The State of Married Adolescents in Northern Nigeria

Working Paper

May 2006

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Action Health INCORPORATED

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Financial support for this research was provided by The David and Lucile Packard Foundation through Action Health Incorporated. The views reflected in this article do not necessarily reflect those of The David and Lucile Packard Foundation, Action Health Incorporated or the organizations with whom the authors are affiliated.

Table of Contents

List of Abbreviations

ABC	-	Abstinence, Be faithful, Condom use
AIDS	-	Acquired Immune Deficiency Syndrome
CEDAW	-	Convention on the Elimination of all Forms of Discrimination Against Women
CRC	-	Convention on the Rights of the Child
FWCW	-	Fourth World Conference on Women
ICPD	-	International Conference on Population and Development
NARSH	-	Nigerian Adolescent Reproductive and Sexual Health Survey
NDHS	-	Nigerian Demographic and Health Survey
STIs/HIV	-	Sexually Transmitted Infections/Human Immuno- Deficiency Virus
UN	-	United Nations
UNFPA	-	United Nations Population Fund
UNICEF	-	United Nations Children Emergency Fund
VCCT	-	Voluntary Confidential Counseling and Testing
VVF/RVF	-	Vesico Vaginal Fistula/Recto Vaginal Fistula
WHO	-	World Health Organisation

Preface

Adolescence is the transition period between childhood and adulthood and although in the past decade, policy and programming attention has turned towards adolescent sexual and reproductive health, the level of attention to the needs of married adolescents has been marginal. Rather, the information and service needs of unmarried, often in-school adolescents have been the focus of most adolescent-focused interventions around the world and Nigeria is not an exception.

The 2003 Nigeria Demographic and Health Survey (NDHS) shows that early marriage is prevalent across Nigeria. The highest proportions of married adolescents are in the northern regions of the country where the level of unmet need is also highest. Nonetheless, these adolescents remain "invisible" on the radar of sexual and reproductive health policy and programming.

Since 2002, Action Health Incorporated (AHI) has been working in collaboration with government and non-governmental partners to provide adolescents in four Northern Nigeria States (Nasarawa, Kaduna, Bauchi and Borno) with access to sexual and reproductive health information and services with funding from The David and Lucile Packard Foundation.

The collaborative effort of our partners in Bauchi (Reproductive Health Initiative and Support Association and State Specialist Hospital, Bauchi) has enabled some married adolescents to access services at the youth friendly health clinic established at the Specialist Hospital. AHI is in the second phase of this project (2005 – 2007), and plans to contribute to a better understanding of the socio-cultural context and sexual and reproductive health needs of married adolescents in Northern Nigeria.

The project is adopting a three-tiered approach as follows:

(a) Desk review of literature on married adolescents in Northern Nigeria;
(b) Primary research on the situation of married adolescents in Bauchi and Borno states;
(c) Advocacy for married adolescents' access to youth friendly health services that are responsive to their socio-cultural context and needs.

Action Health Incorporated commissioned two literature reviews - Prof. Dennis Ityavar and Mr. Inuwa Jalingo developed the ***"Working Paper on the State of Married Adolescents in Northern Nigeria"*** while the second review "***Hidden***: ***A Profile of Married Adolescents in Northern Nigeria*** was undertaken by Prof. Paulina Makinwa-Adebusoye. Both reviews are

now published for the benefit of all stakeholders interested in the subject matter of married adolescents' access to sexual and reproductive health information and services.

Special appreciation is due to the Federal Ministry of Health (FMOH) and the United Nations Population Fund (UNFPA) for obliging Action Health Incorporated the use of their proprietary data in the review process.

AHI benefited from the inputs of numerous colleagues in conceptualizing the methodology for this initiative. In this regard, we appreciate the contributions of Dr. Nike Adeyemi, Dr. Moji Odeku, Mrs. Charity Ibeawuchi, Dr. Ochi Ibe, Dr. Wole Fajemisin, Dr. Lucy Idoko, Dr. Biodun Oyeyipo, Dr. Ayo Ajayi, Mr. Mike Egboh and Dr. Mairo Mandara.

The following Action Health Incorporated colleagues contributed at various stages of this working paper's preparation: Dr. Uwem Esiet, Ms. Chieme Ndukwe, Mrs. Omolara Ogunjimi, Mrs. Uduak Akin and Ms. Idorenyin Akpan.

This working paper is made possible by funding from The David and Lucile Packard Foundation.

Nike O. Esiet
Executive Director
Action Health Incorporated

I. Introduction

The necessity of looking into the exposure of adolescents (especially girls') exposure to early, undesirable sexual activity which may lead to early pregnancy and STIs/HIV, was brought to the fore at the 1994 International Conference on Population and Development (ICPD) and the 1995 Fourth World Conference on Women (FWCW) among other conferences. However, a relatively narrow approach was adopted in terms of the meaning and initiatives, which were characterized by both too little attention to the differential needs of boys and girls as well as the social and economic contexts in which adolescents live their lives. In many countries, interventions supposed that young people, male and female are unmarried and solely responsible for risky sexual behaviour and undesired pregnancy. Besides, in most countries, family planning programmes which have had great success in slowing population growth and improving women's reproductive health status by providing services to married couples tend to reach older women, often after they have had their desired number of children. Family planners in their programmes have continued to overlook the youngest married couples particularly in situations where the wife is still an adolescent. In many parts of the world, especially in Africa-South of the Sahara, HIV prevalence rates among young women aged 15 – 24 outnumber those of their male counterparts by two to eight times[1].

Considerably consequential, nevertheless, mostly disregarded is the fact that a large number of girls between the ages of 15-19 engaging in sexual activity in developing countries (especially sub- Saharan Africa) are married. (See table 1, columns 2 and 3) and for various reasons, including but not limited to inability to negotiate safer sex practices, these married adolescents are more at risk of STIs/HIV than their unmarried peers.

It was against these and like information and realization that the World Health Organisation (WHO) and UNFPA collaborating with the Population Council in December, 2003 organised a technical consultation on married adolescents with the intent of examining the available evidence on marriage among adolescents in order to articulate key issues and effective strategies to ensure that sexual and reproductive health programmes, especially those for safe motherhood are able to respond to the needs of married adolescents.

Inspite of these and other attempts made at addressing adolescent reproductive health issues, and meet the millennium development targets, adolescent marriage continues to undermine reproductive health, curtail girls' education and increase child/maternal

[1] UNAIDS. 2000. Report on the Global HIV/AIDS Epidemic. Washington DC,: UNAIDS

mortality and regrettably, to date, the practice of adolescent marriage remains a deeply entrenched custom in many countries with the greatest burden in sub-Sahara Africa where about half of adolescent girls in most countries have married or entered a union.[2]

The practice of adolescent marriage has persisted because it is being fueled by certain forces including traditional gender norms, cultural beliefs leading to the concern of parents on premarital sex and pregnancy outside marriage, the high value placed on female virginity, the view that marriage serves as a refuge protecting the married persons from unwanted pregnancy and STIs/HIV, including dowry pressures, and a longing to build social, economic or political alliances.

The judgment and standpoint that marrying girls off early is a safer option is also partly attributable to poverty. A very poor family is likely to reason that marrying their daughter off early will protect her and assure her of her basic needs and in addition, the gains gotten from her marriage may be part of the survival strategy of the family.[3]

II. Concepts and Definitions

Adolescence

According to the UNFPA, adolescents are persons between the ages of 10 – 19 years (early adolescence of 10 – 14 and late adolescence 15 – 19). Adolescence is a period of transition from childhood to adulthood. It approximately extends through the entire second decade of life. It is the critical state in the development of gender roles, and in the perceptions of the self and others.

While for many, adolescence is a time to learn and grow in nurturing environments, for others – especially those living in poverty, it is a time of intensified risks. Many drop out of school to help with family survival, or face violence, sexual abuse or HIV infection.

Marriage

Marriage is regarded in broad terms as every form of socially recognized union which could be legal or reported in particular countries between two consenting individuals.

The phrase “Married adolescents” refers to all persons between the ages of 10 and 19 that have entered into marital unions. Marriage does not simply signify a change in status from “unmarried” to “married”. It is a process that converts virtually every set pattern of the married person’s (particularly girls) lives.

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[2] The Alan Guttmacher Institute, 1998. *Into a New World*: Young Women’s Sexual and Reproductive Lives. New York: Alan Guttmacher Institute

[3] United Nations Children’s Fund (UNICEF). 2005. *Early Marriage*: A Harmful Traditional Practice. New York: UNICEF

After marriage ceremonies, girls are normally relocated from their familiar homes or environments, communicate less with friends, initiate sexual debut with someone they may not know very well, become pregnant and assume the roles of wives and mothers. Young age at marriage is also seen to be a correlate of low domestic authority, restricted freedom to move and increased domestic violence.[4]

It is pertinent to bring to the fore the fact that the needs of married adolescents have been neglected over the years for various reasons including historical, legal, social and cultural reasons. First of all, the concept of adolescence itself did not originate from African cultures. The concept has its origin in Western cultures where the ratio of married to unmarried adolescents has remained consistently comparatively low[5]. Given this backdrop, programmes in these countries have not been largely sensitive to the needs of married adolescents. Emphases have rather been on tackling risky sexual behaviour and the social and economic contexts in which adolescents (usually unmarried) live their lives. This has implications because it partly accounts for the inability or to be more precise reluctance of African countries including Nigeria to accept, own and develop policies that aim at addressing the concerns of adolescents per se let aside married adolescents who have over the years been a forgotten category.

