

## **Women's attitudes to men's sexual behaviour**



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AIDS is viewed as a family tragedy in Africa. Almost 1.5 million Human Immunodeficiency Virus (HIV) - infected women are found in Africa, and between 10 and 30 per cent of these women in some urban cities are of childbearing age. It is estimated that during the 1990s, up to three million women will die of AIDS in Central and East Africa alone leaving at least 5.5 million children under 15 years as orphans by the year 2000 (UNICEF 1990). AIDS strikes, according to Ainsworth (1993), mainly adults in their most productive years; the illness robs families of one or more of their breadwinners. Such loss makes it harder for families to get ahead or break out of the cycle of poverty. A World Bank Study reported by Roseberry (1993) indicated that in Tanzania, rural households spent roughly the equivalent of one year's income on treatment and funerals in 1991. AIDS was not reported in Nigeria until 1986, but its steady rise to a conservative estimate of 962 cases in 1993 prompted the decision to pass a bill to curb its spread by the then Lagos State House of Assembly in 1993. The number, though low when compared with figures from East African countries, presents a gloomy picture, considering the observation made by Mann (1987), that there are about 50-100 HIV-infected persons for each case of frank AIDS. Also, owing to the resilience of extended family ties in absorbing intra-family problems, especially those that could attract stigmas, it is possible that AIDS cases are under-reported. Therefore, it would be wrong to assume that AIDS does not present a serious health risk in Nigeria. In fact Nigeria is believed by the World Bank to be a high priority area for AIDS prevention because of its large mobile population and estimated high levels of other sexually transmitted diseases.

AIDS has particularly adverse effects on women and children, and consequently the family. Women, owing to their status, are increasingly exposed to the risk of HIV infection and also suffer extensively from the social and economic impact of the disease.

Women's status has been a focus of appraisal. All through the ages, in the African and particularly Nigerian culture, women have been given subordinate status in the family and the society. A woman could be an object of enjoyment, given out as a gift to seal friendship or bundled out into a man's house even without her consent. Times have changed, but the status of women has not changed much. The vestiges of these traditional concepts coupled with socially induced factors have made women particularly prone to sex-related diseases and these factors, according to Merson (1992), restrict their ability to protect themselves from sexually transmitted diseases. For instance, studies have shown that expectation of monetary or material gain is a crucial factor in the decision by women to engage in sexual relations (Ososanya and Brieger 1994). Rural women according to Orubuloye, Caldwell and Caldwell (1991) gave the need for financial assistance as the single most important reason for some women engaging in extramarital relations. Some men, according to Orubuloye et al., even expect their wives to support the family financially from gifts and favours obtained in this way.

The deterioration in the economic situation in Nigeria is bound to affect the health and social status of the Nigerian population and especially the women and children. Nakajima (1989) noted that in parts of the world, and the developing countries in particular, morbidity and mortality among mothers and children are still unacceptably high. HIV-related diseases will inevitably augment these rates and impose new demands on the already inadequate health and social services designed for mothers and children. A synergy is likely to exist between low economic condition and low level of awareness in the propagation of AIDS.

The level of awareness of AIDS in rural areas is still quite low (Ososanya and Brieger 1994), and Nigerian men who are aware do not feel vulnerable to it (Onile 1993). The Health Belief Model formulated by Rosenstock (1974) suggested that preventive action is more likely to be engaged in by those who feel vulnerable to a disease. The preventive action in the case of AIDS is likely to affect the life style of the individual.

People's life style has been implicated in the spread of AIDS. Since no cure has yet been found for AIDS, preventing and controlling the disease remains the most viable option to contain it. Meyer (1988) pointed out the need to identify the risk behaviours and practices, their frequency, distribution and the cultural context in which they occur. Nunn (1987) observed that AIDS in Africa is predominantly spread by heterosexual intercourse, materno-foetal transmission and blood transfusion. Other potential risks he gave included poorly sterilized needles and syringes, ritual scarification, circumcision and incisions.

