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## **Sexual Health and Sexual Rights within Marriage**

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### **Abstract**

Women are more vulnerable to HIV infection than men and are becoming infected at a faster rate. With their limited choices in sexual decisions, a link has been found between gender inequality and the sexual health conditions in many societies. This paper which relies on secondary data source, examines women's subordinate position in the institution of marriage among the three major tribes, Hausa, Yoruba and Ibos. The paper argues that achieving sexual health which has become imperative with the emergence of the pandemic of Human Immunodeficiency Virus (HIV) infection, increased rates of sexually transmitted infections (STIs), growing recognition of public health concern, with respect to issues such as; gender related violence, and sexual dysfunction, could only be attained in a culture where there is respect for sexual rights and health of women. The paper concludes by stating the effects of persistent violation of women's sexual rights and the attendant consequences which include inability of women to assess voluntary counseling, increased risk of HIV and sexually transmitted infections and inability to reduce mother-child transmission of HIV in Nigeria.

## **Introduction**

According to a UN Report, 'unequal power relations between men and women often limit women's control over sexual activity and their ability to protect themselves against unwanted pregnancy and sexually transmitted diseases including HIV/AIDS...'. Current data continue to show that 'one woman a minute dies of pregnancy-related causes'. Also, sexually transmitted diseases (STDs) afflict five times more women than men. Women are more vulnerable to HIV infection than men and are becoming infected at a faster rate. In Africa, HIV-positive women outnumber infected men by 2 million. With limited choices in sexual decisions, and the inability to abstain from sexual intercourse, women are forced to endure domination by their husbands in marital relationships. Thus, a link has been found between gender inequality and the sexual health conditions in a society. It is also a truism that the general neglect of women's health is a major hindrance to women's full participation in the development process. Any serious attempt at transforming the quality of life (including health) at the household level must necessarily have a better understanding of sexuality dynamics at this level, and much more importantly an appraisal of the marriage contracts as these exist in our society today.

Women's subordinate position has been linked intimately with the institution of marriage. The traditional form of marriage across cultures (whether patriarchal or matriarchal society) placed women at a disadvantage position. This, in fact, continues to serve as a base for the discrimination of women in almost all spheres of life, and in all societies through history. The United Nations' (UN) Convention on the limitation of all forms of Discrimination against Women (CEDAW) was adopted in 1979.

The convention, which has 30 main article provisions, made the following binding on all governments of ratifying countries –

- (i) To enact laws which embody the principle of equality;
- (ii) To ensure full development and advancement of women;
- (iii) To take temporary special measures to combat discrimination;
- (iv) To modify social and cultural patterns based on stereo – typed sex roles;
- (v) To suppress the traffic and exploitation of women;
- (vi) Equality in political and public life at national and international levels;
- (vii) To permit women to change or retain nationality
- (viii) To ensure equal rights to all forms of education;
- (ix) To ensure equal opportunities for employment;

- (x) To ensure equal access to health services and appropriate services for maternity;
- (xi) Finance and social security;
- (xii) To ensure the application of all its provision to rural woman;
- (xiii) Equality in Legal and Civil Matters; and
- (xiv) Equality in Family Law.

In 1985 Nigerian Government ratified CEDAW and thus becomes one of the countries bounded by its provisions. Despite the ratification of CEDAW by the Nigerian Government, the rights of the Nigerian women are still being violated in many spheres of life including the marriage institution, which is predominantly patriarchal. The role of marriage in shaping socio-cultural events and the position of men and women in the society makes it an important institution to appraise. More importantly, the status of sexual relations within marriage likely determines extramarital sexual events (for both men and women). The sexual rights and obligations within marriage are no doubt tied to the health status of partners, and the overall wellbeing of families. In addressing the household level sexuality dynamics, and the attendant health implications, this paper explores the following sub-titles –

- (i) Definition and types of marriage in Nigeria;
- (ii) Relationships within marriage in Nigeria
- (iii) Sexual health
- (iv) Sexual Rights within marriage
- (v) Implications of sexual rights violation on sexual health of women
- (vi) The Way Forward and Strategies for Improving Sexual Health/Rights within Marriage

