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**A QUALITATIVE EXPLORATION OF THE EXPERIENCE AND THE IMPACT  
OF HIV/STIs AMONG POLYGAMOUS WOMEN IN MUSLIM SOCIETY OF  
NIGERIA**

BY

LIMOTA GOROSO GIWA

A thesis submitted to the University of Huddersfield in partial fulfilment of the  
requirements for the degree of Doctor of Philosophy

The University of Huddersfield

July 2015

## APPROVAL

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Signed

Date

I certify that this thesis satisfies all the requirements as a thesis for the degree of Doctor of Philosophy.

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Signed

Date

This is to certify that we have read this thesis and that in our opinion it is fully adequate, in scope and quality, as a thesis for the degree of Doctor of Philosophy.

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- (1) Signed.....
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## DECLARATION

I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all materials and results that are not original to this work.

Name: Limota Tokunbo (Hajiya)

Surname:

Goroso Giwa.

Signature.....

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## **ABSTRACT**

### **Background**

The rationale for this study was developed from the personal and professional experience of the researcher living in a Muslim community in Nigeria where HIV/STIs are major health and social care problems. Most literature reviews on HIV/STIs and polygamy in Nigeria and in sub-Saharan Africa, have focused mainly on case studies and surveys.

### **Aim**

This study explores the experience and impact of HIV/STIs on Muslim women living in polygamous marriages in Nigeria. The objectives of this study are to explore their perceptions, knowledge and awareness of HIV/STIs, examine the effect of polygamy and identify factors to empower Muslim women to protect themselves.

### **Method**

The study adopts a qualitative approach, consisting of one-to-one in-depth interviews, within a feminist framework, with 20 women living in polygamous marriages in Nigeria. The qualitative approach was valuable because the words of the women who live in polygamous relationships cannot be quantified. A narrative, descriptive approach to the one-to-one in-depth interviews helped the researcher to listen and to describe their perspective; this was necessary because it is about their lived experience in polygamy. Using feminism, as the theoretical framework, offers an understanding of how polygamous women can be understood in relation to the dominant ideologies existing within a particular socio structure and it provides the lens to review the situation and suggest the necessary changes. The extract from the interview transcript was used to illustrate how the polygamous women's accounts were explored in their own vernacular ways of speaking. Through the use of thematic analysis ten themes emerged.

### **Findings**

Ten themes were initially identified and four concepts finally emerged after coding and recoding of the similarities. These are the four concepts that emerged. They are; Education, Testing, Condom usage and an Economic empowerment (ETCE) approach. This means that there is a need for education, especially sex education as well as economic empowerment. The women's accounts in this study area highlight the problems that polygamous women frequently experience such that, they cannot negotiate their sexual needs and cannot refuse their husbands taking on additional wives, within this kind of marriage system. The



knowledge systems of polygamous women were evaluated and positioned in terms of women's subjectivity and experiential knowledge.

This study reveals that polygamy creates asymmetrical positioning, such asymmetrical positioning creates unequal power positions, not only among spouses, but among the co-wives within the polygamous marriage. The ways in which these social relations are negotiated and experienced are shaped by religion and traditions. This study also reveals that power and gender issues are critical factors in disempowering polygamous women, as they appear to be voiceless on issues that affect them in their polygamous marriage. Therefore, this means that there is a need for sexual education and for an improvement in the socio-economic status of women.

### **Conclusions**

Power and gender issues are critical factors in subordinating and disempowering polygamous women in their community; they are voiceless on their reproductive rights and limited in their option to control the spread of HIV/STIs. This study therefore, calls upon policy makers in Nigeria to consider these four concepts of Education, Testing, Condom Use and Economic empowerment (ETCE), as identified in the study, to help enhance the issue of economic empowerment of the polygamous women. Also this is to say that a window of opportunity exists; planners should develop partnerships with religious and community leaders to change the detrimental behaviours of polygamous men and women on issues of prevention and the control of HIV/STIs.

## **DEDICATION**

This work is dedicated to the African women and Nigerian women's Feminist movement. To my beloved children (the triplets: Hassan, Hussein and Bilikish) and to any other person who wishes to learn more about how men and women relate in terms of HIV/STIs infections in polygamy and to those who wish to ensure an HIV/STI-free society in general.