Belief in traditional medicine has made widespread the practice of making incisions on various parts of the body. They are intended for protection, healing, deliverance, acquisition of magical powers and oath taking. Circumcision is however a more widespread practice as male circumcision dates back to the Biblical period. The importance of male circumcision in modern-day medical practice cannot be overemphasized. Cancer of the cervix is found to be lower among women who are married to circumcised spouses than those married to men who were not circumcised (McMillen 1974). Cancer of the penis which is very rare has also been noted among uncircumcised males. However, in Nigeria both male and female children are circumcised, often with grave consequences. Female circumcision is done essentially to prevent promiscuity but it has generated a lot of controversy as female children bleed to death because in some cases, it is not only the hood of the clitoris that is removed but also the prepuce and the glans of the clitoris together with adjacent parts of the labia minora or the whole of them (Olafimihan 1993). Psychiatric disturbances such as anxiety reactions, chronic irritability, episodes of depression and even frank psychosis have been noted as complications that may arise from female circumcision. However, with the incursion of AIDS, other fears have arisen. Many children who have contracted AIDS through materno-foetal transmission could transmit AIDS to other healthy children during circumcision especially if the procedure is not hygienically carried out.

The purpose of the research therefore was to investigate and analyse female attitudes and activities in relation to sexuality within the context of the family. The focus was on women because they are believed to bear the brunt of the AIDS epidemic and they are potentially a key force for stopping it (Nakajima 1989). It is hoped that this would provide a baseline guide in the choice of focus for educational and other intervention programs to contain AIDS.

## **Methodology**

A three-part structured questionnaire designed in two languages (English and Yoruba) was used to collect the data for this survey.

The first section covered background information on respondents in terms of age, occupation, ethnic group, religion, marital status, number of children and age of husband.

The second section contained questions on sexual activities of men generally and of husbands in particular. They include respondents' attitudes to the following:

- (a) The possibility of a man limiting his sexual activities to the wife only.
- (b) Men's extramarital relations with women older than wives.
- (c) Extramarital relations with prostitutes.
- (d) Wife's interference in husband's extramarital affairs.
- (e) Son's sexual relations with girls and prostitutes.
- (f) A daughter commercializing sex.

Apart from respondents' attitudes to the factors listed above, the respondents' reaction in situations where these had happened were also obtained. Attempts were also made to find out among the respondents who worked in bars and brothels, their attitudes to the job and why they chose it.

The third section attempted to elicit responses on whether respondents circumcised both male and female children, where this was carried out and the level of hygiene maintained for the procedure. Apart from this, questions were asked on respondents' knowledge of occasions when incisions have been made on them or their children.

### **The study population**

The survey was carried out in Badagry Local Government area of Lagos State with a predominantly Egun population. Lagos was, until recently, the administrative capital of both the Federal and Lagos State Government, and is still Nigeria's most important financial, business, commercial and industrial centre. Its population is heterogeneous and of the largest concentration in the whole country. The population combines urban, semi-urban and rural settings. The Badagry local government under investigation presents a combination of both rural and urban population (semi-urban). This is because in recent times, Badagry and its neighbouring villages have experienced an influx of mixed population from the cosmopolitan city of Lagos. These are essentially people who could not cope with the ever-rising cost of living in the city. For the investigation, Badagry town was selected and two other towns, Ikoga and Topo, were randomly picked in order to have a total picture of the Local Government area. For Badagry, the area under study included Ajara. Every street was first identified, and on each street every third house was enumerated and a questionnaire was given to any woman suspected to be above marriageable age to fill in if she was literate enough. Where such a woman was not, the questions were asked in the form of an interview and the appropriate answers supplied were filled in by the interviewer. Three hundred questionnaires were administered in Badagry and one hundred each at Topo and Ikoga.

One important observation made was the eagerness the generality of the women showed in discussing a matter so personal and yet so integral to their lives. Women were willing to ventilate feelings of frustration and marital woes.

Out of the 500 questionnaires, only the information retrieved from 496 respondents provided the data analysed and reported here.

### **Characteristics of respondents**

Of the 496 respondents, 494 stated their religion: 86 per cent claimed to be Christians. In Badagry area, there is a strong allegiance to traditional gods, thus it is possible that many of these Christians practise traditional religion; 13.4 per cent claimed to be Muslims while only 0.2 per cent practised traditional religion and 0.4 had no religious affiliation.

