



AFRICA REGIONAL SEXUALITY  
RESOURCE CENTRE

**Understanding Human Sexuality Seminar Series**

*“Sexual Health and Sexual Rights Within Marriage”*

Forms and Dynamics of  
Marriage Relationships and  
the Sexual Health Needs of  
Married Partners

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## **Introduction**

The marriage institution is common to most human societies. It is a cultural universal. It holds society together and offers some form of stability. There are two major forms of marriage viz. monogamy and polygamy. Monogamy is the marriage of one man and one woman while polygamy is defined as plural marriage. Polygamy as a form of marriage comprises polygyny and polyandry. Polyandry is the marriage of one woman to two or more men at the same time. It could be *fraternal* if the woman is married to blood brothers; both those living and those yet to be born or *non-fraternal* where the husbands are not related.

In the case of the former, paternity is not determined biologically but socially through a ceremony performed in the seventh month of pregnancy. For the latter, the woman spends about a month in turn with each man and paternity is often decided by *giving the bow*. The first to give the bow claims the first two or three children and a sequence is then followed (Oke, 2002:100). *This* is an uncommon form of marriage in most African societies.

Polygyny, on the other hand, is prevalent in most African societies, and it equally exists in other parts of the world, though at a different level of prevalence. Polygyny – the marriage of one man to two or more wives simultaneously – is a common form of marriage in many Nigerian societies.

Sexuality has been seen as “a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction” (African Regional Sexuality Resource Centre, 2003: 17). It is often experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships but not all of them are experienced or expressed since it is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors. It has been described to mean “the totality of who you are, what you believe, what you feel and how you respond” (Action Health Incorporated, 2003:192).

Sexual health, on the other hand, is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. It requires a positive and respectable approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences free from coercion, discrimination and violence. For sexual health to be attained and maintained in any social setting, the sexual rights of all persons must be respected, protected and fulfilled.

Sexual rights necessitate that all persons, irrespective of sex, be free from coercion, discrimination and violence, to:

- the highest attainable standard of sexual health, including access to sexual and reproductive health care services;
- seek, receive and impart information related to sexuality;
- sexuality education;
- respect for bodily integrity;
- choose their partner;
- decide to be sexually active or not;
- consensual sexual relations;
- consensual marriage;
- decide whether or not, and when, to have children; and pursue a satisfying, safe and pleasurable sexual life ([www.who.int/reproductive-health/gender/sexual\\_health.html](http://www.who.int/reproductive-health/gender/sexual_health.html))

The three elements of sexuality, sexual health and sexual rights are interrelated and interwoven and one cannot be achieved in the absence of the other two. So sexuality, simply put, is the full attainment of sexual health and rights in any given society.

### **Marriage Forms**

Marriage, invariably, affects sexuality. As society evolves, the institution of marriage continues to undergo changes. At present, there exists a new form of marriage, bringing into question the traditional concept of marriage, and in fact, the family. The emerging new family type is a creation of same sex marriages, whether gay or lesbian. Of significance is the fact that this new form of marriage has become legitimized in some societies of Europe and America. Time is sure to legitimize this new form of marriage in Nigeria putting into consideration the existence, at present, of homosexual associations in the country.

For sociologists in Nigeria, this emerging variant of marriage should pose a problematique in terms of its social implications for society. There are also single-parent families. Some have attributed it to changing relationships between men and women and factors such as “the expectations that women and men have of marriage and the growing opportunities for women to develop a life for themselves outside marriage or long-term cohabitations” (Morgan, 1994 in Haralambos *et al.* 2000: 543). Increases in divorce rates as well as births outside of marriage are contributory factors in the rise of single parenthood.

Nigeria, with an estimated population of about 130million people has an HIV/AIDS prevalence rate of about 5% (Nigeria, 2004). The implication is that there are about 6 million people living with HIV/AIDS in the country (This is more than some nations' total population). Nigeria is the fourth most affected country in the world (Nigeria, 2004). The AIDS epidemic poses severe challenges to human rights (including sexual rights) of women and girls. As in most African countries, Nigerian women have a gender-ascribed role that places men above them (Nigeria, 2004) and this has grave implications for their sexuality and health needs bearing in mind the prevalent marriage patterns in the country.