### **Definition and Types of Marriage in Nigeria**

The marriage institution has been given different definitions by different authors. According to Encyclopaedia Britannica, “marriage is a legally and socially sanctioned union, usually between a man and a woman, that is regulated by laws, rules, customs, beliefs and attitudes that prescribed the rights and duties of the partners and accord status to their offspring (if any). The Forum on Marriage and the Rights of Women and Girls (FMRW) (2000) defines marriage existing in all societies as a “formalized relationship with legal and/or social standing between individual men and women, in which sexual relations are legitimized and as an arena for reproduction and child rearing which has state recognition”

Marriage is usually heterosexual and entails exclusive rights and duties of sexual performance, but there are some exceptions such as the Nayar women of India who would ritually marry men of a superior caste, have numerous lovers, and bear legitimate children, and among the Dahomey of West Africa, where one woman could marry another; the first woman would be the legal “father” of the children (by other men) of the second (The Columbia Electronic Encyclopaedia, 2003). The semblance of this has also been reported among the Afikpo Ibo of Eastern Nigeria.

Different types of marriage have also been identified by different authors. For example, Levi – Strauss (1969) identified five different forms of marriage. These include; monogamy – marriage of one man to a woman; polygamy – marriage of one man to two or more women, which has been a prerogative in many African and Islamic societies; polyandry – a case where a woman has several husbands at one time, which is rare, and only occurred infrequently in Tibetan society, among the Marquesas of Polynesia, and among certain hill tribes in India. Other forms of marriages are - levirate marriage, where a widow marries her late husband's brother, and sororate marriage, where a widower marries his deceased (or barren) wife's sister. The Columbia Electronic Encyclopaedia (2003) however noted that in recent years many gay-rights groups have sought official recognition of same-sex couples that would be comparable to marriage.

The type and functions of marriage vary from culture to culture. In the western bloc, most legally sanctioned marriages are monogamous, while divorce is relatively simple and socially sanctioned. In the Eastern bloc, most societies permit polygamy but in such societies however, most men have only one because having multiple wives is generally considered a sign of wealth and power (Wikipedia 2006). In the Muslim world, marriage is sanctioned between a man and a woman, although a man, under certain conditions, is allowed up to four wives. In such occasions, the different wives are considered equal and must be treated as such. The extent to which this is observed in reality is however questionable, why polygamy may have a lot of implications for the sexual health of partners.

In Africa, in the recent times, monogamous marriage is on the increase although polygamous marriage is still widely spread across different cultures. In Nigeria, there are three types of marriage i.e. customary, Islamic and civil marriage and the rights of women vary according to the type of marriage and

the region of the country. Customary law and civil marriages are valid throughout the country, while marriages under the Islamic law are also legally recognized (Centre for Reproductive Law and Policy 1998). Under the customary law, marriages are arranged by family members, followed with exchange of gifts, usually in form of bride price and/or bride-wealth. Tradition requires that a woman goes through harsh and burdensome rites at widowhood and periodic ritual seclusion of women are prevalent (Centre for reproductive Law and Policy, 1998). Under the Islamic law, the father has the right to give away his daughter in marriage regardless of her age and her consent, while a man can marry up to four wives whereas civil law marriage must be monogamous and registered and the spouses have the reciprocal duty to maintain each other and the children of the union (Centre for Reproductive Law and Policy 1998). Some traditional cultures still practice marriage by abduction, a form of forced marriage, in which a woman who is kidnapped and raped by a man is regarded as his wife. This practice is limited to a few traditional cultures in a small number of countries, and is generally regarded as abhorrent by other cultures (Wikipedia 2006). Many societies provide for the termination of marriage through divorce, while marriages can also be annulled or cancelled, which is a legal proceeding that establishes that a marriage was invalid from its beginning.

### **Relationship within Marriage**

Article 23 (3 and 4) of the International Covenant on Civil and Political Rights stated that “No marriage shall be entered into without the free and full consent of the intending spouses” and that “States Parties to the present Covenant shall take appropriate steps to ensure equality of rights and responsibilities of spouses as to marriage, during marriage and at its dissolution”. Also article 16 (1) of the Universal Declaration of Human Rights stated that men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal marriage rights - during marriage and at its dissolution. Thus in Article 16 (1) of the Convention on the Elimination of All Forms of Discrimination Against Women, it was provided that, “States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women; (a) The same right to enter into marriage; (b) The same right freely to choose a spouse and to enter into marriage only with free and full consent; ( c) The same rights and responsibilities during marriage and at its dissolution; and (d)

The same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights". Finally Article 18 (3) of the African Charter on Human and People's Rights provided that "the State shall ensure the elimination of every discrimination against women and also ensures the protection of the rights of women and the child as stipulated in international declarations. Commission on Prevention of Discrimination and Protection of Minorities (1994) stated that governments should recognize and promote the reproductive rights of women, including their rights to decide on the number and spacing of their children.