Of the 495 who declared their ethnic groups, 63.4 per cent claimed to be Yoruba (it was difficult to know the percentage of them that were Egun); 2.2 per cent were Hausa, 24 per cent were Ibo and the remaining 10.3 per cent belonged to other ethnic groups.

Those who responded to the question on marital status numbered 478. Since the basis for being given the questionnaire was that the respondent was married or had children, it must be that those who claimed to be single had had children; 0.42 per cent belonged to this category. Those who claimed to be married were 94.8 per cent, divorced 1.3 per cent, separated 2.1 per cent, and widowed 1.5 per cent. It is possible that those who did not respond either were not married or had been divorced. Four hundred and ninety responded to the question on their educational status: 8.4 per cent had never been to school; 1.2 per cent had had Koranic education only; 0.6 per cent did not complete primary school and 6.7 per cent did, 2.3 per cent did not complete high school and 35.9 per cent did, 44.9 per cent claimed to have post-secondary education.

Their occupational status revealed that less than one per cent were farmers; 23.4 per cent were traders; 9.6 per cent were artisans; 48.4 per cent were civil servants; 6.3 per cent claimed to be professionals while 12 per cent were housewives.

The mean age for the women was 34 years, while that of their husbands was 43 years.

The number of children the respondents had varied. Only 2.8 per cent were married but without children. The mean number of children was three and 23.7 per cent of the respondents had between one and three children who were above 16 years of age, nine per cent had between four and six children who were above 16 years and only 0.2 per cent had more than six children in this category.

## **Survey findings**

### ***Attitudes to men's sexual activities***

In Nigeria, cultural practices vary from one ethnic and religious group to another. Male sexual transgression has always been considered normal and even encouraged. The choice of more than one wife is not so condemned by the society even if the man involved is married under the Act, thus few people if any have been charged with bigamy in Nigeria. The case however is different for females who are expected to be chaste and be good wives and mothers. With this background therefore, the need for different sexual partners by both sexes was investigated: 55.7 per cent of the women believed women have as much need for different sexual partners as do men and 42.3 per cent felt otherwise. The implication of this is that if they are as biologically predisposed to the same sexual urge as men, they would go out to assuage the urge. Findings in parts of Africa which showed that extramarital relations by wives were the norm and these were emotionally accepted by husbands tend to support this assertion (Powdermaker 1962). However, Caldwell and Caldwell (1981) noted that the assertion would be true for women in certain societies but not true for others. They reported that in their study, 83 per cent of Yoruba wives said they did not miss sex at all during the years of postpartum sexual abstinence. It could be that such women had undergone circumcision in infancy which tends to reduce libido and therefore could have made sex less appealing. This may also be responsible for the fact that only a small percentage of women ever achieved orgasm during sexual encounters as reported by Masters, Johnson and Kolodny (1985). If this is the case then these women would have the tendency to see marital sex as a conjugal duty for procreation rather than for pleasure.

Apart from satisfying the sexual drive, other reasons have been advanced for women's extramarital affairs which include the need for both emotional and financial security especially where the spouse is old and not providing, or where the husband is away most of the time. In the rural areas, it has been reported by Orubuloye et al. (1991) that women keep long-known partners that are themselves sexually careful and selective probably because the towns or villages are small and nearly every one knows the other person. However, in the

cities, clandestine sexual relations with different partners could go unnoticed. In fact, many rural women who travel to cities for business have been found to engage in sexual relations with other men for various purposes (Ososanya and Brieger 1994).

Another attitude investigated was whether the women felt men need more than one wife: 87.4 per cent of the women believed that men do not generally require more than one wife and the same respondents were also those who would prefer to be the only wife. It is also interesting to note that the 12.4 per cent who agreed that men should have more than one wife said they would not like to be the only wife. This can however be understood when it is observed that 84.2 per cent claimed to be in monogamous unions while the remainder were either in consensual or polygynous unions; 11.1 per cent of the women in the study reported that they were one of two wives; 3.2 per cent indicated they had two co-wives while 0.6 per cent had three co-wives and 0.8 per cent had four. More often than not, there is freedom for extramarital relations when a woman has co-wives. This is because of the economic burden imposed by polygyny on the family: individual wives are forced to fend for themselves and their children such that they have to provide at least 90 per cent of the requirements of themselves and their children.

