

Gender and Decision Making Pertaining to the Control over Ones Body within Established Union in Nigeria: Implications for Counselling

Dr (Mrs.) Omoegun, O.M and Akanle, F.F, PhD

Abstract

The study investigated gender and decision making pertaining to the control over ones body within established union in Nigeria. The study is a survey design with a sample of 500 married people who were randomly selected. A questionnaire titled Gender and Decision-Making Questionnaire (GDMG) was administered to generate data for the study. The instrument has a reliability coefficient of 0.70. Two hypotheses were formulated and tested at 0.05 level of significance. The analysis of the result shows that men and women have equal influence over sex and that both men and women make decisions on family planning. Participants believe that a woman cannot and should not refuse sex with her husband. Based on the findings it was recommended that counselling programmes which could encourage equal power over sex should be organized for married people in Nigeria.

Keywords: Reproductive Rights; Family Planning; Gender and Decision Making.

Introduction

Sex is a biological fact of being male or female while gender is a psychological fact. Gender identity is the experience of considering oneself male or female. Once it has been learned, an individual's gender identity rarely changes. Gender roles are culturally defined sets of behaviours that are considered appropriate in a given society. They are established by social agreement, though these agreements may be related to natural differences between the sexes. Culturally shared understanding about what forms of behaviours suit members of the two sexes differ widely. In some culture, men and women make decision in sexual relations. According to Mead's (1935) study and Spencer (1929), gender roles can be defined in very different ways by different culture. In many societies male dominance of women and children exists.

Lesetedi (1999) reported that women have little power to make decisions pertaining to the control over their bodies including for example, determining whether or not their sexual partners should be refused sex in marriage. Gender involves differences in power. Gender orders relationship in such a way that one sex has more power than the other sex. Power in this context is seen as one's ability to get one's wishes done even if it is not in the interest of other partner complying.

As observed by Ogundana (2005), spousal relationship in the traditional Yoruba society epitomized the matrilineal societies where males usually play dominating roles. The husband is recognized as the head of the family and his decision on any issue is often final. Not only must his wish be respected, it must be obeyed. Based on this fact it has been widely acknowledged, in many societies indeed in sub-Saharan Africa that wives have no right to discuss, to control their sexual activities or their bodies. However, the trend towards egalitarian families and marriage appears strong in modern societies. The improvement in women status and changes brought about by feminism seem to be changing such position. Ogundana (2005) further reported

the belief that wives have no role to play in decision bothering on sexual matters is significant for 33% of urban husbands and 19% of rural husbands. Traditionally, a Yoruba man must dominate his wife in all respect; however the restriction on women's participation in decision making relating to sexual matters has begun to decline in recent years due to modernization and exposure.

Caldwell & Caldwell (1994) found that the age gap between a husband and wife is a factor in determining women's ability to make decisions in the face of a patriarchal husband and even to control such a husband. A woman's education could also be regarded as a factor responsible for the change as this may enhance her ability to communicate more freely with her husband thereby exerting a significant influence on decision making and decision process within the family.

Kuti (1996) observed that there are some socio-cultural factors that prevent women from speaking on sexual matters and that socio-cultural and religious norms throughout Nigeria generally reinforce male dominance in sexual decision making. The needs of women are not usually met or adequately considered and they do not generally have the power to make decisions concerning their sexuality. Women, culturally have little power to control the risky sexual behaviours of their partners or take actions to limit their sexual exposure.

Ezeh (1993) concluded that men exert more influence over decision-making process and even the sexual satisfaction of their female partners. He further stated that when discussion is specific to condom use decision-making, men often influence choices made by their partners. Men's influence over their wives operates through their comparative advantage in mate selection and through the cultural norms that give men power over women. Individual decisions are taken by the dominant partner, particularly when partners hold divergent values or do not believe in shared responsibility for safer sexual practices. In many countries, the male partner is often the dominant partner and has greater influence than his partner over the decision-making process.