### **Theoretical Underpinning: Radical Feminism**

Giving vivid insights to matters of sexuality and the needs of members within the Nigerian society, which is characterized by patriarchy, is the theory of Radical Feminism. The theory is based on the central beliefs that “women are of absolute positive value” as against the universal devaluing of women; and they are victims of oppression by the system of patriarchy (Ritzer, 2000: 328).

Patriarchy is viewed by Radical Feminists as the most pervasive and enduring system of inequality. The theory links practices which are oppressive to women (such as wife battering, stoning to death of women accused of adultery, clitoridectomy etc.) to patriarchy. Patriarchy is man’s creation and is born out of the desire by men to make women compliant tools and sustained through their access to resources which make it possible. Radical Feminist theorists are of the opinion that the force of patriarchy can be conquered through a reworking of women’s consciousness to ensure that they recognize their value and strength (Ritzer, 2000).

### **Patriarchy and Sexuality**

First, it is important to understand the socio-cultural milieu within which we discuss sexuality. In Nigeria, the family institution is essentially patriarchal – the men have the status of prime decision makers while the women are expected to obey their husbands. This way of life characterizes the average Nigerian family and children are socialized into accepting the different roles of decision making (for the male members of society) and subservient obedience (for the female members).

Other key institutions in society also reflect this idea of the supremacy of male members of society over the female members. The reproductive life of women is managed/ mismanaged within the context of this overarching patriarchal society (Obono, 2002). Patriarchy manifests itself in preference for male children and polygyny. The desire for male children makes women have more children than they would want ordinarily (Nnorom, 2005; Oyekanmi, 2000). The implication is that they go through the risks of childbirth more than they should (Nnorom, 2005). The maternal mortality rate of 800 per 100,000 live births in Nigeria (UN, 2005) tells how inimical this is to womenfolk.

Thus, rather than have women go into the marriage institution to fulfill their needs (both sexual and health), they are made to do so to meet the needs of their husbands and society at large. They are condemned to perpetual childbearing as found in communities where purdah is the practice (Isiugo-Abanihe, 2003) with little or no concern for the reproductive health implications for such women.

Also linked to patriarchy are other cultural practices which have grave and negative health implications for women. A common example is early marriage, which obviously cannot happen without the consent of men since they, mostly, are heads of households in Nigeria. It may in fact be argued that men give out

their female children in marriage to relieve themselves of the burden of raising them (UNICEF, 2005) as well as to enhance the family economy. These practices make it clear that patriarchal societies posit, that women exist for the benefit and good of men. To say that this is unfair is to understate the fact. It is simply iniquitous.

### **Sexuality In Polygynous Families**

The enormity of the percentage of women entrapped in this form of marriage and the very grave health implications for women and society at large constitute the drive for this paper. Over 35% of women in Nigeria are in polygynous marriages (UNICEF, 2005). A cardinal question to be addressed is this: "What implications has polygyny for sexuality?" Since sex is legalized only in marriage in most cultures in Nigeria, polygyny, a prevalent form of marriage, perforce, impacts sexuality, and essentially, the overall quality of life of all in such families.

In Nigeria, polygyny connotes status and wealth. Even though the prevalence of polygyny is on the decline as a result of industrialization, especially in the urban areas, a good number of Nigerian men tilt towards polygyny. In the urban areas, especially among adherents of traditional religion and Islam, it is the barometer to measure a man's social standing. However, in the rural areas, it is used to sustain patriarchy. Here, members of polygynous households serve as labour force for the family economic unit.

It should be noted that persons with multiple sexual partners are more vulnerable to sexually transmitted infections (STIs) than those with single partners. Single partners here does not imply monogamy since most men in monogamous households can better be described as practicing polygyny by their lifestyles. Single partners here presage keeping to *one sexual partner*. It goes without saying that every woman (and man) in a polygynous home runs a high risk of contracting STIs (Human Immunodeficiency Virus {HIV} inclusive). The reason is quite clear. The more the number of people involved in a venture that is absolutely dependent on trust, the greater the possibility of its failure. According to UNICEF (2005: 20), in most African societies, "women who do not know how to prevent HIV infection are more likely to be in polygynous unions than those who do."