When asked if they believed their husbands went after other women outside the marriage, 67.4 per cent of them said their husbands did not while 32.6 per cent believed they did. Specifically too, 4.2 per cent of the women believed their husbands were patronizing prostitutes. Many Nigerian men have been known to patronize prostitutes and bar girls. Prostitutes are believed to be single girls or women separated from their husbands who make prostitution their profession. On the other hand, there are girls who are literate, even students, who work the streets soliciting for male clients. In urban areas where polygyny is a little difficult, men have gone for a variant of it which Montgomery (1991) described as surreptitious polygyny in the form of the 'outside wife' and the 'deuxième bureau'. Elite men in urban areas, though educated and successful, are believed to practise this variant of polygyny without the knowledge of their equally well-educated wives.

The 'outside wives' of the middle class are said to be young in most cases, relatively well educated, able to converse in English and French, in white-collar employment, and given to enjoying the good life which includes payment for clothes, rent and some money to spend. It also provides an avenue for gaining entrance into the society (Caldwell, Caldwell and Quiggin 1989).

It is generally believed that men cannot live without these women and Temne wives in Ghana preferred not to know the identity of such other women but feel strongly there should be only one so as to prevent the spread of diseases (Dorjahn 1958). It is therefore possible that many of these women who claimed to be in monogamous unions share their husbands with outside wives.

When asked if they felt most husbands have relations with women older than their wives, 39.5 per cent of the women agreed that this usually happened. One of the factors that could be responsible for this is the age disparity between most men and their wives, especially those in polygynous unions. It is probable that some of these men would prefer women who are more experienced and therefore provide more sexual satisfaction. Orubuloye et al. (1991) suggested that divorced women are often preferred. Some men could also prefer women who are in stable unions for security reasons and to avoid unnecessary liability and financial drain that could arise when a young single girl is involved. Since extramarital affairs by wives are tolerated if they are discreet, even secret and not flaunted in such a way as to cause the husband embarrassment, it therefore means that many of these women would be available and patronized. The elite males of East African cities were found to prefer these to bar girls for fear of contracting diseases (Obbo 1987).

When asked if a woman has the right to know and approve of her husband's sexual activities outside marriage, 20.6 per cent of the women believed this was right while 79.4 per cent disagreed. Also 81.5 per cent believed a wife should interfere if her husband went after other women; only 18.5 per cent felt this would not be proper. It is very unlikely that the educated ones would not want to know, and approve of their husband's sexual activities outside the marriage, even though traditionally, a woman is expected to be overtly deferential towards her husband (Adeokun 1991). Dinan (1983), reporting the view of white-collar single women in Accra regarding marriage, said that they believed it was hopeless expecting husbands to be faithful although they were highly critical and resentful of the adulterous behaviour of the men. This is probably why most women believed the issue of approving their husbands' extramarital activities does not arise.

Female education and Christian conversion have been cited as the major forces countering polygyny. Many educated women now share with their husbands the provider role and are therefore no longer content with staying in the background. They would like to share in the everyday activity of their husbands. This was the dilemma faced by the men who opted for Christian marriage during the colonial era in Lagos. According to Mann (1985), the elite women regarded Christian marriages as the best because the church upheld the sanctity of marriage. The women therefore would opt reluctantly for other types of marriage only if they had some blot on their reputation that made them unattractive as Christian wives or if they were widowed or separated. The Christian marriage thus has no place for polygyny and so the elite men, after much debate and frustrations, started having outside wives. This impression must have been in the minds of the participants in a focus group who revealed that women have resigned themselves to fate, believing that no matter what they do, Nigerian men will uphold the culture of polygyny (Adegbola 1991).

### **Reasons for men's sexual behaviour from the woman's viewpoint**

The women in this study were asked for the reasons why men go after other women, their reactions and also their husbands' responses to their reactions.

Various reasons have been advanced by the women to explain men's wish for multiple sex partners. It would appear the women did not wish to look at the issue as being culturally induced and approved. Only a small fraction (about one-thirteenth) of the respondents felt more wives would provide more farm-hands. This to some extent could be justified in a predominantly agricultural economy where labour rather than physical or human capital is the principal economic resource (Montgomery 1991). The Lagos State terrain is mostly sandy and cannot sustain the type of agricultural enterprise being considered, and in any case, labour was more a motivation in the past than now and in the rural, not urban, areas.

