

# **The Conceptions of Sexual Relationships Among the Yoruba People in Nigeria**

**By**

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## **Abstract**

The study explored the cultural dynamics of construction of sexual intercourse within gender constructions of masculinity and femininity among the Yoruba people of South western Nigeria. The Explanatory Model Interview Catalogue (EMIC/ETIC) framework, a cultural explanatory social analytic framework with guides to looking at the insiders' perspectives, was used as the theoretical base to the study. The study was conducted to broaden understanding of sexual relationships in order to generate culturally relevant programmes that can promote sexual health, control sexual coercion, sexual violence and reduce the transmission and spread of HIV.

It explored information about the conceptions of sexual relationships, social dynamics of sexual negotiations in marital and non-marital relationships, the expressions and process of knowledge acquisition as such translates to sexual behaviour by men and women. The prevalence of consensus, coercive and forced sexual intercourse and sexual morbidity were determined. Perceived link of sexual coercion and sexual violence to HIV transmission was also explored. Traditional practices, including regulatory mechanisms for the control of sexual behaviour of men and women in the culture were also explored. Equally focused in the study were differences in the conceptions of sexual relationships among the study population as moderated by sex, age, educational background and marital status, along with experiences of sexual coercion, forced sex, and sexual intercourse related morbidity.

Adopting the ethnographic method, qualitative data from historical review of existing information about the Yoruba people, focus group discussions, in-depth individual interviews and observations were complemented by quantitative data generated through a survey in a sample Yoruba community of Ile-Ife. Findings showed the conception of sexual relationships and sexual intercourse built around the conception and social constructions of active masculinity and passive femininity. Conceptions of sexual relationship evolved as a transitional phenomenon that individuals were expected to learn informally instinctually and as they attain sexual biological maturity through language use and observations of practices among older people. Two typologies of masculinity and femininity were discernible in the study population that also give specifications to social and sexual behaviour of men and women. There appeared a changing conception of femininity especially among young people below 30 years, which is also informing sexual behaviour of young women. Relationships were moderated by age, economic status and marriage, which invariably put women in subordinate position to men either in social or sexual relationships. Behaviour of men and women were dictated by social role assignment of leadership through economic provisions for family and control of sexual act by the man. This was within a contractual relationship of older men with younger women with the primary motive of procreation in traditional orientation.

Sexual intercourse was seen as a compulsory act for both men and women especially as it results to procreation though the initiation and control were part of the social responsibility of the man. It was socially approved within marriage but pre-marital and extra marital relationships were tolerated more for men. The act was also used “as a

prove of self', for economic gains, to demonstrate love, for enjoyment and as a tool of punishment of women by some men.

Knowledge acquisition about sexual relationships and sexual intercourse tended to be inadequate throughout the life span. There was never a time when individuals, even after marriage, have access to correct information about sexual intercourse. There was gross assumption of what sexual partners know about sexual intercourse in the population. Within the context of 13 identifiable topical knowledge areas desirable for sexual health, more than 50% of males and females expressed lack of knowledge. There were significant differences in expressed knowledge by male and female respondents of what sexual intercourse is and the motives of sexual intercourse ( $X^2 = 5.837$ ;  $df = 1$ ;  $p < 0.05$ ) and knowledge of what constitutes unhealthy sexual intercourse ( $X^2 = 4.2933$ ;  $df = 1$ ;  $p < 0.05$ ).

Sexual behaviour of individuals were regulated through instructions, warnings and punishment that could range from verbal warning to flogging and death through the use of some traditional medicine. Sexual coercion and violence was generally condemned in the culture. The age range at first sexual intercourse ranged from 7 to 40 years, mean age was 20.7 years, median age and mode was 20 years and the Standard Deviation was 4.05. First sexual intercourse for majority of respondents (47%) was by consensus while about 35% (23% males and 12% females) had such through coercion or by force. Experiences of sexual intercourse at the time of study showed that 48% had such by consensus and 33% (22% males, 11% females) had sexual intercourse by coercion or by force. More

respondents in the married category reported experiences of sexual intercourse by coercion and by force. About 31% of respondents (males and females) reported sexual intercourse related ill health and problems with 3% reporting such as occurring all the time and 5% claiming such occurring most of the time. Coerced and forced sexual intercourse was reported as common by 54% (32% males and 22% females) of the respondents. More married respondents (23%) reported forced sexual intercourse as common.

Awareness of HIV/AIDS was high with 73% mentioning sexual intercourse as a route of contracting the infection but despite the pro-natalist nature of the study population, knowledge of mother-to-child transmission of HIV was poor as this was only mentioned by 2(4%) of the respondents. Young women reported avoidance of orthodox health care settings to avoid been screened for HIV in the qualitative study.


High percentage of respondents correctly perceived the link between coercive (79%) and forced (84%) sexual intercourse and increase rate of HIV transmission and spread. However, higher percentages of men than women in their sex categories perceived this link. Suggestions for intervention by respondents included multi-dimensional and multimedia educational programmes for healthy sexual intercourse, provision of access to facilities for consultation and stringent punishment for sex offenders.

Implications of the findings were discussed from the perspectives of an emerging framework of the conception of sexual intercourse, need for further research and actions for health care service planning.

## **Declaration**

### **I declare that:**

“The conceptions of sexual relationships among the Yoruba People in Nigeria” is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

  
**Omolola Irinoye**

**Date** 12 July 2005

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**As the Candidate's Supervisor, I have approved this thesis for submission**

**Prof Leana Uys**

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## **Dedication**

This work is dedicated to  
women and men  
who see sexual intercourse as a tool of bonding,  
the journey of knowing self through the other  
a sacred sacrifice of self  
that should never become a weapon of destruction

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## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Introduction to the Chapter**

This chapter gives a general background to the study of conception of sexual intercourse among a socially distinct ethnic group in Nigeria. The chapter commences with a general outlook of sexual relationships that translate to sexual behaviour with information on the consequences in recent times. The link between sexual behaviour and the spread of the human immunodeficiency virus is explored. The nature of the problem as it demands further investigations of the socio-cultural dynamics of sexual behaviour that translates to many of the consequences are presented. The objectives to be achieved, the significance of the study as well as the limitations of the study are also presented in this chapter. The latter part of the chapter explores theoretical frameworks, models, constructs in literature hither to used in explaining sexual behaviour and sexual violence. Theoretical frameworks and models that had been used to promote sexual behavioural change in HIV prevention programmes are also reviewed. Conceptual guides and constructs that guided the methodology and conduct of the study are presented as the final part of the chapter.

#### **1.2 Sexual Relationships, the Burden and Consequences of Sexual Behaviour in the Twenty-first Century**

Sexual relationship has become a major issue in the discourse of health and health care provisions. Sexual relationships translate to sexual behaviour that has great implications for general health, sexual and reproductive health of individuals and that of the larger

community. Sexual behaviour manifests as sexual intercourse in most sexual relationships. Sexual intercourse has both physiological and psycho-social dimensions that must be understood to promote positive sexual and reproductive health and reduce morbidity, debility and mortality associated. Many researchers and clinicians take particular interest in physiological sexual dysfunctions as they work to understand the dynamics of the physiology and managing pathology of sexuality and reproduction within the context of sexual therapy. Understanding the physiology of sexual intercourse and reproduction continues to help in prevention and management of physiological deviations from normal. However, the socio-cultural dimensions of sexual intercourse impact greatly on physiological and psycho-pathology and understanding both dimensions are critical to holistic intervention.

The social dimensions of sexual relationships as they greatly impact on sexual and reproductive morbidity, debility and mortality have come to the fore with the emergence of HIV infection and AIDS worldwide since the early 1980s. Social dimensions of sexual relationship moderate sexual behaviour and sexual practices as such manifests in various forms of sexual intercourse existing in any social setting. Sexual behaviour, especially early sexual initiation is documented to have social and health consequences (Collins, Elliot, Berry, Kanouse, Kunkel, Hunter and Miu, 2004). Injurious sexual intercourse from consensus, coercive or forced sex also increases vulnerability to sexual and reproductive morbidity among other consequences. These consequences include high prevalence of sexually transmitted infections (STIs) including infection with human immunodeficiency virus (HIV) among men and women, unplanned and/or unwanted

pregnancies especially among young women. An estimated 340 million episodes of curable sexually transmitted infections is said to occur every year worldwide. This figure does not include other viral STIs and HIV infections. (WHO, 2004; UNFPA, 2004). According to World Health Organisation, sexually transmitted infections (STIs) or sexually transmitted diseases (STD), remain major public health problems that have become compounded by the appearance of HIV in the 1980s. STIs are a major cause of acute illness, long-term disability, infertility and death and tend to increase the vulnerability to HIV. In Africa and in Sub-Saharan Africa, sexual and reproductive health problems are responsible for high levels of morbidity, debility and mortality. For example, between 10 to 20 percent of sexually active population of sub-Saharan Africa is said to be infected with gonorrhoea (Pathfinder International, 1999). High prevalence of STIs, especially those that cause genital ulcers increase the risk to HIV infection. HIV infection has become a great threat to all sexually active individuals worldwide with Sub-Saharan Africa worst hit by the pandemic. As at the end of 2003, out of the 40 million people living with the virus, 25 to 28.2 millions were in sub-Saharan Africa. New infection in 2003 in the region was 3.0-3.4 million. The national median prevalence of HIV in Nigeria was 5% in 2003 with Osun State indicated to have the least prevalence of 1.2%.

### **1.2.1 Sexual Behaviour and the Spread of HIV**

In the era of HIV/AIDS, the act of sexual intercourse has become a major challenge as it relates to the transmission of the infection. Injurious sexual intercourse from sexual coercion and sexual violence compounded by multiple sexual partnership increases the

vulnerability to HIV transmission for both men and women but more for women. From all the discourses of what drives the HIV epidemic, sexual intercourse within the dynamics of gender construction and gender relations, (either in heterosexual, homosexual, bi-sexual sex and indirectly facilitating mother to child transmission) has been identified as the key factor in the spread of the infection in Sub-Saharan Africa with “unsafe blood transfusion and unsafe injection accounting for a small fraction” (UNAIDS 2002).

Sexual intercourse, consensual, coerced or forced and concomitantly sexual behaviour of men are the main issues in context in the transmission and control of HIV in many parts of the world but emphatically in Africa (UNAIDS, 2002). Cognitive, attitudinal and behavioural factors are promoted through culture and the socialisation process that expect men to have frequent sexual intercourse and have many sexual partners. Literature had shown that men engage in these various forms of sexual intercourse within marriage and in extra-marital relationships for various reasons in different cultures. For instance, young men are expected to prove their sexual prowess, many believe that men cannot control their sexual desire and some claim that regular intercourse is essential for a man’s good health. (Panos, 1998; Campbell, 1997). Importantly, an association between HIV status and sexual coercion among women has been documented in a study conducted in Rwanda (van der Straten et al., 1998). Sexual coercion, as Heise, More and Toubia (1995) further observe, can take place throughout a woman’s life cycle which then implies that the vulnerability of the woman to HIV infection is sustained throughout the life cycle.

Importantly, the problems of sexual coercion and sexual violence have gradually become major issues since the 1990s because they account for high sexual and reproductive morbidity, debility and mortality (Heise, Moore and Toubia, 1995). Sexual coercion and sexual violence result to physical and psychological health problems for women. According to Heise, More and Toubia (1995) coerced and forced sexual intercourse result to emotional behavioural damage that manifest as drug and alcohol abuse, depression and low self esteem. These are usually associated with high-risk sex, early sexual debut, multiple partners, unprotected intercourse and prostitution among some women. Sexual coercion and violence are also associated with unwanted pregnancy, adverse pregnancy outcomes, STDs and HIV, chronic pelvic pain, pelvic inflammatory diseases and infertility. Other consequences include non-use of contraceptives, abortion related morbidity, suicide and homicide, reproductive morbidity and mortality as well as infant syndrome (Heise, More and Toubia, 1995; Garcia-Moreno and Watts, 2000).

### **1.2.2 Socio-cultural Dynamics of Sexual Behaviour – Implications for Investigations**

Though the issue of sexual behaviour has many socio-cultural dimensions to it and tends to be shrouded in secrecy for years, studies to understand the nature, context and other critical issues for healthy sexual intercourse have been on the increase. Essentially, shrouding sexual relationships in mystery and silence ignores the context, content and experiences of sexual intercourse and reinforces *status quo* especially in many developing countries and in Africa in particular (Klugman, 2000; Gupta, 2000; Hlatshwayo and Klugman, 2001). As far as understanding the socio-cultural dynamics of

sexual behaviour, especially sexual coercion and sexual violence is concerned, considerable attention has been given to research and intervention programmes in industrialised countries. (Yoshihama and Sorenson, 1994; Laumann, Gagnon, Michael and Michael, 1994, Bergen, 1996; Tjaden and Thoennes, 1998; Harrison-Wydra, 1999, Berlinger, 1999; Banks, 2000). Other developing nations across all continents, Africa inclusive, are also taking actions to investigate, advocate and intervene to reduce the menace of sexual coercion and sexual violence against women (Coker and Richter, 1998; Odida, 1999; Jewkes, 2000; Amoakohene, 2004; Koenig, Lutalo, Zhao, Nalugoda, et al. 2004).

However, while few available evidence in developing countries suggest common occurrence of sexual coercion and sexual violence, the need for community-based research to define the nature of the problem was suggested by Koenig et al (2004). Again, high level of sexual and reproductive health morbidity pose great challenges to programme conceptions and implementation that should aim at sexual and reproductive health promotion, prevention of and prompt and effective management of deviations from normal through community and group oriented interventions. Usually, the discourse of reproductive health is considered from the perspective of prevention and management of unwanted and or unplanned pregnancy, abortion and the consequences, control of STIs and HIV and improving the quality of care. All of these are aimed at reducing maternal morbidity and mortality rate (Boender, Santana, Santilla, Hardee, Greene and Schuler, 2004). The need to pay increasing attention to men and young people's sexual and reproductive health to maximise the health of every member of the family as a route to



promoting the health of women continued to be emphasised (White, Greene, Murphy, 2003). Again, the need to further investigate people's understanding of sexual intercourse and the behaviour that determines sexual and reproductive health of individuals cannot be over emphasised especially when preventive programmes that would be people oriented would be more valuable to assure a sustainable social change.

It is important to explore people's understanding of sexual relationships and how such dictates their sexual behaviour, their perception of what constitute normal and abnormal sexual intercourse, sexual coercion and sexual violence as these phenomena relate to the high spread of HIV. It is also desirable to explore people's understanding of the consequences of the nature of their sexual practices since such practices have implications and consequences for them. Exploring intervention strategies that both men and women also want to adopt to reduce sexual coercion, sexual violence, promote healthy sexual behaviour with the motive of controlling HIV spread are also pertinent to promoting ownership, commitment and sustainability of intervention programmes that would emerge.

Essentially, planning community-oriented programmes that would be grounded in the culture and derived from the people's understanding of the issues and the problems are desirable. This could only be based on in-depth study of people's conception of sexual intercourse as such dictates their sexual behaviour. Sexual intercourse is an act between a man and a woman in many African cultures thus the predominance of heterosexual transmission of HIV in African countries. Again the period of sexual activity tend to be

related to some periods in the life cycle and most of the time may be heralded by the emergence of secondary sexual characteristics in men and women. This study investigated the conception of sexual intercourse among three generations of men and women of an African ethnic group.

### **1.3 Statement of the Problem**

Unhealthy sexual relationships are characterised by high-risk sexual behaviour, among which are early sexual initiation, unprotected sexual intercourse, inability of women to negotiate safe sex despite exposure to empowerment programmes and experiences of sexual violence when attempts are made. All these observations are linked to the spread of HIV, especially in the African context (Abdool-Karim, 1998; Pendry, 1998; UNAIDS, 1999). Abdool Karim (1998) though indicated that the root of women's vulnerability lies in power imbalance between men and women, she emphasised that *biological and sexual practices* play important role in the more efficient transmission of HIV in women. Documented preventive programmes that emphasise abstinence, mutual faithfulness by partners, condom use and negotiated safe sex between sexual partners is problematic for women and often leads to sexual violence in African countries (UNAIDS, 1999). Empowerment programmes to facilitate the ABC logistics of sexual negotiation for safe sexual practice and protection against HIV usually targeted women and youth and such have also been individual oriented. This approach has generally not facilitated gender equality in sexual intercourse as to facilitate easy acceptance of negotiation of sex between sexual partners (men and women) (Klugman, 2000). Sexual intercourse negotiation continues to be resisted by men whose conception of gender relations, gender

roles and sexual behaviour may still be strongly culturally moderated. Efforts at understanding men's conceptions of sexual intercourse are desirable considering their obvious placement in the discourse of sexual relationships and the documented sexual behaviour such as sexual violence in both marital and non-marital relationships.

The sexual behaviour of men as manifested in various forms has been implicated as a major force driving the HIV epidemic. The context and nature of sexual intercourse by men from the perspective of being consensual, coercive or forced have also been implicated in the spread of the virus. However, very little is known about men's understanding, conception and health behaviours in relation to these constructs as they would use these to explain the spread of HIV in their societies. Very little is also known about the understanding of what constitutes "sexual violence" in the dynamics of sexual relationships by women and men in traditional and cultural contexts. According to Morell (2002), increasing work in understanding the dynamics of the construction and realities of masculinities continues to emerge and HIV prevention messages relentlessly specify dangers of unprotected sex. Yet, there is still high reluctance to talk about sexual intercourse. There is still a widespread ignorance about how sex relate to life and living especially for the man as an individual and within group context. While promoting continued use of the ABC strategies and open discussion of sex by men and women (UNAIDS 2001), not much is known about the real meanings that sex have for women and men as individuals and as corporate cultural groups in many African cultures, besides feminists and Western views about sexual intercourse within gender roles. African men's knowledge of the dynamics of sexual intercourse outside what is believed they are made

to do within social pressure and expectations is as hazy as their conception and understanding of sexual enjoyment for self and partners and behaviours used to attain sexual enjoyment. There is poor information about men's individual views about sexual relationships outside the generally documented group or societal driven demands for men to demonstrate their virility through multiple sexual partnerships and dominance in the sexual act especially when they are better informed about the dynamics of HIV/AIDS. One thing that also needs to be established is the individual and group (traditional) conception of sexual relationships and control measures against perceived dangerous sexual practices. Circumstances that would help people explore sexual relationships as such translate to the realities of their daily lives, values, goals, dreams, future and things held as important to life, living, dying among others are essential. These also need to be within the context of exploring the past, relating it to the present and working to change the past in the present to have a desirable HIV/AIDS free men and women for the future. These are desirable as an early phase to planning enduring community-oriented, partners-oriented (male and female) sexual violence and HIV prevention strategies that should also be group focussed.

Again, increasing but perhaps unacknowledged prevalence of sexual violence in Nigeria and in many African countries continue to prompt many intervention programmes by Non-Governmental Organisations that are women advocates. In many African countries, including Nigeria, women-dominated civil society organisations and pro-feminist men's groups are working together to confront perceived dominance of men's violence against women through various programmes and using various approaches. Emphases of many of

these groups have been in the areas of campaign and advocacy as training in gender sensitisation slowly begin to be introduced through funded projects from the North. Support services and training programmes for people affected, (usually women and young people) are beginning to emerge though attention is yet to be paid to perpetrators unlike what is occurring in first world nations. (Greig, Kimmel and Lang 2000; Naidoo, 1997; Breslin, 1997; Vetten, 1997; Ramagoshi, 1997; Daphne, 1998; UNESCO, 1999, Effah-Chukwuma and Osarenren (2001).

Many interventions are derived from ideas, views and theorisation from other cultures. Some are informed by general negative views of men and feminist theorisation of homogenous masculinity and many of such interventions may not essentially be informed by men's input to understanding the issues. The problem of presenting men as a monolithic category oppressing women everywhere in feminist discourse, African feminists inclusive (Amadiume, 1987 for examples), and using a confrontational approach also need to be handled with caution. Masculinity, essentially like femininity, is socially constructed by men and women within the dynamics of social relations. There is emerging information of heterogeneous masculinities and the impact of social, political and economic circumstances which also moderate the context of socialisation and social norms in relation to sexual practices. Realities of men's lives being analysed critically have presented many dimensions of men's vulnerability and as endangered species within the socialisation process that eschew risk taking and negligence of their own health as they conform with social expectation of their sexual behaviour (Greig, Kimmel and Lang 2000).

Importantly, studies have shown that adult men react badly to being attacked, victimised and blamed and that dramatic effect can be achieved working with men and boys when “blaming” is avoided. Derived from the studies in working with men in 12 countries including four African countries (Zimbabwe, Botswana, Kenya, Uganda) it has been recommended that projects should aim to “begin with the needs and experiences of men locally, rather than importing in the situation outsiders views and perspectives” (UNAIDS 2001a). This study, correcting this gap focussed on collecting relevant data about sexual relationships as such translate to sexual behaviour, sexual coercion, sexual violence as potential risks to transmission of HIV from both men and women’s perspectives. Participants in the study were men and women from the same community who also assisted in exploring and suggesting actions towards controlling sexual relationships that may be inimical to health such as sexual violence. Respondents’ suggestions would be useful in conception of intervention programmes to promote sexual health and control the spread of HIV in their community and similar communities.

#### **1.4 Purpose of the Study**

This study was conducted to increase understanding of the conception of sexual relationships, sexual intercourse, sexual coercion and sexual violence by Yoruba people from the Southwestern part of Nigeria. This was done with a view to understand how Yoruba people get to know about sexual intercourse and why Yoruba men and women engaged in identified forms of sexual intercourse in the group under study. Findings are expected to inform programmes that would seek to promote positive sexual behaviour by

Yoruba men and women as such would give guides to control of sexual violence as a major factor in sexual and reproductive health and in the HIV epidemic.

### **1.5 Objectives of the Study**

This study was conducted to achieve five objectives. These are to

1. Determine the conception of sexual relationships in marital and non-marital relationships within the context of masculinity and femininity and the implications that such have
  - (a) for the process of initiating sexual relationships especially as such cumulate to sexual intercourse.
  - (b) for sexual coercion and violence
2. Determine the conception and knowledge of sexual relationships, sexual coercion and sexual violence in marital and non-marital relationships and the implications of such for the health of the woman, the man and the family.
3. Identify and explore helpful traditional practices as well as harmful traditional practices associated with sexual relationships.
4. Examine knowledge base of the HIV epidemics, factors associated with the spread and control of HIV/AIDS and the link between sexual relationships in its various forms of expressions, especially sexual coercion and violence to the spread of HIV.
5. Examine differences in the conceptions of sexual intercourse, sexual coercion and sexual violence by men and women and against their educational background.

## 1.6 Definition of Terms

For the purpose of this study five pertinent terms were identified. They are explained below:

Conception as a construct in this study mean participants' and community members' ideas, impressions, views and meanings given to the key concepts and how they come to acquire such information in the community. Key issues that were raised include sources of information (who gives information), time of getting information (when is information given or taken) and the nature of information given. These patterns of questioning looked at key concepts in the study such as sexual relationships, sexual intercourse, sexual coercion, sexual violence, and HIV transmission among others.

Knowledge of the key concepts by respondents dealt concretely with factual information and skills pertinent to the key variables of the study that the respondents had. Knowledge is reported as correct factual information or incorrect information. People who had correct information were compared with those who did not in the population derived data.

Sexual relationships in this study implied any interaction with another persons meant to express the sexual self and get sexual gratification.

Health promoting sexual behaviour is implied where sexual partners both agree to the sexual act, neither party suffered organic physical injury or ill health immediately after sex or thereafter, sought care for deviations, for injuries or ill health related to sexual intercourse most of the times.



Sexual violence implied sexual intercourse expressed to have been executed using physical force or act of overpowering one partner, blackmail, threats of physical injury to the person forced. Defining and determining sexual violence according to Gordon and Crehan (2002) may be rather too broad or too narrow but usually implying rape by acquaintances or strangers, husbands and fathers among others. The key factors are use of power over a person, inflicting pain and humiliation on another person.

Sexual coercion was taken to have occurred where a partner is compelled to have sexual intercourse despite expressed objection. Coerced partner, despite objection, is shown to have gone into the act because of pressure and some degree of psychological or social related threat. It is done not out of choice, but out of fear of losing something or out of obligation to fulfil other purposes. Example would be where sexual intercourse occurs as obligatory to marriage not necessarily because a sexual partner wants to engage in sexual intercourse.

### **1.7 Significance of the Study**

Sexual relationships as translated to sexual behaviour and directly sexual intercourse, consensual and non-consensual, coercive and forced are the key factors driving the HIV epidemic in Africa. Non-consensual sexual intercourse is a major concern for the people and government of African nations especially as it has implications for the transmission of HIV (Jewkes, 1997). Findings from this study would give more insights into controlling those factors that contribute to the high prevalence of HIV. These are in relation to how such factors are informed by the conception of sexual relationships which

get manifested in sexual behaviour, (consensual, non-consensual, sexual violence) and what could be done at various levels especially at the community level.

At the moment, there is so much that is yet to be known about Yoruba people's understanding of the dynamics of sexual relationships and sexual intercourse which influence their construct, understanding and patterns of sexual behaviour. Findings from this study would fill the gap by providing in-depth information as provided by men and women in the population based study. The nature of data derived from the study would inform the content of educational and service programmes that can meet the sexuality needs of sexual partners, men and women inclusive. Findings would also encourage re-orientation of such programmes to be culturally appropriate especially with regard to sexuality among the Yoruba people and similar African sub-cultures.

UNAIDS (2001:37), in one of the recommendations for programmes targeting men for HIV/AIDS intervention specified, "cultural diversities and local realities need to be acknowledged in programme design and implementation". UNESCO/UNAIDS (1999:30) in one of its recommendations while considering the South African National AIDS control programme also encouraged culturally relevant research into "developing a knowledge base on people's perceptions, attitudes and practices vis-à-vis HIV/AIDS, with special emphasis on similarities and differences by age groups". Specifically, this study provided better understanding of the sexual relationships-gender systems in traditional views. The findings should improve our knowledge base of social dynamics of sexual relationships that could also be used in moderating service programming for

sexual health, sexual violence and control of HIV spread at the community level as moderated by community members themselves. The study from its findings also provides concrete evidence of what men and women at the community level could do, using acceptable traditional approaches as control measures to reduce unwholesome sexual relationships. These also become means of controlling the spread of HIV. These findings would form the basis of community mobilisation, education and programme planning in the community of study and Nigeria.

It will also contribute to knowledge of sexuality, sexual behaviour and fulfills recommendations from earlier studies (UNAIDS, 2001). Specifically, findings from the study would contribute to knowledge development in community health nursing as related to service conception and planning in meeting sexual health promotion needs, care and service needs of men with the motive of discouraging sexual violence but promoting HIV preventive behaviour at the community level.

### **1.8 Theoretical Framework, Models and Constructs Used in Explaining Sexual Behaviour and Sexual Violence in Literature.**

Many theories, conceptual frameworks, models and constructs that had been used to explain sexual behaviour were very useful in this study as many of the variables used were still quite valid and were further explored. However, feminist theorisation of sexuality, sexual behaviour especially within the context of sexual violence is explored a bit. Relevant information in literature about sexuality within the African context is also reviewed with the intention of identifying similarities in views.

### Feminist Theorisation of Sexuality and Sexual Violence in the Gender-Power Discourse

The feminists' theorisation of gender-based violence has been used to a large extent to explain sexual violence as derived from the perspectives of inequalities in power relationships, power play and gender inequality within the family and the larger society. This is claimed to be dominated by patriarchal ideologies reinforced from cultural, religious and legal structures. The discourse of power relationships in feminist analysis usually goes along the line of gender relations (Davis, Leijenaar, & Jantine Oldersma, 1991) (Radtke & Stam, 1994). But one important area of power use that has implications for explaining sexual behaviour derives from the conception of sexuality and use of power in sexual intercourse.

Feminists discourse of sexuality and power control as conceived within heterosexual relationships by Rich, (1980) as cited by (MacKinnon 1982) posited that heterosexuality as a political institution manifests itself as a form of male power over women's bodies, sexuality, labour, fertility and children among others. The link of heterosexuality to imaging of sexuality, interconnection of sex and violence that reinforce masculinity, male power, objectification and degradation of women are all presented as dimensions of male dominance that are legitimised through social institutions, especially in marriage. Rich added that aggressive male sexuality and the dominance of men are legitimised with women portrayed as creatures for masochistic sex, to take humiliation as pleasurable and physical abuse erotic. MacKinnon (1982) presented sexuality as the primary social sphere of male power and commented that not only sexual violence should be seen as eroticisation of violence but heterosexuality itself. Sexuality, according to her, cannot be

separated from power. Physical and sexual violence as well as coercion are seen as attributes of male dominance that are inherent in all kinds of male abuse of women as manifested in incest, sexual harassment, rape, prostitution, pornography, and even in other forms of violence against women. Kitzinger (1994) considered all these as acts of dominance expressed through sexuality. However, she brought into the discussion the double-edged nature of feminist position of problematising heterosexuality in its totality. She presented Andrea Dworkin's report of women's comments about intercourse in her 1987 book, *Intercourse* that gave the information that women are forced into heterosexuality because they are oppressed and that apparent collusion in intimate relationships with the male oppressors is a measure of women's powerlessness. To some feminists, Andrea Dworkin for example, powerlessness is eroticised in heterosexual sex (Kitzinger, 1994).

On the other hand, the submission that many women voluntarily engage in heterosexual intercourse because they enjoy and derive pleasure from it brings the dimension of choice and feminist argument against heterosexual sex may be considered as negating the satisfactory personal experiences of these women. Kitzinger raised the issue of women that are known to be “apparently self confident, financially solvent, childless women who could in principle, choose, as many lesbians have chosen under far more difficult situations, to refuse sex with men but yet continue to have intercourse with men and say they enjoy it.” (Kitzinger, 1994:201).

Again, it has been observed that some battered women from women refuges went back to men who battered them even when alternatives were made available to them. The inability of the feminist political theory of conceptualisation of male power as external coercion and explicit psychological pressure to provide answers to many questions that will come from these, according to Kitzinger, may be seen as invalidating this position. The productive nature of male power in providing female sexual pleasure in heterosexual sex has also been seen from another perspective. Power is said to be intimately involved in the way a woman experiences her own 'private' personal sexuality, it does not simply deny and repress women's sexuality but actively construct it (Kitzinger, 1994:201).

Subsuming heterosexuality totally into coercion and oppression of women has been problematised within the discussion of African feminism where heterosexuality and pronatalism are essential to the discourse of several aspects of the woman's life (Mikell, 1997). This position may not be different from what also prevails with men, though this needs to be further investigated. Subsuming all the arguments and contradictions in the problematisation of power and sexuality, Kitzinger (1994:204) commented that changing sexualities is not easy and essentially that Westerners live in a culture where sex is defined in terms of dominance and submission. It is difficult to make the same inference of sex defined in terms of dominance and submission, where marriage and love may mean different things quite different from the West and feminists conceptions.

Edwards' (1987) observation of some disagreement among feminist writers over the relative importance of power and sex and Meyer's (1991) views of conflicting conceptual

schema of power in a loving relationships have strong implications for the need to objectively study and analyse sexual relationships and sexual behaviour as may be trans-culturally moderated by people from different worlds. The concepts of power and love as dichotomies or even seen as contradictions in Western culture was highlighted. Power is associated with violence, self-interest, ambition, conflict and repression while love is associated with selflessness, harmony, spiritual and emotional growth, intimacy and sharing (Meyer, 1991:23). Exercising power requires maintaining a physical and emotional distance from people that must be influenced. Love ideology as observed by Meyer makes power relations irrelevant.

Second wave feminism, though attacked the male-female love relationship as one corrupted by power inequalities, the views on how the two affect one another (i.e. love and power) in family relationship, particularly in African families needs to be further understood in the light of what would also be considered as violence. The contradictions of the love-power relationship, dominance and submission and the fluctuating pattern of interpretation of similar behaviours at different times with different situations within familiar interaction are still issues that the feminist's discourse of power use needs to fully examine from the view point of Africans' (women and men) ways of life. This position essentially needs to be analysed within the context of African conceptualisation of love, sex, sexual intercourse, normal and abnormal sexual behaviour and control of abnormal sexual behaviour including sexual violence.

Feminists' theorisation of power and sexuality and meanings given to sexual intercourse had often informed the discourse of sexual violence within sexual relationship. In the African context, not much work appears to have been done in trying to understand sexuality and meanings given to sexual intercourse from the perspectives of Africans understanding of their world, their values, the meaning that they give to sexual intercourse and how this also inform practices to moderate sexual behaviour and control sexual violence.

The discourse of power and sexuality will not be complete without looking at the dimension of sexual relationships in marriage in many African cultures. The issues of sexual coercion, forced sex, exploitation and rape during courtship, in loving relationship and in marriage are aspects of gender related violence that need to be explored from the traditional African cultures understanding of their world. This is very important to be able to evolve meaningful intervention that would also be seen as originating from their world in the era of HIV/AIDS. The issue of the conception of marriage, the *raison d'être* of marriage, the understanding of the position of sex in the marriage contract are all part of what should be analysed and understood from the point of women and men's life experiences and their willingness to make an interpretation of violence out of patterns of sexual intercourse especially trans-culturally.

Again, where sexual intercourse is considered a major contractual factor in a marriage and marital relationship, it becomes rather difficult to discuss consent and elements of violence except otherwise negotiated and agreed at the point of getting into the contract.



The extent to which sexual intercourse is open to negotiation and the protocols in contractual sexual relationship seen as allowing unrestricted access (except when socially qualified) to meet sexual demands of the man as may be the case in many traditional cultures especially in Africa needs to be investigated to be able to evolve an enduring intervention to change the *status quo*.

### **1.9 Theoretical Framework and Models Used to Promote Sexual Behavioural Change in HIV Prevention Programmes**

Theories and models adopted in conceptualisation of preventive programmes are directed at individual's psychological processes, social relationships and structural factors to explain behaviours of people as are pertinent to the control of HIV spread. Within the context of HIV transmission being driven by people's behaviour, theories about how individuals change their behaviour derived from cognitive-attitudinal and affective motivational construct have been used as guides in developing intervention programmes (Kalichman, 1998; King, 1999). Psychosocial theories of behavioural risks and individual behavioural change that emphasised predicting risks behaviour, predicting behavioural change and predicting maintenance of safe behaviour as observed by Auerbach (1994) do not consider the interaction of social, cultural and environmental issues as they influence individual behaviours. Kalichman (1997) commented that all theories in this category acknowledge the need to change risk-producing situation and social relations, but he put the central core of action on targeted risk reduction skills given through a process of instruction giving, modelling, practice and feedback. Theories and models in this

category include the health belief model, social cognitive/learning theory, theory of reasoned action, stages of change model and the AIDS risk reduction model.

The health belief model emphasises that an individual's behaviour is a function of that individual's social-demographic characteristics, knowledge and attitude and that the individual must hold six identified beliefs to be able to change risk behaviour. In relation to changing risk behaviour to contracting HIV, the individual must perceive susceptibility to the disease, the seriousness of HIV/AIDS and how it would affect the person's life. The person must also perceive the effectiveness of expected change in behaviour (ABC of HIV prevention), some cues to justify action such as death of a close relative due to AIDS. The person should perceive the benefits of preventive actions such as not contracting HIV by using condom and real barriers to taking the required action such as dislike for use of condom. Using this model, intervention had tended to focus on changing individuals' personal beliefs about HIV with the notion that the individual would change risk behaviour to HIV when the individual weighs the benefits against the costs and barriers to change (King, 1999).

The social cognitive/learning theory from Bandura (1977) emphasises that new behaviour are learnt through modelling the behaviour of others or through direct experience. Recognising the roles that vicarious, symbolic, and self-regulatory processes played in psychological functioning and behaviour, human behaviour is seen as continuous interaction between cognitive, behavioural and environmental determinants. Emphasis is on the individual's ability to implement the necessary behaviour (self-efficacy) and belief

about outcome expectations as motivational factors. Programmes derived from this model for HIV risk behavioural change emphasise information giving, attitudinal change to enhance motivation and reinforcement of risk reduction skills and self-efficacy (King, 1999).

The theory of reasoned action emphasised human beings as rational and that they make systematic use of information available to them giving considerations to implications of their behaviour within given contexts and at any point in time before they engage or not engage in a particular behaviour. As indicated by Ajzen (1980), most actions taken by individuals for social relevance as derived from this conception are under volitional control. In addition to the conceptual indices of the health belief model, this theory added the construct of behavioural intention as a determinant of health behaviour. It also indicated that intention is a function of attitude toward the behaviour and the subjective norms in terms of social influences. In the theory of reasoned action according to King (1999), normative beliefs focussing on what the individual believes others, especially the influential people, would expect him or her to do, plays a central role in what he or she would do. The significance of peer group and other significant others in decision-making to practise risk reduction behaviour by an individual is emphasised in this theory.

The stages of change model postulated that individuals or groups pass through six stages when a change in behaviour occurs. These are stages of pre-contemplation, contemplation, preparation, action, maintenance and relapse. An intervention is supposed to target individuals or groups at the identified stage. The theory also incorporates the

cognitive processes and the self-efficacy concept in behavioural change as inherent in the social learning theory.

The AIDS risk reduction model developed in 1990 used constructs from the social learning theory, the health belief model and one social model (diffusion of innovation theory) to explain stages that individuals and groups pass through to change the risk behaviour to contracting HIV. The model identified three stages to changing risk behaviour to HIV transmission. These are stages of behavioural labelling, commitment to change and stage of action. HIV prevention programme using this model according to King (1999) focus on individual risk assessment, influencing the decision to reduce risk through perceptions of enjoyment and self-efficacy. King acknowledged the usefulness of these theories in the early epidemics as they helped in identifying individual behaviours that are associated with higher rate of transmission. They continue to be useful in planning interventions in diverse populations and settings and had been useful in understanding results from studies. However major deficiencies in the utility of these theories all emerging from the west are related to the individual orientation which paid little attention to the role of gender and have become inadequate on their own to explain why some populations have higher prevalence than the other. The theories also do not explain complex interaction between contextual factors and individual behaviour especially as are related in sexual behaviour.

The use of social theories and models in HIV prevention programming is informed by the context surrounding individual's behaviour and they provide guide to programmes that

promote change at the community level. Individual behaviour is appreciated within the nature of interactive relationship of behaviour in its social, cultural and economic context. Societal norms, religious criteria, gender and power relationships are known to infuse meanings into behaviour to an extent that they become enabling to achieve positive or negative change in behaviour. The identified theories in this category include the diffusion of innovation theory, social network theory, social influence and social inoculation model and the theory of gender and power.

The diffusion of innovation theory identified four elements of the process of information dissemination in a community. These elements are the innovation, its communication, the social system and time. The emphasis is that exposure of people to a new idea which occur in a social network determines the rate at which people would adopt a new behaviour. As Kegeles (1996) indicated, people are most likely to adopt new behaviour if they are communicated to them by other members of the group who they respect. According to Kegeles, normative and risk behavioural changes can be initiated when enough opinion leaders adopt, endorse behavioural change, influence others to do the same and eventually diffuse the new norm within peer network. When this happens, individual behaviour is facilitated and is more likely to be consistent with perceived social norms. Determining the best method to disperse message in the community and the leaders who are able to serve as role models to change community norms as observed by King (1999) is the key to effective use of this theory.

The social network theory sees social behaviour not as individual issue but through relationships and appreciates HIV risk behaviour as a social behaviour involving more than one but directly two persons (Morris, 1997). Sexual relationships especially in a network in the context of this theory needs to be considered along the lines of impact of selective mixing, how people choose who they mix with, variations in partnership patterns, length and overlapping of partnership. As indicated by King (1999), the theory is particularly useful in programmes in the community setting as it guides in investigating composition of important social networks in a community, attitude of the social network to safer sex, extent to which social network support the necessary change in behaviour, whether particular people in the social network are at risk and may endanger others by their behaviour.

Social influence and social inoculation model is an educational model derived from the position that young people engage in behaviours partly because of general societal influences but more from their peers (Howard, 1990). Social pressure from peer group has given guide to use of peer educators as role models to moderate sexual behaviour of young people (King, 1999).

The theory of gender and power as a social structural theory focus on power dynamics in wider social and environmental issues especially the gender-specific norms in heterosexual relationships. This has been discussed earlier on.

The third category of theories and models are grouped together as the structural and environmental theories. Among these are the individual and social change theory or the empowerment model and the ecological model for health promotion.

The individual and social change theory or the empowerment model claims that social change happens through dialogue that helps to build a critical perception of the social, cultural, political and economic forces that structure reality and by taking action against forces that are oppressive (Parker, 1996; King, 1999). Empowerment in this context according to King should increase problem solving in a participatory manner such that participants are enabled to understand the personal, social, economic and political forces contributing to situations and circumstances of their lives and are also facilitated to take actions to improve or change the situation. This approach promotes people working together and building their solidarity and commitment to change their situation and take control of the factors that determine their health and their lives. Empowerment comes from the group but also needs to be facilitated. As King (1999:10) emphasised, “enabling empowerment is possible by facilitating its determinants”. Empowerment also could be personal, organisational or community oriented but the three integratively work to enhance each other. The skills and resources of the empowered individual and organisations are used in an empowered community to meet the needs of the group as a social system. Intervention using this approach must consider beliefs, practices that are linked to the issues under discussion and must also consider beliefs and practices that are linked to interpersonal and organisational and community change. The social ecological model for health promotion posited that patterned behaviour is the outcome of interest

determined by intra-personal, interpersonal, institutional, community factors and public policy. The theory emphasised the interplay of all these factors within the environment and the multi-level influences of all these on individual behaviour and de-emphasises focus only the individual in any intervention for behavioural change

Outside these identified theories and models, specific constructs such as perception of risk has been demonstrated as influencing change in behaviour to adopt safe protective behaviour in people. Sexual communication as a construct has also been used as predictive of adoption of safe sexual practice such as the use of condom in various situations, examples of which we found documented among adolescents in United States, in heterosexual relationships between women and men in central Africa and in Holland (van der Straten, 1995, Brunk, 1996).

### **1.10 Conceptual Constructs Guiding the Study**

One important lesson learnt from the review and use of theories earlier discussed as they have informed intervention over time is that the risk behaviour in HIV transmission is individually manifested but it is not individually determined. Though it may be individually moderated, it is not wholly under the control of the individual depending on several factors. Some of these factors include meanings, cultural determinants such as beliefs and accepted sexual practices. Social commitment, social action beyond the individual and social regulatory mechanisms become important to promoting individual and group actions to grossly reduce the risk and vulnerability of the individual and the social group that he or she belongs. In essence, sexual behaviour within individual and



group regulatory mechanisms within the context of culture (internal and traditional) and external (imposed through culture diffusion from other places or by people outside the traditional realm, the state among others) not only determine the individual and group vulnerability to HIV. These also have implications for intervention approaches that should encourage culture specific programmes as deemed important by the social group (UNAIDS/PennyState Project, 1999).

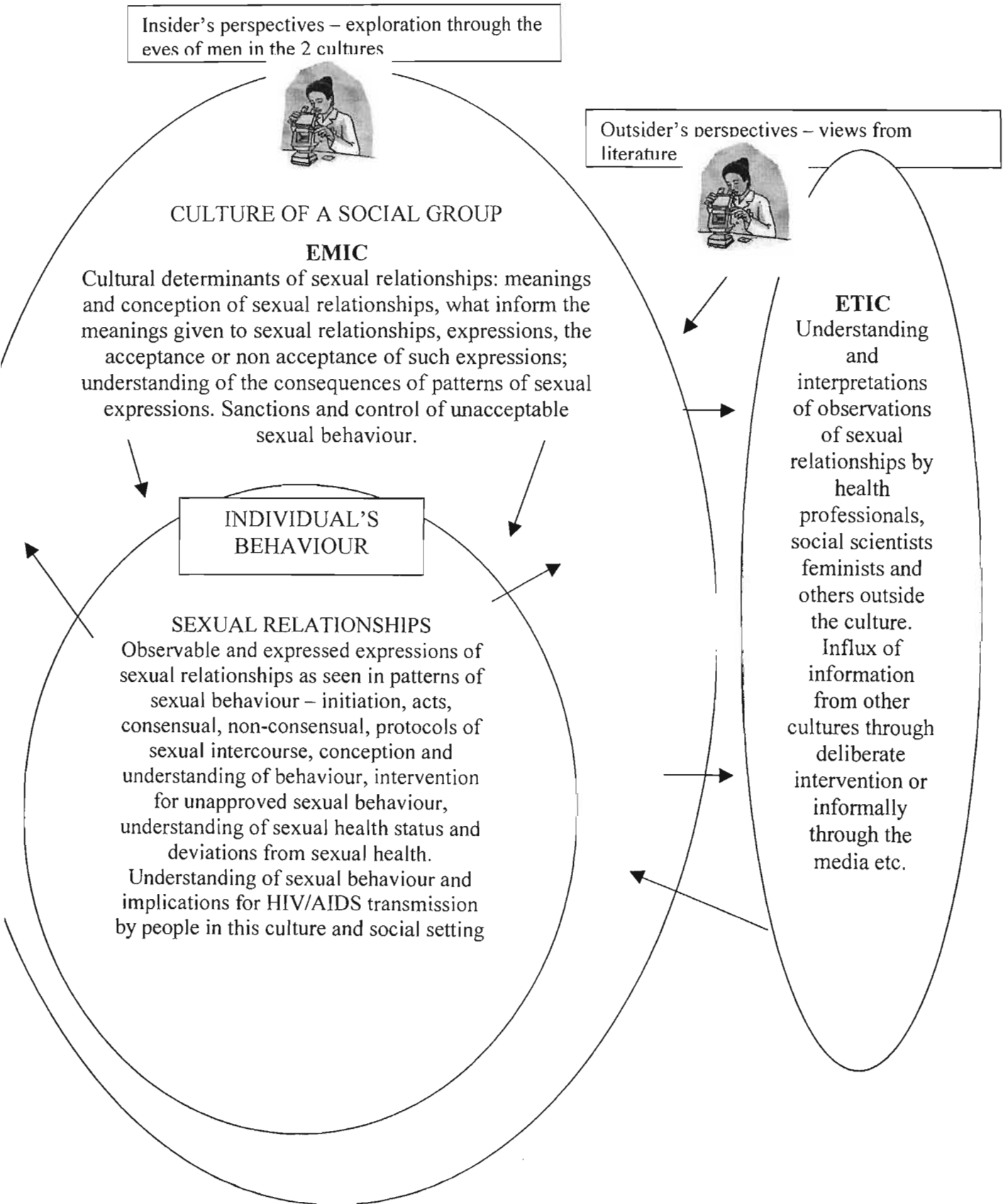
Aggleton (1996:8) commented on the complex nature of sexual behaviour and King (1999) noted that in many cases, motivation for sex are complicated, unclear and may not be thought through in advance. However, one cannot rule out the roles that individual and group meanings, beliefs, knowledge, skills, and other indices identified as contributing to individuals sexual behaviour play in motivation for sex, the actual acts of sex and the perception of sexual intercourse.

It was deemed inappropriate to restrict this study within a particular theory or specific framework because of the nature of the study as it is directed at in-depth description of the status quo. However, pertinent theorisations that are also useful in collecting relevant data are considered and applied. While views from all the identified theories informed the construction of the study, one model is taken to directly guide the activities to be executed. This is the Explanatory Model Interview Catalogue (EMIC/ETIC). The Explanatory Model Interview Catalogue (EMIC/ETIC) is particularly relevant to a culture analysis research that would promote understanding and planning intervention into sexual relationships and sexual behaviour as the key factors in HIV transmission.

The EMIC/ETIC framework provides an analytic framework rooted in the culture of the group under study with guides to looking at the insiders' perspectives (the EMIC component) (Polit and Hungler, 1999) and the professional ideology or outsiders' perspectives (ETIC components). A study of local conceptions of variables of interest for whom such variables are meaningful is EMIC whereas a study of such variables derived from conceptual framework brought in to the study by the investigator constitutes the ETIC component. Explanatory models of illness as indicated by Kleinman (1980) refer to the experience and the sense that people make of such illness. This could also apply to non-illness situations. Weiss, Doongaji, Siddhartha, Wypij et al (1992) emphasised that "to the extent that the explanatory models are rooted in local cultural concepts, reflecting the way people think about their world, themselves, health and health problems, explanatory models are EMIC". The exploration of the culture investigated was done at the level of the socio-cultural group and at the level of the individual. Within this theorisation, key concept used from this theory is the conception of perceived pattern and meanings associated with variables under study. Information about the conception of sexual relationships and the expressions, knowledge of sex, sexual behaviour, sexual intercourse, sexual coercion, sexual violence, HIV and the link of the two and the implications of the links of the two were explored. Other things explored include beliefs about sexual relationships, cultural methods of regulation and control of sexual behaviour, sexual practices, sexual coercion and sexual violence. Experiences of sexual coercion and violence in sexual relationships were explored and problems associated with such experiences were examined.

In essence, concepts from the EMIC were adapted within the context of an ethnographic study. These were used to explore the meanings, practices and regulatory mechanisms of sexual relationships, sexual behaviour, sexual coercion and sexual violence to attain health of the individual and the health of the group. The framework used is as shown in the figure below.

**Figure 1:** Adapting the EMIC/ETIC Framework in exploring the conception and expressions of sexual relationships in the Yoruba culture in Nigeria



### 1.11 Limitation of the Study

Sexual relationships have many behavioural components, some of which may be freely expressed and discussed as moderated by social norms of what is acceptable to be discussed in the open. Though socially accepted and approved especially in marriage in many African cultures, sexual relationships get expressed through sexual behaviours that are often considered as personal and sensitive, usually shrouded in silence. It is a phenomenon that is still and would continue to be discussed with caution as it probes into the inner privacy of the self despite its social significance. Getting individuals to talk about sexual relationships, sexual behaviour and their sexual life were embarrassing to some extent and were difficult for many. This required spending more time and using a variety of discrete approaches.

It may not be ruled out that individuals might have kept some information about their views, behaviour and experiences of sexual intercourse. This view as supported by Mawaza, (2002) also was complicated by the observation that talking to people about the variables of interest also stimulated negative emotions especially with few participants in the study who have had experiences of sexual violence. Majority of the respondents had never given conscious and deep thoughts to sexual relationships and sexual behaviour and were just been sensitised to the need to do such at the time of study. This was expressed in the focus group discussions.

The benefits of such an “after investigation thought-through” reasoning about sexual relationships and sexual behaviour would not be immediately reaped in the course of the

study. In a culture where sexual intercourse in particular is not thought to be “openly discussed, not with strangers neither with persons of opposite gender”, investigating the content, meanings, motives and control of sexual behaviour was expected to be met with resistance (Jones, 2002; Mhlongo, 2000). This was controlled by gaining confidence of respondents through appropriate social entry to the community and establishing rapport through known and trusted members of the community. However, individuals may not have given the actual information about their feelings especially if such are thought to be against the social norms acceptable in their social group.

The extent to which the findings from the study may be generalised will be limited because of the culture-specific and community-specific approach adopted.

### **1.12 Delimitation of the Study**

The nature of the identified limitations informed the methodology adopted in the conduct of the study. The investigator conducted the study with the assistance of a male and a female experienced field workers resident in the community of study. The investigator has lived, worked and continues to provide services especially in HIV/AIDS prevention, care and support in the community. She has an advantage of being seen as advancing the interests and the well-being of the people in the community. The investigator continued to live and interact closely with people in the community at the time of the study and after as to support service needs of people in the community. Knowledge of these along with formal meetings with relevant persons in the community to try to gain the confidence and support of leaders, traditional and opinion leaders before the

commencement of data gathering helped immensely in gaining confidence of the people. Existing fora of communication with community leaders within the administrative management of governance within which the leadership of the community of interest were reached were used as the points of contact with the people. The field workers were appropriately intimated with the nature of the investigation and were trained about the issues and variants of methods of gathering discrete information before going to the field to facilitate quality data gathering. Specific training to be able to manage emotional crises when they arise in the course of data gathering or at any period of the study were given to the field workers. Confidentiality of information was also assured through the use of codes and code names as was deemed necessary to protect the privacy of individuals. Detailed information on the peculiarities of the social systems, community and groups studied was provided. This is done to facilitate adaptation of the methodology and some degree of generalisation to other communities that share similarities with the community studied.

### **1.13 Conclusion**

Sexual behaviour, often manifested as sexual intercourse is a major factor in high sexual and reproductive morbidity, high prevalence of STIs and HIV world wide but more in sub-Saharan Africa. Early sexual initiation, multiple sexual partnerships, heterosexual intercourse by consensus, coercion and or force that result in injury, physical, psychosocial and emotional consequences for persons with such experiences have all been associated with increasing spread, increased rate of transmission and the prevalence of STIs and HIV. Injurious sexual intercourse particularly increases the vulnerability to

HIV infection especially for women. Men have been identified as engaging in many of these behaviours as they become sources of infection to their partners who usually may not be able to make demand for safe sex because of the subordinated position of the female in gender relations.

It is recognised that the extensive nature of the socio-dynamics of sexual relationships and insufficient knowledge about how individuals within many socio-cultural contexts come about their conception of sexual intercourse as to dictate their behaviour necessitates further investigations. The study was conducted with the purpose of increasing understanding of the conception of sexual relationships, sexual coercion and sexual violence among Yoruba men and women. Five objectives were proposed to be achieved with the conduct of the study. These included the conception of sexual intercourse in marital and non-marital relationships as may be dictated by gender construction of masculinity and femininity in the Yoruba culture. Traditional practices that have implications for sexual relationships were explored. The extent to which men and women would be able to link the nature of sexual intercourse to vulnerability to HIV was also to be explored paying attention to influence of gender, age and educational background among people who participated in the study.

Some theoretical explanations that have been used to explain sexual behaviour include feminist theorisation of sexuality and sexual behaviour as these are explained within the context of male dominated gender and power relationships that get transferred and manifest as sexual violence. Alternative views flawed feminist's total location of the act



of sexual intercourse in oppressive power dominance of the male, in as much as sexual intercourse gets associated with love. About ten other theories in use to explain and moderate programmes aimed at sexual behavioural modification were reviewed. Because of the nature of the study, the Explanatory Model Interview Catalogue (EMIC/ETIC) was deemed particularly relevant to a culture analysis research that would promote understanding and planning intervention into sexual relationships and sexual behaviour as the key factors in HIV transmission. The EMIC/ETIC framework, a cultural explanatory social analytic framework is rooted in understanding the phenomena of interest as constructed in the culture of the group under study with guides to looking at the insiders' perspectives (the EMIC component) (Polit and Hungler, 1999) and the professional ideology or outsiders' perspectives (ETIC components). This study took more interest in exploring the insiders' perspectives (the EMIC component) of sexual relationships within the context of various forms of sexual intercourse as are constructed among the Yoruba ethnic group in Nigeria, using Ile-Ife as the reference community for study.

## CHAPTER TWO

### LITERATURE REVIEW

#### **2.1 Introduction to the Chapter**

This chapter presents a systematic review of literature that sought to have a broad understanding of the information available about the variables of interest. General information is supported by findings from empirical studies and perceived gaps in the information available are presented. The concepts of sexual relationships as manifest in sexual behaviour of sexual partners are considered first especially as this has evolved in relation to the HIV epidemic. More information is provided about the link between forms of sexual intercourse that have consequences for health of sexual partners paying attention to gender differences. The third part of the review explores sexual behaviour and the implications in the era of HIV. Interventions that had sought to promote behavioural change for HIV prevention were explored and perceived deficiencies are presented. Within the African context, available information moderating the conception of sexuality and sexual behaviour were reviewed. The last part considers sexual communication as this translates to sexual coercion and sexual violence within gender relations. The implications of this for HIV programming are explored.

#### **2.2 Sexual Relationships as Sexual Behaviour of Men and Women**

Sexual relationships with detailed attention to roles of male and female partners, differential sexual behaviour of male and female sexual partners, exploration of the determinants and the consequences have become major concerns for social scientists and health care providers in the last two decades. The discourse of sexual behaviour and the consequences before the era of HIV had tended to be in relation to moderating fertility

rate and managing problems of many of the curable but debilitating sexually transmitted diseases (Caldwell, Orubuloye, and Caldwell, 1992). With the emergence of HIV, especially in sub-Saharan Africa where heterosexuality and multiple sexual partnerships have been implicated in the spread of HIV, attention had shifted greatly to exploring sexual behaviour of partners into details especially considering the nature of sexual relationships as may be affected by gender constructions and gender relations (Orubuloye, Caldwell, Caldwell and Santow, 1994; Abdool Karim, 1998; Abraham, Jewkes and Laubsher's 1999; Caldwell, Caldwell, Orubuloye, Ntozi, Awusabo-Asare, Anarfi, Caldwell, Varga, Malungo, Missingham, Cosford and Hollings, 2000; Gupta, 2000; Panos 2002).

Some of the beliefs that inform sexual behaviour of men and women, sexual practices and impact of awareness of HIV on sexual behaviour of people have been explored in many parts of the world (Caldwell, Caldwell, Orubuloye, Ntozi, Awusabo-Asare, Anarfi, Caldwell, Varga, Malungo, Missingham, Cosford and Hollings, 2000). Studies had confirmed early sexual initiation, multiple sexual partnership, pre-marital and extra-marital sexual relationships of varying degrees especially by men as important factors in sexual and reproductive morbidity.

Male dominance in initiation and control of the sexual act were also well documented. Male control and dominance of the sexual act especially among Africans and Nigerians were influenced by beliefs about the perceived sexual needs of men and women, economic reasons with women even supporting polygyny as such gave them more time to be more independent to work. Other reasons are as related to control of fertility, (perhaps

assurance of paternity of the child) and childcare prescriptions for abstinence by nursing mothers. (Orubuloye, Caldwell and Caldwell, 1994; Caldwell, Pieris, Barkat-e-Khuda, Caldwell and Caldwell, 1999; Orubuloye, Caldwell and Caldwell, 2000).

Within the African social context, sexual behaviour of women have also been noted to be greatly controlled within social structuring, prescriptions and norms that compelled virginity until marriage and fidelity in marriage. These tended to be promoted by punishment and disgrace when women behave otherwise. On the other hand, tolerance of pre-marital and extra-marital sex and significant percentages of men with more than one wife within polygynous marital relationships were well documented in literature (de Bruyn, 1992; Orubuloye, Caldwell, and Caldwell, 1993; Niang, 1995; Panos, 2002). The observed patterns of sexual behaviour among men and women have great consequences for health attainment, health promotion, disease prevention and effective management of deviations.

### **2.3 Sexual Relationships, Sexual Intercourse, Health and Disease**

Millions of couples enjoy mutually satisfying sexual intercourse (Panos, 1998). The nature and content of sexual intercourse have tremendous implications for health and ill health. Multiple sexual partnerships, unprotected and injurious sexual intercourse have higher consequences for transmission of sexually transmitted diseases and HIV infection in particular (Abdool-Karim and Morar, 1994; Gordon and Crehan, 2002). Consensual sex is seen as acceptable both in the feminist discourse and in the pro-natalist discourse of sexual relationships (Kitzinger 1994; Mikell, 1997). It is also desirable for optimal physical and mental health of sexual partners (Kokken, Tatsuoka and Kozuka, 1964).

However, it is not clear what consensual sex actually means in the African context especially when the contents of the sexual intercourse may not be known. What would be considered as violating sexual relationships where multiple sexual partnerships are norms (acceptable to men and perhaps women) and consensual is not known. One may speculate that in circumstances where childbearing is the main goal of marriage, seen as a contractual obligation and sexual intercourse is still the only means of achieving this (as it still is in many African cultures), any action taken to achieve this may be deemed consensual. This, however, would not rule out indices of acts that would be considered as sexual violence in Western context.

Practices that are injurious and increase the woman's vulnerability to HIV are documented as part of the protocol of sexual intercourse in some cultures. In parts of Central, West and Southern Africa, women insert herbs, roots and even scouring powder into the vagina to tighten their vaginal passages to enhance partners' pleasure in sexual intercourse or dry vaginal secretion to prevent suspicion of sexually transmitted diseases and previous infidelity. These may cause inflammation, lacerations and abrasions and increase efficiency of HIV transmission (Runganga, 1992; Abdool-Karim and Morar, 1994; Ravindran, 1995 and Niang, 1995). The extent to which men are actively involved in women's decision to use such materials and the extent to which men understand the implications of these practices for their health and that of the sexual partners are not clear.

Again, consensual sex for economic or other gains even where violent acts in the course of the intercourse may not necessarily be considered as such by either partners especially

in transactional sex where gifts are exchanged is considered a critical issue in HIV transmission. However, it is yet to be seen in this light. On the other hand, coerced sex and forced sex or rape in all sexual relationships, non-marital and marital, have increasingly received attention and have become major challenges to achieving successes in preventive programmes in the control of HIV/AIDS (Gordon and Crehan, 2002). Coercive, forced sex or rape in marriage is a very controversial issue in many African cultures where marriage is considered to include a contract between a man and a woman that gives unrestricted (or physiologically moderated) sexual access of the wife to the husband to meet his sexual needs. In Nigeria for instance, it is assumed that marriage from traditional orientation gives the man sexual access to his wife and the woman may not refuse the man sex when he makes demand for it (Oyewumi, 1997; Irinoye, 1998). Hlatshwayo and Klugman (2001), considering the extent to which sex, sexuality and sexual rights are subsumed in reproductive rights also commented that broad reproductive rights focus on traditional family values that focus on procreation.

Orubuloye, Caldwell and Caldwell (1993) remarked that in the Yoruba people's traditional context, a woman could refuse her husband sex when she is menstruating, breast-feeding or when the man has sexually transmitted disease. However, Irinoye (1998) raised the issue of exploring this observation over time considering changes in modern trends as such encourage contraception and also sex even when the woman is breast-feeding especially in monogamous relationship. This is usually advocated even in post-natal care to promote sexual access of husbands to their wives and supported with ideas emerging from modern family planning practices.

The issue of changing perception of sex for pleasure and not merely for childbearing and how it impacts on frequency, pattern and protocol of sexual intercourse between couples also needs to be analysed within the context of consensual and coercive sex. This is an area that is yet to be explored especially among the Yoruba people. The insistence on the practice of monogamy; urbanisation; and distance from extended family members who tended to act as control and may support the woman who refuse sexual intercourse with her husband in the Yoruba context, are also yet to be explored as such have implications for coercive and forced sex.

The fear of contracting HIV infection itself as such may influence husbands' frequency of demand of sex from their wives in attempts to avoid multiple sexual partnerships in possible circumstances of coercion and force has not also been explored. Elias and Heise (1993) highlighted the growing body of evidence that showed that many women are forced to have sexual intercourse against their will *in and outside consensual relationships*. According to them, sexual coercion is not only associated with high sexual and reproductive morbidity among women generally, but it is also highly correlated with teen pregnancy. Many men "do not consider sex a consensual activity" (Panos 1998:6).

Studies in many countries of the world as reported by Panos show increasing levels of sexual violence over time. For example studies in 19 countries including the Dominican republic, Sweden and South Africa, showed sexual abuse of young women occur in as high as 7 to 34 per cent and 3 to 29 percent of young men (WHO, 1999). In South Africa, it is estimated that about 1.3 million cases of rapes occur in a year (Wood and Jewkes, 1997). Jewkes (2001) observed that this might be an underestimation as studies on

adolescents sexuality showed that one-third of teenage girls experienced forced sexual initiation. She also noted that up to 15% of men reported having raped or attempted to rape their wife or a girlfriend during the 10 years prior to a study by the Medical Research Council.

In recent times, sexual violence may be, but is not necessarily, a reactionary response meant to spread HIV (UNESCO/UNAIDS, 1999). It may not also be just an instrument of humiliation of enemies by devaluing their women in war (UNAIDS, 1999). In some cultural views, men may consider having sex with virgins and menopausal women because they are traditionally considered to be pure, free of diseases and are thus possible source of cure for STD and HIV (de Bruyn, 1992; Schoepf, 1992; Jewkes, 2002; LecLerc-Madlala, 2002). This has become a big issue because it is seen as the cause of increased incidence of coercive sex and sexual violence by men infected with HIV (Jewkes, 2002).

In Nigeria, the issue of sexual coercion and sexual violence as linked with increased transmission of HIV has received very little attention in HIV preventive programmes. For a very long time, record of sexual violence could only be deduced from clinical records. Heise, Moore and Toubia (1995: 11) commented on the reports of some studies conducted by Sogbetun and others in 1977 and Kisseka and Otesanya (1988) as they give indirect evidence of sexual abuse of children. The studies showed that many of the female patients at STD clinics were children: 16% of female patients under the age of five, another 6% were between ages six and fifteen in Zaria, in Northern Nigeria (Kisseka and Otesanya, 1988);



22% of female patients under the age of ten in Ibadan, in Western Nigeria (Sogbetun and others (1977).

However, within the general discourse of gender-based violence, sexual violence in marital and non-marital relationships are said to be on the increase. Effah-Chukwuma and Osarenren (2001) reported women's experiences of forced sex by their husbands. Students and young girls reported incidences of sexual coercion in schools by teachers or at work by employers. They also reported that an estimate of 136,285 cases of rape between 1980 and 1992 was documented from a 1996 report from the Nigerian Police. Incidence of sexual harassment and rape in educational institutions were also noted to be on the increase especially with increase in cultism and increase in cult activities in institutions of learning since the 1990s. Information about cases of child sexual abuse and incest through information from the mass media was also reported to be coming out to the open gradually. Effah-Chukwuma and Osarenren (2001) reported over 30 cases of child rape in various parts of Nigeria from newspapers and magazine reports between June and December 1999.

However, Jewkes' (2002) observation that sexual coercion and violence should be analysed beyond perpetrators looking for cure for HIV/AIDS is very valid to an extent. But the issue may not just be accepted within feminist conception of sexual coercion and sexual violence without looking at the cultural context of meanings, motives, content and the process of sexual intercourse. This also supports the need for further investigation into sexual intercourse and all the meanings that the act has for people and for men in particular. Again, high levels of sexual violence towards both women and men, infants,

young (or old) persons as currently reported in the mass media in South Africa brings other dimensions to the discourse of sexual violence as distinctly different from male-female issue as have been generally postulated by feminists mainly from the male-female power relationship point of discourse. Importantly, while sexual violence against men is also a recognised issue in South Africa, there is morbid silence about sex among men even when the evidence from the prisons may be validating this in Nigeria (Raufu, 2001). There is an informal information indicating that men having sex with men already formally formed an association in Nigeria.

#### **2.4 Sexual Behaviour and Nature of Sexual Intercourse as Major Factors Driving the HIV/AIDS Epidemic**

While no single biological, sociological or behavioural factor determines the spread of HIV, sexual intercourse is directly responsible for most infections in many parts of the world where the prevalence of HIV is high. About 70% of HIV infections worldwide are estimated to occur through sexual intercourse between men and women (Gordon and Crehan, 2002,). Sexual intercourse that cause inflammation, lacerations and abrasions, soreness and wounds increase occurrence of sexually transmitted infections and efficiency of HIV transmission (Runganga, 1992; Abdool-Karim and Morar, 1994; Ravindran, 1995 and Niang, 1995). Coercive sex, forced sex in and outside marriage thus increase vulnerability to sexual and reproductive morbidity. Again, at least one in ten cases is also considered to be the result of transmission between men who have sex with men.

Anal sex among unmarried couples to prevent pregnancy and preserve virginity is also documented in the literature (Goldstein, 1995). Anal intercourse between men and men and between men and women has been documented in studies in Zambia (Feldman et al, 1997). Again, transmission through anal sex may be increasing with more people engaging in the practice with increasing demand to preserve virginity as an intervention to stop heterosexual transmission of HIV in some parts of the world (de Bruyn, 1992 Goldstein, 1995). The estimate through bisexual transmission is not documented but a sizable amount of infection could be expected since there is high level of stigmatisation of homosexuality in many cultures even though the phenomenon exists everywhere.

Mother to child transmission also may be analysed as secondary to primary heterosexual sexual transmission of HIV as women play the obligatory role of reproduction, childbearing and nurturing. Transmission through sharing of injectors accounts for some percentage with four out of five injectors also noted to be men (Panos 1998).

## **2.5 Interventions for the Control of HIV Transmission and Implications for Effecting Desirable Change in Sexual Behaviour among Men and Women**

Increasing trends of coercive sex, forced sex and rape in the era of HIV/AIDS is an indication of the need to re-consider previous intervention strategies. It has become a challenge to consider other strategies that would be informed by a better understanding of the nature of the problem and to evolve innovative intervention to change the trend. Recognition of sexual intercourse in its various forms (vaginal, anal, heterosexual, homosexual, bisexual and others) as the core issue in and the driving forces for the spread of HIV over the years gave guide to the “abstain, be faithful to one partner and

condomise” (ABC) strategic slogan. Intervention programmes using this slogan targeted the sexually active individuals (with little attention to adult men) and people considered as “high risks groups” (homosexuals, commercial sex workers, long distant drivers, youth (especially adolescents) at the early stage of the epidemic and have continued for years (UNAIDS, 1999).

Significantly, prevention programmes have been targeted at individuals, aiming to reduce individual risks to HIV focussing on three things - promoting sexual abstinence or reducing sexual partners, engaging in non-penetrative sex or using protective device (condoms) and prompt diagnosis and treatment of sexually transmitted diseases (UNAIDS, 1999). Intervention strategies to help individuals, especially the perceived sexually active groups in the age range of 14-49 years to adopt the ABC slogan and put it to practice had promoted education and skill acquisition programmes as well as access to services, (especially condom and care for sexually transmitted diseases). These are considered necessary for the people to engage in safer sexual behaviour to protect themselves and prevent contracting or spreading HIV.

School based programmes, out of school programmes, media programming targeted at youth, and access to youth friendly service have increased globally. These are all to improve knowledge, enhance skills building, improve communication among young people and to promote prompt treatment of sexually transmitted diseases (UNAIDS 2001b; Population Council, Horizon 2001; Panos 2001; UNAIDS, 2000). As observed by UNAIDS (2001a), until very recently, much of the work had focussed on women and girls to halt the epidemic.

Women have been particularly targeted as a main focus of intervention for prevention and control because of their perceived biological and social vulnerability. From the social point of view, women are said to be subordinated and male dominance in all aspects of women's lives is recognised especially in the African context. These are documented to be achieved within the context of family, social, religious, legal and institutional control derived from power disparity in all male-female interaction. The nature of relationships negatively influences women's ability to be assertive, negotiate safe sexual intercourse and be able to protect themselves (Mager, 1996; Abdool Karim, 1998; UNAIDS, 1999).

