS. However, it also has other serious consequences. For instance, some of the informants explained that the child-bride, who is barely an adult, is thrown into the rigours of a family life that she is ill-equipped to confront. According to other informants, other consequences of involving in early marriage are numerous. The first one was that, as the reproductive systems of the young girls are usually not matured for sexual activities, subjecting them to the susceptibility of tears and abrasions made the contraction of HIV/AIDS easier. Secondly, early and/or forced marriage predisposed the young wives to seek

love and affection from outside their matrimonial homes since their husbands were not their choice for marriage. The consequence from the dual acts perpetuated the spread of HIV/AIDS.

In support of the above findings, Aderinto (2000), Erulkar and Bello (2007) and Mmari, Oseni, and Fatusi (2010) proclaimed that majority of the girls involved in early marriage are given off to men who are older than their fathers basically because of the financial rewards. Similarly, a multicentre study in Kenya and Zambia found that married adolescent girls had higher rates of HIV prevalence than unmarried sexually active girls in the same age cohort because of their (the former ones') union with older men who had involved in risky sexual behaviours in the past (Clark, 2004). Though the finding may initially seem surprising, given assumptions about the safety of sexuality within marriage, the phenomenon may be explained by decreased condom use, increased frequency of sexual contact and impairment of a woman's ability to refuse sex within marriage. Clark (2004) asserted that the consequences of such union do not challenge the importance of faithfulness within marriage, but rather discredit assumptions that marriage is automatically protective.

While it can be concluded that early marriage has its positive and negative aspects, all, which can be used to prevent HIV/AIDS among young people, it is important for campaign planners to avail people's knowledge of the known negative consequences of the practice while encouraging people to support the positive attributes.

A number of views emerged on the subservient roles that women play within their homes and in the society; for instance, some women do not have freedom of movement as they are compelled to seek their husbands' permission before venturing out of the home. On the surface level, there is nothing wrong with this ancient practice. It can be argued that the restriction can actually limit the vulnerability of women to risky sexual behaviour that can result in HIV/AIDS. It is possible from cradle to grave for a typical Nigerian female to be denied making personal decision about her sexuality and sex life. In her parent's house, she lives under their absolute rules as the custom demands. As a spinster or young adult, she contends with the society's expectations. As a married woman, the culture sets the boundary of what her sex life should be, from role as a wife to her behaviour as a sex partner to her husband. She is denied the freedom to act wisely and prudently in her best interest in terms of her sexual life (Smith, 2010). Smith (2010) further observed that this over-restriction of women's freedom which is pervasive in all Nigerian cultures has the net effects of making women voiceless as well as mere sex objects.

Viewed against the inequality of the cultural mores that see nothing wrong in restricting men's movements the same way, then the unjustifiability of the rule becomes obvious. This means that men's movement cannot be questioned, including what they do when they hang out, which at times, involve extra-marital relationships. This results into contraction of HIV/AIDS, which may eventually be spread to their spouses. Omadjohwoefe (2011) asserted that in the Nigerian society, male are generally given higher value and authority and even rewarded more than their female counterpart. Similarly, the World Health Organisation (WHO) in 2014 also asserted that in many countries and societies around the world including Nigeria, women and girls are treated as socially inferior. This cultural practice further makes Nigerian females to be more vulnerable to HIV/AIDS because they can be exploited sexually.

Indeed, an unpleasant discovery, which in other cultures, might be considered as unjust, barbaric and insulting to womanhood, is that the cultural norm is some part of the country where used to entertain guests. This cultural practice has a great

tendency of increasing the prevalence of HIV/AIDS, not just in the community but in Nigeria as whole. Both visitors and guests can become carriers of infections resulting from the unsafe casual sex. Therefore, there is a need for campaign planners to dissuade such cultural practices that have the tendency of increasing HIV/AIDS in the Nigerian society.