Kuti (1996) observed that women are not allowed to speak on sexual matters affecting their sexuality and as a result the women are likely to be exposed to the risk of HIV/AIDS infection. Among the practices that put women at risk are forced marriages, which expose young girls to coercive and traumatizing intercourse with male adults who have multiple partners; early marriages, which expose young girls to early sexual relations without their consent and in which they have limited power to refuse unprotected sexual intercourse; genital mutilation; tattooing etc. all of which present high HIV transmission risk.

Kuti (1996) and Oguntimehin (2001) indicated that in Nigeria, it is culturally acceptable for a man to marry more than one wife and even have concubines, but it is not acceptable for a woman to be married to more than one man. In some cultures some men even use their wives in hospitality to entertain friends as practiced in some areas in Benue and Akwa Ibom States respectively.

Statement of the Problem

Gender roles are culturally defined roles in a given culture. In some culture, men and women make decisions concerning sexual matters. However, in Nigeria spousal relationship in the traditional society is such that males play dominant roles. The husbands are recognized as the head of the family, and their decision on any issue, even on the control of the body or the sexuality of the wives is final. Not only must the wishes of the man be respected, they must be obeyed. It has been widely accepted that the woman has no control over the man's extramarital affairs and also over the control of her own body.

In recent times the improvement in women's status seems to have brought only some little changes. Traditionally, and even in modern times Yoruba men want to be seen as dominating their wives. The men must not show any sign of weakness even when both husband and wife are highly educated. However, traditional restriction on women's participation in decision making, according to Orubuloye, Oguntimehin & Sadiq (1997) seems to have declined as many other researchers also believe that things have started to change. Nigeria men generally still seem to uphold the culture of dominance and polygamy. Many men believe that paying the bride price means that the woman is their property; hence this entitles them to dictate the condition under which the sexual act as well as other matters of relationship should operate. Many have been found to use physical violence in their sexual relationship to force their partners to submit to them. The women seem powerless to refuse sexual intercourse or even convince their partners to protect them from unwanted pregnancy or sexually transmitted infections (STIs). It is not surprising therefore, that many women choose to take the risk in order to avoid the embarrassment of punishment in having to discuss sexual matters or refusing to have sex with their men. There is a need to prevent women from the danger of unwanted pregnancy and STIs. It is also necessary to investigate the extent of gender role in decision making over the control of women's life in general and sexual relationship in particular, especially the control of their body. To be able to do this, the following general questions were raised (1) Do men and women have equal decision making opportunities about sex in Nigeria? (2) Can women refuse sex with their partners? (3) In which situation can a woman refuse sex with her partner?

Hypotheses

1. Men and women do not significantly differ in their belief that it is acceptable for a woman to refuse sex.
2. There is no significant difference in the perception of men and women concerning their views about equal decision-making opportunities about sex.

Methodology

The study is a survey design. The population consists of married people in established union in Southwest Nigeria. A sample of 500 respondents, 258 men and 242 women were used. The sample was selected using stratified and simple random sampling techniques using age, sex and status as strata. 100 participants were selected from five of the six states in Southwest Nigeria. These states are Ondo, Ogun, Oyo, Lagos and Osun. The research instrument was titled Gender and Decision making Questionnaire (GDMQ). The questionnaire consists of two sections; Section A is demographic while section two consists of questions on the Belief of respondents such as whether men and women have equal opportunity in decision making; whether a woman can refuse sex with her husband and in which situation can a woman refuse sex. The research instrument was validated using face and content validity procedure. A trial testing using 30 married people from Ekiti state who were not part of the final sample was conducted. A reliability co-efficient of 0.70 was obtained. The research assistant and the researcher administered the questionnaire. Data was collected and analyzed using frequency counts and percentages to describe the data. All the hypotheses were tested at 0.05 level of significance using chi-square statistics.

Data Analysis

Question 1: Do men and women have equal decision making opportunities about sex in Nigeria?

In analyzing this question, data on responses of people in established union were collected and analysed using frequency counts and percentages. The findings are shown in table 1.