## QUOTATIONS

### Feminist quotation

*“Liberty is the mother of virtue, and if women be by their very constitution, slaves, and not allowed to breathe the sharp invigorating air of freedom, they must ever languish like exotics and be reckoned beautiful flaws in nature”*(Wollstonecraft, 1792).

“Vindication of the Rights of Women” (cited by Liberty Fund, 1991)

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Sue Hanson, Gail Hurst, Suzanne, Wilton, Alison Holmes, Vikki Hart, Dr Sharon Wray, Jean York and the entire team of the Postgraduate centre. The researcher is very grateful to each and every one of them for the different roles they played throughout the period of her study. The researcher cannot forget to acknowledge the role of the following Professors: Professor Johan Galtung, Chair of the Galtung Institute in Spain, her beloved teacher Professor Dietrich Fisher of the European University for Peace Study in Austria, Professor Paul Martins of Columbia University, New York, U.S.A for their various contributions to her study during her post graduate degree studies in 2002/2004 at these various Universities. The researcher cannot forget the assistance and unalloyed support given to her by her husband throughout the period of her study as he maintains the home front.

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## **ABBREVIATIONS**

• AIDS	Acquired Immune Deficiency Syndrome
• ARV	Anti-Retroviral
• CDC	Centres for Diseases Control
• CEDAW	Convention on the Eliminations of Discriminations Against Women
• HIV	Human Immunodeficiency Virus
• IEC	Information Education Communication Materials
• IWCC	International Women Communication Centre
• KWASACA	Kwara State Action Committee On AIDS
• LGAs	Local Government Areas
• MOV	Means of Verification
• NACA	National Agency for the Control of AIDS
• NARHS	National AIDS and Reproductive Health Survey
• NASCP	National AIDS and STDs Control Program
• NAWOCA	National Women Coalition on AIDS
• NDHS	National Demographic and Health Survey
• NGO	Non-Governmental Organization
• NSF	National Strategic Framework
• OIs	Opportunistic Infections
• OVC	Orphan's and Vulnerable Children.
• PABA	People Affected By HIV/AIDS
• PEPFAR	President's Emergency Plan for AIDS Relief
• PMTCT	Prevention of Mother to Child Transmission
• RH	Reproductive Health
• SACA	State Agency for the Control of AIDS.
• SMOH	State Ministry of Health
• STIs	Sexually Transmitted Infections
• UNAIDS	The Joint United Nations Program on HIV and AIDS
• UNDP	United Nations Development Program
• UNIFEM	United Nations Development Fund for Women
• VAW	Violence Against Women
• VCT	Voluntary Counselling and Testing

- WHO      World Health Organization



## OPERATIONAL DEFINITIONS

**Caregivers are:** Community caregivers who volunteer to do home-based care work (HBC) for people living with HIV/AIDS in Nigeria. They are mostly called home based caregivers in Nigeria.

**Home Base Caregivers Alliance:** Home Based Caregivers, who form themselves into an alliance with other agencies to do care work voluntarily in Nigeria.

**Household:** The home where each woman who participated in this study purported to represent.

**Infected and affected families of HIV/STIs:** This term is used to identify those living with HIV/AIDS and those who are affected by the diseases. This term usually applies to a relative or someone with direct connections with infected families, and closed relation of people living and affected by HIV.

**Muslim society:** A group within society that believes in Islam and worships in line with Islamic rights and practices

**Orphans:** These are the children under 18 years of age who have lost their parents as a result of death e.g. children orphaned by HIV (whose parent died of AIDS).

**Polygamy:** a state of marrying more than one wife; restricted to 4 wives under Islamic law. However, customs and practices in Nigeria do not have limited numbers for this marriage system.

**Vulnerable children:** Children under the age of 18 years who are vulnerable in terms of being born by HIV/AIDS parents, or any child whose parent was not able to care and support the up-keep of that child. These children find themselves in risky situations because they did not have access to basic needs and their basic interests were not well protected in terms of schooling and socialization.