Another findings of the study revealed that widow-inheritance is a major cultural practice in South-west Nigeria that demands concerted action. The practice involves brothers-in-law or any male relative inheriting the wives of their late brothers or relation, with or without the woman's consent. Where the woman refuses bluntly, she is denied the inheritance of her late husband's property as well as being sent out of her home without taking any item of property. Undoubtedly, widowhood-inheritance culture remains one of the vestiges of supremacy, the subjugation of women, and the denial of women of their rights by men in the Igbo culture. When a woman is inherited, no test is conducted to know the sexual health status of the inheritor (Gausset, 2001). Nor can a woman dare to ask for such verification to be sure that she is safe before accepting to extend the sexual relationship. It is not therefore surprising that the cultural practice cannot be dissociated from increasing in the HIV/AIDS. Onyekuru (2011) confirmed the suffering of the widows compared to their male counterparts in the Igbo culture, a point requiring that campaign planners engage in the sensitization of the negative effects of widowhood inheritance practice. People have to be encouraged to shun this cultural practice that negates the right of the individual to make her sexual decision.

Indeed, as data from the study revealed, the gender inequality in Nigeria had the adverse consequence of making women to be powerless in all areas of their sexuality, even extending to the reproductive health decisions that affect their lives. Therefore, it is apparent that the subservient role that most Nigeria women are bearing is encouraging the spread and prevalence of STIs (Kadiri, Ahmad & Mutaffa, 2014).

Limitations. This study employed the qualitative research approach using both HIV positive and negative individuals through the utilization of in-depth interviews. The findings of this study can only be taken as exploratory and not as conclusive of the general Nigerian situation. In the first instance, the sampling population was small, and secondly it was drawn from residents of a town in Ogun State. This does not make broadly representative of the vast Nigerian population with over 250 ethnic groups or Ogun State in particular.

Despite the fact that an in-depth interview was used, it has not eliminated the probability of informants being selective with the type of information they willingly divulged. Probably, the informants might not have given away information to the fullest extent possible. There could have been some form of self-censorship to project a good image of themselves and representation of their culture. Self-censorship might also have intruded in the way informants provided answers to some questions that they felt were too personal. They might have also deliberately omitted details, or partially revealed their experiences. Since there was no way of cross-checking the accuracy of the information, the responses could only be taken at face value which naturally imposed the limitation of its own.

Another limitation of this study is related to the age bracket of the informants. They were young people between the ages of 18 and 35 years. Therefore, their age, maturity, exposure and experiences could have influenced their perspectives regarding the implications of culture on the prevalence of HIV/AIDS. However, an attempt was made to keep the findings in context as demanded by the cardinal principle of qualitative analysis.

6. Conclusion

Preventing the spread of HIV/AIDS in Nigeria is a critical public health concern. Research and reports on HIV/AIDS in Africa have consistently indicated that women's lack of autonomy in many important aspects of their lives is a significant barrier in controlling the epidemic. The informants who participated in this research demonstrated that women from South-west Nigeria share similar challenges with other African women. The themes: female subservient role and faithfulness in marriage show the ways in which cultural, social, economic and political factors and structures interact to frame Nigerian women 's lives and how these variables affect their ability to make safe decisions around HIV.

7. Recommendations

It is recommended that HIV prevention campaigns include a special focus on married people. Such messages have to be contextualised within the socio-cultural milieu to increase effectiveness of prevention strategies. Furthermore, married people should be encouraged to know their HIV status so that they can take appropriate precautions to prevent and control the spread of HIV infection.

The complex socio-cultural variables described in this paper should inform HIV/AIDS campaign planners that focusing mainly on creating awareness on HIV/AIDS will not control the prevalence of HIV/AIDS in Nigeria. Therefore, HIV campaign planners need to understand the marital practices that continue to make women to be vulnerable to HIV/AIDS. Consequently, there is a need to educate people on the vices of these cultural practices which can be used to forestall in prevalence of the infections.

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