In spite of international human rights efforts which have been interested in many gender issues, including early marriage and the Convention on the Rights of the Child (CRC) which has defined a child as "every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier" (Article 1, CRC)[6], many countries do not comply with regards to early marriage. Such countries appeared to have signed the CRC with an exemption to child rights protection for married girls and women. This legal construction has been given the excuse that marriage, irrespective of age makes a person an adult. Marriage usually signifies graduation from childhood and gives the married person a higher social rank and is based on age-old cultural/social norms.

Implementation of CRC in Nigeria

This gloomy picture of the implementation of CRC is worse in Nigeria where policies and legislations have not been adopted in line with CRC. In Nigeria, the

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[4] Jejeebhoy. Shireen. 2000. "Women's autonomy in rural India: Its dimensions, determinants, and the influence of context" In Harriet Presser and Gita Sen (eds), Women's Empowerment and Demographic Processes: Moving beyond Cairo. Oxford: Oxford University Press, pp. 204-238.
Kishor, Sunita and Kiersten Johnson. 2004. Profiling Domestic Violence: A Multi-country Study. Calverton, MD: ORC Macros.

[5] United Nations. 2000 World Marriage Patterns. New York: United Nations Population Division, Department of Economic and Social Affairs.

[6] Paper Presented at WHO/UNFPA/Population Council Technical Consultation on Married Adolescents, WHO, Geneva, 9-12 December, 2003.

practice of girls marrying young is most common in Northern Nigeria. In this region, it is not uncommon to find marriage at or shortly after puberty among the people.

The child rights acts have been left at the discretion of individual states as to whether or not such acts should be passed into laws. To date one prominent project objective of UNICEF for Nigeria has been to ensure that by 2007, national and at least 20 states adopt policies and legistations in line with CRC and CEDAW[7]. Specifically, in 2006, UNICEF intends to "advocate for the domestication of CEDAW, passage of the Child's Rights Act.[8] This grim situation is particularly glaring in Northern Nigeria where many of the states including Bauchi and Borno have not passed the Child Rights law. These states have continued to present a strong resistance to the stipulations of the child rights act. In defending this position, the opponents of the Act have argued that some stipulations of the Act are against religion and as such cannot be followed.[9] In Nigeria, the practice is most common in Northern Nigeria where it is not uncommon to find marriage at or shortly after puberty.

III. Characteristics of Married Adolescents in Northern Nigeria

Married adolescents share certain characteristics. These characteristics include but are not limited to wide age gaps between spouses, little (if any) educational attainment, greater risk of infant and maternal mortality, little or no access to modern media, social separation – resulting in restricted social support, greater susceptibility to STIs/HIV, limited freedom of movement, extreme coercion to become pregnant and lack of skills necessary to survive independently in the labour market.(see fig 1.1-1.6 and tables 2.1 & 2.2 for more information). Most countries have declared 18 as the minimum legal age of marriage but in spite of this declaration, studies show that if the current trend persists, more than 100 million adolescent girls are expected to marry in the next decade.[10] It is trite to state then that adolescent marriage represents one of the greatest forms of human rights violation and married adolescents have largely been sidelined in programmes.

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[7] For Clarification on Implementation of CRC. See UNICEF Nigeria Country Office. Annual Project Plan of Action for the year 2006. Programme: Protection and Participation.

[8] Ibid

[9] Discussions during UNICEF DFO Protection and Participation Programme Strategy Meeting held Febr. 28 – March1, 2006 in Bauchi, Nigeria

[10] Based on girls aged 10 to 19 in developing countries, excluding China, Projected to marry before their eighteenth birthday. Bruce, J. Clark, S. 2004. The implications of early marriage for HIV/AIDS policy", brief based on background paper for the WHO/UNFPA/Population Council Technical Consultation on Married Adolescents. New York: Population Council.

Nigeria, which is known to have some of the highest rates of adolescent marriage has over 20 million adolescents. In a national survey that was conducted by NARSH, it was observed, among other things that the age of 15, 22.6% of the girls were married or had started living with a sexual partner compared to 7.1% of boys (See Table 3). Another nation wide study revealed that 20 percent of girls were married by age 15 and 40 percent were married by age 18[11]. In another study carried out in Northern Nigeria, it was found that 45% of girls are married by age 15 and 73% are married by age 18[12] (Table 3.1).

As stated, there is a high degree of prevalence of child marriage in Northern Nigeria. In the North West, 48 percent of girls were married by age 15 and 78 percent were married by age 18[13]. (Table 3.2). In addition, the Nigeria Demographic and Health Survey 1999 shows that 27% of married girls between the ages of 15 – 19 are in polygamous marriages.[14] (Also see table 3.3). A large proportion of married women also experience domestic violence in the region and it has been observed that there is a direct correlation between the age of the partners in marriage and domestic violence – 'The lower the age at marriage, the higher the risk of domestic violence'.[15]

As mentioned earlier, married adolescents share certain characteristics. In Northern Nigeria, certain characteristics usually stand out. These include the age, religion, educational level, sex and the socio-economic experiences of married adolescents.

- ***Age***

  The ages of married adolescents typically range from 15 – 19 but in extreme cases, even children as young as 9 years old are being given out in marriage. Specifically, in Northern Nigeria, a large number of adolescents marry at 15 years but most adolescents typically marry between the ages of 15 and 18 (see table 3.1). This has implications for reproductive health problems and increased risk of HIV infection in the following ways: (i) the spousal age gap, (ii) the ratio of unprotected sexual activity; (iii) the elevated risks of first births and (iv) domestic violence.

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[11] National Population Commission (Nigeria). 2000: Nigeria Demographic and Health Survey 1999. Calverton, MD: National Population Commission and ORC Macro. Data are for 20 – 24 years old.

[12] Centre for Reproductive Law and Policy (CRLP). 2001. Women of the World: Laws and Policies affecting their Reproductive Lives (Anglophone Africa). New York: CRLP.

[13] National Population Commission (Nigeria). 2000: Nigeria Demographic and Health Survey 1999. Calverton, MD: National Population Commission and ORC Macro. Data are for 20 – 24 years old.

[14] Nigeria Demographic and Health Survey 1999 (NDHS, 1999). Data are for 15 – 19 years old

[15] The World Factbook: "Nigeria. http://www.cia.gov/cia/publications/factbook/geos/ni. html, accessed 15 July, 2004"

Spousal gap: In many cases, adolescent marriage marks an abrupt passage into sexual relations with a husband who is considerably older and many times, 'unchosen'.

The age gap between spouses, in many cases, further heightens the power differential between husbands and wives and discourages the open communication required to ensure voluntary counseling and testing, sharing of results and planning for safer sexual relations in marriage.[16] This exposes married girls to risks of HIV infection that are not negligible. It has been found that the younger the bride, the greater the age difference between her and her spouse. In Nigeria, the average age difference between spouses is 12 years if the wife marries before 15, compared to 8.5 years if the wife marries at or after age 20. spousal age gaps are even wider in polygamous marriages where the average age difference between spouses is 15.3 years in comparison to 8.8 years in monogamous marriages.[17] Husbands of very young girls, on average are older than boyfriends of their unmarried counterparts. Older males are more likely to be sexually experienced resulting in a greater lifetime risk of carrying STIs/HIV. Large spousal age gaps have a tendency to limit married girls' autonomy and decision making ability.

Ratio of Unprotected Sexual Intercourse: Closely related to spousal age gap enumerated above is the ratio of unprotected sexual intercourse among married adolescents which is a major factor in HIV infections. Teenage brides having much older husbands often have restricted ability to negotiate safer sexual relationship and this predisposes them to a high risk of contracting STIs/HIV. Marriage typically heightens sexual activity which in most cases is unprotected.[18] With wide spousal gaps, the older partner, because of his age, has a higher possibility of being HIV-positive.

Although sexual relations outside the confines of marriage are common, the frequency of sexual activity also increases in marriage. This is attributable in part to availability of a partner and increased privacy but part of it may emanate from coercion or compulsory sex since in many cultures, it is regarded as morally wrong to refuse the sexual advances of a husband (see Table 4.1- 4.4 - in Northern Nigeria for percentage of men and women who say it is okay for husbands to beat their wives for refusing to have sex with them), percentage of

[16] Clark, Shelley, Judith Bruce and Annie Dude. 2005. "Protecting Girls from HIV/AIDS: the Case against Child and Adolescent Marriage." Unpublished.

[17] NDHS 1999. Data are for 20 – 29 years old

[18] Gardner, R., R.D. Blackburn, and V.D. Upadhyay, 1999. "Closing the Condom Gap." Population Reports Series 4, No. 9, April. Baltimore: Johns Hopkins University Bloomeberg School of Public Health, Population Information Program.

men and women who think that a wife is justified to refuse to have sex with her husband if she is tired and not in the mood, percentage of men and women who think a wife is justified to refuse sex with her husband if she has just recently given birth, percentage of persons who think a wife is justified to refuse sex with her husband if she knows her husband has sex with other women who are not his wives, if she knows he has a sexually transmitted infections and percentage of persons who think a wife can ask her husband to use a condom if she knows he has a sexually transmitted infection).