Recurrent observations by men and women alike reveal that a real man needs to demonstrate that he can handle more than one partner. This contention was buttressed by Silberschmidt (2005) in a study carried out in East Africa. The study confirmed the belief that a man needs 3 wives: one to bear his children, one to work and one for pleasure. This is despite the fact that most of the men are unable to provide the bride-price for the first wife. This contentious belief is further reinforced by the fallacy that a man cannot stick to one partner because of his constant need for sex. As a result, there exists this penchant for multiple partners. Given this scenario, what are the sexual health implications for the married partners?

Even though information and use of condom have been widely disseminated, studies have shown that most men frown at the use of condom with their spouses (Nnorom, 2005). Also, when a man has had intercourse with a new partner a few times, “the person ceases to be a stranger”. Subsequently, coitus can be without the use of condom. It is also a known fact that in Nigeria, women (the married ones in particular) cannot negotiate safe sex with their partners (Nnorom,2005). This inability to refuse a partner who is known to be unfaithful is attributed to patriarchy which is rooted in the culture of the society.

The perpetuation of patriarchal power is hinged on the obedience, humility and subordination of the women to their spouses. The inability of these roving husbands to maintain sexual relationships with only one partner exposes all those caught in this web of infidelity to the risk of STIs and even HIV/AIDS infection. The attitude of men to this risk assessment in terms of contracting STIs or HIV/AIDS infection is negative. The general belief, despite the high level of awareness created by NGOs and other health workers, is that the HIV/AIDS infection is a western propaganda to whip men into line. For many women, the choices for protection against HIV/AIDS infection are few. Women are learning that their own fidelity cannot guarantee them safety.

### **Absentee Fathers**

Another aspect of the problem to be considered is the effect of absentee fatherhood. Children raised in such homes are prone to delinquent acts. The upbringing of children is better where both parents are present and both carry out their responsibilities of socializing the children. These children are more likely to become victims of early marriage and unwanted pregnancies.

In considering these issues, factors such as education, the law, religion and poverty come into play. The section that follows considers some of these factors.

### **Education and Sexuality**

According to UNICEF (2005), “... girls in polygynous unions are more likely to have less education ...” It is a known fact that education, polygyny and vulnerability to STIs are high correlates. The low literacy levels in many African societies for example makes it difficult to educate the people/ disseminate information on the nature of STIs and ways of preventing them. There is a general disapproval of sex education. To many, it is not open for discussion at all. Even where people are literate, in matters of sexuality, all have learnt to tread softly.

Currently, schools in Nigeria are supposed to be the avenue for dissemination of sexuality education. However, the Nigerian culture taught in schools as social studies depicts men as heads, whereas women are depicted as housekeepers. In both the primary and secondary schools, gendering is reinforced. Sports differ. The girls are not permitted to play with the boys because their games are seen

as dangerous and risky. The general belief is that good girls do not play with boys. This mindset engenders a paradigm of inferiority that makes it impossible for the women to take control of their sexuality.

### **Religion and Sexuality**

All known religions in Nigeria are essentially patriarchal. Women are taught that it is good to be submissive to their husbands. Even where a man's sexual behaviour is clearly dangerous, religious women are not expected to deny their husbands sex. Monogamous families are not exempted from this. In Nigeria, a married man (whether in a marriage that normally permits polygyny or otherwise) may get involved in extra-marital sexual relations with impunity. The implication is that the marriage institution which was, in the past, thought to be an institution for sexual protection, has become a trap that exposes members and makes them helpless.

In fact, sexually active persons outside the marriage institution may be able to protect themselves (if they choose to) from STIs than those in the marriage institution since the use of condom may suggest infidelity on the part of the wife (Isiugo Abanihe, 2003; Nnorom,2005).

Another harmful practice that gets the blessing of some religions is early marriage. Islam supports early marriage (Raimi, 2000; Izugbara, 2005). In Nigeria, 16.1% of girls find themselves in marriage unions by the age of 15 years (UNICEF, 2005). The sexual implications include high vulnerability to VVF since they are often confined for the sole purpose of child bearing and rearing at a very early age. Another sexual health risk is exposure to STIs. This is so because their partners are not usually their peers but older and more sexually experienced men.

