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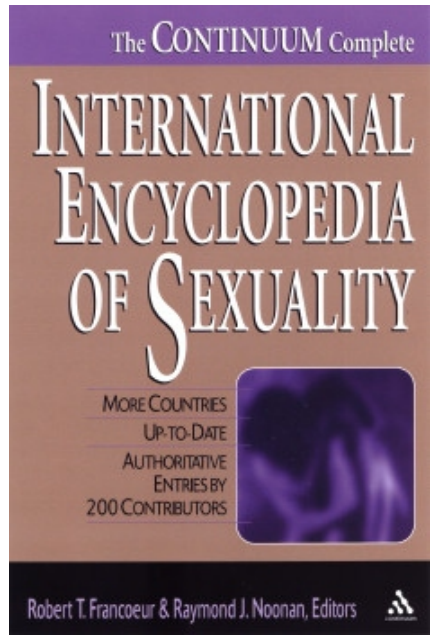


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". . . a book that is truly historic, and in many ways comparable to the great sexological surveys of Havelock Ellis and Alfred Kinsey. . . . Many works of undeniable importance are intended to speak about human sexuality. But in this encyclopedia we hear the voices of a multitude of nations and cultures. With coverage of more than a quarter of the countries in the world, . . . not only will the *Continuum Complete International Encyclopedia of Sexuality* remain a standard reference work for years to come, but it has raised the bar of sexological scholarship to a rigorous new level."—John Heidenry, editor, *The Week*, and author of *What Wild Ecstasy: The Rise and Fall of the Sexual Revolution*

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# Nigeria

## (The Federal Republic of Nigeria)

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## *Demographics and a Brief Historical Perspective*

ROBERT T. FRANCOEUR**

### A. Demographics

Nigeria is located on the southern coast of the horn of northwest Africa. Its 356,669 square miles (923,768 km$^2$) makes it about twice the size of the state of California. Benin lies to Nigeria's west, Niger to the north, Chad and Cameroon to the east, and the Gulf of Guinea to the south. Geographically, the country is divided into four east-to-west regions: In the south is a coastal mangrove swamp 10 to 60 miles (16 to 96 km) wide; in the north is a semi-desert. In between are a tropical rainforest 50 to 100 miles (80 to 160 km) wide and a plateau of savanna and open woodland. Nigeria is currently made up of 30 states plus the Federal Capital Territory of Abuja; 16 of the 30 states are situated in the northern Muslim-dominated part of the country and the other 14 in the predominantly Christian south. The climate varies from equatorial in the south to tropical in the center and north. The Niger River enters the country in the northwest and flows south through tropical rainforests and swamps to its delta in the Gulf of Guinea.


(CIA 2002)

Like all African nations, Nigeria's boundaries are the capricious result of European and other colonial conquests and power struggles that ignored ancient tribal and ethnic distributions. To understand sexual attitudes, customs, and behavior in Nigeria, one must be aware of the diversity of tribal, ethnic, and religious traditions among its 130 million people.

In July 2002, Nigeria had an estimated population of 130 million. Demographers expect the population to double by the year 2025, to 238.5 million. These estimates explicitly take into account the effects of excess mortality because of AIDS. This can result in lower life expectancy, higher infant mortality and death rates, lower population and growth rates, and changes in the distribution of population by age and sex than would otherwise be expected. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

**Age Distribution and Sex Ratios**: *0-14 years*: 43.6% with 1.01 male(s) per female (sex ratio); *15-64 years*: 53.6% with 1.04 male(s) per female; *65 years and over*:

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**Editor's Note*: This chapter presented an unusual editorial challenge, in that on most issues, two or more contributors chose to provide complementary insights and information. This is particularly valuable because the contributors approached the topic from different gender, professional, religious, and ethnic (tribal) backgrounds that clearly enrich the views and interpretations presented. In Section 8A, Significant Unconventional Sexual Behaviors, Coercive Sex, Christine Olufunke Adebajo, Deputy General Secretary of the National Association of Nigerian Nurses and Midwives, and Imo I. Esiet, a member of the Nigerian Bar Association, present not only their own respective views as a Nigerian woman and man, but also the two complementary views of two women's rights advocates, one a healthcare professional and the other a lawyer. To identify the contributors of these varied views, their name or names are given at the beginning of a section or in brackets [name] at the end of individual paragraphs.

This rich diversity of perspectives on one of Africa's major nations is also apparent in the unusual comparisons of tribal and regional differences on sexuality education, menstruation, sexual intercourse, conception and pregnancy, menopause, homosexuality, and male and female circumcision presented in this chapter. The information in these comparisons is based on the responses of local healthcare professionals who met in Lagos in January 1999 under the aegis of Action Health, Inc, headed by the main author of this chapter, Uwem Edimo Esiet, with Nigerian government leaders, nongovernmental organizations (NGOs), and international United Nations agencies. The comments are from many healthcare professionals and social workers based on their field observations and experiences with clients in their own regions (Francoeur, Esiet, & Esiet 2000).

2.8% with 1 male(s) per female; *Total population sex ratio*: 1.02 male(s) to 1 female

**Life Expectancy at Birth**: *Total Population*: 50.59 years; *male*: 50.58 years; *female*: 50.6 years. By 2010, experts expect that the HIV/AIDS epidemic will reduce life expectancy in Nigeria to age 47 compared with 61 before the arrival of AIDS (Garrett 2002).

**Urban/Rural Distribution**: 40% to 60%. By the year 2001, half of Nigeria's youth were expected to live in cities, searching for better living and job opportunities.

**Ethnic Distribution**: Nigeria has over 250 different and distinct ethnic groups: 20% Hausa; 20% are Yoruba; 17% Ibo; and 9% Fulani; while the remaining one third belong to other ethnic minorities.

**Religious Distribution**: 50% Muslim and living mostly in the north; 40% Christian and living mostly in the south; 10% follow indigenous beliefs.

**Birth Rate**: 39.22 births per 1,000 population

**Death Rate**: 14.1 per 1,000 population

**Infant Mortality Rate**: 72.49 deaths per 1,000 live births

**Net Migration Rate**: 0.27 migrant(s) per 1,000 population

**Total Fertility Rate**: 5.49 children born per woman

**Population Growth Rate**: 2.54%

**HIV/AIDS** (1999 est.): *Adult prevalence*: 5.06%; *Persons living with HIV/AIDS*: 2.7 million; *Deaths*: 250,000. (For additional details from www.UNAIDS.org, see end of Section 10B.)

**Literacy Rate** (*defined as those age 15 and over who can read and write*): 57.1% (*male*: 67.3%, *female*: 47.3%) (1995 est.); education is free and compulsory between ages 6 and 15, with about 42% of the youth attending elementary school

**Per Capita Gross Domestic Product** (*purchasing power parity*): $840 (2001 est.); *Inflation*: 14.9%; *Unemployment*: 28% (1992 est.); *Living below the poverty line*: 45% (2000 est.)

### B. A Brief Historical Perspective

Between 500 and 200 B.C.E., the Nok culture, in what is today's Nigeria, was one of the richest and most advanced ancient civilizations in West Africa.

Around 1000 C.E., the Muslim Kanem civilization expanded into northern Nigeria. By the 14th century, the amalgamated kingdom of Kanem-Bornu took northern Nigeria as its political center, dominating the Sahel and developing trade routes that stretched throughout northern Africa and as far as Europe and the Middle East. During the 15th and 16th centuries, the Hausa Songhai empire rose to power. The Hausa Songhai were overthrown by the Fulani Muslim leader, Uthman Dan Fodio, who created the Sokoto caliphate.

At the same time that the Muslim Kanem civilization expanded into northern Nigeria, around 1000 C.E., southern Nigeria was dominated by the Yoruba, whose Oyo kingdom was centered at Ife. The Oyo kingdom gave rise to the Benin civilization, which flourished from the 15th to the 18th centuries. The Benin culture is famous for its brass, bronze, and ivory sculpture.

The Portuguese established trading stations on the Benin coast in the 15th century. Initially, the contact and trade relations were cordial, and Benin became well known in Europe as a powerful and advanced kingdom. However, with the rise of the slave trade, which began with the cooperation of the Benin kings who brought slaves from the interior, relations became hostile, and Benin declined under European pressure. The Dutch, British, and other Europeans competed strenuously with Portugal for control of the slave trade. Britain seized the port of Lagos in 1861 during a campaign against the slave trade, and gradually extended its control inland with the exploration of the Niger River until about 1900. By the end of the 19th century, because Britain had suppressed the slave trade, they transported the slaves they captured aboard European ships to Freetown in Sierra Leone.

In 1861, Nigeria became a British colony. Despite native resistance, the colony was expanded in 1906 to include territory east of the Niger River, which was called the Protectorate of Southern Nigeria. The two areas were administratively joined in 1914.

During the 1920s, Britain began to respond to Nigerian demands for local self-rule. In 1946, the colony was divided into three regions, each with an advisory assembly. In 1954, the colony was reorganized as the Nigerian Federation, and the regional assembles were given more authority. Nigeria became independent on October 1, 1960, and a republic on October 1, 1963. Attempts to partition the country along tribal lines for administrative purposes provoked controversy, and charges of corruption and fraud in elections held in 1964 and 1965 led to violence and rioting. In January 1966, civil war broke out when Ibo army officers overthrew the central government and several of the regional governments. Prime Minister Balewa was killed, along with many other political leaders in the northern and western parts of the country, and the Ibo forces took control of the government

The new government abolished the country's federal structure and set up a strong central government dominated by the Ibo. Anti-Ibo riots broke out in the north, and many Ibos were massacred. In July 1966, the Ibo leader was assassinated by a group of northern Yoroban army officers, who formed a new military government. The people in the eastern region refused to acknowledge the new government. In 1967, they seceded, proclaiming the eastern region as the Republic of Biafra. This plunged the country into a devastating civil war that left over a million dead, including many Biafrans (Ibos), who died of starvation despite international relief efforts. The war ended in 1970, and within a few years, the Ibos were reintegrated into national life.

A civilian government returned to power in 1979 after 13 years of military rule. Four years later, a military coup ousted the democratically elected government, and has remained in power ever since under various leaders. Revenues from the export of crude oil have made possible a massive economic development program, but agriculture has lagged.

## *1. Basic Sexological Premises*

### A/B. Gender Roles and the Sociolegal Status of Nigerian Females with Implications for the Male

IMO I. ESIET

*Issues of Nigerian Constitutional Law*

The social and legal status of women has, over the ages, been a cause for grave concern in every culture and clime. In some areas, this concern has passed the stage of sympathy and has entered an era of aggressive feminism (Oputa 1989, 1). In Nigeria, as in other countries, the time has come to recognize that denial of rights solely because one is a woman is a human rights violation. Practices that expose women to degradation, indignity, and oppression on account of their sex need to be independently identified, condemned, compensated, and, preferably, prevented (Cook 1994, 228).

A wide range of evidence can be cited for a constructive trend in modern legislation on women's rights that are relevant to Africa and to Nigeria. Examples of this trend include

the Convention on the Elimination of All Forms of Discrimination Against Women, the International Covenant on Economic, Social, and Cultural Rights, the 1981 African Charter on Human and Peoples' Rights (which endorsed the United Nations Declaration on Human Rights and the Human Rights Covenant), and the 1979 Constitution of the Federal Republic of Nigeria. Although the clear trend is to establish women's equality with men before the law, the battle against sex-based discrimination and for equality of opportunity, equal pay for work, equal privileges, and equal access to political, social, and religious power is still raging with unabated fury in Nigeria (Oputa 1989, 4).

According to Rebecca J. Cook, the term

> discrimination against women shall mean any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedom in the political, economic, social, cultural, civil or any other field. (Cook 1994, 235)

The constitutions of most African countries today affirm the right to nondiscrimination on the basis of sex. Other rules of law and legislation may, however, discriminate against women in certain instances. Even where provisions of law are not overtly discriminatory, their application to women may yield discriminatory results, because of women's economic and social positions in society (Ilumoka 1994, 341). In this section, we examine the constitutional provisions for and cultural rights of Nigerian women. (Legal provisions related to marriage, sexual coercion, and prostitution in Nigeria are dealt with in Sections 5C, Interpersonal Heterosexual Behaviors, Adults, and 8A and B, Significant Unconventional Sexual Behaviors, Coercive Sex and Prostitution.)

The Constitution of the Federal Republic of Nigeria (1999) succinctly highlights the fundamental human rights to which all persons are entitled. These are the usual civil and political rights contained in most modern constitutions (Ilumoka 1994, 314). Chapter 4, section 39, of the Nigerian Constitution provides that:

1. A citizen of Nigeria of a particular community, ethnic group, place of origin, sex, religion, or political opinion shall not, by reason only that he is such a person,
   a. be subjected either expressly by, or in the practical application of, any law in force in Nigeria or any executive or administrative action of the government to disabilities or restrictions to which citizens of Nigeria of other communities, ethnic groups, places of origin, sex, religions, or political opinions are not made subject; or
   b. be accorded either expressly by, or in the application of, any law in force in Nigeria or any such executive or administrative action, any privilege or advantage that is not accorded to citizens of Nigeria of other communities, ethnic groups, places of origin, sex, religions, or political opinions.
2. No citizen of Nigeria shall be subjected to any disability or deprivation merely by reason of the circumstance of his birth.
3. Nothing in subsection (1) of this section shall invalidate any law by reason only that the law imposes restrictions with respect to the appointment of any person to any office under the state or as a member of the armed forces of the Federation or a member of the Nigeria Police or to an office in the service of a body corporate established directly by any law in force in Nigeria.

Section 39 renders all laws, including customary and religious laws, subsidiary legislation, regulations, and official government practices that permit discrimination against women unconstitutional, null, and void. The only exception, stipulated in subsection 3, relates to appointments in the public service, the armed forces, and the police force. In effect, Nigerian women, therefore, have all the human rights stipulated in the Constitution, including the right to nondiscrimination on the basis of sex. However, they enjoy no positive rights specifically addressed to their particular needs or vulnerabilities, nor is there any statutory recognition of the need for such rights (Ilumoka 1994, 316).

Chapter 2 of the Nigerian Constitution, "Fundamental Objectives and Directive Principles of State Policy," contains principles of economic, social, and cultural rights relating to equal access to resources, provisions of basic needs, an adequate means of livelihood, provision of adequate health facilities for all, and free education. The State has a duty to conform to, observe, and apply these principles and provisions, but cases of alleged nonobservance cannot be tried in court (Ilumoka 1994, 314). The distinction made between the internationally accepted economic, social, and cultural rights guaranteed by the "Fundamental Objectives and Directive Principles of State Policy" and the fundamental human rights in the Nigerian Constitution clearly indicates that there was no intention to enforce them. Accordingly, Jadesola Akande asserts that:

> The Nigerian Constitution has entrenched fundamental rights and made them justiciable* but economic and social rights have been reduced to a mere declaration of pious hopes because it is believed that they can only be achieved progressively according to available resources of the Nation and the policies pursued by the Government. (Akande 1989, 123)

In addition to the various constitutional provisions guaranteeing fundamental human rights, Nigeria subscribes to various international declarations and charters, which aim at eliminating discrimination against women (Oyajobi 1986, 16). Article 18(3) of the African Charter on Human and People's Rights became national legislation with Nigeria's Ratification and Enforcement Act of 1983. This Act provides that "the State shall ensure the elimination of every discrimination against women and also ensure the protection of the rights of the woman and the child as stipulated in international declarations and conventions." To be able to ascertain how much real emancipation women have received in Nigeria, we need to examine the treatment of women in Nigeria by the laws of the land (see also Sections 5C, Interpersonal Heterosexual Behaviors, Adults, and 8A and B, Significant Unconventional Sexual Behaviors, Coercive Sex and Prostitution).

### *Specific Issues of Sex Discrimination*

*Women's Property Rights*. The unmarried woman has the same right to hold property as any Nigerian male under both customary and statutory law. Also, since the passage of the Married Woman's Property Act of 1982 (Otaluka 1989) as amended in 1993, a married woman has the right to contract as a *femme sole* [single woman] to the extent of her separate property. However, it has been a longstanding custom that women in some areas of Iboland cannot acquire immovable property like land. Iboland women are devoid of such con-

*Any breach of such entrenched fundamental rights can be referred to the court for necessary redress.

tractual capacity (Otaluka 1989). This issue does not arise in Yoruba custom, where both married and unmarried women have the full capacity to contract, acquire, and dispose of all forms of property, including land.

*Women's Rights in Sureties*. Although there are no legal provisions that distinguish along sexual lines between the rights and/or capacity of any citizen to stand as surety for another in an application for bail, Nigerian police regularly deny women this right. This obviously contradicts every legal provision regulating bail practices; it also violates section 39(1)(b) of the Nigerian Constitution, which prohibits any executive or administrative practice that discriminates along sexual lines. The arguments for exempting women from the category of "fit and proper persons" are usually not based on any objective criteria.

*Women and Income Tax Law*. The Nigerian law on personal income tax discriminates largely against women. The tax system does not treat individuals within the marriage structure as persons in their own right. For instance, it is often generally assumed that the children of the marriage belong to the husband, and so it is to him that tax relief is granted. Married women who wish to claim tax relief for expenses related to rearing children are required to show documentary evidence of those expenses and evidence that the father of the children is not responsible for their upkeep. Men are not required to produce such documents. Although the Joint Tax Board justifies this practice by saying that these measures are designed to discourage duplication of claims, the present assumption in favor of the man is discriminatory and groundless.

*Women's Inheritance Rights*. Under the Yoruba customary law of intestacy, the succession rights of a male who dies without a will devolve not only on his children, but also on his brothers and sisters. The Ibo and Bini Customary Laws are governed by the primogeniture principle, so that on the death of a male without a will (intestate), the eldest son succeeds to his estate. The widow, however, has no customary right to inherit her intestate spouse's property. Although death does not necessarily terminate a common (customary) law marriage, the rights of a wife to retain membership in her husband's family, and possibly maintenance, remain only insofar as she remains in her matrimonial home. This holds whether or not she chooses to marry her husband's kin, except where the latter is not raised as an option, but is made mandatory.

Islamic law discriminates in the amount of entitlement granted the deceased intestate's children along sexual lines. The male children acquire in equal shares, whereas the daughters receive only a half share each. In a case where the deceased is survived by a single daughter, she would be entitled to only half the net estate, whereas an only son would take the whole estate. The widow is allowed a quarter of her husband's estate, whereas a widower takes half the net estate of the deceased wife (*Lewis v. Bankole* 1909; *Adedoyin v. Simeon* 1928).

*Women and Passports*. When a married woman applies for a passport, she is as a matter of practice required to submit a letter of consent from her husband. Similarly, a woman cannot apply to include the name(s) of her child(ren) on her passport without a letter of consent from her husband. There is, however, no such requirement for male applicants.

### *Conclusion*

It cannot be argued more that there is an urgent need for a reappraisal of the status of women in Nigeria. The need to make all the constitutional rights of women a practical reality that would continually guarantee that they have their fair share of power, education, financial resources, positions, and so forth in our society cannot be overemphasized.