Elevated risks of first birth: First births have elevated risks; the youngest mothers, having children for the first time, and their children are particularly susceptible to poor health. In Nigeria, 84% of first births to adolescent girls occur within marriage.[19] Among the 15 – 19 years old married girls, 62% have already given birth.[20] Almost one of four married girls give birth before age 15.[21] See also table13 for percentage of married girls in Northern Nigeria marrying and giving birth before age 15 (Table 3.1).

It is important to note, in relation to age, that prolonged and obstructed labour can result in obstetric fistulas, which disproportionately afflict very young and first-time mothers. According to the Federal Ministry of Health, an estimated 200,000 – 400,000 girls and women have vesico vaginal fistula (VVF) with up to 1,000 new cases occurring every year.[22]

To summarize age as a characteristic of married adolescents and its implications, it should be noted that girls who are forcibly initiated into sexual relations may be particularly vulnerable to STIs/HIV, both because of the physical trauma and because their genital tract is not fully developed. Married adolescents are thus placed in a particularly vulnerable position in the context of the HIV epidemic.

Domestic Violence: Also related to the age of married adolescents is the fact that women who marry younger are more likely to be beaten or threatened and more likely to believe that a husband might sometimes be justified in beating his wife.[23] (see Tables 7 -12). Domestic violence is a widespread problem and data

[19] NDHS 1999. Data Analysed by Monica Grant, Policy Research Division. Population Council.
[20] NDHS 1999 – Data are for 15 – 19 years old
[21] Ibid
[22] Yolah, Hajia Kindin. 2001 "Epilogue to Child had Encounter" http/www.unfpa.org/news/news.cfm? ID=268 & language = 1, accessed July 19, 2004.
[23] Jenson R. and R. Thornton, 2003, 'Early Female Marriage in the Developing Worlds" *Gender and Development,* Vol. 11, No. 2, pp 9-19.

from one demographic and health survey suggests that the lower the age at marriage, the higher the risk of domestic violence.[24]

- ***Religion of Married Adolescents***

  Studies show a strong correlation between girls' religion and age at marriage. The practice of certain religion directly correlates with higher rates of adolescent marriage (see fig. 1.2). As stated, the practice of girls marrying young is most common in Northern Nigeria.

  In many Northern Nigerian states, marriage at or shortly after puberty is not usual. Sufficient data were available to generate regional percentages (averages) of girls marrying between the ages of 15 and 18. Girls in Northern Nigeria were observed to averagely marry 5 years earlier than their Southern counterparts. Within the North, it was observed that the North West region recorded the highest prevalence of married adolescent, with a valid percent of 50.3 followed by the North East with 31.4. The North Central region recorded the lowest prevalence in this category with a valid percent of 18.3. This region (the North Central) is known to be predominantly Christian unlike the preceding two regions. The North West region is also clearly the region with the highest number of Muslims (see table 3.2).

  Regional percentages, however, often mask the wide variations which exist among states in the regions under assessment. The situation is worse in some states. In Borno, Bauchi and Jigawa, more than half of all girls under 18 are married[25](see table 3.1)

  NDHS data reveal that 84.9% of married girls are of the Islamic faith[26] (see table 5) suggesting that adolescent marriage tends to be more among Muslim girls than those of other faiths. Islamic religious norms seem to support early marriage of girls especially because marriage is seen as a "safety net" serving to prevent sexual promiscuity and unwanted pregnancy. Adherence to Islamic norms also encourages factors that disempower girls and inhibit their decision making power in areas related to time of marriage and choice of partners.[27]

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[24] Kishor, Sunita and Kiersten Johnson. 2004. Profiling Domestic Violence: A Multi-country Study. Calverton, MD: ORC Macro.

[25] Highlights of findings CIDA- Nigeria. January 2006

[26] National Demographic and Health Survey 1999

[27] It is however, not clear if early marriage is a factor of culture rather than that of religion alone. Islam is being practiced in some Southern parts of Nigeria but the number of married adolescents in these areas remains low. There appears to be a close link between Hausa and Fulani cultures, the practice of Islam and early marriage suggesting that culture plays a vital role alongside religion in adolescent marriage.

- ***Sex of Married Adolescents***

  The practice of early marriage cuts across the sexes for various reasons but those hardest hit are female. Reports show that men get married at a significantly higher age than women.[28] NDHS data also show 6.8% and 12.6% for girls marrying at ages 15 and 18 respectively compared to 2% and 4% of boys marrying at ages 17 and 18 respectively (table 16)[29]. Considering the fact that most married adolescents are female and looking at the United Nations (UN) convention on the Elimination of all Forms of Discrimination Against Women (1979) and the UN convention on the Rights of the Child (1989), it goes without saying that adolescent marriage constitutes one of the worst violations of human rights (particularly women)

- ***Educational Attainment of Married Adolescents***

  Characteristically, married adolescents in Northern Nigeria have limited educational attainment. Most of the girls receive little (if any) schooling. A low literacy level is a common characteristic of married adolescents. There is a correlation between peoples' (especially girls') educational attainment and the age at which they marry. The National Demographic and Health Survey reveals that only 2 percent of 15 – 19 year old married girls are in school in comparison with 69% of their unmarried counterpart. Furthermore, 73% of married adolescents had no schooling at all compared to 8 percent which was observed among the unmarried girls. Three in four married girls were observed to be unable to read and write.[30]

  In another research, the UNFPA observed that 19.3% of unmarried girls ever attended school and the percentage of those in school at the time stood at 9.1%[31] (see tables 6.1 and 6.2).

  Low levels of educational attainment for married adolescents have far reaching implications since education is a necessary condition for human development. Women with little education do not delay sexual debut and marriage, they are likely to want more children (since having more children may be seen as one of the few ways in which they can affirm their value and identity to themselves and their community); are less likely to have access to modern methods of contraceptives or even in cases where the contraceptives are available, they may lack the skills to negotiate contraceptive use with their spouses. This in turn

[28] National Demographic and Health Survey, 1999
[29] National Demographic and Health Survey, 1999
[30] National Demographic and Health Survey, 1999
[31] United Nations Population Fund (UNFPA) 2004

predisposes such women to increased reproductive health challenges including STIs and HIV.

It is interesting to observe the link between adolescent marriage and educational attainment. In cases where girls are allowed to continue schooling even after they are married, marriage places upon the married girls responsibilities (both within and outside the marriage) which make it difficult or impossible to continue schooling. Not only is leaving school before the expected time an outfall of adolescent marriage, but the same conditions that belie the decisions to marry early – low social status, cultural norms and poverty are conversely likely contributory factors in the disinvestment in girls invariably limiting their educational attainment.[32]

It can be argued in addition that adolescent marriage accounts for a large proportion of poor performance in schools although there are no data as yet to support this claim.

Girls, having no education because of early marriage are denied the gains of education which include: better health, lower fertility levels and increased economic productivity. Besides, they are denied any formal sexuality education, which is seldom introduced before secondary school. Low education also contributes to make married girls highly vulnerable to HIV infection. As noted earlier, young uneducated brides lack the capacity to negotiate safer sex practices such as condom use even if they are aware of the need for such protection. Viewed from this point, the 'ABC' approach to HIV/AIDS prevention (Abstinence, Be Faithful, Condom use) offers no genuine options for married adolescents.

As soon as marriage is contracted, most girls are denied the chance to continue schooling. Marriage can be argued to constitute a greater obstacle to schooling than childbearing. Although no data as yet supports this claim, focus group discussions and other informal sources of data show that unmarried adolescents with children are more likely than married adolescents without children to be enrolled in school. Besides, there are calls and programmes to help pregnant girls go back to school after the birth of their babies, such efforts have not been observed for married adolescents.

[32] Mensch, Barbara S. 2005: "The Transition to Marriage," in Growing Up Global: The Changing Transitions to Adulthood in Developing Countries. Panel on Transitions to Adulthood in Developing Countries, Cynthia B. Lloyd (ed). Washington, DC: The National Academics Press, pp. 416-505.

- ***Socio-Economic Experiences of Married Adolescents***

  Characteristically, early marriage encourages circumstances that give up an adolescent's rights and security. Typically, married adolescents suffer restricted social support resulting from social separation, limited freedom to move, heightened social pressure, little or no access to modern media, and economic disempowerment resulting from lack of skills necessary to survive in the labour market and little power in their new household.[33] (Existing data does not ascertain whether early marriage is the causal factor for these socio-economic challenges or whether the challenges make girls marry early). Data however show that married adolescents are economically disabled having restricted access to and control of resources.[34] Data showed that 55.6% of the respondents were not working at all and 42% were working compared with 9.6% of men were also observed to be involved in low paying, unskilled and semi-skilled jobs (table 7.1 – 7.3) invariably perpetuating their economic handicap.