## **2.6 Deficiencies in the Intervention Approaches and Methodologies for Sexual Behavioural Change for the Control of HIV**

Sexual relationships usually involve at least two partners. It would be expected that planning intervention programmes should derive guiding information from all the people that may be involved in such relationships. This assumption is derived from the view that no individual may be able to execute an action in the relationship successfully without mutual understanding of the nature of the relationships by the people involved at the beginning or as the relationships progress. Many preventive and empowerment programmes focussing on sexual and reproductive health and HIV prevention have focussed on youths and women. One group that have not been given significant attention as targets of intervention are men, especially the middle aged and older men who have been described as the missing gap in programme conception and intervention (UNAIDS, 2000; 2001a). This omission underestimates the role of men in the sexual lives of women, especially in Africa. It also underestimates the roles they play in the socialisation process for the young men into the values that promote high-risk behaviour and acceptance of sex

as a simple physiological act. Literature affirmed that men, especially in Africa, have significant control over women's sexual lives and that the conception of masculinity and gender roles often lead to the use of psychological, social and economic pressure and outright violence to insist on intercourse that women often find difficult to negotiate (Panos 2002).

Again, the extent to which men's conceptions of sexual relationships are similar to that of women are not known, hence it may not be concluded that men and women engage in sexual relationships from the same premise. It becomes necessary to explore the extent to which men and women's conceptions of sexual relationships and sexual behaviour are congruent with the motive of bringing out gaps that should also inform desired intervention for desirable changes for both men and women to make sexual relationships save for both.

## **2.7 Proposal to Guide Intervention for Enduring Change in Sexual Behaviour of Men and Women**

The challenge in recent times is to have a better understanding of men's roles and exploit the existing powerful role of men in society to get them to take actions for themselves and others (Abdool Karim 1998). Men need to be motivated to actively become involved in preventive behaviour especially within the context of sexual relationships as such may translate to sexual coercion and sexual violence and as desirable to control the spread of HIV. There is the need to motivate men and women to talk more about sexual relationships, sexuality and HIV/AIDS and encourage them (especially men) to explore their thinking as individuals and as social groups bound by common values about sexual

relationships as well as sexual intercourse. It is also important to help people explore how they can take more responsibilities, consider the roles and action they want to take to be able to adjust factors influencing sexual behaviour of sexual partners to enable them take greater care of themselves, their partners and their families. It is within this context that information needed to develop and promote programmes that respond to the needs of both men and women would emerge (Abdool Karim, 1998; UNAIDS 2001). Importantly, analysis and understanding of the conception of sexuality and sexual intercourse in the African context are desirable to be able to adopt culturally appropriate intervention.

## **2.8 Sexuality and Sexual Intercourse from the African Worldview**

From the general information available, there exists the African worldview derived from dominant socio-religious philosophy shared by all Africans that continues to influence how Africans process Western ideas about the world (van Dyk, 2001) and sexual matters. As van Dyk noted, as constant processing of westernisation continues to take place, many Africans internalise both traditional African and Western beliefs (van Dyk, 2001:111). Within the context of sexuality, sex serves biological functions, conquers death and symbolises immortality. Sex is a route to personal immortality achieved through children such that even after the death of a person, he continues to be part of the living (Mbiti, 1969, van Dyk, 2001).

There is a strong link between this perception of the world with the ancestral view of life as it is dominant in many African countries. Zimbabwe and Nigeria are good examples (Scott and Mercer, 1994; Fadipe, 1970; Akinjogbin, 2001; and van Dyk, 2001). Sex as a route to having children does not only serve the immortality view of life, it also has its

importance to day-to day existence of traditional African life (for both men and women) that foster prosperity as they work on the land. As van Dyk (2001:120) observed, a man's wealth in Africa "depends on the growth of his tribe". This is an important view that needs to be explored in challenging men to take responsibility for the control of HIV/AIDS. The consequence of HIV infection for childbearing is a key issue with all Africans, men and women. Coming from an orientation of procreation as important value, one can speculate that both men and women may want to risk anything, including unsafe sex to have children. This is one of the problems with advocating condom use especially in marital relationships with Africans.

Understanding poor condom use despite knowledge of HIV by Africans, and African men in particular, with many researchers could not be understood outside the view that it does not allow for direct contact with sexual partners. Taylor (1990) in Rwanda, Ngubane, (1977), Schoepf (1992) in studies in East Africa, Democratic Republic of Congo (DRC) and among the Zulus in South Africa showed wide spread beliefs about the fluid exchange during sexual intercourse. Among Rwandans, failure to use condom is not related to ignorance but a very specific social and cultural dimension of Rwanda sexuality and perception of the exchange in the sexual act. The flow of fluids involved in the sexual act is seen as exchange of "gifts of self" (also linked to reproduction and life) to which Rwandans regard as being of the utmost importance in a relationship and that blocking the flow of fluid will block fertility and also cause all sorts of illnesses.

In East Africa, DRC and among South Africa Zulus, the need for repeated contribution of the semen needed to form or "ripen" the growing foetus in the womb was expressed. As



van Dyk (2001:123) also noted, some Africans believe that “semen contains important vitamins which are necessary for the continued physical and mental health, beauty and future fertility of women”. van Dyk (2001) commented on exploring and understanding cultural explanations of health and pathology from these perspectives of “flow and blockage” as such also translate to perception of sexual intercourse and sexual behaviour. She emphasised the importance of understanding the meanings that the sexual acts have for people in planning educational programmes for HIV control rather than basing everything on ignorance of anatomical make up or Western theorisation of sex and sexual behaviour.

Importantly, empowerment of women that also tended to give detailed education of the anatomical and physiological determinants and implications of sexual intercourse that had neglected men for a long time has not removed socio-cultural explanations of sexual behaviour and sexual intercourse. Such may not drastically modify the orientation about sex, life, reproduction and help in seeing the link of sex from the past, to the present and to the future as the African worldview portrays. Men have not ceased to be accepted as responsible for what happens to their tribes and are yet to be empowered to begin to work on alternative modes of seeing sexual intercourse.

Polygamy, as a recognised practice in many African communities is seen as a mode of sexual regulation for men as such takes care of the need of the woman to abstain from sex either for biological reasons as may be related to menstruation, pregnancy, breast-feeding and other circumstances such as menopause (Orubuloye, Caldwell and Caldwell, 1993;

van Dyke 2001). It is also seen as a control measure to regulate unfaithfulness, prostitution and STD (van Dyk, 2001).

Mbiti (1969) sees polygamy as a viable option to control men resolving to casual sex especially where men are forced to migrate to big cities and towns to look for job. The implications of this for wives left at home and the possibility of the wives also taking other sexual partners were however, taken for granted. This perhaps subsumes in the effectiveness of social control of sexual behaviour of women in many of these cultures. Within this context, polygamy in the African context becomes a sexual behaviour regulatory mechanism for men without due considerations for the women who are not deemed to be equally sexual. These, with all the problems associated, need to be culturally explored with men and women with the view to making appropriate prescriptions that would be useful in HIV/AIDS prevention programming.

One issue that was not seen in the literature reviewed is African's conception of sexual enjoyment as such would influence sexual behaviour. While one does not have detailed information to the contents of many HIV/AIDS prevention programmes, it is doubtful whether preventive programmes go into the depths of encouraging people to explore conception of sexual enjoyment and how such also determines sexual behaviour and the processing of sexual intercourse. Again, it is important to explore the conception of sex from the perspectives of the extent to which it goes beyond self and perhaps seeing it as obligatory to fulfilling some perceived culturally specified duty to the social group as a man or a woman in the African cultural context. As van Dyk noted, the collectivity and believe in collective existence play significant roles in the values and lifestyles of

Africans. Viljoen (1997) commented that African views of collective existence give rise to values such as communality, group orientation, co-operation, inter-dependence and collective responsibility. From Mbiti's (1969) presentation of the African's perception of the individual's life as strongly linked to the corporate life using the group to control the individual is also feasible. As Mbiti (1969) summarises, the individual in the traditional African's life is seen within the context presented:

When he suffers, he does not suffer alone but with the corporate group; when he rejoices, he rejoices not alone but with his kinsmen, his neighbour and his relatives whether dead or living. Whatever happens to the individual happens to the whole group, and whatever happens to the whole group happens to the individual. The individual can only say: I am, because we are; and since we are therefore I am. (Mbiti, 1969:108).

It will be informative to have men's views about how the conception of sexual behaviour of men, especially sexual violence that is physically and psychologically injurious to the sexual partner would be explained within the context of this collective responsibility.

Significantly, a new dimension to sexual relations especially in many urban communities or modern societies that may not be taken as very traditional but a reflection of deep economic crisis and high level of poverty is the issue of "transactional sex". This is not often considered as "prostitution" as such would be referred to of old or commercial sex work in recent times. "Transactional sex" is characterised by "giving of gifts" in exchange for sex, either for economic survival and may emerge as unstable sexualities produced through complex men and women practical engagement "with shifting economic, cultural and spatial conditions and relations" (Hunter, 2002). Other reasons associated with transactional sex were considered as complex and beyond what may be

explained just within the cultural contexts of sex but within the dynamics of social change (Hunter, 2002).

Sex in many African communities may have become a route to accessing power and resources by women and the conception of sexual coercion and violence in this context by men needs to be understood. It is pertinent to see the extent to which some of these observations have been utilised in frameworks and models used in programme planning for sexual change in HIV prevention.

### **2.9 Sexual Relationships as Reflected in Sexual Communication, Sexual Intercourse, Sexual Coercion and Sexual Violence and Implications for HIV Transmission.**

The discourse of sexual behaviour and some studies aimed at understanding the dynamics of sexual relationships in relation to the spread of HIV often consider sex communication, the process of the sexual act as such may also increase the transmission of HIV. Programmes along these lines should also aim at understanding men's views and consider such views along with that of women to determine the extent to which such are congruent. These would further guide what should be the focus of programmes targeting both men and women with the motive of reducing the occurrence and consequences of sexual coercion, exploitation and rape.

Sexual communication from studies in many parts of the world is male dominated. It is men that usually initiate and women, even in marital relationships are not known to be able to communicate sex with sexual partners for many reasons. Women are not expected to know much about sex and cultures do not encourage women initiating sex

communication. Women are also not expected to negotiate sex or use of condom especially in marital relationships (Goldstein, 1995; George 1997; Ankra and Attika 1997; UNAIDS, 1999a).

As earlier noted, sexual intercourse that are injurious to the genital organs increase transmission of HIV (Abdool-Karim and Morar, 1994, Gordon and Crehan (2002) hence, understanding factors that would explain and reduce sexual coercion and violence are key issues in HIV prevention programming. Studies of the circumstances and nature of sexual experiences of women especially in relationships among youth in South Africa is characterised by high level of violence. Wood and Jewkes (1998) recommended debates at community levels because of the observed pervasiveness and tolerance of such as may have derived from the socialisation of both boys and girls and general tolerated levels of violence across board. The extent to which this observation may also be true of relationships among youths in Nigeria and especially in a Yoruba community would need to be validated as to inform appropriate intervention.

Interventions targeting older people who should be assisted to take responsibilities for control of violence and should be protective of women of all ages are desirable. A local response initiative documented the involvement of teachers and students to curb unwanted pregnancies, rape and sexual exploitation in Magu, Tanzania (UNAIDS, 1999). Community oriented intervention involving multiple sectors (education, agriculture, prison) are also documented as making impact in Burkina Faso (UNAIDS, 1999) and are recommended in South Africa by Wood and Jewkes (1998). The need to improve or change communication patterns that are negatively discriminatory and put all burdens of

sexual responsibility on girls by parents, (especially fathers) is an observation in the study by Wood and Jewkes. This has significant implication for programmes targeted at older men who should also promote young men's taking responsibilities for the sexual safety of female sexual partners at the community level.

Inter-generational gaps are perceived among young and older people and medium for bridging the gaps need to be encouraged. Of significance in Wood and Jewkes (1998) study is the role that older men could play in educating, moderating and following up of younger men's sexual and violent behaviour after the circumcision rites where this is done or with similar programming at the community level. Men have the potentialities to be good role models and to also put in place consistent control measures at the community level that would be protective of women's sexual health as such may be threatened either by younger men or older irresponsible men. Abraham, Jewkes and Laubsher's (1999) study of men's relationship with women gave a good insight into the dynamics of violence and sexual violence in gender relations. This study, though considered to be limited because it may not be generalisable to all working men (and all men), gives ideas about factors associated with men's abuse of women and men's need for intervention to reduce perceived stress that they seem to also experience. These include experiences of violence by men themselves or seeing women being abused in families, use of alcohol and drugs, multiple sexual partnership and women refusal of sexual request by partners.

The significance of considering the high potential for utilising beneficial traditional practices and communication methods that facilitate sexual and reproductive health

communication and promotion of social control has also been documented. Traditional oral communication channels with highly rich visual imagery according to Airhenbuwa (1999) have not also been effectively exploited as they stand to offer tremendous support to HIV prevention communication in many African cultures (UNAIDS, 1999). The Nguni culture in Southern Africa has been given as an example where the culture makes provision for providing sexuality education to young people with emphasis on sexual abstinence as one of the key issues promoted. Some forms of non-penetrative sex have been documented among the Zulu people of Southern Africa, the Kikuyus in Kenya and some groups in Ethiopia. Among the Zulu people, the practice of Ukosoma, a practice of non-penetrative sex with the man getting sexual release with the penis in-between the two thighs of the woman was reported (Wood and Jewkes, 1998; UNAIDS, 1999).

It would be useful to have information about other traditional practices directed at men which would be more effective as measures of social control in moderating sexual behaviour, regulate sexual violence and control HIV transmission especially within the Nigeria context. Essentially, the need to use cultural gatekeepers in community information flow and understanding cultural inputs to gender, social and sexual relations, traditional media of communication continue to be advocated in new programmes for HIV/AIDS control. Exploring positive and negative attributes of local culture with respect to HIV/AIDS programming are also important for new interventions targeting people at the community level and men in particular (as men usually use culture and traditions as basis of resistance to changing their sexual behaviour).

## 2.10 Conclusion

Sexual relationships have received more attention since the emergence of HIV infections. The transmission and spread of HIV are associated with high-risk sexual behaviours such as early initiation of sexual intercourse, multiple sexual partnerships, discriminatory regulation and control of sexual behaviour of men and women. The nature of sexual intercourse that increases the probability of genital lesions such as sexually transmitted diseases, sexual coercion and forced sex are documented to increase the vulnerability to HIV/AIDS.

Within the context of the socio-dynamics of sexual intercourse, many cultural beliefs inform the sexual behaviour of men and women. However, the “ABC” (abstinence, being faithful to sexual partner(s) and use of condom) slogan that had also informed empowerment programmes for people considered to be at higher risk have not sufficiently considered cultural, power dynamics and many beliefs informing sexual intercourse within marriage. The negligence of older men as priority target group for HIV/AIDS mobilisation and action was faulted as the position ignored the roles of men in the socialisation of young men, male control of sex communication and the act of sexual intercourse. Again males’ involvement in sexual behaviour that increases the vulnerability of women and themselves to all forms of sexual morbidity, especially HIV infection, has been ignored.

Derived from findings in studies that explore the use of traditional practices to evolve programmes for effecting change in behaviour, it is concluded that understanding traditional bases of sexual behaviour and traditional approaches to regulating sexual



behaviour would help greatly in programme planning for the control of sexual morbidity that appropriately involve all the actors in sexual relationships and sexual intercourse.

From the literatures reviewed, a summary of gaps in the existing studies, inadequacies in methods, instrumentation for data collection, and inadequacies in theories was done. Sexual relationships continue to be shrouded in silence, creating a mystery around it and ignoring the content of sexual intercourse especially in many developing countries, and in Africa in particular (Klugman, 2000; Gupta, 2000; Hlatshwayo and Klugman, 2001). Koenig *et al* (2004) affirmed lack of community-based studies to define the nature of the problem of sexual coercion and sexual violence and the need for studies in developing countries that are community focused.

Women were found to have been the focus of study and intervention for most reproductive health (and sexual health) issues (Klugman, 2000). The need to pay increasing attention to men and young people's sexual and reproductive health to maximise the health of all members of the family as a route to promoting the health of women continued to be emphasised (White, Greene, Murphy, 2003). Increasing attention to men are also following the trend in the methodology of the past where women were studied separately with little attention to trying to understand the world of both genders as they jointly construct the realities of their lives in social relations.

No standard instrument used by previous investigators was found adequate or adaptable for use in the study because of the exploratory nature of the study. However, the methods of data gathering adopted were informed by Streubert and Carpenter's (1995:91) submission on central characteristics of ethnographic research with the researcher

functioning as an instrument and a fieldworker collecting and analysing data in a cyclic manner.

The existing theories could not provide comprehensive explanations for the patterns and trends in sexual behaviour of men and women especially in the African traditional context over time. Feminist theorisation of heterosexuality and power as coercive and oppressive has been faulted (Kitzinger, 1994; Mikell, 1997), especially while considering the pro-natalist orientation in Africa. Major deficiency in the usefulness of some identified sociological theories emerging from the West relates to the individual orientation, which paid little attention to the conception, construction and basis of gender roles prescriptions and performance over time. This has not been analysed within the context of values held within a corporate entity that dictates normative or group social behaviour especially as it relates to sexual behaviour of men and women. The sociological theories that attempted to explain complex interaction between contextual factors and individual behaviour especially as these are related to sexual behaviour (as discussed in chapter 1) did not consider possible variations as may be influenced by time and across generations. Variations in cognition, attitude and actions over time across different generations or gender, in an individual or a social group, were not considered.

## CHAPTER THREE

### METHODOLOGY

#### **3.1 Introduction to the Chapter**

This chapter presents the methods adopted to collect appropriate data about the variables of interest. The first part presents the research design adopted with explanation of the rationale for the choice of the design. Different types of data generated are explained with information about the processes used to collect the data. The setting where study was conducted is introduced while detailed information about the reference group is deferred to the next chapter of the report. Again the targets of the study were identified and the ways in which representative samples were chosen for different kinds of data generated are presented. The tools used to generate data are described while the final part of the chapter deals with explanation of how ethical issues were managed within the conduct of the study.

#### **3.2 Research Design and Nature of the Study:**

Ethnographic qualitative method was complemented with quantitative data from survey in the study. Ethnographic research makes use of qualitative enquiry to describe and interpret cultural behaviour with the intention of learning more from the members of a group about their worldviews of the phenomena of interest (Polit and Hungler, 1999). Ethnography makes what is implicit in a culture explicit, allowing for “understanding of the people, what they do, what they say, how they relate to one another, what their customs and beliefs are and how they derive meanings from their experiences” (Streubert and Carpenter, 1995:91). As observed by Streubert and Carpenter (1995), there are three

central characteristics of ethnographic research, the researcher as an instrument, a fieldworker and the cyclic nature of data collection and analysis. They emphasised that studying a culture requires an intimacy with the participants who are part of the culture and doing such allows the investigator the opportunity of becoming the conduit of information shared by the group. The researcher, thus, is seen as an instrument, identifying, interpreting and analysing the culture under study through observation and recording of cultural data. The ethnographer in addition to becoming a participant-observer which provides the opportunity to gather information in the outsider's view (ETIC) also need to access the EMIC view of the culture under study through collection and review of relevant historical records, journals and artefacts that give more information in addition to the language, beliefs and experiences provided about the phenomenon of interest (Streubert and Carpenter, 1995).

Again, the investigator as a fieldworker is expected to be in the place where the culture of interest is. Data usually is gathered in a cyclic manner allowing for regular interaction and frequent revisit back to the people to get clarifications even about data already collected, answering questions that may lead to other questions as necessary. Essentially, ethnographic method as it allows the nurse to have an opportunity to explore the holistic nature of the society and ask questions that would have implications for nursing practice helps the nurse to have the view of the world as it is and not as others, nurses inclusive, wish it to be (Streubert and Carpenter, 1995).

Spradley (1980) identified four primary reasons of using the ethnographic approach. This method is particularly well suited to studying sexual relationships as such have implications for the control of HIV/AIDS. The method allows for documentation of alternative realities describing the realities in terms of the people being studied. It also allowed for discovery of grounded theories that are indigenous to the culture under study. Thirdly, the ethnographic method promotes understanding of a complex society better. Lastly, it provides an opportunity to understand human behaviour better. Understanding human behaviour particularly as such will be related to health and illness behaviour (as may be related to sexual relationships and behaviour in this study) would consequently inform provision of better intervention to improve on strategies already in use among the group under study (Streubert and Carpenter, 1995).

Ethnographic method was considered relevant to gathering information to meet four of the objectives set for the study. Survey was conducted to validate some of the information from qualitative data about the phenomena of interest. It was also used to determine the pattern of sexual relationships and prevalence of sexual coercion, sexual violence. The perception of links between these variables and the transmission and spread of HIV by the people in the community was also explored.

Data generated in the study provided more valid information about specific cultural values in the Yoruba culture as to allow such to play central roles in planning behaviour-change communications to reduce sexual practices that increase the risk to HIV infection (UNAIDS and PennState 1999).

Qualitative data was generated first. Adopting mainly the macro (maxi) ethnography (Leininger, 1985; Streubert and Carpenter, 1995), the investigator and the field workers, though had lived in the community for more than ten years, had to increase contacts and sustain close interaction with the people throughout the course of the study. Consultations and meetings were held with community leaders and these facilitated discussions that also enabled leaderships of the community to become sensitised and be involved in critical assessment of social and historical determinants of sexual relationships as such may also have roots with HIV transmission in their community. The central role of sexual behaviour of people as controlled by men either in non-marital and marital relationships and the way that the nature of sexual relationships, consensual, coerced, forced, injurious, non-injurious might have been perceived as contributing to the spread of HIV in the community were explored. Observations and recordings of interaction patterns, review of historic and other relevant documents that give information about the studied group were used to collect data about the variables of interest in the community from historical and contemporary points of view. These were analysed and discussed within the context of the nature of control and injurious sexual relationships driving the HIV spread in the immediate community of interest and among the ethnic group in particular.

A survey was also conducted. This was done to determine pattern of sexual relationships, the knowledge and prevalence of sexual coercion, sexual violence, knowledge of HIV and the link of injurious and forceful sex to HIV transmission. Regulatory mechanisms for sexual behaviour of men and women as moderated by the culture were gathered.

Findings from quantitative and qualitative data gathered were analysed with the motive of documenting dominant patterns of sexual relationships giving details of elements, meanings, motives, perceived benefits and dangers emerging as such may be contributing to sexual health and HIV/AIDS spread. Findings are presented specifically to meet the specific objectives set for the study.

### **3.3 Setting of the Study.**

The Yoruba people of South western Nigeria were chosen as the reference study group in Nigeria. They constitute one of the three major ethnic groups out of the more than two hundred identifiable groups in Nigeria. The Yoruba people constitute a distinct cultural group with a sizable population of well above 20 million in number and are found in many cities, towns and villages. The Yoruba people, from literature, have very strong commitments to their beliefs and the extent to which they are willing to uphold their traditions and cultures. They are said to have strong attachment to their cultural values, ethos and egos (Babatunde, 1992). The common descent of all Yoruba people informs their ways of life and views of the world. Religion, traditional views of the family, marriage and marital relationships continue to inform what happens in personal lives of the individual but with strong attachment to communal values (Fadipe, 1970; Babatunde, 1992).

Administration of the people by communities is still within traditional monarchy and hierarchical structures. Respect for authority and older people within familial and community structuring is held as important in social dynamics and relations (Fadipe,

1970). A Yoruba person (male or female) regardless of Western educational background, still has a very strong attachment to family and Yoruba values and is usually thought to be confident of herself/himself and proud of written and oral history of what the Yoruba people represents in the country. Ile-Ife is historically documented as the “source” of the Yoruba people and gives residence to Yoruba people from other towns till date. Many of these people who work at the Obafemi Awolowo University live in the town.

Ile-Ife was purposively selected because of its historical link as the origin of the Yoruba ethnic group in traditional history (Akinjogbin, 2002). The town is also considered as a contact point for other Yoruba people who are not necessarily from Ile-Ife town but live and work there and have become part of the social dynamics of the town. Besides, the investigator is from the Yoruba ethnic group, and she is very familiar with the structural make up and communication patterns that also easily facilitated easy access to community leaders in the community. Chapter four is devoted to data generated about the Yoruba people from literature review and other sources of information such as observation of interactional patterns and artefacts collected in the course of the study that have bearing with sexual behaviour and regulation of sexual behaviour.

Though the prevalence rate of HIV in the Yoruba dominated South western Nigeria is still lower than 5% in many of the states, the number of people becoming infected may not be taken for granted. In 2001, the national prevalence in Nigeria was 5.8% in 2001 with 3.2 million in the age range of 15 and 49 years living with HIV/AIDS. In the Yoruba dominated South-western states, the highest prevalence was 6.7 in Ondo state. In the six



Yoruba states of Lagos, Oyo, Ogun, Osun, Ondo and Ekiti, the average prevalence was 4.2 and in Osun State where Ile-Ife is located it was 4.3%. In the 2003 national seroprevalence estimation, the zonal median prevalence was 2.3% in the Southwest Yoruba dominated part of the country. It was reported that the prevalence has gone down to between 1.2% in Osun state (the lowest in the country) and 4.7% in Lagos state. Considered from the socio-political placement and the population of the Yoruba people in the light of the danger of increasing spread of HIV, the need to take further actions that are community oriented, both gender focussed, with men taking the lead may not be overemphasised. Again, sexual behaviour, especially sexual coercion and sexual violence have been recognised and are major issues informing advocacy programmes and interventions at the community level for the control of HIV in some Africa countries though yet to be given priority attention in Nigeria. Sexual violence is still discussed mainly within the context of advocacy programmes in feminists' and women organisations' agenda especially in the big cities and has not really been seen as an issue for HIV/AIDS control programming at grassroots community level.

### **3.4 Target Population**

Men and women in the Yoruba ethnic group, resident in Ile-Ife town were the primary targets of the study. These two groups were also considered along three generations grouped along three age categories of young, middle-aged and old Yoruba men and women in the population of study.

### 3.5 Sampling Techniques and Sample Size

Three sample groups participated in the study and methods of sampling adopted were informed by the nature of the samples required for the methodology adopted.

The sample for focus group discussions (FGD): Purposive sampling technique was used to select people who participated in the FGD. Purposive sampling is the most suited to collecting informed data as the nature of the information required demands having sample units that are well grounded in the cultures of the people and are also good at expressing and discussing such. Also, the study achieved another purpose of mobilising the key persons, community and opinion leaders to begin to think of channelling a course of action for implementation by the community as a social entity. Denzin and Lincoln (1994) citing Patton (1990) explained that the logic and power of purposive sampling is the fact that the sample should be information-rich.

Sampling technique: The traditional community leaders facilitated identification of key persons (as specified by tradition and as emergent opinion leaders in the community) that were considered as significant in the culture of the people to participate in the study. The traditional heads (Baales) gave guides that helped the investigator in selecting the primary informants in their sub-communities. They assisted in identifying significant individuals who served as key informants from among chiefs, opinion leaders, leaders of men's and women's social groups. To allow for derivation of variants of information as may be influenced by age, education and experiences as related to the variables of interest, the categories of heterogeneous samples of young adult, middle aged and older

adults or as were culturally defined by the ethnic groups were selected to participate in the FGD. Taking cognisance of the issues of heterogeneity and commonalities of participants in groups, according to Denzin and Lincoln (1994), provides opportunities for high quality case description as may be necessary for uniqueness. It was also useful in identifying shared patterns of commonalities existing across participants. Other informal methods that were used to identify persons to participate in the FGD included informal interactions with young people at the community level who gave information about opinion and respected leaders in the community who were deemed to be influential and seen as role models by youth in the community.

Fourteen FGDs were proposed and conducted among men and women in the community across three age categories. The age grouping was done taking cues from the perceived age related vulnerability to HIV. The age grouping was taken along two levels of education, sample in the specified age group with not more than secondary school and those with higher education above secondary school grouped together. The sexually active groups are usually represented by the population in the age range of 14 and 49 years in HIV epidemiological estimates, but HIV does not necessarily affect only people in this age range. For the purpose of this study, taking cognisance of the legal age of consent of young people which is usually from 18 years traditionally in the community, the minimum age for eligibility for participation was 18 years. Young people in this age range of 18 and 25 years were grouped as a category of young people. People in the age range of 35 and 50 years were taken as middle-aged adults and those above 60 years were grouped as older people.

Educational background and gender were also key variables considered in sample selection. Grouping of sample by educational background considered sample with education not more than secondary/high school together and those with higher and tertiary education. FGD were conducted among three generations of young men and women, among middle aged men and women and men and women in the older generation who were about 60 years and above. Detailed information about the sample is provided in the latter part of this study. FGD among health care providers drawn from the community were also conducted. Detailed information about the participants in the FGD are presented in Chapter Five.

Sample for the in-depth interviews and in-depth study of few individuals: Informants who participated in the in-depth interview were selected based on their age, knowledge, expressed experiences and consent to give information. Selection of the informants interviewed were guided by many factors in addition to having representation by social categories in terms of age and education. Individuals who had in-depth knowledge of the culture and also consented to talk from experiences were particularly encouraged to participate in the in-depth interview. Each of the sample unit was given pre-interview counselling and post-interview counselling and de-briefing as some aspects of the study delved into very sensitive and personal aspects of individual's sexual life. The purposive nature of the method is informed by the view that not everybody would be open and emotionally stable as to wish to participate in this kind of a study. In-depth interview with at least 4 people (2 males and 2 females) from each group in the identified age groups and 4 health care workers in the community were conducted. A total number of 32

persons were involved in the in-depth interviews. Polit and Hungler (1999:246) observed that ethnographers typically conduct in-depth interviews with about 25 to 50 informants.

Sample for the survey: The sampling for the survey was done using households as sites, though individuals were used as units of data gathering. The household was used as sources of data to ensure that respondents were residents in the community of interest. Multistage sampling technique was used to collect data from the study population. Detailed process adopted to select the sample from the community of study is presented in Chapter Five. However, the sample size was calculated using a standard formula (Vakevisser, Pathmanathan and Browniee, 1991).

Taking it for granted that the phenomenon of interest i.e. sexual coercion and sexual violence is normally distributed but with the proportion unknown but assumed to be 50% and at 95% confidence level and 10% precision of the true rate, the sample size used in the survey was determined using the statistical formula

$$n = \frac{Z^2 P(1-P)}{d^2}$$

Where

n = sample size; Z = 1.96 since the confidence level is 95% and level of significance is 5%

P = proportion of the phenomenon of interest in population of study = 50% = 0.5

d = precision level = 10% of 50% = 5% = 0.05

The sample size therefore will be  $\frac{1.962 \times 0.5(1-0.5)}{0.052} = 384.16$

Following the appropriate protocol of sampling as outlined above, data from 487 sample units selected from the community for the survey were analysed. Detailed reports of how the data was collected are presented in Chapter Five.

### **3.6 Instruments for Data Collection**

Three main instruments were used to collect data. These were the interview guide for the focus group discussion sessions, the adapted form used for the in-depth individual interview and the questionnaire used in the survey. Anecdotal notes and observations on the field were also kept.

The FGD guide (see Appendix 1) was built around five themes of

- (i) Masculinity and femininity (especially within the context of sexual behaviour) in marital and non marital relationships (Objective 1 of the study)
- (ii) Normative sexual relationships, sexual behaviour, practices, meanings, definitions, contents of sexual relationships, sexual coercion and sexual violence in marital and non-marital relationships; implications for the health of sexual partners and community (Objectives 2 and 4 of the study)
- (iii) Awareness of HIV, factors associated with the spread generally and in the community, perceived possibility and prevalence of sexual coercion and violence linked with HIV transmission in the community (Objective 5 of the study)

- (iv) Traditional mechanisms of regulation and control of unhealthy sexual relationships and sexual behaviour among the people, especially sexual coercion and sexual violence (Objective 4 of the study)
- (v) Perceived needs for promoting healthy sexual relationships and sexual behaviour and control of sexual coercion, sexual violence and HIV transmission (Objective 2 of the study).
- (vi) Suggestions and contents of community based intervention for control of unhealthy sexual relationships, sexual coercion, sexual violence and HIV transmission (Objective 5 of the study).

The FGD guide had fourteen questions.

The questions for the in-depth interviews were adapted from the FGD guide but allowed for more probing and were also to revalidate and add more information as were derived from the FGD. The tool has ten components that allowed for qualitative and quantitative measurement of variables of interest.

The questionnaire for the survey has six parts. The first part collected data about the demographic characteristics of respondents. The second part explored the forms of sexual intercourse considered as normal or abnormal in the community of interest. The third part explored the prevalence of sexual coercion and forced sexual intercourse in the community. The fourth part investigated the meanings that sexual intercourse have for respondents, time of initiation of sexual intercourse and also explored nature of experiences of sexual intercourse probing into experiences of sexual coercion and sexual violence. Experiences of

sexual morbidity as such may be related to occurrence of sexual intercourse by consensus, coercion and force were also examined from information provided by this part of the questionnaire. Part five of the questionnaire explored the nature of sexual health problems that respondents had before the study and the care sought. The last part of the questionnaire elicited information about basic knowledge of HIV, the perceived prevalence and the link to sexual coercion and sexual violence.

Anecdotal notes and observations were recorded in field notes with the recordings showing the date, time, place and verbatim recordings of communications. This was in compliance with the three principles of documentation of observations in ethnographic study (Spradley, 1980). Language identification, the verbatim and concrete principles allow for identifying the words and language of the persons making remarks or speaking rather than recording situations only in the observers language. It also allows for recordings of native expressions and documentation of what is seen and heard without interpretation to avoid limiting access to valuable cultural insights. Essentially, emphases were placed on what was seen (looking), what was heard (listening), questioning for clarifications and supporting it with artefacts (Streubert and Carpenter, 1995).

All instruments were translated to Yoruba language. This is desirable especially for those who were not able to read English. What is more, there were concepts and constructs that could not be comprehended by the Yoruba speaker if left in the original language of their formulation, that is, English. The instruments were pilot-tested to





1. determine clarity of the test items,



2. the ease of understanding of the questions
3. clarify issues raised by test items
4. determine appropriateness of the sequence of the test items,
5. ease of administration by field workers
6. determine the extent to which data generated discriminate by pertinent variables from the perspectives of the respondents (Polit and Hungler, 1999).

Table 1 gives a summary of the activities engaged in that cumulated in the conduct and report of the study. However, the conduct of some of the activities overlapped. Thus, a period of about nine months was spent conducting the study.

**Table 1: Summary of time frame spent conducting the study**

Activities	Time frame	Persons responsible
<b>Pre-data gathering:</b> (a) Translation of all instruments to Yoruba (b) Making contact with relevant link persons and agencies, consultation and mobilisation meetings with the leadership of communities sensitising them to the issues and the proposed study. Seeking permission to conduct study (c) In consultation with the above persons, employment of two members of the community and training of the field workers, (d) Identification of informants to participate in FGD and in-depth interviews and conclusion of dates for FGD. (e) Pilot testing of the instruments for FGD and in-depth interview and modifications as necessary.	Completed before the study starts: 8 weeks   6 weeks	Investigator in consultation with language specialists in Yoruba  Investigator
<b>Data gathering and analysis</b> (a) Conduct of FGD and in-depth interviews and transcription. (b) Analysis of data from FGD and in-depth interview. (c) Review and modification of draft instrument for survey necessary from information derived from FGD. (d) Pilot testing of the instrument for the survey, analysis and revision as necessary. (e) Conduct of survey, data entry for analysis and commencement of analysis (f) Analysis of data from survey	 18 weeks   6 weeks   12 weeks	Investigator   Investigators and field workers   Investigators in consultation with statistician
Final Report Writing	12 weeks	Investigator
Total	62 weeks	

Detailed information about how data were handled and analyses is provided in Chapter Five of this report.

### **3.7 Ethical Considerations in the Study**

Ethical clearance was sort from the University of Natal Ethical Review Board after presenting the proposal to the School Research Committee. Permission to conduct the study from the relevant leadership of participating communities was also got. Each of the questionnaires has a consent-giving component where respondents indicated that they were participating voluntarily. Verbal consent was also taken especially with the interviews before proceeding with data collection. Because of the nature of the study, support services for care for sexual health deviations in form of counselling and care as was envisaged desirable for individuals, during the course of study and especially for respondents who may have a need for that after the study were sought. Prior discussions and negotiations were held with service providers to enable referral of clients as may be needed in the course of study. This was to complement counselling to be provided by the investigator who was also a trained counsellor. In line with the principle of beneficence in research and clinical practice, necessary arrangement was made with two health care service units in the community to be able to meet the emergent health care and counselling needs of participants in the study. This was in compliance with international code of conduct on research affecting human beings (CIOMS, 2001).

Two important problems were envisaged as could emerge from discussion of personal and sensitive sex issues in groups. There was the possibility of breach of confidentiality of information shared by individuals (especially about views on sex that may not conform with perceived norms) in the group that may be taken out and become an issue for discussion at

the community level. This could also lead to stigmatisation of individuals, social isolation and other associated mental stress.

Three things were built into the study to prevent, apprehend and promptly manage these. The importance of confidentiality of information shared in the course of the study was discussed at every contact with all participants in the study. Written documents to preserve confidentiality of information given by individuals in group sessions were taken as freely given by informants. De-briefing sessions for individuals and groups after activities, individual and group counselling as necessary were other interventions implemented to contain the problems.

### **3.8 Conclusion**

Conducting a study that seeks to improve understanding of sexual behaviour and the conception of sexual intercourse as are informed by socio-cultural factors requires the use of culturally sensitive methods. The ethnographic method as the most appropriate method that seeks to describe and interpret cultural behaviour with the intention of learning more from the members of a group about their worldviews of the phenomena of interest (Polit and Hungler, 1999) was adopted for the study. Focus group discussions, in-depth interviews, questionnaires and observations of interactions were the methods used to collect data from samples selected through two main sampling techniques. These were purposive sampling technique for the qualitative data and multistage sampling technique for the survey.

The proposal was appropriately passed through the University of Natal Ethical Review Board and approved after approval of the proposal by the School Research Committee. Making sure that respondents did not come by any harm in the course of the study, facilities to ease any inconvenience or discomfort were provided to respondents who participated in the study. Individual and group counselling were given as desirable. Consent was also taken from appropriate authorities and all individuals who participated in the study.

Few problems were encountered in the course of the study. One was the issue of language. There were some English words that were critical to the study that could not be translated directly into Yoruba. There were some Yoruba constructs also that could not be easily literally translated into English. Both problems were addressed by explaining the words or constructs with the characteristic indices. This prompted reconciling translations done by experts with the lay meanings and uses of some words and phrases in specified contexts. This had to be done throughout the course of the study. Examples of words in English language that could not be directly translated to local language were *coercion* and *violence*. These were key words in the conception of the study. This led to spending more time and money for multiple visits and contacts with informants and respondents ensuring that the constructs under investigation as understood had the exact meanings as what was being studied. It also resulted in using more descriptive constructs in the questionnaire used for the survey. This ultimately resulted in a lengthy questionnaire that required spending more time and money following up and ensuring that respondents actually took time to complete the instrument meaningfully.

## CHAPTER FOUR

### THE YORUBA PEOPLE OF SOUTHWESTERN NIGERIA

#### 4.1 Introduction to the Chapter

This chapter provides a comprehensive review about the Yoruba people of Southwestern Nigeria with essential information about the location and ways of life of this ethnic group. The nature of family relationships as such are dictated by beliefs, social ideology as are moderated by the seniority code and gender are discussed. Normative relationships within marriage, giving consideration to sexual relationships are explored. Contradictions associated with issues that relate to sexual relationships as analysed from literature are presented. Information available about sexual violence and how it is managed among the group are also explored. The latter part of the chapter presents some artefacts that have bearing with sexual behaviour and regulation of sexual behaviour among the group.

#### 4.2 General Features

The Yoruba people according to Arifalo and Ogen (2003) all over the world have a population of over 40 million. They are predominantly found in their homeland in the Southwestern part of Nigeria and spread over ten of the current thirty-six states in Nigeria (See Appendix II). These are Lagos, Ogun, Oyo, Osun, Ondo, Ekiti and part of Kwara, Edo, Delta and Kogi States. While the population in Nigeria constitute well over twenty million of Nigeria's one hundred and twenty million population (NPC, 1998), Yoruba people in diaspora are found in Sierra Leone, Benin, Togo, Gambia, across the Atlantic, in the Caribbean, West Indies, Brazil and Cuba. The Yoruba people are said to be one of the prominent ethnic groups in West Africa and their homeland spread over

about 181, 300sq kilometres from Edo state in Nigeria across the Republic of Benin and Togo, located roughly between latitudes  $6^{\circ}$  and  $9^{\circ}$ N and longitude  $2^{\circ}$  30 East.

The Yoruba as an ethnic group speaks the Yoruba language but comprise small sub-groups with some dialectical differences. All Yoruba speakers are united in their historical origin of Ile-Ife and in the belief in a common ancestral descent, called Oduduwa (Arifalo and Ogen, 2003; Eades 1980; Fadipe 1970; Bascom 1969; Edward-Ward 1938). The differences in the ways of life of the various sub-groups are few and the points of agreement in the cultures are far more numerous and important than the differences (Fadipe 1970). Eades (1980) commented that cultural and linguistic uniformity are increasing among all sub-groups not only from common historical origin, but also due to social and geographical mobility as well as the development of a unifying “standard Yoruba dialect” which has become the lingua franca used in education and by the media.

The Yoruba people characteristically live in large settlements and one of the striking features of the people is the high degree of urbanism (Sudarkasa 1973). Modernisation has impacted on the evolution of big cities and towns and the accompanying migration of young people in search of employment (Eades 1980; Sudarkasa 1973). Despite the politics of the modern state, the Yoruba, living in many metropolitan cities and towns are subdivided into identifying streets, wards and other bigger administrative units, through which the political, economic and social life of the people are moderated under the monarchical structures. Every town has a king with a council of supporting chiefs, who, by custom, administer the people.

### **4.3 Conception of the Family and Normative Relationships**

The family is the bedrock of all social institutions and in relation to the collective group constitute the rallying point of life for the Yoruba people within the social structuring (Sudarkasa 1973). Their life may be seen as passages through transition, from one stage of life to the other, looking at the person's life cycle. Marriage, essentially is one of the very significant aspects in the transition process. Fadipe (1970:65) noted that it is against the mores of the Yoruba for a man or woman who has reached the age of marriage to remain single. By the age of thirty years, a man is expected to be married and a woman, by the time she is twenty-five. Cases of unmarried middle aged men according to him is a by-product of modern times associated with greater individuality and Christianity (and in recent times, economic depression).

As an individual, one belongs to the natal family and other families as may be derived from either parent, hence, the extended family affiliation (Fadipe 1970; Oyewumi 1997). One will rather support Eades' (1980) argument that a rigid division of Yoruba systems into two poles of agnatic or cognatic orientation is artificial, as there are elements of both systems throughout Yorubaland. Denzer (1994:5) commented that women had important legal rights in their natal homes and could rely on financial support from their father's (and mother's) people and for protection in cases of marital discord.

The nuclear family unit of the monogamous type comprises the father, the mother and their children whereas in a polygamous family there are at least two wives that are married to one man along with their children. Oyewumi (1997:50) noted that the bond among children from the same mother is primary in intra-household dynamics in this



situation. Association with half-siblings from other woman/women who share the same father may be strongly influenced by the kind of relationships that exist among the wives. The nature of the relationships among siblings also may be influenced by the perceived transparency of the father's equal and just treatment of all children irrespective of who their mother may be. Each wife, apart from living with their children in segmented portions (or rooms) of the compound equally has to look after their interests, hence, the observed tension in such marriages (Eades 1980).

Living patterns among the Yoruba people were initially characterised by many nuclear families from the same lineage living in many of the rooms in the same compound (and at times with families who may not be related by blood). Therefore, the extended family system may not just be referring to interactions among first and second generations only. A compound thus had many rooms with open spaces and other utilities shared by every member of the large family. With time, conglomeration of houses in small units built by descendants of the same lineage started evolving (Fadipe 1970; Sudarkasa 1973:97-99; Eades 1980). The trend now is to have nuclear families living in separate houses or apartments built or rented, more often, far away from the compound and the members of the extended family (Pearce 1992).

The main authority within a compound or descent group lies with the elders with the oldest male as the head. In a compound, there are the children of the lineage, "omo ile", the wives of the lineage, "iyawó ilé" and others that may be referred to as strangers to the lineage or "àlejò". The traditional head, "Baálé" or "Olórí Ebí" was (is still) the ultimate authority in the compound in all matters of discipline, dispute settlement, allocation of

responsibilities among other things (Fadipe 1970; Eades 1980; Oyewumi 1997). This principle is transferred to the smallest household unit where the husband is seen as the head of his household and expected to maintain order in conformity with the Yoruba tradition. The principle of seniority according to the order of marriage (not individual's age) also applies in the interaction among the wives of the lineage (Fadipe 1970). To gain social approval, a young wife seeks to gain the good opinion of members of the compound by being respectful and deferential, kneeling "before the relatives of her husband who are of about her age and upwards, and affect extreme bashfulness and modesty". She is also expected to be just slightly less reserved in her comportment towards the other wives of the compound, must be obliging, helpful, voluntarily relieve members of her husband family as well as senior wives of the compound of a great deal of manual work. While the extreme servile phase continues until the woman has her first child, the obligations, especially of deferential behaviour to senior wives and relatives of her husband never disappears (Fadipe 1970:115).

The inference therefore, is that the ability of a woman to measure up to being the "good" wife or otherwise by the social group, using many of the yardstick mentioned above has very strong implications for how the woman and her children would be treated not only by her husband but every member of the compound, other wives inclusive. This is strongly emphasised when the need to intervene in situations of conflict between the husband and the wife arises.

#### **4.4 The Seniority Code, Relationships and Social Regulation**

Intra-familial relationships among the Yoruba are moderated by the seniority code. Within the family, seniority according to the order of entry into the lineage by birth or by marriage is the basis of “social ranking” and seniors should be acknowledged and addressed with respect and formality by juniors (Fadipe 1970; Eades 1980; Zeitlin et al., 1995; Oyewumi 1997:40). Many writers acknowledge the importance of the seniority principle in Yoruba social organisation, institutions, in family relationship as well as public life (Fadipe, 1970; Lloyd 1972, Zeitlin, Megawangi, Kramer, Colletta, Babatunde and Garman, 1995). As Oyewumi noted, it is “the cornerstone of social discourse”. Again, the principle of seniority applies in all walks of life and in practically all activities in which men and women are brought together. Though Fadipe (1970:129) claimed the custom cuts through distinctions of wealth, of rank, and of sex, Zeitlin et al., (1995:160) indicated that seniority can also be derived from gender, hereditary titles, designated leadership roles, physical ability and supernatural endowment. At another level, Arifalo and Ogen (2003:8) also commented that the Yoruba pre-colonial system of government was spiced with a high level of gender consciousness.

Seniority among the Yoruba is not just about civility, but used to ensure social control and guarantees obedience to authority that is meant to reinforce the idea of leadership. The principle is the basis of all family interactions in a strictly regulated family life. A younger child is expected to obey the orders of people older as soon as the child passes the stage of infancy. The practice of handing a whip to the older child and instructing the child to use it on the junior person whenever the latter first becomes offensive and insubordinating towards the senior person is used to instil the lesson of respect and

obedience to rebellious junior ones (Fadipe 1970:130). The age factor dictates the nature of demands for submission on the part of the person who is younger in the interaction irrespective of the gender of either party.

The seniority system establishes a single hierarchy of reciprocal obligations in all situations (Aronso, 1980, Zeitlin et al., 1995) As Lloyd (1974) observed, a senior person has a right to unquestioned service, deference and submissiveness from any junior. Seniority, on another hand is not meant to be all privilege as it also carries responsibilities (Oyewumi 1997). Seniority according to chronological age put the responsibility of the welfare of the younger persons, socialising for good behaviour and correcting for misdemeanour on the senior persons, which in marital relationships usually, is the man and the husband in the family. Seen from this position, the principle of equality in the interaction process becomes an issue that may not be taken lightly in the family unit be it nuclear or extended. This has implications for the negotiation of power relationships, especially in marital relationships. It also has great implications for the level of unquestioned service, submissiveness, deference that would be expected of a woman within marital role expectations and marital obligations, including expectations and obligations related to sexual relationship and sexual intercourse.

#### **4.5 Gender, the Seniority Code and the Status of the Woman in Marriage**

Many authors commented that gender plays little role in many aspects of the Yoruba life in contrast to age (Sudarkasa 1973; Eades 1980; Oyewumi 1997). Eades (1980) however, noted that the rules of exogamy complement those of seniority so that the woman may not use the principle of seniority as the recognised route to power and control from two

sides of birth and marriage. However, while there may not be a gender dimension to authority, power, respect, control and demand for submission by the younger persons as ascribed by age to the woman as a child in her natal family, as presented by (Oyewumi 1997:42-45), the same may not be said of her position as a wife in another family. As a wife, the woman in the Yoruba tradition is expected to treat everybody in her husband lineage born before her marriage with deference and respect. At the time of marriage, the woman loses her “seniority rights” from age when she relates to persons in her husband lineage. This dual status of the woman as “*omọ*” and “*ọkọ*” (child and husband) irrespective of her gender in her family of birth is in contrast to her status as “*aya*” and “*ẹru*” (wife and slave) in the lineage of her husband. As a woman, she may have all the ascribed status by age in her parent’s house, but in her husband’s family, she is considered metaphorically as a “slave”. She is expected to respect everybody in her husband’s family like “senior persons” other than the children born after her marriage to the family (Pfeffer 1997). It could be postulated that marriage among the Yoruba people as conceived in the light of the above increases the woman’s vulnerability to abuse and violence.

#### **4.5.1 Marriage**

Yoruba marriages are between families (Edward-Ward 1938; Fadipe 1970; Oyewumi 1997). The woman marries not only her husband, but also his family. The main reason for marriage was formally for procreation as children were considered the ultimate *raison d'être* of human existence (Iwuji 1983:16; Oyewumi 1997:53 citing Hallgren 1988).

Fadipe (1970:66-68) identified four types of marriage. The first type is marriage derived from an informal union by mutual consent of both parties who met outside their familial social environment, usually in another town where both parties are beyond the restraining influence, watchful eyes of parents, extended family, neighbours and friends. This type, considered as of lower status than the other types are derived from changing times where girls who leave home to go to the cities because they have committed act of notoriety meet boys who are usually newcomers to the town.

The second type of marriage is similar to the first except that the girl/woman is brought into the man's house as his wife with the full knowledge and consent of the parents as a voluntary offering from her father to the husband without the payment of bride-price and a marriage ceremony. In this case, the husband is usually a prominent person or a chief whom the girl's father desires to honour. It was noted to be a pattern among self-respecting Muslim parents who perceived a daughter becoming wayward in her sexual habits who often find it convenient to make such girl a gift in marriage to an older, usually polygynist man (Fadipe 1970:67). This practice was not common in the past and may be seen as an element of change brought about by the input of one of the emergent religions.

Widow inheritance by dead husband's kinsmen is the third type. Its main feature is the acquisition of the wife/wives and the children of a dead man by his younger brother(s) with the intention of taking responsibilities for the welfare of the family members. In such circumstances, the man has the obligations to meet not only economic and social needs of the family but also the sexual needs of the widow(s). Widow inheritance, from

personal observation, is now a rare practice except for the Yoruba monarchs who may still be required to take over (if only for traditional support) the widows of their predecessors.

The final, socially approved and most acceptable type of marriage among the Yoruba is the family oriented one where the mutual consent of the relatives of the two parties to the marriage is accompanied by betrothal, the payment of bride-price/wealth and exchange of gifts and services with accompanying ceremonies.

In modern times, there is great influence of Christianity, Islam and the emergence of customary and English laws moderating the conduct of marriages. Today, marriages and the consequences for relationships between couples would be better considered by types of procedures as recognised by the state under the law. Iwuji 1983:2 categorised marriages in Nigeria as may be derived from customary (native-law and custom), Islamic, Christian and statutory laws. Marriages conducted under each of these laws are bound by different rules, obligations and liabilities for the couple and have implications for the rights of the woman. Statutory and Christian marriages impose monogamy as different from customary and Islamic marriages that permit polygamy. However, despite wide practice of Christianity in Nigeria, polygamy is deeply rooted and enjoys social acceptance. It is common to see men who entered into monogamous marriages resorting to polygamy under customary law even when the marriage contracted under Christian and/or statutory law is still on (Iwuji 1983; Yakubu 1998). Again, the situation is made more complex by the observation that hardly do couples go through any particular

procedure but tend to go through the rituals associated with the customary marriage along with any other, religious or statutory.

Iwuji (1983:3) raised the complications that accompany an increasing number of “mixed” forms of marriages among Nigerians. He noted that people adhere to any with the problems inherent in the nature of the legal background from which these marriages derive their validity. The problems from this become obvious at times of crisis as “matrimonial disputes arising from different forms of marriage go to different types of courts”, and are judged using different standards. This observation is very pertinent to the nature of marriages among the Yoruba. The common practice is for the woman to go through the rituals of customary marriage to be complemented by marriage under the Christian/Islamic or the statutory law. The implications of these could be appreciated when one considers many criticisms that have been raised about each and all of these laws and how they further compromise the woman’s position in marital relationships especially at times of crises. For example, Boparai (1995) and Yakubu (1998) elaborated extensively on the deficiencies, ambiguities, gender biases and how the woman’s rights are at times impinged upon, even within the marriage and matrimonial laws in Nigeria. Under the customary law, the woman at any age must be given away in marriage by her parents and according to Boparai (1995), the payment of bride price as practised in customary marriage, reduces the woman to a chattel. Marriage under the Islamic law also gives the father the right to give his virgin daughter to whoever he wants. It also prohibits the woman from marrying the man who may have “instigated” her to get a divorce from her husband. With marriage under the statutory law also, she noted that there is discrimination in favour of the man in circumstances of adultery (Boparai 1995).



Again, many symbolic acts during the exchanges and the procedures followed in the conduct of marriages have implications for the nature of relationships that go along with the obligations of both partners to one another. The payment of the bride-wealth/price, for instance is said to serve the single purpose of conferring “sexual access and paternity to the groom’s family” (Oyewumi 1997:51-52). The assumed implication of unqualified “sexual access” to the woman, as would be validated in the latter part of the study, is that she finds it difficult to negotiate sex in marriage.

The process of handing over of the bride to the groom’s family at marriage is important to further analysis of the relationships that continues between couples, the bride and the groom’s kinsmen/women thereafter. According to Fadipe,

The bride knelt in silence before the head of the extended-family, and the leader of the four young men detailed to escort the party delivered to the head of the family the compliments of the bride's father and his heartfelt prayer that the bride might be delivered of nine children, nay, of ten and that she might not suffer loss of children, or loss of her husband. She should not be allowed to suffer hunger or be given a *carte blanche* to go where and when she liked. She was an inexperienced and not always tractable person, but she was not a person on whom the use of the whip was forbidden if she offended." (Fadipe 1970: 82-83)

The act of handing over of the bride to the groom’s family reflects the line of authority. The protocol of this handing over is symbolic in terms of hierarchy of authority in the groom’s family. This, along with the message from the bride's family while handing the bride over to the groom’s family have implications for future power relationships, control, and probable use of force, and “whip” to assure compliance, not only from the husband, but probably from other members of the husband's family (Pearce, 1992). This practice also has significant implications for the resolution of dispute between husband

and wife. The husband is not expected to maltreat the wife, because his family is held responsible for the welfare of the woman. From personal observation, marriage contracted between the family of the bride and the groom at times serve as a mode of social control for misuse of power by either party in the marriage. This is because either husband or wife is expected to notify the senior members of the family to intercede when anything is going wrong in the relationship. This position probably informs the responses got by Pearce (1992) while investigating preferred line of intervention for wife assault among the Yoruba.

In the past when virginity of the bride was a determinant of the integrity of the woman, a woman who was deflowered before marriage was humiliated along with her relatives. Compensation could be demanded from her family and her parents could physically flog her until she named the man responsible (Edward-Ward 1938; Fadipe 1970). Edward-Ward (1938) however, observed that in some cases, a first wife might be pregnant at the time of marriage (in which case sexual intercourse between the couples with the pregnancy was a taboo). Nowadays, it is most probable that a bride will be pregnant at the time of the formal marriage except among some Christians. Eades (1980) commented that virginity has become less important, though some men may see it as ideal and that many couples start to have regular sexual intercourse before the final marriage, but the sexual right of the husband after betrothal may not be disputed.

#### **4.5.2 Marital Relationships**

The seniority code as earlier explained is the basis of power relationships. Looking at the husband-wife relationships, Fadipe (1970:127) remarked that the woman has an inferior

role to play “both in the household as well as in sexual sense”. It is the duty of the wife to respect and defer to the husband and that woman kneels when greeting their husbands in the morning as a sign of respect. I will say that this is in conformity with the seniority code that expects the younger person to respect the older person in all interactions. She is also expected to ensure that their children conform to kneeling down (for girls) and prostrating (for boys) when greeting their father. Husbands take their meals separately and before other members of the family and wives may not enter their husbands’ rooms nor take any of their property without permission. Usually, neither husband nor wife calls each other by name but uses the names of their children as reference points or otherwise refer to each other as “my husband” or “my wife” when talking to a third party. There are gender related responsibilities for either spouse in the functioning of the family, with the man taking responsibilities for the building and/or maintenance of the house structurally but both parents share responsibilities for the education and feeding and clothing of the children (Sudarkasa 1973:108-109,120-122; Pfeffer 1997).

From personal experience, many of these observations are changing. For instance, it is common to find educated couples calling each other by names. However, the woman, in the presence of the members of the extended family may need to be restrictive to avoid condemnation from the traditional point of the expectations of her, “to respect her husband” in conformity with the usual practice in Yorubaland. Many families now eat together when circumstances allow for this. Also, joint ownership of property and sharing of rooms by elite couples in recent times may make many of the observations made by Sudarkasa (1973) obsolete. This is not to infer that many of the traditional

restraints binding husband-wife relationship that make more demands on the wife have been eliminated.

#### **4.6 Sexual Relationships**

Yoruba women claimed that they engaged in sexual intercourse to have children (Sudarkasa 1973:130). Orubuloye, Caldwell, & Caldwell (1993) noted that Yoruba women have always had the right to refuse sex with partners on certain traditionally accepted occasions and periods of their lives. These are before marriage, while menstruating, at some times during pregnancy, for up to three years after childbirth, when breast-feeding, after becoming a grandmother and after menopause. However, outside these societal stipulated periods when a woman may refuse sexual intercourse with the husband with the support of the social group, she has the obligation of satisfying the husband's sexual demands unconditionally and should not engage in extramarital sexual relationships. The same principle may not be applicable to the man whose sexual relationships outside marriage gets tolerated and less condemned by the society at large.

Multiple sexual partnerships of men within polygynous marriage and within extramarital relationship among the Yoruba men is a reality explained from three main perspectives. According to Caldwell and Caldwell (1987) and Orubuloye, Caldwell and Caldwell (2000), men married many wives to help them access greater wealth and higher standard of living as many wives would give birth to many children who in turn help to boost productivity in the agricultural work of the man in traditional settings. This explanation may not be tenable in modern times where many men in polygynous marriages may not necessarily need the input of wives and children in their work. Polygynous relationship however is acceptable in the Islamic religion. Again, there was subtle tolerance of non-

marital male sexuality and sexual activity in traditional societies with high population of unmarried post-pubertal men even when younger women already were married to older men in polygynous relationship in traditional settings. This explanation may not necessarily be tenable also in modern times as young unmarried women may be as many as young unmarried men in many Yoruba communities. The third explanation was the belief that male sexuality was uncontrollable biologically thus the tolerance of sexual activity of young men within reasonable discretions. Traditional religion was said to ignore sexuality of male and female but focused more on fertility to meet human resource needs of agricultural society, defence and survival of the lineage system as such was supported by reproduction. All these discourses of reasons for the tolerance of the sexual behaviour of men as different from that of women never considered the nature of sexual communication as a major issue that would inform actions and decision.

Importantly, Irinoye (1998) observed that changes in attitudes (more liberal attitude) and sexual practices consequent to advancement in reproductive technology may be removing many of the sexual restraints in traditional marital sexual relationships between couples and non-married sexual partners. Availability of contraceptive devices as are mainly directed at women has implied that the fear of pregnancy outside approved relationships can be controlled by sexual partners. In essence, it is not only procreation that is regulated, but sexual intercourse can also be explored more with the motives of deriving other benefits that it stands to provide. Outside normative sexual behaviour expectations of men and women in consensus sexual relationships as explained by the reasons above, other forms of sexual intercourse included sexual violence.

Sexual violence against the child among the Yoruba was not given attention in literature. Perhaps, it was not common as to give it attention in traditional communities. With rape generally, Yakubu (1998) noted that for any person to be charged with rape, the offence as stipulated in section 357 of the Criminal code in the Nigeria law, there must be “unlawful carnal knowledge, involving complete penetration”. Apart from deficiencies that may be inherent in the assumed definition of rape in this law, the practicality of ensuring that offenders get to court may be associated with all kinds of problems. From practical experience of the investigator in modern times, parents of assaulted girls may not want to be held responsible and get stigmatised by the extended family system for sending other kinsmen to prison even when they are to be helped to seek redress. Besides, the problems usually associated with seeking redress in law courts as well as the style of management of such crimes may not encourage the affected persons taking this option. The need to protect the interest of the girl affected to reduce publicity as not to further compromise her future marriage prospects in the community is another factor considered at some times.

Incest is recognised and taken as a crime against the society. The punishment (in the traditional society of the past) ranged from flogging of both parties accompanied by admonition that the two must not speak to each other again (especially for young persons related by blood), For rape, the punishment could be as bad as to lead to expulsion of the male offender to castration and death penalty for the man. Importantly, incest (and probably sexual offences generally) was one of the offences within the traditional Yoruba state council that “could be heard within a few hours of apprehension of the culprit.” (Fadipe 1970:230-231). This has changed with the introduction of the police and new

legal system that put the prosecution of such cases in the hands of the organs of the new Nigeria State. Importantly, unlike the prompt intervention into cases of sexual violence in the traditional Yoruba society, the limitations of the new legal systems, delay and lawyer's interventions among others give room for manipulations.

As far as rights within sexual relationships are concerned, as it was in the past, the man still has all rights to sexual access to his wife but less of equality of access for the woman. Extra-marital affairs by men was noted to be common and tolerated, though women were thought to be challenging the *status quo* especially using the threats of HIV transmission, but they may not be as daring as men will be to challenge their wives when such is suspected. The issue of marital rape may not be considered among the Yoruba in the past and may be difficult to contemplate even now as marriage to a man is taken as putting the responsibility of meeting his sexual needs on the wife unconditionally, especially, in monogamous marriages (Irinoye, 1998).

#### **4.7 Property Rights**

The right to own property is not gender bound. Even in marriage, the woman either in customary conception, under the statutory or Islamic laws has the right to own private property in marriage (Fadipe 1970:194; Yakubu 1998:41&43). This probably explains the Yoruba's position that spouse may not inherit from one another but the children inherit from both parents. The emergence of joint ownership in marriage and the issue of "marital property" rights is consequent to the (Christian doctrines and) emergence of new laws regulating marital relationships. As Oyewumi (1997:128) noted, this implies that wives lose their independent property rights. While the Yoruba woman's rights to own

property may not be disputed, the realities, feasibility's and ease of being able to do this within her responsibilities in marital relationships needs to be examined. Again, it is difficult to conclude that the long standing history of Yoruba women's economic independence, access to economic resources, equal value placed on the woman as a child as the male child in her natal family, and the availability of other human resources as may be inferred with the link with the extended family could fully protect them from abuse and violence in the family as may be supported by the resource theory of violence in the family. However, it also stands to reason that the woman can access resources to be kept for her personal use from whatever source such would come from, including sexual relationships with whoever could provide such economic or material security.

#### **4.8 Conflict Management**

Conflicts, when they arise and cannot be resolved between couples, are settled by the elders in the family under the leadership of the "baálé" (Fadipe 1970) or by close friends of the couples. At other times, divorce may be taken as an option if crises cannot be resolved between couples and by inputs from the families of the husband and wife.

#### **4.9 Divorce**

Divorce was rare in the traditional times, especially with the existence of children in the marriage, but it was not completely absent. However, rapid changes in custom and British rule have impacted on facilitating divorce instituted by women who were not contented with their marital relationships (Fadipe 1970; Renne 1990; Denzer 1994:18). Denzer (1994) commented that changing marriage and divorce laws allowed women greater freedom of choice. However, the criticisms of the Marriage Act of 1914 and the



Matrimonial Causes Act of 1970 (Boparai 1995) raised many issues about the extent to which these laws may facilitate the woman's need to either seek redress to control the man's abuse of power or get a divorce from an abusive husband. Boparai (1995) noted that there are no specific grounds for divorce under customary law but that the emphasis generally, is on breakdown of marriage due to a number of reasons which may include adultery, cruelty, desertion, lunacy, communicable diseases for which the marriage may be dissolved on the ground of incompatibility.

While marriage under the statutory law may be seen as giving the woman equal right to seek for divorce on the basis of adultery, Boparai (1995:169) noted that "in matters of proof of adultery, discriminatory bias still lingers on." Again, the process and procedure of getting a divorce under the statutory law is not only cumbersome, time consuming, often humiliating (in the male dominated and controlled setting) to the woman but expensive, hence, many women will rather avoid going through this.

The deficiencies in marriage under customary law notwithstanding, it may probably be easier for the woman married under this law to get out of an abusive relationship than it is with marriage under the other laws among the Yoruba people. Sudarkasa (1973:132) commented on how the husband's objection to his wife's trade activities taking her away from home (especially where the man does not provide enough to keep the wife at home) could lead to the woman leaving the man in marriage consummated under customary law. Irinoye (1998) commented that the Yoruba woman of the past, especially within traditional marriage may have had a very different orientation about marriage and what would determine her willingness to continue in a marriage may be very different from

the reasons and approach that may be adopted by her western oriented counterpart even in Nigeria today.

While still considering the choices available to the woman, (Edward-Ward 1938) noted that among the Yoruba, “As a rule, the punishment of a wife, by the husband is not a subject for the law courts.” Besides, there is a general saying among the Yoruba people that “*A kì n̄tí kòòtù dé s̄e òr̄é*” (we cannot come back from the court and be friends). In marriages with children involved, women, more often than not, because of this attitude, may prefer to stay separated when they have the resources to sustain themselves and their children rather than seeking redress in the law courts. The law on custody of children, which in customary law gives the absolute right of the custody of the child to the father, except in certain circumstances, do not help the situation either. Also, the social approval of polygamy in the Yoruba traditional system has never been favourable and supportive to women taking their husbands to courts for bigamy for fear of stigma and social rejection. In addition to these, divorced women are socially looked down upon, even by other women. Again, one cannot say that the other aspects of law related to general social interaction are favourable. For instance, where the woman takes sole responsibility for the maintenance of her children, (when the man may not be compelled to do the same under the law) she may not be entitled to tax rebate for the children whereas the man continues to claim this. This usually may prompt the woman to source for other means of meeting social and economic obligations of caring for the family.

In addition to all the inadequacies associated with all these regulatory laws, the confusion is made worse by the blending of traditional marriage procedures, especially the “idana”

an aspect of the customary marriage, with that of religious or statutory laws as commonly seen in marriages nowadays. It becomes difficult to convincingly follow the guidelines prescribed by one without the implications of the other procedures followed in the marriage affecting the woman's decision of what will be in her interest at times of crises. One may be right to infer then, that even where the laws may be there, many Yoruba women, because of the value systems and the complications of living through tradition and modern marriage patterns may be reluctant to make use of these laws.

#### **4.10 Changes in Orientation About Marriage and Implications for Sexual Coercion and Sexual Violence**

The orientation of marriage as that of a non-romantic, childbearing motivated and extended-family moderated is said to be changing significantly to a love-oriented, companionship, childbearing motivated and more nuclear ("me and my husband") oriented one among the elites especially in monogamous relationship. This orientation sought to limit the extended family's input into the "running the affairs of "my family", especially among the educated, westernised women. Christian ideology of marriage and family ("for better for worse"), the urge to keep crises and failure in marriage "away from the glaring eyes of friends and colleagues who will then see one as a failure" are all identified as some factors that may contribute more to concealing violence against educated women (Irinoye, 1998). As observed by one of the respondents in Irinoye's (1998) study, it may probably be much easier for the traditional Yoruba women to re-negotiate their status when "degree of violence" does not conform with the level that is considered "acceptable". It may not be difficult for a non-westernised woman with no or low western education to leave an abusive and unsatisfactory marriage with the view that

the man could be left on his own for the woman to live and be able to care for her children. As indicated, the reaction of the non-westernised Yoruba woman to violence in the hands of her husband in contrast to what is prevalent among the educated women may differ. While the educated woman may be blackmailed as adopting a “liberated westernised” method of resisting traditional roles, expected feminine behaviour because of her education, the less educated woman could not be seen in this light.

#### **4.11 Contradictions and Issues of Negotiations of Relationships, Especially Sexual Relationships Among the Yoruba People**

The nature of the social structure, codes of conduct, social patterns of interaction, socialisation process, the conception of marriage and the husband-wife relationships all dictate the nature of power relationships. Within the seniority code and the observation that husbands in almost all instances are older than their wives, the issue of equality in marriage may be a difficult one for the Yoruba people and women to resolve even in modern times. The female gender is thrown into servitude in marriage and this is the bane of the subservient, submissive behaviour and tolerated attitude of some degree of violence against women. But on the other hand, it is also the basis of wanting to protect the woman (the property of the man) from other men. The content and context of protection of the woman becomes a major issue for analysis and understanding. From one perspective, the complex web of interaction between the nuclear and extended family, holding to traditional conception of marriage and attempt to live through the ideals of traditional and western family life may be associated with more crises for the occurrence and management of sexual violence in the family. This has implications for programme conception to help resolve emerging crises.

#### **4.12 Sexual Violence in Marital Relationships Among the Yoruba**

A discussion of sexual relationship among Yoruba couples, probably less considered in the past is coming more under the searchlight especially with the emergence of HIV/AIDS. Irinoye (1998) opined that Yoruba women may no longer have the societal prescribed right to refuse sex with partners on certain traditionally accepted occasions and periods of their life (Orubuloye et al. 1993) as several dimensions of social change have eroded this "privilege". Several factors have altered the perception, the belief system and probably the male's demand for sexual intercourse with their wives (Orubuloye, Caldwell & Caldwell 1997). These include monogamy, urbanisation, change in living and residential arrangements far away from extended family control, reproductive technology that invalidate the need for pre and post-natal sexual abstinence between couples as initially promoted in the traditional setting (Irinoye, 1998). Critical analysis of the situation of the woman in the complex marital sexual relationship with contractual view of sex to some extent may conform with feminists analysis of heterosexual relationship with the woman in a subdued, compromised ability to demand for equal treatment with the man in the traditional Yoruba and current legal conception of marriage.