## C. General Concepts of Sexuality and Love

UWEM EDIMO ESIET

Whereas sexuality is not openly discussed in Nigerian life, it is an underlying activity that is commonly displayed at publicly celebrated festivals. In most tribal cultures, dance dramas convey sexual values and attitudes as well as other more-general messages. Similarly, folk tales and drama are used to depict specific tribal sexual values and expectations. This is particularly true of the tradition of early marriage, whether consented or forced, which is the most accepted means of containing adolescent sexuality. Issues of love of children, especially of males who will perpetuate the family name and heritage, also run deep within the family and society in most cultural settings.

In times past, the virginity of the female at her marriage called for a family celebration with appropriate gifts and visits from the in-laws. In some cultures, especially among the Yorubas, where "hawking" (street vending) and "night marketing" is common, young girls are learning to receive "passes" from men and acquire skills in dealing with these. Since the introduction of Western values and education in Nigeria, women have continued to acquire skills in dealing with males in a culture in transition. This has led to an increased tendency to delay marriage and an increased incidence of premarital sexual relationships. In some tribal cultures, in fact, it is more common today to demand pregnancy rather than virginity as a prerequisite for marriage. This is especially true among the educated young.

Also, most of the popular music and advertisements glamorize sexuality, even though there is still a strong disapproval of open discussion of sexuality.

# *2. Religious, Ethnic, and Gender Factors Affecting Sexuality*

BILKISU YUSUF and RAKIYA BOOTH

## A. An Overview and a Christian Perspective in Southern Nigeria

RAKIYA BOOTH

Religion and culture in Africa are closely interrelated. While religion has at times been used to oppress and exploit people, it has also been appropriated to enhance political liberation.

Maduro (1989) defines religion

> as a structure of discourse and practices common to a social group referring to certain forces (personified or not, multiple or singular) that believers consider as anterior and superior to their natural and social surroundings in whose regard they express their sense of a certain dependency (through creation, control, protection, threat, or the like) and before which they consider themselves obligated to a particular pattern of conduct in society.

Every religion is situated in a specific human context in a concrete, determined geographical space, historical moment, and social milieu. Members of a religion share certain collective dimensions—social, economic, political, cultural, educational, military, and so on. Religion is, therefore, closely linked and interrelated with all the dimensions of the life of a community. Because religion is part of a society, it follows that anything that affects people's lives will affect their religion. Hence, religion affects sexuality.

Nigerian society is dominated by two religions: Islam and Christianity. They are the main source of our Nigerian religious value systems, which affect sexual attitudes and be-

havior. Christianity, for instance, expects men and women to hold in high esteem the religious value of sexual purity. Girls are expected to be virgins at the time of marriage. Islam allows female children to be given in marriage before the age of puberty. These practices ensure that the female child is a virgin at marriage. Similarly, Christianity and Islam emphasize that adultery is unacceptable. However, our culture expects men to do what women are not to do. Our culture allows and even encourages a man to contract polygynous marriages. While extramarital sex is publicly frowned on, a man who engages in extramarital sex is privately hailed for his behavior. The same culture deals severely and ruthlessly with married women caught in adultery. In both the Islamic and Christian religions, a man can ask for and be granted a divorce if his wife is confirmed to have committed adultery. This is not, however, the case if a wife discovers her husband's illicit affairs with other women.

Generally, Nigerian men believe that because woman was created out of a man, a woman must be subservient to man in all spheres of life at all times. Women are described as having a small brain in comparison to men's, being deficient in logic, analytical abilities, and critical thinking. In fact, this is the guiding principle that governs the behavior of Christian women who are the most submissive. While women constitute a larger portion of the church membership, women are not allowed to preach or take leadership positions in Nigerian Christian churches. As a result, women have been consistently kept passive and denied equal status with men in decision-making, both in the family and at the national level. Men believe that the only things women control are fertility and the sex of the child. Thus, quarrels and even divorce arise where a marriage does not produce a child or where only female children are born.

Similarly, it is a taboo in the Islamic religion for a woman to lead prayers or pray jointly with men. Besides, local interpretations of both the Islamic and Christian faiths forbid men to accept sexual advances from their women. That is to say that sexual advances should be made by men, and not women.

## B. The Muslim Hausa of Northern Nigeria

BILKISU YUSUF

The Hausa people constitute one of the most numerous and influential ethnic groups in West Africa. The majority of Hausa live in northern Nigeria, and in Nigeria's three neighbors, the Niger and Benin Republics and the Cameroon. There is also a large population of Hausa living as immigrants in the Sudan Republic. Their language, Hausa, is widely spoken by about 50 million people in West Africa (Coles & Mack 1999, 4).

Hausan history dates back to the 8th century when city-states and empires flourished in Western Africa (Crowther 1972). Tradition traces the establishment of the seven Hausa city-states to Abu Yazidu (Bayajidda), a prince from Arabia, who fled his homeland after a succession struggle. On reaching Daura, he killed the snake that had troubled the inhabitants of the city, and Daurama, the Queen of Daura, impressed by Abu Yazida's bravery, married him. They had seven sons who established the seven Hausa states (*Hausa bakwai*), Daura, Kano, Biram, Zazzau, Gobir, Katsina, and Rano.

The single most important factor that influenced the development of Hausa culture was their interaction with the peoples of North Africa through the Trans-Sahara trade. After Islam was introduced to the land of the Hausa by Arab traders, it gradually became the religion of the ruling class, and later the religion of the majority of Hausans. However, pockets of non-Muslim Hausa (*maguzawa*) still survive today and have retained their traditional religion. Although other ethnic groups, such as the Fulani and Kanuri, have mixed with the Hausa for centuries, the Hausa culture has retained some of its original features.

Hausa culture today is predominantly Islamic, making it difficult to distinguish tribal Hausa cultural norms from Islamic injunctions. Although Hausa culture has remnants of non-Islamic and distinctly indigenous practices that are part of their rites of passage, a marriage of convenience has evolved between Islamic injunctions and aspects of Hausa cultural norms that do not conflict with the religion.

Islam is a way of life for its adherents, with rules and regulations guiding all aspects of life. Its strong moral code emphasizes chastity, and prohibits loitering, soliciting, and unnecessary intermingling of the sexes. Islam permits women to go out of their houses only to pursue lawful needs, such as the acquisition of knowledge or to work and contribute to societal development. Marriage before age 18 was the norm among Muslim Hausa girls before the colonial era and the introduction of secular education. Most parents in those days preferred to marry off their daughters at age 12.

The Qur'an, the basic source of Islamic law, allows the marriage of girls who have not started menstruation (*Qur'an Suratul Talaq*, verse 4). It is common among the Hausa to marry off preadolescent girls and delay the consummation of the marriage. Although the marriage of minors is lawful, the various schools of Islamic jurisprudence have guidelines about how such a marriage must be performed for it to be valid. Hammudahah Abd al'Ati (1982, 70-84) clearly outlines the arguments for and against it. According to jurists and the schools of law, a minor cannot give herself away in marriage. Her marriage must be arranged by her father and her consent sought. Others argue that the father may give his daughter away in marriage with or without her consent if she is underage, i.e., 9 years or younger, a virgin, and is given in marriage to a suitable and socially equal husband. The father in such a case is also her guardian (*wakil*), and Islamic law stipulates that the *wakil* must be legally and religiously qualified. As a legal guardian, he has authority to do only what is beneficial to his daughter or ward.

Arranged marriages were and are still common among the Hausa. In the past, some were actually arranged through pledges made by the parents while their children were toddlers. It is also quite common for the educated elite and royalty to arrange their children's marriages. Cousin marriages are also widely practiced among both Flausa and Fulani commoners and royalty, particularly so among the latter.

Marriage age in Hausa society is now gradually changing, shifting away from child marriages contracted at 7, 8, or 9 years of age, which were quite common in royal households in the past, and away from teenage marriages contracted at 12 years of age among the other classes. With the increase in the number of females attending school, the average marriage age is now 16 or 17 for secondary school graduates and 13 for those who drop out of school. However, the marriage age may be lower in rural areas, where fewer females attend school. It is a common practice for the formal Islamic marriage (*dauphi aure*) to be performed early, after which the girl continues her schooling for several years and completes it before the Hausa cultural ceremony (*hiki*) takes place and the marriage is consummated.

## C. Character of Ethnic Values

Ethnicity develops and is expressed in multiethnic situations where a sense of "us" and "them" leads an individual or group to behave in exclusionary ways. This presupposes the existence of more than one ethnic group, an ethnic group being a group of people set apart from others by language, culture, political organization, territory, and myth of com-

mon descent. These shared group values constitute the basis for conscious identity and behavior by members when they relate with people from another group. However, it is important to point out that ethnic groups, such as those in Nigeria, are not necessarily homogeneous entities. Quite often, an ethnic group that contains several subgroups, languages, dialects, and cultural variations is classified as a homogeneous entity by bigots who emphasize selected specific traits as representing the whole group.

As with the Islamic, Christian, and indigenous religious traditions, the culture and norms of every ethnic group in Nigeria affect not only the sexual attitudes and behavior of its members, but all spheres of life. All ethnic groups in Nigeria believe strongly in sexual purity. Girls who are virgins at marriage are praised and showered with gifts. Married women are expected to avoid adultery. Although the same is expected of men, cultural norms give room for men to do otherwise. In a study of concubinage conducted among the Ngwa Igbo in southern Nigeria, such norms are viewed as cultural discrimination, especially in a polygynous society that deprives women of sufficient sexual satisfaction and emotional security.

However, the idea of eliminating this discrimination would definitely be considered offensive by decision-makers, both at the family and legislative levels. Such a move, if ever contemplated by a woman, would end the marriage in divorce. Cultural values clearly demand that, because they are family-oriented, women must be honest with their husbands and endeavor to prevent family disruption.

Studies have shown that women are more worried than men are by post-divorce problems. Furthermore, the wife's inability to initiate a divorce, the stigma of divorce, and a divorced woman's alienation from her natal descent group, along with early child betrothal and the payment of bride wealth, only increase women's subordination and resignation into acceptance of men's decision-making role in the family.

The subordination of women is most manifest in the family. It is in the family that one finds attitudes and behavior that give priority to education of males over females. Our culture believes that men have stronger sexual drives, need more sex than women do, and have greater control over sexuality. It is tradition and culture that socializes women to be sexually submissive to men. Moreover, it is the family and cultural attitudes that define the attributes of a good wife and, through sanctions, force females to fit into these qualities. To a girl, marriage is the ultimate goal. Hence, following cultural and family dictates, she has to appear less intelligent than men and behave with a certain amount of diffidence in dealing with men if she is to achieve that aspiration.

Economically, Nigerian women are expected to be dependent on men, in line with their traditionally assigned roles of wives, mothers, and homemakers. Whereas men are trained for remunerative employment outside the home, the process of socialization prevents, limits, or demobilizes women in their march to economic emancipation. Men are regarded as the breadwinners of the family. Because "he that pays the piper dictates the tune," men make all major decisions in the family. For instance, development efforts that provide men access to factors of production simultaneously deny women access to production inputs, such as credit, ownership of land, and skill training. As the family breadwinner, the husband's domain includes all major decisions, such as number of children the spouse should have, the spacing of births, the couple's sleeping arrangement, use of contraception, and even the type of contraceptive used. Although this is a general cultural value, it does vary with the couple's level of education.

Generally speaking, Nigerian women are sexually submissive to men because of the culturally determined masculine roles performed by men. Men pay the house rent and children's school fees, provide kerosene or firewood for cooking, and fulfill other chores that steer men towards leadership responsibilities and give them the legitimacy of decision-making in the family and in the larger society. Still, the internalization and perpetuation of sex roles are achieved through socialization processes. Although Nigerian role stratification is unequivocally male-oriented, as principal actors in child socialization, women unfortunately are used as instruments for its propagation, enforcement, and perpetuation. There is a thriving attitude in Nigeria that a male child should, among other things, exhibit decision-making skills, whereas a female child is expected to be passive, submissive, and portray the "nice girl" image, an image which attempts to control women socially through value construction.

The Ibo culture gives women more freedom of assertion than either the Yoruba or Hausa cultures. Ibo and other cultural groups agree that household activities, such as the pounding of yam (*fufus*), sweeping, and similar domestic chores, should be jointly done by male and female children. The Yoruba, on the other hand, see such tasks as female responsibilities, thus creating gender gaps in the division of labor in the family. The Ibo allow some women to seek divorce, whereas the Yoruba encourage them to engage in extramarital sex. In both ways, ethnic values affect the sexual attitudes and behavior of people.

Both religious and ethnic values are thus intimately interwoven and most profoundly affect the sexual attitudes and behavior of Nigerians in all spheres of our social existence.

## *3. Knowledge and Education about Sexuality*

### A. Sexuality Education

UWEM EDIMO ESIET and FOYIN OYEBOLA

Because of the culture of silence on sexuality, there has been little or no structured way of teaching Nigerians about sexuality. In the late 1950s and early 1960s, family planning education was introduced in some areas of Nigeria. However, this met with considerable opposition from cultural traditions and religious institutions. At the time, the only way a wife could have access to family planning services was with the prior consent of her spouse. This situation has changed in recent years and married women can now obtain family planning information and services without the husband's consent.

The government has been working to get POP/FLE (population and family life education) into the schools' curricula, and this effort is ongoing. However, adolescents continue to be denied access to sexual information and services on a national scale. There have been some efforts by nongovernmental organizations (NGOs) to assure that marginalized groups have access to sexuality education. This effort is increasing, as data from studies continue to show that five out of ten girls and seven out of ten boys have had sexual intercourse at least once by the time they leave secondary school.

In 1996, this effort culminated in the production of *Guidelines for Comprehensive Sexuality Education in Nigeria*. This effort by about 20 government and nongovernmental organizations was publicly released by the then-Minister of State for Education chief, Mrs. Iyabo Anisulowo. Despite this laudable effort, the government still did not take the bold step of ensuring access to this education of our youth out of deference to the interests of religious leaders. However, in

March 1999, at the Forty-Sixth Session of the National Council on Education, a resolution to integrate comprehensive sexuality education into Nigeria's school curricula, sponsored by the Federal Ministry of Education, was unanimously ratified. As a result, the federal Ministry of Education made a historic commitment to implementing sexuality education throughout Nigerian schools. (National Guidelines Task Force 1996; SIECUS 2000). [U. E. Esiet]

The majority of Nigerians have the misconception that sexuality is equivalent to coitus. This has been a major obstacle to the integration of sexuality education into school curricula and other youth-related activities. Because of this equation of sexuality education with intercourse, the focus tends to be on the biological components. [F. Oyebola]

### *Sexual Education and Discussion: A Regional/Ethnic Comparison*

The following summaries of the attitudes and practices regarding sexuality education and the discussion of sex of several ethnic groups in eight geographical regions of Nigeria were compiled by the authors during a meeting with healthcare professionals in January 1999 (Francoeur, Esiet, & Esiet 2000) (see Editor's Note at the beginning of this chapter).

1. Regions: Ipoti-Ekiti, Oyo, and Yorubaland. Ethnic Group: Yoruba

   Sexual knowledge is acquired through storytelling myths, from peers, schools, apprenticeship centers, television, films, romantic novels, magazines, and overheard adult conversations. There is no positive attitude regarding sexuality education. Educated adults see nothing bad in sexual education, but the uneducated say it is an abomination and such things should not be heard of. Sex is freely discussed in the beer parlor, at home when husband and wife are quarreling, or during marriage preparation in the church or mosque. Otherwise, sexuality issues are never discussed and people are repulsed by sexual talk. When compelled to discuss sexuality issues, the uneducated are very shy and hardly give any correct information of participation. More-educated persons discuss sex mostly among peers and with persons of the same gender.
2. Regions: Kano, Katsina, and Kaduna. Ethic Group: Muslim Hausa

   Most children in these states learn about sexuality through their peer groups, media, and films. Parents do not discuss sex with their children. Parents are very negative about sexuality education in the schools because of the misconception that it will negatively affect the children. People will discuss sexual topics freely among friends and peers.
3. Region: Borno

   Sexual information is acquired from peers as well as parents. The general attitude towards sexuality education in schools is negative. Talking openly about sexuality is clearly taboo.
4. Region: Benue. Ethnic Groups: Tiv, Idoma, and Isala

   Children learn about sex from their peers, and through storytelling and the cultural practices of gender roles. Sexual intercourse is learned by experimentation. Mothers tell their daughters about the consequences of sexual intercourse when they start menstruating. They usually provide no knowledge on hygiene. People are generally not comfortable with sexuality education. Spouses rarely communicate about sexuality. They are, however, beginning to discuss family planning. Talking about sex is considered "wayward."
5. Regions: Akwa-Ibom and the Cross River: Ethnic Groups: Efik and Ibibio

   Children acquire sexual knowledge by listening to stories told by their elders, by eavesdropping on adult talk, and from older sisters, cousins, house helpers, school peers, and electronic and print media. Young people also learn about sex during moonlight activities with their peers. In these activities, known as *Edibe Ekok* (hide and seek), children make a ring with a broomstick with a sand heap in the middle, around which they sit, mostly naked. They try to locate a ring in the sand heap. When found, they are joyous and exchange pleasant times, which sometimes results in sexual activity. Knowledge about sexuality is considered inappropriate for children but acceptable for the married. Sexuality education is seen as a way of corrupting the children. People do not discuss sexual topics, but this can be done in private and secretly.
6. Region: Delta State. Ethnic Groups: Uhobod, Ibos, Ijaws, Isaw, and Itsekirus

   Children learn about sexuality from their peers and from the media in urban areas. Most people view sexuality education negatively because they believe it initiates the young ones to sexual relationships. Discussion of sexual topics is taboo. Males do, however, discuss sexuality—especially when they want to tell their peers how many girlfriends they have had intercourse with.
7. Region: Edo

   Children in Edo learn about sex through their parents, but mostly through peers. The general attitude toward sexuality education is negative. Discussion of sexual topics is avoided because it is believed that discussing the subject will result in promiscuity and exposure of adolescents to bad influences. People do not easily discuss sexuality topics because it is considered a taboo.
8. Regions: Imo, Enugu, and Anambra States. Ethnic Group: Ibo

   Knowledge about sexuality is picked up accidentally—mostly from peers. There is no formal sexuality education. Parents teach their children through their own attitudes and behavior. Knowledge comes mainly from peers. The Ibo believe talk about sexual matters is vulgar, sexual education should not exist, and sexuality should never be discussed.