  Often moving to their husbands' communities, married adolescents have restricted or non-existent friendship and peer networks. They do not possess the power to make decisions and spaces to meet friends which are necessary for good peer networks when compared with their unmarried counterparts.[35] Married adolescents are also likely to have very little power to make decisions in their households having to live under the authority and supervision of their new mothers-in-law. Marriage denies girls noticeable chances and rights which have been provided for by the CRC[36]

  Increasingly, social networks are becoming recognized as essential for the transmission of information and supporting behaviour change. In this wise, social isolation, since it undermines the gains of social contact is a disadvantage predisposing married adolescents to a greater vulnerability to HIV infection. Stone et al 2000 support this hypothesis. The authors report that "Ugandans are more likely to receive AIDS information through personal friendship networks"

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[33] Haberland, Nicole, Erica Chang, and Hillary Braken. 2003. "Married Adolescents: An Overview," Paper presented at the WHO/UNFPA/Population Council Technical Consultation on Married Adolescents, Geneva, 9-12 December.

[34] National Demographic and Health Survey (1999)

[35] Amin Sajeda, Simeem Mahmud, and Lopita Huq. 2002. Baseline Survey Report on Rural Adolescents in Bangladesh. Dhaka: Ministry of Women's Affairs, Government of Bangladesh.

[36] The rights provided for by the CRC, which may be undermined or limited by early marriage, include:

- the right to education (Articles 28)
- the right to be protected from all forms of physical or mental violence, injury or abuse, including sexual abuse (Article 19) and from all forms of sexual exploitation (Article 34);
- the right to rest and leisure, and to participate freely in cultural life (Article 31);
- the right to seek, receive and impart information and ideas (Article 13); and
- the right to educational and vocational information and guidance (Article 28).

which according to them more effectively personalizes risk and fosters behavioural change.[37]

Very great and often undesirable rise in the amount of work appears to characterize marriage for adolescent girls. Besides, although there are no existing data to support this claim, casual discussions with married girls show that many of them view marriage as making them sad and spend too much time alone as it cuts them off from family and friends and limits their social and geographic ability to move as well as curtails access to education, information and community participation.

The isolation suffered by married adolescent girls goes beyond exclusion from physical, social relationships to include access to modern media (television, radio, newspapers).

In a survey carried out by NARSH[38], it was observed that 57.9% of female respondents did not have any access to HIV/AIDS information. 17.7% know where to get HIV/AIDS information, and 45.0% received information on child spacing (see tables 8.1- 8.6). Furthermore, it was observed that 4.9%, 5% and 5.1% thought it was acceptable to present information on HIV and other reproductive health issues on newspapers, television and radio respectively. This suggests an information gap which may be extremely important as different forms of modern media are used more and more to communicate HIV prevention messages and encourage reproductive health including HIV programmes.

The low position of adolescent brides in their new homes also contributes to worsen and increase their risks of HIV infection. As noted earlier, because husbands of adolescent girls are normally by far older than the girls, married adolescent girls have restricted capacity to negotiate issues relating to their reproductive rights and health. Issues such as sexual debut, contraceptive preference, and decisions on number of children and child spacing usually depend exclusively on their spouses. Adolescent brides are usually not given a chance to demand fidelity or separate from spouses who are not faithful and for them and their families, marriage usually viewed as a do or die affair (see table 4.3). The pressure to have children as a way of affirming value and identity is also a burden on married adolescents who succumb to such pressure in spite of their underdeveloped genital tracts.

[37] Stoneburner, Rand, Daniel Low-beer, Tony Barnett and Alan Whiteside. 2000. "Enhancing HIV Protection in Africa: Investigating the Role of Social Cohesion on Knowledge Difussion and Behaviour Change in Uganda", Presentation at the XIII International AIDS Conference, Durban, South Africa, 9-14 July.

[38]

Although, married adolescents can be found almost anywhere, there seems to be a larger proportion of girls marrying early in the rural than urban settings. This may be attributable to several factors including but not limited to rural-urban differentials in access to facilities information, and resources.

What is worth mentioning is the economic dis-empowerment of married adolescent girls. Most married girls are poor. As noted earlier, most of them are either not working at all or engaged in low paying and low status jobs.

IV. Problems Associated with Adolescent Marriage

A closer examination of the characteristics of married adolescents explained above reveals certain negative and unpleasant conditions that are associated with adolescent marriage. The problems are multifaceted and typically range from endangering girls reproductive health, limiting their chances of self development through education, exposing girls to domestic violence among other things and quite significantly contribution to the spread of HIV/AIDS.

First, for many adolescents, marriage signifies the inception of frequent and riskier sexual activity. Early marriage often heightens unprotected sexual exposure and as observed, since husbands are usually much older than the young girls (as Mensch 2003 observes – the younger the bride, the larger the spousal age difference),[39] they are usually likely to have had more sexual experiences and partners, thus have higher risks of HIV infection.

Encouraged by norms based on cultural/societal perceptions and faith, adolescent marriage supports the practice of giving proof or evidence of fecundity as soon as marriage is contracted. Childbearing is seen as one of the few ways in which a married woman can secure her place in her husband's house as well as affirm her worth and personality to herself and the community.[40] In some places, if a girl does not have a child within a few years of marriage, she is made to experience problems with her husband and in-laws and in some cases, such a bride can be rejected and 'thrown out' of her husband's house.

Given the spousal age gaps, the ability to independently make decisions regarding pregnancy or use family planning methods is also denied, the married adolescent girl

[39] Mensch B. 2003. "Trends in the timing of marriage", Presentation at the WHO/UNFPA/Population Council Technical Consultation on Married Adolescents, Geneva, 9-12 December, cited in UNFPA, 2004, Child Marriage Advocacy Packet, 2004.

[40] Singh, S. 1998. Adolescent Childbearing in Developing Countries: A Global Review. Studies in Family Planning Perspectives 22 (4): 148-157

who may, inspite of not wanting children, face clear familiar expectations to become pregnant. This increased sexual exposure (usually unprotected) with older partners and pregnancy – seeking disposition put married girls' health in jeopardy.

Younger brides are also more likely to be in polygamous marriages[41] often as the second or third wife. This is another very important point in relation to HIV/AIDS transmission.

The few social connections, inaccessibility to economic resources, limited mobility and low power in their new households which typically removes girls from significant opportunities which are guaranteed under the CRC is another predisposing factor for HIV risk.

Married adolescents are excluded from information on many things including reproductive health and HIV because of their restricted social networks and access to modern media.

The problem goes beyond knowing to actually using the family planning methods and other information. According to NDHS data, only 2.1% of the female respondents were using family planning methods contraceptives (Table 9.1).

With reference to modern contraceptive use, the data specifically shows that the proportion of women using any methods is approximately eight times more in the Southern regions than in the Northern regions (table 9.2 – 9.3)[42]. With the worst case in the North West region recording a percentage of 1.5% for males and 2.5% for females.

These regional statistics as noted often mask the wide variations among the states. Although there are not sufficient data available as yet to support this claim, reports from focus group discussions show that the ignorance and lack of contraceptive use is more prevalent in Bauchi, Borno and Jigawa States where most of the girls know little or nothing at all about contraceptives let alone using them.

Frequent and unprotected sexual activity continues for married adolescents in spite of their underdeveloped genital tracts and during child birth, married adolescents are usually likely to develop complications. Mothers having children for the first time when they are too young are particularly susceptible to bad health conditions[43] - like Vesico Vaginal Fistula (VVF) and RVF (which leave girls and women consistently leaking urine

[41] Clark, Shelley, Judith Bruce, and Annie Dude 2005. "Protecting Girls from HIV/AIDS: The Case Against Child and Adolescent Marriage." Unpublished Manuscript.
[42] NDHS 1999
[43] NDHS 1999 Data analysed by Monica Grant, Policy Research Division, Population Council

and/or faeces ultimately leading to neglect by friends and family in most cases) and maternal and infant mortality.

Adolescent marriage also deprives married girls the opportunity of schooling. NDHS data reveal that 73 percent of married girls compared to 8 percent of unmarried girls received no schooling and three out of four married girls cannot read at all.[44]

Apart from denying the married adolescent girl access to the benefits of education, improved health, lower fecundity and increased productivity/participations in the society, depriving married adolescents the chance to school is critical since the educational structure is a significant setting where much of adolescent and HIV policy is presented.

Although most married women are faced with domestic violence, girls who marry early stand a greater risk of being exposed to gender-based violence in the home (see table 10). Because of low educational and social exposure, some adolescents seem to think that it is acceptable for a husband to beat his wife under certain conditions.

The problems associated with early marriage extend beyond personal harm caused to married girls to affect the society in general. In this wise, adolescent marriage serves as a deterrent to sustainable development.

Viewed from a broader perspective, development is a human centred concept that goes beyond infrastructural facilities to include people and development cannot be said to take place where a significant proportion of the population live in social isolation and exclusion.The society cannot benefit from the contributions which these married adolescents would have made had they been given the chance to both develop themselves and participate more meaningfully in the society.

Adolescent marriage also undermines efforts to curtail maternal and infant mortality. In Bauchi for example, it was observed that 90.3% of women had first pregnancy between 10 – 19 years; 72% in Borno and 94.6% in Katsina[45] and with the current rates of HIV infection and spread, adolescent marriage serves to militate against the successful fight against the AIDS epidemic since it undermines intervention efforts as explained above.