According to Edewor (2005: 5), "In Islam, girls are given out in marriage before the age of puberty. This is to ensure that the girls remain virgins at marriage." Although the predominant religions in Nigeria may not outrightly encourage extramarital relations, they do not effectively condemn it, particularly when the men are the ones involved. It is further argued that polygyny is supported by some religious faiths and women are thus exposed to the earlier identified risks.

### **POVERTY AND SEXUALITY**

Unhealthy sexual practices are likely to occur more among the poorest members of society. For instance, early marriage, which was discussed earlier, is inversely related to wealth. "Girls 15 -19 years old in the poorest 20 per cent of households are likely to be in union than those in the wealthiest 20 per cent." (UNICEF, 2005). This suggests that the poorer the people, the more open they are to risky sexual practices. It should also be observed that indigent members of society do not usually have access to good education. Consequently, they are almost always unaware of their rights and ways of ensuring that they do not expose themselves to risky practices.

In addition, the socialization of poor people into sexual roles is such that encourages the subservience of women. This is better understood when viewed against the background of the feminization of poverty. Women are over-represented among the poor. They have more than their fair share of the distribution. This makes them dependent on men and makes it difficult, if not impossible, for them to negotiate safer sex within or outside marriage unions.

### **The Law and Sexuality**

The law, it is expected, should protect the rights of all. It is the right of all to give free and full consent in marriage. This implies that no one should be coerced into marriage. Rights are often obliterated by a host of factors such as poverty, ignorance and religious teachings which are inconsistent with the law as contained in the statutes of the country.

For instance, the social implications of reporting rape may keep people from reporting such cases. It is more ridiculous when it happens within the marriage union. The concept of rape within marriage is somewhat alien to the African culture. "Men are viewed as superior to women and it is men's sexual needs and desire that are to be met" (Izugbara, 2005). This clearly shows that in reality, women in most parts of Africa do not have rights in matters of sexuality (Sow, 2004). They are not treated better than the men's possessions.

All these make women vulnerable to abuse. Marriage does not necessarily protect them. In fact in some cases, it makes them more vulnerable, depending on their husbands' life-styles. It is a situation that calls for attention. The patriarchal society makes the woman's safety in sexual matters a function of the man's sexual behaviour. Married people, women in particular, need protection and persons in polygynous unions need greater protection.

### **Way Forward**

Matters of sexuality are biological as well as social. The sex drive of an individual is not determined by society. It is, however, made to function within the framework of social norms and values. The expression of sexuality in a given society may expose its members to sexual health risks and consequently reduce their quality of life. Since so much can be determined by behaviour, attempts should be made by all stakeholders to effect a turnaround in attitude.

First, all NGOs interested in matters of sexuality should embark on programmes aimed at educating the masses on matters of sexuality and the negative implications of some cultural practices which are evidently "anti-women", "anti-society" and "anti-humanity". Such practices include early marriage, clitoridectomy and in fact polygyny. Although it may be difficult to stop some of these practices (polygyny for instance), young girls (and their parents) should be adequately informed of the reproductive health implications of going into polygynous unions especially in this era of HIV/AIDS.



The role of empowerment in the liberation of women cannot be overemphasized. Empowerment should, however, begin with education – empowerment of the mind. Attempts should be made to ensure that the education of girls is not treated as a matter of secondary priority. Women are not less human than men. Therefore, they should be given equal attention as men in matters of education.

Concerned persons and bodies should endeavour to sponsor girls whose education may be truncated by poverty in order to stem the cycle in which poor uneducated parents raise children without education who will also be poor.

The school curriculum in Nigeria should be revisited. This is to ensure that the transmission of patriarchal ideas through the syllabus and the curriculum, overtly and covertly, is checked. The ascription of roles based on sex, in a manner that confers on some, a second class status for no fault of theirs, does society no good.

Finally, Government should put policies in place to reduce the poverty level in the country, which gives room for some of the avoidable actions taken, and behaviours displayed by members of the society. Nigeria is one of the ten poorest countries in the world and this gives room for manipulation. If basic necessities of life are easily affordable to the most vulnerable groups, the chances of falling victim to transactional sex will be drastically reduced and a more healthy society free from sexual coercion, subordination and inequality will be enthroned.

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