Another reason proffered was that men's sexual appetite is insatiable and thus, through lack of self control, they will always look out for enjoyment and variation. This was the most popular reason given by the women. This view seems to be reinforced by the assumption noted by Orubuloye et al. (1991) that monogamous men and most polygynous men must have sexual relations with women other than their wives. The prescribed two or three years female abstinence during the postpartum period has been implicated as a major motivating factor for men's extramarital sexual behaviour. Some men however do not seem to share this view. A male participant in a focus group discussion noted that disciplined men abstain from sexual relations if there are no other wives to turn to since not all men are in polygynous unions (Adegbola 1991). It must be emphasized however that the availability of family planning methods has made some of these old practices obsolete. A woman can now space her children the way she likes. Besides, men do have access to their wives even during pregnancy: total abstinence during this period has not been medically recommended except in situations where

the woman has a history of miscarriages or other problems. Sexual intimacy during the first and third trimesters is however not encouraged.

Some of the women in the study also believed that the company a man keeps influences him. Some husbands are believed to have been influenced by their peers (7.1 per cent) to patronize prostitutes, while 4.6 per cent of respondents believed this was the case in their husbands' taking other women. This view has been confirmed in other studies. Evans-Pritchard's writing about the Nuer showed male solidarity and peer-group pressure displayed by the men in their readiness to identify with an adulterer rather than the aggrieved husband who has been made a 'cuckold' (Douglas 1976).

Men could also start extramarital relations to spite a straying wife. Infidelity on the part of the woman is no longer strange and from Ososanya and Brieger's (1994) findings, could be initiated by accepting a 'dash' from a male customer, where buying and selling is involved, or accepting lifts in cars. It is believed therefore that a woman's expectation of monetary or material gain is a crucial factor in starting a relationship with a man.

Some of the women believed some category of men engage in extramarital relations to boost their ego. It would appear the men in this category have low self-esteem and perhaps feel inadequate and lack confidence in themselves. They therefore would require relations like this to provide them with the required self confidence (Dintiman and Greenberg 1989).

For some men however, no apparent reason could be found for the extramarital pursuits.

### **Reactions to men's sexual activity**

About 33 per cent of the women said their husbands go after other women. The reactions of these women to their husbands are presented here.

Reactions were found to vary. The majority of those whose husbands were straying claimed they did nothing (53.2 per cent). After further probing, it was found that they reacted in this way to avoid quarrels. In fact, 17.9 per cent of the men were reported to pick quarrels with their wives if they reacted negatively. Other studies in West Africa have shown that women seldom protest about their husband's extramarital relations (Caldwell and Caldwell 1981). Although none of the women in this category mentioned the idea of getting square with their husbands by selecting their own male friends, the motivation for this seems to have been provided by a man who beats his wife for protesting against his extramarital affairs. Indeed, rebellious women have been known to find occasion to take revenge on their husbands by also having an extramarital relationship. Even in polygynous unions, women who felt cheated that their husband brought a new wife home or who suspected there were other sexual partners outside the marriage were found to seek out other sexual partners of their own (Ososanya and Brieger 1994). In this situation therefore silence could be golden. However, about 4.4 per cent of the women would not advise women to engage in extramarital relations because it would make them age faster. This category of women is not likely to have extramarital affairs.

A few of the women (1.1 per cent) said they had threatened their husbands with divorce if their extramarital relations were repeated. Most researchers like Caldwell et al. (1989) have shown that divorce has not been a common solution for adultery, except that of wives where it is flagrantly provocative and repeated. In Nigeria, however, the colonial era, which highlighted the rights of women, and the growing Christian influence which emphasized only one legal wife, led to a substantial increase in female-initiated divorce (Caldwell, Caldwell and Orubuloye 1990). Divorce cases are steadily increasing while rather than get married, many more women are choosing single motherhood. All these factors have implications for the containment of AIDS.