Table 1: Percentage responses on the extent of opportunities for equal decision making on sex matters between men and women

	Husband		Wife		Both		Non	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Who has more influence over sex?	218	43.6	124	24.8	158	31.6	-	-
Who decides the use of family planning?	104	20.8	72	14.4	283	56.6	41	8.2
Who decides the number of children?	176	35.2	49	9.8	240	48	35	7.0
Who decides when to have another child?	105	21	101	20.2	270	54.0	24	4.8

Table 1 show that the man has more influence over sex, while both husband and wife decide on the use of family planning, the number of children and when to have another child.

Question 2: Can a woman refuse sex with her husband? In analyzing this general question, responses of respondents concerning their views about whether a woman can refuse sex with her husband was collected and analysed using frequency counts and percentages. The finding is shown on table 2.

Table 2: Responses of people on whether a woman can refuse sex with her husband

	Yes		No	
	Freq.	%	Freq.	%
Can a woman refuse sex?	238	47.4	263	52.6

Table two shows that a higher percentage of Nigerians agree a woman cannot refuse sex with her husband.

Question 3: In which situation can a woman refuse sex with her husband?

In analysing this question responses of respondents concerning different situations in which a woman could refuse sex with her husband were collected and analysed. The finding is shown on table 3.

Table 3: Frequency counts and percentage of situation in which a woman can refuse sex with her husband

In which of these situations can a woman refuse sex.	Yes		No	
	Freq.	%	Freq.	%
1. When her partner has HIV/AIDS	238	47.4	263	52.6
2. If her partner has other woman/women outside	252	50.4	248	49.6
3. A woman cannot refuse sex with her husband	225	45	275	55

A higher percentage of respondents believe that a woman can refuse sex with her partner when the partner has HIV/AIDs and if the husband has other women outside the matrimonial home, while majority believe a woman cannot refuse sex with her husband.

Hypotheses Testing

Hypotheses 1: Men and women do not significantly differ in their belief that it is acceptable for a woman to refuse sex with her husband. In analyzing this hypothesis, responses of men and women concerning their belief about whether it is acceptable for a woman to refuse sex were analysed using chi square. The result of the analysis is shown on table 4.

Table 4: Chi square of responses on whether a woman can refuse sex or not

	Can a woman refuse sex?		Total	x cal	X table
	No	Yes			
Male	155 (140.35)	103(117.65)	258	20.91	3.84
Female	177 (131.65)	125 (110.35)	242		
	272	228	500		

Table 4 shows x cal 20.91 while x table is 3.84. H_0 is rejected since x cal is greater than x table. Hence there is a significant difference in the belief that it is acceptable for a woman to refuse sex with her husband. This means that some believe that a woman can refuse sex with her husband on some occasions while others believe that a woman can refuse sex with her husband if she does not want it.

Hypotheses 2: There is no significant difference in the percentage of men and women concerning their views about equal opportunity for decision making about sexuality.

In analyzing this hypothesis, responses of respondents concerned with their view about decision making were analyzed using chi-square statistics. The result of the finding is shown on table 5.

Table 5: Chi-square of differences in the perception of men and women on equal opportunity in decision making about sex

	Husband	Wife	Both	None	Total	x cal	x table
Male	84(90.82)	34(25.28)	135(123.84)	5(18.06)	258	36.28	7.81
Female	92(85.18)	15(23.72)	105(116.16)	30(16.94)	242		
	176	49	240	35	500		

Table 5b: Chi-square of differences in the perception of men and women on family planning

	Husband	Wife	Both	None	Total	x cal	x table
Male	50(54.18)	42(52.12)	154(139.32)	12(12.38)	258	18.15	7.81
Female	61(50.82)	34(48.89)	126(130.68)	21(11.62)	242		
	105	101	270	24	500		

Table 5c: Chi-square of differences in the perception of men and women on decision to have another child

	Husband	Wife	Both	Non	Total	X cal	X table
Male	44(54.18)	67(52.12)	144(139.32)	3(12.38)	258	27.74	7.81
Female	61(50.82)	34(48.89)	126(130.68)	21(11.62)	242		
	105	101	270	24	500		

Result:

Table 5a, 5b and 5c: x cal 28.85, x cal 18.16 and x cal 27.74 is greater than x table value of 7.81 in each of the cases therefore H_0 is rejected. Hence there is a significant difference in the perception of men and women concerning their views about equal opportunities in decision making about sexuality.