No doubt, patriarchal societies and cultures have dramatically shaped the past and continued to influence the present. Uganda women are regarded as properties of their husbands, no matter what their age, and because of bride price the men feel that they have absolute power over their wives (Panos, 1998). Ankrab et al., (1994) expressed that in most culture, the women's faithfulness is viewed as essential to the lineage and they are valued because they produce children that will work the land while the men's infidelity are seen as the extension of lineage. Hence, young women are often advised not to refuse their husbands sexual advances except when they are in their menstrual period (Amoah, 1990). This has adverse effect on husband wife communication on sexual matters and put women in a difficult position in sexual relations with their husbands since a woman, culturally, must succumb to the husband's advances without due consideration to a woman's physical, mental, and health status. As such, any refusal could be met with violence which is further justified by the cultural environment. Thus, a woman cannot question her husband about sexual activities while it is also expected that she tolerates his infidelity, especially during postpartum periods (Anarfi, 1992).

In Nigeria, Women's International League for Peace and Freedom (2005) expressed that up to two-thirds of women in certain communities in Lagos State, are believed to have experienced physical, sexual or psychological violence in the family. The report quoted that "on a daily basis, Nigerian women are beaten, raped and even murdered by members of their family for supposed transgressions, which can range from not having meals ready on time to visiting family members without their husband's permission," while some women had been subjected to "acid bath" and have either been mutilated or killed. Despite these, "violence against women in the home is generally regarded as belonging to the private sphere in Nigeria, and

therefore to be shielded from outside scrutiny and a culture of silence reinforces the stigma attached to the victim rather than condemning the perpetrator of such crimes” (Women's International League for Peace and Freedom 2005).

### **Sexual Health**

According to WHO (2002) Sexual health is a state of physical, emotional, mental and social being in relation to sexuality: it is not merely the absence of disease, dysfunction or infirmity. The 14th World Congress of Sexology (1999), approved the amendment to the declaration on sexual rights in establishing that “sexual rights are universal human rights, based on inherent freedom, dignity and equality of all human beings. Since health is a fundamental human right, so is the result of an environment which recognizes, promotes and defends sexual rights. Sexual health therefore, is that enabling environment wherein the sexual rights of an individual are protected. Sexual health can therefore be said to be in place in the context of a marriage where the following sexual rights are expressed -

1. Rights to sexual freedom: These include rights of individual or both spouses to express their full sexual potential. It however excludes all forms of coercion, abuse, or any form of exploitation.
2. Rights to sexual pleasure: These refer to the rights of both partners within the marriage context to engage in sexual pleasure which is a source of physical, emotional and spiritual well-being.
3. Rights to sexual autonomy: Here, both spouses are able to make decisions about the sexual life within acceptable social ethics. This however presumes level of sexual equity between both partners in the marital union. It involves control of one’s body from any form of feature or mutilation and violence of any sort.
4. Rights to privacy: Closely related to sexual cautionary are the rights to sexual privacy. It includes rights to determine intimacy as long as it does not intrude on the other partners.
5. Rights to sexual expression: For a sexually healthy marital union, there must be an unreserved expression of sexual acts by both partners which could take the form of communication, touch, and emotional expressions.
6. Rights to make responsible reproductive choices: These rights imply that within the marriage context, partners can make reproductive choices as to the number of children and the spacing, as well as full access to means of fertility regulation.

7. Rights to sexual education: These rights afford both partners to have access to productive and socially acceptable means of accessing sexual education.
8. Rights to sexual health care: These should be available to both partners in the marriage union especially in the prevention and treatment of sexual disorders or other sexual health concerns.