Other women who do not wish to sue for divorce, claimed they denied their husbands sex as a punishment: 5.6 per cent of them were involved in this while about one-third of the women preferred to express their disgust by getting angry and quarrelling with their husbands. They said they accused their spouse of dishonesty, immorality and lack of self-control. Some others claimed to have pleaded with their husbands and reminded them of various diseases that could be contracted including venereal diseases and AIDS and the likelihood of premature death. It is difficult to know the particular results of each of these strategies. However, 42.3 per cent claimed their husbands promised to turn over a new leaf, 35.9 per cent were indifferent while 3.8 per cent insisted they could take care of themselves.

Nevertheless, 7.5 per cent of the women were sure their husbands would never engage in extramarital relations; the reason given was that their husbands feared God. Studies conducted in parts of Africa have now shown much difference between the sexual behaviour of regular church-goers and that of the general population, except a study by Southwood (1973) carried out among the Baganda people. Among these people, those who have really internalized Christian values were said to be devout and somewhat more chaste. This difference could be explained by the fact that a man or woman who has really internalized Christian values would believe in the sanctity of marriage.

Respondents displayed a general awareness and fear of AIDS: 70 per cent said AIDS is deadly and another 29 per cent that it is incurable. However, only 64 per cent believed this could prevent their husbands from carrying on with extramarital relations while others could be stopped by the fear of illegitimate children. The majority of the women were very optimistic that when husbands are given adequate love, care and attention, they surely will reciprocate positively and stay home.

### **Women's attitudes to sexual behaviour in their children**

Traditionally, in sub-Saharan Africa, arranged marriages were common. Men, who were not expected to be chaste, did not marry until their late twenties or beyond, by which time they had set a life pattern of sexual adventures. However, a great value was placed on female chastity.

The situation has however changed tremendously in the past few decades. Girls are no longer married off to prospective husbands very early in life, but in the course of going to school or learning a trade their marriage is delayed. In most West African studies therefore, mention has been made of the sexual freedom of girls with little worry about pregnancy (Caldwell et al. 1989). In this study, parents' attitudes to sexuality in their children who were above 16 years were investigated.

Only 25.8 per cent of respondents had children aged over 16 years. Of these, 77.4 per cent reported their sons were indulging in sexual relations with girls. It was not possible to determine the ages of these male children, but they must be varied considering the fact that about 2.2 per cent of the women were over 55 years old. Also 8.9 per cent had cause to believe their sons were patronizing prostitutes. As in any city, prostitution is a flourishing business in Lagos and environs, and bars and brothels are found everywhere. Their availability must have provided enough motivation for young men to frequent them since in the long run this might prove more economical than having a steady girl friend.

When the women were asked what their reaction was, only about 38.5 per cent of the 48 who said 'yes' condemned the son who had sexual relations with girls and the remaining 62.5 per cent said they advised their sons by telling them the health implications and the need for caution. However 24.4 per cent of the women would not say anything since they did not see anything wrong in their sons' behaviour. All the women who reported that their sons went after prostitutes said they expressed sadness and warned them about the link between their



behaviour and a variety of diseases and even premature death. When all the women were asked what they would do if they were told their sons had been frequenting brothels, 80.4 per cent said their sadness would know no bounds; 11.5 per cent would feel ashamed, baffled and angry; 5.2 per cent would feel proud of the boy while 1.2 per cent believed their son would never do a thing like this.

Most of the women (83.3 per cent) were of the opinion that a mother should control the sexual activities of her son although in reality only 73.1 per cent of them said they could. The need to control the son's sexual activities is essentially to prevent unwanted pregnancy (69 per cent) and fear of diseases (33.3 per cent). Other women who did not share this view saw sexual indulgence as a proof of manhood (70 per cent) and evidence of sociability (30 per cent). Even if some mothers would want to control their sons, 33.3 per cent did not live with their sons, while for 66.7 per cent, 'civilization' would be a force to contend with. It is not surprising therefore that some of the women looked to their husbands to take the necessary action against an erring son. Peer influence was believed to be responsible for their sons' patronage of prostitutes while 66.7 per cent believed their boys to be self-willed. Those whose children did not involve themselves in this behaviour said their children were decent (73.5 per cent) and did not keep bad company (26.5 per cent).

Although 35 per cent of the fathers of those who are involved with prostitutes considered the behaviour immoral, only 5 per cent scolded their children. In fact, 35 per cent of the fathers would prefer to advise their sons to protect themselves.