[44] Nigeria Demographic and Health Survey, 1999. (NDHS 1999). Data are for 15 – 19 years old.
[45] CIDA – Highlight of Findings CIDA - Nigeria January 2006.

V. CONCLUSION

Married adolescent girls have been largely marginalized in the conventional adolescent reproductive health including HIV/AIDS policies and interventions. Substantial attention has also not been given to this category of persons in family planning programmes which have for the most past have been directed at adult married women. In spite of their numerical strength, married adolescents have, to date constituted a largely ignored part of the population, not benefiting from existing programmes.

Existing data show that this early transition to marriage often inhibits married adolescents' access to resources, services, information and social networks. Girls that are married out early are exposed to a number of non health issues including low social status, inhibited educational pursuit and lack of skills to be viable in the labour market. Health wise, married adolescents are at relatively high risk of HIV infections, early pregnancy and its attendant problems such as birth complications including obstructed labour.

Both from health and social perspectives, the needs and concerns of married adolescents must not be neglected. Paying deaf ears to the risks involved in early marriage and concentrating on adolescent reproductive health/HIV intervention and policies will undermine the success of reproductive health including HIV/AIDS programmes and policies. Married adolescents will gain more from an integrated approach which will include the whole community and this will lay the foundations for more success in reproductive health including HIV/AIDS interventions programmes.

VI. Recommendations

Married adolescents have been for the most part given little or no attention at all in adolescents and HIV/AIDS intervention programmes and policies because of the erroneous conception that marriage guarantees them security and rights as well as confers on them a higher social status. As a category, married adolescents continue to constitute an underserved group and the following recommendations are made in order to ensure that this category of people is better serviced: Recommendations will be made in three categories- viz: before marriage, in marriage, and general interventions.

Before or Outside Marriage

Education can play a vital role in this since it has been observed that girls with more formal schooling tend to marry later than their out-of school counterparts increased emphasis on and participation of girls in education will afford girls the opportunity to not only delay marriage but also equip them with skills to choose their partners.

Creating jobs for girls will also help in postponing marriage since chances of engaging in paid jobs may demand more schooling.[46]

Community members should be most importantly motivated to agree with and own the process. For example, when community members are made to see the real picture of and havoc caused by early marriage such as its surreptitious relationship with HIV/AIDS which undermines other more crucial community values, community members are likely to be motivated to make extra efforts at protecting themselves. Communities can be mobilized through public campaigns, pledges and incentive schemes.

- Encourage state-level authorities particularly in the North to comply with the provisions made in the Child Rights Acts especially the part of the law that establishes 18 as the legal age of marriage for girls.
- Increase public awareness that marriage is not necessarily a "safety net"
- Community members should be made to see the broader but usually hidden implication of marriage. Families (particularly impoverished) parents should be enlightened on the often poor economic and health statuses which marriage imposes on young brides. The broader risks of HIV infections and other reproductive health concerns should also be explained. In this way, parents and families will be desensitized from the generally accepted view that marriage is a safe place. Adolescent girls, themselves, who have been all along been afraid of the challenges of unmarried life should be desensitized and encouraged to delay marriage. Current myths surrounding marriage both for families and adolescents themselves should be down playing and countered and the myth that the risk of HIV/AIDS is lower with regular partners should be dispelled.
- Assess, whether or not marrying later will significantly increase the number of unmarried, sexually active adolescents who are at a higher risk of HIV infection.
- Research should be carried out to ascertain whether or not the assumption that early marriage reduces the number of sexually active and at risk adolescent girls holds true. And whether or not early marriage is worth it considering the human rights violation the practice constitutes.
- Encouraging lower spousal age gaps between spouses – efforts should be made at de-socializing people from cultural norms supporting the idea of sexually more 'exposed' husbands which as explained poses a threat for the adolescents sexual health including HIV risk.
- Raise awareness and cultivate the active support of those who influence adolescents' decision to get married – namely: parents, siblings and friends as well as reach adolescents who are preparing to marry with reproductive health including HIV information.

[46] Centre for Development and Population Activities (CEDPA). 2001. Adolescent Girls in India choose a Better Future: An Impact Assessment. Washington, DC. CEDPA

- Providing opportunities for voluntary confidential counseling and testing for partners before marriage. Intending couples should be encouraged to undergo a Voluntary Confidential Counselling and Testing (VCCT) to enhance communication and trust. In this way, partners will be better equipped to plan to deal with the results for each partner whether such results turn out positive or negative.

Interventions for the Already Married Adolescents

- Give greater attention to the needs of married adolescents in reproductive health including HIV/AIDS programmes
- Make efforts at increasing young women's independence and chances after marriage. Since marriage has been shown to have harmful effects on young women[47] programmes should aim at supporting married girls' autonomy. Such programmes should provide opportunities to develop vocational competencies like hair dressing, sewing, etc.
- Draw on the highly respected organization of marriage to reproductive health HIV/AIDS messages. There should be attempts at encouraging greater intimacy between married partners to make for discussions on and use of modern contraceptives and other sex related issues. Mutual pleasure and desire should be stressed with regards to marital sexual relations, and the rights of husbands or wives to decline undesirable sexual relations should be emphasized.
- Reducing the pressure expected on married girls to become pregnant and give birth, efforts should be made to delay child births. Efforts should be made to emphasize that pregnancy should be postponed to a later date since first births for very young girls produces elevated risks.

Raising the mean age at which girls begin to bear children will yield significant demographic gains. A woman who begins child bearing at 18 will have an average of seven children by the time she completes child bearing in comparison to a woman who waits until her early 20s to start having children who will have on approximated average of five or six children[48]. Besides, delayed first births will significantly contribute to a decline in fecundity in the regions and create longer intervals between generations.[49]

Policies and interventions aimed at promoting the delay of first births will also significantly reduce maternal and infant health problems. Adolescents who are not mature enough but get pregnant are exposed to heightened health risks which in severe

[47] Singh, S. and R. Samara. 1996: Early Marriage among Women in Developing Countries. International Family Planning Perspectives 22(4): 148-157

[48] The Alan Guttmacher Institute. 1998. Into a new world: Young women's sexual and reproductive lives. New York: Alan Guttamcher Institute.

[49] McDevitt, T.M. 1996. Trends in Adolescent Fertility and Contraceptive Wise in the developing World. Washington, DC: U.S. Department of Commerce.

cases many include damaged reproductive health tract, ruptures in the birth canal, prolonged and obstructed labour and a greater risk that they may die. Adolescents' babies also stand a chance of experiencing more birth injuries, low birth weight and still birth.[50]

Destigmatize the use of condoms within marriage

Efforts should be made at reshaping or re-orienting peoples ideas of the use of condoms in marriage. Against the backdrop of a growing and an already HIV/AIDS burden, more emphasis should be made by health workers and others to refute the erroneous view that condoms are unacceptable within marriage since they represent unfaithfulness or lack of trust.

In all, there is a need to more effectively address the gender gaps that perpetuate women's lack of independence and bridge the gaps that have hitherto been created for this category of persons by current reproductive health programmes.

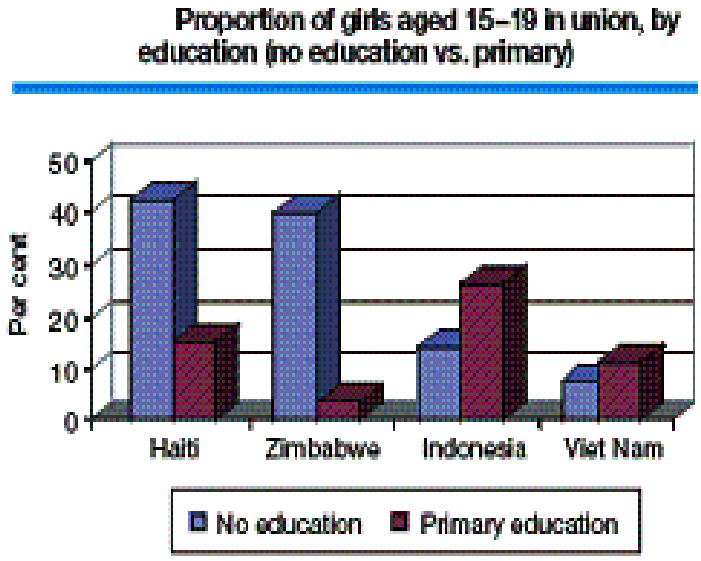
The strategy to be adopted in summary include:

- More effectively document and evaluate current intervention for married adolescents
- Refine maternal health and adolescent sexual reproductive health services to take cognizance of the needs and concerns of married adolescents. That is, make married adolescents a priority in government's reproductive health and HIV/AIDS intervention programmes.
- Step-up the level of material, financial and other resources assigned to interventions for married adolescents

[50] World Health Organisation (WHO). 1989. The Health of Youth Background Technical Document. Technical Discussions 1989. A 42/Technical Discussions/2 Geneva. WHO

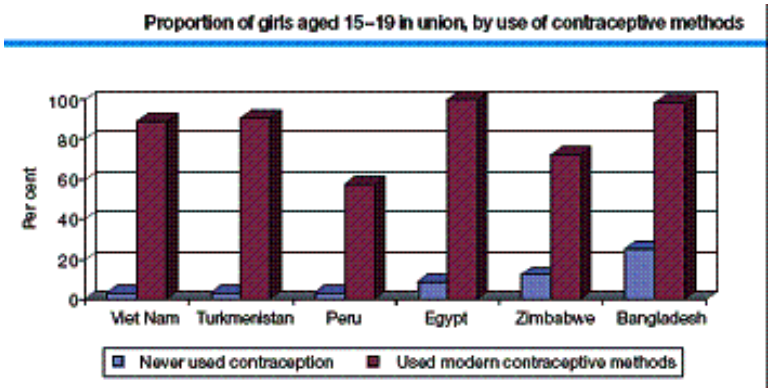
VI Figure of Tables

Figure 1.1



Source: UNICEF. 2005. Early Marriage: A Harmful Traditional Practice. New York: United Nations.