The issue of sexual health has become very important, especially with the emergence of the pandemic of human immunodeficiency virus (HIV) infection, increasing rates of sexually transmitted infections (STIs) and growing recognition of public health concerns such as gender related violence, and sexual dysfunction. Hence the WHO, has started looking at sexual rights health in its own rights (SHR, 2004). Sexual health has been linked with reproductive health since the conference on population in 1994 which defined sexual health as an integral part of reproductive health. In order to achieve sexual health, people must be empowered to exercise their sexual rights. A denial of such power is what usually leads to sexual violence.

### **Sexual Rights and Human Rights**

On December 10, 1948, the General Assembly of the United Nations adopted and proclaimed the universal declaration of Human Rights with its preamble stating that the recognition of the inherent dignity and the equal and inalienable rights of all members of the family is the foundation of freedom, justice and peace in the world. Human rights and fundamental freedoms are the birthrights of all human being irrespective of age, sex, race or religion and its protection is the responsibility of the state. Although many of the basic human rights such as freedom, autonomy, integrity, equality exist in national and legal instruments and documents, the word “sexual” has not been legally added to them. In the 14th World Congress of Sexology, the General Assembly of the World Association of Sexology adopted the declaration of sex rights. During the 15th Congress of Sexology, The General Assembly of the World Association of Sexology, approved the amendments to the declaration of sexual rights, establishing that sexual rights are universal human rights based on the inherent freedom, dignity and equality of all human beings (Obadon, 2003).

WHO (2005) gave a working definition of sexual rights which stated that ‘sexual rights embrace human rights’. These are rights which are already recognized in national laws, and international human rights documents. On the whole, it has been observed that Africa, especially the sub-Saharan Africa



has the worst indicators of women's health especially with regards to reproductive health. This is an indication that there is still a pervasive violation of women's rights especially their sexual rights, due to prevailing cultural practices in this part of the world. According to WILDAF (2005), overt emphasis on traditional values and lack of respect of women's consent in a marital union has impeded marital relations in many parts of Africa. Furthermore, failure to define discrimination of women as an issue of concern has further worsened the status of women and led to the violation of their sexual rights as espoused by the declaration of sexual rights as stated above.

Sexual violence in marriage has been described variously, and encompassing a variety of un-holy experiences which include (see WHO,2002) - Rape within marriage, and/or while dating; Unwanted sexual advance, Forced marriage or child marriage, Denial of rights to use contraception or to adopt other measures to protect against sexually transmitted disease, and Spousal support for forced prostitution (usually because of personal gain) etc. Sexual violence has its roots in cultural discrimination against women which supports the subordination of women in marriage and marital relations. No doubt, the social placement of women in our society has implications for their sexual health, while the denial of power to exercise sexual rights continues to violate the rights of women to sexual health.

### **Sexual Rights within Marriage in Nigeria**

Nigeria is made up of three major ethnic groups - the Yorubas, Hausas and the Ibos with over 200 ethnic minorities. Ethnicity is therefore seen as a crucial variable in understanding marital sexual relations since it shapes reproductive health behaviour and attitude (Kir and Makinwa – Adebusoye, 1995). For example, within marriage relations, the Hausas practice seclusion and restrict their spouses, access to formal education, employment outside their homes and restriction to associate. The Ibos and the Yorubas are open to social change and are less restrictive (Imoagene, 1990). These socio-cultural contexts have implications for marriage relations, specifically on sexual rights and ultimate sexual health of the woman. Although, the Ibos and the Yorubas are more disposed than their Hausa counterparts to social change, their women are far from being emancipated. The women in these ethnic groups are exposed to obnoxious traditional practices including food taboos, female genital mutilation (FGM), widowhood practices, and lack of access to

critical resources among others (see Report on Harmful Traditional Practices in Nigeria, by the Centre for Gender and Social Policy Studies, OAU Ife, 1998).