## B. Sexuality Education among the Hausa

MAIRO V. BELLO, RAKIYA BOOTH, and BILKISU YUSUF

Sexuality education among the Hausa is imparted by parents and by the Qur'anic schools (*Islamiyyah*). Parents teach the rudiments emphasizing the gender roles expected of men and women, while the details of sexuality are left to the Qur'anic schoolteachers who instruct the children in *fiqh*, the law of Islamic jurisprudence. The *fiqh* curriculum for children and adults of both sexes includes lessons on the onset of puberty, menstruation (a sign of maturity for girls, when fasting becomes obligatory), and ritual purifications after menstruation, sexual intercourse, and childbirth. For the boys, instruction includes the discussion of wet dreams and voice changes as marks of the onset of puberty, when fasting becomes obligatory. Boys are also instructed in the requirement of a purification bath after sexual intercourse and wet dreams. All Muslim Hausa children routinely attend *fiqh* lessons, which prepare them for the prayers and fasting, the two fundamental requirements for Muslim men and women. *Fiqh* lessons also focus on what constitutes sexual intercourse, the virtue of abstinence for unmarried

people, and what the law stipulates about fornication and adultery. [B. Yusuf]

Although adolescents in the predominantly Muslim Hausas are expected to learn about sexuality in *fiqh*, many Hausa boys, and most of the Hausa girls, are withdrawn from school, both Qur'anic and public, before they get to the stage of learning about *fiqh*. Those girls and boys who stay in school to the stage when *fiqh* deals with sexuality, often find that the instruction does not include much, if anything, beyond the rituals, purification baths, marriage, and divorce, because of shyness that is part of the societal culture and the culture of silence that surrounds sexuality issues in the Hausa society. [M. V. Bello]

*Fiqh* teaches that married couples are entitled to sexual satisfaction from their partners, and the absence of sexual satisfaction is a valid reason for divorce. Likewise, *fiqh* enjoins Muslims to maintain their chastity and avoid high-risk sexual behaviors. Affliction with a communicable disease, such as leprosy, and perhaps by extension one could add HIV/AIDS, is also a valid reason for divorce. [B. Yusuf]

Among Hausa parents, sexuality education is constrained by the cultural practice of *kunya* or modesty, whereby parents are too embarrassed or shy to impart sexuality education to their children. The observance of *kunya* varies from parents who do not show affection in the presence of their children and do not talk to their first child, to those who only refrain from calling the child's name and/or feel too shy to discuss sexual and reproductive topics with their children. In the extreme cases, *kunya* ensures that the child grows up without knowing who his mother is, with the father, stepmother, or grandparents filling the communication and affection vacuum created by the *kunya*-observing mother. The practice of *kunya* is being gradually eroded by the interaction of the Hausa with other ethnic groups, and young Hausa mothers these days refrain from observing *kunya*, calling their first children by their names and openly showing them affection. [B. Yusuf]

However, an aspect of sexuality education solely entrusted to parents in Hausa society is the expression of sexuality during courtship and marriage. Both Islamic and Hausa culture do not permit dating, but the suitor is allowed to visit the girl in her parents' house, discuss with her gifts (*zance*), and give her token money or presents (*toshi*). During such visits, the young couple is not allowed to stay alone in a secluded place. Although Hausa sexuality education and socialization is replete with measures designed to prevent premarital sexual intercourse, such attempts are being steadily undermined by the prevalent Hausa practice of sending children and young girls to hawk (*talla*). These hawkers (street venders) run the risk of early exposure to sexual overtures, sexual abuse, and harassment from unscrupulous men posing as buyers of their wares. [B. Yusuf]

### C. Sexuality Education among Christian Nigerians

FOYIN OYEBOLA

In Nigeria, the Catholic Church provides some limited sexuality education, emphasizing abstinence education for unmarried persons and the Natural Family Planning method for married couples, and condemning other forms of contraception. Other Christian groups, especially the indigenous Christian churches, emphasize menstrual hygiene and the separation of women during menstruation as described in the Old Testament. These churches tend to be more liberal on premarital sex and polygyny. The modern-day Pentecostal churches tend to be more receptive to contraceptive use within marriage, while emphasizing premarital abstinence. Overall, the Christian churches have yet to pay sexuality education its deserved attention. [U. E. Esiet]

It would be incorrect to say that sexuality education is not being provided in Nigeria. However, what is taught is not as comprehensive as it should be. Whatever is provided can be called moral education. Most adults are not comfortable with the concept of "sexuality education," because of the ambiguity of the term *sex*, and because of the low level of knowledge about sexuality among adults. [F. Oyebola]

However, in recent years, challenges to societal values and serious public health issues and problems have made sexuality education increasingly acceptable everywhere, including the Christian communities and informal sources. The Christian churches have been recognized as an agent of socialization for young persons in Nigeria. Consequently, most of the churches, especially in the urban centers, have been sensitized by the relevant NGOs through seminars and workshops, while some of the key religious leaders have been trained as counselors and educators. [F. Oyebola]

The integration of increasingly comprehensive sexuality education into church activities is a slow process for now, but it is expected to pick up with time. Most of the churches plan various activities and invite experts to make presentations on such topics as "Adolescent Sexuality: Making Responsible Decisions," "Bridging the Parent-Child Communication Gap on Sexuality Issues," "Teenage Pregnancy and Abortion: Consequences and Prevention," "Sexually Transmissible Infections," and "Developing Positive Self-Esteem with Others." [F. Oyebola]

[*Update 2003*: In August 2002, the Catholic Church in Nigeria developed a curriculum on sexuality education for use in homes and parishes. The adoption of the curriculum was the outcome of a workshop on sexuality education organized in Enugu by clerics in collaboration with Community Life Project, a nongovernmental organization. The curriculum gives guidelines on how to teach sex education to married couples, adults, youths, and couples preparing for marriage. The curriculum makes it obligatory for the priests to include sex education in their preachings. (*End of update by B. Opiyo-Omolo*)]

### D. Informal Sources of Sexual Knowledge

UWEM EDIMO ESIET and FOYIN OYEBOLA

There is a definite increase in the informal sources of sexual knowledge in Nigeria. Young people have access to a lot of information, including both foreign and local magazines, television shows (more foreign than native), books (mainly foreign), and peers. There is also what we refer to as "environmentally available sources of sexual knowledge" that accompany and are associated with the prevalence of poverty and unemployment, the increase in commercial sex work, and the international trafficking in commercial sex workers. Sexual knowledge is also picked up in the course of everyday living at neighborhood gatherings, affiliations, and at home as a consequence of the lack of privacy in many housing patterns. In general, the underground information network on sexuality has acquired greater prominence in the lives of Nigerians.

## *4. Autoerotic Behaviors and Patterns*

UWEM EDIMO ESIET and FOYIN OYEBOLA

### A. Children and Adolescents

It is not unusual for the growing child to engage in thumb sucking and some self-body massage. Both behaviors are commonly frowned on by adults, and parents try to discourage both "bad" behaviors. Pacifiers are encouraged as a substitute for thumbsucking, but parents tend to punish masturbation. [U. E. Esiet]

Masturbation is a common sexual behavior in Nigeria among adolescents and adults alike. However, it is more

common in adolescents, who rely on masturbation to satisfy their sexual urges. This they do by fondling the clitoris, breast, nipple, or penis. Masturbation is common in girls-only schools where same-sex relations occur. [F. Oyebola]

### B. Adults

While adults may engage in masturbation, they do not openly admit to this practice, because the whole topic of sex is a taboo. However, some counselors and healthcare providers are beginning to encourage an open discussion of masturbation and recommending it as an alternative to risky sexual behavior. [U. E. Esiet]

## 5. Interpersonal Heterosexual Behaviors

### A/B. Children and Adolescents

MAIRO V. BELLO, NIKE ESIET, FOYIN OYEBOLA, UWEM EDIMO ESIET, BILKISU YUSUF, and RAKIYA BOOTH

#### *Puberty, Menstruation, First Sexual Intercourse, and Marriage*

The northern area of Nigeria has the lowest age for first marriage. Local studies conducted among Hausa communities in Kano State, in Zaria (Kaduna State), and in Dutse (Jigawa State) have confirmed the prevalence of early marriage. Clara Ejembi, a staff member at Ahmadu Bello University, Zaria, found that 83.4% of girls in the Zaria Local Government Area were married before 14 years of age and 98.5% before age 20. A study by Adolescent Health and Information Project (AHIP) in Kano and Jigawa States confirmed that 75.5% of girls who do not have formal education got married before the age of 13 years of age, while 99.5% were married before 16. Most Hausa adolescent girls are married before or as soon as they enter puberty, which occurs between ages 12 and 15 (Goddard 1995). [M. V. Bello]

In an AHIP study of adolescent socialization, most respondents confirmed that they had their first menstrual period in their husband's house, suggesting that they were taught nothing about puberty before their first experience with menstruation. Research by the International Reproductive Rights Research Action Group (IRRRAG) found that the few young women who learned anything about menstruation before their first experience got their information from friends, books, or schoolteachers. [M. V. Bello]

Recently, however, the increased rate of Western-style education, a downward turn in the country's economy that has made marriage very expensive, and the terrible rate of inflation are affecting the age of marriage for young people. Many girls now get to finish their secondary school, and learn a little about puberty, their bodies, and life in general from school, friends, and the media before they marry. The boys now think that they cannot take wives, because they do not have jobs, and families no longer live in communal settings, where feeding is centrally handled. Young Hausans are fast adopting the nuclear-type family setting because they think it is more convenient for them. [M. V. Bello]

According to the 1990 Nigerian Demographic and Health Survey, the median age at first intercourse for girls is just over 16 years. By age 18, 63% of women have experienced intercourse; by age 20, approximately 80% have experienced intercourse. Thirty-four percent of 15- to 19-year-old females are married and 27% of adolescent married women are in a polygynous union, with rural and northern women more likely to be in such a union. A 1992 study by Makinwa-Adelzusoye also showed that among urban youth aged 12 to 24, over 20% of the females are married compared to 3% of the males. [B. Yusuf]

A common though not recent pattern of marriage among the Hausa is for girls to have many suitors (*samari*) from whom she selects her mate. Yet, it is not unusual to find forced marriages (*auren dole*) made out of monetary or other considerations in contemporary Hausa society. Victims of forced marriages may accept the union. However, there are instances when such brides leave the husband and return to their parents' home (*yaji*) or go to court to get a divorce. Forced marriages are now on the decline and are usually limited to girls who have not attained the age of puberty or do not attend school. Some girls are also withdrawn from school by their parents and given out in marriage. The prevailing economic hardship has made education too expensive for poor parents, who view marriage as a means of reducing the burden of maintaining their daughters in school (Goddard 1995; see also Section 2A, Religious and Ethnic Factors Affecting Sexuality, An Overview and a Christian Perspective in Southern Nigeria, for information about childhood and arranged marriages among the Hausa). [B. Yusuf]

#### *Menstruation: A Regional/Ethnic Comparison*

The following summaries of the attitudes and practices regarding menstruation of several ethnic groups in eight geographical regions of Nigeria were compiled by the authors during a meeting with healthcare professionals in January 1999 (Francoeur, Esiet, & Esiet 2000) (see Editor's Note at the beginning of this chapter).

1. Regions: Ipoti-Ekiti, Oyo, and Yorubaland. Ethnic Group: Yoruba

   In Yorubaland, menarche is seen as coming of age, and a young girl is then advised not to be close to a man because she may get pregnant. There are quite a number of taboos associated with menstruation. Powerful people, such as warriors and traditional leaders, are not supposed to copulate with their wives during this period because it neutralizes the efficacy of any charms they are using. Albinos are believed to be the result of conception occurring during the menstrual period. In Ipoto-Ekiti, a menstruating woman is considered dirty and people will not associate with her during this time.
2. Regions: Kano, Katsina, and Kaduna. Ethic Group: Muslim Hausa

   The social and cultural beliefs of the Muslim Hausa treat menstruation with silence. It is simply not discussed. If a single girl starts menstruating in her father's house, she is quickly given off in marriage to any available man. This is referred to as *Sadaka*. Menstruation prior to marriage is considered a bad omen. When a young girl begins menstruating in her father's house, her mother-in-law is faced with the task of teaching her all she needs to know about menstruation. During menstruation, women do not sleep with their husbands, do not say their five daily prayers, and are also not allowed to fast.
3. Region: Borno

   There are no special taboos or rites relating to menstruation in the Borno State.
4. Regions: Tiv-Benue. Ethnic Groups: Tiv, Idoma, and Isala

   There are no rites or taboos related to menstruation in the Tiv-Benue State, except that a family must give a daughter in marriage when she begins menstruating. This early-marriage tradition, however, is weakening.
5. Regions: Akwa-Ibom and the Cross River: Ethnic Groups: Efik and Ibibio

   Some people in this region see menstruation as an unclean process. They consider a woman dirty during

her period. Hence, she should not cook or serve food at this time. Some churches and cults refuse to let women attend services during their period. Young menstruating women must hygienically and properly dispose of used sanitary napkins; otherwise, the enemy may use them to charm the individual. Sexual intercourse during menstruation is taboo. Menstrual cramps are relieved by using hot water to massage the waist and lower abdomen, by drinking illicit gin, and by taking a hot pepperish sauce to flush out the bad blood.

6. Region: Delta State. Ethnic Groups: Uhobod, Ibos, Ijaws, Isaw, and Itsekirus

   For people in these tribal groups, menstruation is a welcome development and a sign of attaining womanhood. In some parts of the Delta State, no special attention is paid to menarche, apart from the mother telling her daughter that she has become a woman and should not "go near men." In other regions, a girl who is already betrothed is visited by her prospective husband as a sign of homage to her family. In some areas, a menstruating woman is not restricted to any area within the compound; in other regions, she cannot stay in the main house with her husband and others. Instead, a mat is used to construct a hut for her, where she stays for about seven days. Some fathers may exempt their daughters from such restrictions. But if they do, the father must perform a ritual cleansing when the daughter's menses end.
7. Region: Edo

   During menstruation, women are forbidden to prepare meals for their husbands. In fact, they must refrain from doing anything for their husbands during this period. A menstruating woman must not sleep in her husband's room, or even in their main house. People believe the husband may die if she doesn't comply.
8. Regions: Imo, Enugu, and Anambra. Ethnic Group: Ibo

   In the past, a menstruating woman could not cook for her husband. This is no longer taboo. She cannot, however, have sexual intercourse during her period.

### *Courtship*

When courtship reaches an advanced stage, the Hausa suitor indicates his intention to marry the girl by sending money. He also sends cosmetics and items of clothing (*kayan zance*) and money to her parents (*Gaisuwan uwa da uba*). Before the bride is conveyed to her husband's house, the groom's family sends *kayan sa lalle*, a combination of food and cosmetic items, such as henna (*lalle*), sweets, perfumes, sugar, millet, and head ties. The millet and sugar are used to prepare *tukudi* for the bride. *Tukudi* is a porridge prepared from dates, millet flour, yogurt, cheese, spices, and herbs that contain aphrodisiac substances given to the bride a few days before she is conveyed to her husband's house. Because a lot of emphasis is placed on chastity, retaining one's virginity is a virtue. Hausa culture makes it desirable, if not compulsory, for the groom to send a gift to the bride's parents after the consummation of the marriage (*kama hannu*) in appreciation of the fact that she remained a virgin until her wedding night. The Islamisation of Hausa culture is steadily eroding the practice of the forceful consummation of marriage and the publicity given to a private marital affair between a couple. *Fiqh* teaches that the couple's sexual experiences are confidential matters to be disclosed only to a marriage counselor for counseling purposes. In contemporary times, especially among city dwellers, nobody asks questions about the wedding night and the status of the bride. [B. Yusuf]

### *Premarital Sexual Activities and Relationships*

MAIRO BELLO, BILKISU YUSUF, and FOYIN OYEBOLA

In urban Nigeria, premarital sexual intercourse can be defined as sexual relations prior to the time a woman is socially recognized to be married. Premarital sexual relations with the man a woman eventually marries, as well as with other men, are included in this definition, as long as the sexual activity takes place before the time societal norms confer on the woman the right to have a sexual relationship. Premarital relationships in the Nigerian setting are guided by normative principles and beliefs, whose baseline is premarital chastity. [F. Oyebola]

Anecdotes drawn from living Yoruba heritage and sexual networking in Ekiti District showed how the traditional Yoruba society attaches a high degree of importance to female virginity. Every new Yoruba bride is expected to be a virgin at the time of consummation of her marriage, that is, during the first night when the woman and the husband sleep together. A virgin bride has been a source of real pride to the family. [F. Oyebola]

In the Ibo tradition and the attitude towards virginity in urban Nigeria, it is said that "A woman never forsakes the man who breaks her virginity." Other informal studies of the Ekiti in Ondo State confirmed that virginity was so important that two women waited outside the couple's room on the wedding night to take the good news to her parents that the bride had been intact. In traditional Fulani and Yoruba societies, a white cloth was spread on the bed on the night of marriage consummation; in the morning, the cloth was examined for blood marks. The husband sent a gift of money and kola nuts to the bride's parents if the new bride was found to be a virgin. However, in order to forestall any departure from this norm, some girls were betrothed in childhood. [F. Oyebola]

With the advance of Western values, however, the situation has changed. Previous informal studies have indicated a gradual erosion of the traditional premarital sexual norms. This change in the norms may be a consequence of the transformation taking place in the institution of marriage itself and, in particular, the transition from family-arranged to individual-choice marriages. [F. Oyebola]

Informal networking among sexuality workers in the Ekiti District of Nigeria revealed that sexual activity begins at about 17 years of age for both males and females, and that while 33% of rural females were virgins at marriage, only 25% of the urban females were virgins at marriage. [F. Oyebola]

Other possible reasons identified for the erosion of the traditional premarital sexual norms are the education of young adults, the rural-to-urban drift, and, most recently, the poor socioeconomic situation in Nigeria, which has thrown many female young adults into prostitution or commercial sex work. [F. Oyebola]

With the breakdown in the traditional value system, the value placed on virginity is gradually decreasing. Among the Yorubas, the practice of spreading a white bed sheet on the couple's bed on the night of betrothal has almost stopped, especially in the urban centers. In the case of the Hausa-Fulani society, it has been reported anecdotally that the new bridegroom now sends money and nuts to the bride's parents whether or not the new bride is found to be a virgin. This observation suggests that attitudes towards premarital sexual relations are becoming more positive. [F. Oyebola]

Also, the longer period of schooling, the increasing divorce rate, and the fact that there is no longer insistence on the traditional virginity test indicate that the Ibo may not take a bride's virginity seriously anymore. Westernization

has therefore shifted the emphasis on virginity from a reality to an ideal. [F. Oyebola]

This picture of an increase in premarital relations is confirmed by the 1990 Nigerian Demographic and Health Survey, which revealed that by age 18, 63% of Nigerian women had had intercourse, while only 56% had married [F. Oyebola]. The 1988 Ondo State Demographic and Health Survey revealed greater exposure of young urban people to sexual activity. This was related partly to the influence of the mass media, as well as the availability of effective modern contraceptive methods that greatly reduce the risk of pregnancy in premarital relations. Other reasons why young people engage in premarital sex include:

- Ignorance about sexuality—it is still a taboo to educate young people about sexuality;
- The urge to experiment during adolescence without considering the consequences;
- For the fun of it and for sexual enjoyment;
- Peer pressure—doing it because others did it;
- Girls giving in to boys to show their love in the hope of marriage; and
- The influence of alcohol and drugs at parties, clubs, or drinking places. [F. Oyebola]