## **CHAPTER 1: INTRODUCTION**

### **1.0 Introduction and Background**

This chapter presents the study aim and objectives, rationale for the study in context of Human Immune Deficiency Virus (HIV), the Sexually Transmitted Infections (STIs) and polygamy. The chapter provides overview scope, background and importance of the study and also explains HIV/STIs situations in Kwara State of Nigeria. The chapter discusses the main arguments and contributions to the study, provides the research questions and explains the cultural and social norms in Nigeria as well as the role of patriarchy and gender inequality issues as it is applicable to the study area.

The chapter also highlights the knowledge gap, justifies the research decision and further explains the professional and personal experience leading to the study. This chapter explains the motivation for the study and ends with providing insight into the overall structure of the whole thesis.

### **1.1 Aim and objectives of the study**

#### **Aim**

To explore the experiences and the impact of HIV/STIs among polygamous women in Muslim society of Nigeria.

#### **Objectives:**

- To explore knowledge, perceptions, and awareness of Human Immune Deficiency Virus (HIV) and the Sexually Transmitted Infections (STIs) in polygamous marriages in Nigeria.
- To examine the potential impact of polygamy on HIV and STIs
- To identify possible factors that could empower Muslim women to protect themselves from HIV and STIs.

The research design and methodology sought to provide responses to the research questions. Development of the research questions involved the setting of discussion guidelines and phrasing questions in a conventional way. Therefore, the questions listed below provide guidance into the study area. These are:

What are the major risks of HIV/STIs to Muslim women living in a polygamous family?

What is the impact of HIV/STIs on Muslim women living in polygamous marriage in Kwara State of Nigeria?

What are the effects of polygamy on Muslim women as a practice?

How does the practice of polygamy affect vulnerability to HIV/STIs?

What are the possible factors that will empower Muslim women and protect them from HIV/STIs infection, even within a polygamous marriage?

### **1.1.1 Background and rationale**

This study explores the experiences of polygamous women living with Human Immunodeficiency Virus (HIV) and other Sexually Transmitted Infections (STIs). It also examines the impact of these diseases and recommends strategies aimed at empowering the women from their own accounts of how to prevent and control the diseases in polygamous families. The rationale for this study is based on the personal and professional experiences of the researcher working as a caregiver with both affected and infected families of HIV/STIs as well as her personal experience of living in a polygamous Muslim marriage in Nigeria. This daily life experiences on the subject of study aroused questions in the researcher's mind and gave her the determination to explore this study area.

### **1.1.2 Motivation, personal and professional experience**

As a health care educator and advocate of women's rights, the researcher's experience of conducting home-based care work in Nigeria consists of visiting, and providing counsel to households affected by HIV/STIs. This role requires that such households are provided with the care and support needed to manage these diseases. It is during her role as a care worker that the researcher recognized trends of HIV/STIs infections within polygamous households. The researcher encountered stories of polygamous women who were infected along with their co-wives and spouses. This led to anxiety regarding her own health as a co-wife to other women and the probability that, she too may be in contact with these diseases. The accounts of polygamous women living with HIV/STIs led the researcher to further reflect on how investigation in this area might help women in this situation. In considering this issue, the researcher pondered over how HIV/STIs might be prevented. It was these initial thoughts that inspired this investigation into the impact of HIV/STIs of polygamous women in the Muslim society of Nigeria.

Most of the encountered polygamous women constantly raised the issues of STIs along with HIV infections and how it affected them. As the researcher listened to daily stories of the psycho-socio emotional trauma that these women encountered, and with knowledge of the stigma attached to the diseases in the community, feelings of empathy, anxiety and anger arose. Also the feelings of seeking divorce in her polygamous marriage and then to remain a single mother without any sexual contact, with any man, came to her. The researcher went for HIV/STIs screening tests to determine her HIV/STIs status. Fortunately the test was negative of HIV/STIs and the researcher was happy and overwhelmed with joy with this confirmation. As a result of her experiences, the researcher was determined to help explore possibilities of what might be done to support those polygamous women who were infected and also the families affected by HIV/STIs. The researcher, with this thought in mind, also felt motivated to seek strategies to empower other polygamous women against becoming infected with these diseases.