If Oyewumi's (1997:52) position about the purpose of bride wealth, as conferring "sexual access and paternity" to the husband is to be critically analysed, negotiating for sexual rights by women becomes a moral issue in the marriage contract. Seen from this perspective, the tendency or compulsion to demand for sex using coercion, force and at times, violence may be considered justified within the social context. Looking at the practical application of this position as is translated into law, denouncing coercive sex

and rape in marriage in both customary and statutory laws becomes problematic when the payment of bride wealth is conceived as defined. Yakubu (1998:35) noted that within the common law in Nigeria, a husband could not rape his wife. All these have strong implications for the realities of women seeking redress even when they think they are being sexually abused in marriage.

#### **4.13 Conclusion**

This chapter gives a general background to the nature of the Yoruba social structure, living patterns, the conception of sexual relationship within marriage and the family within the larger social system. Many of the factors that influence the nature of family composition as built within the context of the extended family system are reflected. In most of the texts consulted and information gathered, relationships were seldom reviewed from the context of power but rather from the perspectives of gender roles, responsibilities and codes guiding interpersonal relationships and social control. Various aspects of social dimensions of conceptions of relationships, with emphasis on marital and consequent sexual relationship are presented with the observation that the man by social responsibility is expected to take control of sexual behaviour of self and that of the wife within social regulations as such are meant to take control of procreation. However, the conception of sexual intercourse has changed over the years to one that seeks other ends beyond procreation. While these findings in literature have been critically reviewed and commented on along, some of the issues raised are discussed along with the findings from the empirical data in the next chapter.

## **CHAPTER FIVE**

### **ANALYSES AND PRESENTATION OF DATA**

#### **5.1 Introduction to the Chapter**

Information gathered from literature about the ethnic group under study was complemented by data collected in empirical study that adopted both the qualitative and quantitative methods. The first part of this chapter gives information about the process adopted to gather the required data and the second part presents how the data gathered from different methods were processed and analysed. The third part presents the analysed data and findings. Analysed data from qualitative study is presented first as this is the primary focus of the study. Complementary data from quantitative data are also provided using summary tables, figures and graphic representations. Artefacts that have direct bearing with sexual behaviour, regulation and access to information that were collected in the course of the study are also presented.

#### **5.2 Nature of the Data Collected**

Qualitative and quantitative methods were used to collect data over a period of nine months. Qualitative data were collected from sixteen focus group discussions, thirty-two in-depth interviews, and participant observations of eight interaction scenarios among people in the community of study. Some informal discussions with people on visits to the community that clarified some of the information earlier gathered were documented and used. Some artefacts that have direct and indirect bearing with sexual intercourse, communication of sex and regulation of sexual behaviour that were seen or mentioned in

the course of the study were collected and a review of the history of the people under study was as earlier presented.

### **5.3 Process of Qualitative Data Collection**

The investigator had lived in the community since 1991 but had not interacted with the people at the community level very closely until the time of this study. Two field workers (a male and a female), who have also lived in the community since childhood and have also participated in an HIV/AIDS awareness raising and mobilisation programme in the community, were recruited as field assistants and were trained for four days. The topics covered in the training included communication skills, basic principles and ethics of research, the concept of confidentiality in research, data gathering techniques with emphasis on focus group discussions and questionnaire administrations and issues in sexual and reproductive health. After the training, the instruments for data gathering in Yoruba and English were pilot tested. Two focus group discussion sessions were conducted during the pilot study to examine the adequacy of the questions, the ease of administration, the clarity of questions to informants and the length of time taken for the discussion session.

In addition to participating in the focus group discussions the field workers worked through all the research instruments and were also made to administer the questionnaire to people in ten households in another town outside the community of study. The field workers did this to assess the ease of understanding of the test items in the instruments by respondents and to assess the ease of administration of the questionnaire. The



instruments for both the focus group discussions and the survey were revised making corrections to improve clarity of statement and reduce the contents to limit the time spent in a discussion session.

The investigator and the field workers held consultation meetings with traditional chiefs, the “Baálẹ̀” (or their representatives) from the six traditional wards in the town at the commencement of the study. They also visited people at work and at their homes and had formal and informal discussion sessions with informants from the six wards in the town of Ile-Ife. (See map of Ile-Ife town in Appendix III).

Recruitment of Participants for the Qualitative Study: Recruitment into the focus group discussions and in-depth interviews followed three procedures. Traditional ward heads, leadership of socio-cultural organisations and work groups provided names of possible contacts across three generations (youths, middle aged and older people) based on their knowledge of such people. All informants had all lived in the community for long periods and were well grounded in the culture of the Yoruba people and what was going on in the community. These identified people were contacted one by one and briefed about the study and those who volunteered, were Yoruba and had lived in the community for not less than five years were recruited according to the age categories as were also moderated by the social age of individuals. The profiles of the respondents who participated in the qualitative data gathering processes are as presented in the latter part of this report. Appointments for interviews were negotiated and sessions were held as agreed.

Informants in the qualitative data: All discussions and interviews were directed at people across three generations of males and females grouped into three age categories of 18-25 years (young adults), 35 to 50 years (middle-aged adults) and 60 years and above (old people) at the time of the study. However, there were individuals who did not fall in these chronological age categorisation but were socially seen to be in the generational age that the age categorisation were meant to represent. Such people were absorbed into the social-generational age group to which they belonged. For example, there were some individuals who were 2 to 5 years more or less than the age category into which they were recruited, but who socially fit into the specified category especially in the focus group discussions. As such individuals met other criteria for inclusion and did not feel socially uncomfortable in the focus group discussions, they were recruited. Table 2 gives information about the age, sex and educational categories of informants and the number of persons in each and all of the focus group discussions held.

Table 2: Age, Sex and Educational Distribution of Participants in the Focus Group

Discussions

Groups by age or profession	Levels of education by sex						
	Not more than Secondary School		Higher than secondary school		Health and social service providers		Total
Age	Females	Males	Females	Males	Females	Males	
18-25years	10	10	8	10			38
35-50years	9	9	6	10			34
60years or more	7	8	8	7			30
Health care professionals					8	7	15
Sub-total	26	27	22	27	8	7	117
Total	53		47		15		117

(Each cell on this table represents a separate focus group)

The focus group discussion sessions: Focus group discussions were held with informants and were moderated by the investigator. The note taker sat with participants in a cycle. The sessions followed a standard protocol of welcoming participants, introduction of the investigator and the two field workers, (one serving as note taker and the other looking after logistical aspects), introducing the study once again to the group and gaining consent of informants as a group to participate in the study. The informants were usually then asked to introduce themselves limiting the contents of the introduction to whatever the individuals wanted to share about themselves to the group. Permission to take notes and audio-record the sessions were then negotiated. General ground rules were then

agreed upon: (a) no right or wrong answers, (b) respecting each others views (c) one person talking at a time, (d) every informant encouraged to express what they know about any issues raised and (e) the need for confidentiality of information shared by people such that peoples views are not used against them outside the sessions.

Active session usually started with a general discussion of common health issues that may be of interest to the people in the community and asking respondents about their views. Within a few minutes of the start of the session discussion was directed to the issues for which the focus group discussion was organised. Questions in the focus group discussion guide (Appendix I(a)) were then posed to informants probing a little into issues that emerge in the course of the discussions which were originally not part of the question items but have relevance to the study topic. Each discussion session ended with a general discussion of what informants think of the study and de-briefing session where informants were also given information about opportunities for counselling for whoever may need it. More time was also spent to give information and education on any issues raised by respondents during or after the sessions.

Informants were generally surprised at the topic and all expressed that they had neither given critical thoughts to the questions being asked nor have had opportunities to openly discuss sexual intercourse along the line of exploring how it is done and what is its meaning for the larger society. Before the study, sexual intercourse was a very private thing to all informants. The investigator noted, however that many words obliquely referring to sexual intercourse were used in the day-to-day lives of people. Two of such

commonly used words describe firstly the big nylon bag used to pack things bought in the market, this is usually called “*páá nlá*” (big pant). The very small one used to sell salt, granulated sugar of small quantity is called “*yòdí*” translated “push buttocks back”

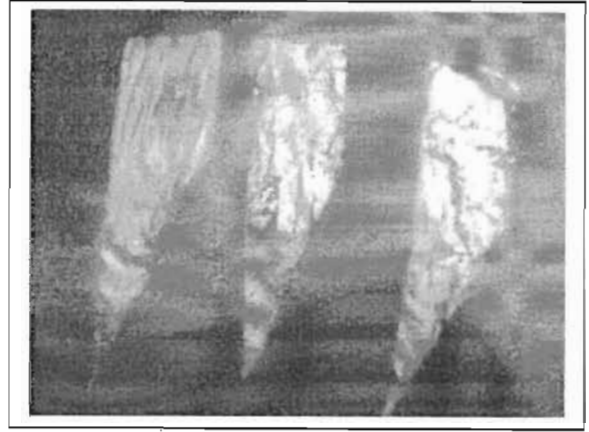
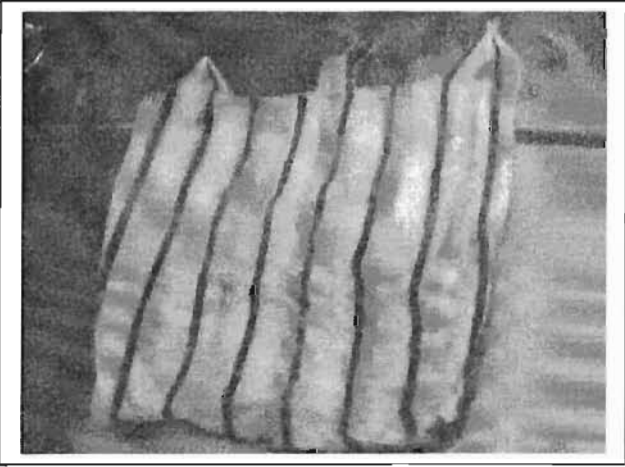


Figure 2: “*Páá nlá*” (big pant)

Figure 3: “*Yòdí*” (Push buttocks back)

Getting informants to be part of the discussion was not difficult, because of the contact initially made with traditional, community, opinion and youth leaders. However, it was difficult to find an appropriate time when all informants could be present as work schedules of informants varied. A few of the focus group discussions did not have ten participants due to inability of some of the informants to attend. Each of the focus group discussions took more than one and a half hours and the investigator invariably ended up spending between twenty and thirty minutes debriefing but more of answering questions or giving education on issues raised.

In-depth individual interviews: Recruiting informants for the in-depth interviews followed the same procedure as the focus group discussions. Interview sessions also followed the same order as the focus group discussions. The time spent per session range from forty-five minutes to two-and-a-half hours. Thirty-two persons participated in the in-depth interviews. Table 3 gives a summary of the demographic features of the participants interviewed. One of the persons who participated in the in-depth interviews became distressed and had to be assisted to access counselling following reactions to previous experience of sexual abuse from the spouse.

Table 3: Demographic characteristics of informants in the in-depth individual interviews.

<b>Demographic characteristics</b>	<b>Frequency (N=32)</b>	<b>%</b>
<b>Sex</b>		
Female	18	50
Male	18	50
<b>Age</b>		
18-29 years (Range 18-24 years)	9	28
30 – 59 years (Range 30-57 years)	17	53
60+ years	6	19
<b>Highest Educational Status</b>		
Primary School	3	9
Secondary School	13	41
Ordinary National Diploma (and other similar Diploma)	5	16
Higher National Diploma/University First Degree	7	22
Master's Degree	2	6
Doctoral Degree	2	6
<b>Religion</b>		
Islam	4	12
Christianity	28	88
<b>Occupation</b>		
Students	7	22
Apprentice in a vocation	1	3
Artisan	1	3
Teacher	6	19
Trader	4	13
Farming	1	3
Civil servant	5	15
Health care provider	4	13
Retiree	1	3
Contractor	1	3
Laboratory Assistant	1	3
<b>Marital Status</b>		
Single	6	19
Married	25	78
Married but separated from spouse	1	3

Quantitative data: From discussions with the community leaders, the town is traditionally divided into six recognised wards. These wards were taken as the clusters from which households were selected. In these six wards, residence is not strictly regulated by income. A mixture of different types of houses and residence existed in all the wards and

sites used. Some nuclear families lived in self-contained flats while many families shared rooms in large houses. There were also households taken in the typical traditional family compounds.

The sample for the survey was selected systematically by first choosing a street randomly in each ward. The first house on a street was taken as the starting point and every fifth house was then selected as a source of respondents. If a street did not produce enough respondents, another street was chosen. In each selected household, a maximum of two persons (one male and one female) from each of the age categories were chosen based on availability and consent to take part in the survey. Six hundred questionnaires were administered, one hundred in each of the six sites. Four hundred and eighty-eight questionnaires were sufficiently completed and analysed.

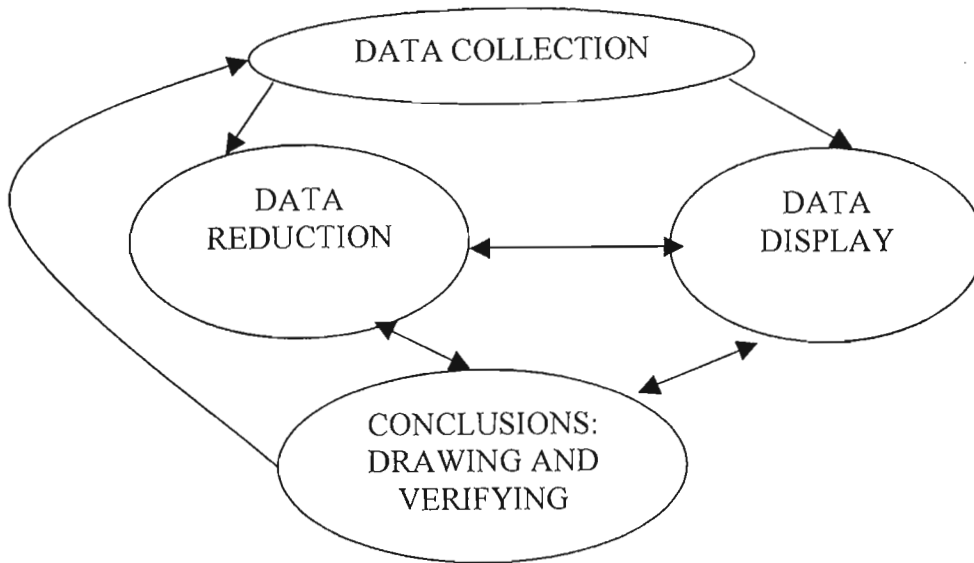
#### **5.4 Process of Qualitative Data Analysis**

The focus group discussions and in-depth interviews conducted in Yoruba language were transcribed and translated by two persons (a language specialist and another Yoruba speaking person who is not necessarily a language specialist) to ensure reliable translation. Yoruba words that may have many meanings in different social interaction contexts were discussed and the appropriate meaning noted. The final document derived from the two translations was adopted for use. Each of the transcripts was read in total to have a general impression about the responses of participant to the questions and issues raised and also to take note of new information emerging outside the line of thought of the investigator.



Qualitative data analysis was done manually adopting the interactive model of Huberman and Miles (1998) as represented by Figure 4. Taking data collection as an essential precursor and guide to data analysis, this model conceives of data analysis comprising three linked sub-processes of data reduction, data display and conclusion drawing or verification. The first component of data reduction takes cognisance of the conceptual frameworks, research questions and objectives and instruments used in the study for data collection as guides to data reduction. Data generated from focus group discussions, interviews, and field notes among others were coded according to themes identified. Clusters and typologies were evolved. Lastly a narrative report was written.

The second component of the process, according to Huberman and Miles (1998) deals with data display, presentation of an organised assembles of information showing the linkages from whence meanings are also brought out showing structured summaries, network-like diagrams, synopses and matrices with text among others. The third component of conclusion drawing and verification derives from interpretations and meanings that could be got from displayed data as comparisons, contrasting, patterns, triangulation, negative cases are presented.



**Figure 4:** Components of Data Analysis: The Interactive Model

Source: Huberman, A.M. and Miles, M.B. (1998:181) *Data Management and Analysis Methods*. In Norman K. Denzin and Yvonna S. Lincoln, *Collecting and Interpreting Qualitative Materials*. London: Sage Publications.

Data Reduction for this study: The coding of the transcripts commenced from a start-up template with three thematic areas generated from the interview guides. Four other themes were added as they emerged from review of the transcripts. The final themes were

- Masculinity (with descriptive attributes of who a (normative) man is in the community of study as seen and as experienced);
- Femininity (with descriptive attributes of who a (normative) woman is in the community of study as seen and as experienced);
- Relationships between a man and a woman
- Sexual intercourse
- Sexual intercourse and health,
- Regulation and control of sexual behaviour,

- Traditional beliefs and practices that have implications for sexual behaviour and for HIV spread
- Suggestions for actions for service provision for positive sexual health.

Each of these themes has descriptive categories and each identifiable descriptive category was identified by descriptive attributes from the texts from the transcriptions. Each transcription was reduced by themes, descriptive categories and descriptive attributes. The number of times a descriptive category occur in the focus group discussions and in-depth interviews were enumerated giving attention to the frequency within a group, across groups in the focus group discussions and reduced to a summary. Analytic inductions (Lacey and Luff, 2001) were made from the reduced data and compared along three parameters of gender, age and educational categories. From the reduced data compared along these parameters, typologies were deduced. Displayed data is supported with accompanying narratives. Data presentations follow specific outline of meeting the objectives of the study.

## **5.5 Description of Results from Qualitative Data**

### **5.5.1 The Conceptions of a Man and Masculinity**

A man in the Yoruba world is first seen as a biological entity with distinguishing body structures and organs with the genitals as the definitive organs that differentiate a child as either a male or a female at birth. All respondents mentioned the differences in the genitalia of the male and female child at birth and also distinguished between a boy and a man. Changing from being a boy (omokunrin) to becoming a man (okunrin) is not just about age, and attaining sexual maturity at puberty when the boy is said to “*bàlágà*”. It is

more of having the resources to manage marital and other social relationships such as supporting a family, peers and friends. Three descriptive features of a man that emerged are the physical or the physiological, the economic-social and the sexual.

According to a 50 year old trader, “A person that we call a man would have penis and scrotum” or called in the local dialect by a 56 year old cultural troupe manager “*oguro*” (penis) (from the nature of the erect penis that looks like a wood that could be used to mix something). However, becoming a “man” in the social sense of it goes beyond observable changes as would be seen in the size and the emergence of the secondary sexual characteristics at such a time when the boy is said to “*Balága*” or “*nrq epòn*”. It is recognised that at puberty, when the boy is said to “*balága*” the young person has “firm strong muscles, big body structure, chest...has broad fearful voice” (56 year old male teacher), “They have stronger bones, they look hefty than women and most atimes, men are taller than women” (52 year old female teacher).

Young women (18-25 years with secondary school education) put the age of changing from a boy to becoming a man to between ages 20 and 30 years. To young boys as expressed by a 19-year-old secondary school boy “A boy is somebody that is not married. The man must be a married man”.

All respondents interviewed supported this view. Becoming a man is more of being married and procreating, performing the responsibility of making provisions for the family. It is also about providing economic assistance in managing relationships within

marital and non-marital relationships, essentially in sexual relationship. Essentially, the man, until the time he takes the decision to marry, is not socially accepted as “being a man” as these responses affirmed from two middle aged men of 46 and 50 who were teacher and trader respectively:

Well, there are so many differences between a boy and a man. When we talk of a boy, he is probably to be at the ages 7-17, probably 17, probably 18, the same. When he is at age 10, 12, 17 and 18 that is a teenager, the age of temporary act, they don't know what to do, but we need to take them along. But as a man, a man is a responsible person which children look upon, while a boy look upon his parents. They are not yet responsible and they are dependent. They depend on their parents, then as a man, you look after your children, make sure you cater for your wife. As a boy you don't have wife, all what we have to do is to train them educationally or you ask them to go for a certain job or trade. So these are the differences between man and a boy. And boy must not be introduced to sexual intercourse because we don't expect a boy to go to sexual life because they are not yet matured, they are still under age. They are minor. (46-year old graduate teacher)

Also, the 50-year old male graduate trader said:

You see, when you talk about a man, a man must be already formed, they are already at formative age, we expect them to mind their life for future. So, at times when a man takes a decision, it is always difficult to change. You see, but when boys take decision, they can change their decision at any time.

Generally, the description of a man from social points of view are very diversified from the words used to describe such a person though all the persons interviewed in the focus group discussions and in-depth interview linked all the social features to the ability of the man to marry and provide for the family. A male person is socially said to be a man when he has the features or attributes listed in Table 4 as seen by different groups of people even in the same community as reflected below. Some of the descriptive attributes are presented in respondents' own words.

Table 4: Distinguishing features of a “man” in the Yoruba social context with identifiable analytic characteristic categories.

**Features of a man**

talk less (*Personality trait*), Leader (*Authority and control*), Principled, Wise (*Personality trait*), Economically buoyant i.e. Good position-financially” (*Resources*), Able to keep secret; able to communicate with peers (*Relationships*), tolerant (*Personality trait and relationships*), Provides for the home (*Social role assignment, and Resources*), Experience sharing (*Relationships*)

Bold (*Personality trait*), Exploitative use of boldness – Use bold face to resolve issues. Bully; Tendency to cheat; No respect for women older than they; Show Respect for older men; show no respect for peers (*Interpersonal Relationships, Gender relationship*) Proud/Arrogant (*Personality trait*);

Bold; Courageous; Brave and face situations (*Personality traits*); does not keep malice (*Crisis Management*); Can relate freely with other men (*Interpersonal Relationships*).

Heads of the home; leaders in the community (*Social role assignment, Authority and control*); Bold; Confront situations; does things with commitments (*Personality trait*); married (*Relationship-Marriage*); direct others (*Authority and control*).

Reproductive capacity... someone that can put “something” into the body of a woman that can become a baby (*Physiological sexual*), the head of the home (*Social role assignment, Authority and control*), made in image of God (*Spirituality*), someone that can feed his family (*Social role assignment, Resources*); Capable of overcoming difficult situations; Tolerant (“unlike women who react openly and badly to mishaps”; (*Personality traits*) Has Money (*Resources*); Duty bound to help one another other men) in difficult times (*Social role and Interpersonal Relationships*)

Married (*Relationship-Marriage*); Capacity to manage and control a home (*Authority and control*); Capacity to manage relationships wisely (*Interpersonal Relationship, Personality Trait*); Have sexual intercourse with wife (*Relationship-Sexual*) Confers with wife on issues about children (*Negotiation*)

Married (*Relationship-Marriage*); performing/meeting up with responsibilities (*Social role assignment*); Provides for the home (*Social role assignment and Resources*); Supportive of peer (*Interpersonal Relationships*); Sharing whatever he has with others (*Personality Trait*); Subject to peer influence (takes counselling from others) (*Interpersonal Relationships, Cognition*) Sexual fidelity (faithful to sexual partner) (*Relationship-Sexual*).

Presented self as superior to women (*Relationship-Gender*); Bold; Courageous; Stand firm when others fall (“when women fall.....” (*Personality Trait*); Married (*Relationship-Marriage*); Friendly but also can fight (*Interpersonal Relationship*); Hold their tongues... “Don’t talk like women” (*Personality Trait*), spiritual leadership in the home (*Spirituality, Authority*)

Strong power (*Physiological-Structural*); strong headedness (“agidi”) (*Personality Trait*); Sexually active but becomes less sexually active as he advances in age (*Relationship-Sexual*).

Pressing; Gives “commands” and directives at home (*Authority and Control*); Married (*Relationship-Marriage*); Show wisdom in relationships with wife and home management (*Interpersonal Relationships*);

Pressing; head of the family (*Authority*); Body parts, powerful (*Physiological*); strong-headedness; firm; brave (*Personality Trait*); Speak with confidence (*Personality Trait*), tendency to control (*Authority and control*); think deeply on issues before responding (*Cognition*)

Body structures (*Physiological*), Responsible – meet up to marital and social obligations (*Social role assignment*), married (*Relationship-Marriage*), capacity to manage conflict (*Crisis Management*) . Could be manipulative, domineering and controlling (*Authority and Control*). Selfish at times (*Personality Trait*).

Married (*Relationship-Marriage*), Breadwinner and provides for family, provides security for his family (*Social role assignment*), body structures (*Physiological-Structural*); independent, able to take decisions (*Cognition*), control his family (*Authority and Control*).

Domineering, authoritative; always want to boss not subordinate; wants to be honoured even when earning less or less privileged than the woman; wants to be referred to for financial support of the woman ; wants woman to look up to him otherwise feels bad and brought down; he behaves as the head everywhere and at all times even when he has limitations (*Authority and control*);

From the descriptive categories and attributes, masculinity is defined within the context of physical body structures, personality traits, social role assignment and performance, relationships - (general interpersonal relationships, marital and sexual relationships) authority and control, cognitive capacity, skills in conflict management and resources available to the person. From the general descriptions from all the groups, two typologies of masculinities are deducible. Adopting Spradley's (1993) universal semantic relationships of attribution, all identified attributes of a man was summarised into two typologies of masculinities in the study population. From Table 4 and other descriptive attributes by the thematic areas, two typologies of "a man" deducible as circumscribed by gender, age and educational categories of informants are as represented in Tables 5 and 6.

Table 5: Typologies of masculinities deduced from description of a man by male informants in the focus group discussions.

Typologies of masculinities	Deductions from focus group discussions among male respondents by age categories						
	Young men, not more than secondary school education	Young men, higher than secondary school education	Middle-Aged men, not more than secondary school education	Middle-aged men, higher than secondary school education	Older men, not more than secondary school education	Older men, higher than secondary school	Males health care providers
Physically matured body structure, married, authoritative and in control, good communicating skills, protective, good at conflict management	Yes (+)	Yes (±)	Yes (+)	Yes (+)	Yes (+)	Yes (+)	Yes+
Physically matured body structure, married, poor communicating skills, authoritative, perhaps manipulative and exploitative,	No	No	No	No	No	No	No



Table 5 showed that all informants in all the male focus group discussions could only perceive men in the community as having physically matured bodies, married with good communication skills, protective, with good skills in conflict management. But above all, men in the community are seen as being authoritative and in control in social relations. None of the group identified men in the community with the typology that portrays men as manipulative and exploitative. However, not all the women groups saw men in this light. Table 6 gives a summary of analyses from the women's sessions.

Table 6: Typologies of masculinities deduced from description of a man by female informants in the focus group discussions.

Typologies of masculinities	Deductions from focus group discussions among female informants by age categories and profession						
	Young women, not more than secondary school education	Young women, higher than secondary school education	Middle-Aged women, not more than secondary school education	Middle-aged women, higher than secondary school education	Older women, not more than secondary school education	Older women, higher than secondary school	Female health care providers
Physically matured body structure, married, authoritative and in control, communicating skills (+)(-)(±), protective, good at conflict management	No	Yes (-)	Yes (+)	Yes (+)	Yes (-)	Yes (-)	No
Physically matured body structure, married, communicating skills (+)(-)(±), authoritative, perhaps manipulative and exploitative,	Yes (-)	No	No	No	No	Yes	Yes (-)

As reflected in Table 6, middle-aged women also saw men in similar light as men, physically matured, married, in control, protective, with good communicating skills and good at conflict management. To young women with more than secondary school and older women, men in the community do not have good communication skills. Essentially, young women with secondary school education, older women with higher than secondary education and female health care providers presented men more with negative social skills, poor communication skills and are said to be authoritative, manipulative and exploitative.

When all the features of what makes a man are put together, the man is constructed from the physical body structure and physique, the carriage and presentation of self, the behaviour to others in the social network (behaviour to different people of different ages, sexes and status). Other features are economic capacity that also dictates maturity for marriage, reproductive capacity in marriage and meeting the needs of his family. Men are expected to be protective of women either within intra-familial or extra-familial social contexts as seen by middle aged and older men. Within intra-familial non-spousal relationships, 36-year-old graduate male trader (also supported by other middle aged and old men) expressed that “The man would help the woman as a brother, cousin in any way as to protect the interest of the woman to make her happy and proud of such a man”.

The man is expected to provide physical and socio-economic security as stated by a 45-year old male teacher who remarked:

Well, in Yoruba set up, I believe somebody who can be regarded as a man must be a man that is bold and mature in the nature of

being a father. Before somebody would be regarded as a man in the olden days in our society he must be somebody who will be going to his farm with his wife; we don't expect such a man to be in front, he is supposed to be at the back of the family, serving as a kind of resource and so, when we come to the academic community now, we can always regard ourselves as men, as well as long as we are able to defend the interest of our family, another way is security wise, we provide security for our family

The man is also defined within the context of sexual interactions and sexual relationships before and within marriage and outside marriage (extra-marital) predominantly within heterosexual relationships. This aspect is presented in another section of this chapter while presenting findings about sexual relationships and sexual behaviours of men and women.

### **5.5.2 The Conceptions of a Woman and Femininity**

A woman is conceived as a biological being from the perspective of structural body make up with the genitalia as the distinguishing feature at birth and secondary sexual characteristics with emphasis on breast enlargement and menstruation at puberty. A girl changes to becoming a woman with observable secondary sexual features. As a 25-year-old respondent with secondary school education put it: "A girl would not have grown breast and would not have pubic hair. A woman would have grown breast and have pubic hair".

This view was supported by a comment on this issue by a 50-year-old male trader in his group who said:

A person that will be called a woman is that who is calm,  
*"eegun rẹ̀, kò ní jẹ́ ẹ̀niti eegun rẹ̀ yó lẹ̀"* ("her power, "her

physical bone/energy would not be strong”), she would have full breast and would have “*ḍbḍ*” (vulva). She would be someone that would have a little shame (“*yo ni itiju die*”), she must have some shame (“*gbḍḍ jé ẹnítí o ni itiju die*”).

In the same post secondary school male group, another 50 year-old respondent validated what appeared in all the discussions in other sessions with this summation

A person that is a girl would not have breast, would not have reached puberty, even if a man has sex with her, she cannot get pregnant, because she would not have had what would make her pregnant in the body. For a woman, she would have breast, she would have egg in the body to an extent that if a man has contact with her, if they have sex, it could result to pregnancy and she could give birth.

In terms of body built and personality traits, 56-year-old teacher and cultural troupe manager said that

Everything female is soft and calm. They are expected to be soft human beings. Most of them are with less strength and power for strenuous job. Though some women who inherit the blood and the make of their fathers are like men in terms of strength and power.

While still describing the physical features of a woman 46-year-old graduate teacher expressed that

Basic to differentiating a woman from a man, not necessarily from heights, because the woman may have the same heights with man, not necessarily on hair plaiting, because, some people prefer low cuts among the women nowadays, none the less we can identify a woman in the general view like the buttocks, is bound to be heavier a little bit than that of a man, the breast, however small it may be, something must be there to shoot out, even though we have some men that appears like woman’s own as well. Along the line, the way the woman would talk ... that feminine voice will always be there. However, resemblance it might have taken, that something of feminine will appear.

The changes from being a girl “*omobinrin*” to becoming a woman “*obinrin*” involves age, marriage, a job, but significantly, secondary dependency on or “attachment to” a man.

Among the male graduate focus group informants, the view of the 42 year old with which others were in agreement, gives a picture of the expectations of “a woman” and the reality in the community of study. According to him,

When we talk of a girl, a girl is between the ages of 5 and 18 years. We call it minor and before we can say somebody is a woman, she should be at age range of 18 and above. But for a girl, a girl is also dependent on her parents and the parents still take care of them. We have to train them educationally and job wise. But when we talk of a woman, she should be a married person who is attached to a man. Who is under a control of a man and she is also a dependent person in our society. In our society now we expect women to have work so that she can be able to do her own quota, to contribute financially, but a girl is a dependant. And girls nowadays, their ways of thinking are very very elaborate, we cannot think of it. But women think differently – they have to take care of their children, take care of their houses. And girls are not expected to have sexual affairs with men because they are too young for that. Girls should be virgins.

The biologic reproductive role of women is given emphasis as the issue of her reproductive capacity came to fore in all the thematic areas explored. 46-year-old-teacher submitted that:

Naturally we expect a woman to be able to carry pregnancies, a woman, in fact, I always credit the nature of women. Women, we (men) are only saying that we are stronger than a woman, sometimes God has endowed them with some powers except the woman is lazy. I don't think it will be easy for a man to give birth to a baby. With that natural strength, we believe our women are taking too much.

The “biological reproductive woman at puberty” becomes “the socially acceptable woman” at marriage, with childbirth, home keeping and with meeting the three physiological, economic-social and sexual needs of the man in marital and non-marital relationships. According to an 18-year-old secondary school boy: “A woman is married while a girl will not be married”.

The summations of “who and when” a woman from all the groups are reflected in Table 7.

Table 7: Distinguishing features of a “woman” within identifiable analytic characteristic categories

Features of a Woman
Body structure; ( <i>Physiological-structural</i> ); Powerless ( <i>Physiological-structural, Authority and control</i> ); Vibrant ( <i>Personality trait</i> ); Home keeper ( <i>Social role assignment</i> )
<b>Body structure</b> ( <i>Physiological-Structural</i> ); <b>Dressing; What women do...Roles at home – women cook</b> ( <i>Social role assignment</i> ); <b>Generally more patient</b> ( <i>Personality Trait</i> ); <b>Cool behaviour</b> ( <i>Personality Trait</i> ); <b>Organisers ; Fashionable; Care for body; Respect for one another</b> ( <i>Interpersonal Relationship</i> ); <b>Open up more to each other</b> ( <i>Interpersonal Relationship</i> ); <b>Counsel one another;</b>
Less power ( <i>Physiological-Structural</i> ); conscious of self, body; caring ( <i>Personality Trait</i> ); married ( <i>Relationships-Marriage</i> ); poor at conflict management ( <i>Conflict Management</i> ); cannot keep secret ( <i>Personality Trait</i> ); good home keeper ( <i>Social role assignment</i> ); can be unforgiving when offended ( <i>Personality trait, Interpersonal Relationship</i> ).
<b>Caring; have tendency to like others</b> ( <i>Personality traits</i> ); <b>does not live alone</b> ( <i>Interpersonal Relationships</i> ); <b>less tolerant of annoying situations</b> ( <i>Personality Trait</i> ); <b>cannot keep things in mind, would express their feelings</b> ( <i>Personality Traits, Emotional control</i> ); <b>show more shame/decorum</b> ( <i>Personality trait, Gender</i> ); <b>married</b> ( <i>Relationships-Marriage</i> ); <b>dress decently; leaks each others secret</b> ( <i>Relationships</i> ); <b>are usually envious of one another</b> ( <i>Personality trait</i> );
“People who give all attention to children...”; Does everything at home ( <i>Social role assignment</i> ); Combine her work with child and home keep ( <i>Social role assignment</i> ); More into jobs that deal with food ( <i>Gender</i> ); Some have material things, cars, houses ( <i>Resources</i> ); Women with material things fulfil responsibilities in family of birth ( <i>Social role assignment</i> ); Must marry out of father’s house to go to husband’s house ( <i>Gender</i> ); Under a man ( <i>Gender, Authority and control</i> ); Must have become matured as to take responsibilities for home keeper ( <i>Social role assignment</i> ); Dressing different from that of girls...; Movement under control ( <i>Authority and control</i> ); Cannot go anywhere without permission (especially from husband or leave message for husband through others) ( <i>Authority and control, Gender</i> )
<b>Body structure</b> ( <i>Physiological-structural</i> ); <b>Home keeper; Child care</b> ( <i>Social role assignment</i> ); <b>Work to earn money</b> ( <i>Resources</i> ); <b>Responsibilities to her children; Responsibility to family of birth</b> ( <i>Social role assignment</i> ); <b>Make husband happy</b> ( <i>Relationships, Gender</i> ), <b>prudent with money in relation to home management</b> ( <i>Resource Management</i> ).
Less physical power ( <i>Physiological-structural</i> ); Calm; Shame/decorum ( <i>Personality Trait, Gender</i> ); Reproductive capacity, *Sexual capacity* ( <i>Sexual and Reproductive Capacity</i> ); Home keeper; Childrearing ( <i>Social role assignment</i> ); Change of residence ( <i>Gender</i> ); Sharing of experiences by taking counselling from one another ( <i>Interpersonal Relationships</i> ); Obedience to husband ( <i>Authority and control, Gender</i> ); Fidelity and sexual faithfulness to husband ( <i>Sexual and Reproductive Behaviour/capacity</i> ); They talk too much; They can easily be convinced ( <i>Personality Trait</i> ).
<b>Tender</b> ( <i>Personality Trait</i> ) ; <b>Kind hearted</b> ( <i>Personality trait</i> ); <b>Love of children</b> ( <i>Personality Trait</i> ); <b>Care for others</b> ( <i>Personality trait, Gender, Morality</i> ) ; <b>Loves husband; Working to avoid dependency; Talk too much</b> (Adage: “Obinrin tori oro rodo” – women went to the stream because of talks); <b>Fight with each other</b> ( <i>Personality Trait</i> ); <b>Do not reconcile and forget quarrels for a long time; Not disciplined as to keep each other’s secrets</b> ( <i>Interpersonal Relationship</i> )
Well behaved, calm ( <i>Personality Trait</i> ); begin to have sexual intercourse ( <i>Sexual and Reproductive capacity</i> ); counsel other women about how to behave ( <i>Interpersonal relationship, Cognition</i> ).
<b>Hard working; Married</b> ( <i>Relationships-Marriage</i> ); <b>Fulfil responsibilities to children and in her father’s house</b> ( <i>Social role assignment</i> ); <b>does things that make husband happy</b> ( <i>Relationships-Marriage</i> ); <b>experienced in managing the home</b> ( <i>Social role performance</i> ); <b>experienced in managing a man</b> (“Living with a man is a big job” - 65 year old) ( <i>Relationships-Gender</i> ); <b>Able to call it quit in a bad relationship but still able to provide for children’s needs</b> ( <i>Decision-making, Resources, Morality</i> ).
<b>Body structures</b> ( <i>Physiological – Structural</i> ), <b>Married</b> ( <i>Relationships-Marriage</i> ), <b>softness, sluggishness, non-committing</b> ( <i>Personality Trait</i> ), <b>to be led, not to lead, subject to a husband</b> ( <i>Authority and control</i> ); <b>home manager</b> ( <i>Social role assignment</i> ), <b>quarrelsome, impatient, talkative</b> ( <i>Personality Trait</i> ), <b>non-trusting of each other</b> (other women), <b>share personal life but often quarrel over such thereafter</b> ( <i>Interpersonal relationship</i> )
<b>Matured, Body structures</b> ( <i>Physiological-structural</i> ), <b>Marriage</b> ( <i>Relationships-Marriage</i> ), <b>Resourceful , Caring</b> ( <i>Social role assignment, Personality trait</i> ), <b>Concern for others</b> (especially for children) ( <i>Interpersonal relationships</i> ), <b>Economically viable</b> ( <i>Resources</i> ), <b>Open minded</b> ( <i>Personality trait</i> ).
Matured – 19-20 years old ( <i>Physiological</i> ), <b>Married</b> ( <i>Relationships-Marriage</i> ); <b>has children</b> ( <i>Reproductive capacity</i> ), <b>responsible to husband</b> ( <i>Authority and control, Gender relations</i> ), <b>caring</b> ( <i>Social role assignment, Personality trait</i> ), <b>provides complimentary assistance to husband</b> ( <i>Authority and control, Gender relations</i> ); <b>companion and lives with a man; Mode of dressing, tolerant of others</b> ( <i>Personality traits, Leadership trait</i> )
<b>Gentle; quiet</b> ( <i>Personality trait</i> ); <b>neat; conscious and takes care of appearance</b> ( <i>Physical apperance</i> ), <b>caring</b> ( <i>Social role assignment, personality trait</i> ), <b>thinks deeply about issues</b> ( <i>Cognition</i> ); <b>does not rush into things</b> ( <i>Personality trait</i> ); <b>when in love, loves deeply</b> ( <i>Emotional characteristic</i> ); <b>does not deceive people</b> (like men); <b>interacts with other women in ‘straight-forward’ manner</b> ( <i>Interpersonal relationship, Morality</i> ); <b>share experiences</b> ( <i>Relationships-Gender</i> ); <b>two women can be married to a man and still be able to share other kinds of relationship with each other</b> ( <i>Relationships-Marriage</i> ) ;



A woman and femininity is defined from ten descriptive categories. These are in the areas of physiological-structural characteristics; physical appearance, relationships (interpersonal, gender, and within marriage); emotional characteristic; personality trait; morality; social role assignment and performance; sexual and reproductive behaviour/capacity; resource management; authority and control – (always in the subordinate position). From Table 7, two typologies of femininity are also deducible by gender of informants. These are represented in the Tables 8 and 9.

Table 8: Typologies of femininity deduced from description of a woman by male informants in the focus group discussions.

Typologies of femininity	Deductions from focus group discussions among male informants by age categories						
	Young men, not more than secondary school education	Young men, higher than secondary school education	Middle-Aged men, not more than secondary school education	Middle-aged men, higher than secondary school education	Older men, not more than secondary school education	Older men, higher than secondary school	Male health care providers
Physically matured body structure, married, up to social responsibilities, tolerant, caring, subject to control, communicating skills (+)(-)(±), open minded, sharing self with others	Yes (+)	No	Yes (+)	Yes (+)	Yes (+)	No	Yes (+)
Physically matured body structure, married, intolerant, quarrelsome, powerless, communicating skills (+)(-)(±), cannot keep secret, perhaps manipulative and exploitative, unforgiving	No	Yes (-)	No	No	No	Yes (-)	No

As shown in this table, two categories of men, young, educated and old educated men conceived women in the study population more on the negative side. However, all others, especially middle-aged men were more in agreement with the typology that portrays women as expressive, subject to control with good communicating skills. Table 9 gives the typologies of femininity as seen by the female informants.

Informants in all groups agreed to women in the community fitting in to the typology of the physically matured, socially responsible, tolerant, subject to control, open-minded woman with skills in communication. Only middle-aged educated women acknowledged that there were women who also fit into the second typology.

Table 9: Typologies of femininity deduced from description of a woman by female informants in the focus group discussions.

Typologies of femininity	Deductions from focus group discussions among female informants by age categories						
	Young women, not more than secondary school education	Young women, higher than secondary school education	Middle-Aged women, not more than secondary school education	Middle-aged women, higher than secondary school education	Older women, not more than secondary school education	Older women, higher than secondary school	Female health care providers
Physically matured body structure, married, up to social responsibility, tolerant, caring, subject to control, communicating skills (+)(-)(±), open minded, sharing self with others.	Yes (+)	Yes (+) (But do not keep secret)	Yes (+)	Yes (+)	Yes (+)	Yes (+)	Yes (+)
Physically matured body structure, married, intolerant, quarrelsome, powerless, communicating skills (+)(-)(±), cannot keep secret, perhaps manipulative and exploitative, unforgiving.	No	No	No	Yes	No	No	No

From the in-depth individual interviews, the features of persons who would be taken as “a man” and “a woman” in the Yoruba social contexts were as classified in Table 10.

Table 10: Classified features of “a man” and “a woman” as identified by informants in the individual in-depth interviews using interviewees’ words

Features of a man	Features of a woman
<p><b>Physical Characteristics, physique and carriage of self:</b>            “Ako” (Anything termed “Ako” is fearful, about size, power, strength, aggression, toughness) Men have fine chest-bones hence has more power; big body structure, chest, firm strong muscles; Lot of strength, does difficult hard jobs, tree climbing, building of houses etc. broad, fearful voice; Have “oguro” (penis),</p> <p><b>Personality Traits:</b>            Live tough life; Aggressive; Courageous; walks like a man - walks with confidence. Assertive, Has low level of restriction/inhibition.</p> <p><b>Relationships</b>            Capable of having (keeping) a wife; Keep a home; not quarrelsome; do not keep grudges; do not remember/make reference to old fight; must be matured; must be able to settle quarrels for others; blames for quarrels, problems in his home when anything goes wrong; men relate to men without inhibitions; Respect for one another, particularly respect for older persons; Relates more openly; Learn less from older ones, unlike women; Older ones may be less tolerant of younger ones; Assertive; Protective of others; intervene in quarrels; Pay less attention and learn less about relationships</p> <p><b>Authority and Control</b>            Make final decisions on all things in the home; Talk and everybody listens; Does everything like a man; Has authority; *Perform like a man... “Bully- a man must be a bully, able to control others”; Tendency to want to cheat others, even older people</p> <p><b>Resources</b>            Finances all responsibilities of the home; Finances “looking like a big man to the society”; No of cocoa trees; Economically buoyant;</p> <p><b>General outlook to life</b>            More cautious with how he handles life situations; Generally more care free; Take life lightly.</p>	<p><b>Physical Characteristics, physique and carriage of self:</b>            “Abo”- (anything termed “Abo” is soft, tender, with less strength and power, for less stressful and hard jobs). Described as “obinrin ateyinto” “women who urinate from the back”; A delicate being; Most with less strength and power for strenuous job; (***)Some women who inherit the blood and the make of their fathers are like men in terms of strength and power); More fashion and body care conscious, takes care of the inner body core... Neat; Covers her body properly, not expected to expose her body.</p> <p><b>Personality Traits:</b>            When caught doing something unwholesome, they express remorse very fast unlike men; Non-Courageous; Soft and calm.</p> <p><b>Relationships</b>            To be helped; To be protected; People with less hassles; Non-Courageous; Soft and calm; Respect for one another (other women), especially for older (women) persons; Younger women make friends even with older women but respect the older ones; Women, especially younger ones learn more and more carefully from older ones especially about how to behave, body care, menstruation, avoiding pregnancy, about relationships; women give each other orientation discretely about most things including relationships unlike men; Women have a lot of shame;; Women are more intimate with each other...no age limitation in relationships of women, very young ones can make friends with very old ones ... for education, for material gains, for protection.....Gossip-mannerism among women...talk about husbands,-compare notes and learn lessons from each other, businesses, children, boyfriends, parents, teachers; Women relate to women without inhibitions or fears; Do social things together; not overtly loose with interaction with men but not hostile either, maintain balance; co-operative</p> <p><b>Authority and Control</b>            Submissive in marital, “legitimate” relationship</p> <p><b>Social Role Assignment/Performance:</b>            Home keeping</p>

Information derived from the in-depth interviews supported the typologies that emerged from the focus group discussions.

Generally, for male respondents, the picture of a man most of the time was that of physically matured, authoritative, controlling and able to communicate. Men were deemed to be good in conflict resolutions as they quarrel less, talk less, keep secret better and are less malicious. All the groups were in support of men conforming to this typology.

On the other hand, the picture of a woman most of the time were that of a person with physically matured body structure, married, up to social responsibilities, tolerant, caring, subject to control, able to communicate, open minded and subject to sharing self with others. Five of the seven groups of men, including male health care providers were more in agreement with women in the study population reflecting more of positive descriptive attributes but young men and older men with higher education see women more manifesting negative attributes.

Among the female respondents, five of the seven groups agreed to men manifesting the first typology (physically matured body structure, married, authoritative and in control, using communicating skills at some times and not on others, protective and good at conflict management). Young women with not more than secondary school education and female health care workers see men outrightly showing the features of the second typology (seeing men most of the times as physically matured, married, non-

communicating, authoritative, manipulative and exploitative). Older women with more than secondary school education reflected that men in the community of study perhaps show both typologies.

Again, all the female groups described women as conforming to the first typology of a woman with physically matured body structure, married, up to social responsibility, tolerant, caring, subject to control, able to communicate, open minded and the tendency to share self with others. Only middle-aged women with higher education also indicated that women also manifest the second typology of physically matured body structure, married, intolerant, quarrelsome, powerless, cannot keep secret, perhaps manipulative and exploitative and unforgiving.

### **5.5.3 Conceptions of Sexual Relationships**

Sexual relationship is an interaction between two people initiated with an intention of engaging in sexual intercourse among other things. The meanings that sexual relationships have, with emphasis on sexual intercourse as a distinguishing action between two people in a social relationship in the community of interest and among the Yoruba, were explored. Sexual intercourse is taken as a norm that **must** occur between a man and a woman at specified periods of their lives. This is expected to occur within some specifications as guided by beliefs about when it may be, with whom it may be, who takes the responsibility of initiating the relationship among others. The expression of sexual intercourse as what make men and women “complete human beings” by male adolescents summarises the perception of all groups and persons interviewed. According

to a 19 year-old secondary school respondent, the people in the community of study consider sexual intercourse as something that must be done. In his words: ***“They see it as if there is no sexual intercourse a man or a woman is not complete. That intercourse is a thing that must be done*** (emphasis mine). They see it as something normal”.

These views were palpable and perhaps dictate the sexual behaviour of many men and women in the community and in the Yoruba culture. It also informs what people perhaps would do to assure themselves of the “biological and social completeness” as would emerge from the other information got in further exploration of the context of sexual intercourse. As explained by young women (18-25 years), assuring “completeness” of both the male and female partners, even proposing marriage is conditional to agreeing to sexual intercourse. This usually got young people (women) to engage in sex before considering marriage. Extracts from the focus group discussions as are presented below further show the strength of this factor as a major determinant of sexual behaviour of both men and women.

Extracts from responses to the main question of “How do people in this culture see sexual intercourse?”

Respondents (in chorus) . . . it is also not common for women not to have had sexual intercourse before they get married, it’s not common.

Respondent 6: The reason why it is not common is that we have this belief now that a woman that gets married that does not give birth quickly, they would think that if they have tried each other outside and see the way it is that it will not be like that, that’s as far as that is concerned.



- Investigator: So in our community now, people would expect the woman to be pregnant before....
- Respondents (in chorus) - before they do their wedding,
- Respondent 6: Even if the pregnancy is not shown/seen, they would make sure that she is pregnant before the wedding.
- Respondent 3: Even some parents will tell their male children that the prospective wife must be pregnant, if she is not pregnant they would not organise any wedding
- Investigator: That is the way it is in this community...
- Respondent 3: Some may not get pregnant but they must have tried each other before they marry each other because many of the films that we watch, a man may have used his sperm to make money\*\* before a woman marries him and would be telling her that it would be after the wedding and such that even after the wedding there is nothing for the woman to sit back/fall back on.
- Investigator: So in this community, there is the situation that the two of them must have tried it (sexual intercourse) to be sure that the two ...
- Respondents: Chorus ...the two of them are complete...
- Investigator: How would they then know that they are complete?
- Respondent 3: Its also about sexual intercourse that they will know that "lágbájá"\* is complete and "lágbájá or lākásògbè"\* is also complete.  
(Focus group discussions, 18-25 year-old women with not more than secondary school education)

(\*Lágbájá and Lākásògbè are anonymous names for human beings among the Yoruba people).

\*\* There is a myth among the Yoruba people that a man, using supernatural means, could use his sperm to make money and become rich but would become infertile thereafter.

Middle-aged men as shown from this extract from the FGD expressed the same views.

- Investigator: How do people in this culture see sexual intercourse?
- Respondent 9: What I see and know that sexual intercourse mean is to have children. The gains of sexual intercourse is to have children, now it is fun, just for enjoyment. Embrace, to embrace to enjoy. The White people that you see, the 'Europeans' and the white people and the multimillionaires usually do not have more than one child. In our environment here, for men and women, for young people that are going out together who have plans for their future, it is a lie, that plan will not work well because they will be looking at it that "tea without sugar"... that is what we usually say "if there is no so and so (sex) there, the man would look for another person. It is very essential for the lady to accept, if she does not agree (to have sex), "*o jented ni yɛn*" (she lost out). It would be after graduation that she would have to start searching for husband about. (46-year-old farmer)
- Investigator: So in this community, between a man and a woman, sexual intercourse is one important thing that people do to establish it that they are going to marry each other?
- Respondents: (in chorus) Yes
- Respondent 4: In addition, in this community, sexual intercourse is enjoyment between a man and a woman. We count it as sexual enjoyment in this community (30year-old technician).

The view of sexual intercourse as justifying the existence of a person as male or female is overtly validated through childbearing. Seeing childbearing as the main "gain" of sexual intercourse as expressed by one of the respondents above also have far reaching implications in justifying sexual intercourse and childbearing in the face of serious health threat. More information pointing to this submission would be seen later in the information provided by young women about the decision to test or not to test for HIV

and even the decision to go to hospital to seek care where people may be tested knowingly or unknowingly especially during pregnancy.

Exploring respondents' description of what sexual intercourse is, only few individuals in the focus group discussions and the in-depth interview gave a description of sexual intercourse. In all other situations, respondents brushed aside the question that sought people to describe the construct "sexual intercourse". To the two respondents in the in-depth interviews that gave responses close to describing it, in their words, sexual intercourse is

An intimate expression of one's love with one's lover and ways/means of satisfying one of the basic needs of life" (38 year old married trader with secondary school education).

*"Kí okunrin lo nkan omokunrin láti se asèpò pèlú obìnrin"*  
(A man uses his sexual organ to have sex with a woman).  
(30-year-old-graduate male nurse)

#### **5.5.4 Purposes of Sexual Intercourse**

##### **5.5.4.1 Sexual Intercourse for Procreation**

The primary purpose of sexual intercourse was for procreation and supposedly the reason why it happens within marital relationships in traditional Yoruba communities where childbearing is expected to commence with marriage. A 56 year-old-university teacher explained what sexual intercourse was used for in traditional Yoruba society and the community of study

"Sexual intercourse was purely for childbearing. Some men have sex with their wives when the last child is weaned, that is saying that it would be about 3 years before the man could have sex with the wife. They believed then having

sex would make the sperm go to the breast milk, couples abstained for three years until another pregnancy is due.

Abstinence from sexual intercourse when breast-feeding was also mentioned by middle-aged women (35-50years) with higher than secondary school education during the focus group discussions. More information about this would be provided while reviewing beliefs and customs about sexual intercourse in the latter part of this paper.

#### **5.5.4.2 Sexual Intercourse for Love**

To many Yoruba men and women in modern times, sexual intercourse is about love, intimacy, and expression of deep emotions for someone that one cares for and loves. The immediate response of a 19-year-old secondary school male in the focus group discussion to the question “How do people in this culture see sexual intercourse?” was “Sexual intercourse is a sign of love”. Sexual intercourse as expression of love emerged from all the interviews and discussions but sexual intercourse would be used to achieve other purposes. To some, love is a condition for sexual intercourse and to some others, sexual intercourse is a condition for love (and marriage). Love and intercourse are not restricted to marital relationship only. According to one of the respondents,

Love must come first, if you don't love each other, there can't be sexual intercourse (21 year-old female trader with secondary school education).

Extracting from the discussion of this group, women who are married still see sexual intercourse as equivalent to love:

Respondent 2:     Women take it that if our husbands have not had sexual intercourse with us - he must have been looking outside, that he is doing it

- outside before he comes into the home (22 years – trader)
- Respondent 4: So that is the reason that he gets tired. So we have taken sex to be love (22 years – typist)
- Respondents: (in chorus)... Yes.
- Investigator: So in this community, women that are married take it that their husband should have sexual intercourse with them regularly, if he does not do so then, he is looking outside...
- Respondents: (in chorus) ... Yes

Closely related to sexual intercourse serving to show expression of love are the views that sexual intercourse are to promote intimacy and expression of deep emotions (not defined as love). Two people during in-depth interview explained what it is for them. To a 46 year-old female teacher in an institution of higher learning, sexual intercourse is

... the ultimate of self sacrifice. It is giving yourself, the whole you, your physical, your emotional and even your spiritual self to a person with the belief of sharing yourselves in the expression of very strong emotions for the two people engaging in sex.

An extract from the in-depth interview with 61-year-old-male interviewee, gives some insight into the obligation that sexual relationship put on people. Extract from the interview is presented:

Investigator: Why do you engage in sexual intercourse?

Mr P: .....silence...well..... There is ..... is an articulation of some feelings for your partner and ...ok... the other one is that...is to satisfy natural urge, sexual urge...to the extent that if you know that your partner has the desire, you have a responsibility even if you are not so disposed...

Investigator: So it becomes an obligation

Mr. P: Yes, an obligation... I mean somebody you like need to do something and you are really tired and you say....you self.... I mean that kind of obligation.....it is not in the category of things that you will just say no, I don't have time for it because it is an emotional thing. So there is that thing about

satisfying an urge for you and obliging the urge of your partner..... Apart from, of course, procreation.

#### **5.5.4.3 Sexual Intercourse for Enjoyment, Relaxation and Satisfaction**

Other purposes that sexual intercourse serves for people in the community of study are enjoyment, relaxation, and satisfaction. Emphasis on changes in the conception of sexual intercourse over time from something taken more seriously, regulated very strictly and mainly for procreation to something more free from restrictions and done for enjoyment was emphasised by all respondents. These changing conceptions appeared taken with mixed feelings. The reactions to the observed changes, factors considered responsible for the changes, implications for health and HIV control are presented in the latter part of this chapter.

#### **5.5.4.4 Sexual Intercourse as a Basic Need and Means of Proving Self**

Sexual intercourse to some Yoruba people is about satisfaction of basic need, proving self, making money for survival or to meet needs considered as important to one's ultimate existence. Though only one respondent used the words "basic need" in relations to sexual intercourse, the conception of the act as a must that connote 'completeness of the being' in the Yoruba world as earlier elicited may as well be taken as seeing it as a basic need that must be met. Also, when it becomes an instrument of "proving self" to others among peer group, it may still be analysed from the perspective of using sexual intercourse to gain acceptance and to have a sense of belonging. Sexual intercourse as a basic need, to prove self, to make money for survival or meet desperate perceived needs are all considered together.

Looking at the views across the three generations, responses from the groups of 18-25 year old men and women were presented first. One 18 year-old-secondary school male respondent (though brought this up while exploring traditional practices that may influence sexual behaviour) expressed that:

Some mothers actually encourage their young boys to have sex to test their virility. Such mothers encourage girls who visit their sons at home.

The issue of sexual intercourse to prove self was not brought up spontaneously by respondents in the discussion sessions and was raised only by two interviewees in the in-depth interviews. On prompting, 24 out of 32 of the people in the in-depth interviews (more than 70%) acknowledged it that engaging in sexual intercourse at the time expected of one in the community proves one's sexuality, desirability and fertility.

From another perspective, a 61-year old teacher also commented on prompting to the question "Would you say that sexual intercourse is seen as an ego booster that also helps to heighten the status of the person and help gain acceptability among peers among the Yoruba people and in this community?"

No, that would not be correct, well up to a point but if... in urban centres, where people have perception of sex as a way of spending leisure, situations arise where some women or men are considered generally difficult to find, in other words, up to a point, having relationship with such a person, a man having a relationship with a woman that is considered generally difficult to find or a woman having a relationship with a man that is generally sort after. Ok but difficult to find can be some kind of ego boosting process but otherwise in general, sexual intercourse is not considered a condition to do that, considered as ego booster, no it is not usually considered like that.

To the same question, a 46 year-old female teacher responded categorically

Yes, especially for some men. Many men don't see sex as the ultimate giving of self – by the woman... they see everything from the point of ... conquer...

This response from an older woman indirectly validated the same impression of a 18 year-old woman in the focus group discussion of young women with secondary school education who explained what they see in non-marital sexual relationships:

What I see is that Yoruba people say that at the end of a concubine relationship, the sexual partners will say “what did you do for me?”...so if the man chooses the woman as a concubine and not that he wants to marry her at home, the man would be making jest of her when the relationship terminates that ‘you see that girl, I have had sex with her sometimes (mo ti do rí), I have been on top of her, she has made herself cheap. He may even tell his friend that he should go and do the same thing with the girl, that the girl “gbo go” (is open to deceit). That kind of a thing is common among men and women.

A 36-year-old trader summarised the significance of proving the sexual self in these words...

*“Olórun ma jẹ ká rí bí ò ti dára, ti eniyan ba je okobo ti ko le ba obinrin sun, igbati yeye ba po itiju lo ma je ki eni naa pokun so”*  
(May God protect us from witnessing what is bad, if one is “okobo” (impotent), that cannot have sexual intercourse with a woman, it is shame, the person will commit suicide out of people making jest of the person).

Overtly or covertly, proving self to be sexually active at a point in one's life is an important issue among the Yoruba people and this would have implications for individual behaviour. The “when” has become a big question over time as men and women may be getting into the stage of marriage that gives free access to sexual intercourse in the orientation of tradition and religion. This issue may be an area of crisis for individuals



who are HIV positive and still consider sexual intercourse as a need for personal satisfaction or as related to implications of the infections for childbearing.

#### **5.5.4.5 Non-Commercial, Economic Use of Sexual Intercourse**

Economic use of sexual intercourse in non-marital and marital relationships is a reality among the Yoruba people. Economic support to meet responsibilities for children's education, personal needs, social obligations were some of the benefits that accrue to the sexual partner in non-marital and marital relationships. Such provisions are obligatory in marital relationships but they are also possible in non-marital sexual relationships. From all respondents in the focus group discussions and in-depth interviews the economic role of the husband to his wife in a family relationship was the most emphasised of the nature of the relationships between spouses.

From among the young people 18-25 years old, a man in a man-woman spousal relationships would

..... "tójú" iyawó è" (Translated: to take care of his wife)  
 ... provide for the needs of his family, giving them the money to buy foods, clothes, care for the children, care for his wife. (18-25 years males, secondary school education)  
 ..... The behaviour of a man and a woman that are married in the same house, the wife can help the husband. It there is some gap.. in the house...

*Investigator:.. please explain*

... help such as... if it is the man that gives money for food, and perhaps the man's job is not going on well, at such times, the wife has a responsibility to help him so that his work would not depreciate. And if it is a house that the man is building, the wife can put his money down to help the man build the house, though the Yoruba people say that 'the help you render to a man gets

paid back in tears' but the woman would hold it in mind that if the man pays her back in tears, the woman would have it in mind that her children would get the benefits of what she did.

From the middle-aged 35-50 year-olds

.... What would be tagged a "manly" behaviour between a man and a woman who are spouses is that the man must be performing his responsibilities to his wife, be it that the wife wants to spend money, her family has something doing, to establish the wife in a trade and must oblige her with sex as the husband.

... In addition, the husband of the woman, must be an honest person to his wife, that he would not be going out to do "isekuse" (having extra-marital sex) or to bring disease home from outside to his wife.(35-50 years, male higher education)

...The man must take care of his wife. (35-50 years women with higher education)

.....As for husband and wife, they bear children for each other, they eat together, the man gives money, the wife cooks and they give each other advice (35-50 women, secondary school)

Specifically as motivation to receiving co-operation from wives for sexual intercourse, middle aged men in their focus group discussion informed

The man can buy materials or things for a woman to prepare her for the night activities. Go out and do something or anything you can think about. And then he will try to initiate it. You make her happy first. .... When a man goes out, when he is coming back, perhaps he remembers ankra material that the wife requested for and he has not given it, when he brings it (the ankra) the wife would have been suspecting that since she has been asking for the ankra material, there must be more to it, she also remembers that she has some bushmeat at home...preparation goes on like that... (46 year old male trader).

From the in-depth interviews, 56-year-old teacher and cultural troupe manager explained that the man in spousal relationships would "... be a helper, care, provide for family. He fulfils all responsibilities. Make similar provisions for all wives".

Also in non-spousal sexual relationships, similar things were identified as being shared by the man and woman involved. These are financial or economic support, sexual intercourse and counselling. From the focus group discussions among 60-year-old men the concept of “Àlè” was confirmed as an established practice among the Yoruba people... According to them:

..... *Àlè ni, àlè ni à mpe tori “eè sèni májalè bílé báadá”.*  
(concubine, we call it concubine, because “there is none that would not steal if the house is empty)

Investigator: *Láarin okunrin tí won kí íse lóḱḱláyá?*  
(Between a man and a woman who are not spouses)?.

.....: *Heen- heen, aalè lanpe nígbà ábiwa, bá se bá awon obí wa lènu e niyen, alè ni won. “E e sèni májalè bílé báadá”. A mó, ee gbodo ni lopo. A móo tába jalée nni, ee gbodo hàn soko. Ifé lé já.* (Yes, Yes, it is called concubine when we were born, that was the way we met our parents with it, they are concubines. “there is no one that would not steal if the house is empty” But one must not have many. But when you are stealing it, it must not come to the open to the husband. Love may be broken.)

Directly or indirectly, all respondents in the focus group discussions mentioned the existence of non-spousal sexual relationships and actually emphasised that it was a common practice in the community at the time of study. For example, middle-aged women (35-50 years) with not more than secondary school emphasised that men and women having non-spousal sexual relationship “is very common in this community”.

In the focus group discussion among older men, (60 years and more) 61 year-old graduate retired teacher expressed that non-spousal-sexual relationship is for economic exploitation:

...you cannot keep a secret with a woman that that is not your wife, she is keeping the relationship to be able to ask for things from you, something to take, something for you

to do. A woman that is not your wife does not want your progress. She wants you to make progress along the line of what she wants from you, she gets it, and that's for a woman that is not your wife, you are both deceiving yourselves.

This view appears inconsistent with the comments of other views from the other groups and as shown in explanations from the in-depth interviews. From the in-depth interview, the 56-year-old teacher and cultural troupe manager explained that

“Olukù” or “alè” is the term used for this kind of relationship. It is usually done in secluded places. Usually the two people involved support each other financially and by giving advice about managing crises with married partners. The relationship also serves sexual needs of both parties usually from sexual denial by spouses of the people involved in the relationship. They also buy material things for each other. The woman after they finished having sex may say, ‘you know this is the only dress that I have left to be taken on a social outing’ and the man would give her money to buy more dresses. At times, the man would give the woman money to pay the fees of her children.

The 61-year old teacher in the university said sexual intercourse could be an economic good for both sexes.

... For both sexes, because .... In other words, it can become economic venture, OK.. and it goes both ways, but generally because women play relatively subservient role in the economy, it is more in the intention of women seeking economic protection than men. But it is also quite possible that a man seeks to have sexual relationship with a woman because that woman is economically endowed

Investigator: What you are saying is that it is not unusual in this culture to find relationships based on material gains

... Yes, some economic protection but not in a commercial sense

Investigator: What do you mean that not in a commercial sense?

... Not in a commercial sense that the woman will just go to anybody that can pay, in other words, there is the non-material bits of the attraction to start with. There is a non material bits of it, its not just anybody that has the material capacity that the woman would just go for, that's what I mean.

Investigator: What are the other things that would inform such a man or woman that a woman or man would then ...

... Good status in the society, physical attraction and so on...

Non-spousal sexual relationship is also an issue in the existence of what may be classified "*as quasi polygynous-monogynous marriage*" as mentioned by 61 year-old male university teacher in the in-depth interview. According to him

Women prefer to be in a monogamous relationship, in fact they insist on it now, (i.e. monogamous relationship). The practical business of also holding their husbands down has produced a dialectical attitude of also saying 'look if this man is not allowed to engage in this extramarital thing, I might just loose him' so even though in those days, women would just say 'look, marry another wife', I mean 'marry this person that you are hanging around with' they don't want that now but they are willing to condone the whatever and just say 'just go, when you finish, you come back' and this and so on. Somebody was even telling me that some women give condoms to their husbands now.

Significantly, Yoruba people appreciate the economic significance of sexual intercourse, according to common sayings gathered on the field...

"*Atàkaka kan kò ní gb'ofé*" (No one that agrees to lie on her back (for sexual intercourse) would do it for free)

"*Nkan m̀be lẹhin má do mí nìsò*" (there is something behind 'go on having sex with me'.)

Even in marital relationships, economic negotiation and deprivation is used as tool of getting wives (or perhaps husband) to agree to sexual intercourse. Older men (60 year-olds) with higher education in their focus group discussions observed that deprivation of wives of material things occur when they do not consent to sexual intercourse by the husbands, though this was brought out while exploring the extent of coerced and forced sex among couples. The response to the question of possibility of forced sex by the husband while the woman just go along was:

There is, there usually is. Because if she refuses (*to have sexual intercourse with spouse*) whatever she is due to by rights, she may not get them the second day.

Validating the observations from the focus group discussions, economic negotiation through offering of material things to gain consent of wives was also mentioned in the in-depth interview with the 56-year-old cultural troupe manager when exploring the prevalence of coerced sex. Bringing the economic negotiation of sexual intercourse out indirectly, he remarked that sexual coercion...

In marital relationship, most common among married couples, especially stingy uncaring men – very common. It is when it is getting late in the day that some men will start toasting their wives or time to have another baby that some men buy clothing/dresses for their wife to coerce them.

The implications of sexual intercourse as a non-commercial economic bargaining strategy for both men and women in a poor economy where there are no social services to meet basic needs of life would be analysed as such have implications for HIV spread in the chapter discussing findings.

#### 5.5.4.6 Sexual Intercourse as Instrument of Social Correction or as Exploitation and Punishment

Sexual intercourse was also described as an instrument of exploitation and punishment especially in the hands of men, and young men (and young women in modern times). Even women considered forced sex as discipline to correct abusive and way-wards girls and women.

Though responses that brought the issue of coerced sex and forced sex were prompted by the investigator among many of the groups, except the one among 18-25 year-old women where the topic was discussed spontaneously, the information provided was quite extensive. The responses of young women (18-25 years) that were provided unprompted are presented first. The extract from the discussion session goes thus:

- Investigator: What are the other behaviours that we see between men and women who are not couples in this community?
- Respondent 5: Those behaviour that we see are common, In the world that we are, it is not everyone that is dating that forcefully have sex with one, some are such that when they see an unmarried woman (omoge) that they like to have sex with, if she does not answer them or agree, nowadays, it is common that they would use force and they will organise “group” for her
- Investigator: ... organise.....?
- Respondents: (in chorus) Group...
- Respondent: 5 That they would be many on her and rape her, if she passes anywhere that is a corner (secluded) they would just carry her to anywhere they like.....
- Respondents: (in chorus) – they will line up and rape her.
- Respondent 3: Which really do not come from her mind - they are not husband and wife - they really have not called her before or it may be just one of them who called her and she did not answer. It may be

that she has abused them or has behaved badly to them, they can do that kind of a thing to her.

From the same group in the latter part of the discussion when they were asked the question “Why do people engage in sexual intercourse” one of the reasons given was:

- Respondent 3: Some young men when they see a lady, they would say.. at all cost I must mount her, I must have sex with her, if she is an arrogant or proud person. Someone that is arrogant..
- Investigator: So you are saying that for some men in this community they see sexual intercourse as a way of humbling or bringing the woman down...
- Respondents: (in chorus) yes ...a means of bringing the woman down

For all other discussants, responses were got about sexual coercion and forced sex on prompting by the investigator. Young boys (18-25 years old) in secondary school also have this to say about sexual intercourse (though on prompting) as a punishment for girls by male colleagues in schools, or as threats by females to male boyfriends who refuse sexual intercourse:

...There is no party done by young people in town where girls are not raped. At times when they go to play football in other schools, they wait for them along the bush paths. They usually warn girls not to go and watch football, as soon as they finish football they (the boys) would go and wait for them in the footpath”

... (in chorus – It is very common)

...Girls now also ‘*rape*’ (emphasis mine) boys nowadays. They force boys to have sex or threaten to leave them.