Traditionally, there were strict codes of sexual behavior and strict penalties were prescribed for transgressors. Indeed, the traditional custodians of society's values went to great lengths to ensure parallel but separate development of teenagers. Boys and girls were usually educated in separate institutions supervised by teachers of their own sex. In recent years, however, more and more schools are becoming coeducational. In addition, according to a 1992 study by Professor Makinwa-Adelzusoye, Nigerian youth today are maturing at younger ages and are doing so in an urban milieu that permits them a great degree of freedom from adult supervision. Add to this new environmental mix longer time in school, later marriage, urban mobility and independence, and financial hard times, and it is clear why premarital sexual intercourse is increasing among teenagers. As a result, today's young Nigerians are exposed to a lot of dangers, especially from unsafe sex, sexually transmitted diseases (STDs), HIV/AIDS, unwanted pregnancies, and unsafe abortions. [M. V. Bello]

In addition, Hausan youth appear to possess little knowledge of and considerable misinformation about contraceptives and their use. Less than 30% of Hausan youths used a contraceptive for their first intercourse. This proportion only increased to about 40% for currently young, unmarried, sexually active Hausans. These percentages are, however, higher than national rates as revealed by the Nigeria Fertility Survey (1981/1982). [M. V. Bello]

Many older Nigerians and religious leaders express anxiety about the moral decline reflected in premarital sex among adolescents and the increasing number of teenage pregnancies among students. Islam enjoins Muslims to remain chaste. To satisfy their sexual needs, Muslims are enjoined to marry. Although marriage is not compulsory, it is highly recommended as a very strong *sunnah* or custom in the tradition of Mohammed, the prophet of Islam. Muslims who have reached marriageable age and can afford it are enjoined to marry. Indeed, child and teenage marriage is often urged as a precaution against premarital sex and teenage pregnancies. [B. Yusuf]

### *Forced Marriages*

In its proposal for a new social order for Kano State, the 1987 Committee for Women's Affairs identified forced marriages (*auren dole*), which are often contracted before puberty, as one of the causes of high divorce rates and prostitution. Young girls forced into marriage not infrequently flee their marital homes and seek refuge in brothels (*gidan karuwai*) in urban centers. When this happens, these girls are believed to have "disappeared" into the world (*shiga duniya*) or to have become their own mistresses (*mata masu zaman kansu*). There have been cases of young girls threatening to *shiga duniya* (disappear) if and when they are forced to marry husbands they do not love. [B. Yusuf]

Early fertility and early childbearing are linked to teenage and child marriage in Hausa society. According to Makinwa-Adelzusoye and Feyiset (1994, 99), the fertility rate for women ages 15 to 19 is much higher in the largely rural north than it is in the south: 196 births per 1,000 in the northwest, 212 per 1,000 in the northeast, and 71 per 1,000 in the southeast. The Nigerian Demographic and Health Survey of 1990 showed that one half of all women became mothers before age 20. Ten to 12% gave birth before age 15, and 21 to 28% gave birth between ages 15 and 17. [B. Yusuf]

## C. Adults

MARIO BELLO, IMO I. ESIET, UWEM EDIMO ESIET, FOYIN OYEBOLA, and BILKISU USUF

### *Premarital Relations, Courtship, and Dating*

FOYIN OYEBOLA

Nigerian youths start dating at about age 16. Most of them date without knowing what dating entails, hence they do not know how to comport themselves during dates. There is a general belief that sexual intercourse must take place during dating. Most young people do not see dating as a first stage of courtship. Courtship in the real sense starts when young persons are in the tertiary institutions preparatory to marriage. Generally, the duration of most courtships is relatively short, and the courtship is kept secret from the parents, so there is no parental guidance. (See Section 5A/B, Interpersonal Heterosexual Behaviors, Children and Adolescents, above, for additional details on dating, courtship, and engagement.)

### *Conception, Pregnancy, and Sexual Intercourse: A Regional/Ethnic Comparison*

The following summaries of the attitudes and practices regarding conception, pregnancy, and sexual intercourse of several ethnic groups in eight geographical regions of Nigeria were compiled by the authors during a meeting with healthcare professionals in January 1999 (Francoeur, Esiet, & Esiet 2000) (see Editor's Note at the beginning of this chapter).

1. Regions: Ipoti-Ekiti, Oyo, and Yorubaland. Ethnic Groups: Oyo, Yoruba, and Ipoti-Ekiti

   The Oyo do not allow premarital sexual relationships. They also view "modern" (non-male-above) techniques of coitus as abnormal and unmentionable. They think sexual intercourse is solely for procreation; pleasure comes second. They prefer male offspring because they will carry on the family name. The Yoruba culture also prefers male offspring. In fact, a Yoruba man will seek a new wife if his current wife produces only girls. Sexual relations are male-dominated, with the male initiating it and dictating the pace. Female response or satisfaction is not considered important. Coitus takes place at night and in the dark. Among the Ipoti-Ekiti, premarital sex is a taboo. The male-above position is standard, and coitus is for procreation and not really for pleasure. Male children are preferred.
2. Regions: Kano, Katsina, and Kaduna. Ethic Group: Muslim Hausa

   These cultures frown on premarital sexual relations. Sexual foreplay before coitus is also frowned on;

sexual intercourse usually occurs in the dark or semi-dark. The man indicates his readiness to penetrate by clearing his voice. This tells the wife to position herself. The woman always remains clothed or at least semi-nude. At the end of sexual intercourse, both partners have a ritual bath called *Ghusul Janabat*. Male children are preferred because they continue the family name, help with the farming, and assure inheritance.

3. Region: Borno
   Premarital sex is a taboo. Contraception is not acceptable. Female children are appreciated more than males.
4. Region: Benue. Ethnic Groups: Tiv, Idoma, and Isala
   Premarital sex is not encouraged. A divorced woman, however, is free to have sexual relations with any man. Sexual relations are for procreation; hence, polygamy is acceptable. Women abstain from sexual relations while breastfeeding. There is no foreplay before coitus and techniques for coitus are not even discussed. A wife must allow her husband to have a girlfriend, a "sister," from his own clan. The wife relinquishes the bed for "the sister" and must treat her nicely. A man is always unhappy when his wife has a female child. The wife is believed to be responsible for determining the sex of the child. Fathers are responsible when children are well-behaved and mothers are responsible when a child misbehaves. Aleku is a traditional god of the Idomas. When a man marries, his wife takes an oath to Aleku, who oversees women and checks on their fidelity. During the Aleku festival, the men are allowed to have sex with any girl or woman who has not taken an oath to Aleku.
5. Regions: Akwa-Ibom and the Cross River. Ethnic Groups: Efik and Ibibio
   Premarital sexual relations are considered an abomination. The male-superior position is conventional and foreplay is highly valued. However, because intercourse is for the man's satisfaction and for procreation, a childless wife has no place in her own home. Because women are believed to determine the child's sex, a woman who has only daughters is often thrown out of the home. A badly behaved child is usually blamed on its mother. Among the Efiks and Ibibios, during the "fattening period" before marriage, an engaged girl is taught how to manage and keep a clean home, take care of her husband, help him to reach orgasm, treat in-laws respectfully, care for babies and children, cook delicious meals, maintain personal hygiene, and do a full body massage. In this culture, there is no preference for male or female offspring; inheritance is by seniority and is hereditary. In the river communities, a female is preferred for the first child, whereas the inland communities prefer the first child be a male. This has to do with the fishing and farming activities of the men. Wives visit their husbands in the fishing ports, like Bakasi, where the husbands also keep mistresses.
6. Region: Delta State. Ethnic Groups: Uhobod, Ibos, Ijaws, Isaw, and Itsekirus
   In some regions of the Delta State, sexual intercourse is sacred; in others, it is not a big deal. Premarital sex is taboo and shameful in areas where virginity at marriage is cherished, but it is allowed in other areas. A girl is expected to become pregnant soon after marriage. There is a preference for male children, and a woman who has only daughters is in trouble. More often than not, her husband and his family will hate her. Such husbands may take another wife.
7. Region: Edo
   Wives must respond to their husbands' sexual demands. Male children are preferred. Premarital sexual relationships are accepted depending on the girl's age. It is discouraged in the teen years. The male-above position is preferred and intercourse is for procreation and to feel good. Pregnancy should occur in the first year of marriage, and the first child should be male. Female children are not warmly welcomed, although children are considered God-given and many children are a blessing.
8. Regions: Imo, Enugu, and Anambra. Ethnic Group: Ibo
   Even though premarital sexual relations were previously prohibited, in some areas of Anambra it is no longer a crime. Pregnant teenage girls are quickly married because it shows they are fertile. The male-above position is preferred. Intercourse is for procreation. Conception is a thing of joy, but male offspring are preferred. Any odd behavior is inherited from the mother; the father only passes on good traits. Pregnant women are forbidden to eat certain foods, like snails and grass-cutter meats (herbivores), because they are believed to cause excessive salivation and prolonged labor.

*Women and Marriage in Nigerian Law* IMO I. ESIET

Nigerian marital laws have helped to consolidate sex-role discrimination in the family. Traditional customs, known as the "customary law," is still accorded recognition in the area of family law, and in fact plays a very dynamic role in determining related issues.

*Women and Parental Consent in the Brideprice and Marriage*. According to Nwogugu, "For a girl, parental consent is mandatory under customary law even where she has attained majority, . . . on the other hand, an adult male may contract a valid marriage without the consent of his parent" (Nwogugu 1974, 20). The reason given for this inequality is that the brideprice, which is an essential characteristic of customary marriage law, cannot be properly paid, nor can the formal giving away of the bride be properly effected without parental consent. The brideprice has been described variously as a gift in kind or monetary payment to the parent/guardian of a female person on account of marriage to that female person (Nwogugu 1974, 50). Although brideprice is supposed to be a token of appreciation for the worth of the female chosen as a bride, the amount of the modern brideprice is less a token of appreciation than evidence that a daughter is regarded as an investment property whose total market value and capital outlay should be realized at the time of disposition. This situation has led to the intervention of the law in some jurisdictions, although the laws are hardly enforced. In 1956, for instance, the Eastern Region enacted a Limitation of Dowry law to regulate the amount that can be demanded as the brideprice. The reality of this transaction having an economic and investment nature is evident in the entitlement of the husband to a refund of the brideprice upon dissolution of the marriage.

*Women and the Right to Consortium*. By virtue of marriage, spouses acquire a right to associate in matrimonial circumstances (known as *consortium*) and enjoy certain incidental rights that flow from that marital/spousal relationship. Any interference with this right is actionable against a third party.

1. *Enticement and Harboring*. A spouse may bring an action against a third party for enticing, procuring, or inducing the other spouse to violate the duty to provide consortium to him or her. Whereas a husband can file a

tort against another man for "harboring" his wife, a wife cannot make an actionable claim against another woman for "harboring" her husband (*Adv v. Gillison* 1962, 390).

2. *Loss Due to Tort of a Third Party.* Whereas a husband can recover damages from a third party for loss of consortium and accompanying benefits or services of his wife as a result of that third party's action, a Nigerian woman does not have this same right and may not recover for the actual loss of consortium. She may, however, receive damages awarded for matters which are somewhat incidental to the loss of consortium (Nwogugu 1974, 66).
3. *Adultery.* Under statutory law, the right of claims in cases of adultery is mutually enforceable, because it is tied up with divorce grants based on adultery and there can be no separate civil action for adultery. However, in most parts of Nigeria, customary law recognizes only the husband's right to file claim against a third party who commits adultery with his wife. Hence, the husband can claim damages from the third party whether or not he uses the adultery to file for divorce from his wife. According to customary law, a wife can only apply for divorce if she claims adultery as the grounds for the breakdown of her marriage (Nwogugu 1974, chap. 7). In reality, Nigerian customary laws derive from the traditionally prevalent view that the wife is owned by her husband, whereas the husband is owned by no one but himself. Hence, adultery with the wife offends against the husband's proprietary interest, and payment of some kind must be made to compensate. On the other hand, adultery by the husband does not offend the wife because he belongs to himself (Oyajobi 1986, 30).

*Women and Maintenance under Customary Law.* Although customary law recognizes the duty of the husband to maintain his wife, it does not provide any judicial machinery for enforcing this duty, except for the rules of the Maliki School of Islamic Law, which allows an Alkali court to issue an order to the husband. However, when a husband fails comply with this duty, even when ordered to comply, the Alkali Court, which is a customary Court, can do no more than grant dissolution of the marriage. The High Court, on the other hand, can enforce compliance to such duty.

*Mothers and Child Custody.* In the past, customary law gave the father absolute right to the custody of his legitimate children. This position, however, has been altered by recent statutes, particularly the Infants Law 1978 (Oyo State, Section 12, 1). Also, the Matrimonial Causes Act (Section 71) places the parents of a child on equal footing, and the decision of the court is to give paramount regard to the interests of the child.

However, the customary legal systems on custody still discriminate against the woman. The right to custody of children is vested in the father, although the child's welfare is considered when the child is of tender years. In this particular case, although the mother may be given physical custody (when the parents are separated), Nwogugu notes that "the father's right is merely in abeyance" (Nwogugu 1974, 260).

*Women and the Matrimonial Home*. Property disputes, especially regarding the matrimonial home, may arise between a couple anytime during the life of a marriage. Oftentimes, there are complaints from women that although they contributed to the acquisition of matrimonial property, their husbands disregarded their interest at later dates and disposed of the property without their consent. The property is usually purchased in the husband's name only. Efforts have been made in other countries to remedy this position; for instance, in 1967, England passed the Matrimonial Homes Act recognizing the rights of a spouse to occupy a matrimonial home whether or not that spouse is entitled by any legal right devolving on contract, by enactment, or estate (Section 1(1)). This was designed to protect a spouse who is not a legal owner against the power of the other spouse to dispose of the property and also against a third-party purchaser. The spouse's right of occupation ceases on the termination of the marriage, except if an application is made to the court while the marriage subsists to direct otherwise by an order. Given the years of British colonial rule in Nigeria, legislation such as this protecting women's rights in England is used by women's rights advocates in their efforts to improve the legal status and protection of Nigerian women.

Since the right of occupation terminates with a divorce, the matter becomes one of property adjustment, and the court can be called upon by virtue of section 7(1) of the Matrimonial Causes Act to resolve distribution of the property in a way it considers just and equitable. Because of the special and domestic nature of the marriage relationship, transactions between couples are not evidenced in the same way as commercial transactions. But the position of the courts in Nigeria, as held in *Nwanya v. Nwanya* (NWLR 1987, 3, 697), is that a claimant for settlement must show evidence of her contributions.

### *Marriage and Family*

UWEM EDIMO ESIET

Individual married couples stipulate their sexual norms and values, protected by the male decision-making role and the custom of total silence regarding sexuality. Menopause may bring a major change, but the extent and nature of this effect has not been researched. Within the family, incest is not accepted.

### *Menopause: A Regional/Ethnic Comparison*

The following summaries of the attitudes and practices regarding menopause of several ethnic groups in eight geographical regions of Nigeria were compiled by the authors during a meeting with healthcare professionals in January 1999 (Francoeur, Esiet, & Esiet 2000) (see Editor's Note at the beginning of this chapter).

1. Regions: Ipoti-Ekiti, Oyo, and Yorubaland. Ethnic Group: Yoruba

   Menopause means a woman has finished her sexual activity. She can neither give birth nor give sexual pleasure to her husband. It is the end of her womanhood, and her husband hardly gives her any emotional attention. A menopausal woman "is old and should be preparing for the grave." Women don't talk about menopause because there are no issues attached to it and it is not celebrated. Menopause often results in the man taking another, younger wife. Menopausal women are looked at as old people and are recognized as mothers, but not as wives.
2. Regions: Kano, Katsina, and Kaduna. Ethic Group: Muslim Hausa

   Special considerations regarding menopause are unknown.
3. Region: Borno

   "Menopause is like having a sleepy pregnancy." (There is no indication of whether this is good or bad.)
4. Region: Benue. Ethnic Groups: Tiv, Idoma, and Isala

   Menopause is rarely recognized, as life goes on normally. It simply means that a woman is getting close to retirement.

5. Regions: Akwa-Ibom and the Cross River. Ethnic Groups: Efik and Ibibio

   This culture does not accept or see menopause as a natural aging process. It is attributed to the attacks of witchcraft. When this happens, the man starts looking for a younger wife, while the woman starts seeking a traditional treatment or cure. During menopause, women become psychologically unstable, suspicious, erratic, irritable, and talkative. Menopause means the woman has outlived her reproductive role and her usefulness in the home. A menopausal woman is not expected to continue sexual relations with her husband, so she arranges for a younger girl to live with her husband.
6. Region: Delta State. Ethnic Groups: Uhobod, Ibos, Ijaws, Isaw, and Itsekirus

   Menopause is seen as the end of a woman's reproductive and sexual life. Her husband may take another wife to satisfy his sexual urges. Menopausal women often become depressed when they feel they are no longer useful and therefore not cherished by their husbands.
7. Region: Edo

   Men do not find a menopausal woman useful or productive. People feel that the "bad blood" lost during menstruation now collects in the body, causing problems.
8. Regions: Imo, Enugu, and Anambra. Ethnic Group: Ibo

   Menopausal women gain more respect because they are now considered men. There are usually no acceptance problems for menopausal women. As for the men, they like running away from their menopausal wives, although our society frowns on this.

### *Cohabitation, Monogamy, and Polygyny*

UWEM EDIMO ESIET

In the past two decades, an increase in the incidence of cohabitation has been observed. However, this is far from being the norm as it has become in Euro-American countries. Because this is a new phenomenon in Nigerian culture, the partners are left to work out their own terms and conditions as appropriate, without benefit of or guidance from the legal structure.

Monogamy has been the hallmark of Christian marriages, even though a few indigenous Christian churches allow or endorse alternatives. Polygyny has been a traditionally accepted marriage pattern in Nigeria and it continues to have some support among Islamic adherents and members of some indigenous Christian churches.

### *Divorce, Remarriage, and Extramarital Sex*

UWEM EDIMO ESIET

"'Til death do us part" has long been the Christian marital ethic. However, this is increasingly being flouted, as spouses are now insisting on their personal rights within marriage, including the right to love and be loved, and have mutual respect and care for each other. Despite the Christian ethic, there is an increased incidence of divorce in contemporary Nigeria. Remarriage after divorce is also becoming more acceptable, especially within traditional tribal norms and Islamic practices and tenets.

Extramarital sex is permissible for the man but not for the woman. However, with the downturn in the economy and women being more assertive, such occurrences are becoming more realistic even for women.

### *Sexuality and the Physically Disabled and Aged*

UWEM EDIMO ESIET

The physically disabled have not been overtly discriminated against, as most children and families wish that their disabled family members could have children as a compensation for their efforts in contributing to the family.

The elderly enjoy their sexuality within their sociocultural norms and values, and like all Nigerians, are left to deal with their sexual desires and needs within the code of silence regarding all sexual matters.

### *Attitudes on and Incidence of Oral and Anal Sex*

UWEM EDIMO ESIET

Anal penetrative sex is frowned on even now, particularly in view of the HIV/AIDS risk. Although oral sex is practiced, it is not glamorized as it is in other countries, primarily because of the general culture of silence on sexual topics.