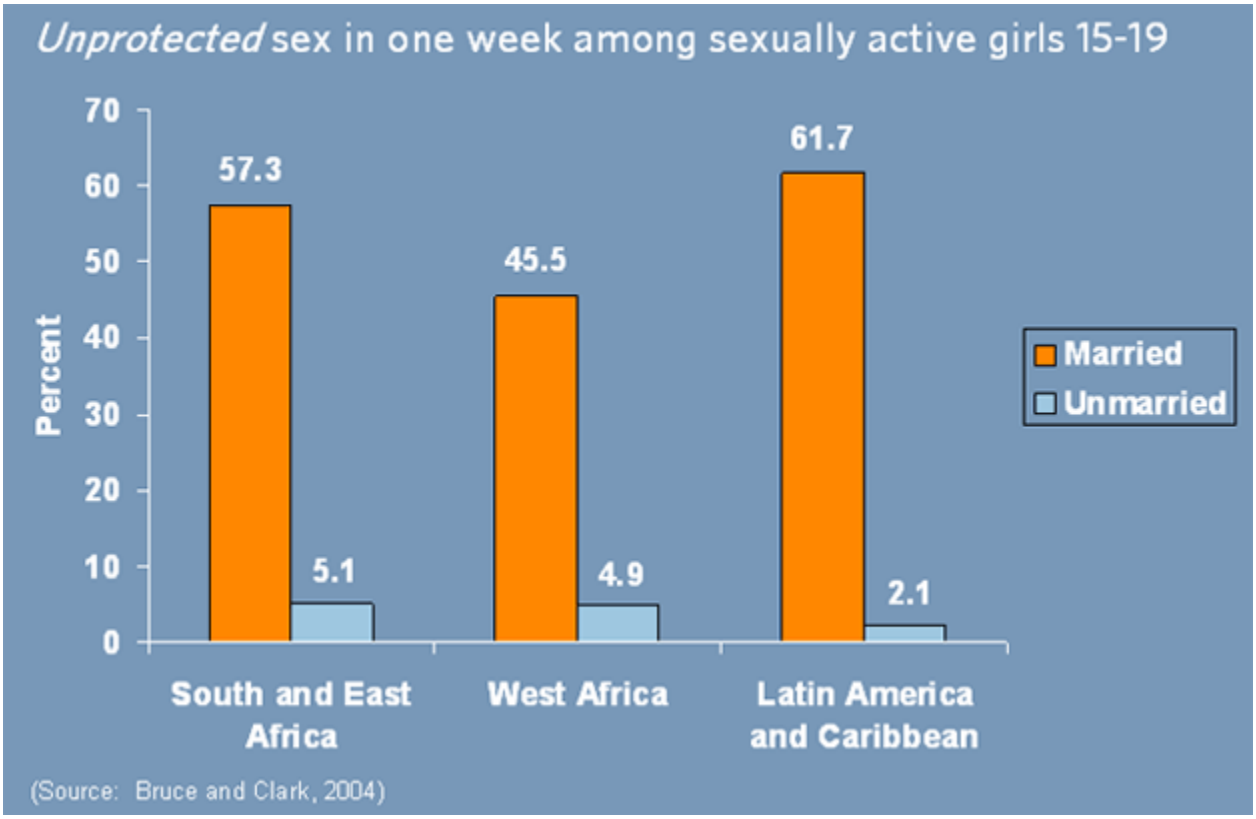
Figure 1.2



Source: UNICEF. 2005. Early Marriage: A Harmful Traditional Practice. New York: United Nations.

Figure 1.3

Likelihood of Having Unprotected Sexual Relations



Source: UNFPA. 2004. Child Marriage Advocacy Package

Figure 1.4

Child Marriage & Maternal Mortality: Maternal Mortality by Age

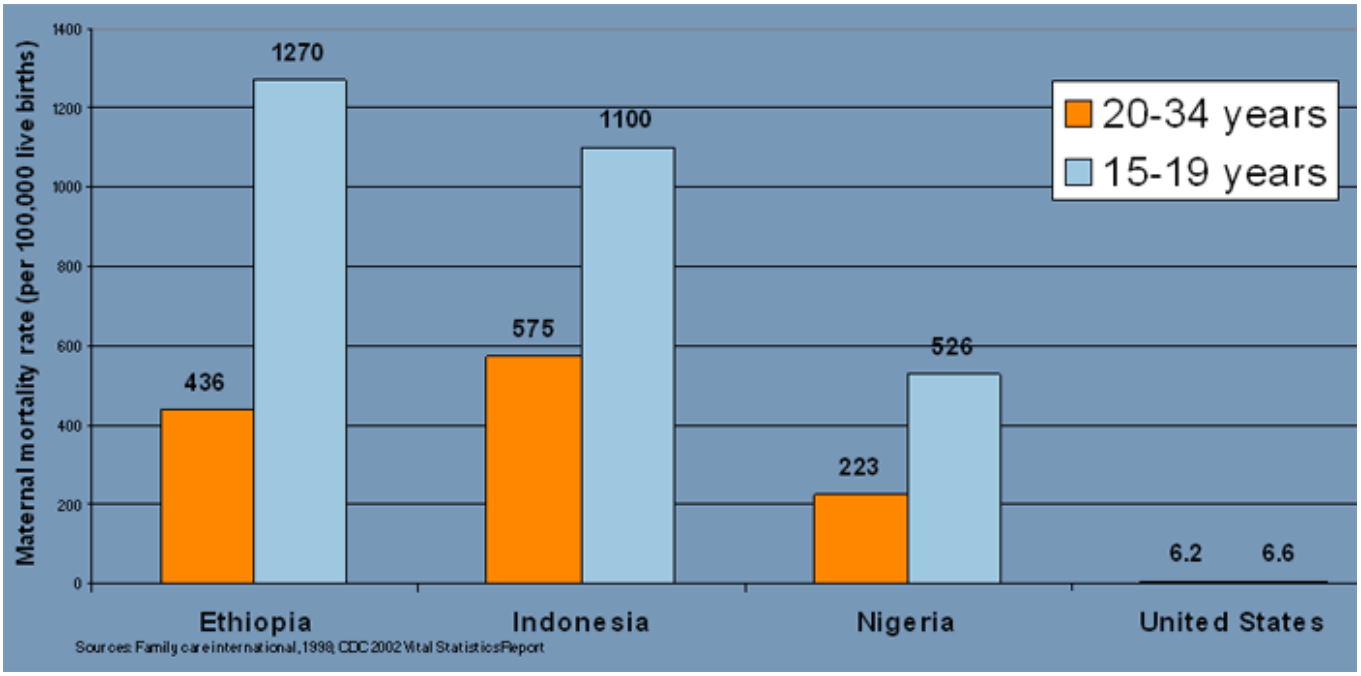
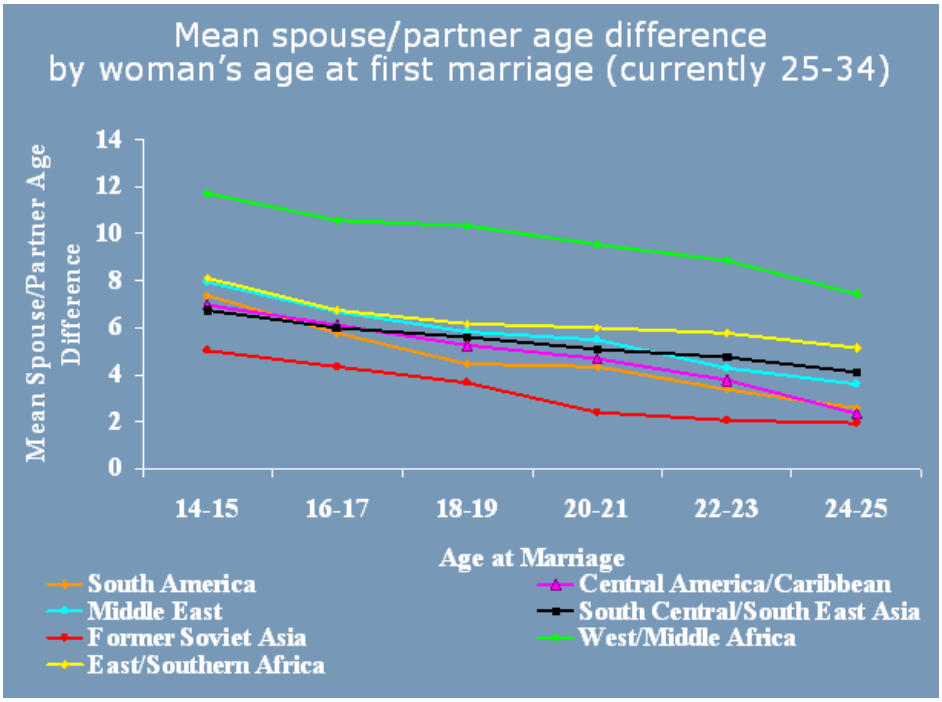