Among the middle-aged women, 35-50 years old across educational status, the occurrence of coerced and forced sex were also confirmed in marital and non-marital relationships. The extract from one of the focus group discussions goes thus:



- Investigator: What about sex by coercion by a male especially in marital relationship?
- Response: Is prevalent, even when women are tired, the man will still want to have it.
- Investigator: How common is forced sex in this community and what explains such behaviour?
- Response: Is common among the youths especially the secondary school boys and girls.
- Response: Because of juvenile deliquescence. These boys, what they have read and learnt especially nowadays and something they saw in the Television, they would like to put it to practice. That is why it is common among the youths both boys and girls.
- Investigator: What about coerced sex?
- Response: Less prevalent.
- Response: May be because of hen-en, the answer to the last question explains a little bit about coerced sex, because these boys, they really want to show they too know much about this things and whoever comes their way at that particular time they try it.
- Response: Then there are some girls that will get money or gift from the boys, they may not want to cooperate again. So these boys will have to use coercion or force.

There also emerged the concept of “*agb́éńtí*” in one of the informal discussions with a 48 year-old female trader. The investigator remembered an incidence in her childhood when one young woman in the neighbourhood was “carried away” by some people. She was later to be visited in her “husband’s house”. The investigator inquired about the concept.

Extract from the interview reads:

- Investigator: There was this case of a woman that was supposedly carried away by some men on instruction of the prospective husband when I was very young in our street in Oyo town. Have you also heard or seen such before?
- Mrs B: Smiles... yes...it is called “*agb́éńtí*” in some parts of Yoruba land. You see what happens is this, if you have a lady that has been betrothed, engaged, engaging in some dubious movement,

- or negotiating another relationship that may end up disgracing the parents or the prospective husband, such a thing was done in the past. What would then be done would be for both families to conclude the marriage arrangement.
- Investigator: What happens to the lady when she is 'carried' like that?
- Mrs. B: Well it depends, marriage ceremony would be concluded with the co-operation of the family of the wife. One would not rule it out that the husband would be having sexual intercourse with her. You see, in instances like that, people will not be probing into what happens in the privacy but soon after that what you would see is pregnancy.

To a definitive question of “Would you say that people use sexual intercourse as a tool of fight/weapon of revenge or disgrace for women in this community?” that was put to the thirty-two persons interviewed about the possible use of sexual intercourse as punishment, eleven (34%) of them responded in the affirmative. Eight of these eleven people (73%) acknowledged that this view applies to them personally. Incidentally, both males and females (ratio of 50:50) expressed this personal view. Three (75%) of the four women were in the age range of 18 and 25 years, the other person was 57 years. On the other hand, more men (75%) in the older age category, (above 50 years) compared to the only 25 year old male nurse would use sexual intercourse as a tool of fight, revenge or disgrace for a woman.

#### **5.5.4.7 Other Uses of Sexual Intercourse that were not Commonly Mentioned**

There were three or four other “special uses” of sexual intercourse that were only identified in one of the focus group discussions and from four of the people in the in-depth interviews. Some people, according to informants use sexual intercourse and the

semen in rituals to make quick money. In other instances, sexual intercourse with some kind of persons could be prescribed to get something important to one in life. Again, sexual intercourse could also be used for spiritual soul-lifting according to a male informant. On another occasion, having sexual intercourse with some women according to a female informant could promote special economic boost and bring good luck especially for men in private businesses.

The information that some men are deemed to be able to use their sperm to make money was given earlier on as it came out spontaneously from the focus group discussion with women 18-25 years old. In the in-depth interview with the 61 year-old teacher he gave the following uses of sexual intercourse as conceived within Yoruba mythical conceptions

Mr P: There are all sorts of things about sex. There are people who are told that except they have sex with mad persons certain things would not happen in their life, they wont prosper or what have you.

Investigator: That's one example, please, can you give other examples ....

Mr P: There are people who are told that unless they have sex with a mother and the child, that certain things they want, they will not have in their lives, there are myths and superstitions associated with sex, there are some of those things that are there, though they are not very common

Other views from the in-depth interview included the information from personal experience of what 48-year-old graduate woman explained as source of abuse from her husband

You see, my husband once told me that anytime he makes love to me before going out to work, he makes a lot of money. It became a problem at a point in time because he continued to have sex with me whether I am fit or not fit to have sex. I remember there

was a time I had a wound from some surgery that was done for me in my genitals. The wound was not yet healed but he forced his way to have sex with me. It was very painful but then.... When a man has such a crazy idea and believes you owe him a duty as his wife to give in to his demands...it is a big problem.

The other view was from another 47-year old-graduate man who explained his relationship with a sexual partner (not his wife) as “spiritual uplifting for all times”. He referred to the non-spousal sexual partner as “soul mate”. Again, from the in-depth interview from a 56-year-old health practitioner and teacher, men would usually have...

...sexual relationships with other women who can offer what their wives could not offer them or with women with better qualities than their wives.

To understand how people in the Yoruba culture and the community come by the meanings and purposes of sexual intercourse, the ‘what’, ‘when’, ‘how’ and ‘with whom’ of sexual intercourse were explored.

### **5.5.5 What, When, With Who, and How of Knowledge and Practice of Sexual Intercourse**

The universally accepted form of sexual intercourse is heterosexual intercourse within marriage. However, from all discussions, heterosexual non-marital, extra-marital sexual intercourse are tolerated among the young, the middle aged and perhaps for older men. Homosexuality, lesbianism and bisexuality were expressed as “abomination” or “absolutely unacceptable” in the community. The only mention of homosexuality (sexual intercourse between two men or two women) as a possibility was made by 56 year old cultural troupe manager. In his words

Homosexuality is an abomination in Yoruba land, among children of “Oduduwa”. God’s law is for man and a woman to have sex. However there is demonic use of sexual intercourse, used when men want to use it as a means of getting rich quick (“Se’oso”), using the sperm or the woman’s egg (in woman to woman) to source for money. Yoruba is against it. There is an “Odu Ifa” that is against it.

There were expressions of surprise from the young people 18-25 years with secondary school education when the concept of homosexuality was raised. The words “homosexuality” and “lesbianism” had to be written out and explained to the two groups.

The “when” of sexual intercourse has two sides to it. What is expected and what is real. This was also explored from the perspectives of the age. The “expected” is sexual intercourse within marriage. The reality is that sexual intercourse occur “pre-marital”, “intra-marital” and “extramarital” as are informed by the meanings and purposes that sexual intercourse have for individuals. The age when people are expected to have sexual intercourse as perceived by respondents (as seen in the community at the time of study) ranged from 13 years when the person may be deemed to have matured to any time the person got married. When asked the question of when a man and a woman begins to have sexual intercourse in the community (the reality), young women 18-25 years with secondary school education gave two responses.

For men:

When they see they begin to have pubic hair and they begin to have erections, they would want to be having sexual intercourse (25 year-old tailor)

For women:

- ... Would have had grown breast (25 years, female hairdresser)
- ... About, 14, 15 upwards (20 years, trader)
- ... 12 year old girls even do it (25 years, tailor)

In the focus group discussions of middle-aged men with secondary school education, this extract gives information of the age when people are seen to begin to have sexual intercourse.

Respondent 3: As regards age, nowadays, in fact we see 10 year-old having sexual intercourse, we have those that are not that old among boys and girls who have sexual intercourse. We even see 10-year-old getting pregnant at times. So, about that age, it is about how exposed people really are, not about when and how you put control.

Respondent 4: Nowadays, the person (who) is oldest is 16 years as a boy, for girls, 13 or 12.

As far as middle-aged women with higher education are concerned, sexual intercourse is only within marriage though their submission also did not confirm this. From the group

.... We expected that in the community, once you are married. Immediately you are married, you are expected to have sexual intercourse.

Investigator: Is that the general view of the people and what operates in this community?

... Yes. That is the normal thing, but nowadays, we have aberrations and aberrations are when a man that is married to another person go and have sexual intercourse with another woman. It happens, but is not the normal things, is rather abnormal.

Among older men (60 years and more) with secondary school, the response was

....Yes, in the olden days, in our own time, when people want to get married, it is a child of 15 or 20 years that are taken as wives. This kind of our mother (*pointed to the person taking notes, the 25 year old female field worker*) if she wants to get married, she would be taken up as “*omọ iyawó*” (the bride’s child). The reason for the bride’s child

is that when the bride gets to her husband's house, if she wants to send her home to send any message to her mother or her peers/friends, it is the girl that she would send. It is the 20 year-old person that she would send. In the olden days, 15-year old child would still be sitting down outside and would be playing with sands with the genitals open.....  
 ... but nowadays, 15 year old child is already pregnant  
 .... as it is currently, some people now have started having sexual intercourse before they start menstruating.

To the question “with whom may one have sexual intercourse in this community” the responses were for all the groups “your husband and your wife” except in the group of young women (18-25years) who added “the person you want to marry” and “your concubine”. From the in-depth interview, a 61year old man also put it as “Their partners, their husbands, their friends”.

So majority of people express what is expected as dictated by tradition with the initial question of “with whom may one have sexual intercourse” question but the reality was got when the question was asked the other way round – “with whom may one not have sexual intercourse in this community”. The responses to this question are grouped into two categories of people, “someone related to you by blood” and “*omokunrin* (boy) or “*omobinrin*” (girl) because they are considered not-matured for sex. Middle-aged men (35-50 years) with higher education referred to such young people as “minor”. Clarification of who a minor is in traditional Yoruba view when compared to modern and current legal age is relative from the response to the question taking cues from the information given earlier on about when people begin to have sex in the community. Further clarifications were got from the questions “When is a person deemed matured

and ready to have sexual intercourse? Who is deemed to be matured to have sex?''.

According to 61 year-old male teacher who responded thus:

That question is not answered in Yoruba traditional society, at least outside the business of people being ready to be husband and wife. And that's why I say all of these is about the physical features that would show in the woman and some general perception of calendar or chronological age in relation to the physical manifestations

The "how" of sexual intercourse was the most difficult to get answers to. Majority of the respondents shy away from giving an answer, majority did not feel comfortable or did not know how to describe it. For few who described "how of sexual intercourse", getting information was derived from the question that deals with how people negotiate sexual intercourse.

### **5.5.6 Negotiation of Sexual Intercourse**

Exploring modes of negotiation of sexual intercourse gave more insights to the conception of sexual intercourse especially within marital and non-marital relationships.

These are some of the information from focus group discussions:

From young men (18-25 years) with not more than secondary school:

The man will inform the partner, "I want to play love with you" he would use sweet words to say what he wants. 'You are the only person... that can do ...say sweet things'  
..... Hen, just tell her as a man that you want to do...

From young women (18-25 years) with not more than secondary school education:

Respondent 3: They must first of all play...and they would then have sexual intercourse.

Respondent.2: They must play, or that the husband shows love to the wife and the wife shows love to the husband, without that, there can't be



sexual intercourse, even if there is ... it would not be like it...

From middle-aged women 35-50 years old with higher than secondary school, all information given about “how” of sexual intercourse was “the man will initiate it, they make some moves. Some touching...”. Also among the 35-50 year-olds with less than secondary school education the views were:

.... Whatever/whoever we call husband and wife or that they are girlfriend and boyfriend that are having an affair, at a point in time when the man says it is time (to have sex) *it is compulsory, (emphasis mine)* even if the woman still does “*kāngbổn-kāngbổn*” (behaves as if she does not want it) because there is no woman that would not do that, later she will agree, for as long as the person is her husband.

Among middle-aged male respondents with more than secondary school education, the responses were:

Respondent 5: Yes, negotiations acceptable is for the man and woman, that is - husband and wife to be able to talk to each other that “it is time, my wife, I want to see you, to play love’, the wife will be happy to accept the husband.

Respondent 10: The reason is... they have agreement as husband and wife, that ‘I want to marry you’ and the woman agrees to marry you’ it is time to have sex, and to produce children for one another.

Respondent 6: It is usually initiated by men in this community. A woman may only prepare ground. But not verbally. The man is to initiate it. A woman can tell her husband to let them have fun. But is exceptional. Is not common.

Response 4: It is initiated through motivational activities. Man can buy materials or things for a woman to prepare her for the night activities. Go out and do something or anything you can think about. And then he will try to initiate it. But you make her happy first.

For men of similar age (35-50years) but with not more than secondary education, the views were:

Respondent 6: *For those that are not wives at home (emphasis mine)*, the negotiation is usually ‘my friend, this our act, how are we going to do it that would not result to crisis’ and what is the source of quarrel there – if the woman comes up with the issue of pregnancy – that is something I never want to hear. So we would have discussed it before the act of sexual intercourse comes into it. After that “*ki eégún máa jó ló kà*” (for the masquerade to begin dancing is the next thing). In short, there is usually negotiation before people have sexual intercourse.  
 ....one other way is to fondle with each others breast – play with the breast of the woman, that is what makes the “*eégún jó*” (get the masquerade to dance) (literarily what leads to erection of the penis)

From in-depth interviews, 56 year-old lecturer/health care provider explained

Negotiation of sexual intercourse, especially in the olden days was rare. The husband asked for sexual intercourse with authority .... When one wife, there is no negotiation...  
 ... In marital relationship, in traditional point of view, sex by consensus is never an issue, never discussed, “you have your wife who should oblige you with sex when you demand for it, she obliges since she knows you have her, as your property” ... the husband is “*olówó orí*” – the person that paid the bride price.

Some insight given to the “how” of sexual intercourse was provided by 61 year-old university teacher with this extract from the interview:

Mr P: Well, that basically, is something that should be done in the privacy

Investigator: In the privacy...what do you mean?

Mr P: Not in the public...*(laughs)*... not in the public.....  
and non of the parties should show unrestrained  
urge ..... in other words, there is some discretion,  
there should be some discretion about the attitude  
..... antecedents to the intercourse...

Investigator: What are such antecedents?

Mr P: For example that you should not show unrestrained  
urge

Investigator: What about the act of sexual intercourse  
itself?

Mr P: About how to go about it?

Investigator: Yes

Mr P: ... (long silence)... Well, I think both partners are  
supposed to show that they enjoy it, they enjoy the  
act, that they are fulfilled.

Investigator: You are talking about after it had taken  
place?

Mr P: Even during ... they should show that they are  
willing...they shouldn't be so cold. For example the  
Yoruba people believe that when a man is making  
love to a woman, that woman shouldn't just be  
sleeping there without any emotion, without any  
indications of enjoyment in terms of what the man  
is saying, the kind of sounds that she is making and  
so on.. Actually that is what the Yoruba called  
"akeke"

Investigator: What is "akeke"?

Mr P: "Akeke" is a kind of noise and sounds that a woman  
makes when her partner is making love to her.

Investigator: What about the man, what about the sounds  
that the man makes when he is making love?

Mr P: Well, I wont be surprised if it applies in the reverse,  
but it is more ...that ..... making love to a woman  
that does not make "akeke" is like making love to a  
piece of wood, to a log of wood.

These expressions of expectations of sexual partners led to exploration of how Yoruba men and women come to acquire knowledge about sexual intercourse as such may inform engaging in healthy or unhealthy sexual behaviour. Knowledge acquisition of sexual relationships and intercourse among the Yoruba people, the “what, when, from who and how” were explored in the in-depth interviews.

### **5.5.7 How Do People Acquire Knowledge and What are the Contents of Knowledge Acquired About Sexual Intercourse?**

Yoruba people acquired knowledge from multiple sources, as young boys and girls, as old men and women. There is no one formally ascribed with the role of giving information about sexual relationships and sexual intercourse and there is no time specified about when a person should acquire such information. As emerged from the interviews, individuals picked whatever information they have informally from what they see happening among older people, from peers, friends, parents, schools, from reading books, from video and films, from experiences with husbands, wives, concubines. No one is sure of what information people have. A sixty-one year old male teacher commented that sexual intercourse may also be instinctual as young children from his personal experience engaged in what he called “primitive sex”. The information provided by him captured the essence of contributions from others.

Investigator:        But how do people learn all these things?

Mr P:                I think a lot of it is instinctual, but a lot of it is also about socialisation because a lot of these things become part of language use and a lot of that.

Investigator:        What do you mean?

Mr P: Language use socialises people, they learn, they learn from the way people discuss, they learn what happens about things that don't happen in the public, people use language.

Investigator: In other words, somebody would sit them down and give them the information...

Mr P: No.. No..No

In the interview with 46-year old graduate woman, her responses to some of the probing questions are as presented:

Investigator: What do people know about how sexual intercourse should be carried out?

Mrs O: I guess not much, except for those who actively go out to search and read about it and not many people would do that openly, not even married people.

Investigator: Why wouldn't they do that?

Mrs O: I suppose you know, *sebi* you are one of us here. Many people pretend as if they don't do it (don't have sex). When they see you holding such a resource, though they also would not mind reading it *o*, but they would say, you are not serious. That, how can you be reading such a book? Sex is still something only to be talked in the corners where people hide to do it. Even, many married couples don't feel bold enough to talk about sex even between spouses, not to talk of seeking help when they have problems

Investigator: Where do they get the information that they talk about even in secret?

Mrs O: Little information that people have are just picked in bits and pieces from friends, especially among males, from experience - especially among women...

Investigator: When do they get such information?

Mrs O: Well, it is not time related. As they grow in the system but more when they reach sexual maturity, when parents begin to warn them. And it is about

“don’t go about having sex o, otherwise you will get pregnant or you will impregnate a girl”.

Again probing further from another segment of the interview with the 61-year old university teacher, the extract reads

Investigator: Who are the sources of information about sexual intercourse to people? Young people, men, women?

Mr P: Nobody or no group that I know...

Investigator: So people just pick information along the line

Mr P: That’s why I say that given the fact that, well that most people go through sexual experience without any major crisis that is visible to people, you also can say that the manifestations of crises will not take place also because of social control... things may be happening to people that they don’t articulate because of social control.

Investigator: Even when people are deemed to be matured to have sexual intercourse (say at marriage) who is supposed to give them information about sexual intercourse?

Mr P: People are not given...you see that formulation itself has problems...outside marriage...it is not about somebody thinking someone is due to have sex...it is more of whether a child is of marriage age in terms of ...of course which wraps into it, the thing about maturity for sexual intercourse. So the thing is not just about sexual intercourse.

Investigator: Let’s take it from the premise that when a person is deemed to be due to get married, it is automatically inferred that , the person is matured to have sexual intercourse

Mr P: Exactly

Investigator: The question then is, who is supposed to give information to these people?

- Mr P: Nobody..
- Investigator: So they are expected to learn on their own.
- Mr P: Yes. Let me also say this that I wont be surprised that many young children actually play sex, they engage in some primitive sexual relationships, even when they are not mature.
- Investigator: What are such.....Can you explain more on that.
- Mr P: No..I mean .. actually young people have opportunities to have erotic relationships .. proper erotic relationships.. like puting their organs in the organs of the other person...yes ... At very young age
- Investigator: At about what age?
- Mr P: As young as 6, 7, 8.
- Investigator: And people know
- Mr P: Yes, people know, at some times they beat the children, You know that?
- Investigator: No, I don't know
- Mr P: Yes, children..that's the thing about the instinct thing that I was talking about...Children...you know, when we were young some of our age group were actually chastised, beaten by their parents and we saw some ourselves that people hide behind doors and things like that...though that's largely and urban thing. But I wouldn't be surprised if it also take place in rural locations among the people.
- Investigator: Ok, where could they have gotten the idea?
- Mr P: Its obvious, people see each others private part, I think there is something instinctive about sex.

Women also confirm some of the observations. This extract from the interview with a 46-year old female graduate teacher gives the same picture:

How?...Well, from what they see older people around them do, what they hear the older people saying in low tones or corners, or in the open community, it is not unusual for young men talking about '*mo ba omo yen sun lana*'.. some even use some languages that would be considered raw even among some Yoruba people... "*Mo do omo yen lana*". Some young people are agents of sending and taking messages among lovers...their brothers and sisters...they learn from all these.

From these explorations, nobody can say with precision what individuals know or do not know about sexual intercourse, healthy or unhealthy. Even at marriage when couples are socially and formally given the rights to engage in sexual intercourse, they go into it with no validation of what is right or wrong, what is healthy or unhealthy about sexual intercourse. They continue throughout life to get information that is unmoderated , probably learnt by trial and error in the actual practice. For people who acquire faulty and unhealthy information in the course of growing up, they continue to function accordingly and also continue to transmit that to their children.

An attempt was made to have an idea of the kind of information that people may have about sexual intercourse. The 32 persons interviewed were requested to indicate which of the topics identified as knowledge areas of sexual health listed in the table below are areas that they think people in their community may have information about. They were also requested to indicate the ones they themselves have some information about. The full contents of the information that respondents think others may have or which they also have was however not explored. Table 11 shows the summary of responses.



Table 11: Information believed/assumed to be given to people and information that participants in the in-depth individual interviews have themselves about sexual intercourse by frequency

Information	No of respondents who assumed that people are given the information N=32 (%)	No of respondents who had information personally N=32 (%)	No of respondents who do not personally have the information N=32 (%)	No of respondents who are not sure of information that people have N=32 (%)
What sexual intercourse is and the motives of sexual intercourse....	9 (28)	13 (41)	19 (59)	10 (31)
How it is done/how it may be done	11 (34)	7 (22)	25 (78)	14 (44)
Healthy sexual intercourse	11 (34)	8 (25)	24 (75)	13 (41)
Unhealthy sexual intercourse	10 (31)	8 (25)	24 (75)	14 (44)
With whom it may be done	13 (41)	8 (25)	24 (75)	11 (34)
When it may be done ....	12 (38)	7 (22)	25 (78)	13 (41)
Consequences of healthy sexual intercourse	9 (28)	11 (34)	21 (66)	12 (38)
Consequences of unhealthy sexual intercourse	10 (31)	9 (28)	23 (72)	13 (41)
Sexual health needs of women,	7 (22)	7 (22)	25 (78)	18 (66)
Sexual health needs of men	6 (19)	9 (28)	23 (72)	17 (53)
What happens physically during sexual intercourse in the woman	8 (25)	9 (28)	23 (72)	15 (47)
What happens physically during sexual intercourse in the man	8 (25)	10 (31)	22 (69)	14 (44)
Sexual coercion and the dangers for the health of sexual partners	8 (25)	9 (28)	23 (72)	15 (47)
Sexual violence and the dangers for the health of sexual partners	8 (25)	10 (31)	22 (69)	14 (44)

Significantly, Table 11 shows that more than one third of the respondents also acknowledged that they never had any information about some of the topics. More than 70% of the respondents did not have information about sexual health needs of women and men.

Sexual intercourse by consensus by both partners is generally seen as “good” in all sexual relationships. However, sexual intercourse by coercion and or force although seen as “bad” is not really expected in sexual relationship. The woman is always supposed to willingly give sex when the man demands it, no coercion should be necessary. Derived from the comments of one of the respondents in the discussions with middle-aged women (35-50 years) with not more than secondary school, the woman may not even outrightly agree to sexual intercourse even when she knows she wants it and would do it.

According to a 38 year old female trader

You know whatever we call husband and wife in this our area or girlfriend boyfriend that are going out together, after a while, when the man says it is time, it is compulsory, *if a woman is still showing some reluctance, because there is no woman that will not show some kind of reluctance first even when she wants it*, after a while, she would have to agree, for as long as the person is the husband

The perception and extent of coercive and forced sex in the study population is presented earlier. All the groups agreed that sexual intercourse by consensus from sexual partners is the most desirable and health promoting. All the groups also agreed that forced sex is most undesirable, non-health promoting for both sexual partners but worse for the person forced through the experience, (either a man or woman). They also commented, however, that women tended to suffer more injuries, emotional crises and diseases from forced sex. All the groups believed that a man engaging in forced sex may have psychological problem and need to be seen in that light. Young and middle aged respondents analysed this from the perspectives of availability of more women with whom a man may negotiate sex, thus not justifying even the use of force when a woman refuses to have

sexual relationships on initiation by a man. Older men with higher education also commented that men who engage in forced sex would suffer guilt and unhappiness. The views about negotiation of sexual intercourse were also related to the link of sexual intercourse to health by people in the community of study.

### **5.5.8 Sexual Intercourse and the Link to Health**

Sexual intercourse is appreciated to have a link with health and life. According to young women in the 18-25 year old category

- .... early sex results to unwanted, unplanned pregnancy
- .... pre-marital sex for the woman cuts bond of love between man and woman, man would not be happy if “woman is not met at home”
- ... it is possible to contract diseases

To middle-aged men 35-50 years sexual intercourse is linked to good health or bad health. Some refer to sexual intercourse as sources of “peace (of mind)”, “ sound good health” while others said “without consent, it results to accident and injury to both partners”, or “death”

For middle-aged women (35-50 years)

- ..Sexual intercourse by consensus is safe for both partners as both can negotiate safety and agree to use or not to use protection
- ... Coerced sexual intercourse is dangerous to health of both partners as they cannot discuss health problems that either have before act
- ... health problems get transferred

From the in-depth interviews, Yoruba people’s perception of sexual intercourse and health are explained from these views:

- After work, there should be time for relaxation, sex reduces tension and thinking

- Sex promotes sleep, sleep reduces occurrence of high blood pressure and stroke
- Sex gives health
- “Sex is an exercise”
- Too much sexual intercourse affects the back
- Adequate sexual intercourse supports the back to be firm
- Sexual intercourse promotes happiness
- Intimacy provided by sexual intercourse promotes sharing and helping to jointly solve problems by sexual partners in marital and in many non-marital relationships.
- Coerced sex is not healthy for the person coerced as the person would not be happy, it is the person who coerced that would feel satisfied
- Forced sexual intercourse is dangerous for health, could cause injury for both partners, even for the man.

Sexual intercourse by consensus between sexual partners is explained as the healthy behaviour encouraged among the people. Coerced and forced sexual intercourse are considered critical to the control of spread of diseases and HIV in particular.

As explained by informants, people caught engaging in coerced and forced sexual intercourse are punished. The next part of this report deals with regulations and control of sexual behaviours among the Yoruba people and in the community of study.

### 5.5.9 Traditional Normative Modes of Regulation and Control of Sexual

#### Relationship and Sexual Intercourse

Regulation and control of sexual intercourse are explained as prescriptions for prevention of sexual intercourse when not socially approved and punishment for engaging in unapproved sexual behaviour. Individuals are expected to take the responsibilities of regulating their sexual behaviour as dictated by the social norms but where individuals fail sanctions and punishments that may be as heavy as death are socially approved.

Apart from warnings (not education) against sexual intercourse before marriage, (especially before current attempts to talk about sex education) two things that kept recurring which respondents still expressed strong belief in are the use of “*Mágùn*” and “*Tẹ̀sọ̀*”. “*Tẹ̀sọ̀*” is preventive of sexual intercourse with a woman. It is explained that when a woman has *Tẹ̀sọ̀* laid on her, with or without her knowledge, no man would have penile erection when attempts are made to have sexual intercourse with such a woman. Further explanation on “*Tẹ̀sọ̀*” is provided on the section on artefacts in the latter part of this study. On the other hand “*Mágùn*” is punitive and it is laid on a woman believed to be having extramarital sexual relationships with the motive of getting the man who engaged in sexual intercourse with her with the *Mágùn* on her body to die during the act. Further information of *Mágùn* is also provided in the section that deals with artefacts.

Other regulatory and control mechanisms include withdrawal of privileges from young people who end up with pregnancy by parents of both the man and the woman. There are

variations in the perceived regulatory and control mechanisms of sexual intercourse by young and middle aged men and women.

Physical punishments such as getting other young people to beat someone caught engaging in unapproved sexual intercourse, getting such persons to walk round the street naked to bring shame to such persons are other identified measures. For men caught engaging in forced sexual intercourse (and incest), they could be sent into exile from the community and the family also get disgraced. Responses by different categories of respondents in the focus group discussions about regulation and control of sexual behaviour are as presented.

According to young women (18-25 years old), at a certain stage, the society expects you to get married. Subtly or overtly they push you toward marriage. This is a form of social control. Once you are married, the expectation is that couples will act according to social norms.

For young boys (18-25 years old)

- ... Not much of control, no known measures
- ... Lessons are learnt from people who have problems, who have AIDS

Among middle-aged male adults (35-50 years) with not more than secondary school education this extract from the interview session gives life to the ways they presented their views:

- Respondent 6: The noise about AIDS that is in town now is the danger there really.
- Investigator: Before the emergence of AIDS, how were they doing this in this community?

- Respondent 1: There are some married women who perhaps do not listen/obey their husbands, the husband may “put something” on her body such as “magun”. When a woman goes out and she does not obey the husband, and if the husband now look at it that “it is me that is seeing this’ he would put the thing in her body. When he puts it and the woman goes out to have sexual intercourse, the man would run into the “Mágùn”. When the man contacts it, it means the husband is justified, the woman will come back home. The husband would also be happy that yes, he has made it.
- Investigator: Do we still have such “Mágùn” in this community?
- Respondents: (in chorus) Yes, It is still there.
- Respondent 9: Again if a boy is in school and he is engaging in sexual intercourse and the girl finally get pregnant, - my parents will withdraw their financial support for me and the same thing will be applicable to the lady. Her parents will also stop supporting her financially. The lives of both of them then run into crises, so other parents use such as examples, warning by saying “oko yen ni ki o maa do ka” (*literarily-you should continue with having sexual intercourse with men*) or for a boy, ‘just go on going about with girls’, using the examples of others to get them to learn how to behave.
- Investigator: So, people use mistakes of others most of the time for their children to learn from?
- Respondents: (in chorus) Yes

Middle-aged men (35-50 years) with higher education also explained that:

... Until recently, when people are talking of this sex education, it is abomination to talk about sex in this area. It is a taboo, we don't mention it at all. Yes, you dare not mention the sexual organ in those days. However, there is an open display of sex organs because a sister goes about naked.

... Any young person going to that area, the elder will scold them.

... I think this sexual control is by individuals. There is no tradition or laid town rules in our community to control the affairs of sexual activities. It is managed and controlled by the

individuals. Hen en, I want to say that religion does it normally, gives guidelines of when we can have sexual intercourse. Christians preach morality strongly and so on. I think it will be in Koran too. Within the tradition in the olden days, if someone's wife sat here and stood up, another man must not sit on the same chair. It is controlled, and I believe that in that wise, we still believe we can still control that immoral sexuality...

... I think it is still under control even apart from the points they have mentioned earlier, with education about HIV/AIDS, people are now controlling sex affairs in this community.

... There is controlled sexual relationship in this community, like before the existence of HIV and other sexually transmitted diseases there are many ways in which the tradition control such, even though nowadays the people do not fear. In the olden days they use "mágun". When they hear of this "magun" people use to fear because they have seen the example how it kills and the "Teso". So all these things make people to fear.

Among middle-aged women (35-50 years) much of what they perceive as measures of regulation and control are related to how much secrecy is provided around sexual intercourse. As expressed by one of the participants:

I think generally in our society, there is a certain period fixed for sexual intercourse to begin. They considered it in the night, they should not do it openly, not usually in the day time. So, this is one of the reasons and even when people have it during the day or openly that one is considered abnormal (50 year-old teacher).

From the in-depth interviews, many of these views were validated and more information were provided. Essentially, the norms in the society regulate sexual behaviour of people. The norm was that "sexual behaviour is a secret thing not discussed openly ... not even discussed between husband and wife". It is taken as a sacred thing and children were never to talk about sex, talking about sex was a "punishable behaviour" (56 year-old health practitioner). This respondent expressed that sexual intercourse hardly get regulated among the young and the old in modern times.



In addition, the information that verbal warning and using of people as examples to deter others from engaging in unwanted sexual behaviour in the community was revalidated. Other issues raised by the 56 year-old graduate cultural troupe manager included differences in punishment for unacceptable sexual behaviour with married and unmarried women. Punishments for sex with a married woman were heavier than sex with an unmarried woman as the man may claim that he wanted to marry the woman. Men in the same cult may not have sexual relationship with a colleague's wife as the penalty could be death. Non-indigenes, visitors face worse penalties when caught with unacceptable sexual behaviour with indigenes and this position is backed up with a Yoruba common saying "*Bí onilé bá iyàwó àlejò sùn, àlejò ni yio ló, bí àlejò bá iyàwó onilé sùn, àlejò ni yio ló*" (If a host/landlord have sexual intercourse with the wife of a visitor, it is the visitor that would go, if a visitor have sexual intercourse with the wife of the host/landlord, it is the visitor that would go).

It is not the person(s) caught engaging in socially unacceptable sexual intercourse only that faces disgrace, the immediate family and the extended family face shame, disgrace and stigma in the community, (especially with rape). Such behaviour may have long lasting effects such that younger generations (men) in the family may have problems getting wives in the community in later years. In the same way, women who were not found to be virgins at marriage along with their families got disgraced and those found to be virgins got physical rewards and honour from the society. As the interviewee puts it, "the grace and gains of virginity act as motivator for girls". One important point raised by three of the men (50 years and above) was that older men were very protective

of women, explaining that most of the social measures were directed at protecting the woman. Young men were made to serve families of their proposed wives for long periods of time before they got their wives, hence, both parties, the husband and the wife took their relationships seriously. The husband would not stand anything that would negatively affect the wife and the wife equally rewards the service of the man by being sexually faithful. As the 56 year-old graduate teacher/cultural troupe manager puts it

Just like the Jews in the Bible, men are made to serve the families of wives before giving women as wives. Men are more protective of their wives' sexual behaviour and women are in the knowing of the price paid by husbands to marry them. They pay back by being honest, they are also protective of the marriage/marital relationship, hence, would conform with prescriptions for sexual behaviour.

For rape in traditional society, local traditional leader (Báálé) had the power to imprison a man caught, known or reported to have sex with a woman by force. The penalty could be as high as death. Quoting this respondents:

In the past, in villages, the Baale would handle the case and put the man in prison. If by accident the woman dies, the man's head would be cut and be hung at the Ogun shrine". Nowadays, the traditional chiefs no longer have control of the world. But, there are still discrete ways that we use to fight people like of old. If it becomes impossible to get justice and one feels cheated, the child would come home and some scarification would be put at the site/part of the body beaten. The hand used to beat the child would get bloated up until the owner dies, decays off till death"

In modern times, the police and the court of law are said to have taken over the function to punish, though as reflected in the information above, people still believe they can go back to traditional interventions when "modern" intervention fails them. The interview with 61-year-old university male teacher gives more insight to the changing modes of

regulation and control of sexual behaviour in the Yoruba social context. An extract from the interview is presented:

Investigator: Let us look at regulation and control of sexual behaviour. How is sexual behaviour of young un-married boys regulated and controlled in your culture and in this community?

Mr P: Well, social sanctions, there are things you are not supposed to do, you are not supposed to just be going in and out with women, not to talk of many women.... In fact in traditional community, pre-colonial traditional societies, the sanctions are stronger, in society that are more close nit (not as in urban centres).

Investigator: Let's look at such sanctions in such rural traditional communities

Mr P: It is just that young men know that they are not supposed to engage in pre-marital sex generally and older people monitor, they watch, when they see any sign of some possibility of a relationship leading to sexual whatever, and if it happens, sanctions including flogging ...like that...

Investigator: Who does the flogging?

Mr P: Either the parents or the older relatives of the person, man and woman...

Investigator: What are other sanctions imposed?

Mr P: None other that I know..

Investigator: You mention warning, you mention flogging....What about girls?

Mr P: It's the same way

Investigator: What about young married men?

Mr P: First of all, a married person is not supposed to have sexual relationships with an unmarried person or with other people's wife. But even with your wife, when the woman is nursing, it is forbidden. Because there are all sorts of beliefs about how sex can debilitate a growing child who is still breast feeding and all that. And even uncontrolled propensities of sex is discouraged

Investigator: How?

Mr P: You are not supposed to be just found, even when it is an appropriate time, the child is already grown and all that, uncontrolled propensity is discouraged in the sense that ...just sex as pleasure is discouraged....people just warn them...for example nobody is supposed to be going around having sex with the wife during the day...and in any case from the point of production of what people

need to use and things like that, there is no time for it, for sex, no opportunity for it, because everybody is living in the same location there is no private apartment for husbands and wife because of the way people live. The dynamic of production, the amount of space that is available, does not give people sufficient privacy for people to have sex for purpose of just pleasure.

Investigator: But now in recent time... now that people can be on their own...

Mr P: Yes, where there is greater privacy for individuals...actually a big part of the freedom is about opportunity for a man and a woman been together privately away from the eyes of the public.

Investigator: Yes, even now within the current context, how is the sexual behaviour of the man regulated within the culture. Are there means of still regulating the behaviour within the culture?

Mr P: Not anymore. I mean people can now have sex entirely for the purpose of pleasure and they have all kinds of options now i.e. contraception and all of that, so all of these things come together to give people much more sexual freedom. Both intra-marital and extramarital.

Investigator: Regulating and controlling sexual behaviour... would you say is a bit more difficult now?

Mr P: Is much more difficult, much more difficult. It doesn't mean that at the level of moral sanctions or prescriptive sanctions...it does not mean that there is no sanction at all, Ok... but as long as you are not doing something criminal, you are on your own.

Investigator: And when the person is doing something criminal and what would you take as \a criminal sexual behaviour in this community

Mr P: Rape, ... Adultery, though this has become some kind of....tolerated

Investigator: When a person is doing such a criminal thing as you identified, how is it controlled within the current social setting?

Mr P: Resort to law, to the legal processes but also resort to internal familial mechanisms...the same way... address it at the level of the family, within families or between families that are involved. Again, beyond the ethical, beyond the moral social control, neither the man nor the woman, both the man and the woman would want people to know that... they primarily respect the private business of sexual interaction ok i.e. everybody believes that public demonstrations...even of affection is frowned upon,

including even things like kissing or hugging not to talk of open sexual intercourse. Is as strong. People know.

Investigator: The act of showing affections publicly, do you say it is still sanctioned in this culture now?

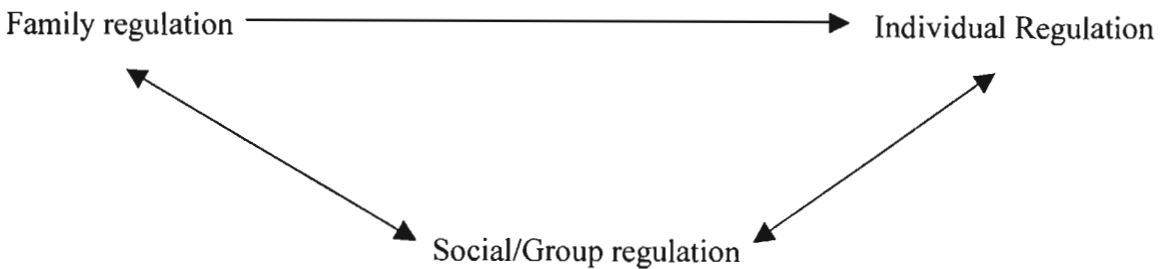
Mr P: Yes it is. People are expected to be very discrete. You rarely find a man and a woman, even legitimate husband and wife holding hands when they are walking in the street or with a man or a woman with their hands on each others shoulders, its something considered odd, it is that strong, even inside the house, where other members of the family are.

Investigator: So one way of regulating sexual behaviour is moderating public demonstration of affections...

Mr P: Yes.

On the whole, three distinct but complementary regulatory and control points of sexual behaviour were deducible and constructed as a tripod that reinforces each other as shown in figure 3 below.

Figure 5: The tripod of regulatory points of sexual behaviour in the community of study



#### **5.5.10 Other Traditional Beliefs and Practices that have Bearing and Implications for Sexual Intercourse, Sexually Transmitted Diseases and HIV Transmission.**

While traditional beliefs and practices inform what is known and practised and thus the information provided in all parts of the study, participants were deliberately asked for what they consider as specific traditional beliefs, customs and practices that have

implications for sexual behaviour, sexual intercourse, sexually transmitted diseases, occurrence of sexual coercion and sexual violence. The primary and dominant belief that runs across all the groups is that a man gets married to have access to sexual intercourse with wife at will. The women thus have a responsibility to meet sexual intercourse demands of the husbands as a duty, for procreation (and for economic gains). Quotes of views that run through the three categories of respondents are as presented:

Our belief is that when a man gets married, he should have access to *his thing* (emphasis mine) ... his wife cannot say no when he wants to have sexual intercourse with her. If she says she is tired sometimes, it is understandable but when that comes too often, then quarrels will come up and some men would beat their wives for refusing. Others will not beat or quarrel, they will simply look for alternatives outside. (35 year-old male, motor mechanic, not more than secondary school education)

Sexual intercourse should be between married couples. Anything outside that is frowned at though people still do it outside marriage like we said earlier on. Even among couples, sexual intercourse at times may be the main reason for rifts, but neither of them will mention it when they are settling quarrels. The man may be discussing it with his friends and men take a lot of advice from their friends. In fact some would look for friends (female) outside through their friends if they do not get sexual satisfaction with their wives. You know sexual intercourse is also necessary for health. (48 year-old carpenter, not more than secondary school education).

.... When the child is weaned, late in the night, the husband will just take his wife, he would say this child is old enough to have another pregnancy (60 year-old, civil servant, not more than secondary school education)

A girl that is not of marriage age is not expected to have sex. She should keep herself, even in the olden days, there is something we called virginity. Nowadays few people get to keep their virginity until they get married. The husband too would have patience until the two of them get married. That is

it. (50 year-old teacher, more than secondary school education).

Again, within marriage, sexual partners are expected to stay mutually faithful with partners only abstaining from sex when the woman is menstruating or breast-feeding. Abstention from sexual intercourse during menstruation were identified by middle aged women with higher education and older men with higher education.

Other beliefs that emerged from the discussion though not identified by the group as such but linked more with gender related expectation were as regards initiation of sex and behavioural expectations for sex. It is generally believed that men should initiate sex, not women. As expressed among 35-50 year-olds educated women, "The man would make the move and if the woman is interested, they go on with it...".

Middle-aged men, 35-50years with more than secondary school education have these to say:

.... It is usually initiated by men in this community. A woman may only prepare ground. But not verbally. The man is to initiate it. A woman can tell her husband to let them have fun. But is exceptional. Is not common.

..... Response: it is initiated through motivational activities. Man can buy materials or things for a woman to prepare her for the night activities. Go out and do something or anything you can think about. And then he will try to initiate it. You make her happy first.

Investigator: And why is it the man that must initiate?

... In our society, we believe it is a man who initiates it.

Investigator: Why?

... Let us look at it this way, it is natural, if you look at all male beings, they are always the first to make the move for sexual intercourse like animal, you see how they do.

...Simple men have urge. Is in line with nature, is a natural ethics. Men are more sexually aroused, easily aroused ... so, even, people now by mere looking at a woman men will be in sexual mood. The natural activity is there more for the man than that of female. So it is a male that initiate, sexual intercourse.

This observation however, appeared to be changing from some of the information provided among male and female participants with more than secondary school education, though the issue indirectly came out while discussing coerced and forced sex as initiated by young women. As observed by one of the participants among the 18-25 years females with more than secondary school:

It is just that people always focus on men, even when the woman wants it, she just would not be able to say that kind of a thing out so she would keep silent.....but this does not apply to all women because there are some women, nothing is too much or fearful for them to say. When they need anything, they just say it out.

Young women, 18-25 years old raised the issue of polygyny as traditionally practised to allow men to have more wives and children as such are meant to help boost agricultural productivity. The practice was also deemed to have negative consequences for sexual health and the general health of the man and the women in the relationship.

Other information got from in-depth interviews about traditional believes, customs and practices include the concept of “<sup>\</sup>ake<sup>\</sup>ke”, a sound expected to be made by a woman during sexual intercourse. As explained by 61 year-old university male teacher while talking about sexual intercourse between partners, this extract from the interview session gives more information:



Mr P... (long silence) Well, I think both partners are supposed to show that they enjoy it, they enjoy the act, that they are fulfilled.

Investigator: You are talking about after it had taken place?

Mr P: Even during ... they should show that they are willing...they shouldn't be so cold. For example the Yoruba people believe that when a man is making love to a woman, that woman shouldn't just be sleeping there without any emotion, without any indications of enjoyment in terms of what the man is saying, the kind of sounds that he is making and so on.. Actually that is what the Yoruba called "akeke"

Investigator: What is "akeke"?

Mr P: "Akeke" is a kind of noise and sounds that a woman makes when her partner is making love to her.

Investigator: What about the man, what about the sounds that the man makes when he is making love?

Mr P: Well, I won't be surprised if it applies in the reverse, but it is more ...that of...hen...that making love to a woman that does not make "akeke" is like making love to a piece of wood, to a log of wood.

Investigator: But how do people learn all these things?

Mr P: I think a lot of it is instinctual, but a lot of it is also about socialisation because a lot of these things become part of language use and a lot of that.

Investigator: What do you mean?

Mr p: Language use socialises people, they learn, they learn from the way people discuss, they learn what happens about things that don't happen in the public, people use language.

The latter part of this information also gives insight to obvious lack of direct communication about expectations in sexual intercourse but learning expected to take place instinctually, by chance or trial and error.

One concept that came out in one of the informal observation sessions that prompted formal exploration and discussions was what the Yoruba people referred to as "*Tage*". This is a form of "unsolicited sexual touching" characterised by a man or woman

sexually touching a person of the opposite sex in an atmosphere of play. More often than not, it is a man that does the touching. The body parts usually touched are the buttocks, breast and the genitals.

This behaviour was mentioned in one of the informal interaction and observed in some locations where aggregates of young men and women were found during the course of study. The first observation was made in a location with aggregates of young men doing various work in an auto-mechanic workshop. This act was also observed in three other scenes, one in a motor park, another episode was seen in one of the markets in the town also involving young men and women. The third scenario was in a place that served more like a relaxation community setting in one of the very busy streets in the town of study. Whereas, three of the unsolicited touching were done by men, one was by a woman who attempted to touch the genitals of another man. The women involved were in their late teens or early 20s while the men were observed to be in their late 20s or early 30s.

The patterns of behaviours from the three scenarios involving men were such that the men made attempts to touch the breast or buttocks of the women as each passed by the men. This was associated by some protest (verbal and attempt to use their hands to slap the hands of the men) by the women as they also moved away from the men. On one of the scene involving the woman initiating the act, the woman, in her early twenties passed by the man and attempted to touch the genitals of the man as she also ran pass the man. The man ran after the woman and slapped her buttocks as about six other men and two older women present in the scene seemed to ignore what was happening. This act on

further probing by the investigator was termed “tage” in the Yoruba conception. This behaviour was said to be part of sexual interaction especially among young unengaged men and women depicting maturing sexuality and informal ways of beginning sexual relationship. This act was taken as significant by the investigator considering the implications of this for the conception of sexual harassment in modern times and for persons who may be foreign to the culture where the practice may not be deemed to be of much significance. This practice needs further exploration.

### **5.6 Artefacts Associated with Sexual Behaviour and Regulation of Sexual Behaviour**

Some of the artefacts associated with sexual relationships, sexual behaviour and regulation of sexual behaviour among the Yoruba people were mentioned or discovered by the investigator. These include waist beads used by women, two popular home videos that were generally available for people to buy, borrow or watch in private home video centres located in the community as such are also easily accessible to young people. These two home videos, recorded in the Yoruba language were “*Máḡùn*” and “*Jóḡunómí*”. “*Máḡùn*” is a traditional medicine used to punish a man having sexual relationship with another person’s wife. More information and a dummy of *máḡùn* obtained from a traditional medicine practitioner is presented. Another traditional medicine used like *máḡùn* is “*Gbetugbetu*”. More information is also provided about “*gbetugbetu*”. “*Tẹsọ*” is another form of traditional medicine used as a protective measure, especially for young girls. Traditional rings for fertility control was also mentioned. More information about these artefacts are presented.

### 5.6.1 Waist Beads for Women.

Beads of different colours, shapes and sizes are popular items of adornment among the Yoruba people especially for babies, young people and adult women. There are beads used to adorn the neck as part of dressing. There are waist beads that are also used to adorn the buttocks. Beads serve two purposes of adornment and monitoring weight gains especially among babies as explained by 65 year old trader interviewed on the purpose of wearing beads among the Yoruba people.

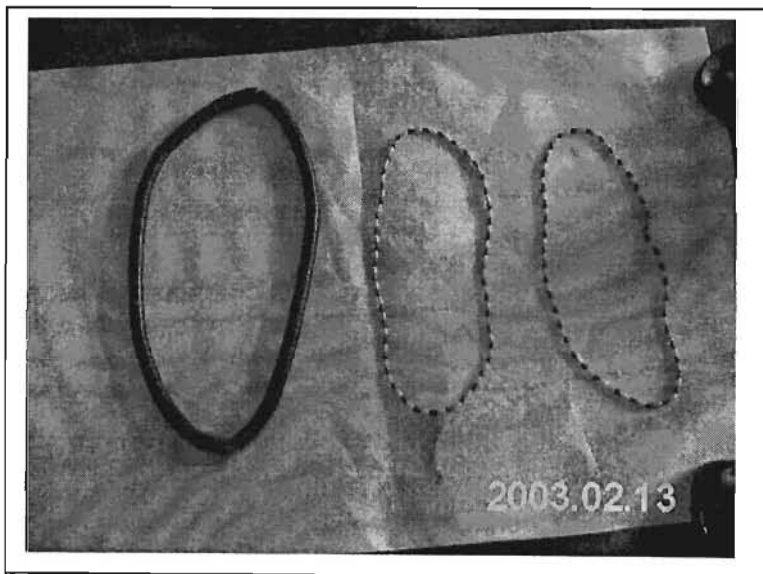


Figure 6: Samples of traditional beads (*Ilèkè-ìdì*) used to adorn the buttocks by Yoruba women

For sexually matured women, they are used to adorn the buttocks and they also serve as medium of sexual communication. According to a 46 year old male artisan, when a woman uses the waist beads “It turns the man on sexually when he sees and touches the beads”. Figure 6 shows samples of two types of waist beads for women in Yoruba land.

### 5.6.2 “*Tesọ*”

*Teso* according to informants was used as a preventive medium of controlling for the occurrence of sexual intercourse (especially by force) for young un-married girls in the traditional society. It could be in the form of a traditional ring, waistband, an armband or an incision. *Tesọ* works in two ways of either preventing penile erection thus making penetration of the vaginal difficult or impossible for the man, or preventing ejaculation thus protecting against pregnancy. This second type, according to the informant, could be used to prevent pregnancy from occurring even by an older married woman.

However, it was explained that in traditional Yoruba community, for security of the girl and to ensure that the girl was able to keep her virginity until marriage, the father of a girl would arrange with traditional herbalist to make *Tesọ* for the girl. This would be administered without her knowledge, usually by the father. The negative implication of the use of *Tesọ*, especially without the knowledge of the girl relates to the consequences if the person who has the antidote to remove the spell by the time the girl or woman would want to start legitimate socially approved sexual relationship dies. Nobody could explain how *Tesọ* works. *Teso* has psychological implications for men, who may avoid any girl with whom they could not achieve penile erection when attempting sexual intercourse.

However, if used appropriately with the knowledge and approval of the woman, *Teso* gives the woman the power to determine who could have sexual intercourse with her.

### 5.6.3 “*Mágùn*”.

“*Mágùn*” was a phenomenon mentioned in all discussions about sexual intercourse. From the literary translation of “*Mágùn*” to English, it translates directly to “don’t climb”, ‘implying don’t climb the woman to have sexual intercourse with her’. It was believed to be in use at the time of the study. This view was also strongly supported by the presence and popularity of the home video titled “*Mágùn*”. It was generally mentioned as a “sexually transmitted disease” or “death” as it was referred to by all informants and respondents in both the qualitative and quantitative study. Further in-depth exploration of the concept of “*Mágùn*” revealed that it is a traditional medicine used to take revenge or keep surveillance on extramarital sexual relationships. It could be used to trap any woman even in non-marital relationships. According to an informant, (36 year old male artisan), “*Mágùn* is more deadly than HIV/AIDS, it kills fast”. The mode of action of “*Mágùn*” could not be explained by any of the informants. It is used in various forms, and is administered secretly using various media. It could be applied on a thread that has the same colour like the floor or other materials, making it invisible to the woman who is meant to cross over it without knowing. It can also be applied secretly on other materials. A sample of one type is provided below. When a woman steps over the medicated material, anyone that has sexual intercourse with the woman would be subjected to the effect of the medication in one form or another. In one form, the man who “climbed” on a woman with *magun* spells and ejaculates would then somersaults three times. The man will die on the third turn if there is no action to prevent the three cycles of somersaults. While the ultimate of “*Mágùn*” for any man that contract it from a woman is death, the way it presents depends on the type. An informant explained that there were types that do not kill the man instantly. However, when he eats some kind of food that activates the

“*Mágùn*” this results in the death of the man. Another type is characterised by the man crowing like a cock thrice before collapsing and dying. The most common type was the one that usually results to the man somersaulting three times before collapsing and dying.

While informants in the in-depth interviews validated the existence and potency of “*Mágùn*” it was also considered as most undesirable in modern times. According to 56 year old male cultural troupe manager and teacher:

While the use of things like *Mágùn* are still in use, especially in some rural communities in Yoruba land, most people would rather think of alternative ways of handling extramarital relationships of their wives differently in modern times. One may rather want to divorce such a woman. Again no one wants his daughter to die. So the idea of using *Magun* to eliminate a man suspected to be having sexual relationship with your daughter is just not acceptable any longer because if a man fails to have sexual intercourse with the woman, she would also die.

Despite this view, *Mágùn* continues to be used as a potent warning for men to avoid extramarital sexual intercourse with another person’s wife. According to a 29 year old male artisan,

The fear of *Mágùn* is the beginning of all wisdom that also compel most married men to stay with their wives or seek relationships with unmarried girls

A dummy of *Magun* obtained from a traditional herbalist is shown in Figure 7.

Figure 7: Dummy of a brand of *Mágùn*





#### 5.6.4 *Gbetugbetu*

*Gbetugbetu* is another form of traditional medicine meant to be used to cast spell and compel another person to comply with whatever one instructs the other person to do. According to the informant, *Gbetugbetu* was used during war by warriors to cast spell on enemy to get them to comply with instructions so that they can be beaten. It is also administered in various forms on a waist belt, a traditional ring or a small pouch made and packed in leather material called a “*Tira*”. It could also be made as an incision made on the body and rubbed with the medication, or a specially made burnt powder, to be chewed. *Gbetugbetu* is activated by reciting some incantations. *Gbetugbetu* could be used as “*Amúdo*”, a spell cast on a woman to have sexual intercourse with her as she is made to obey the instructions of the man as the man instructs her and she complies as she loses her senses and capacity to refuse. This becomes a dangerous tool in the hands of some men as they can compel any woman they use it on, especially when the woman may be deemed to have some edge over the man, or had earlier refused proposal for a relationship from the man.

Figure 8: Dummy of a brand of “*Gbètugbetu*”



### **5.7 Process of Quantitative Data Analysis from the Survey**

Findings from this component of the study were meant to validate some of the information obtained from the qualitative data and to provide additional information to meet the objectives of the study.

A total of 487 questionnaires recovered and adequately filled out of the 600 administered, were analysed. Data from the coded questionnaires were entered and analysed using SPSS package (SPSS 11 for Windows). The findings are presented in two parts. The first part presents a general description of the respondents. The second part presents the knowledge base and views of respondents by frequency and percentages by sex, age and educational background on issues raised in the study. Tests of significance in responses among respondents by age, sex and educational background are also conducted as necessary and reported. All percentages are calculated to the nearest whole number.

### **5.8 General Description of the Respondents**

All respondents were Yoruba by ethnicity. The distribution of respondents by age and gender, religion, marital status and educational background are presented. The distributions by educational background, the occupation across gender were also computed and presented. Table 12 presents the age distribution of respondents by gender in the quantitative study.

Table 12: Distribution of respondents by age categories and gender

Age category in years	Gender		Total
	Male (%)	Female (%)	N (%)
18-27	54 (11)	40 (8)	94 (19)
28-37	53 (11)	44 (9)	9 (20)
38-47	61 (13)	46 (9)	107 (22)
48-57	50 (10)	23 (5)	73 (15)
58-67	31 (7)	26 (5)	57 (12)
68 and above	37 (7)	17 (4)	54 (11)
Age not indicated	0 (0)	5 (1)	5 (1)
Total	286 (59)	201 (41)	487 (100)

Respondents were in the age range of 18 and 93 years. The mean age was 44, the median age was 40 years and the mode was also 40 years. The standard deviation was 17.6.

Though men had higher percentage overall, all the age categories were represented in the two sexes. Respondents in the sexually active age group of 18-49 years were more than 50 % of respondents.

Table 13: Distribution of respondents by religion, marital status and educational background

Religion	Marital Status	Educational Background						Total (%)
		Primary (%)	Secondary (%)	OND and Others (%)	University (%)	No western education (%)	Education background not indicated (%)	
Not indicated	Single	0 (0)	3 (.6)	0 (0)	2 (.4)	0 (0)	0 (0)	5 (1)
	Married	4 (.8)	0 (0)	0 (0)	2 (.4)	0 (0)	4 (.8)	10 (2)
	Marital status not indicated	0 (0)	0 (0)	1 (.2)	0 (0)	0 (0)	0 (0)	1 (.2)
	<i>Sub-total</i>	<i>4 (.8)</i>	<i>3 (.6)</i>	<i>1 (.2)</i>	<i>4 (.8)</i>	<i>0 (0)</i>	<i>4 (.8)</i>	<i>16 (3)</i>
African traditional religion	Single, never married	0 (0)	0 (0)	1 (.2)	0 (0)	0 (0)	0 (0)	1 (.2)
	<i>Sub-total</i>	<i>0 (0)</i>	<i>0 (0)</i>	<i>1 (.2)</i>	<i>0 (0)</i>	<i>0 (0)</i>	<i>0 (0)</i>	<i>1 (.2)</i>
Christianity	Single, never married	5 (1)	21(4)	25 (5)	30 (6)	1 (0)	9 (2)	91 (19)
	Married	32 (7)	52 (11)	32 (7)	41 (8)	5 (1)	33 (7)	195 (40)
	Married but separated from partner	2 (1)	8 (2)	3 (.6)	4 (.8)	0 (0)	1 (.2)	18 (4)
	Divorced	0 (0)	4 (.8)	3 (.6)	1 (.2)	0 (0)	2 (.4)	10 (2)
	Widowed	7 (1)	7 (1)	5 (1)	1 (.2)	1 (.2)	8 (2)	29 (6)
	Marital status not indicated	0 (0)	11 (2)	0 (0)	1 (.2)	0 (0)	8 (2)	20 (4)
	<i>Sub-Total</i>	<i>46 (9)</i>	<i>103 (21)</i>	<i>68 (14)</i>	<i>78 (16)</i>	<i>7 (1)</i>	<i>61(13)</i>	<i>363 (75)</i>
Islam	Single (never married)	7 (1)	1 (.2)	1 (.2)	5 (1)	1 (.2)	7 (1)	22 (5)
	Married	12(2)	14 (3)	13 (3)	2 (.4)	0 (0)	13 (3)	54 (11)
	Married but separated from Partner	1 (.2)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (.2)
	Divorced	0 (0)	2 (.4)	0 (0)	0 (0)	0 (0)	0 (0)	2 (.4)
	Widowed	0 (0)	1 (.2)	0 (0)	0 (0)	0 (0)	3 (.6)	4 (.8)
	Marital status not indicated	2 (.4)	11(2)	1 (.2)	0 (0)	0 (0)	10 (2)	24 (5)
	<i>Sub-total</i>	<i>22 (3)</i>	<i>29 (6)</i>	<i>15 (3)</i>	<i>7 (1)</i>	<i>1 (.2)</i>	<i>33 (7)</i>	<i>107 (22)</i>
<b>Total</b>		<b>72 (15)</b>	<b>135 (28)</b>	<b>85 (18)</b>	<b>89 (18)</b>	<b>8(2)</b>	<b>98(20)</b>	<b>487 (100)</b>

Table 13 reflected that majority (75%) of the respondents were Christians out of which 40% were married. Among the 40% married respondents, 11% had secondary school education, 8% were university graduates. Respondents who were single, never married constituted 19% of Christians out of which 6% were university graduates.

Respondents who were married were also more among the Muslim category. Respondents with secondary school and post secondary schools (Ordinary National Diploma and others in this category) constituted 3% each. Respondents with primary education constituted about 2%, but married university graduates were only 2 (.4%). Despite the low number of Muslim respondents in the group (22%) compared to Christians (75%), those who did not indicate their marital status among the Muslim category were a little more when compared with the Christian group, 5% Muslims against 4% Christians. The high percentage of Christians among the sample reflected the pattern of Christian dominance in terms of population in the community of study.

The distribution of respondents by their occupation against their educational background is as presented in Tables 14 and 15 for male and female respondents respectively

**Table 14: Distribution of male respondents by educational background and their occupation**

Occupation	Educational Background						Total (%)
	Primary (%)	Secondary (%)	OND and Others (%)	University (%)	No western education (%)	Not indicated (%)	
Not indicated	2 (.7)	1 (.3)	1 (.3)	3 (1)	1 (.3)	3 (1)	11 (4)
Artisan	11 (4)	22(8)	7 (2)	0 (0)	3 (1)	9 (3)	52 (18)*
Civil servant	4 (1)	9 (3)	10 (3)	8 (3)	0 (0)	4 (1)	36 (13)*
Engineer	0 (0)	0 (0)	0 (0)	1 (.3)	0 (0)	1 (.3)	2 (.7)
Farmer	7 (2)	2 (.7)	2 (.7)	1 (.3)	1(.3)	6 (2)	19 (7)
Health care providers	0 (0)	0 (0)	1 (.3)	1 (.3)	0 (0)	0 (0)	2 (.7)
Legal practitioner	0 (0)	0 (0)	0 (0)	2 (.7)	0 (0)	0 (0)	2 (.7)
Retiree	3 (1)	3 (1)	1 (.3)	2 (.7)	0 (0)	1 (.3)	10 (3)
Students	0 (0)	11 (4)	15 (5)	15 (5)	0 (0)	9 (3)	50 (18)*
Teacher	0 (0)	0 (0)	13 (4)	15 (5)	0 (0)	0 (0)	28 (10)*
Trader	12 (4)	26 (9)	1 (.3)	4 (1)	1(.3)	16 (6)	60 (21)*
Unemployed	4 (1)	0 (0)	0 (0)	0 (0)	0 (0)	1 (.3)	5 (2)
Others**	2 (.7)	4 (1)	0 (0)	4 (1)	0 (0)	0 (0)	10 (3)
Sub-Total	45 (16)	78 (27)	51 (18)	56 (20)	6 (2)	50 (18)	286 (100)

Traders constituted the largest population (21%) of male respondents with artisans and students constituting 18% each. Civil servants were 13% and teachers were 10% of the respondents. Occupational groups clustered together and referred to as “others” (\*\*) include storekeepers, petrol attendants, and computer services assistants. The table reflects a representation of large varieties of male respondents in different occupations. The average percentage of students’ representation was not surprising as many of the students in about 28 secondary schools in the town and the university live in the

community. The distribution of the female respondents by the occupational groups against their educational background is presented in Table 15.

Table 15: Distribution of female respondents by educational background and their occupation

Occupation	Educational Background						Total (%)
	Primary (%)	Secondary (%)	OND and Others (%)	University (%)	No western education (%)	Not indicated (%)	
Not indicated	0 (0)	3 (1)	1 (.5)	0 (0)	0 (0)	1 (.5)	5 (3)
Artisan	2 (1)	10 (5)	0 (0)	0 (0)	0 (0)	5 (3)	17 (8)
Civil servant	1 (.5)	3 (2)	9 (4)	5 (3)	0 (0)	1 (.5)	19 (9)
Farming	1 (.5)	1 (.5)	0 (0)	0 (0)	0 (0)	0 (0)	2 (1)
Housewife	3 (2)	4 (2)	1 (.5)	0 (0)	0 (0)	15 (7)	23 (11)*
Health Care provider	0 (0)	2 (1)	0 (0)	2 (1)	0 (0)	1 (.5)	5 (3)
Student	0 (0)	12 (6)	3 (2)	8 (4)	0 (0)	2 (1)	25 (12)*
Teaching	0 (0)	2 (1)	10 (5)	9 (4)	0 (0)	1 (.5)	22 (11)*
Trading	17 (8)	19 (10)	8 (4)	7 (3)	3 (1)	20 (10)	71 (35)*
Unemployed	0 (0)	0 (0)	0 (0)	2 (1)	0 (0)	0 (0)	2 (1)
Others	3 (2)	1 (.5)	2 (1)	0 (0)	0 (0)	1 (.5)	7 (3)
Sub-Total (%)	29 (14)	58 (29)	3 (18)	33 (16)	3 (2)	47 (23)	201 (100)

As Table 15 shows, 35% of female respondents were also traders reflecting more women in trading than men. Students constituted 12%, while 11% were teachers and housewives respectively. Compared with male respondents, there were less civil servants and artisans.



## **5.9 Distribution of Respondents by Knowledge Base and Views on the Thematic**

### **Areas of the Study:**

#### **5.9.1 Conception of Sexual Intercourse**

The question “what does sexual intercourse mean to you as a person” evoked diverse responses from the participants with majority expressing the purpose it served for them. While 34 (7%) described the act of coitus, all emphasising between a man and a woman, majority, 190 (34%) emphatically expressed that sexual intercourse is for procreation. Though only 34 (7%) expressed love as the basis for sexual intercourse for them, altogether 65 (13%) mentioned love as one of the meanings that sexual intercourse have for them. To 18 (4%) of the respondents, it was a means of enjoyment of self. To others, it meant other things ranging from nothing by a respondent, punishment for a woman for another, harmony of the body and soul, union of two persons, a bond and a covenant for one respondent each.

Information about the form of sexual intercourse acceptable as normal among the study population was elicited by their responses to nine items. The extent to which sexual coercion and forced sex is accepted to be normal is also explored. Table 16 showed that sexual intercourse in the study population was essentially heterosexual, but with a very small percentage also indicating that homosexuality was also a reality. About 97% of respondents indicated that heterosexuality was normal, and 99% indicated that homosexuality, male-to-male, and female-to-female sexual intercourse were abnormal. Bisexuality was also indicated to be abnormal by 99% of the respondents. Though the majority of respondents, (79%) indicated that sexual intercourse between an old man and a girl less than 18 years was abnormal, 21% (14% males, 7% females) agreed that it was

normal. Sexual intercourse by a man with a woman under pressure was said to be abnormal by 90% of respondents while 5% of males and 4% of females indicated same to be normal. In essence, some women take sexual intercourse under such circumstances as normal. Sexual intercourse under threats of physical assault and force by men with women, and women with men were indicated to be abnormal by 98% of respondents.

Table 16: Distribution of respondents by normal or abnormal sexual intercourse by sex.

Description of sexual behaviour	Responses to statement	Gender		Total	Test of significance
		Male	Female		
Sexual Intercourse_Between a man and woman	Normal	275 (57)*	195 (40)*	470 (97)**	Not done
	Abnormal	9 (2)	6 (1)	15 (3)	
	No response	2 (0.4)	0 (0)	2 (0.4)	
	N	286 (59)	201 (41)	487 (100)	
Sexual Intercourse_Between a man and man	Normal	0 (0.0)	1 (0.2)	1 (0.2)	Not done
	Abnormal	283 (58)*	199 (41)*	482 (99)**	
	No response	3 (0.6)	1 (0.2)	4 (0.8)	
	N	286 (59)	201 (41)	487 (100)	
Sexual Intercourse_Between a woman and woman	Normal	1 (0.2)	4 (0.8)	5 (1)	Not done
	Abnormal	285 (59)*	197 (40)*	482 (99)**	
	No response	2 (0.4)	0 (0)	2 (0.4)	
	N	286 (59)	201 (41)	487 (100)	
Sexual Intercourse_Between a man and a man and with a woman	Normal	3 (0.6)	3 (0.6)	6 (1)	Not done
	Abnormal	283 (59)*	198 (41)*	481 (99)**	
	No response	2 (0.4)	0 (0)	2 (0.4)	
	N	286 (59)	201 (41)	487 (100)	
Sexual Intercourse_By an older man with a woman less than 18 years old	Normal	66 (14)	37 (7)	103 (21)	Not done
	Abnormal	218 (45)*	164 (34)*	382 (79)**	
	No response	2 (0.4)	0 (0)	2 (0.4)	
	N	286 (59)	201 (41)	487 (100)	
Sexual Intercourse_By a man with a woman under duress/pressure	Normal	25 (5)	21 (4)	46 (9)	X <sup>2</sup> = 7.71 df = 2 Significant at p < 0.05
	Abnormal	261 (54)*	175 (40)*	436 (90)**	
	No response	0 (0)	5 (1)	5 (1)	
	N	286 (59)	201 (41)	487 (100)	
Sexual Intercourse_By a man with a woman under threats of physical assault	Normal	1 (0.2)	5 (1)	6 (1)	Not done
	Abnormal	284 (58)*	195 (40)*	479 (98)**	
	No response	1 (0.2)	1 (0.2)	2 (0.4)	
	N	286 (59)	201 (41)	487 (100)	
Sexual Intercourse_By a man with a woman under force	Normal	2 (0.4)	5 (1)	7 (1.4)	Not done
	Abnormal	284 (58)*	195 (40)*	479 (98)**	
	No response	1 (0.2)	1 (0.2)	1 (0.4)	
	N	286 (59)	201 (41)	487 (100)	
Sexual Intercourse_By a woman with a man under force	Normal	5 (1)	3 (0.6)	8 (2)	Not done
	Abnormal	279 (57)*	196 (41)*	475 (98)**	
	No response	2 (0.4)	2 (0.4)	4 (0.8)	
	N	286 (59)	201 (41)	487 (100)	

A test of significance in responses to acceptability of sexual intercourse by a man with a woman under duress as normal or abnormal by sex of respondents showed a significant difference in responses of male and female respondents. Though 90% of total respondents indicated that the behaviour was abnormal. Relatively higher number of male respondents compared to female respondents indicated that the behaviour was abnormal. When compared with the proportions of respondents of both sexes who indicated such behaviour as abnormal, there appears a relationship in the way respondents of different sexes responded to this statement. This observation may be related to the expectations of males and females in sexual relationship as have been extensively analysed in the qualitative study earlier presented.