To attain genuine sexual health in families, men and women must necessarily be free of coercion, discrimination, and violence. Within the marriage relations in Nigeria, sexual and health behaviour are determined by ethnic grouping which an individual belongs. Although there are variations in sexuality relations within marriage across ethnic groups, Orubuloye, Cadwell and Cadwell, (1993) opined that the defined prescribed periods of sexual abstinences within a marital union which was practiced in many parts of Nigeria revealed that women's sexual rights were respected and encouraged. This view has been subsequently challenged. Isiugo – Abanihe, 1994, and Jekwes et al 1999 argued that the patriarchal structure of the Nigerian society continues subjugate women. For example, the payment of bride wealth, a major feature in Nigerian marriages, has been used to argue for a point of view which continues to see women as properties to be bought and sold at will. Recent findings however indicate that improved socio-economic status is a direct correlate of increased ability to exercise sexual rights (especially with regards to women in Nigeria) (Ogunjuyigbe and Adeyemi, 2005).

Okemgbo et al (2002) reported that there was a high prevalence of gender – based violence in Imo State and that while 78.8% of women studied have suffered battery, 59% of those beaten were pregnant women and 21.3% also reported sexual coercion by their husbands.

Table 1 provides empirical evidence of domestic violence in Nigerian homes. Notably, 9.5% of the study survey (Table 1), had been battered, and 4.1% by their husbands. About 29% suffered the battery experience daily from the hands of their husbands. In 25.0% of the cases, the act was as a result of provocation, while 75.0% attributed wife battery to other reasons.

It is however important to note that the battered women never reported any form of health impact of this battery. Knowing that health means a state of physical, mental, and emotional well-being, a non-report of any of these health factors shows that women have actually taken wife battery as the norm, and sometimes justified.

Also, in the era of HIV/AIDS, women tend to bear the brunt of the family health burden. While men are likely to desert their wives at the confirmation

of an HIV/AIDS status, women tend to feel obligated to care for, rather than desert their husbands. Table 2 for example shows that 66.3% of respondents who would divorce their partners if suspected of HIV/AIDS condition are males (compared to 33 % females).

Figure 1 points further to the fact that women are more easily exposed to STIs compared to their male counterparts. Figure 1 shows that all the women who responded to the question on the risk of STIs reported having being a victim of some sort of STIs, including gonorrhoea, syphilis, Chlamydia, and candidiasis among others. Yet, women are the most unlikely to have the right to negotiate sex i.e. the where, when, and how of sex remains the prerogative of men in a dominantly patriarchal society such as ours.

### **Implications of Sexual Rights Violation on Sexual Health within Marriage**

In a marriage relationship, when sexual rights are violated, then the sexual health status of such individuals is endangered. Sexual health within a marriage can be determined by assessing the prevalence of following in marital relations - STIs including HIV/AIDS, Unwanted pregnancy, Abortion, Sexual well – being, Sexual satisfaction and Violence related to gender and sexuality. Others include mental health status, physical disabilities, chronic illnesses and Female Genital Mutilation among others.

The relationship between sexual health and sexual violence in a marital union can be said to be inverse, for both of them cannot simultaneously occur. When sexual rights violation occurs, there are consequences of such violation on sexual health of women and men. Sexual violence by intimate partners or husbands in this case undermines reproductive health and can result in the following:

- ✚ Unwanted pregnancies: This occurs in many marriages in Nigeria. This logic follows from the fact that men, presumably, are granted the unconditional sexual access to their wives, and could exercise power to enforce this (Sen, 1999). Women generally lack sexual autonomy in any cultures of the world, thus, unwanted pregnancies as a result of powerlessness over contraception usage are the end result.
- ✚ Sexual violence leads to risk of STIs and HIV/AIDS. This is because it interferes directly with the woman's ability to negotiate condom use. In many cultures in Nigeria, a woman cannot freely ask

that the husband should use condom, since it is typically associated with promiscuity, infidelity and prostitution. This has more serious implications on the woman's health in a society that approves of polygyny, and men's unalloyed freedom to sex.

✚ Impedes voluntary counselling and testing: Women's fear of men's reaction has kept women away from voluntary HIV/AIDS counselling and testing (Population Report, 1999). This reticence has implication for controlling sexual transmission of the virus and efforts to reduce, mother – to – child transmission. Women are usually afraid to reveal their HIV status to their husbands for fear of being chased away from their marital homes. This will definitely increase the risk of HIV infection and other STIs to which women are ultimately exposed to.

Furthermore, the fear of sexual violence has interfered with efforts to reduce mother – to – child transmission of HIV (Population Report, 1999). Many women who already know their HIV status cannot comply with the requirements to reduce perinatal transmission as prescribed by the doctors. The implication of this is that more children who are infected with the virus are born thereby encouraging the spread of the pandemic.