This study does not condemn nor does it support polygamy, every practice has different reasons and justification for being practiced or institutionalized. The concern of this study is focused on how to prevent the spread of HIV/STIs and how to ensure women's empowerment in order to cope with such diseases in a polygamous situation.

The researcher is a Muslim woman, from a conservative Muslim background where staying single (unmarried) is neither allowed nor respected. The society labels an unmarried or divorced woman, or a single mother, as a prostitute. There are also some implications for the children of women in this situation who may suffer neglect and other socio-economic deprivation. The thoughts of children experiencing multiple challenges and negative societal perceptions of growing up in the context of a broken marriage are issues of concern for this researcher.

Umar (2009) noted that most women who enter into polygamous marriages and choose to remain in it, do constantly pray that none of the wives will be infected with HIV/STIs. As a matter of fact, the polygamous women are aware that their husbands may be attracted to other women and girls and may engage in extra-marital relationships. The women in such a marriage have no power to stop the men otherwise they will be labelled jealous wives. There is the contention that, after all, the man is 'the husband and the head of the household'. According to one author (Umar, 2009), patriarchy placed men in Nigeria over women; women are powerless in making most decisions that affect them. Patriarchy and other

institutionalized cultural practices in Nigeria allow men to engage in marrying as many wives as they like.

## **1.2 Knowledge Gap**

The present study hopes to build on existing knowledge of HIV /STIs prevention and control and it also aims to provide insight into the experiences of polygamous women. The opinion of most feminists is that there is a need to research into the lived experience of women, (Reinharz, 1992). However, (UNAIDS, 2014) argues that HIV/AIDS prevention needs a holistic approach in terms of prevention and control.

Katibi (2009) is of the opinion that multiple sex partners stand a high risk of sexual infection from these diseases. This makes HIV/STIs infections a complex issue for polygamous women. Sunmomu and Ogunbile (2006) therefore, call for a more in depth investigation of why polygamous women are at the risk of these infections.

HIV/STIs are not a new problem in Nigeria, yet concerted research and policy attention towards the impact of HIV/STIs on Muslim women living in polygamy has not yet been addressed. Information from situation analysis of women living with HIV (non-Muslim) in Ayamelum LGA of Anambra State in the Eastern part of Nigeria indicated that their lack of empowerment exposed them to HIV/STIs and nobody showed enough concern about their condition (Anagbogu and Nwakolo, 2012). This concern is similar to the situation of Muslim women living in polygamous families in this study location in Kwara State of Nigeria. This therefore suggests that the situations of women are the same in terms of HIV/STIs infections. A Centre for Diseases Control (CDC) (2006) report revealed that there is also a constant unexplained re-occurrence of urinary tract infections and pelvic inflammatory infections in Nigeria (CDC, 2006). Therefore, this explains the need for a combined investigation of HIV/STIs on the targeted population.

### **1.2.1 Identifying a gap in the research**

On account of the complexity and sensitivity of the study area and with little previous investigation been carried out in this subject of study, a qualitative research approach was adopted to carry out the research work. This is because such a sensitive topic cannot be quantified and that there is also the need to protect the private life of the sample participants which is very crucial to this study area.

The study adopts a feminist approach, because the study involved women to women accounts, and because of the sensitivity of the study area in relation to the private life of

polygamous women and HIV/STIs. The researcher chooses to adopt a feminist framework to substantiate the possible outcome of the research work. Feminist lenses may help us see the world of HIV /STIs from the polygamous women's perspectives, "for our understanding of the social order, and to see the world from women's place in it" (Lather 1988: 571).

### **1.2.2 Definitions and concept of HIV/STIs and polygamy**

HIV is the abbreviation for 'Human Immune Deficiency Virus' (Boer, 2007), Akinkugbe (2000) stated that AIDS is Acquired Immune Deficiency Syndrome.

STIs are sexually transmitted diseases such as "gonorrhoea, syphilis, Chlamydia, candidacies, genital warts, genital herpes, gonorrhoea, syphilis, trichomoniasis, pubic lice, and crab louse" (Harvey and Reiss, 1992: 7). Esele-Samuel (2011) explains that there are over 30 different sexually transmitted diseases which have been identified around the world.