Test of significance in the responses for other statements was not done, as the values observed in more than one cell in the groupings were less than five. Sundar Rao and Richard (1999:100) commenting on the precautions to be taken when using chi square test noted that the test

“is a large-sample approximation, based on the assumption that the distributions of the observed numbers... in the classes are not far from normal. This assumption fails when some or all of the observed numbers are very small”

They also observed that the advice usually given to combine neighbouring classes where the values are less than 5 weakens the sensitivity of  $X^2$  test and concluded that “if more than one cell contains an expected number of less than 1, the  $X^2$  test should not be applied.” (Sundar Rao and Richard, 1999: 100).

To have more information about what would inform the sexual behaviour of the individuals as may be moderated by their appreciation of what the culture communicates to them, their responses to four statements to depict how sexual intercourse is seen in their culture are as summarised by sex in Table 17.

Table 17: Distribution of respondents by sex about how sexual intercourse is seen in the

Yoruba culture

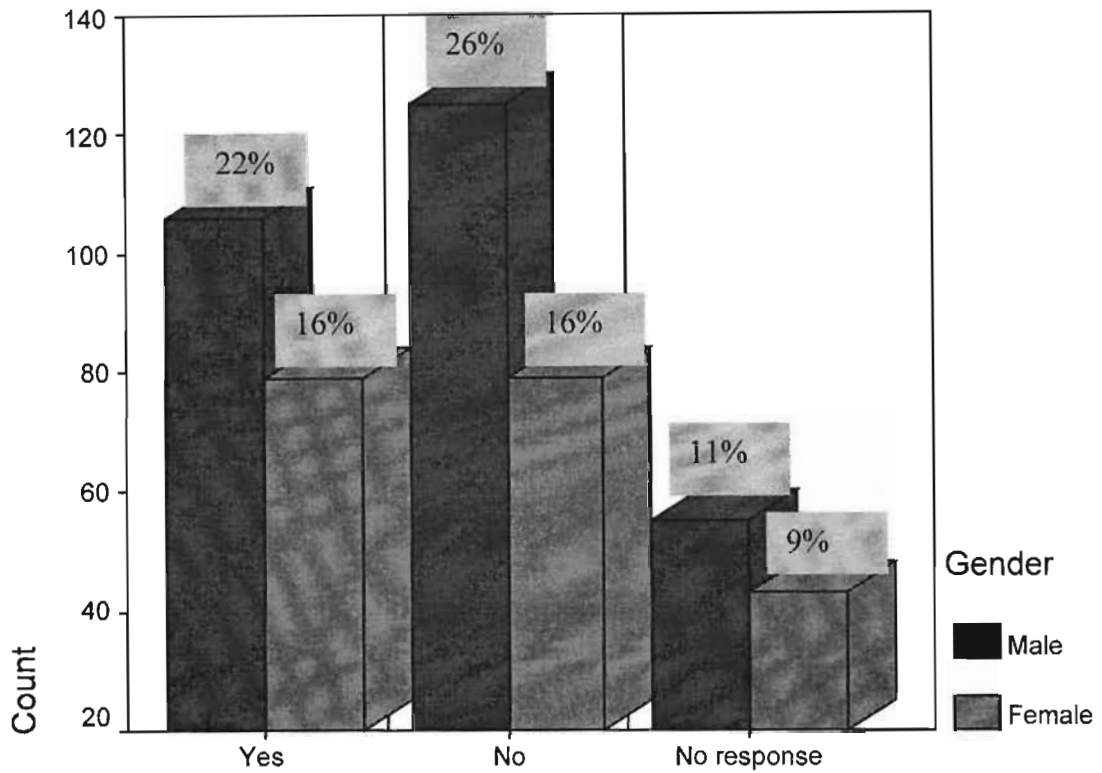
Statement	Responses	Frequency by sex		Total	Test of Significance
		Male (%)	Female (%)		
Sexual intercourse is seen as a basic need that must be done at all cost	Yes	106 (22)	79 (16)	185 (38)	$X^2 = 0.9774$ ; $df = 2$ ; Not significant at $p < 0.05$
	No	125 (26)	79 (16)	204 (42)	
	No response	55 (11)	43 (9)	98 (20)	
	<i>N</i>	286 (59)	201 (41)	487 (100)	
Sexual intercourse is seen as an ego booster that also helps to heighten/improves status	Yes	98 (20)	70 (14)	168 (34)	$X^2 = 0.6852$ ; $df = 2$ ; Not significant at $p < 0.05$
	No	126 (26)	82 (17)	208 (43)	
	No response	62 (13)	49 (10)	111 (23)	
	<i>N</i>	286 (59)	201 (41)	487 (100)	
Sexual intercourse is seen as a weapon of revenge or disgrace for women	Yes	70 (14)	49 (10)	119 (24)	$X^2 = 1.4134$ ; $df = 2$ ; Not significant at $p < 0.05$
	No	156 (32)	101 (21)	257 (53)	
	No response	60 (12)	51 (10)	111 (23)	
	<i>N</i>	286 (59)	201 (41)	487 (100)	
Sexual intercourse is seen as a source of getting material things	Yes	96 (20)	74 (15)	170 (35)	$X^2 = 0.7223$ ; $df = 2$ ; Not significant at $p < 0.05$
	No	127 (26)	82 (17)	209 (43)	
	No response	63 (13)	45 (9)	108 (22)	
	<i>N</i>	286 (59)	201 (41)	487 (100)	
Sexual intercourse is seen as an expression of love for the person that one has love for	Yes	187 (39)	127 (26)	314 (65)	$X^2 = 0.8453$ ; $df = 2$ ; Not significant at $p < 0.05$
	No	54 (11)	36 (7)	90 (18)	
	No response	45 (9)	38 (8)	83 (17)	
	<i>N</i>	286 (59)	201 (41)	487 (100)	

As reflected in the Table 17, 42% of respondents from their understanding of the culture did not see sexual intercourse as a thing that must be done at all cost while 38% expressed that that was the impression they got from the culture. While higher percentage (26%) of male respondents responded “no” to this statement, equal number of female respondents responded “yes” and “no”. About 20% of respondents did not give any response. Respondents who did not give responses to the statements were given due attention as they could not be said not to have an opinion as this may reflect a state of uncertainty. Again, 34% of respondents indicated that “sexual intercourse is seen as an ego booster that also helps to heighten/improve status” while 43% responded “no” to this statement. Though 53% of the respondents did not agree that sexual intercourse was a weapon of revenge or disgrace for women in the culture, 24% responded in the affirmative to this statement. About 35% (20% males and 15% females) indicated that sexual intercourse was a source of getting material things. Though 65% of male and female respondents indicated that sexual intercourse is seen as expression of love, 18% of male and female respondents responded “no” to this statement.

As Table 17 also indicated, there were no significant differences in the responses to the five statements by sex of respondents.

Figure 9 shows the graphic representation of the percentage distribution of respondents by their responses by gender.

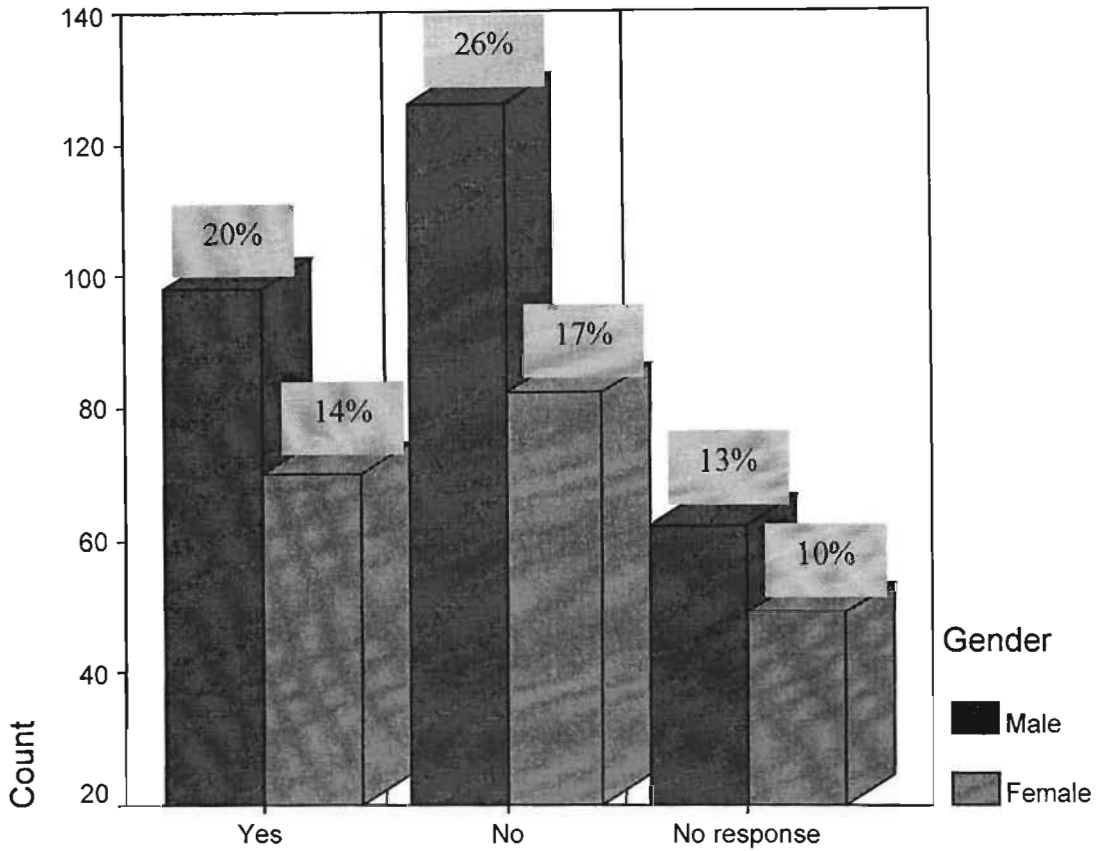
Figure 9: Percentage distribution of respondents by their responses to the statement “sexual intercourse is seen as a basic need that must be done/fulfilled at all cost.”



Sexual intercourse is seen as a basic need that must be done at all cost.

To the statement that explored the possible link of sexual intercourse with elements of boosting the ego, respondents also gave varied responses, but 43% indicated that sexual intercourse was not seen as a means of boosting ego and increasing one’s status in the culture. Among male respondents, 26% responded “no” against the 20% who responded “yes”. Among female respondents, 17% also responded “no” against 14% who responded “yes”.

Figure 10: Percentage distribution of respondents by their responses to the statement “sexual intercourse is seen as a means of boosting ego and increasing one’s status.”

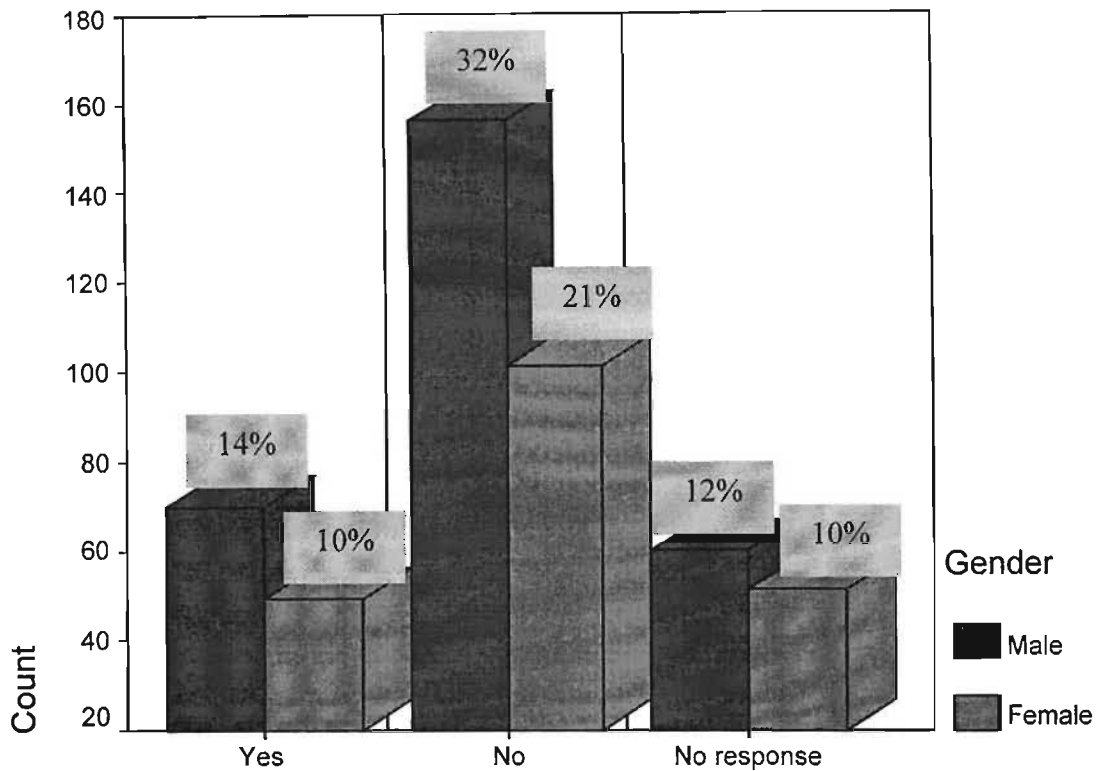


Sexual intercourse is seen as a means of boosting ego and increasing one’s status

Exploring the extent to which sexual intercourse is considered as a tool of punishment either as a weapon of revenge or a means of disgracing women, 53% (32% males and 21% females) responded “no”. Among the 24% that responded in the affirmative, 14% were males and 10% were females. Figure 11 presents the graphic comparison of the respondents by gender.



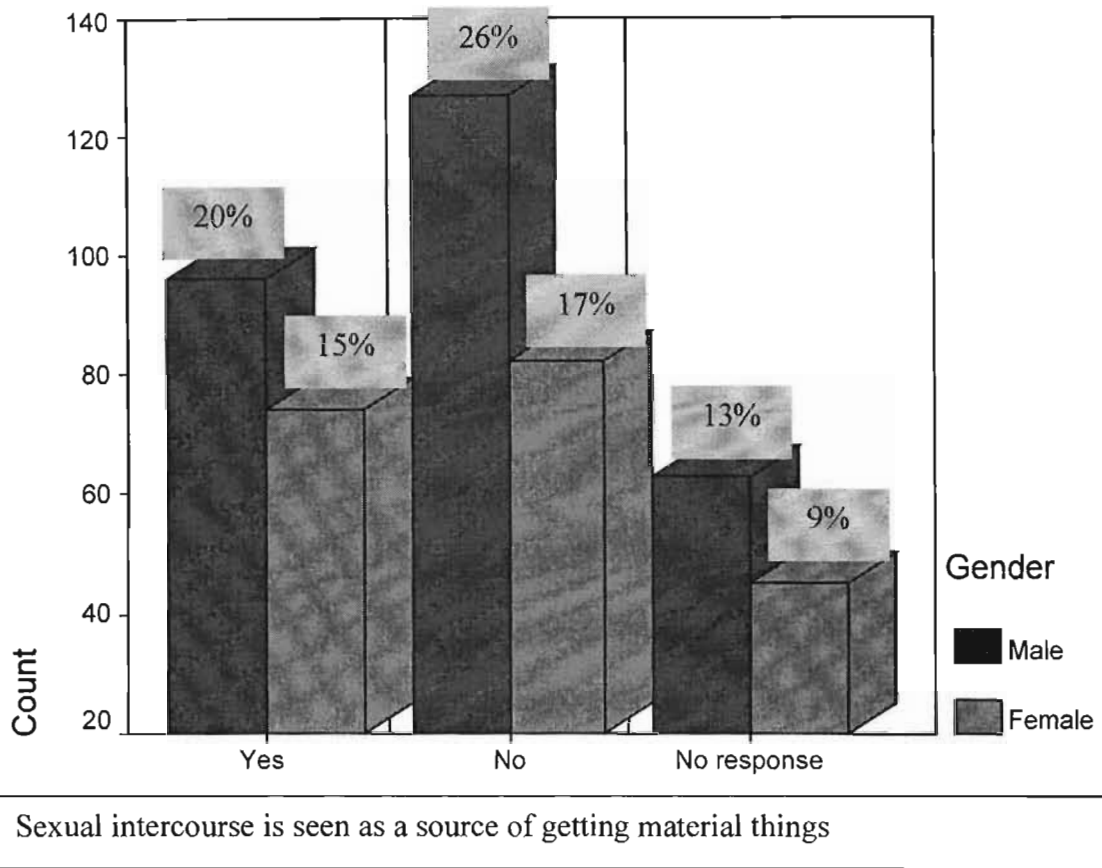
Figure 11: Percentage distribution of respondents by their responses to the statement “sexual intercourse is seen as a weapon of revenge or a means of disgracing women”.



Sexual intercourse is seen as a weapon of revenge or a means of disgracing women

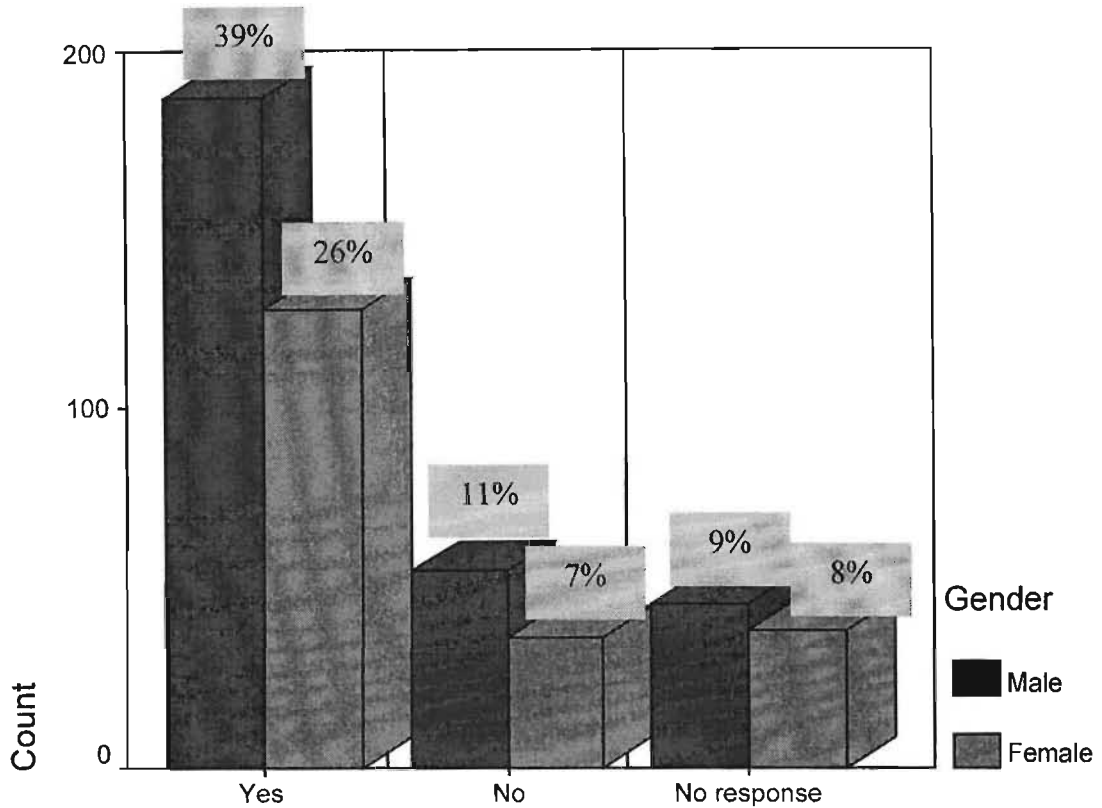
Majority of respondents (43%) also responded “No”, to the statement that sexual intercourse is seen as a source of getting material things but about one third (35%) acknowledged this statement as correct. Figure 12 presents the findings graphically.

Figure 12: Percentage distribution of respondents by their responses to the statement  
 “sexual intercourse is seen as a source of getting material things”.



To the statement “sexual intercourse is seen as expression of love for the person that one is in love with” 65% responded in the affirmative but 18% of men and women in the study said “No”.

Figure 13: Percentage distribution of respondents by their responses to the statement “sexual intercourse is seen as an expression of love for the person that one is in love with”



Sexual intercourse is seen as an expression of love for the person that one is in love with

While 18% of the respondents responded that sexual intercourse was not seen as expression of love, 17% did not give any response. This could be a state of uncertainty.

When responses by age categories were reviewed, the summaries by the six age categories are as presented in Tables 18

Table 18: Distribution of respondents by their responses to the question “sexual intercourse is seen as a basic need that must be done at all cost” by age categories

Responses to “Sexual intercourse is seen as a basic need that must be done at all cost”	Frequency by age categories							Total N (%)
	18-27 (%)	28-37 (%)	38-47 (%)	48-57 (%)	58-67 (%)	68+ (%)	Age not indicated (%)	
Yes	37 (8)	30 (6)	49 (10)	27 (6)	26 (5)	14 (3)	2 (.4)	185 (38)
<i>Column %</i>	39	31	46**	37.*	46**	26	40**	38
No	38 (8)	43 (9)	39 (8)	32(7)	22 (4)	29 (6)	1 (.2)	204 (42)
<i>Column %</i>	44*	44*	36	44*	39%	54*	20	42*
No response	19 (4)	24 (5)	19 (4)	14 (3)	9 (2)	11 (2)	2 (.4)	98 (20)
<i>Column %</i>	20	25	18	19	16	20	40	20
N	94 (19)	97 (20)	107 (22)	73 (15)	57(12)	54 (11)	5(1)	487 (100)

( $X^2 = 10.8346$ ,  $df = 10$ ,  $p < 0.05$ )

Table 18 reflected that across all age groups, respondents have different views about sexual intercourse as an act that must be done at all cost. The marginal percentage differences in responses within each age category are noted. The summary of responses in this table gives a middle range position but the significance of sexual intercourse been seen as something that must be done at all cost by as high as 38% of the respondents do not only have implications for sexual behaviour by the individual but also have consequences for the community from the perspective of the length that some individuals may go to fulfil what is perceived as a need that must be met at all cost. When percentages of respondents with in each age category is considered more than 40% in the age categories of 38 and 47 years and 58 and 67 years agreed with this statement. Respondents in the age range of 38-47 years had the highest number of respondents who agreed with this statement and they constituted the highest percentage among all

respondents (10%). Young people between ages 18 and 37 years constituted 14% of the total respondents who also had this impression. Incidentally, this age group is the most affected by HIV because of high level of sexual activity.

A test of significance in responses among respondents of different age categories computed showed  $X^2$  value of 10.8346,  $df = 10$ ,  $p < 0.05$  indicating that there was no significant difference in responses by sex of respondents to the statement “sexual intercourse is seen as a thing that must be done at all cost”. Respondents who did not indicate their ages were not considered in the test for significance in the analysis.

Table 19 presents responses to the statement “sexual intercourse is seen as an ego booster that also helps to improve status” by the respondents in the six age categories.

Table 19: Distribution of respondents by age categories to the statement “sexual intercourse is seen as an ego booster that also helps to raise status” in the Yoruba culture

Responses to “Sexual intercourse seen as an ego booster that also helps to raise status”	Frequency by age categories							Total N (%)
	18-27 (%)	28-37 (%)	38-47 (%)	48-57 (%)	58-67 (%)	68+ (%)	Age not indicated (%)	
Yes	44 (9)	34 (7)	36 (7)	19 (4)	18 (4)	14 (3)	3 (.6)	168 (34)
<i>Column %</i>	47*	35	33	26	32	26	60	34.5
No	31(6)	40 (8)	44 (9)	39 (8)	26 (5)	27 (6)	1 (.2)	208 (43)
<i>Column %</i>	33	41*	41*	53*	46*	50*	20	43
No response	19(4)	23 (5)	27 (6)	15 (3)	13 (3)	13 (3)	1 (.2)	111 (23)
<i>Column %</i>	20	24	25	21	23	24	20	23
N	94 (19)	97 (19)	107 (22)	73 (15)	57 (12)	54 (11)	5 (1)	487 (100)

( $X^2 = 12.676$ ,  $df = 10$ ,  $p < 0.05$ )

From Table 19, about 47% of young people in the age range of 18-27 years and more than one third of the total respondents agreed with this statement. Though more people (43%), as would be seen from the table did not agree to the statement as being true, about 20% of all respondents in all age categories did not respond to the statement, which may also reflect a situation of uncertainty. There was no significant difference in the responses by sex of respondents.

Table 20 presents responses to sexual intercourse being seen as a weapon of revenge or disgrace for women

Table 20: Distribution of respondents by age categories to the statement “sexual intercourse is seen as a weapon of revenge or disgrace for women” in the Yoruba culture

Responses to the statement “sexual intercourse is seen as a weapon of revenge or disgrace for women”	Frequency by age categories						Total
	18-27 (%)	28-37 (%)	38-47 (%)	48-57 (%)	58-67 (%)	68+ (%)	N (%)
Yes	36 (7)	19 (4)	34 (7)	9 (2)	13 (3)	5 (1)	116 (24)
<i>Column %</i>	38*	19	31*	12	22	9	24*
No	40 (8)	51 (11)	48 (10)	50 (10)	34 (7)	33 (7)	256 (53)
<i>Column %</i>	43	53	45	69	60	61	53
No response	18 (4)	27 (6)	25 (5)	14 (3)	10 (2)	16 (3)	110 (23)
<i>Column %</i>	19	28	23	19	18	30	23
Total (%)	94 (19)	97 (20)	107 (22)	73 (15)	57 (12)	54 (11)	482 (100)

( $X^2 = 32.0638$ ;  $df = 2$ ; Significant at  $p < 0.05$ )

Majority of respondent (53%), across all age categories responded that sexual intercourse is not seen as a weapon of revenge or disgrace for women. However, about one third of the population of young people in their age categories of 18 - 27 years, and middle aged, 38-47 years responded “yes” to this statement.

It is observed that 24% of the respondents (with higher percentages\* in the age groups of 18-27 years and 38-47 years) responded in the affirmative. These age categories are considered very significant. The first group are adolescents who obviously see what happens more with their peer group. Similar observations were made in the qualitative study. The other group are older adults who may also have expressed what they saw happening or what they did or were doing, thus affirming the occurrence of sexual violence against women in the community of study.

There was a significant difference among respondents who responded “yes” and those who responded “no” to this statement by the six age categories. The critical value of  $X^2$  for significant level  $p < 0.05$  and df of 10 is 18.31. With the computed value of 32.0638 exceeding 18.31, the null hypothesis is rejected concluding that the two variables age and responses to the statement are dependent. Attention is drawn to the observation that the proportions of respondents who responded “yes” to the statement that “sexual intercourse is seen as a weapon of revenge or disgrace for women in the Yoruba culture” varies but is inversely dependent on age categories and significant at  $p < 0.05$ . A higher proportion of respondents that responded “yes” were more in the lower age categories.

The economic use of sexual intercourse emerged as an issue in the quantitative data.

Table 21 presents the summary of responses reflecting respondents’ impression of the use of sexual intercourse to gain material things.

Table 21: Distribution of respondents by age category to the statement “sexual intercourse is seen as a source of getting material things”

Responses to “sexual intercourse is seen as a source of getting material things”	Frequency by age categories						Total
	18-27 (%)	28-37 (%)	38-47 (%)	48-57 (%)	58-67 (%)	68+ (%)	N (%)
Yes	39 (8)*	26 (5)	54 (11) *	19 (4)	21 (4)	8 (2)	167 (35)
<i>Column %</i>	42**	27	51**	26	37	15	35
No	34 (7)	46 (9)*	31 (6)	39 (8)*	26 (5)*	32 (7)*	208 (43)
<i>Column %</i>	36	47	29	53	46	59	43
No response	21 (4)	25 (5)	22(4)	15 (3)	10 (2)	14 (3)	107 (22)
<i>Column %</i>	22	26	21	21	18	26	22
Total (%)	94 (19)	97 (20)	107 (22)	73 (15)	57 (12)	54(11)	482(100)

( $X^2 = 31.7424$ ;  $df = 2$ ; Significant at  $p < 0.05$ )

About 35% of all respondents agreed that sexual intercourse is seen as a source of getting material things. Higher percentages of respondents in ages 18-27 (42% of respondents in their age category) and 38-47 (51% of respondents in their age category) agreed with this statement. This has implication for consequences of possible transactional and commercial sex as such would also account for high vulnerability to sexual morbidity in these groups. It is note worthy that more respondents in the age category of 28-37 years (47% in their age category) did not see sex as a source of getting material things.

A test of difference in responses to this statement that “ sexual intercourse seen as a source of getting material things” across the age categories indicated that there was a significant difference with a computed value of 31.7424,  $p < 0.05$ . A reasonable conclusion from this observation is to assume that the age categories and the respondents’ responses to this statement is not independent. There also appears to be an inverse



relationship between age categories and the proportions of respondents who responded “yes” to the statement that saw sexual intercourse as a source of getting material things. Higher proportions of respondents in the first three age categories, (young and middle-aged respondents) were more in agreement with the statement.

Table 22: Distribution of respondents by responses to “sexual intercourse seen as expression of love for the person that one has love with” by age categories.

Responses to “Sexual intercourse is seen as expression of love for the person that one has love with”	Frequency by age categories						Total N (%)
	18-27 (%)	28-37 (%)	38-47 (%)	48-57 (%)	58-67 (%)	68+ (%)	
Yes	61 (13)	61 (13)	73 (15)	45 (9)	37 (8)	33 (7)	310 (65)
<i>Column %</i>	65	63	68	62	65	61	65
No	14 (3)	17 (4)	17 (4)	18 (4)	12 (2)	11 (2)	89 (19)
<i>Column %</i>	15	17	16	25	21	20	19
No response	19 (4)	19 (4)	17 (3)	10 (2)	8 (2)	10 (2)	83 (17)
<i>Column %</i>	20	20	16	14	14	19	17
Total (%)	94 (19)	97 (20)	107 (22)	73 (15)	57 (12)	54 (11)	482 (100)

( $X^2 = 5.1989$ ;  $df = 10$ ;  $p < 0.05$ . Not significant)

From Table 22, 65% of respondents indicated that in the culture of study, sexual intercourse is seen as a way of expression of love. In all age categories, more than 60% of respondents were of this opinion. However, 19% of the respondents across all age categories indicated “No” to this statement. This further gives credence to responses to other statements earlier explored, confirming that sexual intercourse, as perceived from the culture and as would be actualised for some people may not be about love, thus, the steps that would be taken to actualise the act may really not give considerations to the

feelings of the sexual partner. There was no significant difference in the responses of respondents by age categories to this statement.

The extent to which educational background would moderate respondents' interpretation of what they can perceive as cultural prescriptions that would inform sexual behaviour from the five statements was also explored. Tables 23 to 28 give summaries of the responses.

Table 23: Distribution of respondents by educational background to the statement "sexual intercourse is seen as a basic need that must be done at all cost"

Responses to "sexual intercourse is seen as a basic need that must be done at all cost"	Frequency by educational background						
	No western education (%)	Primary (%)	Secondary (%)	OND and Others (%)	University (%)	No response (%)	N (%)
Yes	2 (.4)	34 (7)	48 (10)	29 (6)	42 (9)*	30 (6)	185 (38)
<i>Column %</i>	25	47*	36*	34*	47*	31*	38*
No	5 (1)	29 (6)	64 (13)*	40 (8)*	32 (7)	34 (7)*	204 (42)
<i>Column %</i>	63	40	47	47	36	35	42
No response	1 (.2)	9 (2)	23 (5)	16 (3)	15 (3)	34 (7)	98 (20)
<i>Column %</i>	13	13	17	19	17	35	20
Total (%)	8 (2)	72 (15)	135 (28)	85 (18)	89 (18)	98 (20)	487 (100)

( $X^2 = 32.6236$ ;  $df = 8$ ,  $p < 0.05$ , Significant)

Table 23 shows that 38% of respondents indicated that sexual intercourse is seen as a basic need that must be fulfilled at all cost. With 47% of respondents in each of the primary and university education categories agreeing that sexual intercourse is seen as a basic need that must be fulfilled at all cost in the culture and more than 30% respondents

in some other categories, the implications of the behaviour if acted out would have far reaching implications for the community.

There was a significant difference in the responses by educational background when considered at the three levels of pre-secondary, secondary and post secondary education - ( $X^2 = 32.6236$ ;  $df = 8$ ,  $p < 0.05$ ). It could be inferred that educational status influenced the perception of responses of respondents to the statement that “sexual intercourse is seen as a basic need that must be fulfilled at all cost” in the Yoruba culture.

The extent to which sexual intercourse is seen as ego booster among respondents by educational backgrounds is presented in Table 24.

Table 24: Distribution of respondents by educational background to the statement “sexual intercourse is seen as an ego booster that also helps to heighten status”

Responses to “sexual intercourse is seen as an ego booster that also helps to heighten status”	Frequency by educational background						N (%)
	Primary (%)	Secondary (%)	OND and Others (%)	University (%)	No western education (%)	No response (%)	
Yes	27 (6)*	49 (10)*	22 (4)	41 (8)*	5 (1)	24 (5)	168 (35)
<i>Column %</i>	38	36	26	46	63	25	35
No	32 (7)	65 (13)*	46 (9)*	31 (6)	2 (.4)	32 (7)	208 (43)
<i>Column %</i>	44	48	54*	35	25	33	43
No response	13 (3)	21 (4)	17(4)	17 (4)	1 (.2)	42 (9)	111 (23)
<i>Column %</i>	18	16	20	19	13	43	23
Total (%)	72 (15)	135 (28)	85(18)	89 (18)	8(2)	98 (20)	487 (100)

( $X^2 = 11.6691$ ,  $df = 8$ ,  $p < 0.05$ , Not Significant)

From Table 24, 43% of the total respondents believed that sexual intercourse is not seen as an ego and status booster in the culture of study. Respondents with secondary school education constituted 13% and the highest among all the groups of those who responded “no” to the statement. Among respondents with Ordinary National Diploma and similar educational background, 9% of the total population and 54% in the age category also responded that sexual intercourse is not seen as an ego booster nor to improve status. Among the 35% who responded in the affirmative, respondents with secondary school education, university degree and primary school education constituted 10%, 8% and 6% respectively. There was no significant difference in responses to this statement by educational background of respondents.

As shown in table 25, More than 50% of all respondents in each of the educational categories responded “no” to the statement that sexual intercourse is seen as a weapon of revenge or disgrace for women except for respondents with no Western education and those who did not indicate their educational background. However, the 24% that responded “Yes” that also cut across respondents of all educational backgrounds could not be ignored as this could be affirming their experiences in the community of study.

Table 25: Distribution of respondents by educational background to the statement

“Sexual intercourse is seen a weapon of revenge or disgrace for women”

Responses to “Sexual intercourse is seen as a weapon of revenge or disgrace for women”	Frequency by educational background						N (%)
	Primary (%)	Secondary (%)	OND and Others (%)	University (%)	No western education (%)	No response (%)	
Yes	20 (4)	33 (7)	21 (4)	17 (4)	5 (1)*	23 (5)	119 (2)
<i>Column %</i>	28	24	25	19	63	24	24
No	40 (8)	74 (15)	50 (10)	52 (11)	2 (.4)	39 (8)	257 (5)
<i>Column %</i>	57	55	59	58	25	40	53
No response	12 (3)	28 (6)	14 (3)	20 (4)	1 (.2)	36(7)	111 (3)
<i>Column %</i>	17	21	17	23	13	37	23
Total (%)	72 (15)	135 (28)	85 (18)	89 (18)	8 (2)	98 (20)	487 (100)

( $X^2 = 9.078$ ,  $df = 8$ ,  $p < 0.05$ , Not significant)

The responses to this statement were independent of educational background as there was no significant difference by categories of respondents by pre-secondary, secondary and post secondary education as reflected in the chi square value computed.

Table 26 shows the summary of responses to the statement that sexual intercourse is seen as a source of getting material things by educational background of respondents.

Table 26: Distribution of respondents by educational background to the statement “sexual intercourse is seen as a source of getting material things”

Responses to “Sexual intercourse is seen as a source of getting material things”	Frequency by educational background						N (%)
	Primary (%)	Secondary (%)	OND and Others (%)	University (%)	No western education (%)	No response (%)	
Yes	30 (6)	53 (11)	27 (6)	33 (7)	4 (.8)	23 (5)	170 (35)
<i>Column %*</i>	42*	39*	32*	37*	50*	24	35*
No	31 (6)	57 (12)	43 (9)	39 (8)	3 (.6)	36 (7)	209 (43)
<i>Column %</i>	43*	42*	51*	44*	38	37%	43*
No response	11 (2)	25 (5)	15 (3)	17 (4)	1 (.2)	39 (8)	108 (22)
<i>Column %</i>	15	19	18	19	13	40	22
Total (%)	72 (15)	135 (28)	85 (18)	89 (18)	8 (2)	98 (20)	487 (100)

( $X^2 = 3.0141$ ,  $df = 8$ ,  $p < 0.05$ , Not significant)

Economic use of sexual intercourse in the community of study is affirmed by 24-50% (see column total) of respondents in their various educational categories responded “yes” to this statement. However, attention also needs to be given relatively higher percentages of respondents in their various educational categories who responded “no” to this statement except for the group with no western education.

Summary of responses to the last statement of whether sexual intercourse is seen as an expression of love in the Yoruba culture is presented in Table 27.

Table 27: Distribution of respondents by age category to the statement “sexual intercourse is seen as a an expression of love for the person that one has love with”

Sexual intercourse is seen as an expression of love for the person that one has love with	Frequency by educational background						N (%)
	Primary (%)	Secondary (%)	OND and Others (%)	University (%)	No western education (%)	No response (%)	
Yes	56 (11)	86 (18)	64 (13)	59 (12)	2 (.4)	47 (10)	314 (65)
<i>Column %</i>	78	64	75	66	25	48	65
No	9 (2)	31 (6)	10 (2)	20 (4)	5 (1)	15 (3)	90 (19)
<i>Column %</i>	13	23	12	23	63	15	19
No response	7 (1)	18 (4)	11 (2)	10 (2)	1 (.2)	36 (7)	83 (17)
<i>Column %</i>	10	13	13	11	13	37	17
Total (%)	72 (15)	135 (28)	85 (18)	89 (18)	8 (2)	98 (20)	487 (100)

( $X^2 = 18.184$ ,  $df = 8$ ,  $p < 0.05$ , Significant)

From Table 27, the link of sexual intercourse to love as conveyed from the culture is affirmed by majority of respondents in all educational categories except for respondents with no western education and less of people who did not indicate their educational background. Five, (63%) out of the 9 respondents who did not indicate their educational background responded “No” and one did not give any response.

There was a significant difference in responses by educational background to this statement ( $X^2 = 9.078$ ,  $df = 8$ ,  $p < 0.05$ ). A reasonable conclusion from this observation is that the educational background and the responses of the respondents are dependent.

From the analysis of unguided responses of what sexual intercourse mean to the individual respondent (coitus, procreation, love, enjoyment, union of body and soul,

covenant) to review of guided responses (a basic need that must be met, a means of boosting ego and acquire or build status, a route to acquire material things among others) by groups across gender, age groups, and educational background, the construct and act of sexual intercourse could mean many things and different things. These definitions and meanings of sexual intercourse have no gender, age and educational limitations, though different percentages of people have these diversified meanings. It becomes pertinent to explore how individuals come about acquiring diversified meanings within the context of knowledge, skills and attitude and experiences of sexual intercourse within the Yoruba culture.

#### **5.10 Knowledge acquisition and experiences of sexual intercourse by respondents**

Respondents acquired knowledge about sexual intercourse from diverse and multiple sources. Table 28 presents sources of information by respondents by gender. Friends constituted the main source of information to both male and female respondents as either the only source or a complementary source to others. Schools and parents were also sources of information for many.



Table 28: Sources of information about sexual intercourse for respondents

Source of information about sexual intercourse	Male (n=286) (% of n)	Female (n=201) (% of n)	Total=487 N (%)
No response	115 (40)	61 (30)	176 (36)
Parents (Mothers or and fathers)	26 (9)	33 (16)	24 (4)
School	30 (10)	25 (12)	55 (11)
Friends and peer groups	69 (21)	47 (23)	115 (24)
Other members of the family excluding parents: sister, brothers, uncles	5 (2)	2 (1)	7 (1)
Spouse	7 (3)	6 (3)	13 (3)
From religious outfit, (Church, Mosque, religious groups)	0 (0)	1(.5)	1 (.2)
Through educational and entertaining media (Books, Films, Television, Radio	12 (4)	17 (9)	29 (6)
As seen in the community	8 (3)	12 (6)	20 (4)
From experience	10 (3)	4 (2)	14 (3)
Lovers	5 (2)	11 (5)	16 (3)
<b>**Many respondents have more than one source</b>			

Without going into the details of the content of what is known, respondents' acknowledgement of knowledge of some topical outlines about sexual intercourse at the time of study is presented in Table 29 showing the frequency distribution by sex. It is noted that not all respondents responded to this part of the questionnaire. However between 386 (79%) and 402 (83%) of the total number of respondents responded to the test items.

**Table 29: Distribution of respondents according to the nature of knowledge of sexual intercourse that they had before the study**

Statement	Responses	Gender		Total N (%)	Test of significance
		Male (% of n)	Female(% of n)		
What sexual intercourse is and the motives of sexual intercourse	Yes	110 (46)	56 (34)	166 (41)	$X^2 = 5.837$ df = 1; p < 0.05 Significant**
	No	128 (54)	108 (66)	236 (59)*	
	N (% of N)	n=238 (59)	n=164 (41)	402 (100)	
How it is done/how it may be done	Yes	100 (42)	53 (33)	153 (39)	$X^2 = 3.3166$ df = 1; p < 0.05 Not significant
	No	137 (58)	107 (67)	244 (62)*	
	N(% of N)	n=237 (60)	n=160 (40)	397 (100)	
Healthy sexual intercourse	Yes	97 (42)	56 (35)	153 (39)	$X^2 = 1.7882$ df = 1; p < 0.05 Not significant
	No	137 (59)	105 (65)	242 (61)*	
	N (% of N)	n=234 (59)	n=161 (41)	395 (100)	
Unhealthy sexual intercourse	Yes	105 (45)	55 (35)	160 (41)	$X^2 = 4.2933$ df = 1; p < 0.05 Significant**
	No	128 (55)	104 (65)	232 (59)*	
	N (% of N)	n=233 (59)	n=159 (41)	392 (100)	
With whom it may be done	Yes	106 (45)	59 (37)	165 (42)	$X^2 = 2.4933$ df = 1; p < 0.05 Not significant
	No	129 (55)	100 (63)	229 (58)*	
	N (% of N)	n=235(60)	n=159 (40)	394 (100)	
When it may be done	Yes	102 (45)	65 (40)	167 (43)	$X^2 = 0.8471$ df = 1; p < 0.05 Not significant
	No	127 (56)	98 (60)	225 (57)*	
	N (% of N)	n=229 (58)	n=163 (42)	392 (100)	
Consequences of healthy sexual intercourse	Yes	90 (39)	48 (30)	138 (35)	$X^2 = 3.6$ df = 1; p < 0.05 Not significant
	No	140 (61)	113 (70)	252 (65)*	
	N (% of N)	n=230 (59)	n=161 (41)	391 (100)	
Consequences of unhealthy sexual intercourse	Yes	86 (38)	48 (30)	134 (35)	$X^2 = 2.8198$ df = 1; p < 0.05 Not significant
	No	140 (62)	113 (70)	253 (65)*	
	N (% of N)	n=226 (58)	n=161 (42)	387 (100)	
Sexual health needs of women	Yes	85 (37)	49 (31)	134 (35)	$X^2 = 1.8421$ df = 1; p < 0.05 Not significant
	No	143 (63)	111 (69)	254 (66)*	
	N (% of N)	n=228 (58.8)	n=160 (41.2)	388 (100)	
Sexual health needs of men	Yes	79 (35)	53 (32)	132 (34)	$X^2 = 0.3929$ df = 1; p < 0.05 Not significant
	No	147 (65)	113 (68)	260 (66)*	
	N(% of N)	n=226 (58)	n=166 (42)	392 (100)	
What happens physically during sexual intercourse in the woman	Yes	90 (40)	66 (40)	156 (40)	$X^2 = 0.01755$ df = 1; p < 0.05 Not significant
	No	136 (60.)	97 (60)	233 (60)*	
	N (% of N)	n=226 (58)	n=163 (42)	389 (100)	
What happens physically during sexual intercourse in the man	Yes	93 (40)	65 (40)	158 (41)	$X^2 = 0.0156$ df = 1; p < 0.05 Not significant
	No	138 (60)	99 (60)	237 (60)*	
	N (% of N)	n=231 (59)	n=164 (41)	395 (100)	
Sexual coercion and sexual violence and the dangers for the health of sexual partners	Yes	85 (40)	56 (35)	141 (36)	$X^2 = 0.4628$ df = 1; p < 0.05 Not significant
	No	139 (62)	106 (65)	245 (64)*	
	N (% of N)	n=224 (58)	n=162 (42)	386 (100)	

As shown in Table 29, higher percentages of respondents acknowledged lack of knowledge in all the topical areas desirable that could inform positive sexual health behaviour. Almost 60%\* of all respondents confirmed no knowledge in all the areas. There was a significant difference by sex to respondents' knowledge of what sexual intercourse is, the motives ( $X^2 = 5.837$ ,  $df = 1$ ;  $p < 0.05$ ), and what constitutes unhealthy sexual intercourse ( $X^2 = 4.2933$ ,  $df = 1$ ;  $p < 0.05$ ).

Exploring the experiences of sexual intercourse among respondents, the three indices used were the age at first sexual intercourse, with whom the respondents had the first experience and the description of the first and current sexual intercourses. Table 30 gives a summary of the distribution of respondents by sex at first sexual intercourse.

Table 30: Distribution of respondents by age at first sexual intercourse

Age at first intercourse	Gender		Total N(%)
	Male (% of n)	Female (% of n)	
7.00	1 (.6)	0(0)	1 (.3)
8.00	1 (.6)	0(0)	1(.3)
11.00	1 (.6)	2 (2)	3 (1)
12.00	1 (.6)	2 (2)	3 (1)
13.00	2 (1)	1 (.8)	3 (1)
14.00	1 (.6)	1 (.8)	2 (.6)
15.00	7 (4)	1 (.8)	8 (3)
16.00	5 (3)	4 (3)	9 (3)
17.00	7 (4)	9 (7)	16 (5)
18.00	22 (12)	13 (10)	35 (11)
19.00	16 (9)	10 (8)	26 (8)
20.00	36 (20)	26 (20)	62 (20)
21.00	18 (10)	17 (13)	35 (11)
22.00	11 (6)	11 (8)	22 (7)
23.00	8 (5)	8 (6)	16 (5)
24.00	4 (2)	7 (5)	11 (4)
25.00	12(7)	10 (8)	22 (7)
26.00	6 (3)	4 (3)	10 (3)
27.00	6 (3)	2 (2)	8 (3)
28.00	3(2)	1 (.8)	4 (1)
29.00	2 (1)	0(0)	2 (.6)
30.00	7 (4)	1 (.8)	8 (3)
32.00	2 (1)	0(0)	2 (.6)
40.00	0 (0)	1 (.8)	1 (.3)
Total	179 (58)	131 (42)	310 (100)

The minimum age at first sexual intercourse reported was 7 years and the maximum was 40 years. The mean age was 20.7 years, the median and mode was 20 years and the standard deviation (SD) was 4.05. From the responses to age at first sexual intercourse 310 (63.7%) acknowledged experiences of sexual intercourse. As shown in the table, very few respondents had sexual intercourse before they were 15 years but many of these respondents were males. This observation supports the observation in the qualitative

study where informants expressed that young people at very early age engage in what they consider as “primitive sex”. First sexual intercourse among females increased as from age 16 years. Among male and female respondents, first sexual activity was more between 17 and 22 years. Out of the 307 respondents that gave information about the person with whom they first had sexual intercourse, 43 males (14%) indicated “wife” and 53 females (17%) indicated “husband”. Two hundred and eleven (69%) had their experiences in non-marital relationships.

To explore the extent of occurrence of sexual intercourse by consensus, by coercion and by force, the first and current sexual experiences of respondents were assessed using five descriptive statements as summarised in Table 31. The table gives a summary of those who responded in the affirmative to the description given by gender.

Table 31: Distribution of respondents by description of their first sexual experiences by gender.

Description of first sexual experience	Male	Female	N (%)
Occurred through joint agreement	120 (28)	84(19)	204(47)
Partner wanted it initially but I did not but convinced me	38(9)	40(9)	78(18)
Partner wanted it and forced me to do it	44(10)*	30 (7)*	74 (17)*
I wanted it and do/did not have to get my partner to consent	29 (7)*	12 (3)*	41(9)*
I was forced and beaten to submission to have sexual intercourse with my partner	28 (6)*	10 (2)*	38(9)*
Total	259 (60)	176 (40)	435 (100)

( $X^2 = 9.1233$ ,  $df = 4$ ,  $p < 0.05$ , Not Significant)

The summary in Table 31 is directly indicating that 435 (89% of total population of 487) of respondents have had experiences of sexual intercourse out of which 35%\* had such through coercion or by force. Though majority had the first sexual experience by consensus, the use of persuasion to get the consent of sexual partners is reported by both males and female respondents, though more women got persuaded. One pertinent issue from this table is the higher rate of men reporting sexual coercion and sex by force from partners. The most critical of the responses is perhaps, the response about force and physical assault to submission to sexual intercourse by men from sexual partners. It is not unlikely that the concept of “been beaten to submission” may not have been interpreted as physical assault but “as been compelled to do what one may not want to do”. It may be difficult for many people to accept that women would beat their sexual partners especially in the Yoruba culture. It is invariably the opposite almost all the time. There was no significant difference in the descriptions of first sexual experiences of respondents by sex.

To have an idea about possible changes in sexual experience at first intercourse and at the time of study, description of sexual intercourse experiences at the time of study by respondents were analysed by gender, age category, educational background and marital status using the same parameters. While 435 responded to experiences with first sexual intercourse, 273 respondents gave information about their sexual experiences at the time of study. The findings were as summarised in Tables 32, 33, 34 and 35.

Table 32: Distribution of respondents by description of their sexual intercourse at time of study by gender

Description of sexual intercourse experience at time of study	Gender		Total	
	Male (%)	Female (%)	N (%)	
Occurs through joint agreement	85 (31)	46 (17)	131(48)	
Partner wants initially but I do not but convinces me	31 (12)	20 (7)	51 (19)	
Partner wants it and forces me to do it	25 (9)*	11 (4)*	36 (13)*	
When I want it, does not have to get my partner to consent	19 (7)*	13 (5)*	32 (12)*	
I am forced and beaten to submission to have sexual intercourse with my partner	18 (6)*	5 (2)*	23 (8)*	
	Total (%)	178 (65)	95 (35)	273 (100)

( $X^2 = 2.9376$ ,  $df = 4$ ,  $p < 0.05$ , Not Significant)

Again, both men and women reported experiences of coerced and forced sexual intercourse at the time of the study. Out of the 21% that reported the experience, 15% were men. The data still reflected more men reporting experiences of coerced and forced sex but also higher percentages of men experienced sexual intercourse by consensus and by getting partners to comply with sexual demands more than women. Experiences of various descriptions of sexual intercourse, by agreement, by coercion and by force are independent of sex as depicted by the computed chi square value.

Table 33 gives a summary of the description of experiences of sexual intercourse at the time of study by age categories

**Table 33: Distribution of respondents by description of their sexual intercourse at time of study by age category**

	Age categories (in years)							Total N (%)
	18-27 (%)	28-37 (%)	38-47 (%)	48-57 (%)	58-67 (%)	68+ (%)	No western education (%)	
Occurs through joint agreement	25 (9)	26 (9)	28(10)	21 (8)	16 (6)	14 (5)	1(.36)	131(48)
Partner want s it initially but I do not but convince me	12 (4)	10 (4)	11 (4)	9 (3)	7 (3)	1(.36)	1 (.36)	51 (19)
Partner wants it and forces me to do it	8(3)	6(2)	5 (2)	5(2)	5 (2)	6(2)	1 (.36)	36 (13)*
I want it and do not have to get my partner to consent	6 (2)	3 (1)	6(2)	5 (2)	6 (2)	6 (2)	0(0)	32 (12)*
I am forced and beaten to submission to have sexual intercourse with my partner	6 (2)	1 (.36)	2 (.7)	4(1)	5 (2)	5 (2)	0 (0)	23 (8*)
Total (%)	57 (21)	4 (17)	5 (19)	44(16)	39(14)	32(12)	3 (1)	273 10

The occurrence of sexual intercourse by consensus, by coercion and by force has no age barrier as Table 33 above reflected. About 33.3% or respondents were involved in coercive or forced sex as reflected in the table and these respondents were spread across all age categories. Significant differences in responses by age categories were not determined because of the high number of cells (9) in the table with values less than 5.

The extent to which these experiences cut across people of various educational backgrounds is presented in Table 34.



Table 34: Distribution of respondents by description of their sexual intercourse at time of study by educational background

Sexual experiences at time of study	Educational background						Total N=273 (%)
	Primary (%)	Secondary (%)	OND and Others (%)	University (%)	No western education (%)	Not indicated (%)	
Occurs through joint agreement	15 (5)	40(15)	23 (8)	32 (12)	2 (.7)	19 (7)	131 (48)
Partner wants it initially but I do not but convinces me	6 (2)	12 (4)	11 (4)	14 (5)	0 (0)	8 (3)	51 (19)
Partner wants it and forces me to do it	1 (.3)	12 (4)	7 (3)	5 (2)	1 (.3)	10 (4)	36 (13)*
I want it and do not have to get my partner to consent	1 (.3)	9 (3)	5 (2)	8 (3)	1 (.3)	8 (3)	32 (12)*
I am forced and beaten to submission to have sexual intercourse with my partner	2 (.7)	6 (2)	4 (1)	6 (2)	1 (.3)	4 (1)	23 (8.4)*
Total (%)	25 (9)	79(29)	50(18)	65(24)	5(2)	49(18)	273(100)

Table 34 also showed that sexual intercourse by consensus is dominant but experiences of coercion and forced sex spread across all educational categories. Respondents with primary school education appeared to have less of experiences of sexual coercion and forced sex when compared with others with higher educational background. Again, respondents with secondary school education reported experiences of coerced and forced sex more. Significant differences in responses by educational categories were not determined because of the high number of cells (10) in the table with values less than 5.

Experiences of sexual intercourse by consensus, by coercion and by force in marital and non-marital relationships were explored, analysing the data by marital status. Findings were as presented in Table 35.

Table 35: Distribution of respondents by description of their sexual intercourse at the time of study by marital status

Description of sexual intercourse experience at time of study	Marital Status						Total N (%)
	Single (Never married) (%)	Married (%)	Married but separated from partner (%)	Divorced (%)	Widowed (%)	Not indicated (%)	
Occurs through joint agreement	35 (13)	72 (26)	9(3)	2(.7)	5(2)	8(3)	131(48)
Partner wants it initially but I do not but convinces me	14(5)	30 (11)	3(1)	0(0)	1(.3)	3(1)	51(19)
Partner wants it and forces me to do it	8(3)	18(7)**	2(.7)	1(.3)	3(1)	4(1)	36(13)*
I want it and do not have to get my partner to consent	5(2)	18(7)**	2(.7)	0(0)	2(.7)	5(2)	32(12)*
I am forced and beaten to submission to have sexual intercourse with my partner	4(1)	14(5)**	0(0)	0(0)	3(1)	2(.7)	23(8)*
Total (%)	66(24)	152(56)	16(6)	3(1)	14(5)	22(8)	273 (100)

From Table 35, sexual intercourse by consensus among people of different marital status appears to follow the same pattern as earlier shown with other variables when the percentages in equivalent terms in each category are compared. However, more respondents in the married category (18%\*\*) reported experiences of sexual intercourse by coercion and by force.

Tables 33-35 depicted the nature of sexual intercourse presenting the pattern of sexual intercourse by consensus, by coercion and by force in the study population. The emerging

information is that while sexual intercourse by consensus is higher in prevalence in non-marital and marital relationships, sexual intercourse by coercion and by force is also common and possibly more common in marital relationships. More men than women have more of such experiences. These experiences cut across all ages and across people of all educational backgrounds.

### **5.11 Sexual Intercourse and Associated Morbidity**

With these indications of experiences of various forms of sexual intercourse, exploration of associated morbidity was done as respondents responded to three statements determining the frequency of pain and injury during sexual intercourse among respondents by gender, age categories, educational background and marital status. To the three statements exploring the sexual intercourse related ill-health or problems, pain during sexual intercourse and bruises/wounds during and after sexual intercourse, respondents rated the frequency of experiencing such along four scales of “occurs all the times”; “occurs most of the time”; “occurs occasionally” and “never occurs”. Findings from 349 respondents are presented in Tables 36-38 considering gender, age distribution, educational background and marital status.

Table 36: Distribution of respondents by occurrence of general ill health or problems related to sexual intercourse by gender

Frequency of sexual intercourse related ill health or problems among respondents	Gender		Total N=349 (%)
	Male (%)	Female (%)	
Occurs all the times	5 (1)	7(2)	12 (3)
Occurs most of the times	8(2)	9 (3)	17 (5)
Occurs occasionally	40 (11)	41 (12)	81(23)
Never Occurs	148 (42)	91(26)	239(68)
Total (%)	201 (56)	148 (43)	349 (100)

( $X^2 = 6.0903$ ,  $df = 3$ ,  $p < 0.05$ , Not Significant)

As Table 36 showed, 31% of respondents have had sexual intercourse related ill health or problems before the study with 3% indicating the occurrence of such as all the time and 5% most of the time. Considered by gender, more women were more in these categories. There was no significant difference in occurrence of sexual intercourse related ill health or problems by sex of the respondents.

**Table 37: Distribution of respondents by occurrence of sexual intercourse related ill health or problems by age category**

Frequency of Sexual intercourse related ill health or problems among respondents	Distribution by Age last birthday							Total
	18-27 (%)	28-37 (%)	38-47 (%)	48-57 (%)	58-67 (%)	68+ (%)	Age not indicated (%)	N=349 (%)
Occurs all the times	4 (1)	6 (2)	1(.3)	1 (.3)	0 (0)	0 (0)	0 (0)	12 (3)
Occurs most of the times	3 (.9)	5 (1)	2 (.6)	1(.3)	4 (1)	2 (.6)	0 (0)	17 (5)
Occurs occasionally	13 (4)	17(5)	19 (5)	18(5)	10 (3)	4 (1)	0 (0)	81 (23)
Never Occurs	40(12)	43 (12)	53 (15)	40 (12)	28 (8)	31(9)	4 (1)	239 (69)
Total (%)	60 (17)	71 (20)	75(22)	60 (17)	42 (12)	37 (11)	4 (1)	349 (100)

Respondents in the age-range of 28-37 (3%) reported more experiences of sexual intercourse related morbidity as shown in Table 35 though the experiences were also present in other age groups.

Experiences of sexual health morbidity by educational status of respondents is as shown in Table 38.

Table 38: Distribution of respondents by occurrence of sexual intercourse related ill health or problems by educational category

Frequency of Sexual intercourse related ill health or problems among respondents	Educational Background						Total N=349 (%)
	Primary (%)	Secondary (%)	OND and Others (%)	University (%)	No western education (%)	Not indicated (%)	
Occurs all the times	0 (0)	4 (1)	2 (.6)	3 (.9)	0 (0)	3 (.9)	12 (3)
Occurs most of the times	0 (0)	3 (.9)	4 (1)	4 (1)	0 (0)	6 (2)	17 (5)
Occurs occasionally	11 (3)	16 (5)	14 (4)	25 (7)	0 (0)	15 (4)	81(23)
Never Occurs	47 (14)	80 (23)	47 (14)	27(8)	8 (2)	30 (9)	239 (69)
Total (%)	58 (17)	103 (30)	67 (19)	59 (17)	8 (2)	54 (16)	349(100)

Sexual intercourse related ill health appeared to be more prevalent among respondents with secondary and higher education and among respondents who did not indicate their educational background as Table 38 showed. It is less prevalent among respondents with primary education and those with no western education.

The extent of occurrences of sexual intercourse related ill health or problems by marital status of respondents who reported such are as shown in Table 39.

Table 39: Distribution of respondents by occurrence of sexual intercourse related ill health or problems by marital status

Frequency of Sexual Intercourse related ill health or problems among respondents	Marital Status						Total N=349 (%)
	Single (Never married) (%)	Married (%)	Married but separated from Partner (%)	Divorced (%)	Widowed (%)	Not indicated (%)	
Occurs all the times	6 (2)	6 (2)	0 (0)	0 (0)	0(0)	0 (0)	12 (3)
Occurs most of the times	2 (.6)	13 (4)	0 (0)	1 (.3)	0 (0)	1 (.3)	17 (5)
Occurs occasionally	15 (4)	58 (17)	1 (.3)	1 (.3)	3 (.9)	3 (.9)	81(23)
Never Occurs	52 (15)	125 (36)	12 (3)	8 (2)	23 (7)	19 (5)	239 (69)
Total (%)	75 (22)	202 (58)	13 (4)	10(3)	26 (7)	23 (7)	349 (100)

While the occurrence of sexual intercourse related ill health was reported by respondents across all marital categories, it was more reported by married respondent as the number were higher (6, 2% all the time, 13, 4% most of the time and 17% occasionally) compared to others.

Pain during sexual intercourse is a significant indication of morbidity. The rate of occurrence of pain during sexual intercourse was explored. Tables 40 to 47 are the summaries of responses to experiences of pain and injury during sexual intercourse by respondents.

Table 40: Distribution of respondents by frequency of experiences of pain during sexual intercourse by gender

Frequency of experiences of pain during sexual intercourse	Gender		Total
	Male (%)	Female (%)	N=349 (%)
Occurs all the times	4 (1)	6(2)	10(3)
Occurs most of the times	7 (2)	4 (1)	11 (3)
Occurs occasionally	25 (7)	24 (7)	49(14)
Never Occurs	165 (47)	114 (33)	279(80)
Total (%)	201(58)	148 (42)	349 (100)

Table 40 shows that few men and women (6%) had experiences of pain during sexual intercourse all the time and most of the time. Pain, associated with sexual intercourse appears to occur in similar proportions among male and female respondents at the same frequency.

Table 41 gives the summary of experiences of pain during sexual intercourse by respondents by age categories.



Table 41: Distribution of respondents by frequency of experiences of pain during sexual intercourse by age category

Frequency of experiences of pain during sexual intercourse	Age category							Total N=349 (%)
	18-27 (%)	28-37 (%)	38-47 (%)	48-57 (%)	57-68 (%)	68+ (%)	Not indicated (%)	
Occurs all the time	3 (.9)	5 (1)	2 (.6)	0 (0)	0 (0)	0 (0)	0 (0)	10(3)
Occurs most of the time	5 (1)	2 (.6)	1 (.3)	1 (.3)	0(0)	2 (.6)	0 (0)	11 (3)
Occurs occasionally	5 (1)	11 (3)	10 (3)	8(2)	10 (3)	5 (1)	0 (0)	49(14)
Never Occurs	47 (14)	53 (15)	62 (18)	51 (15)	32 (9)	30 (9)	4 (1)	279(80)
Total (%)	60 (17)	71 (20)	75 (22)	60 (17)	42(12)	37(11)	4 (1)	349 (100)

Pain during sexual intercourse most of the time appears an issue among some young and middle-aged respondents in the age range of 18 and 47 years as this table shows. While pain during sexual intercourse in old age may not be unusual, especially where individuals are very ignorant of the physiology of sex as linked to aging and what needed to be done, it is an issue for action and further study among young people. However, this may also be related to poor knowledge of the physiology of sex or sexual intercourse associated with coercion and force all the time. What has educational background got to do with the observed pattern? Table 42 presents the analysis of responses by educational background of respondents.

Table 42: Distribution of respondents by frequency of experiences of pain during sexual intercourse by educational background

Frequency of experiences of pain during sexual intercourse	Educational Background						Total
	Primary (%)	Secondary (%)	OND and Others (%)	University (%)	No western education (%)	Not indicated (%)	N (%)
Occurs all the time	1 (.3)	2 (.6)	2 (.6)	1(.3)	0 (0)	4 (1)	10(3)
Occurs most of the time	2 (.6)	3 (.9)	2 (.6)	2 (.6)	0(0)	2 (.6)	11 (3)
Occurs occasionally	2 (.6)	10 (3)	10 (3)	15 (4)	0(0)	12 (3)	49(14)
Never Occurs	53 (15)	88 (25)	53 (15)	41 (12)	8(2)	36 (10)	279(80)
Total (%)	58 (17)	103 (29)	67 (19)	59 (17)	8 (2)	54 (15)	349 (100)

Again, the 6% of the respondents who experienced pain at intercourse are spread across all educational categories. Respondents with no Western education did not report experience of pain during sexual intercourse as shown by this table. Respondents who experienced pain during sexual intercourse occasionally were more in the secondary (3%) and post secondary categories (7%).

The extent of occurrence of experiences of pain during sexual intercourse by marital status of respondents was summarised and presented in Table 43.

Table 43: Distribution of respondents by frequency of experiences of pain during sexual intercourse by marital status

Frequency of experiences of pain during sexual intercourse	Marital Status						Total N=349 (%)
	Single (Never married) (%)	Married (%)	Married but separated from Partner (%)	Divorced (%)	Widowed (%)	Not indicated (%)	
Occurs all the time	4 (1)	6 (2)	0 (0)	0 (0)	0 (0)	0 (0)	10(3)
Occurs most of the time	1 (.3)	9 (3)	0 (0)	0 (0)	0 (0)	1 (.3)	11 (3)
Occurs occasionally	11 (3)	30 (9)	1 (.3)	2 (.6)	4 (1)	1(.3)	49 (14)
Never Occurs	59 (17)	157 (45)	12 (3)	8 (2)	22 (6)	21 (6)	279 (80)
Total (%)	75 (21)	202 (58)	13 (4)	10 (3)	26 (7)	23 (7)	349 (100)

From Table 43, married respondents reported pain more with 5% experiencing it all or most of the times and 9% experiencing it occasionally. About 4% of single, never married respondents also experience pain during sexual intercourse. Pain is a warning sign of acute or chronic pathology that may be associated with wrong technique of sexual intercourse or a disease state especially for those who experienced it all and most of the times.

Wound or soreness is also closely associated with pain. Open wound in the genitals is a major risk factor to sexually transmitted diseases and HIV transmission. Table 44 gives a summary of the extent of occurrence of bruises and wounds with sexual intercourse among respondents.

Table 44: Distribution of respondents by frequency of experiences of bruises and wounds during sexual intercourse by gender

Frequency of experiences of bruises/wounds during and after sexual intercourse	Gender		Total
	Male (n=199) (% of n)	Female (n=147) (% of n)	N (% of N)
Occurs all the time	6 (3)	8 (5)	14 (4)
Occurs most of the time	10 (5)	3 (2)	13 (4)
Occurs occasionally	22 (11)	22 (15)	44 (13)
Never Occurs	161 (81)	114 (78)	275 (80)
Total (%)	199 (58)	147(42)	346 (100)

( $X^2 = 4.3713$ ,  $df = 3$ ,  $p < 0.05$ . Not significant)

Bruises and wounds are not restricted to either sexes but more women among those who reported the experiences were involved. As this table shows, when percentages within each category is considered, about 19% of men reported bruises and wounds, while about 22.5% of women within their group reported similar experience. The observation that both men and women have experiences of bruises and wounds of varied degrees during sexual intercourse implied increased vulnerability of both sexes to infections and HIV in particular.

The spread of experiences of bruises and wounds across age categories are as presented in Table 45.

Table 45: Distribution of respondents by frequency of experiences of bruises and wounds during sexual intercourse by age categories

Frequency of experiences of bruises/wounds during sexual intercourse	Age categories in years							Total
	18-27 (%)	28-37 (%)	38-47 (%)	48-57 (%)	58-67 (%)	68+ (%)	Not indicated (%)	N (%)
Occurs all the time	5 (1)	5 (1)	4 (1)	0 (0)	0 (0)	0 (0)	0 (0)	14 (4)
Occurs most of the time	3 (.9)	2 (.6)	2 (.6)	2 (.6)	0 (0)	4 (1)	0 (0)	13 (4)
Occurs occasionally	4 (1)	11(2)	7 (1)	10 (2)	10 (2)	2 (.6)	0 (0)	44 (13)
Never Occurs	47(14)	51 (15)	62 (18)	48 (14)	32(9)	31(9)	4 (1)	275 (79)
Total (%)	59 (17)	69 (20)	75 (22)	60 (17)	42 (12)	37 (11)	4 (1)	346 (100)

Considering the percentage distribution among the age categories, experiences of bruises and wounds associated with sexual intercourse seem similarly distributed with about 2% distribution for occurrence all the time and most of the time in respondents in the age range of 18 and 47 years. These are the age groups mostly affected by HIV/AIDS. Young and middle-aged respondents reported experiences of bruises and wounds all the time more than other age categories. For reported incidences of sexual intercourse by coercion and by force, young persons with necessary knowledge and skills of healthy sexual intercourse would not physiologically be expected to report bruises and pains more than older persons.

Table 46: Distribution of respondents by frequency of experiences of bruises and wounds during sexual intercourse by educational background

Frequency of experiences of bruises/wounds during and after sexual intercourse	Educational Background						Total N (% of N)
	Primary (%)	Secondary (%)	OND and Others (%)	University (%)	No western education (%)	Not indicated (%)	
Occurs all the time	2 (.6)	5 (1)	3 (.9)	0 (0)	0 (0)	4 (1)	14 (4)
Occurs most of the time	2 (.6)	2 (.6)	2 (.6)	5 (1)	0 (0)	2 (.6)	13 (4)
Occurs occasionally	4 (1)	10 (2)	8 (2)	18 (5)	0 (0)	4 (1)	44 (13)
Never Occurs	50 (14)	85 (25)	52 (15)	36 (10)	8 (2)	44 (13)	275 (79)
Total (%)	58 (17)	102 (29)	65 (19)	59 (17)	8 (2)	54 (16)	346 (100)

As this table reflects, there appears no restrictions to experiences of bruises and wounds during sexual intercourse by educational background among respondents. Experiences of bruises and wounds among respondents by marital status as reported are as summarised in Table 47.