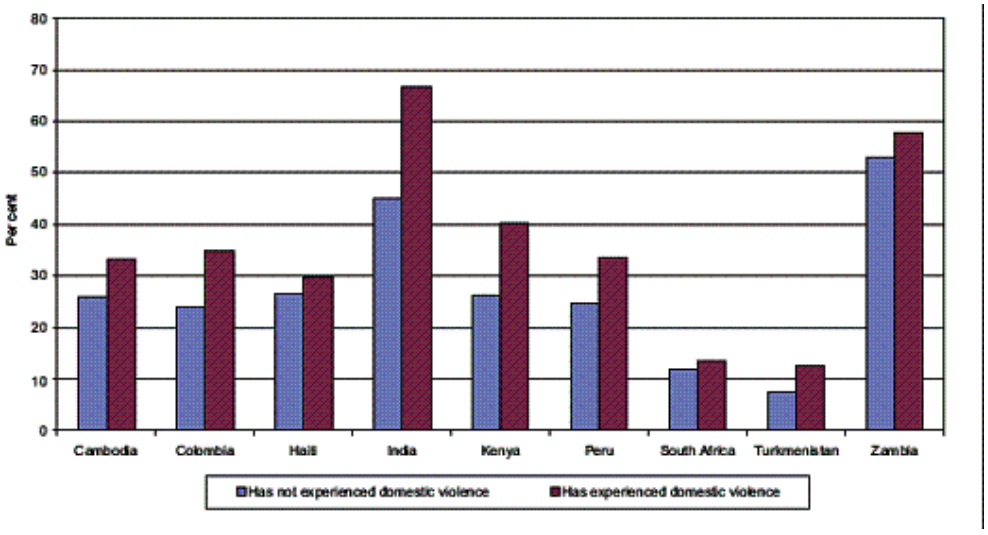
Figure 1.5



Source: Mensch, B. 2003. "Trends in the timing of first marriage," presentation at the WHO/UNFPA/ Population Council Technical Consultation on Married Adolescents, Geneva, 9–12 December. Cited in UNFPA. 2004. Child Marriage Advocacy Packet. 2004.

Figure 1.6

Proportion of Women Married by the Exact Age of 18, by Experience of Violence



Source: UNICEF. 2005. Early Marriage: A Harmful Traditional Practice. New York: United Nations

Table 1

Percentage married and probability of having unprotected sex among different groups of adolescent girls aged 15-19, by country

Country										
South & East Africa										
Ethiopia	2000	24.9	94.2	97.2	97.9	73.6	0.5	25.9	141.6	3366
Rwanda	2000	6.6	50.9	96.8	97.2	88.5	0.2	2.6	491.4	2713
Uganda	1995	48.4	80.1	95.1	96.3	65.6	2.4	10.1	27.7	1578
West Africa										
Cameroon	1998	34.3	53.4	67.3	69.9	44.6	10.0	22.0	4.4	1269
Guinea	1999	44.6	75.3	80.4	84.0	39.7	6.1	23.1	6.5	1317
Nigeria	**1999**	**15.6**	**60.8**	**87.1**	**89.3**	**47.2**	**1.0**	**9.1**	**45.4**	**3365**
Latin America & the Caribbean										
Colombia	2000	14.9	39.0	69.2	77.6	75.6	3.8	14.0	19.8	2192
Haiti	2000	16.6	51.9	78.3	82.6	27.8	1.2	6.3	23.8	2367
Peru	2000	10.4	48.4	79.5	81.2	63.6	1.7	13.8	37.2	5679
Asia										
India	1998/99	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6888
Middle East										
Egypt	2000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	579

Source: DHS 2001

Table 2.1

Sex of Respondent. “Have you ever attended school? Crosstabulation

			Have you ever attended School?		Total
			Yes	No	
Sex of respondent	Male	Count	147	183	330
			44.5%	55.5%	100.0%
			7.0%	8.7%	15.6%
	Female	Count	343	1436	1779
			19.3%	80.7%	100.0%
			16.3%	68.1%	84.4%
Total		Count	490	1619	2109
			23.2%	76.8%	100.0%
			23.2%	76.8%	100.0%

Source: Contact Jalingo

Table 2.2

Sex of Respondent. “Are you currently attending school? Crosstabulation

			Are you currently attending school?		Total
			Yes	No	
Sex of respondent	Male	Count	25	119	144
			17.4%	82.6%	100.0%
			5.2%	24.5%	29.7%
	Female	Count	31	310	341
			9.1%	90.9%	100.0%
			6.4%	63.9%	70.3%
Total		Count	56	429	485
			11.5%	88.5%	100.0%
			11.5%	88.5%	100.0%

Source: UNFPA

Table 3.1

How old were you when you first married or start living with a sexual partner?
* Sex of the Respondent crosstabulation.

		Sex of the Respondent		
		Male	**Female**	**Total**
9	Count	2	6	8
		1.8%	1.0%	1.1%
10	Count	0	18	18
		.0%	2.9%	2.5%
11	Count	0	9	9
		.0%	1.5%	1.2%
12	Count	1	47	48
		.9%	7.7%	6.6%
13	Count	0	60	60
		.0%	9.8%	8.3%
14	Count	4	113	117
		3.6%	18.4%	16.1%
15	Count	8	139	147
		7.1%	22.6%	20.2%
16	Count	6	70	76
		5.4%	11.4%	10.5%
17	Count	8	47	55
		7.1%	7.7%	7.6%
18	Count	14	50	64
		12.5%	8.1%	8.8%
19	Count	19	20	39
		17.0%	3.3%	5.4%
20	Count	29	16	45
		25.9%	2.6%	6.2%
21	Count	7	11	18
		6.3%	1.8%	2.5%
22	Count	11	5	16
		9.8%	.8%	2.2%
23	Count	2	2	4
		1.8%	.3%	.4%
24	Count	1	1	2
		.9%	.2%	.3%
Total		112	614	726

Source: NARSH

Table 3.2

Region

	Frequency	Valid Percent
North Central	196	18.3
North East	336	31.4
North West	538	50.3
Total	1070	100.0

Source: NDHS 1999

Table 3.3

How many wives do you have? Or how many wives does your husband have? *Sex of the Respondent Crosstabulation.

		Sex of the Respondent		
		Male	Female	Total
1	Count	103	425	528
		86.6%	64.7%	68.0%
2	Count	13	184	197
		10.9%	28.0%	25.4%
3	Count	0	41	41
		.0%	6.2%	5.3%
4	Count	1	57	68
		.8%	.8%	.8%
7	Count	0	1	10
		.0%	.2%	.1%
10	Count	1	0	1
		.8%	.0%	.1%
12	Count	0	1	1
		.0%	.2%	.1%
	Count	119	657	776
		100.0%	100.0%	100.0%

Source: NDHS 1999

Table 4.1

Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified to refuse to have sex with her husband if she is tired and not in the mood. * Sex of Respondent crosstabulation

		Sex of the Respondent		
		Male	**Female**	**Total**
Yes	Count	82	291	373
		68.3%	44.2%	47.9%
		10.5%	37.4%	47.9%
No	Count	37	325	362
		30.8%	49.3%	46.5%
		4.7%	41.7%	46.5%
Don't know	Count	1	34	35
		8%	5.2%	4.5%
		.1%	4.4%	4.5%
No response	Count	0	9	9
		.0%	1.4%	1.2%
		.0%	1.2%	1.2%
Total	Count	120	659	779
		100.0%	100.0%	100.0%
		15.4%	84.6%	100.0%

Source: NDHS, 1999

Table 4.2

Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified to refuse to have sex with her husband if she has recently given birth. *Sex of Respondent cross tabulation

		Sex of the Respondent		
		Male	**Female**	**Total**
Yes	Count	96	460	556
		80.0%	69.7%	71.3%
		12.3%	59.0%	71.3%
No	Count	22	158	180
		18.3%	23.9%	23.1%
		2.8%	20.3%	23.1%
Don't know	Count	2	33	35
		1.7%	5.0%	4.5%
		.3%	4.2%	4.5%
No response	Count	0	9	9
		.0%	1.4%	1.2%
		.0%	1.2%	1.2%
Total	Count	120	659	779
		100.0%	100.0%	100.0%
		15.4%	84.6%	100.0%

Source: NDHS, 1999

Table 4.3

Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified to refuse to have sex with her husband if she knows her husband has sex with other women who are not his wives. *Sex of Respondent crosstabulation