Polygamy is the act of marrying more than one wife. Marrying four wives per man is permitted in Muslim law. Before the advent of Islamic civilization there was no limit to the number of wives a man could marry. There was also no prescription to the type of woman that a man could marry (Umar, 2009). In the Roman world, in 44 BC-AD 180, polygamy existed although monogamy was taken for granted. Romans regarded serial polygamous practices when divorce and death necessitated the need for the union (Goodman 1997:175). This is to say that both monogamy and polygamy are the norm, as the need arises.

### **1.3 Global perspectives of HIV/STIs and the situation in Nigeria**

HIV/AIDS are global diseases that affect both men and women (UNAIDS, 2012). Umar, (2009) is of the opinion that the disease affects women more than men in Nigeria because the social status of most men are more improved economically than their female counterparts. This is so because of the patriarchal system that is in place in Nigeria, meaning that men are mostly in control of women and resources, using this economic power as a dominant tools to oppress women. Reviewing the history of the transmission of HIV, (Akinkugbe, 2000) stated that HIV was first identified in the United States in 1981 and that there are two type of HIV: HIV1 which is globally distributed and the HIV2, which is considered to be largely confined to West Africa.

Tracing the history of HIV as a health condition that was barely known over thirty years ago in Nigeria. Obalowu (2009) explains that HIV/STIs suffered a lots of misconception about

the origin (science) and how to prevent the spread of these diseases. As a result, there was a minimal attraction to win the attention of government for the prevention and control. This was because of the low level rate of the diseases in Nigeria at that time. This assumption was coupled with the general notion that there was no HIV presence in Nigeria at that time.

NACA (2010) reveal that the health sector and the civil society led the response to attack the disease. However, the health sector had inadequate capacity to respond to the prevalence of the disease, which later became a heavy burden on the Nigerian government (NACA, 2010).

The prevalence rate of HIV/AIDS recorded in Nigeria was .8% in 1991, 1994, 4.5% in 1996, 5% in 2001, 4.4% in 2003 and rose to 6.2% in 2009. While 3.2 to 3.8 million people are living with HIV, covering both urban and rural areas of Nigeria.

Today, 36 million people worldwide have been infected with and affected by HIV (Animashun, 2009). HIV/AIDS was first discovered in Nigeria in 1986, at the time when there was a high level of misconception about the science and the prevention of the disease.

Katibi (2009) explains that about 5 million new cases and 3 million death rate were recorded in Nigeria. Jimoh (2001) explains that, at the beginning of 2003, HIV/AIDS had accounted for the death of about 20 million people out of which were some 4.5 million children, globally.

Larkan (2004) explains that, for various reasons, access to treatment and care is not yet universally provided for all those in need of it globally. Obalowu (2009) explains that more Nigerians are already afflicted with these diseases, and if care is not taken by all stakeholders, there is the possibility of the trend rising astronomically, which will not portray well for Nigerians.

### **1.3.1 Demographic of HIV/STIs in Kwara State of Nigeria**

The geographic location of the study area, Ilorin (Kwara State of Nigeria), makes HIV/STIs prevention an urgent challenge. This of course, has a policy implication on the type of HIV prevention package for the state. The increase in the absolute number of people affected and its socio-economic implications on the affected communities therefore makes HIV/AIDS prevention a burden in Kwara State. The increasing prevalence rate of the infection in the study location (Kwara) could be multi-factorial and also because of the location of Kwara State in the North-Central Nigeria which shared the border with Benue, Niger and Kogi

States which are areas that are highly infected with HIV in Nigeria. Kwara State is located in a north central zone, which is known for the highest prevalence rate of HIV among all the states zones. The high rate of this infection was said to be emanating from Benue State, which is a neighbouring State to Kwara State, (KWASACA, 2010). This infection rate figure will be discussed in detail in Chapter 2 and 4). The presence of HIV/STIs in Kwara State is a serious public health problem, requiring urgent and appropriate interventions (NACA, 2012).