Table 47: Distribution of respondents by frequency of experiences of bruises and wounds during sexual intercourse by marital status

Frequency of experiences of bruises/wounds during and after sexual intercourse	Marital Status						Total
	Single (Never married) (%)	Married (%)	Married but separated from Partner (%)	Divorced (%)	Widowed (%)	Not indicated (%)	N (%)
Occurs all the time	6 (2)	8 (2)	0 (0)	0 (0)	0 (0)	0 (0)	14 (4)
Occurs most of the time	3 (.9)	9 (2)	0 (0)	0 (0)	0 (0)	1 (.3)	13 (4)
Occurs occasionally	3 (.9)	30 (9)	3 (.9)	1 (.3)	5 (1)	2 (.6)	44 (13)
Never Occurs	62 (18)	153 (44)	10 (2)	9 (2)	21(6)	20 (6)	275 (79)
Total (%)	74 (21)	200 (58)	13 (4)	10 (2)	26 (8)	23 (7)	346 (100)

From Table 47, experiences of bruises and wounds during sexual intercourse were reported more among married respondents (13%) than others.

The link between experiences of sexual intercourse by consensus, coercion, force and morbidity associated with sexual intercourse was reviewed by cross tabulating indications of such experiences by sex. Table 48 gives a summary of findings relating sexual morbidity with sexual intercourse by agreement.

Table 48: Distribution of respondents by frequency of experiences of morbidity associated with sexual intercourse by joint agreement between partners

<b>Morbidity associated with sexual intercourse by joint agreement between partners</b>	<b>Frequency of occurrence (%)</b>				<b>Total (%)</b>
	Occurs all the times (%)	Occurs most of the times (%)	Occurs occasionally (%)	Never Occurs (%)	N (%)
<b>Disease/other health related problems</b>					
Male	2(2)	3(3)	12 (12)	46 (47)	63 (65)
Female	4 (4)	1 (1)	8 (8)	21 (22)	34 (35)
Total (%)	6 (6)*	4 (4)*	20 (21)*	67 (69)	97 (100)
<b>Pain during sexual intercourse</b>					
Male	2 (2)	4 (4)	8 (8)	49 (51)	63 (65)
Female	3 (3)	1 (1)	6 (6)	24 (25)	34 (35)
Total (%)	5 (5)	5 (5)	14 (14)	73 (75)	97 (100)
<b>Bruises/wounds during or and after sexual intercourse</b>					
Male	2 (2)	6 (6)	6 (6)	48 (50)	62 (65)
Female	4 (4)	1 (1)	2 (2)	27 (28)	34 (35)
Total (%)	6 (6)	7 (7)	8 (8)	75 (78)	96 (100)

Table 48 shows that 30 (31%\*) of respondents who engaged in sexual intercourse with partners by consensus experienced identified forms of sexual morbidity. Respondents who experienced disease or other related health problems all the time and most of the time constitute 10% (5% of males and 5% of females) of the total respondents who have sexual intercourse by agreement between partners. Similar number experienced pain during sexual intercourse, with 6% of the 10% in this category who were males. With 13% confirming experiences of bruises, 8% of which were also males, the risk of



infection in males appears as high as what would be with females in the population of study.

Table 49: Distribution of respondents by frequency of experiences of morbidity

associated with sexual intercourse by one partner putting pressure to convince the other.

<b>Forbidity associated with sexual intercourse with one partner applying pressure to convince the other</b>	<b>Frequency of occurrence (%)</b>				<b>Total (%)</b>
	<b>Occurs all the times (%)</b>	<b>Occurs most of the times (%)</b>	<b>Occurs occasionally (%)</b>	<b>Never Occurs (%)</b>	
<b>Disease/other health related problems</b>					
Male	1 (2)	3 (8)	8 (20)	15 (38)	27 (68)
Female	1 (2)	1 (2)	2 (5)	9 (23)	13 (32)
Total (%)	2 (4)*	4 (10)*	10 (25)*	24 (61)	40 (100)
<b>Pain during sexual intercourse</b>					
Male	1 (2)	3 (8)	3 (8)	20 (50)	27 (68)
Female	0 (0)	0 (0)	1 (2)	12 (30)	13 (32)
Total (%)	1 (2)	3(8)*	4 (10)*	32 (80)	40 (100)
<b>Bruises/wounds during or after sexual intercourse</b>					
Male	1 (2)	3 (8)	5 (13)	17 (44)	26 (67)
Female	0 (0)	0 (0)	0 (0)	13 (33)	13 (33)
Total (%)	1 (2)	3 (8)	5 (13)	30 (77)	39 (100)

About 16 (39%) of the 40 respondents that acknowledged sexual intercourse under pressure from sexual partners at the time of the study indicated experiences of disease or other health related problem occurring at various frequencies with sexual intercourse.

More males (12 – 30%) were also represented in contrast to 4 (9%) of females with

similar experiences. More males indicated experiences of ill health, pain and bruises than females.

When experiences of morbidity with forced sex was also explored as reflected in Table 50, more males again reported incidences of health problems, pain and bruises when compared to female respondents.

Table 50: Distribution of respondents by frequency of experiences of morbidity associated with forced sexual intercourse by partner.

<b>Morbidity associated with sexual intercourse by force from sexual partner</b>	<b>Frequency of occurrence (%)</b>				<b>Total (%)</b>
	<b>Occurs all the times (%)</b>	<b>Occurs most of the times (%)</b>	<b>Occurs occasionally (%)</b>	<b>Never Occurs (%)</b>	
<b>Disease/other health related problems</b>					<b>N (%)</b>
Male	1 (3)	2 (6)	2 (6)	15 (48)	20 (65)
Female	0 (0)	1 (3)	0 (0)	10 (32)	11 (35)
Total (%)	1 (3)	3 (10)	2(6)	25 (80)	31 (100)
<b>Pain during sexual intercourse</b>					
Male	1 (3)	2 (6)	0 (0)	17 (55)	20 (65)
Female	0 (0)	0 (0)	1 (3)	10 (32)	11 (35)
Total (%)	1 (3)	2 (6)	1 (3)	27 (87)	31 (100)
<b>Bruises/wounds during or after sexual intercourse</b>					
Male	1 (3)	2 (6)	3 (10)	14 (45)	20 (65)
Female	0 (0)	0 (0)	0 (0)	11 (35)	11 (35)
Total (%)	1 (3)	2 (6)	3 (10)	25 (80)	31 (100)

Table 51: Distribution of respondents by frequency of sexual morbidity among respondents demanding sex without soliciting the consent of partner.

<b>Morbidity associated with sexual intercourse with respondents demanding sex without soliciting consent of partner</b>	<b>Frequency of occurrence(%)</b>				<b>Total (%)</b>
	<b>Occurs all the times (%)</b>	<b>Occurs most of the times (%)</b>	<b>Occurs occasionally (%)</b>	<b>Never Occurs (%)</b>	
<b>Disease/other health related problems</b>					<b>N (%)</b>
Male	0 (0)	1 (4)	1 (4)	12 (44)	14 (52)
Female	0 (0)	1 (4)	3 (11)	9 (33)	13 (48)
Total (%)	0 (0)	2 (8)	4 (15)	21 (77)	27 (100)
<b>Pain during sexual intercourse</b>					
Male	0 (0)	2 (8)	0 (0)	12 (44)	14 (52)
Female	0 (0)	1 (4)	2 (8)	10 (37)	13 (48)
Total (%)	0 (0)	3 (12)	2 (8)	22 (81)	27 (100)
<b>Bruises/wounds during or and after sexual intercourse</b>					
Male	0 (0)	2 (8)	1 (4)	11 (41)	14 (52)
Female	0 (0)	1 (4)	4 (15)	8 (30)	13 (48)
Total (%)	0 (0)	3 (12)	5 (19)	19 (71)	27 (100)

Less number of respondents reported morbidity when they were the ones demanding sexual intercourse without soliciting consent of partners. As shown in table 51, only 27 respondents acknowledged engaging in sexual intercourse with partners without soliciting their consent among whom only 2 to 3 respondents (8-12%) reported any form of morbidity.

### 5.12 Basic knowledge of HIV, perceived prevalence and the link to sexual coercion and sexual violence in community of study

With the establishment of patterns of various forms of sexual intercourse among respondents, the extent of awareness of HIV/AIDS and the perception of the link to sexual coercion and forced sex was explored. To the statement that requested respondents to list all sources of contracting HIV known to them Table 52 gives a summary of the responses.

Table 52: Distribution of respondents by known modes of transmission of HIV

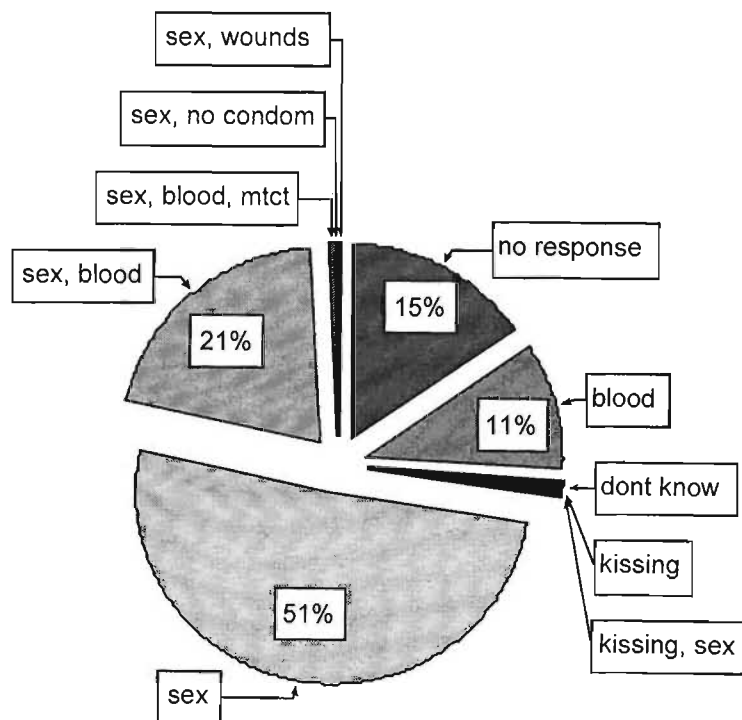
<b>Known modes of transmission of HIV</b>	<b>Frequency</b>	<b>Percent</b>
Through contact with blood	52	10
Through kissing	1	.2
Through kissing and sexual intercourse	1	.2
Through sexual intercourse	250	51
Through sexual intercourse and contact with blood	101	21
Through sexual intercourse, contact with blood, from infected mother to child	2	.4
Through sexual intercourse and contact with wounds	1	.2
Don't know	5	1
No response	74	15
<b>Total</b>	<b>487</b>	<b>100.0</b>

Out of the 487 respondents, 355 (73%) mentioned sexual intercourse as source of contracting HIV. While some respondents qualified this with phrases such as “unprotected sex”, “sex without condom”, mere mentioning of sexual intercourse as a source of contracting HIV was considered acceptable as this level of awareness supposedly would be taken as significant in sensitising respondents to the need for pro-

active action for prevention of infection through sexual intercourse. Again, 155 (32%) mentioned contact with blood, (through sharing of sharp objects, transfusion with unscreened blood, use of contaminated needles). Only 2(.4%) of respondents mentioned mother to child transmission of HIV. The same 2(.4%) were the only respondents that readily identified the three main routes of transmission of HIV (sexual intercourse, contact with blood, and transmission from infected mother to the baby). While 5(1%) of the respondents acknowledged that they did not know any, 15% did not respond to this item on the questionnaire.

Figure 14 gives a graphic representation of the distribution of respondents according to known routes of transmission in percentages.

Figure 14: Percentage distribution of respondents by known routes of transmission of HIV



Exploring respondents' knowledge of required actions for prevention of transmission of HIV, majority of respondents were aware of the need for change in sexual behaviour. Table 53 gives the summary of the 107 different responses to known ways of preventing HIV by sex of respondents. Among respondents who were able to identify one method were 41% who mentioned condom use and 15% who mentioned abstinence. Others were classified according to the number of methods indicated. About 5% mentioned two ways to avoid contracting HIV, about 5 (1%) others mentioned four while some gave incorrect responses. While 17% of the respondents did not give any response, 6 (1%) of the respondents acknowledged that they did not know any way of preventing the transmission of HIV.

Table 53: Distribution of respondents by known ways of preventing transmission or contracting HIV

Statement: Explain what you know about HIV/AIDS -How it is prevented	Distribution by sex		Total N=487 (%)
	Male	Female	
No response	44 (9)	37 (8)	81 (17)
Screen blood before transfusion	4 (.8)	2 (.4)	6 (1)
Faithfulness to sexual partner	4 (.8)	0 (0)	4 (.8)
Avoiding sharing sharp object	4 (.8)	4 (.8)	8 (2)
Abstinence	46 (9)	29 (6)	75 (15)
Condom use	118 (24)	81 (17)	199 (41)
Abstinence and condom use	5 (1)	7 (1)	12 (2)
Condom use and faithfulness	5 (1)	4 (.8)	9 (2)
Condom use and avoiding sharing sharp object	2 (.4)	0 (0)	2 (.4)
Faithfulness to sexual partner and screening of blood before transfusion	1 (.2)	1 (.2)	2 (.4)
Abstinence, Condom use, screening blood before transfusion	0 (0)	1 (.2)	1 (.2)
Faithfulness, screening blood before transfusion, avoiding sharing of sharp object	1 (.2)	2 (.4)	3 (.6)
Abstinence, avoid sharing sharp objects, avoid unprotected sex	4 (.8)	3 (.6)	7 (1)
Condom use, avoid sharing sharp objects, screen blood before transfusion	23 (5)	16 (3)	39 (8)
Abstinence, condom use, avoid sharp object, screen blood before transfusion	3 (.6)	2 (.4)	5 (1)
Condom, faithfulness, avoid sharing sharp objects, screen blood	1 (.2)	2 (.4)	3 (.6)
Don't know	5 (1)	1 (.2)	6 (1)
Others (non specific and incorrect responses e.g. being careful, avoiding immoral sex, medical approach, limiting sex)	16 (3)	9 (2)	30 (5)
Total (%)	286 (59)	201 (41)	487 (100)

About 120 reasons were given for the prevalence of HIV in the community. These ranged from high number of students in the community, lack of knowledge, low level of morals,

adultery and fornication, care-free attitude to sex, love of money, prostitution, unsafe sexual practices, unprotected sexual practices, unwholesome sexual practices among others. Only 2 male respondents identified coerced sex as a possible reason, yet more than 50% of respondents on further probing of the perception of the extent of forced sex in the community rated it as either very common or common as depicted in Table 54 to 58 when analysed by gender, age and marital status.

Table 54: Distribution of respondents by the perceived prevalence of forced sex in the community of study by gender

Rating of occurrence of forced sex in the community of study	Gender		Total
	Male (%)	Female (%)	N (%)
Very common	35 (11)*	34 (11)*	69 (22)
Column %	19	25	22
Common	65 (21)*	35 (11)*	100 (32)
Column %	36	26	32
Not common	81 (26)	66 (21)	147 (47)
Column %	45	49	47
Total (%)	181 (57)	135 (43)	316 (100)

$$X^2 = 3.7966, df = 2, p < 0.05,$$

From Table 54, 32%\* of males and 22%\* of females (54% of 316) indicated that forced sex was either very common or common in the community of study.

There is no significant difference in the rating of occurrence of respondents by sex.



Table 55: Distribution of respondents by the perceived prevalence of forced sex in the community of study by age categories

Rating of occurrence of forced sex in the community of study	Age last birthday							Total N (%)
	18-27 (%)	28-37 (%)	38-47 (%)	48-57 (%)	58-67 (%)	68+ (%)	Age not indicated (%)	
Very common	17 (5)	20 (6)	18 (6)	7 (2)	2 (.6)	5 (2)	0 (0)	69 (22)
<i>Column %</i>	27*	29	34**	14	5	12	0 (0)	22
Common	33 (10)	21 (7)	15 (5)	12 (4)	8 (3)	10 (3)	1 (.3)	100 (32)
<i>Column %</i>	52*	3	28**	24	20	25	100	32
Not common	13 (4)	29 (9)	20 (6)	30 (10)	30 (10)	25 (8)	0 (0)	147 (47)
<i>Column %</i>	21	41	38	61	75	62	0	47
Total (%)	63 (20)	70 (22)	53 (17)	49 (16)	40 (13)	40 (13)	1 (.3)	316 (100)

( $X^2 = 50.614$ ,  $df = 10$ ,  $p < 0.05$ , Significant)

Again, about 79%\* of young people in the age range of 18-27 years within their group indicated that forced sex was common. More than 50%\*\* in the age category of 38-47 years also indicated that forced sex was common. Generally, more respondents in the younger age groups within their age categories ranging from 18 to 47 years (79%, 32%, 62%) compared to older respondents in the age range of 48 and above within their age categories (38%, 25%, 37%) rated the occurrence of forced sex as common.

There was a significant difference in the rating of occurrence of forced sex in the community of study by respondents of different age groups.

Table 56: Distribution of respondents by the perceived prevalence of forced sex in the community of study by marital status

Perceived prevalence of occurrence of forced sex in the community of study	Marital Status						Total N (%)
	Single (Never married) (%)	Married (%)	Married but separated from Partner (%)	Divorced (%)	Widowed (%)	Not indicated (%)	
Very common	20 (6)	29 (9)	4 (1)	2 (.6)	1 (.3)	13 (4)	69 (22)
<i>Column %</i>	<b>24</b>	<b>17</b>	<b>31</b>	<b>20</b>	<b>4</b>	<b>81</b>	<b>22</b>
Common	41 (13)	44 (14)	1 (.3)	3 (.9)	8 (2)	3 (.9)	100 (32)
<i>Column %s</i>	<b>50</b>	<b>26</b>	<b>8</b>	<b>30</b>	<b>35</b>	<b>19</b>	<b>32</b>
Not common	21 (7)	99 (31)	8 (2)	5 (2)	14 (4)	0 (0)	147 (47)
<i>Column %</i>	<b>26</b>	<b>58</b>	<b>62</b>	<b>50</b>	<b>61</b>	<b>0 (0)</b>	<b>47</b>
<b>Total (%)</b>	<b>82 (26)</b>	<b>172 (54)</b>	<b>13 (4)</b>	<b>10 (3)</b>	<b>23 (7)</b>	<b>16 (5)</b>	<b>316 (100)</b>

When analysed by marital status, more respondents in the single, never married category within their group indicated forced sex to be common. However, when reviewed from the perspectives of responses within the total sample, more married respondents (23.1%) rated forced sex as very common and common.

A test of significant difference in responses by marital status was not done because of low number of respondents, (less than 5) in some of the cells .

With the information on the perceived prevalence of forced sex and level of awareness of HIV in the community, the extent to which respondents could link HIV and coerced and forced sex was directly explored. The responses are as summarised in Table 57.

Table 57: Distribution of respondents by the perception of the link between coerced and forced sexual intercourse and increased rate of transmission of HIV by sex

	Sex		Total	X <sup>2</sup>
	Male	Female		
Does coerced sex increase the rate of transmission of HIV?	Male	Female	N (%)	
Yes	161 (49)	97 (30)	258 (79)	X <sup>2</sup> = 0.7246 df = 1, p < 0.05 Not significant
Column %	81*	77*	79	
No	38 (12)	29 (9)	67 (21)	
Column %	19	23	21	
Don't know	1 (.3)	0 (0)	1 (.3)	
Total (%)	200 (61)	126 (39)	326 (100)	
Does forced sex increase the rate of transmission?				X <sup>2</sup> = 1.1984 df = 1, p < 0.05 Not significant
Yes	176 (52)	106 (32)	282 (84)	Not significant
Column %	85*	81*	84	
No	30 (9)	25 (7)	55 (16)	
Column %	15	19	16	
Total (%)	206 (61)	131 (39)	337 (100)	

As Table 57 reflected, high percentages of respondents appreciated that there is a link between sexual intercourse by coercion, force and the transmission of HIV. But the 16-22% who could not see the link could also not be ignored as such individuals did not appreciate the danger that coerced and forced sex pose as a high risk behaviour for HIV transmission. Though high percentages of respondents in both the male and female categories were aware of the link between coerced and forced sex with increased rate of

HIV transmission, higher percentages of men in their categories (81% and 85%) compared to women in their category (77% and 81%) correctly perceive the link.

Table 58: Distribution of respondents by the perception of the link between coerced and forced sexual intercourse and spread of HIV by sex

Responses	Sex		Total	X <sup>2</sup>
	Male	Female		
Does coerced sex increase the spread of HIV?				
Yes	161 (48)	97 (30)	258 (79)	X <sup>2</sup> = 1.1422 df = 1, p < 0.05 Not significant.
Column %	80	76	79	
No	40 (12)	30 (9)	70 (21)	
Column %	20	24	21	
N	201 (61)	127 (39)	328 (100)	
Does forced sex increase the spread of HIV?				
Yes	168 (50)	104 (31)	272 (82)	X <sup>2</sup> = 0.0646 df = 1, p < 0.05 Not significant
Column %	82	81	82	
No	36(11)	24 (7)	60 (18)	
Column %	18	19	18	
Don't know	1 (3)	0 (0)	1 (3)	
N	205 (62)	128 (38)	333 (100)	

Majority of the respondents, 80% males in the group, 76% females in their group were aware that coerced sex could increase the spread of HIV in the community, still reflecting more male respondents compared to female. However, similar proportions of males and females in their groups (82% and 81% respectively) expressed the link between forced sex and increase spread of HIV.

### **5.13 Suggestions for intervention for reduction of coerced and forced sex in community of study**

To the last part of the investigation that sought for suggestions for intervention toward the reduction of coerced and forced sexual intercourse, responses can be categorised into three sub-headings: education for prevention, access to education and counselling services and stringent punishment for offenders. Though 289 did not give any suggestion, 155 (32%) of respondents suggested education incorporating healthy sexual behaviour, safe and protective sex through various means, seminars, mass media, through media houses and religious houses. Twenty-one (4%) suggested provision of access to facilities for consultation and materials for safe sexual practices. Other suggestions included teaching people correct techniques of sexual intercourse by 52 (11%), 4 respondents suggested poverty alleviation strategies, 1 suggested stringent punishment for sexual offenders and 3 others suggested teaching wives about sexual intercourse.

### **5.14 Conclusions**

Among the Yoruba people, human beings, males and females are conceived as complete beings biologically and socially at attainment of sexual maturity and when engaging in sexual intercourse. Sexual intercourse occurs within marital or non-marital relationship with the former most preferable, desirable, targeted but the latter is also tolerated when sexual intercourse within marital relationships is yet to be attained or not attainable.

A male is different from a female from the sexual organ discernible at birth, but does not become a man until after he becomes economically independent and able to provide for

the upkeep of a family. The man is expected to show some behavioural characteristics that portray him as someone who is in control and is able to display authority in all relationships but more importantly in sexual relationships. With authoritative attributes of boldness, strength and courage among others but most importantly economic independence that confirms his readiness for marriage and by extension, sexual intercourse, the man takes leadership as a responsibility in the home, in the larger society and also in the act of sexual relationships. Economic independence traditionally confirms his readiness for sexual intercourse, procreation and the obligations of making provisions to meet the basic needs of his wife and children. However, the man takes all these responsibilities, especially that of leadership in sexual relations in a position of ignorance as he never at any point in time has an opportunity to clarify or validate the appropriateness of what he knows and practises as far as sexual intercourse is concerned.

A female, in addition to structural body differences from that of a man becomes a full woman not just at menarche but also at marriage. A woman is tender, calm, weak, and should be protected. A woman is to be married and be subject to her husband and she has a responsibility for the upkeep of the home, meeting sexual needs of the man and taking care of the children while the man and the woman finance management of the home. Being a woman in marital relationship is obliging the husband of sexual intercourse on demand even when in sub-optimal health (especially when tired after combining house work and her regular work).

Sexual intercourse is conceived as a need that is expected to be fulfilled after puberty by both men and women to make them complete human beings, for procreation and for physical enjoyment and satisfaction. It was (and is still) traditionally prescribed and still preferred to occur within marital relationships though it is tolerated in non-marital relationships. What is considered as “instinctual primitive sexual intercourse” among young pre-pubertal boys and girls below 8 years was reported. The occurrence and frequency of non-marital sexual relationships/sexual intercourse has increased over time and has also been tolerated within the social system for different reasons among which are:

- a. Perception of sexual intercourse as a normal physiological act that affirms wholeness and completeness of a man and a woman that must be done.
- b. Perception of sexual intercourse as means of expression of self and building intimacy as a means to an end, a means to secure marriage especially for a woman and as demanded by the man.
- c. Sexual intercourse as a means of getting psychosocial and economic support not attainable within marital relationships, which had been provided in traditional society as socially assured through planned marriages in the past.
- d. The belief that there are more women in the social system whose sexual needs as desirable to make them biologically and socially complete beings must be met.
- e. Men and women seeking sexual satisfactions not got in marital relationships in extra-marital sexual relationships

- f. Women's tolerance of men's extra marital sexual partnership.
- g. Decreasing use of traditional control of extra-marital sexual relationships

Men and women acquire knowledge about sexual relationship and sexual intercourse informally through no specific person, but acquire such in bits and pieces from multiple sources, peer groups, other adults as they observe what goes on among other people and through experience. The non-specific process of knowledge and skills acquisition continued through out life and even at marriage, couples seldom discuss or acquire formal guided and factual information about sexual intercourse. This continues to old age except individuals take the initiatives to seek information (from non-existing identifiable trained persons that are meant to guide sexual partners through healthy sexual intercourse).

Heterosexual intercourse by consensus with both male and female sexual partners consenting to the act is what is believed to be the most advocated in the culture and also considered to be very common in marital and non-marital relationships. However, exploration of what consensus really implied considering the actions that cumulate in sexual intercourse showed high level of what would be considered coercive sex in modern terms. Information that women, especially young girls, get tricked into circumstances where they have to engage in sexual intercourse unwillingly were given. Forced sex is recognised and reported to occur in marital and non-marital relationships. Forced sex in non-marital relationship when discovered is punishable, adopting traditional methods and modern methods. Traditional method of managing sexual violence usually adopt a family-oriented approach of group punishment that do not have



implications for only the individuals involved but also for the integrity of the group. Modern method of reporting to the law enforcement agent is also currently used. The efficacy of adopting either the traditional family-oriented approach or modern method of reporting to the law enforcement agent or a combination of both are yet to be determined from the perspectives of prevention and control of sexual violence.

While marriage gives the man all authority to demand for obligatory sexual intercourse from the wife with little or no negotiation, he relies on information gathered about his sexuality and that of the woman by chance in the social system that also never encourages open discussion of sexual intercourse throughout the life span. The act of initiation of sex and conduct of sex is the prerogative of the man in marital or non-marital sexual relationship though the man accepts negotiation of sex in non-marital relationship. All these he practises under informal guidance of peers and friends who also learn the act of sexual intercourse by chance or through trial and error. For a man to be real in the community, he must be heterosexual and must be sexually active.

A woman is subject to the man in marriage in all ramifications and may not initiate sexual intercourse, but has a duty to submit to sexual intercourse also in a state of ignorance as she also acquires unverified knowledge about sexual intercourse throughout life. She is bound by traditional beliefs that prescribe when and why she may or may not have sexual intercourse. She also has to contend with the man refusing sexual intercourse with her, even when the man might have the woman's health interest at heart. For

instance, he might wish to avoid passing on an infection but poor communication inhibits him from disclosing to the woman.

The link between sexual intercourse and physical and mental health is appreciated in the community of study, though the explanation of the link is not well understood. Sexual intercourse is associated with disease and death, but with little understanding of the basis of the disease. The death associated with sexual intercourse are as related to disease or punishment for extra-marital relationship. Despite the threat of the two possibilities, pre-marital and extra-marital sexual intercourse are said to have increased and continue to increase. Coerced and forced sexual intercourse are observed to be common and also appreciated to have great and grievous consequences for the spread of sexually transmitted diseases and HIV in the community. However, members of the community were not presented as appreciating the magnitude of the problem. They are yet to take active community-oriented actions.

There are traditional regulatory and control measures identified, which had proven useful in the past. Some of these were individually regulated while others were family and community oriented. Some are no longer effective while others are no longer commonly used. The extent to which such are deemed healthy from physiological point of view would be explored and discussed in the next chapter. The group-oriented measures could be modified or used in the old form but that would need to be explored to see how effective such a modification can be in enhancing individual-controlled measures.

From triangulation of the data from quantitative and qualitative study the pertinent information that came out are outlined below:

1. Sexual intercourse, essentially heterosexual, is considered a need and a must to be a complete being for both men and women. Maturity for sexual relationship is determined at puberty, but economic viability to support a wife and family is an added condition for sexual activity of the man. The woman is also deemed matured for sexual activity at puberty but expected to be within marriage. Sexual intercourse is traditionally expected to occur within marital relationship as controlled by the man. The man, traditionally expected to be the head of his family, controls sexual relationship, initiates and determine the frequency and how it is done. The woman is expected to be subject to sexual control by the man. She is not expected to initiate, but to conform with sexual demands of the man within what may be considered limitations imposed by menstruation, breast feeding and infrequent physiological reasons such as tiredness.
2. Sexual intercourse is expected and claimed to occur by consensus between the man and the woman by majority of respondents, but the caveat of the total sexual control by the man brings a major contradiction such that the conception of sexual intercourse by consensus becomes a contractual relationship with the man determining the terms of the contract.
3. Confining sexual intercourse to marital relationship was easier achieved in traditional Yoruba society where family and community regulatory and control mechanisms of sexual behaviour of the individual was more and achievable. This was done with strict monitoring of young persons before and at puberty, strict

regulation of open expression of affection, and regulated marriage as transition to adulthood. In traditional context and within marriage, sexual intercourse was primarily for procreation and enjoyment of sexual partners in secrecy. Deviance from sexual norms was punishable within traditional norms and the punishment ranged from imposition of material fines, corporal punishment, sending offenders into exile or putting him to death with “Magun”. Such punishment may not only be for the individual, but also have consequences for the family as family members become part of administration of such punishment and may become stigmatised from behaviour of family members.

4. The use of various inexplicable traditional medicines to regulate, avenge or punish men and women is common among Yoruba people. Exploitative use of inexplicable traditional medicine by some men to have sexual intercourse with, or have access to, women who would not willingly consent to sexual intercourse, is also reported. The practice has great consequences for community action to effect any change.
5. There is a changing conception of femininity with some women initiating sexual intercourse which may account for the men involved conceiving such as sexual coercion and sexual intercourse by force. This needs re-validation that could only be possible within service-oriented investigation.
6. Sexual intercourse, from an act primarily for procreation and strictly controlled through strict family and social regulations and control within marriage, has changed to serving multiple purposes among which are “ascertaining completeness”, “meeting basic need”, “enjoyment”, “relaxation”, “providing

access to economic and material assistance". It is also used as a tool of reprisal especially by some men to get even with women who undermine their ego. The locus of control of sexual intercourse has shifted from direct monitoring and control by family and society to the individual. While the old belief and prescription of sexual intercourse within marriage is still advocated, the reality is that first sexual intercourse occurred as early as 7 years and on the average at about 20 years among study subjects. Sexual activity has become more of a condition for consideration for marriage for many young people. Marriage is also considered to be a social expectation outside which a person may be stigmatised. Unlike the observation in traditional settings where marriage is meant to give sexual access to the man, in modern times, the opposite is common, marriage may only be contemplated when an individual is sexually active in a courting relationship. This is a major contradiction that also has its roots in traditional demand for confirming "completeness" or sexual capacity, virility and fertility of a person, either male or female.

7. The process of acquiring knowledge and skills in sexual intercourse is diffuse, un-organised, un-coordinated and individuals acquire invalidated information from multiple sources from early childhood through to old age. There is a general assumption of what others know about sexual intercourse even when individuals do not have such information themselves.
8. Sexual intercourse though indirectly communicated and learnt informally through language use, observations in the social setting and artefacts in daily use, is never

openly discussed in the community and among sexual partners, not even among couples in socially approved relationships

9. The concept of negotiation of sexual intercourse is relative. Sexual behaviour and experiences emerging from the earlier observations though indicated to occur among majority of respondents by consensus also have significant output of sexual coercion and sexual violence in non-marital and marital relationships. Both men and women reported experiences of sexual violence, ill health and injuries associated with sexual intercourse at various degrees with no marital status, age, and educational limitations.
10. Awareness of HIV is high in the community. The perception of the link between the transmission and spread of HIV and sexual coercion and sexual violence is appreciated by majority of the respondents, though 16 – 20% of study sample could not appreciate the link.
11. The need for intervention is supported by suggestions for programmes that provide for education, access to facilities for consultation and services for skills acquisition and care for safe sexual intercourse.

## **CHAPTER SIX – DISCUSSION OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

### **6.1 Introduction to the Chapter**

Sex and sexual relations are the central biological issues at all levels of organismic evolution and specifically among humans. If removed, more than 50% of the problems that confront the law enforcement agencies, health care practitioners, clerics and traditional religious leader, as well as social workers will cease to be. The only way to remove the problems, the society has to be open about it. But the society cannot just do it, something organised should guide how it will happen without compromising the values that the Yoruba people hold as prime. (61 year-old male university teacher)

This chapter presents a critical review and discussion of the findings from this study, supporting explanations and deductions with literature about the group under study, relevant theories and findings from other studies. The discussion is presented following the thematic areas as also derived from the objectives of the study. Conclusions drawn from the findings as related to the research problems are presented. The implications of the findings for theoretical considerations and intervention are also presented as findings in each of the thematic areas are discussed. The chapter is concluded by suggestions for further research.

### **6.2 Conception of Masculinity and Femininity, the Implications for the Conception of Sexual Relationships in Marital and Non-marital Relationships and the Protocols for Initiation and Process of Sexual Behaviour**

There are fundamental beliefs and values that inform and have great impact on how people organise their lives and how they behave in social relations. The Yoruba society

was said to be and is still hierarchically organised with seniority dictated by relative age as the first and foremost determining variable (Oyewumi, 1997). To the Yoruba people, life goes through periods of transitions, the ultimate of which is to be able to reproduce self. The conception of masculinity and femininity is, thus, built around fulfilling specific roles, two of which are socially approved sexual and reproductive roles often fused into one role.

The conception of masculinity especially within the context of sexual relationships traditionally was that of strength, dominance and control of the woman by the man within marriage. The picture of male-superior person in control of female-inferior person with minimal control as presented in feminist analysis of gender relationships within the context of patriarchal power use is documented in literature (MacKinnon 1982; Davis, Leijenaar, & Jantine Oldersma, 1991; Radtke & Stam, 1994; Yodanis 2004). Findings in this study supported this perception of the male-strong-senior-authoritative but supposedly protective and controlling person and the female-weak-junior-submissive person to be protected and controlled.

With the conception of a woman as the younger, inexperienced, physiologically and emotionally weak personality as portrayed by both men and women in the study population, the strict control of the woman may be deemed justified by persons (males and females) who grew up internalising this orientation. Femininity in the culture of study traditionally appeared to be complementary to masculinity, and within the context of sexual relationships, it is characterised by weakness, total submission to meeting



sexual needs of the man as a route to the ultimate goal of childbearing. Many Yoruba people still hold on to traditional beliefs about masculinity and femininity and this, to a large extent, still informs the nature of sexual interaction.

At another level, from the descriptions of the man and the woman in the community of study, there are two typologies of masculinity and femininity that came out of the construction. There are the “good” and the “bad” in the constructs of the man and the woman in the Yoruba context. Men in the community would fall into either of the two categories of the “good”, who has a physically matured body structure, is married, authoritative and in control, with good communicating skills, protective and would be good at conflict management. The “not too good” has a physically matured body structure, is married but has poor communicating skills, is authoritative, and perhaps manipulative and exploitative.

On the other hand, there were also two typologies of femininity. The “good” one with the physically matured body structure, married, up to social responsibility, tolerant, caring, subject to control, able to communicate, open-minded, and shares self with others. There is also the “not too good” one with a physically matured body structure, married, intolerant, quarrelsome, powerless, with poor to fair communicating skills, who cannot keep secret, perhaps manipulative and exploitative and unforgiving.

There is the possibility of a combination of the two positive typologies of the good man and the good woman being able to negotiate better in relationships, (sexual relationships

inclusive) within the construction and conformity with the prescribes roles and normative behaviour of a man and a woman in the culture. However, deviations from the normative behaviour of socially constructed male and female especially would result to facing negative consequences as demonstrated from this study.

Analysed from another perspective, the construction of the “good man” and “good woman” as seen by the Yoruba society appears antithetical to a relationship of equality. In essence, the dominant construction and expectations of masculinity and femininity may not allow for relationships of equality which can facilitate discussion and negotiation of sexual relationship. It might be that any behaviour which does not align with the social expectations, pitches a person into the “bad” typology.

On the other hand, the definition of a man as strong, good at communication and conflict resolution, and socially expected to protect others, especially women and children, allows for risk behaviour to be challenged. Risky sexual and interpersonal behaviour inherently compromises the health of women, the society and is thus, contradictory to the “good man” ideal. How this is done would determine how effective it would be to achieve the desirable change in the perception, orientation and the behaviour of men.

The second typologies for both men and women that depict negative behavioural characteristics are indicative of persons who actually would need more help to change or acquire necessary skills for healthy general and sexual relationships. In a social setting where facilities for professional psychological support and counselling are scarce or

unavailable, facilitating change might be difficult. People who fit the typologies perfectly probably do not exist. Nevertheless, uncomplimentary and the relatively poor knowledge base about sexual intercourse might lead to negative outcomes in relationships. Service providers would find the masculine and feminine typologies useful where attempting to understand individual behaviour. The typologies might also help service providers to contextualise education and counselling needs of clients.

Essentially, the seniority code to a large extent moderate and translates to gender subordination of the woman in all sexual relationships, non-marital and marital. The observation that a woman in the study population goes into marriage expected to play an inferior role as documented by Fadipe (1970), did not appear to have changed significantly. Within the seniority code, it appears that a man taking absolute control of the sexuality and sexual life of the younger woman is not just a need, but also a socially assigned responsibility. This commences at the family of origin of the woman, with practices ranging from monitoring of the girl, early betrothal and marriage soon after puberty, administration of “Teso” and other practices (e.g. female genital cutting) to reduce sexual sensitivity and activity of the woman. These control mechanisms continue after marriage, with the husband (and his family) expected to take over the control of the wife’s sexuality. It may be that the Yoruba culture could not trust the woman to ensure that the husband is the real father of a child. Within the Yoruba patrilineal orientation, the child is primarily identified through the father’s lineage and secondarily through the mother’s lineage. Confirmation that the child is truly of the blood of the father and not “*omo ale*” (a “bastard”) could only be done by the woman traditionally. This powerful

position of the woman remained in force until the emergence of paternity verification through new laboratory and genetic investigations. However, such verification plays a small role in Yoruba society in the past. Hence they instituted absolute social control by the man through economic control of providing for the woman and the children in exchange for sexual and ultimately reproductive control. In-depth exploration of the contractual nature of childbearing within these relationships, unfortunately, have not been explored. Such exploration might allow men and women to see sexual intercourse in a different light and allow for alternative negotiation strategies. There appears a notion that the woman goes into sexual relationships in a position of service within traditional conception of marriage basically.

Significantly, Western education has not eroded the pro-natalist commitment of both Yoruba men and women as defined within marriage contract in traditional settings. Childbearing outside marital union is still highly stigmatised, but tolerated because of the pro-natalist orientation of the group. Again, sexual intercourse in marital relationships is still primarily targeted at procreation by the majority and children seem to be the most important bond between partners rather than a love relationship. Outside marriage, people engage in sexual intercourse to meet specific objectives and thus, the relationships are more firmly negotiated at the onset and for as long as the relationships last.

The hierarchical nature of the Yoruba society that strongly emphasised the older person taking responsibility for the protection of a younger person (Fadipe, 1970; Oyewumi, 1997) directly and indirectly facilitates the conception and acceptance of a male-

controlled social and sexual relationships by both men and women. Discussing masculinity and femininity from the perspectives of equality and individual rights as are admonished within fundamental human rights, are at variance with the conception and realities of relationships, especially sexual and marital relationships among the Yoruba people. One critical factor in the construction of relationships between men and women is the age difference that requires an older person to adopt a protective role. In almost all instances, the older person is the man in sexual and marital relationship. Thus, sexual relationships from the onset are initiated from a position of gross power imbalance through age difference and usually due to economic disparity. Economic power imbalance has been documented as a major controlling factor in sexual relationships between men and women in East and Southern Africa (Ssekiboobo, 1992). While economic power of the average Yoruba woman is greatly advanced through socially approved economic activities (Sudarkasa, 1973), prescriptions for economic provision for the family among the Yoruba people also placed the authority and control over the wife, including sexual control, on the man; hence, the poor use of negotiation of couples in marital relationships as shown in this study.

From the exposition of discussing the realities of sexual intercourse from the feminist power theory and the marriage contract for sexual access and procreation for men and his family realities in traditional Yoruba setting, some contradictions tend to arise that Yoruba women would have to negotiate. Bunting (1993) analysed the crises of positioning the realities of women's lives within cultural relativism and feminist discourses. Nigeria is a signatory to many international human rights treaties and

document, including the document by the Committee on Elimination of Discrimination Against Women (CEDAW) that seek to advance the position of women and promote equality in all relationships.

However, cultural norms dictating morality and translated to behaviour in relationships continue to determine experiences of not only women but experiences of men. It is imperative to analyse the social dynamics and many interacting factors guided by philosophical and ideological paradigms that inform the norms of relationships in any given society and use appropriate strategies to effect enduring change. As Bunting (1993:14) noted, African women's movements could be seen to be proceeding in a manner "attuned to the socio-political cultures of their communities". Changing normative behaviour of male dominance even in sexual relationship as derived from the construction of masculinity and femininity requires systematic exploration of all contributory factors.

Essentially, the descriptive categories used in constructing men and women by the Yoruba people appropriately fit into focal areas of attention of the family interactional theories. The individual is constructed within internal family dynamics contextualised within role-play, status relations, communication patterns, decision-making, coping patterns and socialisation (Hitchcock, 1999). Intervention that seek for behavioural change of individuals, especially in a family moderated milieu as dominant among the Yoruba people, need to effectively make use of these theories. Other theories, [the health belief model, theory of reasoned action, social learning and cognitive theories, the AIDS

reduction model, stages of change, hierarchy of effects and diffusion of innovation and social marketing theory (UNAIDS/PENNSYLVANIA, 1999)] all have their place in conceptualising intervention for behavioural change to reduce vulnerability to many diseases, especially HIV infection. However, the vulnerability of an individual, behavioural change needs could be better assessed and managed within family social dynamics within which the man and woman functions. This position is particularly pertinent in a culture where a man or a woman is constructed within marital relationships.

As shown from the findings from the study, and as held in traditional society, the position that a female may not be deemed a woman until marriage and childbirth still holds very strongly. This observation is another dimension to the comments by Mbiti (1994), Akinjogbin, (2001) and van Dyk (2001) on the attachment of an African person to reproduction of self as the route to immortality and survival of the tribe. This belief is still deeply entrenched. This finding has very serious implications for sexual behavioural change. Men and women who are negotiating for marriage adopt compromising strategies as seen in this study. As earlier noted, young women and men agree to sexual intercourse and getting pregnant as a condition for consideration for marriage. In some instances, pregnancy becomes a reason for marriage. This behaviour is risky in terms of infecting the mother and for mother to child transmission of HIV. Marriage consummated mainly because of reproductive capacity also has consequences for negotiation of sexual and reproductive rights in marriage, since the quality of the relationship is not a secondary factor in the marriage.

Pfeffer (1997) in her study of young Yoruba men and women's perception of good husband and wife reported differences in the perception of focal point of relationships by men and women. Relationships in this study were also mostly constructed by respondents from the perspectives of role performance. The nature and quality of relationships is seldom given intense and in-depth attention. Love was one of the reasons for agreeing to sexual intercourse amongst the study group. The conception of love may also be culturally contextualised, will inform normative sexual behaviour and the nature of relationships. Feminists' discourse of love in sexual relationship point out that romantic behaviour may be influenced by existing power dynamics between men and women. Pfeffer (1997) observed that young Yoruba men and women think of effective role assignments and performance as they used the word "caring" more than when they use the word "love", the latter connoting more on the emotional or romantic aspects of marriage. This study supports this observation and as Pfeffer commented from her study, while Nigerians are concerned about emotional components of marriage, caring appears a preferred language to love.

From the information derived from the focus group and in-depth interviews, education did not appear to make a significant impact on the expected roles and valuation of women. On the contrary, the justification of subordinate position of the woman is found in age, social prescriptions of and religion-promoted male leadership. Perhaps, a more effective medium of control is the conception of love as the basis of submission to sexual relationships, even within situations of gross inequalities in gender relations. The strength and contradictions emerging from the influence of relationships explained from the



perspective of “being in love” found in this study are in agreement with feminist conceptions of power and love as may be seen as dichotomies or even seen as contradictions. Besides, there appears to be negotiations of benefits that accrue from accepting the subordinating power relations, as this may be seen as an act of love or may provide access to children. This observation is supported by Kitzinger's (1994) and Mikell's (1997) analyses of women's negotiation around their sexuality. From this study, sexual relationships by consensus for childbearing, personal enjoyment, economic reasons and to express love, among others identified, are usual for majority of men or women. It may be wrong to conclude absolutely that men and women engage in sexual relationships from positions of exploitation and power misuse all the time. It may not, however, be ruled out that situations like that do occur as would be discussed when considering sexual intercourse negotiations and experiences of coerced and forced sex by respondents in the study.

Importantly, gender norms are documented to influence experiences of men and women in all relationships. The construction of the sexual self and the management of sexual relationships are strongly influenced by an individual's construction and understanding of gender relationships. Studies continue to support the observation of damaging consequences of the woman in a subordinating powerless position in sexual relationships, especially in the African context (Blanc and Wolff, 2001). The damaging effects of unhealthy and high-risk behaviour-promoting expectations of the male partner in sexual relationships as are dictated by normative gender constructs of masculinity are also being challenged. The normative constructs allow for double standards permitting greater

sexual freedom for men, but making women to face barriers of poor communication skills about sex, restrictive norms about sexual initiation, non-facilitatory social environments to say “no” to unwanted or risk-prone sexual demands from sexual partners (White, Greene and Murphy 2003; Gordon and Crehan, 2002; UNAIDS, 1999; Abdool Karim, 1998). It is however very difficult to conclude that the respondents analyse their life situations simply from the perspective of male dominating power use and female powerless submission with other intervening variables that dictate their values.

One aspect of masculinity and femininity that may have consequences for how crises are managed is the general comment about how men are groomed to manage crises and quarrels. Men, as socialised, were said to forgive and quickly resolve issues and do not dwell on crises for a long time. On the contrary, women were said to be unforgiving, dwell on quarrels and crises for a long time. This needs further investigation. This may be a “male” created perception as women (girls) are always expected to forgive and forget bad behaviour of men (boys). Multiple sexual partnerships of men are usually expected to be tolerated by women while women are judged and heavily sanctioned for similar behaviour. This observation may also be a communication issue that has implications for further studies and programme planning to help women acquire skills in crises management.

From another perspective, the orientation about crises management would influence the perception and reactions to sexual violence. Perhaps the social expectations of men to always be in control (by not showing emotions) even in crises influence their reactions

and tolerance of violating sexual behaviour. This needs further investigation. Again, women, as documented by Gilligan (1982) have a different morality that also informs how they see and react to issues. With women, there seems a complex blending of morality as interpreted as obligations to others as such also translate to caring which often amount to self-sacrifice. Where perceived state of self-sacrifice is deemed being exploited, women may not be as tolerant as men.

### **6.3 Conception and Knowledge of Sexual Relationships, Sexual Coercion and Sexual Violence in Marital and Non-marital Relationships and the Implications of such for the Health of the Woman, the Man and the Family.**

In the Yoruba culture, the study has shown that heterosexual intercourse is perceived as a need that has to be met as a part of transition to adulthood, but under some regulations and control. This view has been dominant traditionally among the Yoruba people. As Fadipe (1970) indicated, men and women are expected to fulfil these expectations within marriage at about ages 30 and 25 years respectively. Failure to meet this societal expectation or engaging in other forms of sexual expressions, would definitely meet with high level of resistance and stigmatisation. People with other forms of expression of sexual self, in societies where heterosexuality is the norm, continues to face problems of discrimination and poor access to services. This has implications for the conception of educational programmes and discretion in programme execution to meet the needs of individuals with alternative values about sexual expression of self. Analysed from another perspective, while same sex intense friendship may not be frowned at in the culture of study up to the time of study, the possibilities of homophobia as may become a mental

health issue with cultural diffusion from other countries where homosexuality is practised needs to be anticipated as this also have implications for programme conception.

Sexual intercourse has many meanings to different individuals. Believing in the construct of behavioural intention as a determinant of health behaviour as conceived in the theory of reasoned action (King, 1999), the meanings that sexual intercourse have for different individuals have implications for what they would do and the extent to which an individual may go to have the motives achieved (Blanc and Wolff, 2001). However, individuals could be assisted to explore and clarify their values and the motives through definitive intervention such that the tendency to engage in healthy sexual behaviour and reduce high-risk behaviour could be encouraged. Motivating individuals to take positive actions also have far-reaching consequences for the health of the community. This is in consonance with the theory of reasoned action that sees human beings as rational, making systematic use of information available to them giving considerations to implications of their behaviour within given contexts and at any point in time before they engage or not engage in a particular behaviour.

Respondents in this study seem to have ceased to see sexual intercourse as strictly controlled behaviour primarily for procreation, and now see it as behaviour engaged in for enjoyment, relaxation, economic purposes, ego boosting, expression of love and even a tool of punishment among others (see responses from qualitative study in Tables 13-15). Unlike in traditional societies, many people, including young boys and girls are sexually active. Access to reproductive technology has made engaging in sexual intercourse for enjoyment and relaxation quite convenient for many people. Access to

more information about sexual intercourse through mass-media, films and video as also shown in this study have all made restriction of the act using traditional control measures obsolete.

While sexual intercourse between consenting adults may be socially acceptable, sexual intercourse with girls under 18 years by older men was also considered to be normal by some respondents. This is an important issue with regard to sexually transmitted diseases. Age disparity between partners have been documented to play a role on HIV rates among rural Zimbabwean adolescents, suggesting poor protective behaviour among couples who differed significantly in age (Gregson et al., 2002). Young girls believed not to have been “contaminated” were documented as targets of older men who at some times even use violence to have sex with girls in some parts of Africa (Schoept, 1991).

From another observation, perceiving sexual intercourse as a need that must be met at all cost, as a tool of punishment and as a tool for boosting self-ego are quite negative. These are points for active community education and mobilisation as well as individual education and counselling.

Significantly, proving self to be sexually active at a point in one’s life is an important issue among the Yoruba people and this would have implications for individual behaviour. The “when” has become a big question and *an individual decision* over time, as men and women may be getting married very late for reasons of education, career development, unemployment and by choice. The trend of early sexual debut as recorded

by other authors was supported by findings from this study, though the majority of respondents in this study still reported first sexual experience in their late teenage years (Izugbara, 2001; Simasiku, Nkama and Munro, 2000; Adegbola and Babalola, 1999; Awusabo-Asare and Anarfi, 1995). Many respondents were not comfortable with the changing trend of prevalence of sexual intercourse among young people before marriage, yet many of them also engaged in the behaviour outside the approved traditional convention.

Sexual intercourse seen as a proof of self would be an area of crisis for individuals who wish to abstain as a choice. It would also be a source for crises for who may have to live with HIV and seriously consider abstinence as choice to promote positive health or to prevent transmission to a child. It would be a source of crises for individuals as such individuals may face stigmatisation, criticism, condemnation and suspicion among others. All these have implications for decision-making process, behaviour and mental health status of the individual.

#### **6.4 Knowledge about Sexual Intercourse and Sexual Health, the Consequences for Sexual Behaviour, Regulation and Control of Sexual Behaviour**

The believe about the instinctual nature of sexual intercourse which emerges naturally with the emergence of secondary sexual characteristics, perhaps, explain why the need for concrete and organised education about sexual matters were not deemed necessary within the culture of study. Childhood sexual play and games is documented in literature with recognition of those that may be considered normal and abusive with the caveat of

gender socialisations having consequences for role rehearsal of coercive or manipulative relationships in latter years (Lamb and Coakley, 1993). The tendency to deny the use of sexual play among young people has the implication of not encouraging open discussion with the view of giving correct information, and correcting wrong perceptions. As young people learn about sexual intercourse in covert ways the possibility of internalised wrong views of sexual relationships from childhood is high. This observation is supported with the acknowledged poor knowledge about sexual intercourse among the respondents in this study.

At no point in a lifetime, not even at marriage when the society gives the approval for sexual intercourse, is an individual given concrete education about sexual intercourse and sexual health in the study population. The poor knowledge base about sexual and reproductive health and consequently high vulnerability to STIs and HIV are consistently documented in literature (UNFPA, 2002). UNAIDS (2004) stated that prevention programmes to reduce the spread of HIV reaches fewer than one in five people who need them.

The individual is forced into sexual conformity through strict family and social regulations, active monitoring, restriction of movement, sanctions, poor access to concrete information and prompt arrangement of marriage soon after puberty especially for women in the traditional society. Regulations and control were targeted at both young men and women, mainly through warnings, floggings and use of fear and secrecy about the act of sexual intercourse to limit the interest in sexual matters. All these approaches

over time have become rather inadequate. In modern times, a variety of societal and individual factors shape and influence sexual and reproductive lives of men and women. Young men and women now relate together very closely from an early age, as they interact in schools and vocations resulting in less effectiveness of the social control measures. Access to information about sexual intercourse as part of content of school curricula, print and electronic media are beyond traditional control measures. It may be right to infer that many people, including adults who become parents from early age, have some access to unregulated and inappropriate education about sexual intercourse. This is supported by the multiple sources of unregulated and uncoordinated information about sexual intercourse indicated by respondents in this study. As shown in the qualitative study, the use of language and artefacts in communicating sexuality, sexual relationships and sexual intercourse gives room for inaccurate and incomplete information.

In addition to this, the impact of peer influence on young people in the teenage years as they try to evolve self-identity also coincides with age of sexual maturity and sexual experimentation. This accounts for high level of sexual activity among young people in Nigeria and worldwide (Alubo, 2001, Stone and Ingham, 2002). All these observations have implications for conception of educational programmes for change at the community level. The need for this joint community exploration is further accentuated by the perceived needs of parents to be able to change the restrictive socialisation processes so as to facilitate informed healthy sexual behaviour of young people.



While parents are traditionally expected to be primary sources of information to young people, the extent to which parents, who are perhaps, more ignorant than some of their children, could empower their children with appropriate knowledge and skills are doubtful. Many parents would feel so inadequate because of lack of knowledge and skills. As Tables 10 and 17 showed, many respondents (many of whom are parents) cannot be assumed to be informed about what would be healthy sexual intercourse, as less than 50% acknowledged information (without probing into contents) in some of the topics that would make for informed actions for healthy sexual health. Again, the school as a socialising agent may not be in a better position to give the required knowledge for sexual negotiation, but tend to become a source of some factual information. Such information may discredit the threatening warnings and wrong information from parents.

Friends and peer groups were the most prominent sources of information for respondents in this study. This observation is in agreement with many studies which have also made the use of peer education the most favoured strategy to educate and moderate behavioural change for sexual health among young people (White, Greene and Murphy, 2003). The use of peer education for adult men and women, especially in sexual health empowerment programmes are gradually being implemented (White, Greene, Murphy, 2003; Allan Guttmacher Institute 2003). Such programmes are, however, still targeted at special groups and are not organised on a large scale.

Importantly, what is perceived as an issue is the fact that the majority of, if not all, respondents negotiate sexual relationships in relative state of ignorance and the

assumptions that others have the required knowledge of what is necessary for a sexual relationship. What, however, is intriguing is why older men have not been the primary target and main focus for behavioural change intervention over the years. After all, by social prescription, they are expected to take the leadership position in all issues, including the initiation and control of sexual relationships and the sexual act. In this study, it is established that men, especially in marital relationships, are expected to provide for and be in a protective position to women and their sexual partners. Fulfilling these obligations within the context of sexual relationships have been done through informal learning, trial and error, use of coercion and use of force and poor understanding of sexuality of self and that of the female partner. Essentially, Allan Guttmacher Institute (2003) in their studies of sexual and reproductive health needs of men in 23 countries including data from Nigeria, also made the observation that men, at different stages of their lives, need and often want reliable, accessible information and services to help them lead healthy sexual and reproductive lives but are short-changed in this regard as such services are not just available. This observed gap continues to make demands for integrated services that would give information to meet both men and women's sexual counselling and medical services needs to be responsive to the inter-dependency of the man and the woman in sexual and reproductive relationships.

The negotiations around sexual intercourse and child bearing are matters of life or death for many people in the era of HIV/AIDS. The need to review sexual behaviour to reduce the risk to HIV is highly appreciated by respondents. But the contradiction also posits a conflict of a lose-lose situation in relation to procreation and marriage. Many young

people, especially women in the reproductive age group would avoid health care services where they think they may be tested for HIV which, as far as they were concerned, would compromise their potential for marriage and childbearing. This is a pertinent and significant finding, considering the consequences of increasing prevalence of poorly monitored mother to child transmission of HIV in Nigeria. It is also critical at this point in time as the national sero-prevalence determination relies on data derived from pregnant women attending antenatal clinics. In the 2003 national HIV sentinel survey, there was a general impression of gross reduction of prevalence of HIV nationally and in many states in Nigeria. In Osun state where Ile-Ife is located, the prevalence was said to have dropped from 4.3% in 2001 to 1.2% in 2003 (Federal Ministry of Health, 2004). However, from this study, it stands to reason that if women during pregnancy avoid contact with health care institutions where blood samples are sourced for national sero-prevalence determination, the information about current sero-prevalence has to be questioned.

Taylor (2004) in her review of studies that explored the reasons for condom or non-condom use, pointed to many problems associated with the “condomise” strategy in the face of unequal power relations in sexual negotiations and the pro-natalist stance of Africans. This study also pointed out that unless programmes and health facilities are innovative and supportive of pro-natalist wish of women, many women would resolve to abandon existing health institutions and risk all the complications that may be associated with unattended birth. The need for an integrated, pro-active, comprehensive and supportive pre, ante, intra and post-natal care services directed at reducing mother to child transmission of HIV and mitigating the impact for women in the reproductive age

have not been more urgent than now in Nigeria and in the community of study. Whatever programmes would be proposed along these lines need to be family and community focussed as childbearing is not an individual (the man or the woman) issue in the Yoruba social context.

### **6.5 Sexual Intercourse in Marital Relationships: Expectations, Beliefs and Behaviours**

While advocating for abstinence and negotiated sex is being promoted through individual power empowerment in non-marital relationships, findings from this study show the difficulties that may be associated with proposing this in marital relationships. Many reasons have been given for multiple sexual partnerships especially by men in the African context (Taylor, 2004). These reasons are contextualised within socialisation indulgence, productivity and economic reasons in agricultural economy, pro-natalist ideology that support having many children, biological needs of the man that make him more sexually active and social restrictions at some times of the wife/woman's reproductive and post-menopausal lives (Taylor, 2004, Lawoyin, 2000, Orubuloye, Caldwell and Caldwell, 1994). Findings in Lawoyin's (2000) study of sexual behaviour of married men among Yoruba people in Oyo state showed that men, irrespective of educational background held to traditional tenets especially as it relates to considerations of polygyny, but were not prepared to go into it due to social, religious and economic constraints. Married men expressed having extra-marital relationships when wives were not available and were unable to remain for long without sex. Married men avoided sexual intercourse with wives when pregnant, and some even during postpartum periods. Periods of extended

travel and a “bad wife” also lead to extra-marital sex. In addition to supporting some findings from Lawoyin’s (2000) study of married men’s reasons for extramarital sexual relationships, this study added other dimensions. As indicated by Lawoyin, more than 60% of respondents indicated that they could not keep to one woman, about 10% indicated they were not satisfied with wives, about 10% either did not know or gave multiple reasons. Other reasons included temptation, (about 4%) unstable home (about 1%), pregnant or breast feeding wives (about 7%) and seeing multiple sexual partnerships as normal by about 7%. Multiple sexual partnerships continued to be the norm even despite high knowledge of sexual intercourse as a route of transmission of HIV among Lawoyin’s study sample.

This current study showed that men also engaged in extra-marital relationships to get counsel, companionship, sexual satisfaction, economic support during periods of needs and other things wives could not supply. Meeting economic needs and psychosocial support were also identified as important reasons to women engaging in extra-marital sexual intercourse in this study. Lawoyin’s study gave more information on the characteristics of extra marital sexual partners of men. The current study did not set out to determine this, but found that men with higher economic status and respectable in the society are more likely to be partners of women who engage in extra-marital relationships for economic and psychosocial support. Findings from this study support the need for more inclusive programmes that do not only target “perceived vulnerable groups” as is still dominant in many sexual and reproductive health and HIV educational programmes.

Many factors other than poverty lead to lack of social support and counselling and are critical to high-risk behaviour.

### **6.6 Negotiations of Sexual Intercourse and Implications for Consensus, Coercive and Forced Sex**

The study has shown that within traditional settings, there was little or no need for negotiation of sexual relationship before marriage. This was facilitated by strict family and social control of movement, limited social contacts with persons of opposite sex, especially as the individual matures into sexual maturity. Even at marriage, there was little or no negotiation. Sexual intercourse was a duty for woman within marriage and an obligation for man. Findings from this study, especially from the qualitative study, portrays a situation of the duty of initiation of sexual intercourse as socially assigned to men and that of a “reluctant obligation of giving in” whether the woman also want sexual intercourse or does not want it. Even in non-marital sexual relationships, this impression still holds. The context of men as socially approved initiator of sexual intercourse in the Yoruba context might be grounded in the culture of the right of the man to demand sex and procreation as guaranteed through marriage and payment of bride price (Orubuloye, 1993; Oyewumi, 1997). Orubuloye et al. (1993) earlier in their study documented that single girls and young women gave in to sexual intercourse on demand from boyfriends to facilitate sustenance of friendship, stabilise relationship and avoid crises.

There is also the position that a woman may not initiate or express herself sexually even in marital relationships. From exploration of beliefs and behaviour expected of a woman

in traditional society, the concept of “akeke” came out implying that the woman is expected to be active in sexual intercourse. This information was not commonly known to the majority of Yoruba informants and respondents in this study. Even within the same culture there are, therefore, contradictory views of what is expected or not from sexual partners. The generally assumed notion of expected passivity of the woman in sexual intercourse may present a point of discord, especially for young people who by virtue of new knowledge and exposure to what happens in other culture may behave otherwise. Many respondents learnt about sexual intercourse through many means such as the television. The impact of television on sexual behaviour of adolescents has been documented (Collins, Elliot, Berry, Kanouse, Kunkel, Hunter and Miu, 2004). The use of the media to acquire information about sexual intercourse is not only peculiar to young people. Adults are also beneficiaries of sexual knowledge and skills through mass media.

The issue of sex negotiation in dating, courtship and marital relationships has gradually become a major international issue in the last decade within the context of high prevalence of violence against women and HIV infection (Garcia-Moreno, 2002; Jewkes, 2001). In this study, 48% of respondents acknowledged sexual intercourse by mutual agreement at the time of study. About 13% of respondents in the quantitative study acknowledged experiences of forced sexual intercourse and up to 12% acknowledged that “when they want sexual intercourse they do not have to take their partners’ consent”. These experiences are in non-marital and marital relationships, but the experiences were more in marital relationships and significantly more among men. It also cut across all age groups and educational background. This observation is very significant and as observed

by some of the respondents in the qualitative study, especially among young male and female respondents, more women were coercing and forcing male partners to engage in sexual intercourse.

Coercive and forced sex with female as victims and male as perpetrators in intimate relationships (non-marital and marital) of varying degrees are well documented in literature in developed and developing countries (Yosihama and Sorenson, 1994; Cocher and Richer, 1998; Ellsberg, Pena, Herrera, Liljestrand and Winkvist, 2000; Koenig, Lutalo, Zhao, Nalugoda et. al 2004, Amoakoene, 2004; Yodanis, 2004). It is, however, not very common to give thoughts to female coercing or forcing men to have sex in intimate relationships, as expressed by respondents in this study. Nevertheless, Fierbert (2001) in an examination of 123 scholarly investigations indicated that women were also involved in the use of coercion and violence in intimate relationships. Izugbara (2001) also documented reports of coercion, forced sex, luring and enticement of boys and girls, and women in Nigeria. It appears that some women may be adopting sexual behaviour that has been condemned among men. This may be explained as being pro-active or reactionary by some women. This behaviour of women was explained as tiring such men so that they would not contemplate having other sexual partners. This is taken as a measure to control the man to prevent HIV infection.

Among young unmarried persons, some girls are said to taunt boyfriends who would not consent to having sexual intercourse. Little attention has been paid to the realities of women adopting “men’s techniques” of doing things including sexual behaviour.



Izugbara (2001) in the study that explored context of sexual debut among young Nigerians reported that 3.4% of boys against 12.2% of girls reported been coerced to have sex and 5.7% of boys against 12.7% of girls reported been lured or enticed to have sex. King and Woollet (1997) in their study found out that 7% of sexually assaulted men consulting a counselling service were raped by women. Struckman-Johnson and Struckman-Johnson (2001) presented findings from studies confirming female sexual coercion and circumstances of such behaviour. They speculated that men would not be upset by female sexual coercion because men by convention “are expected to initiate and to pursue ever increasing levels of sexual intimacy with female partners”. It is also speculated that it is possible that female sexual coercion may even enhance a man’s reputation, prevent negative effects and that “men may deny or minimize their victimization because of masculine standards to be self-reliant”. This is an undesirable development which calls for active intervention for total condemnation of use of coercion and violence by men and women while assisting partners to learn skills in sexual communication and respect for rights of partners to refuse sexual intercourse or engage in it at will.

Irrespective of all the arguments to justify the behaviour of men and women in sexual intercourse, one important and critical factor that came out of this study is the lack of sexual communication between sexual partners, either in marital or non-marital relationships. Poor communication of sexual relationship has been consistently identified as a factor in condom negotiation and family planning decision-making among couples (Varga, 1997, Varga, 2000). Caldwell, Orubuloye and Caldwell (1999) indicated that

oral tradition of silence about sex compounded by religious doctrines reinforced sensitivity and silence about sexual intercourse especially in non-marital sexual relationship. This study also indicated that the lack of, or poor, communication with assumptions about what other people, especially the sexual partner, knows about sexual intercourse are barriers to sex negotiation and positive change for sexual health.

Findings from this study reinforced the prevalence of sexual coercion and sexual violence in non-marital and marital sexual relationships. Empirical studies, advocacy and actions to call attention to the occurrence of coerced and forced sex in marriage as these affect women are also well documented in the literature (Duvvury and Varia, 2000; Khan, 2000; All Africa News Agency. 1999; Idrus 1999; Coker and Richter 1998; Nair, 1997).

Rape in marriage is a very sensitive issue and in the community of study, it could not be conceptualised as a reality even among women. Heise, Moore and Toubia (1996) in conceptualising the definition of the term “coercion” and “consent” cross-culturally noted that most cultural definitions of abuse were devoid of the volition, perceptions and feelings of the woman and that forced sex within marriage is accepted in many societies. They were of the view that coercive sex could be conceived as a continuum from transgressive to tolerated coercive sex with the view that some types of coercive sex in transition could become rape over time. Female choice as the benchmark for the definition of rape has been suggested. However, the reaction of respondents in the qualitative study reflected that it is not an issue that would be socially considered. Consent to marriage by the woman already implies consent to sex on demand by the husband. The concept of choice within a contractual marital relationship deemed to give

sexual access to the man, poses a contradiction. This would need to be explored carefully and strategically not only on the basis of rights, but more on what would be physically, psychologically, emotionally, mentally and culturally healthy, safe and protective of sexual partners.

Essentially, findings from this study indicated that men and women often experienced injury during sexual intercourse for reasons that were not explored. Two explanations could be proposed: Consensual sexual intercourse with poor skills in the sexual act or coerced or forced sexual intercourse could result in injury or pain. Because men are socially expected and assumed to be knowledgeable and skilful in sexual intercourse, many try to conform to these expectations even in a state of ignorance. Many would also keep whatever problems they have (injury, pain, discomfort, coercion, forced sex) to themselves as earlier indicated by Johnson and Struckman-Johnson (2001). These observations need to inform programme conception that would promote acquisition of knowledge and skills for healthy sexual intercourse for men and women but also taking cognisance on the cultural roles of men that is still dominant in sexual intercourse in the study population.

Preventing marital rape also have implications for the education of both men and women as the act of enjoying satisfying and fulfilling sexual intercourse requires sexual communication using positive skills. Breaking the secrecy and silence about the sexual act, not making sex an act to be ashamed of within consensual, marital or non-marital, relationship and encouraging sexual expression of male and female sexual partners would

also make demands for systematic training of couples. From this study, respondents in marital relationship also have contradictory values about sexual intercourse from socialisation and may not have factual information about the process of sexual intercourse.

### **6.7 Regulation and Control of Sexual Behaviour: Traditional Methods in the Modern World, Contradictions and Conflicts of Tradition and the State – Implications for Planned Change.**

From the discussion of regulatory and control measures for sexual intercourse as earlier pointed out, secrecy, warning, restriction of social contact and use of fear were the preventive measures. Flogging, social disgrace, withdrawal of economic, social and other supports, exile and death were used to manage socially disapproved sexual behaviour. One traditional method of control of sexual intercourse that is still very popular in the community is the use of “Magun”, taken as an instant death sentence as a means of containing extramarital affairs and eliminating a man who engages in sexual intercourse with another person’s wife. The use of “Magun” to eliminate the man, to invoke fear and shame on the woman (as well as invoke fear on others as a form of control) as justifiable as it may appear to some people, has other complications that go along with it in modern times. Incidentally, the use of fear and threat of death as inherent in the use of “Magun” was similar to the initial approach adopted in the early phase of the HIV epidemic to change people’s high risk behaviour. These methods have failed woefully to effect the desired change over the years, hence the need for other approaches.

Critically analysed, the use of “Magun” as a control measure still implies taking the woman as property of the husband and depicts a state of poor inter-personal tactics. However, while some traditional control measures may have some problems, it may not be out of place to encourage more investigation to see the extent to which others could become useful in modern times. For instance “Teso” , another preventive measure used to prevent penile erection and by extension, sexual intercourse, may prove useful in controlling sexual coercion and perhaps in family planning. This is a woman-controlled measure, just as the female condom is.

Importantly, restrictions imposed by family and social groups on individual behaviour which had proven effective in traditional orientation, have become weak. Individuals have become the main point of regulation and decision-making about their sexual behaviour. This is not surprising, because of the enormous amount of contradictory messages that the individual gets from the norms of sexual relationships. Improved levels of information and more openness to all discourses about human rights, decision-making and sexual intercourse may also have played a role. Besides, high level of mobility, physical and social distance from family members who could act as control also imply that individuals rely more on personal control of sexual behaviour.