		Sex of the Respondent		
		Male	**Female**	**Total**
Yes	Count	83	345	428
		69.2%	52.3%	54.9%
		10.6%	44.2%	54.9%
No	Count	33	258	291
		27.5%	33.9%	37.3%
		4.2%	33.1%	37.3%
Don't know	Count	4	49	53
		3.3%	7.4%	6.8%
		.5%	6.3%	6.8%
No response	Count	0	8	8
		.0%	1.2%	1.0%
		.0%	1.0%	1.0%
Total	Count	120	660	780
		100.0%	100.0%	100.0%
		15.4%	84.6%	100.0%

Source: NDHS, 1999

Table 4.4

Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified to refuse to have sex with her husband if she knows he has a sexually transmitted infection. *Sex of Respondent crosstabulation

		Sex of the Respondent		
		Male	**Female**	**Total**
Yes	Count	102	401	503
		85.0%	60.8%	64.5%
		13.1%	51.4%	64.5%
No	Count	12	185	197
		10.0%	28.0%	25.3%
		1.5%	23.7%	25.3%
Don't know	Count	6	63	69
		5.0%	9.5%	8.8%
		.8%	8.1%	8.8%
No response	Count	0	11	11
		.0%	1.7%	1.4%
		.0%	1.4%	1.4%
Total	Count	120	660	780
		100.0%	100.0%	100.0%
		15.4%	84.6%	100.0%

Source: NDHS, 1999

Table 5
Religion

	Frequency	Valid Percent
Catholic		5.7
Protestant	72	6.7
Other Christian	23	2.2
Islam	908	84.9
Traditionalist	4	.4
Other	1	.1
Total	1069	100.0

Source: NDHS 1999

Table 6.1
Sex of Respondent. "Have you ever attended school? Crosstabulation

			Have you ever attended School?		Total
			Yes	No	
Sex of respondent	Male	Count	147	183	330
			44.5%	55.5%	100.0%
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Source: UNFPA

Table 6.2

Sex of Respondent. "Are you currently attending school? Crosstabulation

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			9.1%	90.9%	100.0%
			6.4%	63.9%	70.3%
Total		Count	56	429	485
			11.5%	88.5%	100.0%
			11.5%	88.5%	100.0%

Source: UNFPA

Table 7.1

Respondent's Occupation

	Frequency	Percent	Valid Percent	Cumulative Percent
Not working	595	55.6	55.6	55.6
Medical doctors	2	.2	.2	55.8
Midwives	1	.1	.1	55.9
Education teachers	8	.7	.7	56.6
Related workers not classified	2	.2	.2	56.8
Salesmen and street vendors	259	24.2	24.2	81.0
Managers (catering and lodging service)	1	.1	.1	81.1
Cooks & related workers	11	1.0	1.0	82.1
Launderers	1	.1	.1	82.2
Hairdressers & related workers	8	.7	.7	83.0
General farmers	100	9.3	9.3	92.3
Chemical processors & related workers	2	.2	.2	92.5
Spinners & related workers	32	3.0	3.0	95.5
Food and beverage processors	3	.3	.3	95.8
Tailors	34	3.2	3.2	99.0
Labourers not elsewhere classified	11	1.0	1.0	100.0
Total	1070	100.0	100.0	

Source: NDHS, 1999

Table 7.2

Respondent Currently Working

	Frequency	Valid Percent
No	614	58.0
Yes	444	42.0
Total	1058	100.0

Source: NDHS 1999

Table 7.3

Partner's Occupation

	Frequency	Percent	Valid Percent	
Not working	6	.6	.6	.6
Engineering	3	.3	.3	.8
Medical doctors	9	.8	.8	1.7
Midwives	5	.5	.5	2.1
Accountants	5	.5	.5	2.6
Lawyers	1	.1	.1	2.7
Education-Teachers	40	3.7	3.7	6.4
Workers in religion	3	.3	.3	6.7
Artists	3	.3	.3	7.0
Legislative officials	5	.5	.5	7.5
Managers	1	.1	.1	7.6
Clerical supervisors	11	1.0	1.0	8.6
Government officials	24	2.2	2.2	10.8
Clerical workers	1	.1	.1	10.9
Bookkeepers	1	.1	.1	11.0
Processing machine operator	1	.1	.1	11.1
Transport and communication	2	.2	.2	11.3
Transport conductors	1	.1	.1	11.4
Clerical & related workers	3	.3	.3	11.7

Source: NDHS 1999

Table 8.1

Do you know where you can obtain information about HIV/AIDS? *Sex of the respondent crosstabulation

		Sex of the Respondent		
		Male	Female	Total
Yes	Count	54	261	315
		45.0%	39.5%	40.4%
No	Count	66	382	448
		55.0%	57.9%	57.4%
No response	Count	0	17	17
		.0%	2.6%	2.6%
Total	Count	120	660	780
		100.0%	100.0%	100.0%

Source: NARSH 1999

Table 8.2

Where can you obtain information about HIV/AIDS?

	Frequency	Valid Percent
Private health centre/hospital	56	17.7
No response	259	82.3
Total	315	100.0

Table 8.3

	Frequency		Valid Percent	
Yes	55		45.0	
No	59		48.5	
No response	8		6.5	
Total	123		100.0	

Source: NARSH

Table 8.4

Is it acceptable or not acceptable to you for information on HIV, Family planning and other sexually related issues to be provided on print such as newspaper, leaflets? *Sex of the respondent cross tabulation

		Sex of the Respondent		Total
		Male	Female	
Acceptable	Count	76	380	456
		62.8%	57.6%	58.4%
No Acceptable	Count	13	54	67
		10.7%	8.2%	8.6%
Don't know	Count	32	214	246
		26.4%	32.4%	31.5%
No response	Count	0	12	12
		.0%	1.8%	1.5%
Total	Count	121	660	781
		100.0%	100.0%	100.0%

Source: NARSH

Table 8.5

Is it acceptable or not acceptable to you for information on HIV, Family planning and other sexually related issues to be provided on Television? *Sex of the respondent cross tabulation

		Sex of the Respondent		Total
		Male	Female	
Acceptable	Count	82	418	500
		68.3%	63.3%	64.1%
No Acceptable	Count	14	47	61
		11.7%	7.1%	7.8%
Don't know	Count	24	184	208
		20.0%	27.9%	26.7%
No response	Count	0	11	11
		.0%	1.7%	1.4%
Total	Count	120	660	780
		100.0%	100.0%	100.0%

Source: NARSH, 1999

Table 8.6

Is it acceptable or not acceptable to you for information on HIV, Family planning and other sexually related issues to be provided on Radio? *Sex of the respondent cross tabulation

		Sex of the Respondent		Total
		Male	Female	
Acceptable	Count	103	518	621
		86.6%	78.5%	79.7%
No Acceptable	Count	7	21	28
		5.9%	3.2%	3.6%
Don't know	Count	9	111	120
		7.6%	16.8%	15.4%
No response	Count	0	10	10
		.0%	1.5%	1.3%
Total	Count	119	660	779
		100.0%	100.0%	100.0%

Source: NARSH, 1999

Table 9.1

Sex of Respondent. *Are you currently using any FP Cross tabulation

			Sex of the Respondent		Total
			Male	Female	
Sex of respondent	Male	Count	33	297	330
			10.0%	90.0%	100.0%
			1.6%	14.1%	15.7%
	Female	Count	37	1741	1778
			2.1%	97.9%	100.0%
			1.8%	82.6%	84.3%
Total		Count	70	2038	2108
			3.3%	96.7%	100.0%
			3.3%	96.7%	100.0%

Source: UNPFA

Table 9.2

Knowledge of Contraceptive Methods by Region, Nigeria

Regions	Knows any method		Knows modern method	
	Males	Females	Males	Females
Northeast	61.4	35.4	57.2	34.6
Northwest	72.0	42.2	65.2	39.1
Southeast	93.4	81.6	88.4	79.0
Southwest	93.8	87.2	90.4	83.7
Central	92.1	70.0	83.9	67.7

Source: NDHS, 1999

Table 9.3

Current Use of Family Planning Methods by Region, Nigeria

Regions	Knows any method		Knows modern method	
	Males	Females	Males	Females
Northeast	7.2	3.1	5.2	2.2
Northwest	3.0	3.2	1.5	2.5
Southeast	53.3	23.5	14.3	9.1
Southwest	53.3	26.2	24.9	15.5
Central	34.9	17.8	20.5	10.9

Source: NDHS, 1999

Table 10
Sometimes, a man is annoyed by things his wife/partner does. In your opinion is a husband justified in beating his wife in the following situations? If she goes out without tell him. * Sex of the respondent Cross tabulation.

		Sex of the Respondent		Total
		Male	Female	
Yes	Count	30	274	304
		25.0%	41.5%	39.0%
		3.8%	35.1%	39.0%
No	Count	87	349	436
		72.5%	52.9%	55.9%
		11.2%	44.7%	55.9%
Don't know	Count	3	27	30
		2.5%	4.1%	3.8%
		.4%	3.5%	3.8%
No response	Count	0	10	10
		.0%	1.5%	1.3%
		.0%	1.3%	1.3%
Total	Count	120	660	780
		100.0%	100.0%	100.0%
		154.4%	84.6%	100.0%

Source: NARSH

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