Sexual violence has an implication on the sexual health of the women in a marital relationship since they can be exposed to serious obstetric risks such as prenatal care delay, vaginal and cervical infection, kidney infection and bleeding during pregnancy (Population Report, 1999). These may degenerate into miscarriages and abortions, premature labour, foetal distress – all of which have serious implications for pregnancy outcomes. Others include low birth weight, pre-eclampsia and other pregnancy related risk factors.

### **The Way Forward and Strategies for Improving Sexual Health/Rights within Marriage**

The current focus on household dynamics, sexual and reproductive health outcomes bring to the fore the relevance of the 'gender variable' in assessing the roles the individual household members and kin groups play in sexuality and reproductive issues. No doubt, men and women enjoy different and unequal privileges in marital relations, with women bearing most of the health burden in marital relations.

According to Chapman, quoted by Dina Bogecho (2004), to monitor the compliance of a state party to a covenant, the following factors should be monitored –

- (a) A clear conception of the specific component of the right and the concomitant obligations of States Parties;
- (b) the delineation of performance standards related to each of these components, including the identification of potential major violations;
- (c) collection of relevant data, appropriately disaggregated by sex and a variety of other variables; and
- (d) development of an information management system for these data that would facilitate analysis of trends over time.

We therefore need more empirical data on gender role relations, and especially that which relate to sexual health and sexual rights in order to properly monitor changes and improvement, if any.

It is also important to know that specific explanatory variables are important to follow-up through research, policies, and interventions to better target the ‘trouble spots’ in gender role relations. Factors such as age, religion, ethnicity, socio-economic status, and even geographical location have implications for gender role relations, including sexual health. Experiences of men and women in marital relations are often times determined by the age of the marriage, religion, socio-economic status of the family and the individual within marital relations, and indeed whether a couple live in rural or urban location. It is not uncommon that couples who live in the cities, and/or far away from extended family members are better able to make more liberal choices in terms of marital relations, compared to those (usually young couples) who live in rural and/or within extended family compounds.

On the whole, because men have been generally socialized into a patriarchal culture, even when they are educated and/or live in the cities, they still uphold patriarchal values especially in marital relations. A study on emergency obstetrics care conducted by Adewuyi et al in 1998 pointed to the fact that men are generally ignorant of women’s health needs and sexual needs. Marriage is fostered as an avenue to meet men’s sexual needs, and not necessarily that of women. Hence, men are found to be ignorant of the health implications of sexual abuse and violence against women, especially as these relate to pregnancy and pregnancy outcomes. Worst still, the health

implications of men sexual activities, their attitudes and perceptions bear significant impacts on maternal morbidity and mortality, child survival and transmissions of sexually transmitted infection including HIV/AIDS (see Adeyemi et al 2005).

Because of the central role men played in determining women's health status, there is a strong support for health education interventions with a primary focus on men. Adeyemi et al (2005) found that such health intervention and enlightenment campaigns focusing on men as a social group could help achieve improved women's reproductive health.

With the era of HIV/AIDS, there is a higher pressure to empower women to be more assertive on issues relating to their health and well-being. Young boys and girls must be given appropriate sexuality education to that both could grow up as responsible adults, with a determination to enjoy, rather than a partner 'enduring' marriage.

With HIV/AIDS epidemics, it is important to start to review our cultural ethos and standards, especially those detrimental to sexual and reproductive health, including harmful traditional practices against women, violation of women's rights in sexual and marital relations (i.e. not being faithful to sexual partner because of the male-oriented cultural permissiveness). To correct many of these cultural ills, there is an urgent call for programmes targeting massive behavioural change through-

- health campaigns using radio and/or television programmes to correct obnoxious sexual health practices among the populace;
- male-oriented enlightenment programmes on issues relating to sexual and reproductive health;
- women empowerment programmes targeting women of all social groups;
- Activists should also ensure that most of the international treaties and declarations relating to human/women's rights are turned into federal laws so that they become binding on the citizenry.
- International organizations should become powerful enough to institution rewards and punishments as relating to compliance or otherwise of these treaties.