A lot of inconsistencies could be detected in the women's stand on their daughters' engaging in prostitution. Initially, 81.6 per cent of the women said they would be sad to know that their daughters had taken to prostitution; 7.3 per cent said they would be baffled while only 1.3 per cent expressed delight. Although 88.4 per cent reported that they would warn such a girl seriously and 6.6 per cent even threatened to denounce her, if the same girl obtained wealth through prostitution and was ready to start a business in the village, 45.9 per cent would feel proud of her, while only 39.7 per cent would still remain sad. It is interesting to note that 46.7 per cent of these women still believed such a girl would make a good marriage. Perhaps this may be a general attitude along the West Coast of Africa. Caldwell (1969) reported that although rural families in Ghana were disturbed by what their single daughters would do if they went to Accra, none of these rejected remittances these girls sent them or even refused to have the girls back. Prostitutes are never treated as outcasts in their villages. The lenient attitude of some of these women to prostitution may be due to the fact that 3.5 per cent are currently working in a bar or hotel; most of these, 64.3 per cent, could not get any other job while 7.1 per cent do it because they need money badly; some are doing the job for the sake of doing something.

### **Male and female circumcision**

The women's attitudes to male and female circumcision were generally fair; 98.6 per cent had circumcised their male children and 93.8 per cent, their female children. It is possible that those who gave negative replies did not have children of their own. The reasons given were cultural 83.9 per cent, Biblical 10.7 per cent and sexual performance 5.4 per cent; and 5.9 per cent reported they circumcised their female children so that their children's children would live. The general belief is that the baby whose head touches the hood of the clitoris, present in uncircumcised women, will die.

Only 8.8 per cent of the women circumcised their male children themselves and 11.5 per cent their female children. Others patronized a Western trained doctor (55 per cent); nurses or dispensary (10 per cent); traditional doctor (25 per cent); or traditional birth attendant (5 per cent); for females the same group of experts consulted for the male were also consulted and

in almost the same pattern. About half of the women had their sons circumcised in the hospital, 22.4 per cent in their own residence, and 20.9 per cent went to a traditional specialist's home. The pattern observed in female circumcision was similar to this. Invariably those who had their children circumcised in a proper hospital setting were provided with appropriate tools and clean environment. Others reported the use of a knife (16.7 per cent) and scissors (7.1 per cent). Circumcision instruments were merely rinsed in 17.5 per cent of cases, washed with soap by 17.5 per cent and sterilized in 60 per cent of cases. Exposure to AIDS infection is increased if the instruments used are not properly cleaned and disinfected.

### **Incisions**

Only 6.5 per cent of the women reported that incisions were made on their children on certain occasions, especially during a local festival (17.4 per cent); admission to school (8.7 per cent); when they were leaving for a new environment (4.3 per cent) or as advised by a diviner (13.5 per cent). When performed during a festival, which appears to be the major reason for it, it is to link the child with the ancestors. However, others use it as a protective measure.

Another situation where incisions are made on the body is when an oath is being taken. Half of the women claimed they have heard of this before; 93 per cent claimed it is usually to seal a covenant and seven per cent believed it was to avoid a breach of trust. Only 5.4 per cent had done this before and it was essentially to seal a covenant while about one third of the few who claimed they had done it before said they were forced to do so.

### **Implications and conclusion**

Man is not just social but also biological. Man's sexual behaviour is therefore complex. To define the inducement factors for sexual relations in social terms alone may be difficult. Nevertheless some of the social factors have been investigated in this study and their implications discussed.

Prominent among the factors are the following:

- (a) The pleasure in having a variety of sexual experience by both men and women.
- (b) Material rewards whether formal as in prostitution or informal as relating to those accruing from a steady relationship.
- (c) Use of sexual relations outside the home as an emotional release to get square with spouses.
- (d) The practice of circumcision especially when carried out unhygienically outside the hospital.

The implications of the above are that, unlike in the developed countries where the incidence of AIDS is elevated in some sub-populations when compared to the population mean, for example homosexuals and intravenous drug users, in Nigeria such high-risk sub-populations do not exist. The risk behaviour and practices are not confined to distinct social groups. Thus the incidence of AIDS may vary only slightly across the population.