### *Aphrodisiacs*

BILKISU YUSUF

Traditional aphrodisiacs are quite common in Hausa culture. They vary from those used as food to special chemical preparations. There are different types used by men and women to increase libido and vaginal lubrication, and to ensure that married couples derive maximum sexual satisfaction from their partners.

While a variety of male aphrodisiacs exists, the most widely used among Hausa men is *Gaggai*, a root which is either boiled, powdered, and mixed with spices and eaten with meat, or soaked with spices to make a drink. For women, *tukudi* is routinely prepared for brides; its content depends on the local aphrodisiac herbs available in a particular area. *Hakin maye*, very common among Hausa in the Sokoto and Kebbi States, is a combination of herbs used as food additives mixed with chicken broth, sprinkled on yogurt, or mixed with honey.

The herb *Gyadan mata*, which grows in the wild and looks like a nut, is chewed by women. Two groups of aphrodisiacs, known as *Ko gida* and *Ko mota*, are popularly hawked by women: One is taken orally, whereas the other, used as a topical application, is used to tighten the vaginal muscles. *Maganin mata* (women's medicine) is a more general term used in a variety of female aphrodisiacs that include local herbs, a white sweet substance imported from Arab countries, and a dark substance called *laximi* imported from the Indian subcontinent.

It is quite common to see local female herbalists (*'yar mai ganye*) hawking these aphrodisiac herbs in the markets. Those who prepare aphrodisiacs for brides and other users buy their herbs from the local female herbalist or her male counterpart. After they prepare their special variety of ingredients, they sell their mixes wholesale to retail hawkers, *dillalai*, and it is not unusual to see these aphrodisiac hawkers making brisk business at social gatherings and sharing in hushed voice with friends their experiences on the efficacy of their own brand of tried and tested aphrodisiacs. There is no existing research on these traditional Hausa aphrodisiacs, but their usage is widespread. Dealers in Sokoto, Nigeria, and in Maradil in neighboring Niger Republic are known for their virtual monopoly on some of the most popular brands.

## *6. Homoerotic, Homosexual, and Bisexual Behaviors*

UWEM EDIMO ESIET

### A. Children and Adolescents

From what little is known, the incidence of same-sex sexual behavior among children and adolescents is very low. Incidents have been reported within same-sex institutions.

### B. Adults

More adult homosexual behavior is being recorded. One reason cited for this behavior is the myth that homosexual re-

lationships enhance one's personal wealth acquisition. Persons who engage in homosexual behavior tend to be bisexual, because exclusive homosexuality is greatly frowned on.

*Homosexuality: A Regional/Ethnic Comparison*

The following summaries of the attitudes and practices regarding homosexuality of several ethnic groups in eight geographical regions of Nigeria were compiled by the authors during a meeting with healthcare professionals in January 1999 (Francoeur, Esiet, & Esiet 2000) (see Editor's Note at the beginning of this chapter).

1. Regions: Ipoti-Ekiti, Oyo, and Yorubaland. Ethnic Group: Yoruba
   The people believe that homosexuality does not exist, only heterosexuals. People who engage in same-sex acts are seen as outcasts.
2. Regions: Kano, Katsina, and Kaduna. Ethic Group: Muslim Hausa
   Homosexuals exist. They are not accepted and keep their sexual activities hidden.
3. Region: Borno
   Both homosexuals and bisexuals exist, but such behavior is taboo.
4. Region: Benue. Ethnic Groups: Tiv, Idoma, and Isala
   The people may hear about homosexuality and bisexuality, and it may occur, but no one has ever seen it.
5. Regions: Akwa-Ibom and the Cross River: Ethnic Groups: Efik and Ibibio
   There are no forms of homosexuality or bisexuality in this culture: These acts are forbidden. Anyone known to be engaging in this activity is stigmatized and regarded as outcast.
6. Region: Delta State. Ethnic Groups: Uhobod, Ibos, Ijaws, Isaw, and Itsekirus
   Special considerations regarding homosexuality are unknown.
7. Region: Edo
   There are no forms of homosexuality or bisexuality allowed in this culture.
8. Regions: Imo, Enugu, and Anambra States. Ethnic Group: Ibo
   People say they know nothing about homosexuality in this culture.

## *7. Gender Diversity and Transgender Issues*

Gender-conflicted persons are not recognized in our culture, which maintains a strict either/or belief regarding male and female gender. Transvestitism is neither acknowledged nor encouraged.

## *8. Significant Unconventional Sexual Behaviors*

### A. Coercive Sex

CHRISTINE OLUFUNKE ADEBAJO and IMO I. ESIET

*Coercive Sex and Nigerian Law: An Overview of the Current Status* CHRISTINE O. ADEBAJO

Sexual abuse, assaults, and harassment all involve violence against women or men. Any of these forms of coercive sex can occur in the home, workplace, or in public. And each, as an issue, remains complex, ambiguous, interwoven, and extremely dangerous in the traditional Nigerian society. They all entail subjugation of the victim and the stripping of her (or his) autonomy and self-esteem. The occurrences against women are more pronounced because such acts are encouraged by the societal perception of a woman's low status. In Nigeria, as described above, women are subject to several dehumanizing and oppressive traditional values, which ultimately dictate how women are regarded, treated, and acknowledged.

As a traditional, tribal-based society, Nigeria has mechanisms that legitimize, cloud, and deny sexual abuse, assaults, and harassment as forms of violence against women in particular. In many instances, even when a particular act of violence is deplored, some conventional institutions, such as the family structure, as well as religious and traditional rulers, protect the status quo, making it more difficult to challenge. For example, most Nigerian communities, if not all, believe in male supremacy; hence, any of these acts is perceived as an acceptable exercise of the male's prerogative over women's sexuality.

Within the context of women's almost helpless social position, ridiculous scenarios and rhetorical questions are widely used in casual conversations to make light of the reality of oppression and subjugation that these acts inflict on women. For example, men and women alike ask, "Why should a man not chastise his wife for an offense?" Note that such "chastisement" can include physical assaults of varying degree. Another question usually asked involves female genital mutilation (female circumcision): "Why should a woman choose to be uncircumcised, or make her daughter an 'outcast' by not allowing her to be circumcised?" This act is not considered sexual abuse, when in reality it is indeed just that. In fact, one would like to ask who and what makes an uncircumcised woman an outcast? Obviously, it is the society. In this perspective, it could be concluded that sexual abuse, assaults, and harassment affecting women are in most cases not accidental; instead, they serve the sociopolitical function of keeping women subordinate. They are most often expressions of power that connote an unequal relationship between male and female sexuality.

The occurrences of sexual abuse, assaults, and harassment against men in Nigeria are very negligible. When such incidences do occur at all, they occur among children and adolescent males. Ironically, when any act of this nature is directed against a male, it is viewed with great seriousness. In some communities, the same powerful institutions that downplayed these acts perpetrated on women view them as an abomination when directed at a male.

Socially, sexual abuse, assaults, and harassment against women are subtly tied to sexism and women's oppressed status, particularly their sexuality. The law is seemingly insensitive to these acts, whether it is dealing with marital rape (see below) or with other more clear and documented cases. A typical case in which the courts evaded and ignored the need for redress is the outcome in the case of *Jos N. A. Police vs. Allah Nagari, Nigeria*, in which a 7-year-old girl gave evidence against the man she claimed raped her. Her bloodstained clothes were produced as evidence while a medical report confirmed injury to her genitalia. Despite this evidence, the man was not convicted because a clause in the law stipulates that any child less than 8 years of age needs her case corroborated, before the court can rule in her favor. Unfortunately, cases like this abound, even though requiring a witness to the rape makes a mockery of the law's professed lack of bias between the sexes.

Even though economic deprivation in Nigeria affects all groups, ages, and sexes, the worst hit are women and children. Women in particular suffer from unequal and inequitable access to vital development resources, such as education, employment, housing, and so on. Yet, women are mainly responsible for raising the children. This dependency exposes mothers and children to prostitution and other forms of sexual abuse. They are also prone to assaults and

harassment from frustrated husbands and fathers. With the father's situation highly precarious because of the prevalence of unemployment, male frustration is common in the Nigerian home. Nigerian wives can easily be sexually exploited by their husbands for the benefit of their family. Also, fathers at times encourage their daughters to prostitute themselves, either directly or while hawking goods in the marketplace, in order to help the family's economic stress.

*Ethnic Variations* CHRISTINE O. ADEBAJO

Although sexual abuse, assaults, and harassment occur among people of all ethnic, cultural, religious, and social classes, their pattern and causes can only be understood and remedied in specific social and cultural contexts. However, in all ethnic regions of Nigeria, almost all reported cases of sexual abuse, assaults, and harassment are perpetrated by men. For example, in a study conducted by Francisca Isi Omorodium between 1982 and 1988 in Benin City, Edo State, all cases of battering reported to the Social Welfare Department were perpetrated by men. The same study showed that the men who battered their wives were between the ages of 20 and 45 years, while their wives were between the reproductive ages of 18 and 36 years.

The study went further to ascertain that battering was not limited to level of education or class. It showed that 50% of the men and 30% of the women involved had attained at least a primary school certificate. More frustrating was the finding that 40% of the men and 30% of the women involved had an educational level ranging from secondary school to college. The findings portrayed a further worrisome fact that most of the cases reported to the Social Welfare Department were from the lower strata, while most of the upper-class cases went unreported and were kept secret by the victims.

Certain acts that qualify as sexual abuse, assault, and harassment are seen in some Nigerian communities as normal and hidden under the umbrella of traditional practice, culture, and beliefs. Examples include female genital mutilation, nutritional taboos in pregnancy and children, body scarification, seclusion in labor, hot baths during the six weeks after birth, and a host of others. Some of these acts are perpetrated as a societal norm. In the case of child battering, some communities believe that parents or guardians have a prerogative over their children and thus can scold and beat them to any degree without interference from a third party. In such a circumstance, a child can be ill-treated and badly injured without it being seen as battering. In certain communities where the wife is viewed as the man's property to be used as he desires or sees fit, beating one's wife is therefore nobody else's business. Worse still, in the same communities, a wife who expresses a need or seeks a favor from her husband can be seen as purposely aggravating the husband to beat her. This is because it is believed that such a domestic scuffle would be settled by the husband offering a gift.

*Current Data* CHRISTINE O. ADEBAJO

Statistical information on the extent of sexual abuse, assaults, and harassment in Nigeria is very scanty, as most data have been compiled in small studies. This data therefore provides only a small insight into the incidence, and the data cannot be used as concrete indicators on the extent of these acts in Nigeria as a whole. However, some of the available studies portray serious health, emotional, and physical consequences that cannot be ignored.

For example, after a 1985-1986 study of the national prevalence of female genital mutilation (FGM), Christine Adebajo reported that female genital mutilation was actively promoted and advocated in 21 out of the 30 states in Nigeria. The prevalence within the newly adjusted state boundaries and newly created states indicated that 35% to 90% of the women in 18 states are mutilated, while in nine other states the percentage of mutilated women was 90% or higher.

Other documented cases of sexual assaults, abuse, and harassment include the following:

- In 1987, 12-year-old Hauwa Abubakar from northern Nigeria died after having both legs amputated by her husband after the girl made several attempts to run away from her forced marriage.
- A case of rape of a 10-year-old girl by a police officer was reported in Benin City. The police officer grabbed the girl who was returning from an errand, locked the door, and threw her to the floor, tearing her underclothes. Before her cries could attract a passerby, she had been raped. The only redress was a fine of 2,500 Naira (roughly $2,500 U.S.) which was never paid by the offender.
- In June 1995, some neighbors brought a 37-year old married woman to my husband's private hospital with a fractured collarbone. She had just been mercilessly beaten by her husband, because he suspected that their son told her about his infidelity. Despite the fact that she did not react, the husband's guilt could not hold him back from challenging his wife for knowing of his infidelity. The husband was, of course, reported to the police by the hospital, but the case was eventually thrown out of court as a mere family squabble that should be settled out of court.

These few cases typify the outcome of many reported cases of assault, sexual abuse, and harassment in Nigeria. Unfortunately, the majority of abuse/assault cases are not reported and do not get public notice. A culture of silence seems to be responsible for the inadequacy of documentation and population-based data. In addition, the sociocultural and legal barriers on the issue of violence, particularly relating to sexuality, make it almost impossible to acquire accurate data on any of the acts. Nevertheless, the few available data and several deafening whispers of daily occurrence of violence are sufficient to justify increased attention to this issue.

*Sexual Abuse, Assault, and Harassment* CHRISTINE O. ADEBAJO

In this discussion, we have tried to discuss the various forms of sexual abuse, assault, and harassment, respecting the ways in which these are perceived and categorized in Nigeria. However, sexual abuse, assault, and harassment are so interwoven that one can hardly talk of one without overlapping into the other. Clear operational definitions are difficult to come by, because the distinctions are often subtle and varied according to the interpretations of the victim, varying cultural perspectives, and differences in the way males and females view individual occurrences. The application of definitions, even when such are clearly delineated, is often difficult or impossible, because particular cases frequently involve a combination of various actions which cannot be separated out. Whatever form these actions take, they usually share a common motivation: to gain and sustain dominance and control over the victim. Sexual harassment, abuse, and assault in Nigeria constitute a major component of violence against women, since it is often associated with male dominance, although a variety of assaults are common among adolescents, peer groups, and adults of either gender.

*Sexual Abuse*. [Christine O. Adebajo] Sexual abuse is here defined as someone forcing another to engage in sexual activity, or interfering with someone's sexuality, against his or her will and without his or her consent. Such abuse, which may involve a male and a female or persons of the same gender, may result in, or is likely to result in, physical, sexual, or psychological harm or suffering to the victim. Abuse, in private or in a public place, can range from being kissed without one's consent to touching the sex organs to forced sexual intercourse. Sometimes, sexual abuse can occur between an adult and a child or teenager. Most commonly, however, sexual abuse occurs among people with a personal relationship or where they have had such a relationship in the past. While terms such as sexual assault, sexual coercion, and sexual aggression are sometimes used as synonyms for sexual abuse, in Nigeria sexual abuse includes the following acts: verbal aggression/assault, unwanted physical touch, rape, incest, child prostitution, female genital mutilation (FGM), and *Yankan Gishir* (salt cut)—these variations are discussed below individually.

*Unwanted Physical Touching*. [Christine O. Adebajo] It is not uncommon in public places such as work and school, especially colleges, for women to experience physical touch with a sexual connotation. This can involve patting the buttocks (bum-patting), open display of sexist images, rubbing of the body, and more-overt molestation. In Nigeria, it is difficult to take these particular types of abuse too far, because they are not viewed with any legal seriousness. Perhaps one of the reasons for this is the fact that Nigerians are known to be warm and close people, where touching is generally seen as an act of kindness and friendship. However, where it involves an adult male touching the genitalia of a child, particularly of the opposite sex, it is viewed with more seriousness.

*Verbal Assault*. [Christine O. Adebajo] Verbal assault or aggression occurs when words are used to control, dominate, and intimidate the victim by yelling, insulting, speaking unkindly, and name calling. Other forms of verbal assault involve judging and criticizing; discounting what the other says, feels, or thinks, and in repeatedly disagreeing with the victim. Verbal assaults can be very psychologically damaging, making the victim feel dehumanized and belittled. This can lead to serious emotional health problems. Verbal abuse also very often leads to physical assaults. Unlike other forms of violence, verbal assaults are not primarily limited to males against women; they are perpetrated by both sexes and in all age groups.

*Indecent Assaults*. [Imo I. Esiet] Section 360 of the Criminal Code provides that: "any person who unlawfully and indecently assaults a woman or girl is guilty of a misdemeanor, and is liable to imprisonment for two years." However, according to section 353 of the same Code, this felony is punishable with three years imprisonment when the victim is a male, rather than two years as in a case of female victims. A fundamental principle of criminal law is that all persons should be equally protected from harm of like degree. It is hard to see any justification for creating different offenses with different penalties to cover the same conduct for persons of different sexes.

*Sexual Harassment*. [Christine O. Adebajo] In Nigeria, harassment can be categorized under two headings as direct or indirect. Direct sexual harassment, including verbal assault and unwanted touches, such as bum-patting, sexist remarks, open display of sexist images, and more-overt molestation, is a major gender issue, particularly in the work setting and in colleges where it can manifest in the form of victimization and/or molestation. Indirect sexual harassment/abuse occurs as a result of traditional practices or beliefs referred to as "harmful traditional practices" (HTP); see Section 8D, Female Genital Mutilation and Other Harmful Practices.

In Nigeria, as elsewhere around the world, sexual harassment is commonly perpetrated by men against women. However, a few cases have been reported of Nigerian female executives harassing their subordinates. Also on record are a few cases of sexual harassment by female college students against their male lecturers. Even though it is common knowledge that sexual harassment of females by males occurs in public spaces, such as the workplace, school, market, and street, it is often very difficult to prove such in a traditional society such as Nigeria, where the behavior correlates with the society's gender power differentials.

In the workplace, sexual harassment has been manifested in limiting the female to designated sex roles through blackmail or other means. For example, in labor unions, an assertive woman unionist is looked on as defiant. This also occurs when women try to move into professional jobs that are believed to be the exclusive preserve of men. In a research work very applicable to the Nigerian situation, Dr. Madeline Heilman of New York University showed that there is a general consensus that pretty career women have problems on the job. Heilman found that when an attractive woman is looking for lower-level jobs, her looks could earn her a plus. However, when she is in a managerial position, competing with a good-looking man puts her at a disadvantage. A good-looking man is seen as competent, tough, decisive, and hard-nosed, whereas an attractive woman with the same qualifications, background, experience, and recommendation is dismissed as gentle, soft, and indecisive.

Because of the nature of Nigerian social codes and values that stress male dominance of women, sexual harassment often goes unnoticed. This societal posture makes the victim unwilling to report cases of sexual harassment. It has also been observed that victims are not sure of what constitutes sexual harassment.

*Domestic Violence and Spousal Abuse*. [Christine O. Adebajo] These are aggressive acts, such as pushing, kicking, slapping, hitting, punching, grabbing, biting, throwing objects, burning, wounding, or in the extreme, killing. Even though physical assaults are perpetrated by both genders, the worst recorded cases are those perpetrated by males against females, particularly those associated with domestic violence. Domestic violence usually leads to severe injury and, in a few cases, to death. Unfortunately, this problem is not receiving adequate recognition from the society, which does not consider it a problem worth addressing. Physical assaults within the family are central to the violence in Nigerian culture at large. It is embedded within the traditional values that place men above women, and the concept that domestic violence is a private matter between husband and wife or man and woman. There is a quiet willingness to accept it.

Case studies of wife battering in some parts of Nigeria have documented that the injuries sustained by battered wives include: facial bruises, blackened eyes, cuts on the mouth, loss of teeth, fractures, and severing of hand(s). Another study, conducted by the Akwa-Ibom State branch of Women in Nigeria (WIN), listed the following major causes of violence in-home in terms of descending importance:

- arguments over money;
- jealousy and fear of the partner's infidelity;
- a partner's attempt to intervene in the punishment of children;
- arguments over drinking habits;

- being overburdened with family chores;
- in-law interference;
- a partner being blamed for the children's behavior;
- a spouse's desire to go for further studies or to advance her career;
- ignoring a spouse;
- frequent demands for sexual relations; and
- disputes over the number of children wanted.