### **1.3.2 STIs: Sexually transmitted infections in Kwara State**

Kwara State Action Committee on HIV/AIDS (KWASACA, 2010), explain that there is little data available on STIs figures in Kwara State, but suggest that people are more familiar with the diseases. Anagbogu and Nwokolo (2012) state that in terms of perceptions, STIs are often called ‘elite diseases’ in Nigeria, because the infection affects both middle class and upper class with daily occurrence and re-occurrence.

Polygamy in Kwara State is an acceptable practice under Muslim Sharia law and recognized by other traditional cultural practices. Noel (2007) explains the types of marriages laws that exist in Nigeria, as civil law, customary law and the Sharia law legal marriage system. In the Nigerian constitution of 1979, civil law, customary law and the Sharia law legal system are in force. It is only the Sharia law that allows polygamy, even though polygamy is said to be practiced under customary laws, before the advent of Islam and Christianity. Sixty percent of the entire population of 3.5 million people in Kwara State are involved in polygamy in Nigeria, (Obalowu, 2009).

Despite this current situation in Nigeria, Nigerian men do not stop at the specified four wives, many of them marry more wives. Umar (2009) describes polygamy as an issue of sexuality and power in patriarchal societies such as Nigeria. The most important reason that fosters polygamy in Nigeria is the men’s need to show their financial power and also to fulfil their religious obligations as a Muslim (Umar, 2009).

More importantly, it is a way of life for most Kwara men, they see nothing wrong in acquiring more women as mistresses or concubines even with the said approved four wives. Since their religion allows it behaviourally, the consequences of HIV/STIs for polygamous women range from emotional depression to extreme withdrawal, (Umar, 2009).



The women in polygamous families seem to be worst hit with emotional depression because of constant quarrelling and in-fighting leading to extreme withdrawal which also affect their lack of participation in vocational activities (Anagbogu and Nwakolo, 2012).

#### **1.4 Importance of the study**

The importance and main aim of this study is to explore the impact of HIV/STIs on polygamous women. Therefore, this study may help provide an informed functional education about HIV and STIs, with the aim of exploring strategies for the prevention and control of these diseases in general. The study outcome may help in reawakening the consciousness of married individuals (husbands and wives) to be more alert to the risks and health implications of HIV and STIs. Increased awareness can assist in encouraging them to take precautions for their own safety, thereby reducing the spread of HIV/STIs in general and also encourage family open communication around HIV/STIs and testing for their HIV status.

The findings in this study may serve as a reference document to individual researchers, governmental and non-governmental organizations and associations. The findings may be used to inform prevention and control programs regarding the spread of these diseases in the context of polygamy. The study may help UN and multilateral agencies (UNAIDS, UNDP and other women's right organizations) in programming and project implementation on the empowerment of women and girls.

#### **1.5 Main arguments and contributions to the study**

This study uses a number of arguments in line with its theoretical framework. The researcher argues that using the feminist perspective serves not only to provide a theoretical frame work for this study, but it also offers an opportunity to identify practical ways in which women might address difficulties concerning how they empower themselves to cope with polygamy and HIV/STIs infection in a sexual network that involve multiple partners.

The feminist perspective is employed not only to advocate for critical analysis of the lived experience of women participants on HIV/STIs and polygamy. It also reveals the reality of living and coping with HIV/STIs. As argued by (Obalowu, 2009) that, gender oppression affects women in both private and public life. This is in line with the thinking of (Burr, 1998) who argue also that gender inequality is not only in the sphere of paid work in relation to public and domestic spheres, but also that women are oppressed in their private

relationships with men; this includes maintaining personal relationships with men as well as child-bearing and rearing in the family.

### **1.6 Culture and social norms in Nigeria.**

In this study, the researcher discusses the ways in which patriarchy and culture create inequality by allocating power to men. As a result, women and children sometimes become victims of an oppressive, political and dominant ideological institution. Even the so-called aberration and misinterpretation of the established institutions were controlled and misinterpreted by men. Obalowu (2009) explains that, men were placed in positions of authority since the beginning of time when the institutions of women and the society of patriarchy was created.