With materno-foetal transmission and the practice of circumcision, AIDS is likely to spread first among infants. Heterosexual intercourse and sex commercialization among sexually active adults will also enhance the spread of AIDS in the teenage and adult populations. Thus we have a situation where AIDS can spread laterally and vertically involving virtually every stratum of the society. It is in view of the above that the following conclusions are reached.

The women are generally aware of the connection between sexual relations and sexually transmitted diseases and AIDS and they are afraid of contracting them. There is therefore the need to intensify the public education campaign against AIDS with particular emphasis on safer sex through the use of condoms. Self protection by the women is required since sexual

permissiveness of men is socially acceptable. Although it is generally believed that condoms could prevent AIDS and other sexually transmitted diseases especially when used with the spermicide Monoxynol - 9 (Whyte 1990), attitudes to condoms have not been favourable. They are said to take away the pleasure from sex through their lack of sensitivity. Therefore there could be a resistance against condoms in such a pleasure-seeking population as that of Nigeria. It would be necessary to develop special strategies to motivate people to accept condoms.

The men also should be made a target for AIDS education programs. This could be carried out at the community level which could be the neighbourhood, professional group, or the smaller support network composed of family or friends. All men should be reached and encouraged to use condoms if they indulge in high-risk behaviour.

Although as the women observed, the fear of AIDS might not deter men from extramarital relations, most women in the study were sure that love, care and affection would make many men stay at home. There is the need therefore to strengthen family ties and emphasize the sanctity of marriage. Women need to be provided with both the cognitive and behavioural skills required for making the home happy and inviting so that their husbands can be encouraged to be faithful. Couples should know where to turn, apart from the traditional line of consultation for guidance and assistance in handling family problems, such as marriage counsellors.

The introduction of the Family Support Programme by the government could not have come at a better time. Emphasis should be on consolidating the family and encouraging parents to take the art of child-rearing seriously so that children can grow up in a loving environment, as this will reduce the number of street children and juvenile prostitutes. Vulnerable young children and teenagers should be taught the skills needed to refuse sex or negotiate for safer sex.

Many women also reported that their husbands would never engage in extramarital relations because they feared God. This agrees with the observation of Southwold (1973) that those who have internalized Christian values were more chaste. It would appear that religious faith has a role to play. The religious bodies, especially the church, must assist in stamping out AIDS by promoting those values that promote the sanctity of marriage and chastity.

The Better Life Programme had laudable objectives as it aimed at improving the status of rural women economically, socially and politically. Unfortunately, it did not yield much because of the improper way it was administered. However, the objectives could be pursued vigorously so that the self-esteem of the women and the economic status would improve. This type of forum would also bring about a stronger form of cohesion that would be required for teaching appropriate knowledge and skills in fighting against AIDS.

Schools should be involved by providing not only appropriate knowledge but also skills and attitudes that permit effective communication, responsible decision-making and the development of healthy human relationships. This can be achieved through the school health education programs. It is advisable that such education should commence before the young have their first sexual experience so that they can learn to protect themselves and others from infection. Over 300,000 teachers in rural areas have been trained for this purpose in Thailand to handle school AIDS programs in that country (*Global News* 1992).

Finally, the fight against AIDS requires political will and commitment by everyone. A 1992 edition of *Global News* carried a caption 'Nigeria declares war on AIDS'; AIDS should not be fought on the pages of foreign newspapers. Public education on AIDS has been sporadic and ill-planned in Nigeria; in Thailand, AIDS messages are aired for a minute and a half every hour of the day including prime-time. Advertising agencies and movie producers have volunteered to help with the production of messages (*Global News* 1992). Nigeria has a greater capacity to do this and the need for it is greater now than ever before.

There is need for a review of the electronic media, especially the entertainment programs. Plays that do not promote the sanctity of marriage or that portray promiscuity as part of the necessities of life should be banned. The media must be made to feature regular programs that provide scientific facts about and skills for preventing AIDS.

Circumcision of female children should be discouraged through the mass media and other interpersonal communication channels. Hospitals should be made to take the responsibility for male circumcision to ensure that hygienic procedures are observed in performing it. It is believed all these would assist in containing AIDS in Nigeria.

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