The same survey went further to elucidate steps taken by spouses to protect themselves. Among the coping mechanisms used were:

- reporting the assault or abuse to parents, in-laws, the police, social welfare agencies, or a religious leader;
- doing nothing;
- leaving the home with the children;
- praying to God to change him; and
- keeping quiet until it is over.

The majority of the respondents considered domestic violence as natural and not to be questioned or challenged. Victims were optimistic that their partners who had shown a violent tendency would change with time, although all of them confirmed that their health was affected when violence occurred. The majority, who see acts of domestic violence as wrong, still feel that they should stick to their marriage, because:

- divorce and separation are considered shameful;
- there is no place to keep the children; and
- they do not want the children to have different fathers.

Thus, it appears that many marriages have seriously deteriorated, although things are patched up on the surface. Even when physical injury is not inflicted, many women live in perpetual emotional turmoil, obviously with impaired health.

*Domestic Violence and Spousal Abuse*. [Imo I. Esiet] Although much of spousal assault involves wife battering and is exploitative and abusive of the marriage relationship, keeping in mind the fact of female subordinance in Nigerian society helps one understand the peculiar social setting that exposes the married woman to such an attack on her physical person.

One of the reasons often given to justify wife battering is the right of the husband to chastise his wife and an erring wife's need of discipline. This defense and claim to moral justification is based on the view that by consenting to marriage, a woman consents to revert to the status of a minor. The provisions of law which allow a defense to assault on grounds of reasonable chastisement gives the right only to parents or those who stand *in loco parentis*. In essence, then, this defense places the wife in the same position as her children in relation to the husband's supreme authority. In most cases, we may safely assume that the wife would have attained civil majority. So the question becomes one of whether an adult woman loses her maturity and capacity to be responsible simply because she has married, and her husband decides to discipline her like a child when she errs.

*Rape*. [Imo I. Esiet] Section 357 of the Nigerian Criminal Code defines rape as "unlawful carnal knowledge of a woman or girl, with or without her consent, or if the consent is obtained by force or by means of threats, intimidation of any kind, or by fear of harm or by means of false and fraudulent misrepresentation as to the nature of the act or in the case of a married woman, by impersonating her husband." The offense is punishable with life imprisonment with or without whipping. This definition in section 357, however, needs to be read with section 6, which excludes forced sexual intercourse between spouses. Marital rape is not recognized in Nigerian law. The customary law reasoning for this exclusion was succinctly stated by Hale (in Smith & Hogan 1983), when he said, "The husband cannot be guilty of a rape committed by himself upon his lawful wife, for by their mutual matrimonial consent and contract the wife has given up herself in this kind unto her husband which she cannot retract."

It would appear from the above definition of rape that rape is deemed to differ qualitatively from the act of mutual and reciprocal lovemaking only on the issue of consent. According to Nigerian law, in consenting to contract marriage, a married woman gives up any right to refuse sexual intercourse with her husband, even when he forcibly imposes his will on her (Oyajobi 1986, 18). This legal position has prompted one commentator to ask: "If the law recognizes the need to protect the wife from other physical assaults from her husband, why should she not be entitled to protection simply because the assault this time is of a sexual nature" (Oyajobi 1986, 18; Criminal Code sections 335, 338, 351, 352, 362).

There are, however, some situations in which it has been ruled that a husband should be held liable for raping his wife (Oyajobi 1986, 19). These situations are where:

- a divorce decree has been given, even though the marriage is still in existence;
- the spouses are living apart under a court separation order;
- one spouse has filed papers to commence divorce proceedings;
- a husband has been given a court order not to return to his wife;
- there has been a separation by agreement; or
- there is a court order prohibiting molestation of the wife.

It is important to note that legally the sexual history of the victim is inextricably tied to the issue of whether or not the party gave consent to the alleged forced intercourse. Section 210 of the Evidence Act allows evidence of previous sexual dealings of the accuser with other persons as well as the accused. But the fact that the plaintiff gave consent to having sex with the accused on a previous occasion may not be conclusive evidence that consent was given on the alleged occasion.

Corroboration of evidence regarding the plaintiff's alleged previous behavior is not an express requirement of the law of rape in Nigeria. However, following the customary law trend, our courts have evolved the rule of practice of warning juries about the danger of convicting based on uncorroborated evidence. The difficulties inherent in providing corroboration in rape cases are obvious. This is not unconnected with the fact that these offenses take place in private, and it is unlikely that there will be any human witnesses apart from the parties themselves.

*Another View of Rape*. [Christine O. Adebajo] In addition to marital rape and stranger rape, Nigerian women have been subjected to brutal rape as part of war and violence against refugees. This experience was documented during the Nigerian Civil War with Biafra (1966-1970).

The Nigerian Criminal Code section 221 stipulates that it is a criminal offense if a man has sexual intercourse with a woman:

1. without her consent;
2. with her consent given under fear of pain or death threat; or

3. if the female is under 14 years of age or of unsound mind, whether with or without her consent.

Ironically, the age of consent for sexual intercourse varies from one part of the country to another. Specifically, the Nigerian Criminal Code puts the age of consent for boys at 14 and for girls at 16 (unless she is married). It will be seen that the law itself can be open to a lot of abuses. Law enforcement agencies are usually not sensitive to sexual rights violations, often making it difficult to establish a case of rape. The record shows that very few cases of rape offenders have been prosecuted. On the other hand, a child victim is often labeled as being sexually aggressive, even by the courts of law.

This unfavorable societal outlook on the issue of rape has not helped in the proper documentation of its incidence. Victims are reluctant to report rape cases because they feel ashamed that the society might insinuate that they made themselves a target of attack. They are also afraid of repeated occurrences by the perpetrator, because the victim is not sure of adequate redress by law enforcement agents. In some cases, victims have been driven to commit suicide because of the stigma and possible dishonor, particularly in cases of illegitimate pregnancy.

A common form of rape in Nigeria occurs with domestic help, usually a teenage girl, when she is molested by her master or by a teenage male child or relation of the master.

Nongovernmental organizations (NGOs) and other groups and individuals need to agitate for law reform that will provide adequate redress for victims. Such a law should also facilitate the prosecution of offenders, more so because the present provision under the criminal code makes a case of rape lapse if prosecution does not commence within two months of the offense. The other obstacle is the requirement of providing an eyewitness when the offense itself can hardly be committed in the presence of anyone.

*Incest*. [Christine O. Adebajo] It is difficult to provide a clear definition for incest in the Nigerian context, because its meaning varies from community to community. For example, certain ethnic groups permit marriage between cousins. Neither the criminal nor penal codes make provision for incest as a categorical form of crime. Sexual intercourse between father and daughter is illegal and regarded as an infringement on the daughter's sexual rights. Documentation of incest is almost totally lacking. Nevertheless, unreported cases do exist in almost every community. It is known that victims who were abused by their fathers or stepfathers, whose abuse involved genital contact, and whose molestation involved force, are at greater risk of long-lasting effects that can include: nightmares, flashbacks, disassociative responses, emotional numbing, and so on. It has also been established that the long-term psychological complications usually manifest as physical complaints, some of which may be linked with chronic pelvic pain, headaches, asthma, and gynecological problems (Koss 1987).

As with rape, a substantial number of cases of incest do occur among cousins, even in communities where cousin marriages are not allowed. The majority of these cases occur among teenagers. Most are never allowed to reach public notice, as the parents collude to "bury" such incidences within the family to avoid "dishonor." Other common cases involve sexual molestation of stepdaughters by their stepfathers, and of stepsisters by their stepbrothers. In recent times, it has been observed that teenage girls are increasingly more likely to initiate incestuous relationships. This development is perhaps linked with two facts: Girls mature biologically at a younger age than boys, and today's society allows girls more freedom, which exposes them to opportunities of early sexual interaction.

## B. Prostitution

*Adult Prostitution* IMO I. ESIET

Adult prostitution is on the increase, especially with the downturn in the economy. The connection between increasing prostitution and increased incidence of HIV/AIDS in this group has created considerable interest among healthcare providers. Several nongovernmental organizations are now working with prostitutes to get them to practice safer sex.

Section 1 of the Criminal Code defines prostitution as "the offering by a female of her body, commonly for acts of lewdness for payment . . .," whereas, by virtue of sections 222A, 223(2), and (4) of the Criminal Code, the male can only be liable for the offense of procuring a female to become a prostitute.

According to Ayo Oyajobi (1986, 23), there is hardly any moral justification or logical reasoning for the exemption of males from the definition of who can be a prostitute, while asserting that there is no reason why a man cannot offer his body for acts of lewdness for payment. The truth is that men in fact do so more often than we would like to admit. This assertion is based on the increased obviousness of homosexual activities by males, in which case male prostitution has become more common and evident. But in reality, only less economically fortunate women in Nigerian society find themselves policed and labeled for subsequent discriminatory treatment by the law (Oyajobi 1986, 24). Although, economic factors cannot adequately explain prostitution, they must not be treated as marginal considerations. Insofar as our male-dominated society offers relatively limited opportunities for women to earn a good living wage, win promotions, achieve a secure career, and generally attain economic independence from men, women will be only too willing to give their bodies to achieve these ends (Oyajobi 1986, 24).

*Child Prostitution* CHRISTINE ADEBAJO

Child prostitution, which used to be a taboo, is now a reality in Nigeria. Since the economic downturn that is hitting every family, child prostitution has increased steadily. The practice comes in different forms. In certain situations, parents actually encourage their teenage daughters to prostitute themselves.

In a survey carried out in some cities of Nigeria by a soft-pornography magazine, *Hints* (March 1996), most children interviewed confirmed that their mothers, the majority of whom are prostitutes themselves, introduced them to prostitution in an attempt to augment the family's earnings. The age range of these girls is from 8 to 13 years. The same survey revealed that secondary-school girls between the ages of 10 and 13 hang around hotels and streets soliciting male patronage. Others who appear physically mature take older men, referred to as "Sugar Daddies," for boyfriends. These men, in return for sexual gratification, assist the girls with their school fees. Another form of child prostitution occurs when young girls aged 8 to 15 are sent by their parents or guardians to hawk goods on the streets. Some of these children are easily seduced by older men and are paid for any contracted sexual act. More worrisome in recent times are a few reported cases of child-prostitute exporters and importers. This is most often perpetrated by foreigners.

In Nigeria, child prostitution and child pornography are illegal. Any such act that reaches the notice of law enforcement agents is handled with seriousness. Although one would have expected constant raids on perpetrators because

they usually have specific designated areas, such raids are very sporadic where they exist at all. Child prostitution is a gross sexual abuse because the act is illegal, and most of the time, the act is forced on the prostitutes either by some older person or by circumstances beyond their control.

## C. Pornography and Erotica

See Section 3D, Informal Sources of Sexual Knowledge.

## D. Female Genital Mutilation and Other Harmful Practices

CHRISTINE ADEBAJO

Female circumcision (FC), or female genital mutilation (FGM) is a traditional practice in Nigeria in which an unskilled person or a health worker cuts off parts or whole organs of the female external genitalia. This practice is tied to culture, religious belief, and myth. Beyond this, it is a gross sexual abuse, which infringes on a woman's rights with abundant negative consequences (Goddard 1995).

The type of FGM performed varies from community to community, mostly based on their beliefs. In a nationwide survey carried out between December 1985 and May 1986 by Christine Adebajo for the National Association of Nigerian Nurses and Midwives (NANNM), the following facts were established:

- In the 21 states in Nigeria (out of 30 states) where FGM is carried out, it is believed that an uncircumcised woman is usually promiscuous. In Anambra, Bendel, Imo, Ondo, and Oyo States, more than 90% of the women have had some form of female circumcision, compared with only 30% in Lagos, the capital.
- In states where type III FGM (infibulation or pharaonic circumcision) is practiced, it is done to preserve virginity. Type III FGM involves surgical removal of the whole of the clitoris, the labia minora, and part of labia majora, and the stitching together of the two sides of the vulva, leaving tiny openings for the flow of urine and menstrual products. In parts of Edo State, FGM is carried out on a woman when she is about seven months pregnant. In 1985-1986, over 30% of the women in Bendel and Imo States had infibulation.
- Type II FGM (called reduction or excision) involves removal of the prepuce and the glans of the clitoris, together with adjacent parts of the labia minora or the whole of it. People believe that if the head of a newborn baby touches the clitoris, the baby will die. In 1985-1986, Bendel and Imo States had, respectively, a 55% and a 60% prevalence of excision.
- Among the 1,300 individuals who reported performing female circumcision, only 5% were skilled health professionals.
- In some eastern parts of the country, FGM is carried out as part of a pubertal rite. In this case, the extent of mutilation varies, depending on the circumciser's "expertise" and associated beliefs.
- In the western parts of the country, FGM is performed for cosmetic reasons, the belief being that if the female genitalia, particularly the clitoris, is not trimmed, it will grow and elongate like a penis.
- In some areas, Type I FGM (*Sunna*), which involves the removal of the prepuce or foreskin of the clitoris, is performed. In 1985-1986, three quarters of reported female circumcisions were *sunna* circumcisions.

Some of the health consequences of FGM include: injury to surrounding body parts, severe bleeding, shock, fainting during the mutilation, infection, and the inability to pass urine. Other long-term health hazards include: tetanus, blood poisoning, infection to the urinary and reproductive tracts, menstrual disorders, complications during childbirth, scar formation, painful sexual intercourse, and infertility because of fibrosis of the vagina. There is also a wide range of emotional and psychological effects, which may include embarrassment resulting from deformity of the vaginal area, anxiety and irritability, depression, marital problems of varying degrees, sometimes because of painful sexual intercourse, and psychosis as a result of frustration, particularly when one is unable to have intercourse.

Basically, FGM can be traced to a desire of the society to control female sexuality. Behind the various superstitions that perpetuate FGM, what seems to have sustained the practice is that men will not marry uncircumcised women, because they are believed to be unclean and promiscuous.

### *Male and Female Circumcision: A Regional/Ethnic Comparison*

The following summaries of the attitudes and practices regarding male and female circumcision of several ethnic groups in eight geographical regions of Nigeria were compiled by the authors during a meeting with healthcare professionals in January 1999 (Francoeur, Esiet, & Esiet 2000) (see Editor's Note at the beginning of this chapter).

1. Regions: Ipoti-Ekiti, Oyo, Ile-oluji, and Yorubaland. Ethnic Group: Yoruba

   Both male and female circumcision are traditional practices in Oyo State. Normally, circumcision is done in the first three months after birth. In the old days, one hardly heard of any complications, infections, or other harm to health. Now, because there are many incompetent people handling circumcision, we hear of complications, infections, and harmful effects. Some educated persons in the medical field now discourage female circumcision. In Yorubaland, male circumcision is generally practiced on the eighth day after birth. Male circumcision is accepted traditionally and is encouraged by the dominant religions in this region. In Ipoti-Ekiti, male and female circumcisions are usually carried out on the eighth day after birth. Female circumcision is practiced in some areas and not in others—in Ondo, Ilesha, and Ekiti towns, but not among the Ijebus. Female circumcision reduces a woman's sexual desire and the temptation to promiscuity. It also prevents the death of the child during delivery. It is believed that the child will die if its head touches the clitoris during birth. In Ile-oluji, female circumcision is an initiation into womanhood.
2. Regions: Kano, Katsina, and Kaduna. Ethic Group: Muslim Hausa

   Only male circumcision is practiced in these regions. Males are circumcised at age 6 to 7 years, when they realize that a male must endure pain. An elderly person, a *Wanzami*, carries out this procedure with locally made tools (*Aska*) and medicinal herbs. He begins with some incantations and digs a hole in the ground for the blood to flow into. He then holds the boy's legs apart with two sticks and circumcises him. Afterwards, the cloth the boy sat on, the soap used for washing hands by the *Wanzami*, as well as money and other gift items, are given to the *Wanzami* as presents. The circumcised boy is fed with special food and taken to a home different from his own to recover. The boy is showered with gifts from well-wishers and relatives. These days, the rate of infection from circumcisions has decreased, because the *Wanzami* now boil their instruments to disinfect them (although some infections still occur).

3. Region: Borno

   Male circumcision is usually done sometime after age 7 years. Unsterilized instruments are used, leading to infections; excessive bleeding can result in death. Females are not circumcised but may participate in other traditional rituals.
4. Region: Tiv-Benue. Ethnic Groups: Tiv, Idoma, and Isala

   Males are usually circumcised eight days after birth, but some are circumcised at age 4 or 5. Traditional leaders or ordinary people who have gained some skill in male circumcision perform this both in hospitals and in the villages. Males sometimes become infected as a result of poor hygiene.
5. Regions: Akwa-Ibom and the Cross River. Ethnic Groups: Efik and Ibibio

   Among the Efiks and Ibibios, males are circumcised as babies. Female circumcision is done for aesthetic reasons, to avoid promiscuity, and to maintain virginity before marriage. People believe that if females enjoy intercourse, then they are likely to seek it from different men. Females may be circumcised during infancy or childhood, as a pubertal initiation, or just before marriage in "the fattening room," or not at all. Only the clitoral hood is removed. If done with unsterile instruments or by an inexperienced person, female circumcision can be harmful and life-threatening, or not at all. Some believe that female circumcision helps the fetal head descend smoothly during labor. In female circumcision, some practitioners drink illicit gin and spit it on the new wound; some use iodine on it, whereas others use a feather to spread fresh palm oil or engine oil to commence the healing process. Circumcision at birth has no rituals, but at other ages, feasting is usual for those who participate in the ritual as a sign of respect and acceptance or as initiation into the age group. Infections, tetanus, formation of keloids and fibrosis, extensive tears during labor, postpartum hemorrhage, social stigma, psychological trauma, and frigidity, are reported consequences of female circumcision.
6. Region: Delta State. Ethnic Groups: Uhobod, Ibos, Ijaws, Isaw, and Itsekirus

   Males are usually circumcised within a few weeks of birth. Female circumcision is no longer common in some parts of the Delta. In other parts, however, it is still routinely practiced with a lot of importance attached. People see it as a sign of a girl's honor, a sign of maturity, a source of parental pride, and for the prevention of promiscuity. Usually the girl is between 13 and 21 years of age. In some areas, it occurs when the girl is expecting her first baby. In areas where female circumcision is common, the whole community celebrates and other young girls with their waists beautifully beaded come to stay with the circumcised girl for ten days. She does not do any work and is given tender, loving care by all. If she is engaged to a man, he comes to pay homage to the family, brings gifts, and helps the girl, including grinding her food. Depending on how it is done, both male and female circumcision can result in infection and other conditions that are harmful to health.
7. Region: Edo

   Males and females are circumcised seven days after birth to reduce promiscuity. Even though new razor blades are used, males sometimes experience infections, wounds that do not heal, and excessive bleeding. Circumcision of females may interfere with normal sexual desire. In some cases, female circumcision results in injury to the major and minor labia, or a vesico-vaginal fistula (VVF) that can lead to difficult delivery and other complications.
8. Regions: Imo, Enugu, and Anambra. Ethnic Group: Ibo

   In Enugu and Anambra, males are circumcised eight days after birth. Previously, in certain areas, like Nsukka, female circumcision was practiced, but generally no longer. When performed for cosmetic purposes or to reduce promiscuity, female circumcision may be done with the low-risk orthodox method or a high-risk crude native method. Complications of the native crude method include infections, vesico-vaginal fistula, and the narrowing of the vaginal opening leading to painful intercourse. In Imo and Anambra States, a male child must be circumcised within eight days after birth. There are no rituals attached to male or female circumcision.