The incursion of the state, the legal system and the nature of law, the nature of the law enforcement agents and limitations of what family and community as an entity can do to moderate individuals sexual behaviour, presents a dilemma. Within the context of the human rights of an individual as now allowed by law, many of the interventions that

would perhaps have been used to contain an individual's sexual behaviour in the past may no longer be attempted. However, there were ways of handling sexual misbehaviour in the past, which may still have a place in modern responses to sexual crimes. For example, unlike the information from the study about prompt action in managing rape within twenty-four hours in traditional setting, cases of rape in the modern legal system in Nigeria could drag on for years. There is also the issue of cost of getting justice for sexual crimes for the affected people.

Examples of effective group control measures that are still functional in the community of study was as presented in one of the focus group discussions. In one case, an individual whose sexual behaviour posed a threat was ejected from the residence with the support of a landlord. The critical issue that arises is the extent to which the concept of the human rights of the individual affected needs to be balanced with that of the social groups, even within the context of modern legal system. From this study, there appears some degree of frustration as expressed from lack of control on general sexual behaviour by the modern legal system. This is an important gap that needs reconciliation and exploration of how the social group can become complimentary to the modern legal system in managing sexual behaviour of individuals that have negative consequences for the well being of others.

### **6.8 Traditional Practices that have Implications for Sexual Behaviour**

While some of these are also reflected in all the discourses on other thematic areas, additional practices identified related to sexual limitations at some periods in the

woman's life. The study population said that it is physically and mentally healthy to avoid sexual intercourse when a woman is menstruating. The position that blood loss during menstruation and labour make women weak and they should be protected could be physiologically supported, but also need to be evaluated on the basis of the state of health of every woman. A woman in a relative state of anaemia will suffer more weakness and complications and need to be seen within this context also. It would be relevant through health education to help people generally distinguish between the differences in the state of a healthy non-anaemic woman during menstruation and labour and that of the woman with varied degrees of anaemia such that weakness would not just be taken for granted among women in the reproductive age groups.

The protective stance during menstruation presented in the study population is a good practice that needs to be encouraged and perhaps use as a springboard to women's health promoting activities by women and men in sexual relationships. Again, delay in sexual debut and promotion of fidelity with mutually faithful partner, avoidance of multiple sexual partners are all healthy behaviour for the woman as all these have implications for sexual health morbidity and mortality. Men also need to be assisted to see the advantages in some of these behaviours for their health.

However, there are other views about the woman in the menopausal period that has consequences for the sexual behaviour of the sexual partner. Among men and women, it is believed that it is not healthy for a woman in the menopausal period to have sexual intercourse, thus, justifying the male sexual partner having other wives in traditional

setting or other alternatives to meeting his sexual needs in the absence of a second wife. This is another major contradiction with modern trends of discouraging polygyny. While the impact of aging and hormonal changes during the menopausal stage on the process and responses during sexual intercourse is appreciated, there is no physiological explanation for complete abstinence from sexual intercourse by menopausal women. This observation calls for intensive education to change all negative beliefs associated with the woman in the menopausal stage among the Yoruba people. The issue of aging and sexuality has not been an area given the attention it deserves from the point of education and service provision in Nigeria.

Within the context of the general believe that the man serves a protective purpose for the wife and family, which men in particular, tend to emphasise in all discussions, the concept of providing protection needs to be investigated. It is necessary to explore the extent to which provision of protection goes beyond providing housing, feeding and saving the woman the stigma and discrimination that being unmarried would have exposed her to. It also needs to be explored within the context of sexual protection and security as such would promote sexual and reproductive health of both partners.

#### **6.9 Perception of the Link of Sexual Intercourse to Health and Ill-health and Experiences of Sexual Intercourse-related Morbidity.**

In addition to the general discourses of sexual intercourse from the thematic areas as presented, this study pointed to some traditional views about the link of sexual intercourse to health. The discourse of sexual intercourse as it relates to health promotion



needs to emphasise those behaviour that promote sexual health, as the study population seem to be more conscious of diseases associated with sexual intercourse. The link of sexual intercourse to sexually transmitted diseases is well acknowledged, more so by the level of known route of transmission of HIV infection in the population of study. Sexual intercourse is also linked with mental and social health.

Pain and wounds from injury during sexual intercourse are indications of poor sexual health that may be related to poor technical know-how or physical/psychological pathology. Providing easy access and culturally acceptable services to help people prevent and effectively manage sexual health morbidity irrespective of gender becomes a challenge in the community of study.

#### **6.10 Basic Knowledge and the Link Between Sexual Relationships, Especially Coercion and Violence and the Spread of HIV/AIDS**

Basic knowledge about modes of transmission and prevention of HIV could be said to be good with 73% indicating improperly managed sexual intercourse as a route to contracting HIV. Though it would be desirable that everybody becomes knowledgeable on ways of prevention of HIV transmission, improving knowledge on all modes of prevention of HIV would be desirable in the community of study as only 1% could give all the behaviour desirable to prevent contracting HIV. Importantly, less than 50% of sample drawn from the population listed condom use as a mode of prevention of spread of HIV. The need for systematic programming that can assure qualitative building of the knowledge base about HIV prevention, care and support through appropriate community-

based programme is shown. It has become important to emphasise the need not to rely on media propaganda that people also get used over time without internalising the facts. This is the trend in Nigeria. These findings also have implications for programmes that target every member of the community and not just people considered as high risks groups.

Mother-to-child transmission of HIV was rarely mentioned by respondents in the quantitative study. This is a serious gap in knowledge that calls for a revision of mobilisation and educational programmes for HIV prevention in the community of study. Coupled with the comments from the focus group discussions that pointed to young women in reproductive periods avoiding hospital care for the fear of diagnosis of HIV infection and associated stigma, a lot of simple to understand education and services for voluntary counselling and testing would be desirable in the community of study. These are needed to effect the desirable change for appropriate health and health care seeking behaviour for HIV/AIDS preventive and care behaviour among the study population.

There was a strong perception amongst respondents of a link between sexual violence and HIV spread. Respondents in both qualitative and quantitative studies also acknowledged a moderately high prevalence of sexual violence (54% of respondents in survey rated it as ranging from common to very common) in the community of study. However, only 2 male respondents considered sexual violence as a possible cause of spread of HIV in the community of study. These are very important findings. From methodological point of view, when respondents were asked to list factors that they considered were contributing to the spread of HIV, sexual violence were not mentioned.

However, when they were directly asked the question “Does sexual violence increase the transmission (and the spread) of HIV?”, the responses were more in the affirmative with respondents saying ‘yes’ ranging from 79% to 84%. These responses were deemed important as one of the comments that came from informants in the qualitative study was that people never think about some of the issues being raised in the study. This implies that people may not readily link some behaviour that they themselves affirmed as being common with health and disease patterns and prevalence. Sexual coercion and sexual violence in regular relationships, marital or non-marital, may not be linked with sexual morbidity by people that are not sensitised to the link.

#### **6.11 Gender, Educational and Age Similarities and Differences in the Findings in Thematic Areas of Study**

It is pertinent to discuss observed differences in responses to some of the issues and questions raised in some of the thematic areas as were influenced by sex, educational background and age of respondents. Generally, women were less informed of the issues raised as lower percentages in their sex category when compared to men usually have the expected knowledge. Men appeared to be more sensitised than women to negative consequences of many of the negative sexual behaviour even for women. Many of the shared values by men and women would explain similar responses to the issues raised in many aspects of the findings. However, differences in responses by age categories as such relate to perception of sexual intercourse, use of sexual intercourse may not just be explained from more exposure of the young ones to information. This may also give information about what may be going on in the community among the young people that

older people are not aware of or are not paying attention to. This has implications for programmes that promote surveillance and communication of emerging practices that are inimical to health to the whole community and to older males who by tradition, are expected to take specific actions for change. This observation is very pertinent to the increasing prevalence of coercive and forced sex in the community of study. From another perspective, the need to pay attention to individual needs rather than generalising information based on assumed educational background, is also supported by the observations in the study.

From the perspectives of service need for knowledge and skills acquisition and attitudinal change for health sexual intercourse, men and women across all age groups regardless of educational background must be targeted for positive sexual health. Again, sexual morbidity, experiences of sexual coercion and forced sex appeared common to both men and women in the community of study. Significant differences were not seen in the experiences of persons who reported sexual morbidity by sex hence there is no justification for women-only and women focussed programmes. What would be more desirable would be a family and community-focussed sexual health promotion programme in the community of study.

### **6.12 Emerging Theoretical Framework from the Findings**

From the data derived in the course of study, there appears to be

1. A trend of an old conception of sexual intercourse moderated by many factors that clouds on and greatly impact on an emergent new conception. The old conception

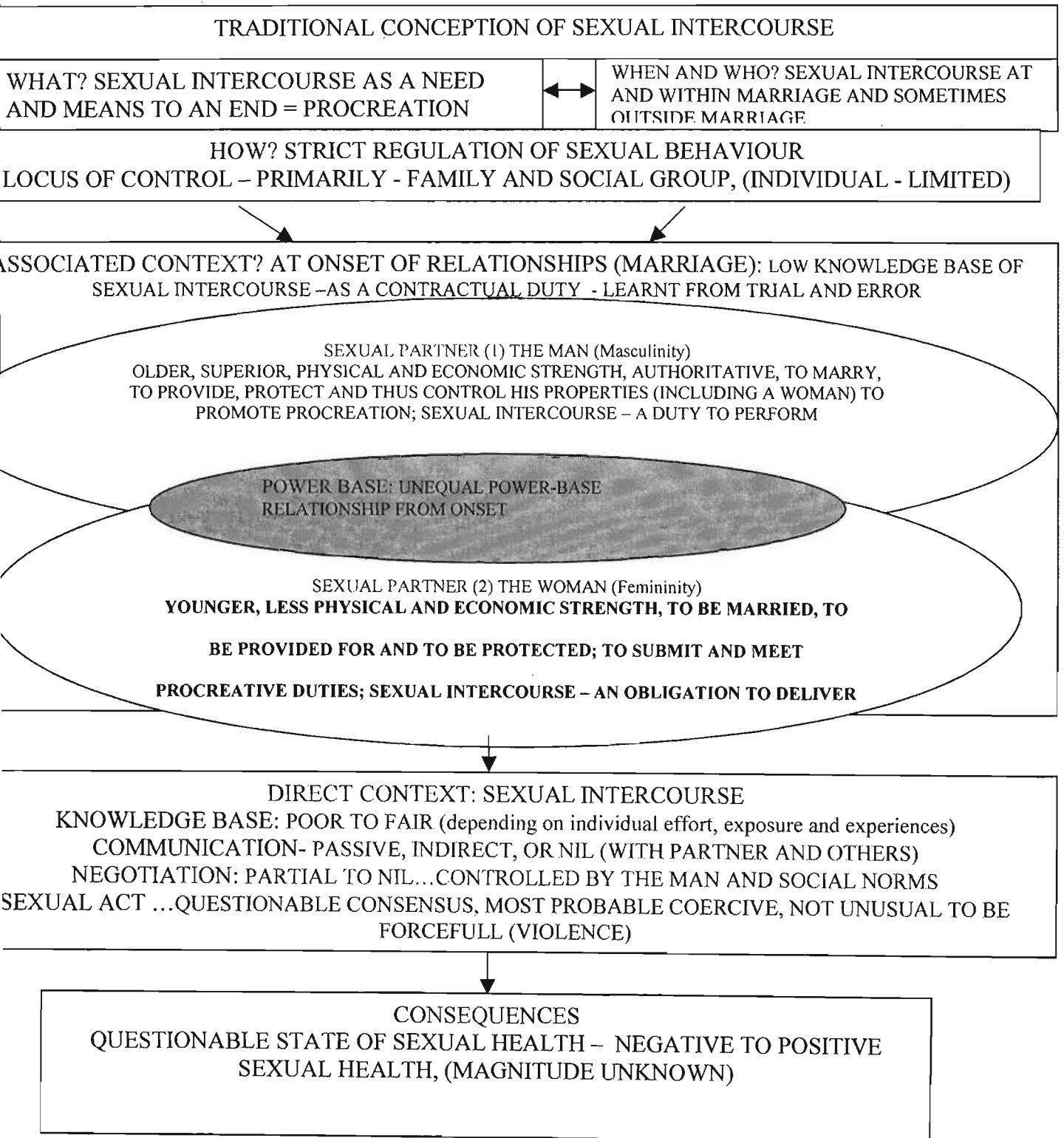
of sexual intercourse is greatly moderated by life values that eschew procreation and see sexual intercourse as the means to that end. This conception is moderated by strict social control of the sexual behaviour of both men and women, but giving more attention to the female being direct custodian of progeny. The new trend of a new conception of sexual intercourse is moderated by changing perception of not only the means to the end of sexual intercourse, but changing meanings, motives, more information about the concept, and perceived ends of sexual intercourse which old social regulatory mechanisms can not control.

2. Many unresolved contradictions that are deeply entrenched and continue to impact on changing perception of sexuality and sexual intercourse, conception of femininity (and masculinity).
3. Poorly changing norms about construction of femininity and masculinity.
4. No, or poorly articulated, knowledge base of sexual intercourse that is moderated by assumptions of what others know and do.
5. Changing regulatory norms to control sexual behaviour with diffuse views of who should take responsibilities for organised change.

One critical factor that had emerged from the study is people holding mutually exclusive views of what should be the nature of sexual behaviour of people as are moderated by old and new life values and religion. Almost everybody want to insist on the ideals of abstinence until marriage, but a large majority of persons insisting on this ideal did not practise it. The position is also not giving due attention to men and women getting married relatively later in their late 20s and 30s in recent times.

The observations could also be summarised along three patterns with all the contributory factors with the descriptive indices identified within a traditional conception, a transitional conception and a new conception of sexual intercourse. A community and an individual may be analysed across being in one of the three levels of traditional, transitional and new conception of sexual intercourse depending on where collected data fits in. The traditional and transitional were deduced from the data collected from the study while the new conception is based on changes that are feasible and outcome of such changes in different aspect of the framework. It is possible for a community or an individual to be situated in any of the three levels of sexual conceptions. Whichever level a community or an individual is at any point in time, has implications for the type of programme and services that would be desirable to move the person or community to the next level.

Figure 15: Pattern I: Traditional conception of sexual intercourse and consequences for sexual health of an individual or community



**TRADITIONAL CONCEPTION OF SEXUAL INTERCOURSE**

**WHAT? SEXUAL INTERCOURSE AS A NEED AND MEANS TO AN END = PROCREATION**

**WHEN AND WHO? SEXUAL INTERCOURSE AT AND WITHIN MARRIAGE AND SOMETIMES OUTSIDE MARRIAGE**

**HOW? STRICT REGULATION OF SEXUAL BEHAVIOUR**

**LOCUS OF CONTROL - PRIMARILY - FAMILY AND SOCIAL GROUP, (INDIVIDUAL - LIMITED)**

**ASSOCIATED CONTEXT? AT ONSET OF RELATIONSHIPS (MARRIAGE): LOW KNOWLEDGE BASE OF SEXUAL INTERCOURSE - AS A CONTRACTUAL DUTY - LEARNT FROM TRIAL AND ERROR**

**SEXUAL PARTNER (1) THE MAN (Masculinity)**  
**OLDER, SUPERIOR, PHYSICAL AND ECONOMIC STRENGTH, AUTHORITATIVE, TO MARRY, TO PROVIDE, PROTECT AND THUS CONTROL HIS PROPERTIES (INCLUDING A WOMAN) TO PROMOTE PROCREATION; SEXUAL INTERCOURSE - A DUTY TO PERFORM**

**POWER BASE: UNEQUAL POWER-BASE RELATIONSHIP FROM ONSET**

**SEXUAL PARTNER (2) THE WOMAN (Femininity)**  
**YOUNGER, LESS PHYSICAL AND ECONOMIC STRENGTH, TO BE MARRIED, TO BE PROVIDED FOR AND TO BE PROTECTED; TO SUBMIT AND MEET PROCREATIVE DUTIES; SEXUAL INTERCOURSE - AN OBLIGATION TO DELIVER**

**DIRECT CONTEXT: SEXUAL INTERCOURSE**

**KNOWLEDGE BASE: POOR TO FAIR (depending on individual effort, exposure and experiences)**

**COMMUNICATION- PASSIVE, INDIRECT, OR NIL (WITH PARTNER AND OTHERS)**

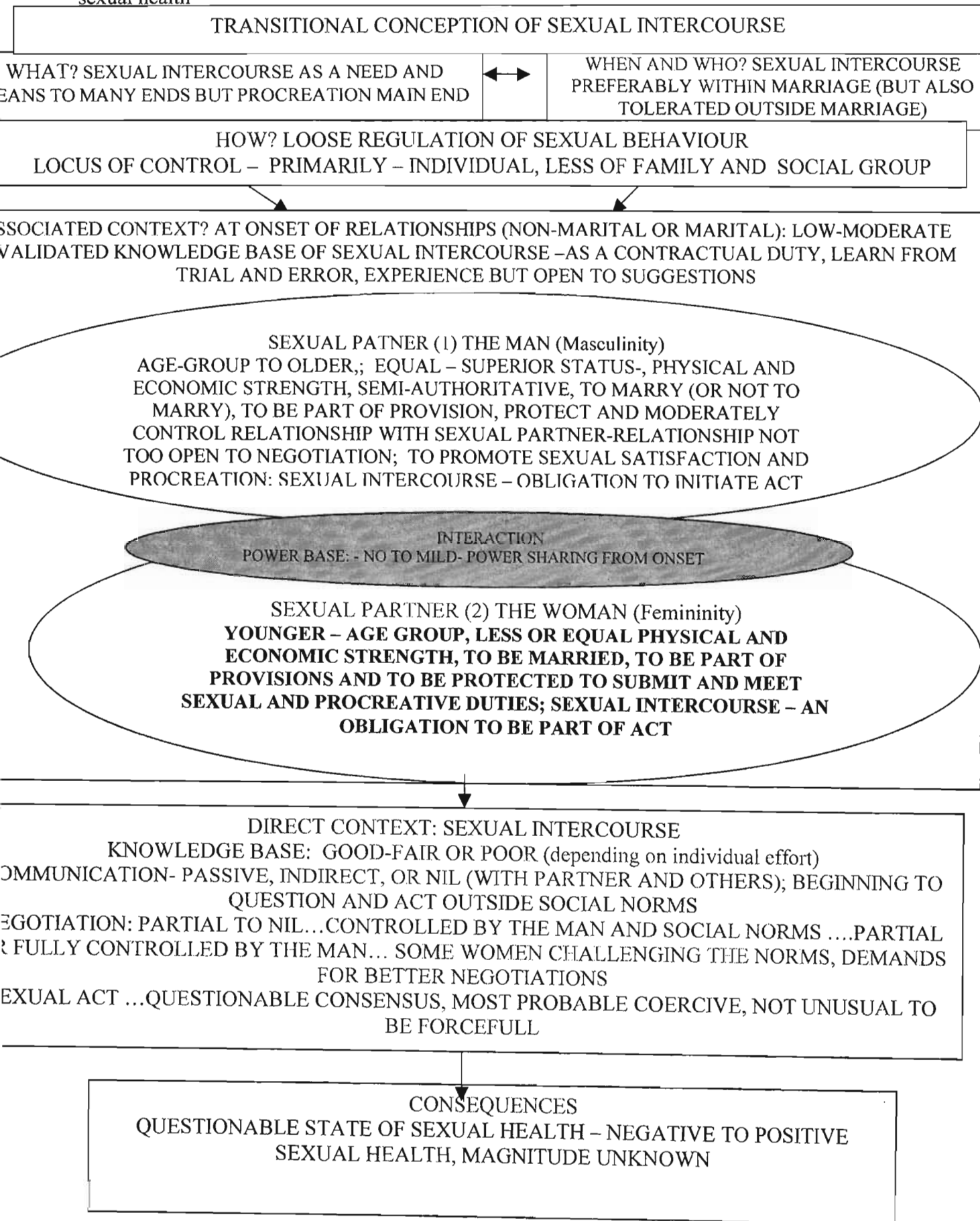
**NEGOTIATION: PARTIAL TO NIL... CONTROLLED BY THE MAN AND SOCIAL NORMS**

**SEXUAL ACT ...QUESTIONABLE CONSENSUS, MOST PROBABLE COERCIVE, NOT UNUSUAL TO BE FORCEFULL (VIOLENCE)**

**CONSEQUENCES**

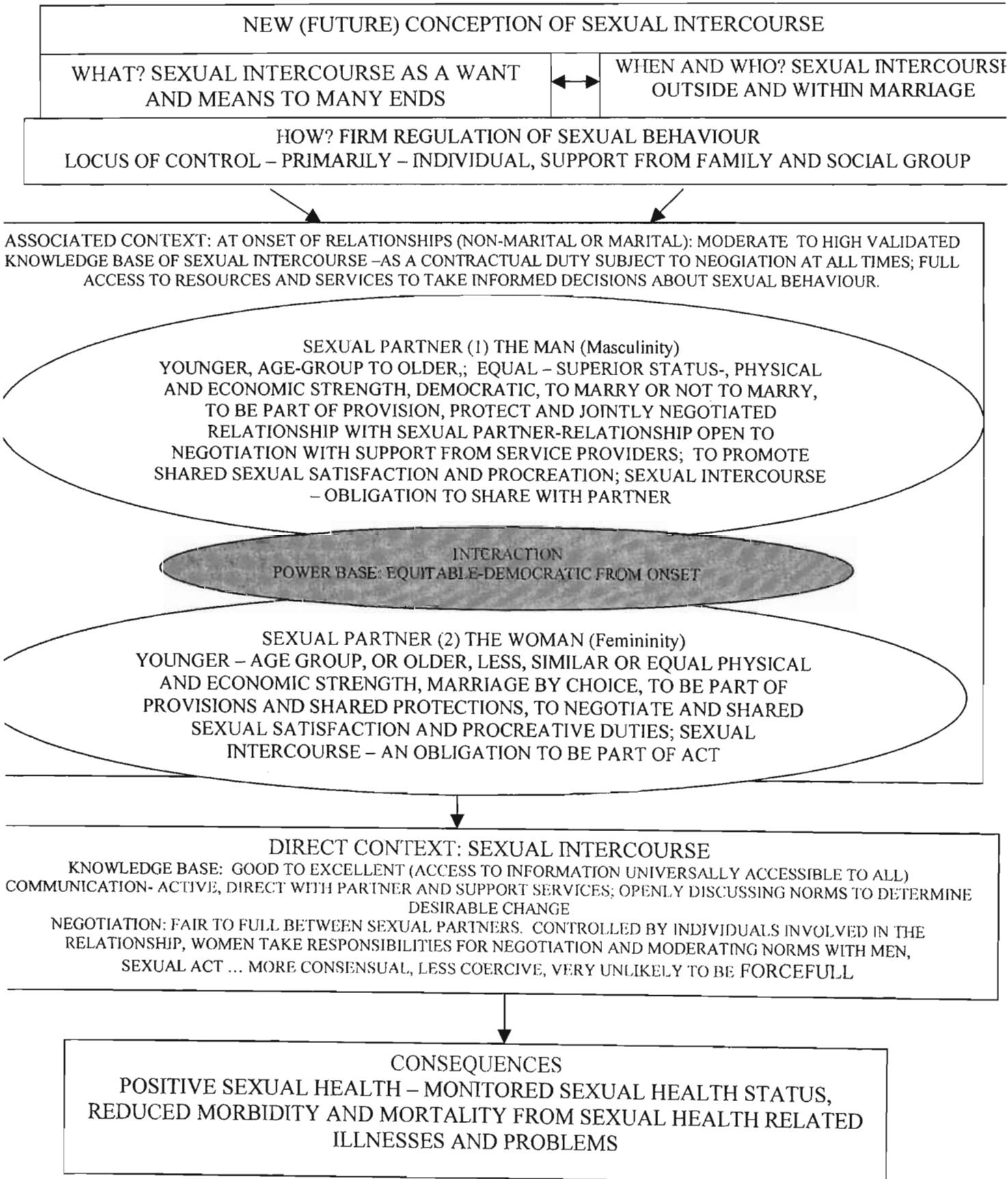
**QUESTIONABLE STATE OF SEXUAL HEALTH - NEGATIVE TO POSITIVE SEXUAL HEALTH, (MAGNITUDE UNKNOWN)**

Figure 16: Pattern II: Transitional conception of sexual intercourse and consequences for sexual health





**Figure 17:** Pattern III: New, emergent (Possible Future) conception of sexual intercourse and consequences for sexual health



## **6.13 Recommendations**

### For Further Research

This study has provided baseline information on the conceptions of masculinity, femininity and sexual intercourse and how these inform the sexual behaviour of Yoruba men and women in a community in Nigeria. It has provided cues to other areas that need to be further investigated. Besides the limitation of this study as regards inability to generalise the findings to other ethnic groups or even other Yoruba people in a different social context, other information that would be useful in advancing knowledge in the area of sexual health came up in the course of this study. Some of the areas for further investigations are as outlined.

1. There is a need for comparison with other groups in Nigeria and/or other African countries.
2. Further exploration of specific areas identified in this study that would inform the content of comprehensive, culturally appropriate sexual health promotion programme that adopt acceptable strategies. These are outlined below:
  - a. The content of care and caring and how these translate to action in sexual relationships and could be used as basis of promoting actions for sexual health of men and women need to be investigated in the population of study.
  - b. Love as an issue in sexual intercourse in relationships evolving in modern times, perhaps, have different meanings for what it would be in traditional orientation. Love as a construct needs to be investigated to determine its

indices and its placement in promoting healthy sexual relationships, non-marital or marital.

- c. Further investigations are also needed to explore how positive traditional practices can be further advanced to reduce vulnerabilities to sexual morbidity and mortality among men and women.
- d. Further studies are desirable in communication and crises resolution skills of men and women and how these impact on sex negotiation and sexual health management.

#### For the Health Service

Multi-dimensional programme needs for healthy sexual behaviour, reduction of sexual morbidity, reduction of sexual coercion and violence were indicated by the suggestions from respondents in this study. The need for knowledge and skills building, access to services for sexual health promotion and sexual health problems management at the community level is demonstrated by findings from this study. As this study had shown, both men and women, young and old people, literate and illiterate individuals would benefit from comprehensive and integrated sexual health programmes evolved through appropriate cultural modifications to make such acceptable at the community level.

Programme conception for sexual and reproductive health that seeks to meet isolated needs (of family planning, STI management and HIV/AIDS prevention, prevention of teenage pregnancy) and special group focused (women, girls, adolescents) have not given recognition to equal significance of all sexual partners irrespective of sex, age and

motives. Men have also been neglected despite their importance in the construction and management of sexual intercourse.

The need and importance of sexual therapy has been recognised in many countries and people are being trained to meet this need. This kind of service is essential for the society studied. However, service conception and provision within this specialty needs not be pathology oriented and must seek to meet sexual health promotion needs of individuals within the framework of family functioning. Sexual therapy is, perhaps, a speciality area of health that has not received adequate attention to serve sexual health needs of people in Nigeria. Sexual problems are still managed by professionals who have not been trained in sexual therapy, even within existing sexual and reproductive health services in Nigeria. There is no functional policy that provides for ensuring access to sexual health care to all members of the family. The need for integrated, comprehensive family focussed sexual and reproductive health services that promote education, skills acquisition, counselling and support in the community of study and Nigeria is very urgent. Provision of counselling services for informed health decisions, especially to meet sexual intercourse related needs of individuals irrespective of sex and age is still rare in the Nigerian health care delivery system though emphasis on counselling for HIV/AIDS prevention is gradually being given attention. However, engaging in healthy sexual intercourse requires more information, change of attitude and acquisition of skills, perhaps, throughout a lifetime.

Socialisation for sexual health needs to start in the family, (family of birth and family of marriage) and continues in the schools and through other socialisation agents in the society. This implies that adults, males and females must be knowledgeable enough about sexual matters to be able to deal with sexual education of their children as they grow up. Innovative programmes to help parents at the community level to begin to acquire the necessary knowledge, attitude and skills are desirable. Examples of innovative programme that directly and indirectly provide for education and behavioural change for young and old people is the LoveLife programme in South Africa. Through mass and print media programming, young people are assisted to begin to learn and talk about sensitive issues such as sexual intercourse. Parents also learn communicating sensitive issues with young people through these programmes. Mass and print media supported programmes that are consistent would reach a large majority of young people. Many urban-based international agency funded programmes for young people as are common in Nigeria also neglect a large number of young people in the sub-urban and rural communities.

Importantly, men need to be challenged and assisted to begin to take responsibilities for change, as they are currently the key factor in the construction of sexual intercourse and practice of sexual intercourse. At the moment, special programmes that would target men of all ages at the community level are desirable.

#### **6.14 Conclusions**

Yoruba men and women share many life values and beliefs that inform how they construct their social relations. Life is more of a transition from one stage to the other

with procreation as a core value that also dictates the roles expected of a man and a woman. Masculinity and femininity are constructed around this life value within which roles and responsibilities were evolved. The older person is expected to take responsibility for assuring conformity with the norms by younger persons. Emergence of secondary sexual characteristics is deemed significant for both young men and women, but men are defined more from the perspective of economic capacity to be able to meet the challenges of taking care and control of his family. Femininity is defined more from the context of marriage and childbirth; hence, women aspire to achieve this definition of femininity as prescribed by the social group.

Relationships are moderated by the seniority code with the man usually the older person in sexual and reproductive relationships which inherently also imply the subordination of the woman and demand submission to the man as the woman is then seen as a younger, less powerful person physically and thus the view that the woman should be protected by the man. Procreation, the core life value among the Yoruba is encouraged within marriage, where the man as the older person takes control and he is also expected to provide, care and protect the members of his family, the wife inclusive. Within the context of assuring control, the man also does not take for granted the responsibility of assuring the paternity of the child as it is strictly required and biologically controlled by the woman, but takes active control of the woman's sexuality within a contractual relationship that marriage portend.

The construction of the “good men and women”, which the Yoruba people still strongly hold on to, can never assure a relationship of equality in personal and sexual relationship. This inherently implies that sexual intercourse would, for a long time, be controlled by whoever is socially ascribed the power of control. While the construction of the “good man and woman” has many good attributes expected of individuals, some of the attributes that men and women get socialised to need to be changed to promote equity and respect for others in social and sexual relations.

The seniority code of conduct may be rather difficult to remove in the world view of the Yoruba people as this is a core tool of social behavioural regulation. However, within the context of the expectations of this social tool, healthy sexual relations could still be better negotiated as individuals are assisted to appreciate how their behaviour may compromise the well being of the other. As indicated, one important responsibility of an older person in the Yoruba construction of the seniority code is accepting responsibility for the well being of a younger person. One important factor that would, however, negatively affect how an older person would act out this responsibility is the knowledge and skills that such individuals have about the needs of the younger person. As far as sexual relationships and sexual intercourse are concerned among the Yoruba, there appears a major gap of systematised process of knowledge building and skills acquisition for healthy sexual relationships, even in marriage where sexual intercourse is socially approved.

Learning about sexual relationships and sexual intercourse among the Yoruba is not organised, rather individuals learn through language use, observation of behaviour of adults as the person grows, from peers and mainly through experience. At no point in life are individuals helped to have correct information about sexual intercourse, not even after marriage, but people generally assumed that everybody knows what to do as expected of his or her roles in sexual relationships. Many Yoruba men and women throughout their life cycle, perhaps, never have correct knowledge and skills for positive sexual health but still strongly hold on to traditional beliefs that continue to inform the contents of their sexual relationships and sexual behaviour.

Again, the summation of the Yoruba construction of sexual relationships as situated within the reproduction of self as individual and as a social group appears to be taken as service to self and the corporate group. To a large extent, all other things are taken for granted by men and women. Without questioning the basis of many things, they conform to expected normative behaviours in sexual relationships. Within this construction, the needs of the individual are subsumed in the needs of the society, but the needs of the woman become the most inherently compromised to a great extent.

Sexual intercourse has ceased to be a means to just the end of procreation as dominant in traditional society. It has become a need and a means to many ends in modern times. Despite this change in orientation about sexual intercourse, individuals who socialise within the framework of achieving the old objective of strictly socially controlled procreation become grossly unprepared for meeting the emerging ends of sexual



intercourse for enjoyment, relaxation, love and economic survival. As already noted, men and women lack knowledge and skills in sexual negotiation skills. They still rely on old skills of older persons and men taking responsibility for the control of sexual intercourse and women playing along. This is as expected within traditional behavioural expectation of a woman in contractual sexual relationship constructed as service to achieve procreation.

Regulatory and control mechanisms of sexual behaviour of men and women that were mainly group controlled and structured in traditional modes of life are no longer adequate because of many factors, yet there are no organised programmes to help individuals, men and women, to systematically acquire necessary knowledge and skills to attain healthy sexual life. High level of secrecy associated with sexual intercourse. There is poor communication of sexual health and silence associated with sexual intercourse also gets transferred to sexual coercion and sexual violence even known to be common by many people in the study population despite perceived increased risk that these observations have for increased transmission and spread of HIV in the community.

One important issue that also comes to the fore from this study is the extent to which whatever programme on sexual and reproductive health going on in Nigeria may be deemed adequate and effective in helping the people at the community level to understand the issues at stake. Educational programmes about sexual and reproductive health, HIV/AIDS prevention, care and support have not from all intention and purposes helped people in the reproductive age groups in the community—or in the whole of

Nigeria--to begin to review their values; or to acquire necessary knowledge and skills for healthy sexual intercourse, childbearing and childrearing even in the face of HIV infection.

There is an urgent need to come up with intervention programmes that would seek to help exploration, evaluation and changing of values that have contributed to the nature and pattern of social structuring that had also inform contents, patterns and construction of roles and assignment of roles by gender. This is basic to planning for reconstruction of masculinity and femininity that would reconstruct social and sexual relations. However, it may be happening at the level of few individuals, making the kind of large scale change desirable require a more people/group-oriented, organised and systematic interventions. When this is done, gender role review, reassignment and changes would be better and faster to achieve. For now, efforts along this line are minimal or rather non-existent in the community of study.

The strategies advocated for HIV prevention for over a decade had targeted four behavioural recommendations. These, as identified by Taylor (2004), included reduction in the number of sexual partners, mutual faithfulness between sexual partners, promotion of condom use and treatment of STDs in population at risk of HIV infection. These strategies, according to Taylor, assumed that there is open dialogue about sex and equal partnership in sexual negotiations. Failure of intervention from these strategies was explained from universalising the construction of sexuality and interventions that have also ignored cultural differences.

Findings from this study revalidate the observation that there is yet to be room for open dialogue and equal partnership in sexual negotiation among the Yoruba people. Many culturally determined factors that would act as barriers to achieving these have been brought out in this study. However, removing the barriers would be possible only when the positive ends of the culture are used to correct the negative ones. The conception of sexual intercourse was different in the traditional Yoruba setting for men and women and it was seen mainly as the route to procreation, a value held as prime among the Yoruba people. This conception of sexual intercourse also informs the traditional ways that the Yoruba people have organised their lives assigning roles to men and women and also evolving regulatory and control mechanisms to assure playing such roles. While other values begin to be acquired as the society advances, views about sexual intercourse also begin to change fast. However, traditional values that originally inform conceptions and construction of sexual intercourse within gender role assignment are not changing as fast for many reasons. One critical reason is the lack of organised and systematised knowledge about sexual intercourse in the population of study.

Caring as a concept appears over-riding and more of a factor in the conception of love in the Yoruba conception of relationships. Exploring the indices of caring and how behaviour of individuals in sexual relationships translate to the well being of sexual partners would appear a strategy that would make more sense rather than advancing it in the context of Western romantic love in the Yoruba social context. This has been supported by Bunting's (1993) proposition that neither the cultural relativism theory nor

the feminist theorisation of sexual related issues are out of place but supported and adaptation of both to achieve maximum benefit for enduring and acceptable change. Within the existing framework of an older person's responsibility of "caring" for the younger person even in sexual relationships, men and older women need to be challenged to take more responsibility for the well being of younger women in the Yoruba cultural context as to promote their sexual and reproductive health.

Taylor, in her article on African sexual culture, AIDS and anthropology extensively explored the discourse of sexual culture and the importance of situating sexual behaviour into its wider and social context without necessarily classifying what may be observed according to pre-judged notions. The need to use this as basis of evolving action agenda for change that would be empowering for people to conceive, plan, implement and sustain needed behavioural change cannot be over emphasised.

Adopting participatory learning action methodologies, intervention programmes should be constructed as to help men, women and programme planners to explore the cultural, religious, biological, sociological constructions and the consequences of sexual behaviour for the health of the persons involved. Interventions for sexual and reproductive health attainments need to be family-oriented and community-based. They should be comprehensive, impart knowledge and skills and be service-oriented, rather than mere information-giving and awareness-raising and "special group" targeted as it has been the case in many instances in Nigeria.

Sexual and reproductive health of men and women (requiring life long acquisition of knowledge, skills and access to regular services) are life-long needs that have to be met in the family of birth, in sexual relationships (in marital or non-marital) and in family of procreation. Managing one's sexual and reproductive health occurs within a larger social structure that must be open and supportive to help individual take appropriate decisions and use appropriate skills. However, a complete re-engineering of a social structure with organised closed and strict ways of regulating and controlling sexual and reproductive life of individuals as controlled by shared values and generally accepted role assignment and performance needs a systematic intervention.

Despite the level of social change informed by Western education and diffusion of Western cultures into the ways of life of the Yoruba people, traditional values about sexuality, sexual self and sexual behaviour are still held to firmly by men and women. While some of the behaviours of men and women may not have been health compromising in traditional society, these have become rather health compromising in modern times for the individual and the social group. Intervention for change cannot afford to be solely individual oriented but social group oriented taking cognisance of the media of socialisation in the Yoruba culture.

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## Appendices

### Appendix I: Instruments used in the study

- (a) Focus Group Discussion question guide
- (b) Interview guide for the in-depth interview
- (c) Questionnaire used for then survey
- (d) Ethnographic guides to record of observations

- (a) Focus Group Discussion question guide

### Questions for FGD

#### A - Conception of masculinity/femininity in the community of study.

##### In this community –

- (1) What is the picture of “a man”?
  - (1a) What are the characteristics of a person who would be taken as “manly” or “masculine”?
  - (1b) What are the differences between a “boy” and a “man”?
  - (1c) What would be considered as appropriate/norm “manly” behaviour in a man-to-man interaction?
- (2) What is the picture of a “woman”?
  - (2a) What are the characteristics of a person who would be taken as “womanly” or “feminine”?
  - (2b) What are the differences between a girl and a woman?
  - (2c) What would be considered as appropriate “womanly” behaviour in a normal-woman-to-woman interaction?
- (3) What would be considered as appropriate (norm) “manly” behaviour in a man-woman- family-non-spousal relationship?
  - (3a) What would be considered as appropriate (norm) “manly” behaviour in a man-woman spousal relationship?
  - (3b) What would be considered as appropriate (norm) “manly” behaviour in a man-woman dating/friend relationship?

#### B- Perception, determinants and management of sexual relationships.

Sexual intercourse has become a major issue when discussing the health of the individual, the health of the family and the survival of the human race.

4. How do people in this culture see sexual intercourse? (Who initiates and how is sexual intercourse initiated? And why that person?). What determines the timing and with whom a person may have sexual intercourse and for what purpose? What are the acceptable forms of sexual intercourse?

- 4a. What is the degree of acceptability of heterosexuality?
- 4b. What is the degree of acceptability of homosexuality? Lesbianism?
- 4c. What is the degree of acceptability of bisexuality?
- 4.d. What are acceptable negotiation norms of sexual intercourse and why?
  - Sex by consensus and shared pleasure by partners
  - Sex by consensus and the female partner having more pleasure than the male partner.
  - Sex by consensus and the male partner having more pleasure than the female partner.

- Sex by coercion from the male.
  - Sex by coercion from the female partner.
  - Sex by force from the male (and female going along passively, or protesting violently).
  - Sex by force from the female (and male going along passively or protesting violently).
- 4e. Which of the following above are most prevalent, least prevalent, rare in (a) marital and (b) non-marital relationships and why?
- 5a. How common is forced sex in this community and what explain such behaviour?
- 5b. How common is coerced sex in this community and what explains such behaviour?
6. What are the perceived health implications of
- sex by consensus by both partners
  - sex by coercion from one partner to the health of self and to the health of sexual partner?
  - Sex by force from one partner to the health of male sexual partner? female sexual partner?
7. How is sexual behaviour controlled and managed, within the social structure and processes among your people? Among men? Among women?
8. How do the perception and beliefs about womanhood affect the health and well being of women?
9. In what ways would the way that women are seen in this culture (in any way) affect their health and well being generally? Their sexual health, their reproductive health?
10. What is the perception of people among your ethnic group of the link between sexual behaviour and health status generally?
11. What are the beliefs, customs and traditional practices that dictate the sexual behaviour of young boys, girls, men, and women in non-marital and marital relationships? How do you think such beliefs, customs and traditional practices also influence attainment of optimal health in the population?
12. What are the beliefs, custom and traditional practices influencing sexual behaviour, perception and occurrence of sexual coercion, forced sex (rape), sexually transmitted diseases, HIV/AIDS?
13. What are the perceived implications of STD, HIV/AIDS on sexual and reproductive health of individual, family and community?
- 13 a. How common is HIV/AIDS in this community and what explains your perception of how common HIV is in this community?
- 13 b. In what way do people think coerced sex relate to transmission of HIV between sexual partners in this community? In what way do people think forced sex relate to transmission of HIV between sexual partners in this community?
- 13c. In what way do people think coerced sex relate to spread of HIV among people generally in this community?
- 13d. In what way do people think forced sex relate to spread of HIV among people generally in this community?
- 13e. What do people think are responsible for increased transmission of HIV between sexual partners in this community?

- 13f What do people think are responsible for increased spread of HIV among the people generally in this community?
14. What are the ways (and the services that need to be provided) to help encourage men to take actions for the control of sexual relationships that are dangerous to themselves and to women in this community e.g sexual intercourse that cause bodily injury to the woman, sexual coercion, sexual intercourse by force, sexual intercourse with multiple sexual partners?

**(b) Interview guide for the in-depth interviews****Letter of introduction and consent form**

Dear sir/madam,

I am a health practitioner working on programmes to help reduce sexual health problems as well as reduce the spread of HIV in African communities. I am particularly interested in men's sexual health and well being and how men would help and take leadership positions to control the spread of HIV in their communities. It has been observed that sexual intercourse and how sexual intercourse is carried out are major critical factors in the spread of HIV in many African communities. Unfortunately, we do not have information about what men think, know, do and are willing to do to help moderate sexual behaviour of people that continue to promote the spread of HIV in our communities. This questionnaire is to help us collect information that would also help us to begin to plan appropriate culturally acceptable intervention with men as leaders in their various African cultures and communities. The information we are gathering would be used specifically to guide the leadership of each community to begin to plan active intervention to reduce the spread and control HIV in their community.

Some of the questions are very personal and may appear embarrassing, more so, when no one might have asked you this kind of questions before. You are not compelled to answer any question that you do not feel comfortable answering. But we encourage you to try to respond to all the questions as your responses would help us as a group, as a community and as Africans to begin objective and decisive action to stem the spread of HIV as the disease continues to threaten the survival of our communities. Besides, you are not compelled to give your name, address or other critical form of identification so your responses may not be traced to you after you would have finished with the interview for the study. The people directly involved in collecting the data are under oath to maintain strict confidentiality of information that you provide and will not under any circumstance give any information out about you. Whatever information you give would be used strictly for research purpose and to guide us in planning intervention programmes at the community level.

However, if in the course of conducting this interview, you have a need to seek health care or you want to talk to somebody, we will link you up with the nearest health care institution and specialists as desirable who would also provide such service confidentially.

I respectfully request you to help reduce the harm that HIV is doing to us as a race, as ethnic nationalities and as communities.

Please, kindly give your consent to participate in the study.

"I volunteer to participate in this study with full understanding of why the study is being done. I am not being compelled to participate but doing so out of my own free will"

My Initials \_\_\_\_\_ (Date) \_\_\_\_\_

Thank you for your interest in the well being and survival of the African race.

Omolola Irinoye  
School of Nursing, University of Natal, Durban.

**General request:** Please provide answers to the questions or information requested in this interview guide.

Site \_\_\_\_\_ Date/time \_\_\_\_\_ Name on interviewer: \_\_\_\_\_  
 Name of Interviewee: (OPTIONAL) \_\_\_\_\_  
 Address: (OPTIONAL) \_\_\_\_\_

### **Part 1: Information about the Interviewee:**

**Interviewer:** Please could you tell me some things about yourself?

**Take following information...**

- 1.1 Gender: Male ( ) Female ( )
- 1.2 Age last birthday? \_\_\_\_\_
- 1.3 What do you do for a living? (Occupation) \_\_\_\_\_
- 1.4 What ethnic group do you belong to? \_\_\_\_\_
- 1.5 What is your marital status? Single (never married) ( ); Married ( ); Married but Separated from Partner ( ); Divorced ( ); Widowed ( )
- 1.6 Educational Background: (Indicate Highest educational level attained) \_\_\_\_\_
- 1.7 Religion (Please indicate denomination e.g Catholic) \_\_\_\_\_
- 1.8 How long have you lived in this community? \_\_\_\_\_
- 1.9 Were you born in this community? \_\_\_\_\_ If no where were you born? Where did you grow up? \_\_\_\_\_
- 1.10 How many children do you have? \_\_\_\_\_ Males? \_\_\_\_\_ Females? \_\_\_\_\_

### **OBJECTIVE 1**

**Part 2: Information about being a man or a woman in this culture:**

**Interviewer:** What does it mean to be a man, to be a woman in this community?

**Probe along the line.....**

- 2.1 When does a boy change to becoming a man in your culture and this community?
- 2.2 What are the things he would be expected to do?
- 2.3 When does a girl change to becoming a woman in this community? What are the things she would be expected to do?
- 2.4 What does it mean to be a man in this culture?
- 2.5 What does it mean to be a woman in this culture?

### **OBJECTIVE 3**

**Part 3: Initiation and mutuality in sexual intercourse**

**Interviewer:** Sexual relationship is an important aspect of our lives. However, many issues and problems tend to be associated with sexual relationships.

**3.1 What does sexual relationship mean in this culture?**

**Probe along the line.....**

- 3.2 Who initiates sexual relationship in this culture and why is it so?
- 3.3 How is it done?
- 3.4 What is the position of the man and the woman in sexual relationship?

**Part 4: Meaning, Access to information, Regulation and control of sexual intercourse****Interviewer:**

**4.1 What does sexual intercourse mean in this culture? Probe along the line .....**

4.2 What does sexual intercourse mean to you as a person?

4.3 Why do people (men separately, women separately) engage in sexual intercourse in this culture?

Probe along the line of....

- Seen as a basic need that must be fulfilled at all cost

- Seen as an ego booster that also helps to heighten the status of the person and help gain acceptability among peers

- Seen as a weapon of revenge or disgrace for women

- seen a source of getting material things

- seen as expression of love for the person that one has sex with

- others, please specify \_\_\_\_\_

4.4 With whom are individuals expected to have sexual intercourse?

4.5 With whom may one not have sexual intercourse in your culture and in this community?

4.6 What do people know about how sexual intercourse should be carried out?

4.7 Where do they get such information?

4.8 When do they get such information?

4.9 How do they get such information?

*Regulation and control of sexual behaviour**Explain:*

*Regulation – prescriptions for prevention, prescriptions for managing people who engage in sexual behaviour*

*Control*

- *preventing those already engaging in sexual behaviour (and others) from engaging in such behaviour*
- *punishment for engaging in unapproved sexual behaviour*
- *rehabilitation to help people who engage in unapproved sexual behaviour for the future*

4.10 How is sexual behaviour of people regulated and controlled in your culture and in this community?

Probe along the line of:

4.10.1 How is sexual behaviour of young un-married boys regulated and controlled in your culture and in this community?

4.10.2 How is sexual behaviour of young un-married girls regulated and controlled in your culture and in this community?

4.10.3 How is sexual behaviour of young married men regulated and controlled in your culture and in this community?

4.10.4 How is sexual behaviour of young married women regulated and controlled in your culture and in this community?

4.10.5 How is sexual behaviour of old un-married men regulated and controlled in your culture and in this community?

- 4.10.6 How is sexual behaviour of old un-married women regulated and controlled in your culture and in this community?
- 4.10.7 How is sexual behaviour of old married men regulated and controlled in your culture and in this community?
- 4.10.8 How is sexual behaviour of old married women regulated and controlled in your culture and in this community?
- 4.11 What are the traditional ways (in this culture and this community) of controlling people whose sexual behaviour threatens or endangers the health and well being of others?

**OBJECTIVE 2**

**Part 5: Knowledge and experiences of sexual intercourse....**

**Interviewer**

**5.1 How and when do men and women get to know about sex?**

**Probe along the line of:**

- 5.2 Who are the sources of information about sexual intercourse to people? Young people, men, women?
- 5.3 Who traditionally is supposed to give information about sexual intercourse in this culture to individuals deemed matured to have sexual intercourse?
- 5.4 When is a person deemed matured and ready to have sexual intercourse?
- 5.5

*Personal experiences of sexual intercourse*

- 5.5.1 How did you get to know about sexual intercourse?
- 5.5.2 How old were you when you first heard about sexual intercourse?

**NOTE: Explain that interviewer is free to answer or not to answer questions in this area, if he/she does not feel comfortable doing so.**

- 5.5.3 How old were you when you first had sexual intercourse?
- 5.5.4 With whom did you had your first sexual intercourse?
- 5.5.5 How would you describe your first, subsequent and current sexual intercourse experiences with your sexual partner? (Tick (✓) as appropriate)

Description of my experiences of sexual intercourse	My first experience of sexual intercourse	My past experiences	My current experience of sexual intercourse
It occurred through joint agreement (consensual) – both of us wanted to have sex, we both pet and stimulate each other such that neither of us experience(d) pain			
My partner wanted it initially but I did not want it but he/she convinced me and got me in the mood through petting and by getting me to take interest. He or she was gentle and sexual intercourse was not painful.... I can say I enjoyed it.			
My partner wanted it and forced me			



do it, I never wanted it. He or she was ugh and sexual intercourse was ainful .... I did not enjoy it			
) I wanted it and did/do not have to et my partner to consent/agree. I made y partner to have sexual intercourse ecause I wanted it despite her/his jection.			
was/am forced and beaten to submission have sexual intercourse with my partner			

**Interviewer:**

**5.6 What information are people given about sexual intercourse?**

**Probe along the line of:**

**Ask: What information do you personally have about sexual intercourse?**

Information	Information that people have generally	Information that I have personally
What sexual intercourse is and the motives of sexual intercourse....		
How it is done/how it may be done		
Healthy sexual intercourse		
Unhealthy sexual intercourse		
With whom it may be done		
When it may be done ....		
Consequences of healthy sexual intercourse		
Consequences of unhealthy sexual intercourse		
Sexual health needs of women,		
Sexual health needs of men		
What happens physically during sexual intercourse in the woman		
What happens physically during sexual intercourse in the man		
Sexual coercion and sexual violence and the dangers for the health of sexual partners		

5.7 At what age are members of this community expected to begin to have sexual intercourse?

Female \_\_\_\_\_ Male \_\_\_\_\_

5.8 Who can have sexual intercourse with who?

5.9 Where does sexual intercourse usually takes place?

5.10 When usually do sexual intercourse takes place and under what conditions?

5.11 What are the conditions usually associated with sexual intercourse in non marital relationship by men? By women? By boys, by girls?

5.12 What are the conditions usually associated with sexual intercourse in marital relationship by men?

- 5.13 What are the conditions usually associated with sexual intercourse in marital relationship by women?
- 5.14 What are the conditions usually associated with sexual intercourse in no-marital relationship by boys?
- 5.15 What are the conditions usually associated with sexual intercourse in non-marital relationship by girls?

### Part 6: Sex Communication

**Interviewer: 6.1 How do married people communicate sex? Who usually start it? What are the languages used to initiate the act? Probe along the lines of .....**

- 6.2 How frequently is a man expected to have sex with partner in a week?
- 6.3 How do people in non-marital relationship communicate sex? Who usually start it? - What are the languages used to initiate the act?
- 6.4 How is sexual intercourse in non-marital relationship similar form marital relationship from how it is communicated, negotiated and how the real act is done?
- 6.5 How is sexual intercourse in non-marital relationship different from marital relationship from how it is communicated, negotiated and how the real act is done?

Sex initiation:

- 6.6 Who usually initiate sexual intercourse, the male or the female? What are the languages usually used? How is sex carried out? Explain the step by step of how it is done?

### OBJECTIVE 1

#### Part 7: Definition of normal and abnormal sexual intercourse

**Interviewer**

- 7.1 How will a normal sexual intercourse be described in this community and in this culture?

**Please, probe:**

- 7.2 Which of the following forms of sex would be taken as normal or abnormal sexual intercourse in this culture (Tick ( ) N for normal and ABN for abnormal

Sexual intercourse between a man and a woman N \_\_\_\_ ABN \_\_\_\_

Sexual intercourse between a man and a man N \_\_\_\_ ABN \_\_\_\_

Sexual intercourse between a woman and a woman N \_\_\_\_ ABN \_\_\_\_

Sexual intercourse by a man with a man and with a woman at different times N \_\_\_\_ ABN \_\_\_\_

Sexual intercourse between an older man with a young person younger than 18/21 years N \_\_\_\_ ABN \_\_\_\_

Sexual intercourse by a man with a woman under duress N \_\_\_\_ ABN \_\_\_\_

Sexual intercourse by a man with a woman using threats of physical assault N \_\_\_\_ ABN \_\_\_\_

Sexual intercourse by a man with a woman with force such that the woman may sustain injury in the genitals N \_\_\_\_ ABN \_\_\_\_

Sexual intercourse initiated by a woman with a man with force such that the man may sustain injury in the genitals N \_\_\_\_ ABN \_\_\_\_



- 8.11 In what way do you think forced sex relate to spread of HIV among people generally in this community? Does it increase the rate of spread? Yes (1) No (2)
- 8.12 What do you think are responsible for increased transmission of HIV between sexual partners in this community?
- 8.13 What do you think are responsible for increased spread of HIV among the people generally in this community?
- 8.14 Which of the following are more likely to be responsible for **increase transmission and spread of HIV in this community**? (Tick ( ) as appropriate)
- 8.14.1 Men having consensual sex (sex by discussion and agreement between partners) using protective measures
- 8.14.2 Men avoiding sexual intercourse by coercion and by force with sexual partner such that injuries to sexual organs are reduced
- 8.14.3 Men engaging in coercive (sex using threats, physical assault) with sexual partners
- 8.14.4 Men engaging in forced sex with sexual partners.
- 8.14.5 Men having sex with many sexual partners
- 8.14.6 Men having sex with only one sexual partner
- 8.14.7 Men using protective measures against HIV at all times with all sexual partners
- 8.15 Please list at least 2 and at most 4 dangers of forced sexual intercourse to
- (1) the boy/man that forces a girl/woman to have sexual intercourse
  - (2) the girl/woman (boy/man) that is forced to have sexual intercourse
  - (3) the family of the person who force sexual intercourse on others
  - (4) the family of the person that is forced to have sexual intercourse
  - (5) the community where the person who force sexual intercourse lives
  - (6) the community where the person that is forced to have sexual intercourse lives
  - (7) to the ethnic/social group where forced sexual intercourse is tolerated
- 8.16 What changes have you observed in the sexual behaviour of unmarried boys in this community that were not the case years back? (perhaps that are strange to the culture and tradition of this community).
- 8.17 What changes have you observed in the sexual behaviour of unmarried girls in this community that were not the case years back? (perhaps that are strange to the culture and tradition of this community).
- 8.18 What changes have you observed in the sexual behaviour of married men in this community that were not the case years back? (perhaps that are strange to the culture and tradition of this community).
- 8.19 What changes have you observed in the sexual behaviour of married women in this community that were not the case years back? (perhaps that are strange to the culture and tradition of this community).
- 8.20 What are the reasons responsible for these observed changes?

**Part 9: Sexual intercourse related problems and care seeking behaviour of people in the community, probe along the lines of .....**

**Interviewer: Ask specific questions...**

- 9.1 What are the sexual intercourse related needs that people have in this community?
- 9.2 How may such needs be met?

- 9.3 What are sexual intercourse related problems that people have in this community?
- 9.4 How are such problems managed?
- 9.5 Where do people seek assistance to meet sexual intercourse related needs or solve problems?
- 9.6 If people do not seek assistance, why don't they seek assistance?
- 9.7 With whom do people in this community usually discuss or seek help to meet sexual health needs or manage any sexual health problem?

**Interviewer:** *Explain to interviewee that he/she is free not to answer the personal questions if he/she would not want to share it)?*

- 9.7 What are sexual intercourse related needs that you personally have (you are free not to answer this question if you think you do not want to share it)?
- 9.8 How may such needs be met?
- 9.9 What are sexual intercourse related problems that you have
- 9.10 How may you be helped to manage such problems?
- 9.11 Where have you sought help?
- 9.12 If you have not sought assistance, why?

**Part 10: Suggestions for intervention.... Ask these specific questions....**

**Interviewer:**

- 10.1 In your own opinion, what do you think could be done in this culture and this community to stop individuals from engaging in dangerous sexual behaviour that endangers the health of their sexual partners, the health of their family and the health of their community?
- 10.2 From your good understanding of your culture, what do you think could be done in this culture and this community to stop boys and men forcing sexual intercourse with girls and women (and other men) as a protective measure against continuing spread of HIV?
- 10.3 Who should take responsibility for instituting these measures that you are suggesting? Why these persons?
- 10.4 How may such be implemented to make it acceptable to people in your community and culture?

Please write other comments that respondents have about sexual violence and control of sexual violence in the community.

Thank the respondent for participating in this study.

**(c) Questionnaire for the survey****Letter of introduction and consent form**

Dear sir/madam,

I am a health practitioner and a doctoral student of the School of Nursing, University of Natal, Durban working on helping to develop programmes to help reduce sexual health problems as well as reduce the spread of HIV in African communities and especially among the Yoruba people. I am particularly interested in providing services to promote men's sexual health and well being and how men would help and take leadership positions to control the spread of HIV in their communities. It has been observed that sexual intercourse and how sexual intercourse is carried out are major critical factors in the spread of HIV in many African communities. Unfortunately, we do not have information about what men think, know, do and are willing to do to help moderate sexual behaviour of people that continue to promote the spread of HIV in their communities. This questionnaire is to help me collect information that would also help us to begin to plan an appropriate culturally acceptable intervention with men as leaders in their various African cultures, communities and among the Yoruba people.

Some of the questions are very personal and may appear embarrassing more so when no one might have asked you this kind of questions before. You are not compelled to answer any question that you do not feel comfortable answering but I appeal and encourage you to try to respond to all the questions as your responses would help us as a group, as a community and as Yoruba people to begin objective and decisive action to stem the spread of HIV as the disease continues to threaten the survival of our communities. Besides, you are not required to put your name, address or other critical form of identification as your responses cannot be traced to you after you would have submitted the questionnaire to the study group. The people directly involved in collecting the data are under oath to maintain strict confidentiality of information that you provide and will not under any circumstance give any information out about you. Whatever information you give would be used strictly for research purpose and to guide us in planning intervention programmes at the community level.

However, if in the course of conducting this study you have a need to seek health care or you want to talk to somebody, we will link you up with the nearest health care institution and specialists as desirable who would also provide such service confidentially.

I respectfully request you to help us help our people to reduce the harm that HIV is doing to us as a race, as ethnic nationalities and as communities.

Please, kindly give your consent to participate in the study.

**I volunteer to participate in this study with full understanding of why the study is being done. I am not being compelled to participate but doing so out of my own free will"**

Signature/Initials \_\_\_\_\_ (Date) \_\_\_\_\_

Thank you.

Tholola Irinoye

School of Nursing

University of Natal, Durban, South Africa.

**General request to respondents: Please provide answers or put the appropriate mark (tick  $\surd$ ) as required to the questions or information request in this questionnaire**

**Part 1. Demographic characteristics of respondent:**

**Part 1: Some Information about the respondent**

- 1.1 Gender: Male ( ) Female ( )
- 1.2 Age last birthday? \_\_\_\_\_
- 1.3 What do you do for a living? (Occupation) \_\_\_\_\_
- 1.4 What ethnic group do you belong to? \_\_\_\_\_
- 1.5 What is your marital status? Single (never married) ( ); Married ( ); Married but Separated from Partner ( ); Divorced ( ); Widowed ( )
- 1.6 Educational Background: (Indicate Highest educational level attained) \_\_\_\_\_
- 1.7 Religion (Please indicate denomination e.g Catholic) \_\_\_\_\_
- 1.8 How long have you lived in this community? \_\_\_\_\_
- 1.9 Were you born in this community? \_\_\_\_\_ If no where were you born? Where did you grow up? \_\_\_\_\_
- 1.10 How many children do you have? \_\_\_\_\_ Males? \_\_\_\_\_ Females? \_\_\_\_\_

**Part 2: Definition of normal and abnormal sexual intercourse**

Which of the following forms of sexual intercourse would you consider as being normal or abnormal?

(Tick ( ) N for normal and ABN for abnormal)

- 2.1 Sexual intercourse between a man and a woman N \_\_\_\_\_ ABN \_\_\_\_\_
- 2.2 Sexual intercourse between a man and a man N \_\_\_\_\_ ABN \_\_\_\_\_
- 2.3 Sexual intercourse between a woman and a woman N \_\_\_\_\_ ABN \_\_\_\_\_
- 2.4 Sexual intercourse by a man with a man and with a woman at different times N \_\_\_\_\_ ABN \_\_\_\_\_
- 2.5 Sexual intercourse between an older man with a young person younger than 18/21 years N \_\_\_\_\_ ABN \_\_\_\_\_
- 2.6 Sexual intercourse by a man with a woman under duress N \_\_\_\_\_ ABN \_\_\_\_\_
- 2.7 Sexual intercourse by a man with a woman enforced using threats of physical assault N \_\_\_\_\_ ABN \_\_\_\_\_
- 2.8 Sexual intercourse by a man with a woman with force such that the woman may sustain injury in the genitals N \_\_\_\_\_ ABN \_\_\_\_\_
- 2.9 Sexual intercourse initiated by a woman with a man with force such that the man may sustain injury in the genitals N \_\_\_\_\_ ABN \_\_\_\_\_
- 2.10 Why are the ones considered as abnormal taken as such?  
\_\_\_\_\_  
\_\_\_\_\_

**Part 3: Prevalence of sexual coercion and sexual violence**

How common are the following in this community? Rate using this guide: Very common (1);

Common (2); Not common (3)

- 3.1 Boys threatening and forcing girls to have sexual intercourse with them
- 3.2 Older men forcing girls to have sexual intercourse with them
- 3.3 Husbands forcing wives to have sex with them.
- 3.4 Boys threatening and forcing boys to have sexual intercourse with them
- 3.5 Older men forcing boys/peers to have sexual intercourse with them

What are the factors that explain these observed behaviours in your culture and in this community?

\_\_\_\_\_  
\_\_\_\_\_

- 3.6 Girls threatening and forcing boys to have sexual intercourse with them
- 3.7 Older women forcing boys to have sexual intercourse with them
- 3.8 Wives forcing husbands to have sex with them.
- 3.9 Girls threatening and forcing Girls to have sexual intercourse with them
- 3.10 Older women forcing men to have sexual intercourse with them

What are the factors that explain these observed behaviours in your culture and in this community?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**Part 4: Meanings and Experiences of sexual coercion and sexual violence**

4.1 What does sexual intercourse mean to you as a person? \_\_\_\_\_

4.2 Why do people engage in sexual intercourse in this culture? (tick (√) or write as appropriate)

- Seen as a basic need that must be fulfilled at all cost
- Seen as an ego booster that also helps to heighten the status of the person and help gain acceptability among peers
- Seen as a weapon of revenge or disgrace for women
- seen a source of getting material things
- seen as expression of love for the person that one has sex with
- others, please specify \_\_\_\_\_

4.3 What do you know about how sexual intercourse should be carried out?

4.3 Why do you engage in sexual intercourse?

4.4 With whom are individuals expected to have sexual intercourse? (tick)

Women?                      Men?                      Others(please specify)

4.5 How did you get to know about sexual intercourse?

4.6 How old were you when you first heard about sexual intercourse?

4.7 How old were you when you first had sexual intercourse?

4.8 With whom did you have your first sexual intercourse?

4.9 How would you describe your first, subsequent and current sexual intercourse experiences with your sexual partner? (Tick (√) as appropriate)

Description of my experiences of sexual intercourse	My 1st experience	My past experiences	My current experience
(a) occurred through joint agreement (Consensual) – both of us wanted to have sex, we both pet and stimulate each other such that neither of us experience(d) pain			
b) my partner wanted it initially but I did not want it but he/she convinced me and got me in the mood through petting and by getting me to take interest. He or she was gentle and sexual intercourse was not painful.... I can say I enjoyed it.	(1 <sup>st</sup> )	(past)	(current)
c) my partner wanted it and forced me to do it, I never wanted it. He or she was rough and sexual intercourse was painful .... I did not enjoy it			
d) I wanted it and did/do not have to get my partner to consent/agree. I made my partner to have sexual intercourse because I wanted it despite her/his objection.			
was/am forced and beaten to submission to have sexual intercourse with my partner			





6.3 Explain what you know about HIV/AIDS –  
What it is;

---

How it is transmitted;

---

How it is prevented;

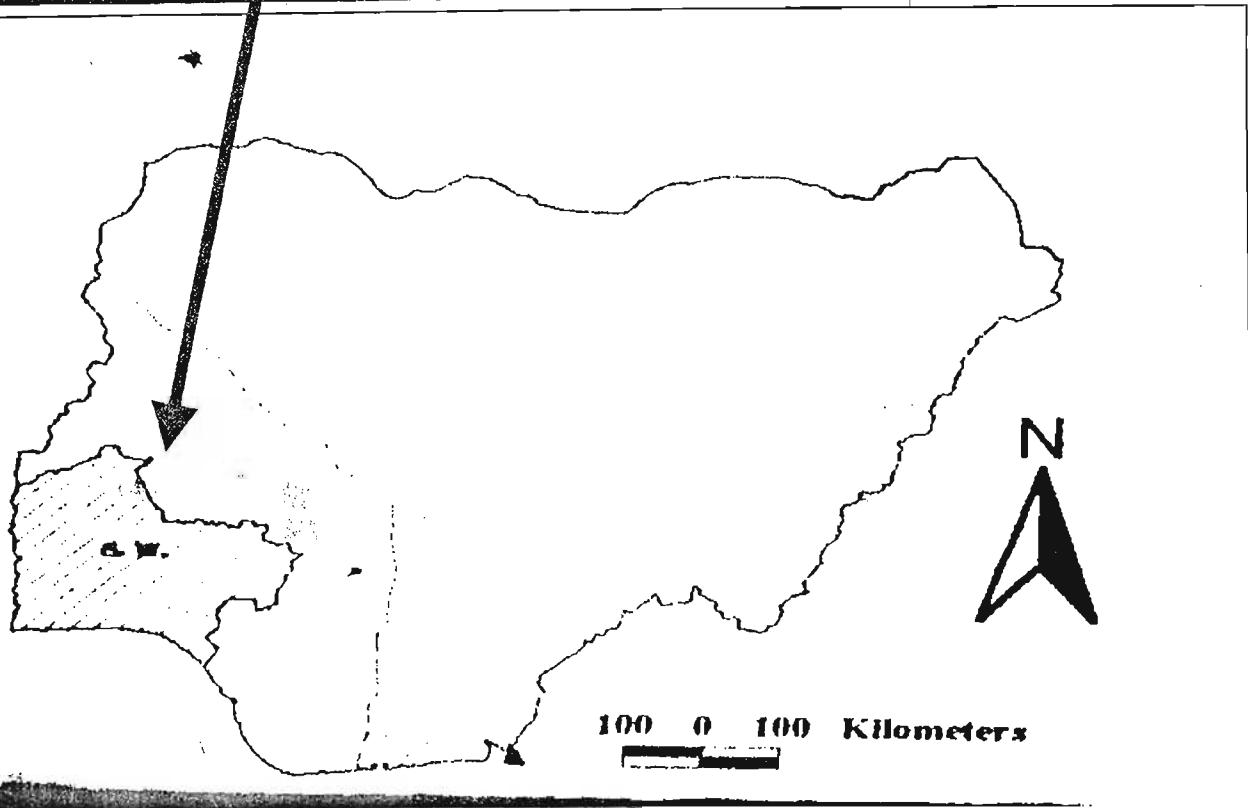
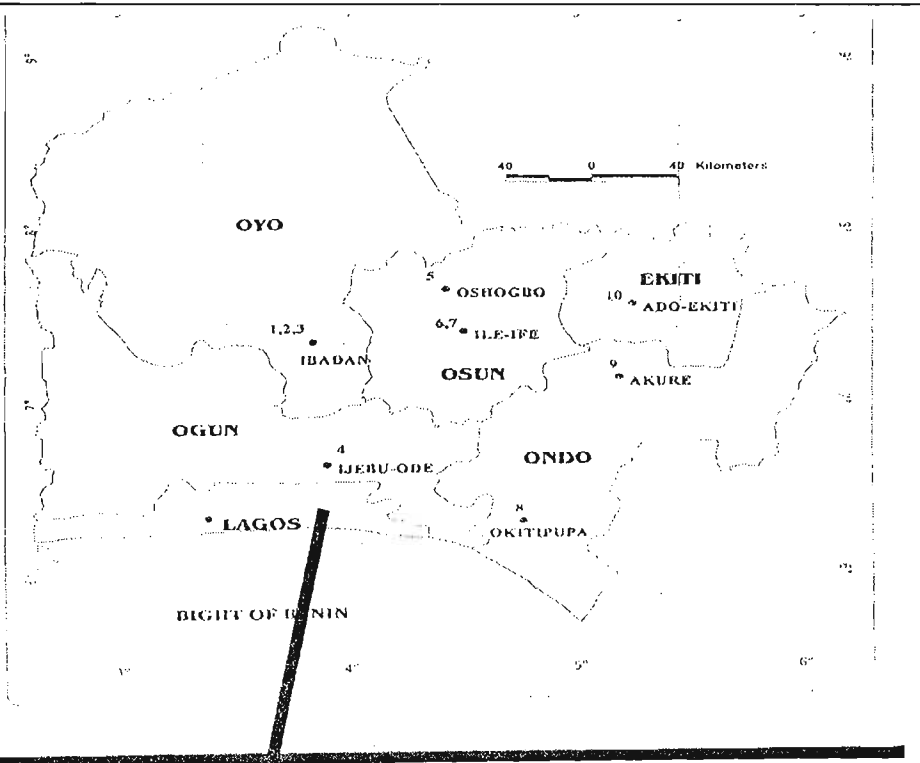
- 
- 6.5 How common is HIV/AIDS in this community? Very common (1); Common (2); Not common (3)
- 6.6 What is responsible for this?
- 
- 6.7 How common is forced sex in this community? Very common (1); Common (2); Not common (3)
- 6.8 In what way do you think coerced sex relate to transmission of HIV between sexual partners in this community? Does it increase the rate of transmission? Yes (1) No (2)
- 6.9 In what way do you think forced sex relate to transmission of HIV between sexual partners in this community? Does it increase the rate of transmission? Yes (1) No (2)
- 6.10 In what way do you think coerced sex relate to spread of HIV among people generally in this community? Does it increase the rate of spread? Yes (1) No (2)
- 6.11 In what way do you think forced sex relate to spread of HIV among people generally in this community? Does it increase the rate of spread? Yes (1) No (2)
- 6.12 What do you think are responsible for increased transmission of HIV between sexual partners in this community?
- 6.13 What do you think are responsible for increased spread of HIV among the people generally in this community?
- 6.14 Which of the following are more likely to be responsible for **increase transmission and spread of HIV in this community**? (Tick ( ) as appropriate)
- 6.14.1 Men having consensual sex (sex by discussion and agreement between partners) using protective measures
- 6.14.2 Men avoiding sexual intercourse by coercion and by force with sexual partner such that injuries to sexual organs are reduced
- 6.14.3 Men engaging in coercive (sex using threats, physical assault) with sexual partners
- 6.14.4 Men engaging in forced sex with sexual partners.
- 6.14.5 Men having sex with many sexual partners
- 6.14.6 Men having sex with only one sexual partner
- 6.14.7 Men using protective measures against HIV at all times with all sexual partners
- 6.15 Please list at least 2 and at most 4 dangers of forced sexual intercourse
- 6.16 Write 2 suggestions of what may be done to promote sexual health of men in this community
- 6.17 Write 2 things that may be done to reduce coerced or forced sex in this community.