Discussion

The findings of this study show that men have more influence over matters while both men and women make decisions about fertility, the number of children and when to have another child. This finding does not confirm those of Ogundana (2005) which reported that the restrictions on decision making about sexual matters to men have begun to decline. This study is supported by that of Ezeh (1993) who observed that men exert more influence over decision making process and even sexual satisfaction which is highly dependent on male partners. This study is also supported by that of Meady (1935) and Spencer (1979) who observed that in some cultures men and women make decisions concerning sexual relations.

The findings of this study reveal that a woman cannot refuse sex to her husband unless the man has other women or has HIV/AIDs. The finding agrees with that of Gage (1998) who reported that women have little power to refuse sex with their husbands in marriage. This is because traditionally a woman's dominance in sexual matters is not allowed. The man is the dominant partner. His wish must not only be respected but it must be obeyed. He is recognized as the head of the home, his decision over any issue, even the control of the body of the woman is final. In modern times improved women's status seems to have brought only some little changes. Nigerian men generally still uphold the culture of polygamy or dominance in marital relationship.

Counselling Implications

- Counselling as a helping relationship becomes relevant in providing more exposure to both women and men through marriage seminars and workshops.
- Pre-marital counselling should be organized for 'would be' couples to provide necessary information about sex related matters in marriage.
- Marriage and family life counselling should be provided for married couples where they would have opportunities to discuss issues such as their sex life and other sex related matters that could lead to strained relationships in marriages.
- There is need for marriage counselling clinics to be established in each local government areas in Nigeria where married couples could visit on a regular basis to discuss pertinent issues and obtain needed support for their families.
- Experienced professional counsellors should man such clinics to enhance their effectiveness.

Conclusion

Married couples should make joint decisions about family planning. Gender role exists in relationship. The idea that women have no power over sex needs to be challenged in Nigeria. There is need for power balancing in sexual issues between men and women.

References

- Caldwell J.C. Orubuloye I.O. & Caldwell P.C. (1999): Obstacles to behavioural changes to lessen the risk of HIV infection in Africa Epidemics. *Paper presented at workshop on resistance to behavioural change to reduce HIV/AIDS infection in prominently Heterosexual epidemics in the third world countries*. Health Transition Centre. Australian University, Canaberra.
- Caldwell, J.C & Cadwell (1994): *Vulnerability to HIV infection and Effect on AIDs in Africa and Asia/ India* Health Transition Centre, the Australian National University 329-336.
- Ezeh A.C. (1993): The influence of Spouses over each others contraceptive attitude in Ghana: **Studies in Family Planning** 24 (3): 163-174.

- Gage A.J. (1998) Decision-making regarding sexual activity and contraceptive use **Studies in Family Planning** 292: 154-166.
- Kuti (1996) HIV/AIDs: The Role of women. Right Monitor **Journal of Women Justice** 1:5.
- Lesetidi (1999): HIV/AIDs and the status of women in Botswana. In: KR Hope (Eds) *AIDs and Development in Africa: Social Science Perspective*. Binshamton: Haworth press.
- Meads M.C. (1935) *Sex and Temperament in the Primitive society*. New York: McGraw Hill.
- Ogundana F.O. (2005): Wive's Right to Control Husband's Sexual Behaviour in response to HIV/AIDs Pandemic in Ekiti South West Nigeria *The Journal of Family Development* a publication of the center for family development (CEFAD).
- Oguntimehin F.O. (2001): *Gender differences in the perception of male sexuality in Irepodun/Ifelodun Local Government, Ekiti, Southwest of Nigeria*. **Unpublished Ph.D. Thesis**. The University of Ado-Ekiti, Nigeria.
- OLrubuloye, I.O. Oguntimehin. F. & Sadiq T. (1997) "women's role in reproductive Health decision-making and vulnerability test and HIV/AIDs in Ekiti, Nigeria," In Ntozi, J.P. M. Anarfi J.K.:
- Spencer, M. (1979): **Foundations of modern sociology** New Jersey: Prentice-Hall Inc.