[*Mating Practices: Dry Sex and Wet Sex*

[*Update 2001*: As noted earlier, in both Christian and Muslim cultures in Nigeria, sexual relations are male-dominated, with the male initiating and dictating the pace. Female response and satisfaction are not considered important. Coitus takes place with no foreplay. The male-above position is standard, and marital coitus is for procreation, not for pleasure. Women in many African cultures do not even know what female orgasm is, and have never experienced it. In describing mating customs in the chapter on Ghana, Augustine Ankoma reports that penile-vaginal penetrative sex with little foreplay is the normal sexual style. Although among the well-educated youth, some forms of foreplay are gaining a foothold, fellatio and cunnilingus are still abhorrent. Genital touches and caresses are hardly accepted, and, traditionally, women feel shy about touching the penis, and most men are not interested in having their genitals manipulated.

[Male-oriented cultural values, such as those in Ghana, Nigeria, and Kenya, are echoed throughout the traditional cultures of Africa. They underlie what is appropriately termed "dry sex," a common practice throughout sub-Saharan Africa. The "dry sex" mating behavior fits comfortably with the Nigerian/Ghanaian distaste for vaginal secretions, foreplay, and disinterest in female sexual arousal and orgasm. In this setting, males quickly reach orgasm and satisfaction. Women are left with painful intercourse, no arousal, and no orgasm.

[In many African cultures, women prepare themselves to pleasure their husbands with a dry vagina by mixing the powdered stem and leaf of the *Mugugudhu* tree with water, wrapped in a bit of nylon stocking, and inserted in the vagina for 10 to 15 minutes before intercourse. Other women use *Mutendo wegudo*, soil mixed with baboon urine, which they obtain from traditional healers. Still others use detergents, salt, cotton, or shredded newspaper. These swell the vaginal tissue, make it hot, and dry it out. The women admit that sexual intercourse is "very painful . . ., but our African husbands enjoy sex with a dry vagina" (Schoofs 2000).

[The inevitable results of "dry sex" include increased friction, vaginal lacerations, suppression of the vagina's natural bacteria, and torn condoms (when these are used). All these consequences increase a woman's risk of STD and HIV infections. Fortunately, the tradition of "dry sex" is waning among the educated urban young, but any change in this traditional mating behavior is also resisted, because of rejection of Western gender roles (Stellwaggon 2001). (*End of update by R. T. Francoeur*)]

[*Comment 2003*: In Africa, as in cultures elsewhere, there are certain sexual practices and topics that Africans simply do not discuss or acknowledge with non-Africans, because they are very sensitive, sometimes taboo, and many times very racially charged. Even within an individual tribal culture, some sexual topics and behaviors are not open for discussion between men and women, or between children and their parents. Unless one lives within a native community and becomes very, very close to the people, Africans balk at discussing these issues, and "dry sex" is one such practice.

["Dry sex" is not something new. It is a well-established and more or less widespread practice in various subequatorial African cultures. It is very common in Southern Africa, particularly in Zimbabwe, Zambia, Malawi, some parts of Nigeria, some parts of Uganda, in Southern Sudan, and even in Kenya and Botswana. The only difference is in what the women use for drying up their vaginas. However, you will never hear about these practices unless you are a woman who lives within the community for some extended time and the women learn to trust you.

[Personally, as I was growing up in the rural town of Kisumu, Kenya, there were many practices and myths that we were taught by our peers and even older women that we were to do to attract men. Some of these practices were good, but some I do not feel comfortable talking about to this day. We were told that if you want your breasts to grow fast, you had to rub a certain poisonous leaf on your breasts or let boys touch them so that you could have them grow faster and more round. Many African men like women with large buttocks as well. As a result of this, many girls tried to do whatever they could to have big buttocks. One technique to accent the buttocks was to tie their belt so tight that the lower parts of their body stood out.

[Even today, many African men have three to five wives. These women compete among themselves to be the best cook for the man of the house, or the best in bed. Some women consult traditional healers and witchdoctors who sell them love portions so they can outdo their co-wives. Some of these love portions come in the form of soil mixed with baboon urine, or even salt, that women use before they have sexual intercourse with their husband. It is the traditional healers who teach these women about the importance of drying their vaginas as a way to please their husbands. These concoctions also make their vaginas swell and become very hot, making it tighter so that when a man inserts his penis, he feels "big" and, therefore, a "real man."

[Until recently, very few people knew about these practices. Unless one grew up in the village or became very, very close to the people, you can never know what goes on. As the HIV/AIDS epidemic devastates subequatorial Africa and non-Africans have became aware of female genital mutilation, taboos about other sensitive sexual practices have weakened. Mark Schoofs (2002) discussed the implications of dry sex in the spread of AIDS in his eight-part Pulitzer Prize-winning report on "AIDS: The Agony of Africa. Death and the Second Sex"; see also Stillwaggon (2001). In the section below, the main authors of this chapter, Uwen Edimo Esiet, a public health physician, and his wife Nike Esiet, M.P.H, a former public relations officer for the Society for Women and AIDS, raise the issue of "salt cuts." But these new insights into the complexity of the HIV/AIDS epidemic only came after considerable trust was achieved.

[In the northwest part of Tanzania and neighboring regions, "wet sex" is widely known and practiced. "Wet sex" consists of foreplay where there is intense stimulation by the male partner on the woman's labia and clitoral regions. This stimulation results in copious production of secretions (thought to come from the Bartholin's glands). People talk about it openly, sometimes mixed with a sense of humor and intertribal jokes. Some researchers have blamed this practice for the high incidence and prevalence of HIV and STDs. The implications of this kind of information for action plans (resource inputs and sociocultural issues) are enormous. Now that these behaviors have been brought into public attention, a well thought-out survey that is representative of different segments of the populations becomes essential for an effective public health policy (Tanzania Personal communication 2003).

In March 2003, when Francoeur, coeditor of this *Encyclopedia*, inquired whether "dry sex" was observed in Botswana, Dr. Ian Taylor replied; "'Dry sex' is common in Botswana as well and leads to vaginal tears and lesions which help spread HIV/AIDS, it is true." (*End of comment by B. Opiyo-Omolo*)]

### Yankan Gishiri *or Salt Cut*

This traditional "cure," practiced mainly in the northern part of Nigeria by the Hausa in Kaduna, Kano, and parts of Borno, involves a different kind of mutilation of the female genitalia. It is a traditional surgical cut in the vaginal wall of a women who has been diagnosed by a traditional healer or traditional birth attendant (TBA) to be suffering from *gishiri* disease. *Gishiri*, a Hausa term, refers to a wide range of conditions or symptoms, including: pruritis vulvae (itching vulva), amenorrhea (absence of menstruation), infertility, obstructed labor, anemia, malaria, and any condition that presents the symptoms of headache, edema, fainting attacks, or dyspareunia (painful intercourse). Unfortunately, health workers have found it difficult to associate *gishiri* with any clinical condition.

The "salt cut" is usually made on the anterior vaginal wall; repeated cutting over a period of time may extend the incision area to the posterior vaginal wall. The *gishiri* cut is also performed when certain changes occur during pregnancy, such as hypertrophy of the vaginal muscle and vaginal discharge. The cut is performed by a traditional birth attendant (TBA) or healer, few of whom are knowledgeable of the anatomical structure of the area they are cutting. There is no scientific basis for the *gishiri* cut, and despite the fact that it effects no cure, the practice goes on unabated. A *gishiri* cut leaves behind both immediate and long-term health complications, such as hemorrhage, infection, shock, and scar formation. Some of the most debilitating effects include a breakdown in the wound-healing process. This is caused by repeated cuttings, which can be done anytime any of the above-mentioned symptoms surface. Damage can also be done to the bladder, leading to vesico-vaginal fistula (VVF) or damage to the rectum causing recto-vaginal fistula (RVF).

This practice, which has no benefit whatsoever, illustrates the minimal value placed on female sexuality in Nigeria. No Nigerian male would suggest similar pelvic cuts to cure symptoms of *gishiri*, which occur as often in males as in women.

### *Other Traditional Practices Harmful to Women*

There are widespread cultural practices in Nigeria that pose serious health concerns to female victims and can be classified under gender harassment. Some of these include: nutritional taboos associated with pregnancy, childbirth, lactation, and the six weeks following childbirth; forced feeding; rites associated with widowhood; preferences for a male child; inheritance rights; hot bath during the six weeks following childbirth; and discrimination against female

infertility, to name a few. In each of these, depending on the ethnic region, women are pressured to go through harmful practices in order to satisfy societal biases.

In the case of nutritional taboos, pregnant women are forbidden to eat specific foods that are rich in vitamins and protein because of the erroneous belief that such foods reduce contraction strength during labor. Other vital foods are prohibited during puerperium for other superstitious beliefs. For example, eating of salt and pepper or palm oil are forbidden for at least seven to nine days after birth, depending on the baby's sex. Some communities forbid breastfeeding, whereas others forbid eating of all kinds of nuts for fear of hemorrhoids. As expected, none of all these taboos has any scientific basis.

Forced feeding is a traditional practice whereby an adolescent is made to eat with the intention to fatten her up. This practice occurs during pubertal rites in preparation for marriage. This practice occurs also in areas where it is not acceptable for a man to marry a slim woman. The weight of the woman, not her personality or other characteristics, is the basis of choice. Unfortunately, the women who are subject to this practice live an obese life with all the health risks thereof.

Widows in some parts of Nigeria are forced to go through various dehumanizing rituals that can affect their physical and psychological health. These include sleeping on a concrete floor for upwards of 40 days to three months after their husbands' death, drinking the water used to bathe her husband's corpse, and the shaving of her hair, among others. Another form of gender-based cultural belief is the preference for a male child. A male child gets all the family attention, including educational opportunities. The female child, on the other hand, is forced to assist in all domestic chores while the male child is free to play.

The widely documented gender biases and discriminatory harm to Nigerian women resulting from the prevalence of violence and abuse against women, and the fact that few such cases are reported, and fewer still are addressed appropriately in the legal system, clearly indicate that there is a serious need for more research into the factors that favor these acts in order to be able to develop appropriate strategies and programs to combat the resultant problems. Health professionals also need to be exposed to specialized training that will enhance their knowledge when dealing with such cases. There is a need for special counseling units in health institutions where victims can be assisted. More nongovernmental organizations (NGOs) in Nigeria need to focus on these unconventional behaviors, with the aim of helping victims to seek redress, as well as combating the problems. The underlying cultural beliefs and social structures that perpetuate these behaviors must be challenged. NGOs should also sponsor laws that criminalize these behaviors in a more direct manner than the present legislation does, which glosses over them.

[*Sexual Rights and* Sharia *Death Penalties*

[*Update 2003*: Since 1999, more than a dozen states in predominantly Muslim northern Nigeria have adopted Islamic law or *Sharia*, with its penalty of death-by-stoning for those convicted of fornication, adultery, rape, and other crimes. Since 2000, local Muslim courts in northern Nigeria have sentenced several women, and men, to death-by-stoning after they were convicted of fornication, adultery, or rape. In Sokoto State, on March 22, 2002, a *Sharia* court of appeals dismissed, on technical grounds, a death-by-stoning sentence for Safiya Hussaini Tungar-Tudu, a 33-year-old mother of five convicted of adultery (Sengupta 2003).

[The most celebrated case, which captured international attention in 2002 and 2003, was that of Ms. Amina Lawal Kurami, a 31-year-old divorced mother living in her father's house in Kurami. When someone reported she had borne a child out of wedlock, the man she identified as the father of her child denied the charge and swore to his innocence on the Holy Qur'an. The court accepted his oath as proof of his innocence and her guilt—under Qur'anic law, the only way Ms. Lawal could have proven her allegation would have been to produce four eyewitnesses of the fornication. The court postponed her execution until she weans her child in 2004.

[In an October 2, 2002, radio and television broadcast marking Nigeria's 42nd anniversary of independence, President Olusegun Obasanjo said that Ms. Lawal and others under sentence of death-by-stoning should appeal their Muslim court decision to Nigeria's Supreme Court, where they will be guaranteed justice. Nigeria's Constitution bans capital punishment. "We have never entertained doubts that whatever verdict a lower court may give, the appellate courts will ensure that justice is done. We fully understand the concerns of Nigerians and friends of Nigeria, but we cannot imagine or envision a Nigerian being stoned to death. It has never happened. And may it never happen" (*Agence France-Presse* 2002; Sengupta 2003).

[In late 2002, Muslim opposition to holding the Miss World contest in Abuja, the Nigerian capital, erupted across northern Nigeria. Ensuing riots in nearby Kaduna left an estimated 220 dead and 400 injured. To prevent further deaths, the contest was moved to London, where there was a pause in the show at the contestants' request in tribute to Ms. Lawal, then under sentence to death by stoning. Once before, in 1996, the Miss World contest provoked violence in Bangalore, India, when police fired teargas and rubber bullets at stone-throwing protestors (Hoge 2002).

[Nigeria's position as Africa's largest nation and a secular democracy guarantees that however these conflicts between religious freedom and secular democracy are resolved, such conflicts will continue in this age of transition in Nigeria and in other African nations. (*End of update by B. Opiyo-Omolo*)]

## *9. Contraception, Abortion, and Population Planning*

### A. Contraception

*Contraception among the Hausa*

BILKISU YUSUF and RAKIYA BOOTH

Hausa society frowns on too-frequent and poorly spaced pregnancies (*Kwanika*), and nursing mothers who get pregnant before they wean their babies are sometimes derided. There are many traditional methods of contraception among the Hausa, such as *rubutu*, Qur'anic verses written on a wooden slate (*allo*) with black ink (*tawada*), which is washed off with water that is then administered orally. Others include *guru*, a string of leather, which the woman wears around her waist, and a Qur'anic verse written on a sheet of paper, bound with leather and worn as an amulet. No research has yet been conducted on the efficacy of these contraceptive methods. However, the Hausa practice one of the surest methods of contraception, voluntary abstinence from sexual intercourse. The pregnant Hausa wife leaves her husband's house to live with her parents when her pregnancy reaches an advanced stage, usually seven months; she remains there until she delivers. During this period, known as *goyon ciki*, the young mother is given lessons in pregnancy management, breastfeeding, and childcare. The length of the stay varies from 40 days to several months, while some remain in their parents' home until the child is weaned. Voluntary abstinence from sexual intercourse pro-

motes child spacing. *Goyon ciki* has no basis in Islamic jurisprudence.

Islam recommends contraception, not through voluntary abstinence from sexual intercourse as *goyon ciki* promotes, but by breastfeeding their babies for two years. The *Hadith* also recommends *azl* (coitus interruptus) as a method of preventing pregnancy by mutual consent of the couple.

According to scholars of the Federation of Muslim Women's Associations in Nigeria (FOMWAN), family planning, which is permissible in Islam, should be geared towards child spacing to promote the health of the mother, rather than limiting childbirth out of the fear of poverty. Family planning can only be practiced with the full agreement of both spouses, who are free to choose any suitable method. FOMWAN specifically prohibits all methods that are harmful to the body, such as oral contraceptives, sterilization, and the injectibles. Condoms are recommended in addition to coitus interruptus (the *azl* recommended by the *Shariah* (Muslim laws and governance).

According to the Nigerian Demographic and Health Survey of 1990, nationwide, 5.9% of 15- to 19-year-old females currently use contraception. Two thirds use traditional methods, including rhythm and withdrawal. One percent uses oral contraceptives, less than 1% uses condoms, foaming vaginal tablets, or IUDs.

### B. Teenage Pregnancies and Hausan Maternal Health Practices

BILKISU YUSUF and RAKIYA BOOTH

Teenage marriage poses some health problems for Hausa society. When the husband of a young girl marries a man who is not patient enough to wait before consummating the marriage until she has matured and her body has fully developed, she runs the risk of getting pregnant before she is old enough to take care of the child. These minors, especially in the rural areas, are susceptible to superstitions. Pregnant teenagers living in the rural areas cannot attend pre- and postnatal clinics, and, where poverty and ignorance are rampant and healthcare facilities either not available or affordable, these young girls are left solely in the hands of untrained, traditional birth attendants (*Ungorzoma*).

There is a sociocultural preference for home delivery among the Hausa, and most husbands are adverse to the idea of male healthcare personnel attending to their wives. With the onset of labor, these girls are supposed to observe *kunya*, exhibit bravery and silently endure pain. It is considered shameful among the Hausa for women to cry, shout, or express pain during labor (*Nakuda*) and childbirth (*Haituwa*). Yet, protracted labor lasting for days is quite common. The local preventive measure is to give the pregnant woman one of several bitter herbal mixtures that prevent development of *zaki* (amniotic fluid). Literally translated, *zaki* means "sweet." There is a widespread superstition among Hausa that *zaki* obstructs delivery. Hence, pregnant women drink bitter herbs or *tsamiya* (tamarind) soaked in water to reduce the amniotic fluid, and thereby ease labor pains and hasten childbirth. They are also advised to avoid eating sweet foods in order to control *zaki*. This web of cultural practices does not ease the protracted labor nor the trauma most pregnant girls undergo.

Local birth attendants cannot handle other complications of pregnancy, such as eclampsia, which requires monitoring of the blood pressure, and pelvic malformations, which require a cesarean operation. These complications go undetected and often lead to the death of the mother and child; the Nigerian infant mortality rate is 70 to 87 per 1,000 live births. Use of unsterilized instruments by the local birth attendants also leads to life-threatening infections. In some cases, the placenta is not expelled after childbirth, leading to hemorrhaging, infection of the uterus, and death. When a lot of blood is lost, local birth attendants are ill trained and unequipped to provide blood transfusions. Cases of retained placenta and hemorrhage are often referred to hospitals from the rural areas when the patient's situation is critical and hopeless. The 1995 statistics released by the National Council for Population and Environmental Activities (NCPEA) show that Nigeria's maternal mortality rate of 15 per 1,000 births is one of the highest in the world. Teenage girls also account for almost 25% of maternal deaths in Nigeria.

Certain Hausan practices also lead to maternal morbidity. During labor, particularly a prolonged one, the local birth attendant performs a local episiotomy to facilitate delivery of the baby. These *gishiri* cuts are incisions made by the local midwife to cut off membranes in the vaginal region during labor, oftentimes using unsterilized instruments. Subsequent infection and the extension of the cut to the anal and urethral areas may damage the muscles that control the passage of the urine, resulting in a vesico-vaginal fistula (VVF). VVF research by Lawanson (1993) has revealed that the Hausa also believe that, in addition to facilitating childbirth, *gishiri* cuts also alleviate amenorrhea, infertility, and painful intercourse. However, these VVF patients often experience involuntary seepage of urine, a defect that requires a costly and complicated operation to correct. (See additional discussion in Section 8D, Significant Unconventional Sexual Behaviors, Female Genital Mutilation and Other Harmful Practices, above.)