Thank you.

**(d) Ethnographic guides to record of observations**

1. The space – the physical place(s) where the observations are being made. Give information about site, possibly address, the space
2. The actors – the people that are being observed
3. The activities – the activities being carried out
4. The objects – the artefacts in use
5. The act – single act performed by persons been observed
6. The event – related activities carried out by the persons in the situation
7. The goal – what the people under observation hope to achieve
8. The feelings, expressed or observed emotions by actors in the scene being observed
9. The timing and the effect that the time has for the event under observation.

Appendix II: The Homeland of the Yoruba people in Southwest Nigeria

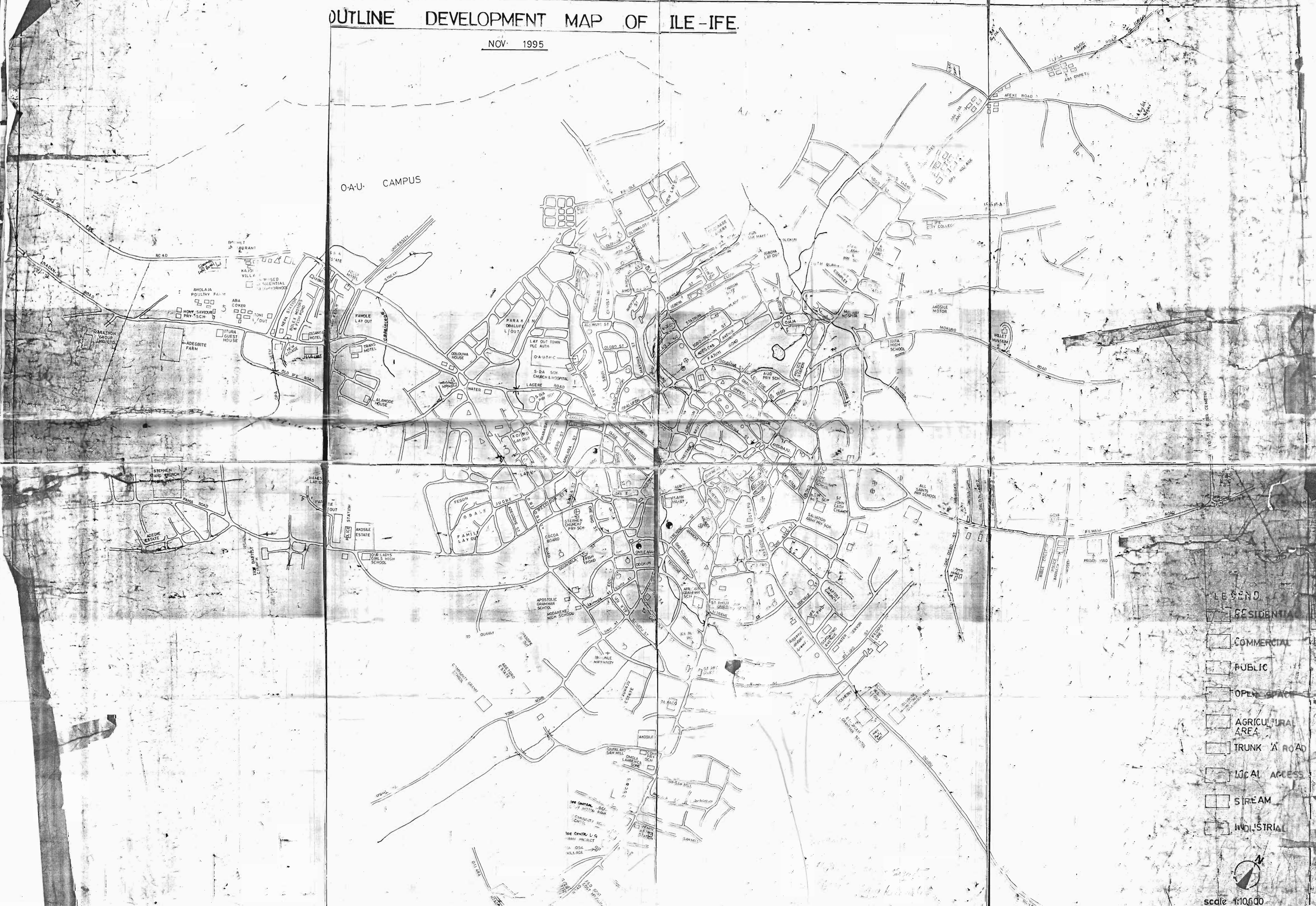


**Appendix III: The Map of Ile-IfeTown**

# OUTLINE DEVELOPMENT MAP OF ILE-IFE.

NOV. 1995

O.A.U. CAMPUS



- LEGEND
- RESIDENTIAL
  - COMMERCIAL
  - PUBLIC
  - OPEN SPACE
  - AGRICULTURAL AREA
  - TRUNK ROAD
  - LOCAL ACCESS
  - STREAM
  - INDUSTRIAL

scale 1:10,000

**Gbemisola 'Remi Adeoti, PhD**

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remiade@oauife.edu.ng

Phone: (+234) 8037061934 (mobile)



---

**Department of English  
Obafemi Awolowo University  
Ile-Ife, NIGERIA.**

June 6, 2005.

**Re: Editing of Doctoral Thesis**

I, **Gbemisola 'Remi ADEOTI**, (B.A., M.A., Ph.D) of the Department of English, Obafemi Awolowo University, Ile Ife, Nigeria, hereby confirm that I have done the English Language editing of the entire work "The Conceptions of Sexual Relationships Among the Yoruba People in Nigeria" submitted by **Mrs. O. O. Irinoye**, towards the award of a Ph.D degree at the School of Nursing, University of KwaZulu-Natal, Durban. South Africa.

Aspects of the work attended to included:

Grammar

Construction

Clarity

Punctuation

and Syntax.

Sincerely,

**Gbemisola Adeoti**

Department of English

Obafemi Awolowo University, Ile Ife,

Nigeria.

## Annexes to Chapter Five

Annexe I: Coding guide for the transcripts from focus group discussions and the in-depth interviews.

Thematic Areas (code)	Descriptive Category (Code)	Descriptive Attributes (code)	
<b>Masculinity - being a man (Mas)</b>	<b>Physical/ Physiological (Phy)</b>	Organic –sexual organs (Org)	
		Secondary sexual characteristics (SSC)	
		Time/Age (TimAg)	
		Power-physical (PowPhys)	
		Sexual activity (Sex)	
		Procreation (Proc)	
		Fertility (Fert)	
	<b>Psychosocial (PsySoc)</b>	<b>Dressing (Dres)</b>	Clothing (1), Hairdo (2), Body care (3), Earrings (4)
		<b>Marriage (Marri)</b>	
		<b>Power/Authority (in the society) (PowSoc)</b>	Right to exercise authority and be obeyed as the ascribed head (1)
			Obligation to obey social authority (2)
		<b>Power/Authority (in marriage) (PowMarri)</b>	Right to exercise authority and be obeyed by spouse (1)
			Obligation to obey spouse (2)
		<b>Responsibility/ Roles (Res-Rol)</b>	- Personal (1)
			- Family (2).....??define Home keep
			- Others (3)
			- Society (4)
		<b>Behavioural (Behav)</b>	Strong headedness ?doggedness (1)
			Boldness (2)
			Bully(3)
			Leadership qualities (4)
			Principled (5)
			Can keep secret (6)
			Influence (7)
			Talk less (8)
			Talk more (9)
			Arrogant (10)
			Vibrant/Lively (11)
			Protective of others (12)
			Courageous (13)
			Tolerance (14)
			Communication (15)
			Wisdom (16)
		Friendliness (17)	



		Wisdom (18)
		Fight (19)
		Tender (20)
		Kind-Hearted (21)
		Love children (22)
		Respect (23)
		Patient (24)
		Organisers (25)
		Fashionable/Fashion Conscious (26)
		Kneeling down to greet husband (27)
		Humility/Humbleness (28)
		Cuddling (29)
		Religious Injunction/Influence (30)
		Learning from Experience (31)
	<b>Economic (Econ)</b>	In Good position (GdPosi) Financially buoyant (finan) Provisions for (Prov) - Feeding, (Feed) - Education of children (EduChild) - Material needs of spouse (Mater) - Others (Othe)
	Difference Boy/Man (DiffBoy) Phy PsySoc Econ	As above
	Difference girl/woman (DiffGirl) Phy PsySoc Econ	As above

## Femininity

Thematic Areas (code)	Descriptive Category (Code)	Descriptive Attributes (code)
<b>Femininity</b> - being a Woman (Fem)	<b>Physical/ Physiological (Phy)</b>	Organic –sexual organs (Org)
		Secondary sexual characteristics (SSC)
		Time/Age (TimAg)
		Power-physical (PowPhys)
		Sexual activity (Sex)
		Procreation (Proc)
		Fertility (Fert)
	<b>Psychosocial (PsySoc)</b>	<b>Dressing (Dres)</b> Clothing (1), Hairdo (2), Body care (3), Earrings (4)
		<b>Marriage (Marri)</b>
		<b>Power/Authority (in the society) (PowSoc)</b> Right to exercise authority and be obeyed as the ascribed head (1) Obligation to obey social authority (2)
		<b>Power/Authority (in marriage) (PowMarri)</b> Right to exercise authority and be obeyed by spouse (1) Obligation to obey spouse (2)
		<b>Responsibility/ Roles (Res-Rol)</b> - Personal (1) - Family (2) - Others (3) - Society (4)
		<b>Behavioural (Behav)</b> Strong headedness ?doggedness (1) Boldness (2) Bully(3) Leadership qualities (4) Principled (5) Can keep secret (6) Influence (7) Talk less (8) Talk more (9) Arrogant (10) Vibrant/Lively (11) Protective of others (12) Courageous (13) Tolerance (14) Communication (15) Wisdom (16) Friendliness (17) Wisdom (18) Fight (19) Tender (20) Kind-Hearted (21) Love children (22) Respect (23) Patient (24) Organisers (25)

		Fashionable/Fashion Conscious (26)
		Kneeling down to greet husband (27)
		Humility/Humbleness (28)
		Cuddling (29)
		Religious Injunction/Influence (30)
		Learning from Experience (31)
	<b>Economic (Econ)</b>	In Good position (GdPosi) Financially buoyant (finan) Provisions for (Prov) - Feeding, (Feed) - Education of children (EduChild) - Material needs of spouse (Mater) - Others (Othe)
	<b>Difference Boy/Man (DiffBoy)</b> Phy PsySoc Econ	As above
	<b>Difference girl/woman (DiffGirl)</b> Phy PsySoc Econ	

## Relationships

Thematic Areas (code)	Descriptive Category (Code)	Descriptive Attributes (code)
<b>Relationships (Relatn)</b>	<b>Non-Spousal-Non Sexual (NSpouNSex)</b>	<b>Provisions for (Prov)</b> - Feeding, (Feed) (1) - Education of children (EduChild) (2) - Material needs of spouse (Mater) (3) - Others (Othe) Friendship (FrdShp) Guidance (Guid) Counsel (Coun) Support (Supp) Sharing Experience (SharExpe) Influencing one another (Influe) Business (Busi) Respect (Resp) Economic (Econ)
	<b>Spousal-Sexual (SpouSex)</b>	Provisions for (Prov) - Feeding, (Feed) - Education of children (EduChild) - Material needs of spouse (Mater) - Others (Othe) Love (Lov) Responsibilities/Roles (Res-Rol) <b>Obligatory sexual intercourse (ObSex)</b> Economic (Econ) Help at difficult times (Help) Humility (Humi), No Humility (Nhumi) Husband's headship (HusbHead) Husband Refusal to accept mistakes HusbNAcknMistak) Husband use of Boldface when he makes mistake (HusbUscBoldface) Husband use of false allegation (HusbUseFalsAlleg) Women's blaming for husband's behaviour (HusbBehavWomBlamin) Women's subservient, non-assertive behaviour in managing husband's false accusation strategy of acknowledging fault (HusbbehavWifSub)
	<b>Non-Spousal-Sexual (NSpouSex)</b>	Love (Lov) Obligatory sexual intercourse (ObSex) Non-obligatory sexual intercourse (NObSex) Sex Negotiations (SexNeg) Economic (Econ)

		Counsel (Coun)
		Support in Crises (SuppCris)
		Verbal Abuse VerbAbus
		Making jest of partnerM/F (MJP)
		Encourage Sexual abuse of partner by others (EncouSexAbPartner)
		Secrecy
		Social Disapproval SocDisappr)
		Socially Disapproved butTolerated (Toler)
		<b>**Reasons for Multiple Sexual Partnership (ReasMulSexPtn)</b>
	<b>Others</b>	

## Sexual Intercourse

Thematic Areas (code)	Descriptive Category (Code)	Descriptive Attributes (code)	
Sexual intercourse (Sex)	Perception (Percep)	As activity (Act)	
		Necessary to be a complete being (CompleBeing)	
		As physical need (PhyNeed)	
		Expected to occur in marriage (SexMarr)	
		As a social need (SocNeed)	
		As obligation (ObSex)	
		For Economic use (EconSex)	
		Dangerous (DangSex)	
		Means for Procreation (Proc)	
		Carefree (CarFree)	
		Sign of Love (SignLove)	
		Women think if partners do not have sex with them, men must be having it out(WNSexMenExtraReltSex)	
		Sign of Love (SignLov)	
		Purpose (Purp)	Procreation (Proc)
	Enjoyment (Enjoy)		
	Relaxation (Relax)		
	Economic (Econ)		
	Punishment (Punish)		
	Satisfaction (satis)		
	Forms/Types (Form/Typ)		Heterosexual (Hetero)
		Homosexual (Homo)	
		Lesbianism (Lesb)	
		Bisexual (Bisex)	
		Socially Acceptable (SocAccep)	
		Not Acceptable (SocNAccept)	
		Prevalence of Heterosexuality (PrevHetero) Common 1, Not Common 2	
		Prevalence of Homosexuality (PrevHomo) Common 1, Not Common 2	
		Prevalence of Lesbianism (PrevLesb) Common 1, Not Common 2	
		Prevalence of Bisexuality (PrevBisex) Common 1, Not Common 2	
		Negotiation (Negoti)	Unprompted - Inform=1 (Unpromp)
			Consensus Sex (ConsenSex) Common 1, Not Common 2
			Coerced Sex (CoercSex) Common 1, Not Common 2
	Forced Sex (ForcSex) Common 1, Not Common 2		
	Consequences of Consensus Sex (ConseqConsenSex)		
	Consequences of Coerced Sex (ConseqCoercSex)		
	Consequences of Forced Sex (ConseqForcSex)		
	Prevalence of Consensus Sex (PrevConsenSex) Common 1, Not common 2		
	- Marital (M)		
	- Non-Marital (NM)		
	Prevalence of Coerced Sex (PrevCoercSex) Common 1, Not common 2		
	- Marital (M)		
- Non-Marital (NM)			

	Prevalence of Forced Sex (PrevForcSex) Common 1, Not common 2 - Marital (M) - Non-Marital (NM)
	Reasons for Behaviour Women more than men (PopWom) Man has psychological problem (PsyProb) Women's dressing (WomDress) Women Discovered to be having Multiple sexual partners (WomMSP)
Association (Assoc)	Love (Lov)
	Marriage (Marri)
	Age (Age)
	Advancement in Education (AdvEduc)
	Economic Need (EconNeed)
	Fertility (Fert)
	Premarital sex as a necessity to confirm sexual capability (PreMSexCapab)
	Premarital sex as a necessity to confirm fertility (PreMSexFert)
	Maturity (Matur)
	Parental pressure (ParenIPress)
	Being a complete human being (Compleat)
	Plan for marriage in the nearest future (PlanMarriFut)
	Unwanted Pregnancy (UnwanPreg)
	Non-blood relative (NblRelatv)
	Punishment (Punis)
	Ego boosting (EgoBoost)
	Acquaintances (Acqu)
	Dressing (Dress)
	Civilization (Civil)
	Poor Self Discipline (PoorSelfDisc)
Show off by Women (showoffW)	
Blood Test for HIV (BldTestHIV)	
Knowledge (Know)	Source (Sour)
	Cont (Content)
	Time (Tim)
	Society Expected Age at 1 <sup>st</sup> Sexual Intercourse
Personal Experience (ExPer)	Assumed Correct Age at first sexual intercourse (Age1st) (AssCAge1stSex)
	Real Age at 1 <sup>st</sup> Sexual Intercourse (RealAge1stSex)
	Person with 1 <sup>st</sup> Sexual Intercourse (Pers1stSex)
	Marital status at 1 <sup>st</sup> Sexual Intercourse (MarStat1stSex)
	Consensus sex at 1 <sup>st</sup> sexual intercourse
	Coerced sex at 1 <sup>st</sup> sexual intercourse
	Forced sex at 1 <sup>st</sup> sexual intercourse

**Sexual Intercourse and Health**

Thematic Areas (code)	Descriptive Category (Code)	Descriptive Attributes (code)
Sexual Intercourse and Health (SexHelth)	Related (Relat) - Consensus - Coerced - Forced	Good Health (GoodHelth) (men and women)
		Poor Health (PoorHelth) (men and women)
		Infection/disease (Diseas)
		Pregnancy (Preg)
		Death (Death)
		Accident
	Not Related (NRelat)	



Regulation and Control of sexual intercourse

Thematic Areas (code)	Descriptive Category (Code)	Descriptive Attributes (code)
Regulation and Control of Sexual Intercourse RegCon	Self Regulated Action (SelfReg)	Fear of Pregnancy (FearPreg)
		Fear of HIV (FearHIV)
		Couple regulated (CoupReg)
	Group Regulated Action (GrpReg)	Beating
	Law Regulated Action (LawReg)	Report to Law Enforcement Agency
	Others (Othe)	No Regulation
		?Kidnapping
Education by Medical personnel (Educ)		
Get Married when due (Marri)		
Use of "Magun" (Magun)		
Parents regulated		

Sexual Intercourse and traditional practices\*\*\*

Thematic Areas (code)	Descriptive Category (Code)	Descriptive Attributes (code)
Sexual intercourse and Traditional practice (SexTrad)	Healthy (HelProm)	Immature girl not to have sexual intercourse (NSexImmGirl)
		Punishment for forced sexual intercourse(PunishForcSex)
	Not healthy (NHelProm)	??force older children to get married
	Neutral (NeutHelProm)	

Sexual Intercourse and STDs

Thematic Areas (code)	Descriptive Category (Code)	Descriptive Attributes (code)
Sexual Intercourse and STDs SexFormSTD	Coerced Sex (CoercSex) Forced Sex (ForcSex)	Associated (Assoc)
		Associated (Assoc)
	Knowledge (Know)	
	Experience (Exper)	
	Management (Mgt)	
	Implications (Imp) - Individual (i) - Family (f) - Community ©	



## Annexe II: Samples of coded transcripts

**Transcript of FGD, 18-25 years, Male, Not more than secondary school**

Masculinity Mas)	<p>Inv. Q.1 What is the picture of “a man”?</p> <p>R.1 The first recognition is the mode of dressing, a man would wear shirt and trouser, Buba and Sokoto.</p> <p>Inv. What are the characteristics of a person that will be called a man in this community?</p> <p>R.3 Physical body structure with body parts of a male</p> <p>Inv. Apart from physical body structure, what kind of behaviour would be taken as “manly”</p> <p>R. 2 The person we call a man should not talk so much</p> <p>R.4 That’s one picture</p> <p>R.3 The man should be a leader, wherever he is, and in the neighbourhood of where he is.</p> <p>Inv. Please explain</p> <p>R.5 Before we can call a person a man in this community, he must be – you know – an active person, active in the community, what is going on so that people will recognise him there.</p> <p>Inv. Are you saying that he must at least get involved in things happening in the community?</p> <p>R.6 Yes, so that people around will know that this man is really a man.</p> <p>R.3 When you talk of education, a man should be educated more than a woman</p> <p>R. 8 He must be a “principled person”, he must be a wise man.</p> <p>R.7 In this community, somehow you believe that men must be in good positions, influential</p> <p>(1a) What are the characteristics of a person who would be taken as “manly” or “masculine”?- Answers already provided above)</p> <p>(1b) What are the differences between a “boy” and a “man”?</p> <p>R. 6 A boy is somebody that is not married. The man must be a married man.</p> <p>R. 4 When they call a person a boy- a young boy up to 20 years after birth will still be called a boy, above 25 is a man.</p> <p>Inv. Any more additions</p>	<p>Mas/PsySoc/Dress</p> <p>Mas/Phy/Org</p> <p>Mas/PS/Behav/Talk less</p> <p>Mas/PS/Behav/Leader Mas/PS/PowSoc/Leader</p> <p>Mas/PS/behav/CommPartici Mas/PsySoc/Behav/CommPartici</p> <p>Mas/PS/Educ (gender)</p> <p>Mas/PS/Behav/Principle</p> <p>Mas/PS/Econ/GdPosit(Authority)</p> <p>Mas/DiffBoy</p> <p>MasDiffBoy/PsySoc/Marri</p> <p>MasDiffBoy/Phy/TimAge</p>
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Behaviour & Relationships (Behav) (Relatn)	<p>R.3 The wisdom of a man must be greater than that of a boy. He must be more experienced</p> <p>Inv. (1c) What would be considered as appropriate/norm “manly” behaviour in a man-to-man interaction?</p> <p>R.9 In normal man-to-man interaction, they should be able to reveal secret to each other.. they should be able to “communicate” .</p> <p>R.3 The Yoruba people say that “Mo wa f’oni wa ni a npe ni ore” (translated “ accepting the behaviour of a person as his is what is taken as friends are friends”.</p>	<p>Mas/DiffBoyBehav/Wisd</p> <p>Mas/PS/Behav/Talkless Man/PS/Behave/KeepSecret Mas/PS/Behav/Communic</p> <p>Mas/PS/Behav/Tolerance</p>
Femininity (Fem)	<p>Inv. (2) What is the picture of a “woman”?</p> <p>R.8 Also has the body parts of a woman, breast and female genitals.</p> <p>(2a) What are the characteristics of a person who would be taken as “womanly” or “feminine”?</p> <p>R.5. A woman is powerless while a man is powerful</p> <p>R.8 A woman must be “vibrant”, lively, goes to social gatherings.</p> <p>R.10 In this community, a woman must be taken care of the house. But when a woman does not do that and a man takes care of the house, people would say the man is behaving like a woman.</p> <p>Inv. It seems we can only see the woman in relation to taking care of the house, what are other things in addition to what we have said that characterise a woman in this community? ..... Long silence</p> <p>Inv. OK, let’s look at another issue (2b) What are the differences between a girl and a woman?</p> <p>R.8 A woman is married while a girl will not be married</p>	<p>Fem/Phy/Org</p> <p>Fem/Phy/PowPhy FemPsySoc/PowSoc Fem/Relatn/PowSoc Fem/PS/Behav/Vibrant</p> <p>Fem/PS/Behav/HomeCare (gender)</p> <p>Fem/DiffGirl/Marri</p> <p>Fem/DiffGirl/Marri (all)</p>
Femininity Behaviour & Relationships	<p>Chorus response Yes...</p> <p>Inv. (2c) What would be considered as appropriate “womanly” behaviour in a normal-woman-to-woman interaction?</p> <p>R.6 They confuse themselves, it happens to some women, one was smoking and later she took her friend to the group and her friend also begin to smoke.</p> <p>Inv. Are you inferring that they influence each/one</p>	<p>Fem/PS/Behav/Relatn/WomWom</p> <p>Fem/PS/Behav/Influence</p>

<p>Masculinity &amp; Relationships</p>	<p>another? What about men, don't they influence one another?  R.- Chorus answer – Yes</p> <p>Inv. (2d) What would be considered as appropriate (norm) “manly” behaviour in a man-woman- non-spousal non-sexual relationship?  R.3. If a man is prosperous, he is expected to take care of his family and others. .... Long silence...</p> <p>Inv. (3a) What would be considered as appropriate (norm) “manly” behaviour in a man-woman spousal relationship?  R. 8 A man should be able to take care of his family.  Inv. What do you mean “take care” of his family?  R.4 That is “ko toju” iyawo e” (Translated: take care of his wife)  R.10 “To provide for the needs of his family, giving them the money to buy foods, clothes, care for the children, care for his wife.  Inv. (3b) What would be considered as appropriate (norm) “manly” behaviour in a man-woman dating/friend relationship?  R. 3 They share experiences between themselves. Not expected to have sexual intercourse.</p>	<p>Fem/PS/Behav/Influence (all) (gender)</p> <p>Mas/PS/Behav/Relatn/ManWom  Mas/PsySoc/Res-Rol</p> <p>Mas/PsySoc/Res-Rol2,3  Mas/Behav/Relatn/  ManWom/SpouSex  ..../SpouSex/ResRol  .../SpouSex/Res-Rol2  Mas/SpouSex/Res-Rol2 –Econ  1,2,3,4.</p> <p>.../NSpouSex</p> <p>...NSpouSex/SharExp</p>
<p>Sexual Intercourse</p>	<p><b>B- Perception, determinants and management of sexual relationships.</b></p> <p>Inv. Sexual intercourse has become a major issue when discussing the health of the individual, the health of the family and the survival of the human race.</p> <p>1. How do people in this culture see sexual intercourse?  R. 6 They see it as if there is no sexual intercourse a man or a woman is not complete. That intercourse is a thing that must be done, married or not married. They see it as something normal.  R.2 Sexual intercourse is a sign of love  Inv. In this community?  R-chorus Yes  Inv. You also said that people who don't have sex are considered not to “be complete”.  R-chorus Yes</p>	<p>Sex/Percep/CompleBeing</p> <p>Sex/Percep/SignLov</p> <p>Sex/Assoc/Age  Sex/Assoc/Phy/SSC</p>

R.1 In this community, people believe that if some people reach some age – puberty age they are due to have sexual intercourse.

Inv. 2. What determines the timing and with whom a person may have sexual intercourse and for what purpose?

R. 3 People expect it to be when you are married but that is not what happens. It happens when the person is matured, 15 years for boys, 12, 13 years upward.

R. 6 In this community, people believe it is when you are of particular age, say 25 upwards.

Inv: With whom?

R.5 The level of education of education of that person, how wealthy is the family of that person

R. 9 *Awon to ba je ara ile eniyan, won o gbodo ba ara won lo po* (Translated: Those that are relations cannot have sexual intercourse with one another.

Inv. Then for what purpose do people have intercourse?

R.3 As a married person it is to give birth,

R4. And for enjoyment

Inv. For enjoyment?

R. Chorus – loud laughter from all respondents

Inv. 3. What are the acceptable forms of sexual intercourse?

R. 5. Is only accepted for legally married that both parents as signed by their family.

Inv. 3a. What is the degree of acceptability of heterosexuality?

Silence.....

Inv. Heterosexuality is sexual intercourse between a man and a woman

R-Chorus Accepted

Inv. 3b. What is the degree of acceptability of homosexuality?

Silence....

Inv. Do you know what homosexuality is?

R – shakes head in the negative?

Inv Sex between man and man (one respondent opened his mouth in surprise)

R – in chorus Is not acceptable

Inv. Lesbianism – sex between woman and woman?

R-Chorus Not acceptable

Sex/Assoc/Marri

Sex/Assoc/Age (12,13,15) (gender)

Sex/Assoc/Matur

Sex/Assoc/Age (25 upwards)

Sex/Assoc/AdvEdu

Sex/Assoc/Econ

Sex/Assoc/NbldRelatv)

Sex/Purp/Proc/

Sex/Purp/Enjoy

Sex/FormsType-

SocAccept/SexMarri

Sex/FormTyp/Hetero

Sex/FormTyp/Hetero/SocAccep

Sex/FormTyp/Homo/NSocAccep

Sex/FormTyp/Lesb/NSocAccep



Inv. What about a man having sex with men and women?

R-chorus Not acceptable

Inv. How common is homosexuality?

R-chorus Is not common at all.

3c. What is the degree of acceptability of bisexuality

R3. It is not acceptable at all and it is not common

What are acceptable negotiation norms of sexual intercourse and why?... how do people expect sex to be negotiated – to get the woman to have sexual intercourse..

R. 8 Hen, just tell her as a man to woman that you want to do...

.... Others giggle..

Inv. Don't mind them, just go on ...

R. 8 In order to give birth and also to play love, and to show that they love one another, you tell her that you want to play love with her

Inv. How usually do men negotiate these?

R. 4 He would say If you love me, you will give me being the only one,.... Chorus laughter

Inv. Now I am going to ask you to grade the following acts – how common

Inv. Sex by consensus and shared pleasure by partners

R.-chorus Is very common

Inv. Even in non-marital relationships?

R. 10 Yes, very common

Inv. Sex by consensus and the female partner having more pleasure than the male partner.

R. 4, 6, 8 Is common

Inv. Sex by consensus and the male partner having more pleasure than the female partner.

R. 9 Is common in both marital and non-marital relationship.

Inv. Sex by coercion from the male and shared pleasure by partners.

R. 2, 3 Common

Inv. Sex by coercion from the male partner having the (more) pleasure than the female partner.

R. 4 Common

Inv. Sex by force from the male and female going along

R.6 Common, (In chorus) very common

Sex/FormTyp/PrevHomo2

Sex/FormTyp/Bisex/NSocAccep  
Sex/FormTyp/PrevBisex2

Sex/Negotiate/UnPromp 1

Sex/Negotiate/CoercSex/Umpropm

Sex/Negotiate/ConsenSex1  
Sex/Negotiate/ConsenSex1M&NM

Sex/Negotiate/ConsenSex1M&NM

Sex/Negotiate/CoercSex1

Sex/Negotiate/ForcSex1

<p>Inves: in marital or non-marital</p> <p>R.3 It is very common in non-marital relationships but not common in marital relationships.</p> <p>Inv. Sex by force from the female and male going along listed forms.</p> <p>R. 6 Is common, (in chorus) is common</p> <p>R3. There are some boys who don't have time, the girls would say the reason why he is doing that is that he has another girlfriend.</p> <p>Inv; What about in marital relationship?</p> <p>R.3 and 6: it is common</p> <p>Which of the following above are most prevalent, least prevalent, rare in (a) marital and (b) non-marital relationships and why? See above</p> <p>6. What are the perceived health implications of sex by consensus by both partners</p> <p>R. In chorus it is good for the health of both of them</p> <p>Inv: sex by coercion from one partner to the health of self and to the health of sexual partner?</p> <p>R3 and 4: It is not good for the health of the woman</p> <p>Sex by force from one partner to the health male sexual/female partners?</p> <p>R6. it can lead to infection in the woman</p> <p>R.5 It can lead to pregnancy</p> <p>R8. It can lead to death</p> <p>7. How is sexual behaviour controlled and managed, within the social structure and processes among your people? Among men? Among women?</p> <p>Among men: ...Long silence</p> <p>R.3 It is not controlled, there is not much of control.</p> <p>Inv: So it is not controlled...</p> <p>R. 5: They know that if they do it, the woman can get pregnant</p> <p>R3: They also know that they can contract disease like HIV and AIDS.</p> <p>8. How do the perception and beliefs about womanhood affect the health and well being of women?</p> <p>R.8 Some women are dirty, that tend to affect their</p>	<p>Sex/Negotiate/ForcSex1NM Sex/Negotiate/ForcSex2M</p> <p>Sex/Negotiate/ForcSex1NM(Fem) (gender)</p> <p>Sex/Negotiate/ForcSex1M (Fem)</p> <p>SexHelth/Relat/ConsenSex/ GoodHelth</p> <p>SexHelth/Relat/CoercSex/ PoorHelthWomen</p> <p>SexHelthRelat/ForcSex/Disea Women</p> <p>SexHelthRelat/ForcSex/Preg Women</p> <p>SexHelthRelat/ForcSex/Death Women</p> <p>RegContSexNotReg</p> <p>RegContSexRegFearPreg</p> <p>RegContSexRegFearHIV</p>
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health

R.3 People think women are lazy, a woman that is lazy would not get a man to marry her.

Inv. (9). In what ways would the way that women are seen in this culture (in any way) affect their health and well being generally? Their sexual health, their reproductive health?

Silence..... don't seem to have any idea

10. What is the perception of people among your ethnic group of the link between sexual behaviour and health status generally?

R. 5: People can contract disease from sexual intercourse if one goes about.

11. What are the beliefs, customs and traditional practices that dictate the sexual behaviour of young boys, girls, men, and women in non-marital and marital relationships? How do you think such beliefs, customs and traditional practices also influence attainment of optimal health in the population?

R.3: They believe that a girl that is not matured enough and she goes about having sexual intercourse, he could lead to unwanted pregnancy and may lead to abortion.

R.4 Yes, like parents, some parents at times when they see a child that is old and has no partner, they can force him. They will be say, you are not doing well, you ought to have a child by now, I have to carry and dance with your child before I die.

12. What are the beliefs, custom and traditional practices influencing sexual behaviour, perception and occurrence of sexual coercion, rape, sexually transmitted diseases, HIV/AIDS?

R.3 There is none. There is some kind of punishment that is given to a person caught doing that kind of a thing, like they suspend the person. They can take the person to the Police.

Inv: What is the traditional way of managing such a person?

R. 7. They will call the person into the family compound, they can fine him, they will rebuke the person, they are usually beaten in the family compound, the would make the person go naked, he would pay fine in forms of drinks. Those are the kinds of punishment due to him.

Inv: Do we think there is a link between coerced and

SexHelth/Related/Disease

SexTrad/HelProm/

SexTradNHelProm??

SexTrad/HelProm/PunishForcSex1  
RegConGrpReg/ PunishForcSex

SexTrad/HelProm/PunishForcSex2  
RegConGrpReg/ PunishForcSex  
Beating

forced sex and all these sexually transmitted diseases?

R.6 Yes

13. What are the perceived implications of STD, HIV/AIDS on sexual and reproductive health of individual, family and community?

R.3 In that community, the diseases will be very common and there would be so many unwanted pregnancies, many lives will be cut short because of abortion, because they would not want to be ashamed going about with pregnancy.

R. 8 The person would not be healthy and the family will be spending money to take care of that person. He/She would not be able to contribute to the community. He/She would become a burden to the community.

Now, how common do we say we have rape among young people

R. 4 It is common

R:3, 5, 6, it is very common.

R5: There is no party done that they will not rape themselves. It is rare. When they finish the party.

R.3 Some would go and wait for them along footpath when they go ton play football. They would be saying all you girls, you had better not go to watch football, when they leave, as they walk pass in the bush in the footpaths, they will just take them

Inv: I though you said it is not very common...

R.3, 6, 8 It is very common

Inv: What are the perceived link of such things and increasing prevalence of HIV? Do the community see it?

R. 4: They don't see it like that.

If it is this common as you present it then it should be a concern to all of us, it means innocent girls can contract HIV

R. In chorus...yes

Inv: It also means innocent men who would be their partners who may not also know can contract HIV. So we all need to be concerned. And now let me ask another question, Why do people rape others, why do men rape women?

R 4. When there is disagreement between a man and a woman, perhaps the man has toasted her before and she refused (accent in chorus from the group)

SexFormSTDImp(i)(f)(c)/Preg  
SexFormSTDImp(i)(f)(c)/Abort  
SexFormSTDImp(i)(f)(c)/Death

SexFormSTDImp(i)/PoorHelth  
SexFormSTDImp(f)/Econ  
SexFormSTDImp(c)/Burden

Sex/Negotiate/ForcSex1NM

Sex/Negotiate/ForcSex1NM/Reas

R. 7. He would say, we say we want to have an affair with you useless person and you refuse

R. 5 And that some men also want to impress themselves

R.3: and some girls, the way they make jest of boys, perhaps the man is gentle, they will be making jest of him that this one, one is not sure that he can do, he is complete.

Inv: Are you saying that some women encourage men to rape them?

R. 6. At times, women also rape men

R. 3, 5, 8..the way people dress at times

R.3 Some, the skirt they wear would not be longer than this (demonstrated), they also will cut it up to their buttocks. When boys see that, it will be influencing them. When some men see that, they would no longer be able to control themselves.

\*\*\*take note for narrative\*\*\* and implication for discussion...re-educational programmes\*\*\*

## Transcript of FGD, 18-25 years, Females, Not more than secondary schools

Masculinity	<p><u>In this community –</u></p> <p>1. What is the picture of “a man”?</p> <p>R1 A man wears shirt and in terms of body parts, a man has penis. They do not wear ear rings and paint lip sticks like us women. They would not wear “<i>iro</i> and <i>buba</i>”. Their mode of dressing is different from that of a woman.</p> <p>(1a) What are the characteristics of a person who would be taken as “manly” or “masculine”?</p> <p>R. 3 They are bold. Many of them when things happen in the home in the morning instead of using patience to resolve issues, they use bold-face all the time.</p> <p>R.4 Men has the tendency and spirit to cheat others most of the time.</p> <p>R. 3 They also behave proudly to a woman even older than them.</p> <p>(1b) What are the differences between a “boy” and a “man”?</p> <p>R. 6 The difference between them – the age one, some are very young...one month to one year, one year to 15 years, 15 years to 20, 30 years, by 30 years they are old and are men, 30 years and above are men.</p> <p>(1c) What would be considered as appropriate/norm “manly” behaviour in a man-to-man interaction?</p> <p>For those that are of equal heights, they do not give any respect to each other. But if some have given birth, that are old and know that some are low to them, the younger ones must respect those older than them. Some also have proud spirit as earlier said, that nobody is older than I am since we are of similar/same height, they behave in very proud ways to each other, but for older men like our fathers, for young people like us, our age groups, they have no right to talk anyhow to older people.</p> <p>Young people nowadays do not respect the older ones before them any longer, they believe they have become men, what the older men are doing they are also already doing such things</p> <p>A person who fears God would respect older persons</p> <p>Invest Is this behaviour common in this community?</p> <p>R – Chorus It is not common</p> <p>(2) What is the picture of a “woman”?</p> <p>R.1 As a woman, as we begin to grow... we would begin to have breast, what we have in our genital area is different from that of a boy. Women do their hair but men/boys don't make hairdo. Dressing of women different, the man ties head gear, not a man.... What women do are different... it is the woman that cook in the home</p>	<p>Man/PsySoc/Dres/No 2,4 Man/Phy/Organic</p> <p>Mas/PsySoc/Behav/Bold Mas/PsySoc/Behav/Shead</p> <p>Mas/PsySoc/Behav/Cheat</p> <p>Mas/PsySoc/Behav/Arrogant</p> <p>Mas/DiffBoy/Phy/Age (30)</p> <p>Mas/PsySoc/Behav23</p> <p>Fem/Phy/Org Fem/Phy/SSC Fem/PsySoc/Dress1, 2</p> <p>Fem/PsySoc/RespRol2Hom (gender)</p>
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R. 3 Women are patient in the community, in the group, women have cool behaviour, even between junior siblings to older ones, women are more patient, tender, on the whole women are more patient.

R. 4 Women are organisers.

R. 9 Women also like to “*se oge*” – more fashion conscious, takes care of her body

What are the characteristics of a person who would be taken as “womanly” or “feminine”? As above.

(2b) What are the differences between a girl and a woman?

R3 A girl would not have grown breast and would not have pubic hair. A woman would have grown breast and have pubic hair. An adult woman also would be engaging in “oge” (dressing, body care, etc). A girl can be walking about naked without bothering about anyone looking at her but an adult woman would dress up to be fine.

R.4 A woman has more intelligence and wisdom than a girl, a girl that wears just a pant, her intelligence is not high enough to get her to think that it is necessary to dress properly, to wear a dress

(2c) What would be considered as appropriate “womanly” behaviour in a normal–woman-to-woman interaction?

R. 4 Women to women, we respect ourselves

R.2 Things have changed nowadays, some young women who think they are old, they have grown breast, they do not want to respect women, older women than they are, the world is spoilt now .. they believe that what the older woman is doing they are also already doing it. So there is no respect any longer

Inv. How was it in the past?

R.2 The way it was in the past....You see when the older women see a young person and see the behaviour (to older people), they would say “omo atijo ni” (a child from the older generation). The reason they call such a person a child from the older generation is that if we look at what women were doing in the past, they never got civilised to going into men’s houses, to have boyfriends, to send them to school and never get there, to put another dress in the bag to go out, then for parents to be talking and they react negatively are not there. These are the reasons when they see a woman not behaving like these, they would say, she is a child from the older generation. We see that we women nowadays, when they see others, perhaps who are friends and doing what others are not doing they would say, that girl/woman is a child of the older generation.

Inv. Any other?

R.1 If two women are friends, they know themselves (let each other into knowing more about one another), they counsel each

Fem/PsySoc/Behav/20, 24

Fem/PsySoc/Behav 25

Fem/PsySoc/Dress3,

Fem/PsySoc/Behav 26

Fem/DiffGirl/Phy/SSC

Fem/PsySoc/Dress 1, 2, 3, 4

Fem/PsySoc/Behav 18

Fem/PsySoc/Dress, 1

Relatn/NspouNSexW-W/Resp

Relatn/NspouNSexW-W/Nresp (Age related, Modern times related)

Relatn/NspouNSexW-W/Resp

(Age related, Of Old)

Relatn/NspouNsex/W-

W/Coun

other. There are some are such that perhaps there is a friend that has a man-friend, and who is married, would want to tell her friend, perhaps if she also has problems, she would also want the friend to also have man-friend, that would be helping her. Then at times they also counsel each other to go and do somethings...to go and make traditional medicine or something. But a friend who is not interested in such a thing would tell her friend that that kind of a thing, I am not interested in it.

(1) What would be considered as appropriate (norm) "manly" behaviour in a man-woman-non-spousal relationship?

R3 What I see is that Yoruba people say that "what did you do for me is what ends concubinage"...so if the man chooses the man as a concubine and not that he wants to marry her at home, the man would be making jest of her that 'you see that girl, I have had sex with her sometimes (*mo ti do ri*), I have being on top of her, she has useless herself'. He may even tell his friend that he should go and do the same thing with the girl, that the girl "*gbo go*" That kind of a thing is common among men and women.

Inv. What are the other behaviours that we see between men and women who are not couples

R 5 Those behaviour that we see are common, In the world that we are, it is not everyone that are dating that forcefully have sex with one, some are such that when they see an unmarried woman (*omoge*) that they like to have sex with, if she does not answer them or agree, nowadays, it is common that they would use force and they will organise "group" for her

Inv. They can organise.....?

R. - chorus Group...

R. 5 that they would be many on her and rape her, if she passes anywhere that is a corner (secluded) they would just carry her to anywhere they like.....

R. - Chorus - they will line up and rape her, which really do not come from her mind that they are not husband and wife, that they really have not called her before or it may be just one of them who called her and she did not answer. It may be that she has abused them or has behaved badly to them, they can do that kind of a thing to her.

Inv. You said such is common....

R. 5 Yes, it is common that they say it and use it on discussions on the radio and television

Inv. Is it like that....?

R. 2 There are some women, nowadays that, in terms of dressing, to show their body that if '*Lagbaja*' sees me he would agree... we see they are very common in town.

Inv... Let me ask a question, you know in the olden days,

Relatn/NspouNSex/W-  
W/Influe

Relatn/NspouSex/EndFight

Relatn/NspouSex//MJP(W)

Reltn/NspouSex/EncouSexAb  
Partner(W)

Sex/Negotiate/ForcSex 1  
Sex/Assoc/EgoBoost

Sex/Assoc/ForcSex/Acqu/  
Punis 1

.....Group accent

Sex///ForcSex/Assoc/Acqui  
Sex/ForcSex/Assoc/Punish 1

Sex/ForcSex/Assoc/Dress



women just tie wrapper on their chest, at times the woman would tie the wrapper low and expose the breast, the dress that they wear then do ....

R. 2 At that time, there is no civilisation (?exposure) (*oju o ti la nigba yen*) but there is civilisation (exposure) now.

Inv What do you mean by civilisation?

R.2 You see, girls, women that are in the white man's countries, women are imitating them in terms of how they dress, to wear trousers that are too tight on the body, wear dress that exposes the chest/breast, for people to be seeing all our body, if some men see such, if he is not a person that can discipline himself, men fall into such things, as such, '*agbere sise*' uncontrolled sexual intercourse occurs.

R.6 Talking about civilisation...they use to say it that in the past that I hear is that, if you have a boyfriend that their house, where he leaves is in this place, (here in this building), Seventh day, that you still have to pass through this place, she must go and take another place such as the campus (some three kilometres away). So that there is no way that the person marrying her would see her then, but now we use it as "*oge*" that when one dresses, you can look at yourself in the mirror and say, 'yes, I am this beautiful, and I am going to pass in front of *Lagbaja's* house so that they can see me there' so that is the difference

(3a) What would be considered as appropriate (norm) "manly" behaviour in a man-woman spousal relationship?

R. 3 The behaviour of a man and a woman that are married in the same house, the wife can help the husband. It there is some gap.. in the house...

Inv.. please explain

R. 3 Such help such as... if it is the man that gives money for food, and perhaps the man's job is not going on well, at such times, the wife has a responsibility to help him so that his work would not depreciate. And if it is a house that the man is building, the wife can put his money down to help the man build the house, though the Yoruba people say that 'the help you render to a man gets paid back in tears' but the woman would hold it in mind that if the man pays her back in tears, the woman would have it in mind that her children would get the benefits of what she did.

R. 2 The way it is in this community is that, we as women, we no longer want to be humble/submit to our husbands any longer

Inv. Please explain what you mean

R. 2 For us to know that the husband that we marry is 'our head', he is the ruler over us, that we should be respecting him,

Sex/ForcSex/Assoc/Civil

Sex/ForcSex/Assoc/Dress

Sex/ForcSex/Assoc/PoorSelf  
Disc

Sex/ForcSex/Assoc/Showoff  
W (gender)

Relatn/SpouSex/Help

Relatn/SpousSex/HelpConseq  
Relatn/SpousSex/Econ

Relatn/SpouSex/Nhumi  
(gender)

and that we, women, we do not want to submit humble ourselves before our husbands any longer.... We do not want to give ourselves out to our husbands again...

Inv... what does that mean

R. 2 Perhaps, husband and wife are at home, the husband comes in the night and say '*lagbaja*, it is time' the wife would say 'I have been away working since morning, I am tired, there is no chance, as a result, such a man would begin to look outside.

Inv... what do we think should be the behaviour of a man to his wife?

R 2 They ought to be open to each other, the wife must know what the husband is doing, the husband must know what the wife is doing. Whatever they are doing they must be doing it as one.

R.4 I just want to add something, in our community nowadays, we women, we no longer want to kneel down to greet our husbands,

Inv.. And we ought to be kneeling down for them...

R. Chorus Yes

R. 4 What I see is that it is not common, for a woman not to be humble (*teriba*) to her husband....

Inv: What are the specific behaviour that we would call "*iteriba*" to the husband by the wife?

R. 3 For example, like a woman wakes up in the morning, if they already have a child, she would say "*Baba Lagbaja, e kaaro*" (Lagbaja's father, good morning...*take not of the "e"*) while kneeling down fully, the man would then draw her to himself from the love that he has for her and he would also greet his wife. Not that the man prostrates to the woman to show he likes her.

Inv. The man does not have to prostrate when the wife kneels down?

R. 3 No, he draws her close to his body, he does not have to prostrate because he is the head, it is in the bible that the husband is the head of the wife.

Inv. You know we are not all Christians..

R. 4 It is also in the Koran for the Muslim. The reason why I said it is not common is because it depends on the household where the individual comes from. For example, I am in my parents house now, my mother kneel down to greet my father in the morning and I am a girl, the lessons that my mother teach me I must accept it and do so to my husband. Because if I get to my husband's house, some people say it in a proverb that "*owu ti iya gbon lomo nran*" (it is the wool extracted by the mother that the child yarns).

Inv. We have been talking about how women behave, how do men behave to their wives in this community because it is

Relatn/SpouSex/ObSex  
Relatn/ReasMulSexPtn/  
WNegObSex.....

Fem/PsySoc/Behav27

Fem/psySoc/Behav 28

Fem/PsySoc/Behav27  
(gender)

Mas/PsySoc/Behav 29  
Mas/PsySoc/Behav/30  
(gender)

Mas/PsySoc/Behav 31  
(gender)

Fem/PsySoc/Behav31  
(gender)

necessary we look at both.

R. 4 The behaviour in this community is that the man sees himself as the head, some husbands never want to accept that they make mistakes when he makes mistakes and he knows, he would use “*agidi*” (bold face, strong headedness) not to accept that he made the mistake. There are men like that in the community.

R3 In addition, when they know they have made such mistakes, they would begin to use tactics...they would confront the wife and say “*Lagbaja*, you know you offended me” though he is the one that offends the wife...the woman would be wondering what she did to offend the husband...so they would now sit down to talk to say this is what you have done.

Inv. Is that very common in this community?

R.3 It is very common. I have seen it so many times. When he now would say you know you ought to beg me, it is the husband saying that to the wife, he is the one that offends her but he does not want to be the first person to beg her...because, we as women, when we see that a man likes us and he begs us we also use the spirit of pride, we also would now..

R. 9 Begin to raise our shoulders

R.3 It is very common such that when we now offend the man, we want him to beg us. We would then begin to tease such a man...the man may then call the woman to say you know you have offended me. Even where the man offends her if the woman comes out from good parents, they both would discuss the issues with love that binds them together and would then give explanations. The woman may respond that it is the husband that should beg her. The man would then ask the woman should I be the first person to beg you? If the woman comes from a good home he would beg the man, the man would then say, yes I know I only teased you. He would say “I know I am the one at fault”, he would then beg her. But it is the woman who has the right to first beg the man.

Inv Even where it is the man that is at fault, the woman is still expected to beg the man first in this community?

R3 Yes, (some chorus underground accenting to information) she is the one that must first beg him in this community.

R.6 We would see that the behaviour of women in this community, is such that if she has no work, the man thinks if she gets to his house, she will become liability..

Inv. Does it mean that in the past, a man would marry such a woman?

R. 2 Hen en, You know in the past they believe that whatever the woman is doing, they must provide for her, the way they get money before is quite different from now...

Relatn/SpouSex/HusbHead  
(gender)  
Relatn/SpouSex/HusbNAckn  
Mistak) (gender)  
Relatn/SpouSex/HusbUse  
Boldface (gender)  
Relatn/SpouSex/HusbUse  
FalsAlleg (gender)

Relatn/SpouSex/HusbBehav  
WomBlamin (gender)

Relatn/SpouSex/HusbBehav  
WifSub (gender)

Relatn/SpouSex/HusbBehav  
WifSub (gender)  
..... Group accent

Relatn/SpouSex/Econ

R. 5 You know before, food are not expensive, sending children to school was not difficult, nowadays, sending children to school is hard, if the man has no job and the woman also has no job it will be difficult for them a bit.

(3b) What would be considered as appropriate (norm) “manly” behaviour in a man-woman dating/friend relationship?

R. 3 R.3 Give each other time and place to meet because they know if they do such things close by near their homes and they are seen together, since it is not good and it is against the Yoruba norm/law...

R.2 They would be keeping whatever they are doing secret, perhaps somebody (*ti o nfe*) having affairs with Lagbaja and does not want people to know would be doing things in secrecy. They also would be having sexual intercourse.

Inv Does it imply that whenever we say a man and a woman are dating or are seen together, it means they are having affairs in this community?

R. 8 Some are not having affairs, but they like themselves and they discuss together, not all men and women going out together are having sexual relationships with one another.

Inv: For such people who go out together but have no sexual relationships between them, what kinds of behaviour are typical of them?

R3 They counsel one another that this is the way you should behave at home, do not quarrel with your husband. Because there are some people like that that at home the husband is not taken as something, that friend would give her advise that ‘don’t quarrel with your husband, one must behave calmly’. They counsel one another like that. They also help each other though there is nothing much between them. Like if she has problems with paying her children’s fees, he may say take this money to pay your children’s fees.

Inv What about those not married? ..men who are friends to women...

R.6 Those not married yet, like me, I have a male friend...what will be between them is that parents of both of them must know that they are not having intimate relationships (“*won fe ara won*”) but it must be from the same street that everybody in the street will know that they are not into a relationship. Because nowadays, when they see a man and a woman they will say they are having an affair. They also must not be so intimate (“*se wole wode titi*”), that you visit the person at home. The moment she/he visits him/her at home that they enter a room and stay there for long they would say these ones are having sexual relationships.

Relatn/NspouSex/Secrecy  
Relatn/NspouSex/SocDisappr

Relatn/NspouSex/Secrecy

Relatn/NSpouNSex/Affirm

Relatn/NSpouNSex/Coun

Relatn/NSpouNSex/Prov 2

Relatn/NSpouNSex/Behav

**B- Perception, determinants and management of sexual relationships.**

Sexual intercourse has become a major issue when discussing the health of the individual, the health of the family and the survival of the human race.

1. How do people in this culture see sexual intercourse?

R. 6 Seen as something not good to do if one is not married like our mothers and our fathers, people see it as not good except the person has gone to her husband's house or the family of the husband has officially asked for the woman's hand in marriage from her parents, that it is not good for the man and the woman to be having sexual intercourse.

Inv So if the family of the husband has officially asked for the woman's hand in marriage from her parents they can be having sexual intercourse?

R.6 If the family of the husband has officially asked for the woman's hand in marriage from her parents and the man has taken her to his home they can be having sexual intercourse.

R. 8. In addition, they should also go and do blood test before they will begin to ask for each other's hand in marriage

Inv. You are saying that people are doing blood test before marriage in this community....

R. Chorus - It is not common in this community...

R. 6 *People are now even running away from it that if they go for blood test they may say the person has AIDS or to go and do group of blood...they may tell the person has AIDS..*

R. *Chorus people are running away from it.*

R.6 *People are not going for blood test any longer. Whoever go there to do the test will not wait or go back for the result again*

R.3 *Never...*

You know we have been talking about sexual intercourse among people who are not married, what about among married couples, how do we see sexual intercourse between husband and wife?

Inves. Sorry, let me clarify again, the issue of blood test...

R. *Chorus – It is not common nowadays for people to go for blood test.. it is also not common for women not to have had sexual intercourse before they get married, it's not common*

R. 6. *The reason why it is not common is that we have this belief now that a woman that gets married that do not give birth quickly, they would think that if they have tried each other outside and see the way it is that it will not be like that, that's as far as that is concerned.*

Inv So in our community now, people would expect the woman to be pregnant before....

R. Chorus- before they do their wedding,

Sex/Percep/SexMarr)

Sex/Assoc/BldTestHIV

Sex/Assoc/BldTestHIV2  
 .....**People running away from hospital to avoid blood test for HIV ..... !!! Sentinel survey relied on antenatal mothers.....? women (people) opting for alternative care especially when pregnant**

Sex/Assoc/Fert

Sex/Assoc/PreMSexFert  
 ...Group Accent

R. 6 Even if the pregnancy is not shown/seen, they would make sure that she is pregnant before the wedding.

R3. Even some parents will tell their male children that the prospective wife must be pregnant, if she is not pregnant they would not organise any wedding

Inv. That is the way it is in this community...

R.3 Some may not get pregnant but they must have tried each other before they marry each other because many of the films that we watch, some men may have used his sperm to make money before a woman marries him and would be telling her that it would be after the wedding and such that even after the wedding there is nothing for the woman to sit back/fall back on.

Inv So in this community, there is the situation that the two of them must have tried it to be sure that thee two ...

R. Chorus ...the two of them are complete...

Inv.. How would they then know that they are complete?

R.3 Its also about sexual intercourse that they will know that *lagbaja* is complete and *lakasogbe* is also complete.

Inv. Now about sexual intercourse between husband and wife

R.2 **Women take it that if our husbands have not had sexual intercourse with us, he must have been looking outside, that he is doing it outside before he comes into the home.**

R 4 **So that is the reason that he gets tired. So we have taken sex to be love**

R.. Chorus...Yes..

Inv. So in this community, women that are married take it that their husband should have sexual intercourse with them regularly, if he does not do so then , he is looking outside...

R. Chorus ....Yes

2. What determines the timing and with whom a person may have sexual intercourse and for what purpose?

R.2 Love must come first, if you don't love each other there can't be sexual intercourse. They must first of all play with each other

\*\*\*Giggles and laughter from other members of the group....

R3. They must first of all play...and they would then have sexual intercourse..

R.2 They must play, or that the husband show love to the wife and the wife show love to the husband without that, there can't be sexual intercourse, even if there is ... it would not be like it...

What determines who one may have sexual intercourse with?

R. 8 The person must be one's husband or one's concubine

R.2 The person would be one's husband or the person that one wants to marry.....

R. 6 This person I have it in mind to marry him/her in the

SexAssoc/ParenPress

SexAssoc/PreMSEXFert(Male)  
.... Impact of media...See films

Sex/Assoc/Complete  
Mas/Phy/Sex  
Fem/Phy/Sex  
Sex/Percep/Complebeing

Sex/Percept/  
(WNSexMenExtraReltSex)  
(gender)  
Relatn/SpouSex/  
(WNSexMenExtraReltSex)  
Sex/Percept/SignLove (gender)  
....Group accent

Sex/Assoc/Lov

Sex/Assoc/Marri  
Sex/Assoc/Nmarri  
Sex?Assoc/PlanMarriFut

Sex/Assoc/Lov

future, there is plan for each other, if there is plan and they love each other, there must be love when they want to have sexual intercourse.

Inv Why do people have sexual intercourse?

R.6 The reason why people have sexual intercourse is to have children that the way they were born, they also can give birth to their own children

R.3 People also have sexual intercourse for personal satisfaction perhaps that I feel like doing this thing.

R3 Some young men when they see a lady, they would say..at all cost I must mount her, I must have sex with her, if she is an arrogant or proud person. Someone that is arrogant..

Inv. For some men, they see sexual intercourse as a way of humbling or bringing the woman down...

R. chorus ...a means of bringing the woman down

3. What are the acceptable forms of sexual intercourse?

R. 8 the acceptable form of sexual intercourse is such that occur after marriage.

3a. What is the degree of acceptability of heterosexuality?

R.1 Acceptable

3b. What is the degree of acceptability of sexual intercourse between a man and a man? (homosexuality)

R. - Chorus - Not acceptable

Inv. Why is it not acceptable?

R. 6 Because they are both men, there is no way they can have sexual intercourse with one another

Inv What about sexual intercourse between a woman and a woman? Lesbianism?

R. Chorus – Not acceptable

Inv Why?

R - Chorus - They are the same.

R3 It is the same sexual organ that they have so they cannot have sex with each other.

Inv So in this community, we do not believe that people of same sex can have sexual intercourse together?

R. Chorus- We do not believe so.

3c. What is the degree of acceptability of bisexuality

R.8 If it is a man to a woman, it is acceptable but a man to a man is not acceptable.

4. What are acceptable negotiation norms of sexual intercourse and why?

.....Silence ..... Let me explain..... say...Sex by consensus and shared pleasure by partners

R. – Chorus - it is common

Sex/Purp/Proc

Sex/Purp/Satis

Sex/Purp/Punish  
(4Arrogancy) (gender)

Sex/Purp/Punish  
(4Arrogancy) (gender)

Sex/FormTyp/SocAccept/  
Het/Marri

Sex...Hetero/SocAccep

Sex...Homo/SocNAcept

Sex...Lesb/SocNAcept

Sex..Bisex/SocNAcept

Sex/NegotiConsensSex 1

(gender)

Inv. Sex by consensus and the female partner having more pleasure than the male partner.

R.3 if both of them are willing

R. chorus - that is also common

- Sex by consensus and the male partner having more pleasure than the female partner.

R 3 It is common

R. Chorus - Very common, in fact that is the most common

-Sex by coercion from the male and shared pleasure by partners.

R. It is common

R 10 Not common, if the woman is not willing

R.3 the reason why it is not common is that if the woman is carried on "raping" she could never be happy with it but if it is girlfriend appointment, he may use cunning ways, men has all kinds of cunning ways to get/catch a woman, that this thing he wants it, if it is that kind, it is very common. But if it is to carried her in raping, it is not common.

- Sex by coercion from the male partner having the (more) pleasure than the male partner.

- Sex by force from the male and female going along

R.6 It is not common, the reason why it is not common is that nowadays women are more than men, everyone has someone that the person is going out with, has relationships with, except someone who is being be witched "*eniti won nsasi*" (that something is touching the brain) that would say by force, he would force a woman. Women are very many in the street, he would get somebody he loves and would love him back, and would be having sexual intercourse with him.

Inv> So you think that sexual intercourse by force is not common...

R. 3 Its not common

R.2 Sexual intercourse by force is common now. The reason why it is common is that the way women dress nowadays, because if we see a woman that wear dresses that do not cover the thighs, if such a woman meets a man, perhaps in a secluded area, definitely they would rape her.

**.....Some arguments.... It is common, It is not common.....**

Inv... Please, wait, lets contribute one by one.. when we are saying it is common, we must have seen it occurring...once, twice, thrice...what is our experience... perhaps one, two three in the last six months

R.9 Please, let me just say that some women may be having relationships with three four people, so they can make a "bargain on her"

Inv... Bargain... what does that mean?

(gender)

(gender)

SexNegotiCoercSex1

.....

.....

..... Disagreement among participants..... More clarification...Coerced sex in sexual relationship in dating/courtship ...very common

SexNegotiForcSex2?????

SexNegotiForcSex2PopWom

Reason...women more than men..... (gender)

SexNegotiForcSex2PsyProb  
M (Gender)

SexNegotiatForcSex2

SexNegotiatForcSex1

(Disagreement among participants)

.....participants .... Women blaming...dressing....in seclusion.

Sex/ForcSexWomMSP

(language)



R - Chorus - That they join hands together on her.  
 R.9 They would join hands together on her to have sexual intercourse with her.

Inv. That is to say, if men get to know that a woman is having a relationship with two, three of them, they will jointly come together to have sex with such a woman... do they do that in this community?

R. Chorus - Yes o, they do it very well.

R.1 It is so common, when they realise the woman enjoys it, she knows how to do it very well, they will do it so that she would have so much of it that she would be made to be fed up with it ("*won a fi su*").

Inv. Before we leave there, let me ask a question, that kind of men who join hands to rape a woman because they heard that the woman is going out with two, three men, those who behave like that, what do you think, why do you think they behave like that?

R2 The reason that they do that is to shame that person

Inv. What about the men behaving like that how do they see that their behaviour?

R. - Chorus - They don't see it as a bad thing...they really do not take it as something serious.

Inv. They do not think it is not good...

R. 8 They would want to shame the woman, they do not count it as something...

Inv. That behaviour of three, four men wanting to shame a woman by having sexual intercourse with her is not seen as a shameful behaviour for the men who engaged in such.

R.3 It is the woman that is thought to be shamed....

R.6 Please, it is also seen as a thing of shame for the men also. The reason why I said so is that if a man gets to know that a woman is having relationships with three, four men, what is correct for him to do is to stay away for such a person (woman). He does not have to join group to rape the woman.

Inv. Now, now that we say they do it, what is the position of people in the community to such a behaviour, that gang up like that?

R6. They count them as "a useless somebody"

Inv... The men also.....

R. Chorus - Yes

R3. What is usually done is if they are caught, they would be punished....

Inv And if they are not caught ....

R.8 That means they are free...

- Sex by force from the female and male going along listed forms.

Sex/ForcSex/Group/Punish

(gender)

(gender)

(gender)

(gender)

(gender) disagreement ....

SexForcSexSocNAccept

...Group Accent....

SexForcSexAssocPunish

5. Which of the following above are most prevalent, least prevalent, rare in (a) marital and (b) non-marital relationships and why?

In marital relationships

R. 3 Sex by consensus

R.2 Yes sex by consensus then, at times the woman may not be willing "*ko ki nti okan obinrin yen jade*". The reason why the woman would not be willing is that if the man does not do what the woman wants for her to satisfy that woman at that time, it would not come from the depth of the woman's mind, it would take force along.

Inv Sex by consensus and enjoyment of both partners in marital relationships... is it very common or common ?

R.3 and 7 It is very common.

With women enjoying it more?

**\*\*respondents shaking their heads**

R. 5 That cannot be common...

Inv.. I could see we are not so sure...

It cannot be common, because, the man must be willing if the man is not willing, he would not have sex with the woman.

Inv It the woman is not willing...the man wants to do it but it does not comr from the mind of the woman

Chorus - It is common

Inv what about sexual intercourse by coercion between husband and wife?

....\*\*\*\*long silence

R.8 It is not common, it is what the husband wants that he would do for his wife.

Inv. Whether the wife want it....

R.2 She must want it...

Inv Sexual intercourse by force between husband and wife?

R.4 It is not common (Chorus) It is not common but there are.

R3 If they are quarrelling or there is something between them, there is.

Inv. What about in non-marital relationships, which one is common or not common

R.6 Sexual intercourse in secret is the most common with the consent of both of them

The other time we said when a husband want sex, the wife must oblige him whether she wants it or not. Why is this so? Why is it not that for all times it must be with the consent of both partners?

The reason why it is so is that, he is the one that house the woman and that is what they are there for each other for.

PrevConsenSex1  
Sex/Econs

SexNegotiat/PrevConsenSex1

SexNegotiatePrevCoercsex2  
SexNegotiateMarriObSex

SexNegotiatPrevforcsex2M

SexNegoti/Secret1

Sex/MarriObSexReas

R3. So that the man would not look out, that was why the man married the woman.

Inv So the woman has no right to say "No" she is not keen, doing?

R.6 No, ma because that is the reason why he married her.

Inv If the woman also says she want to do, does it mean that the husband also has no right to refuse?

R Chorus - yes he must give in.

6. What are the perceived health implications of sex by consensus by both partners

R3. What I see there is between husband and wife, where the two of them are consenting, there would not be any problem, if the husband uses force and the woman is not interested, he could cause injury to her.

Who gets injured, the man or the woman

R3 and Chorus It is the woman, the power of the woman is not as much as that of the man.

sex by coercion from one partner to the health of self and to the health of sexual partner?

Sex by force from one partner to the health male sexual/female partners?

10. How is sexual behaviour controlled and managed, within the social structure and processes among your people? Among men? Among women?

R2 Husband and wife are expected to see themselves and do things right

R8 Then about education on how to engage in sex by medical persons.

R7 When one is due to marry, when it is the right time to marry, one would get married.

Inv When is the time when one is old enough to get married.

R3 When the person has a job doing at hand,

R8 From 18years upward, 20 years upward

Inv For men or women

R. Chorus - Women

Inv What about men

R8 About 25 years upward

Inv When do men begin to have sexual intercourse

R3 When they see they begin to have pubic hair and the begin to have erections, they would want to be having sexual intercourse

Inv What about women?

R3 Would have had grown breast

SexNegotiMarr  
(gender)

(gender)

SexNegotiConseqConsenSex  
SexNegotiConseqCoercSex  
SexNegotiConseqForcSex  
(gender)

RegCon/SelfReg/CoupReg

RegCon/Othe/Educ

RegCon/Othe/Marri

.....Right age to marry.....  
...Age when one has job at  
hand... 18-20 years women  
25 years men  
(gender)

Sex/Assoc/Age/SSC(M)

Sex/Assoc/SSC  
Sex/Assoc/Age (12,14, 15 up  
(W)

R6 About, 14, 15 upwards

R3 12 year old girls even do it

Inv Let me clarify some things, You said earlier on that in this community, people are expected to be married before they begin to engage in sexual intercourse, now we are saying that people begin to have sex at ages, 12, 13, 14, there seems to be some contradictions, what are the problems arising from these observations?

R6 The problems from the sexual intercourse is that people have unplanned pregnancy. When one has plans for one's future, it also hinders making progress, if I plan to go to school it makes the number of years I will spend to be longer

R3 it also cuts the bond of love between a man and a woman, if the man expects to meet her a virgin and fails to do that, he would not be happy

Inv These problems identified, how common are they in this community?

R3 One other problem is that such a woman that can not stay off sex, it is possible for the woman to contract diseases, if she is someone who has not been falling sick, say for 3months before, it would then become a situation that her health would be going down

Inv You have been talking about women, what about for men?

R.1 That's the way it is for men also

How do the perception and beliefs about womanhood affect the health and well being of women?

R.8 The perception of people of women is people who cannot work on her own, they also take us to be people who have no power, for men they take themselves to be the head of the home, perhaps they are the ones that pay school fees, that for the woman, there is nothing she could do.

Inv. Is that the way it is?

R3 It's not like that.

Inv. How would the way that women are seen in this culture (in any way) affect their health and well being generally? Their sexual health, their reproductive health?

R3 Parents are thinking that it is only the boy that can do many things, for the woman she cannot do it alone, as such, women would not be able to do such since she was not trained along that line from the beginning and if it is also a man the same thing would apply.

Sex/Assoc/UnwanPreg  
Sex/Assoc/DisturbProgreSchl

Sex/Assoc/BrekBond

Sex/Assoc/FailAbstinDiseas  
(gender)