With the broadening of the right to life to include sexual and reproductive rights, women are better protected under the law, but yet not in practice. A

concerted effort is therefore needed globally, and locally to ensure that governments are committed to international treaties and conventions which protect human/women's rights.

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Table 1: Percentage Distribution of Female Respondents Exposed to Violence

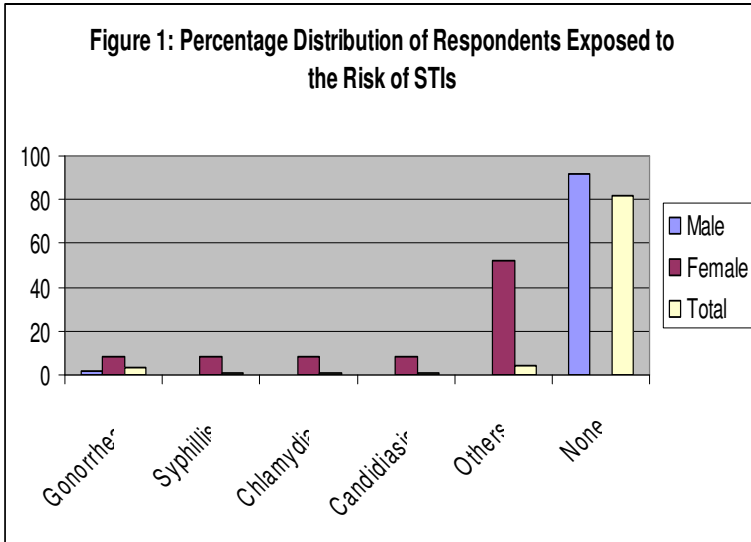
Did you suffer any form of domestic violence from your husband?		
ITEMS	NO	%
Yes	17	9.5
No	162	90.5
Total	179	100.0
Does your husband beat you?		
Yes	7	4.1
No	162	95.9
Total	169	100.0
How often?		
Daily	2	28.6
Regularly	2	28.6
Occasionally	1	14.3
Rarely	2	28.6
Total	7	100.0
What are the reasons?		
Out of provocation	1	25.0
Others	3	75.0
Total	4	100.0
Did you suffer any health problems as a result of the beating?		
Yes	-	-
No	6	100.0
Total	6	100.0

Source: Engendering Reproductive Health Care Practice in Nigeria (Lagos State Report), Centre for Gender and Social Policy Studies, OAU Ife, 2002).

**Table 2: Percentage distribution of Respondents by their attitudes and belief about HIV/AIDS**

Does your partner/ husband have other sexual partner?						
	MALE		FEMALE		TOTAL	
Yes	11	10.3	29	26.6	40	18.5
No	96	89.7	80	73.4	176	81.5
Total	107	100.0	109	100.0	216	100.0
Are you worried that your partner/ husband has contacted HIV/AIDS?						
Yes	34	20.6	20	15.0	54	18.1
No	131	79.4	113	85.0	244	81.9
Total	165	100.0	133	100.0	298	100.0
What will you do if you suspect that your partner/ husband may have contacted HIV/AIDS?						
I will divorce him	65	38.7	33	23.9	98	32.0
Seek for medical help	62	36.9	29	21.0	91	29.7
Nothing	5	3.0	11	8.0	16	5.2
It is impossible	14	8.3	23	16.7	37	12.1
Seek for spiritual help/ counseling	5	3.0	11	8.0	16	5.2
Others	17	10.1	31	22.5	48	15.7
Total	168	100.0	138	100.0	306	100.0
When you know that your partner/ husband has HIV/AIDS but he/she demands sex, what will you do?						
I will refuse him/her	143	82.2	103	77.4	246	80.1
I will use condom	19	10.9	14	10.5	33	10.7
I will seek spiritual help	1	0.6	3	2.3	4	1.3
Others 11 6.3 13 9.8 24 7.8	11	6.3	13	9.8	24	7.8
Total 174 100.0 133 100.0 307 100.0	174	100.0	133	100.0	307	100.0

*Source: Engendering Reproductive Health Care Practice in Nigeria (Lagos State Report), Centre for Gender and Social Policy Studies, OAU Ife, 2002).*



Source: *Engendering Reproductive Health Care Practice in Nigeria (Lagos State Report)*, Centre for Gender and Social Policy Studies, OAU Ife, 2002).