Many pregnancy complications go untreated because of inadequate medical facilities and sometimes ignorance on the part of the patients, who fail to seek hospital treatment. Those who do seek treatment at a hospital usually compete for treatment, waiting for years for their turn. The seepage of urine makes the VVF patients undesirable, and they are often abandoned in hospitals or treated as outcasts by their families, especially husbands who desert them. These women, most of them in their teens, are thus condemned to living a life of misery. There are currently 200,000 reported cases of VVF in the country, with a heavy concentration in the northern states of Kano, Jigawa, Katsina, Sokoto, and Borno. Several cases have also been reported in the southern Nigerian state of Akwa Ibom.

### D/E. Abortion and Population Planning

FOYIN OYEBOLA and UWEM EDIMO ESIET

Abortion is a criminal offense in Nigeria except when the life of the woman is endangered by the pregnancy. It is not, therefore, an approved method of population planning and family limitation. Nevertheless, the abortion rate is high in Nigeria. Unsafe illegal abortion is one of the leading causes of maternal death in women of reproductive age. Also, abortion affects adolescent women who lack basic information about reproduction and the prevention of pregnancy, as well as the information and resources necessary for obtaining safe abortions. [F. Oyebola]

The Campaign Against Unwanted Pregnancy (CAUP) conducted a study recently in collaboration with the Alan Guttmacher Institute of the United States of America, focusing on the incidence of induced abortion in Nigeria ("Incidence of Induced Abortion" 1998). In each year studied, Nigerian women obtained approximately 610,000 abortions. Most of these women resorted to abortion as an outcome of an unwanted pregnancy. Sixty percent of the abortion seekers were age 15 to 25 years old, with a third of them

being students, and 63% never being married. The study recommended better policies to improve access to contraceptive services to reduce unwanted pregnancy and abortion, as well as greater access to safe abortion to help preserve the health and lives of Nigerian women. [F. Oyebola]

Abortion has continued to generate controversy in Nigeria. Whereas Nigeria has one of the highest maternal mortality rates in the world, over 800 maternal deaths per 100,000 women, consensus as to how the issue of abortion should be addressed has not been agreed on. The 1998 report by the Campaign Against Unwanted Pregnancy mentioned above further corroborated this need. Thus far, the government has not taken appropriate steps to address this scourge, preferring the ostrich approach of burying its head in the sand and wishing the problem were over. There is no doubt that contraceptive usage is low, especially among adolescents, and that sexual ignorance is very high, with about 60% of Nigerian youth not knowing that pregnancy is possible at first intercourse. [U. E. Esiet]

In a 1994 countrywide report submitted by the Federal Ministry of Health and Social Services, Nigerian adolescents accounted for 80% of Nigeria's unsafe abortions. The government has responded to Nigeria's high fertility rate of six children in a woman's lifetime by formulating a National Policy on Population for Development, Unity, and Self-Reliance. Unfortunately, this 1988 document is not gender-sensitive. It recommends that each woman should have no more than four children, and that the minimum age for female marriage be 18 years. The document is silent on the age of marriage for men, and takes no notice of the well-known fact that many men have more than one wife and, therefore, father more than four children in their lifetime. Also, the issue of reducing early marriage is not supported by any appropriate legislation, education, or mass mobilization. It is obvious that the gender-interest perspective was not utilized in making this policy—not unexpected in a patrilineal society. Attempts have since been made to link population with Family Life Education in a POP/FLE effort (see Section 3A, Sexuality Knowledge and Education, Sexuality Education). In 1999, this resulted in a paradigm shift on the federal level, with a reproductive health strategy that addresses the people's needs primarily, and then hopes that this will empower the people to address the population issue. All of these strategies are going to be within the framework of a primary healthcare strategy. It must be acknowledged that government has done much within its new purview, without ignoring the fact that still more needs to, and can be done. Civil societal groups, especially the NGOs, have continued to make family planning services available, accessible, and directed at people's needs. [U. E. Esiet]

## *10. Sexually Transmitted Diseases and HIV/AIDS*

### A. Sexually Transmitted Diseases

Data on sexually transmissible diseases (STDs) in Nigeria are limited. The prevalence of syphilis among antenatal clinic attendees in 1993 from sentinel surveillance was 3.8%.

STD clinics are underutilized because of stigmatization and the lack of appropriate facilities and specialists in STD management. Manuals for training health workers, and for syndrome management, have been produced with the support of donor agencies and specialists. Several health workers have been trained, and others are being trained to use these manuals. Appropriate drugs and condoms have been made available, and information and education about STDs is being incorporated into Primary Health Care facilities. It is, however, important for Nigeria to have baseline data, so that adequate and appropriate planning and education can be carried out.

Government support has been far below expectations, and it is hoped that NGOs will participate more actively in the near future in Information, Education, and Communication (IEC) activities and training.

Recommendations from various workshops and meetings are that measures aimed at control and prevention should be integrated into other development projects, such as Family Planning and Maternal and Child Health Services. This will ensure that women and children with STDs are treated in the same clinic by the same service provider in one hospital visit. Nigeria needs intensive IEC advocacy and mobilization of specific groups. We also should promote the best practices as a concept and as a tool for effective and expanded responsiveness to STDs (Family Health International 1996; UNAIDS 1994).

### B. HIV/AIDS

UWEM EDIMO ESIET

*The Current Status*

Nigeria reported its first case of AIDS in 1986. However, based on the most recent published data by the National AIDS and STD Control Programme, Nigeria can now be identified as a major locus of HIV infection in sub-Saharan Africa, with a national seroprevalence rate of 4.5%. The progression has been 1% in 1990, 1.2% in 1991-1992, 3.8% in 1991-1992, and 3.8% in 1993-1994. It has been estimated that one new infection of HIV occurs every minute in Nigeria. Esiet cites data suggesting that 95% of all infections are by heterosexual intercourse, 4% are through blood transfusions, and 1% are through mother-to-child transmission. Nigerian population surveys from both urban and rural areas indicate a seroprevalence rate of 5 to 8% in the general population, with a preponderance of HIV infection in females age 15 to 19, whereas for males, the peak age is 20 to 29 years old (WHO 1997; National Symposium 1998; Lagos State Seminar 1999).

Data from population and hospital-based studies indicate that about 80% of HIV transmission occurs through heterosexual intercourse while 10% occurs through blood transfusions. Vertical transmission (mother-to-child) is also becoming a significant route with the increase of HIV prevalence among women of reproductive age.

Factors responsible for the rapid spread of HIV in Nigeria include:

- low-risk perception, especially among youths;
- cultural and religious attitudes, which make it difficult for women to make decisions about reproductive health issues;
- myths and misconceptions about HIV/AIDS;
- the worsening economic situation;
- low acceptability, availability, and use of condoms;
- lack of appropriate medical care for STDs, opportunistic infections, and AIDS;
- lack of data management for planning and decision making; and
- lack of voluntary testing and counseling services.

All these factors mitigate against the behavioral changes needed for a decrease in the incidence of HIV/AIDS in Nigeria. At the same time, government efforts at all levels to address the epidemic over the past ten years have been grossly inadequate, and certainly not commensurate with the magnitude of the problem (Akinsete et al. 1997, 1999; Akanmu & Akinsete 1999; Federal Ministry of Health 1999).

Many NGOs are involved in the fight against HIV/AIDS, especially in the areas of information, education, and

communication, and a few are involved in home-based care for people living with HIV/AIDS. However, their resources are limited, although several donor agencies support many of them. Sustainability of programs is a major problem.

The government response has included formulation of a National Policy on HIV/AIDS, the syndrome management of STDs, sentinel surveys, massive mobilization and AIDS awareness, and a national conference on HIV/AIDS, at which programmatically workable solutions were addressed. It must be acknowledged that despite all these efforts, HIV/AIDS programs continue to remain underfunded. However, NGOs have also been complementing government efforts in all areas that include IEC and service provision to people with HIV/AIDS. Despite all these efforts, a lot of Nigerians have yet to be reached with the appropriate information and support necessary to bring about altered behavior changes. Condom use is still low, and the abilities of women to negotiate safe sex also low. Even though it has been introduced, the female condom is quite expensive when viewed from the income level of the people.

### *Gaps, Future Challenges, and the Way Forward*

Nigeria is still going through a phase characterized by denial, stigmatization, panic, and political instability. The financial and material resources committed by the government fall far below the level required to adequately and effectively deal with the magnitude of the HIV/AIDS epidemic in Nigeria. AIDS cuts across all aspects of life, and therefore, the responses must be multisectoral and multidisciplinary (National Conference 1998).

There is a need to intensify advocacy at all levels, private, public, and community, and to prioritize responses. The priorities for action are:

- Promoting rational responses and priority-setting by the government, NGOs, and donor communities based on knowledge and information (accurate data) rather than anecdotes and prejudice. This makes it imperative that accurate assessment of the magnitude of the problem be undertaken for planning and decision making.
- Assembling usable economic data and knowledge to facilitate decisions about where best to spend limited resources.
- Advocating for appropriate budget allocations for HIV/AIDS/STD activities by the government at all levels and by donor agencies.
- Ensuring that there is a fair spread of resources allocated for HIV/AIDS/STD, which includes both prevention, care, and support activities by all stakeholders.
- Promoting the care and support agenda by government, donors, the community, traditional healers, and the public and private health sectors.
- Linking care with prevention at all levels.
- Encouraging private-sector sensitization, advocacy, and mobilization in support of intervention programs in the workplace.
- Increasing acceptability, availability, and access to condoms through condom social marketing supported by government and donor agencies.
- Finding funds to support Health Care Systems in dealing with conditions that increase vulnerability to HIV/AIDS, e.g., sexually transmitted diseases (STD), tuberculosis (TB), and malnutrition, through capacity-building for medical personnel. The promotion and support of such services, and their integration into reproductive health services, are necessary.
- Identifying and supporting income-generating activities and credit plans to reduce vulnerability to the poverty that accompanies and abets the epidemic.
- Promoting activities aimed at addressing issues of gender inequality, e.g., developing negotiation skills for women, knowledge of human rights, and income-generating projects for women.
- Providing access and linkages to counseling services and other activities that address the emotional and spiritual needs of both adults and children.
- Supporting and catalyzing groups of people living with HIV and AIDS, and encouraging their involvement in HIV/AIDS programs.
- Supporting activities that advocate legal rights for HIV/AIDS-affected persons, particularly women and children. AIDS intervention must address issues that promote the marginalization of some sectors of the society, thus increasing their vulnerability.
- Recognizing the rights of all individuals to care, as well as legal, economic, and inheritance protection.
- Encouraging accessibility and affordability of drugs for treatment of opportunistic infections and antiretroviral drugs.
- Preventing vertical transmission through breastfeeding.
- Preventing the transmission of HIV through blood transfusions by educating and recruiting voluntary non-remunerated blood donors, screening of blood for HIV, and the training of personnel.
- Promoting programs that are integrated into other routine activities, e.g., schools, cultural and media reporting, agricultural extension programs, and so on, because these are more effective in internalizing the epidemic than programs specifically focused on AIDS.

### *Conclusion*

As the HIV/AIDS epidemic continues to spread worldwide, we are learning more about how individuals, households, families, communities, organizations, government, and the nation are affected. Strategies to prevent the spread have been focused on the promotion of condoms, the reduction of multiple sexual partners, and the treatment of STDs.

Many of these interventions have failed to address the social, economic, and gender issues, as well as the care and support of persons living with HIV/AIDS, adolescent reproductive health, and the disabled. Future interventions need to take into consideration all these factors in all planning. There is a need to be forward-looking, if responses are to keep pace with the speed and impact of this epidemic.

Evidence from different countries, not just industrialized nations, has clearly shown that prevention works. In Nigeria, we need a multisectoral, multidisciplinary approach, as well as political commitment at all levels of our government.

[*Update 2002*: In late 2002, a special National Intelligence Council meeting, convened by the independent Center for Strategic and International Studies, identified Nigeria as one of five countries facing devastation by a second wave of HIV/AIDS infections, with famines, civil wars, and economic reversals predicted. The projection was for the collapse of social and political institutions in Nigeria, Russia, China, India, and Ethiopia by 2010 (see Table 1; Garrett 2002).

[Nigeria and Ethiopia are pivotal to the future of Africa, because of their large populations and strategic influence. Nigeria, the world's sixth-largest oil producer with a sizable well-educated elite, is second only to South Africa in military, cultural, economic, and intellectual influence over the continent. According to the director of Nigeria's AIDS control programs, about 6% of the population was infected in 2002, with an infection rate over 15% among 15- to 30-year-olds in some areas. Experts also predicted a growing orphan population. Nigeria and Ethiopia are home to 130

million and 64.5 million people, respectively, or about half of Africa's total population. Considered the most strategically important country in West Africa because of its large population and vast oil reserves, Nigeria is experiencing a rapidly growing heterosexually transmitted HIV epidemic. By 2010, experts predict that 11% of Nigerian children will be orphans, 40% of them because of AIDS. (*End of update by R. T. Francoeur*)]

[*Update 2002*: UNAIDS Epidemiological Assessment: Median HIV prevalence in Nigeria has steadily increased from 1.8% in 1991 to 5.8% in 2001. In 2001, the range of HIV prevalence from 85 sites across the 36 states and the Federal Capital Territory was from 0.8% to 16.4%. Twenty-one out of the 86 sites were rural, where HIV prevalence ranged from 2.2% to 16%; the sites with the highest prevalence in the 2001 sentinel survey were both rural. In 2001, HIV prevalence among the 15- to 19-year-old antenatal clinic attendees tested was 5.9%, among the 20- to 24-year-olds, the rate was 6.0%, and among the 25- to 29-year-olds, 6.3%. Of the antenatal clinic attendees who were HIV-positive in 2001, 97.5% had HIV-1, 0.4% had HIV-2, and 0.1% had both HIV-1 and HIV-2 infection. In the major urban areas, HIV prevalence among antenatal clinic attendees has increased from 1% in 1991 to nearly 5% in 1999; in 1999, HIV prevalence ranged from 3% to 8%. Median HIV prevalence among antenatal clinic attendees tested at sites outside the major urban areas increased from less than 1% in 1991-1992 to 5% in 1999; the range of HIV prevalence rates went from less than 1% to 21%. In 1999, peak infection occurred among those women less than 25 years, where 6% were HIV-positive. Categorization of HIV-prevalence data by major urban and outside major urban areas was not available for 2001. No antenatal clinic surveillance survey was conducted in 2000.

[Two percent of sex workers tested in Lagos in 1988 to 1989 were HIV-positive, increasing to 12% in 1990-1991; by 1993-1994, 30% of female sex workers tested were HIV-positive. In 1991-1992, sex workers tested in seven sites outside of the major urban centers had a median HIV prevalence of 13% with a range of 0% to 44%. By 1995-1996, 15 sites were reporting a range of prevalence among sex workers of 7% to nearly 70% of sex workers tested. In 1994, 5% of STD clinic patients tested in the major urban areas were HIV-positive. HIV prevalence among STD clinic patients tested from 21 sites outside of the major urban areas increased from 7% in 1993-1994 to 12% in 1995-1996; in 1995-1996, HIV prevalence ranged from 1% to 70%. In 2000, median HIV prevalence among STD patients tested in a survey covering 10 states was 11.5%, with a range of 5.6% to 23%. In 1993-1994, 4% of long-distance truck drivers tested in Anambra State were HIV-1 infected. Among the TB patients tested in the 2000 survey, median HIV prevalence was 17%, ranging from 4.2% to 35.1%. In 2000, HIV prevalence among IV-drug users surveyed was 8.9%; among non-injection drug users, the rate was 10%.

[The seroprevalence of syphilis among antenatal clinic attendees tested at 72 sites in 1999 was 2.3%, while in 2001, the seroprevalence of syphilis from 86 sites ranged from 0.3% to 2.99%.

[The estimated number of adults and children living with HIV/AIDS on January 1, 2002, were:

| | | |
|---|---|---|
| Adults ages 15-49: | 3,200,000 | (rate: 5.8%) |
| Women ages 15-49: | 1,700,000 | |
| Children ages 0-15: | 270,000 | |

[An estimated 170,000 adults and children died of AIDS during 2001.

[At the end of 2001, an estimated one million Nigerian children under age 15 were living without one or both parents who had died of AIDS. (*End of update by the Editors*)]

**Table 1**

**Leaders in an Expanding Pandemic: Current and Projected HIV/AIDS-Infected Adults**

| | Current Number Infected | | 2010 |
|---|---|---|---|
| | Government Data (millions) | Expert Estimates (millions) | Expert Estimates (millions) |
| India | 4.0 | 5 to 8 | 20 to 25 |
| Nigeria | 3.5 | 4 to 6 | 10 to 15 |
| Ethiopia | 2.7 | 3 to 5 | 7 to 10 |
| China | 0.80 | 1 to 2 | 10 to 15 |
| Russia | 0.18 | 1 to 2 | 5 to 8 |

## 11. Sexual Dysfunctions, Counseling, and Therapies

UWEM EDIMO ESIET

The introduction of Viagra has opened up a public discourse on sexual dysfunction by providing a new, effective therapy for the primary sexual-dysfunction concern of Nigerian males, functional impotence. In Nigeria's traditional societies, many therapies have long been available to most Nigerians for dealing with functional impotence and other sexual dysfunctions. Some of these remedies have already been described by Bilikisu Yusuf in Section 5D, Interpersonal Heterosexual Behaviors, on aphrodisiacs. The efficacy of these traditional remedies has yet to be clinically ascertained. Sexual dysfunctions of women are hardly discussed, because, for the majority of Nigerians, the prime objective of sexual intercourse is not sexual pleasure but procreation. Therefore, the issue of counseling and therapy is not as profound as it should be in our society. Professionals need to educate the Nigerian public about sexual dysfunctions other than male erectile dysfunction, so that both men and women will seek appropriate counseling and therapies. Hopefully, as the study of human sexuality and sexology becomes more developed in Nigeria, challenges such as these will be addressed.

## 12. Sex Research and Advanced Professional Education

There is no sexological organization or publication in Nigeria. Nor is there any basic research unless it has practical health applications that address the major health issues facing our nation. The contributors to this chapter gained their expertise from training abroad, including the International Women's Health Coalition in New York (USA), and from their extensive fieldwork among the people.

Nigeria has three organizations that deal with sexuality issues. These are:

Action Health Incorporated, Youth Center, Plot 54 Somorin Street, Ifako, Gbagada, Lagos, Nigeria; Tel./Fax: 234-1-861-166; AHI@linkserve.com.ng.

Association for Reproductive and Family Health (ARFH), 13 Ajayi Osungbekun Street, Ikolaba GRA, Ibadan, Nigeria; Tel.: 234-1-820-945.

Planned Parenthood Federation of Nigeria, 224 Ikorodu Road, Palmgrove, Somolu, PMB 12657, Lagos, Nigeria; Tel.: 234-1-820-526.

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