### **1.7 Gender inequality**

The researcher argues that if gender is such an integral part of understanding the global impact of HIV/STIs, then it must be integrated into planning processes of all the prevention, care treatments and support programs. Good policies and practices will improve the life of those infected with and affected by HIV/STIs in general. This is because most local and national programs continue to ignore the particular gender-based vulnerabilities that face women and girls. The researcher also argues that the understanding of the HIV/STIs pandemic must come out of action. There is a need for practical approaches towards empowering women and girls across all socio care work related activities HIV/STIs prevention, treatment and control (Obalowu, 2009).

### **1.8 Summary**

This chapter provides information, the overview, the background and the rationale for the study. It describes key concept underpinning the study focus, provides information on the HIV/STIs situation in Kwara State in particular and Nigeria in general and explains the statement of the problem as it relates to polygamy. The chapter also explains the aim and objectives, the motivation and significance of the study.

It discussed the main arguments, contributions and also discusses the role of patriarchy and gender inequality issues as they are applicable to the study area in Nigeria.

## **1.9 Structure of study chapters**

This thesis is made up of eight chapters, (chapter one to eight), as discussed below; chapter one introduces the study area as discussed above and a summary of each chapter is also discussed below:

### **1.9.1 Chapter 2: Literature review**

This chapter provides information on the literature review carried out in the study area. It presents the definitions of the key concepts on polygamy and HIV/STIs and describes them broadly.

It provides information on HIV/STIs and polygamy in the study area, explains the signs and symptoms of HIV/STIs. It offers an overview of the biological co-factors of HIV/STIs as a sexually transmitted behavioural disease and also explains the factors facilitating the spread of HIV/STIs transmissions in polygamy.

The literature review engages with the literature that provides uniqueness into polygamous practices in other Africa and Muslim countries. Furthermore, this chapter provides an overview of government action to address issues pertaining to the prevention and control of these diseases.

### **1.9.2 Chapter 3: Theoretical framework**

This chapter explains the theoretical framework and the usefulness of the most appropriate theories that are applicable to the study area. The chapter also reviews some of the feminist concepts, theoretical positions, thoughts and assumptions of most feminist viewpoints.

The chapter also reviews feminism in relation to polygamy, patriarchy and sexuality discourse and demonstrate how it interplays in the daily life of Nigerian women. The chapter considers the inspiration of the Nigerian feminist movement and the African feminist viewpoints in relation to cultural practices within the Nigerian society.

### **1.9.3 Chapter 4: Methodology**

The chapter helps situate the methodological discourse and provides the justification for the use of a qualitative approach in this study area. This chapter justifies and outlines the usefulness of qualitative research, paying special attention to the need of feminist research in the process of data collection and the analysis of the findings.

#### **1.9.4 Chapter 5: Findings**

This chapter describes how the findings emerged, presents and interprets the stages involved in the data processing. Figures and Tables are used to illustrate and simplify the understanding of the emergent themes. Data is broken down one by one according to the emergent themes. This chapter reveals and highlights a range of issues ready for the analysis and discussion chapter.

#### **1.9.5 Chapter 6: Discussion and debate**

This chapter synthesizes and deals extensively with the depth of the study. It provides a review of the study area in terms of concepts, theoretical positions, thoughts and assumptions. This chapter also provides discussion of how the study might have been conducted differently and examines factors that are reinforcing the spread of HIV/STIs in polygamous cultures. The chapter considers issues around HIV/STIs risk as gender and power issues. Each of the themes demonstrates how they help to achieve the aim and objectives of the study.

The chapter also provides information relating to polygamous women's innovations that provide solutions to issues of prevention and the challenges facing the control of these diseases in polygamy; these challenges include issues such as poverty, child vulnerability and factors that increase orphans of HIV, gender inequality and the lack of economic power to sustain such a marriage system. The chapter demonstrates that the study outcome, of Education, Testing, Condom usage, and Economic empowerment (ETCE) intervention approaches will require a systematic approach that has an array of benefits. This include the removal of any form of uncertainty in the study focus such as reducing the potential risk of sexual violence as it currently occurs within the culture of polygamy.

#### **1.9.6 Chapter 7: Reflexivity**

This chapter demonstrates the researcher's new acquired understanding of the study area. This allows her to explain the process of the research, analyse her experiences and share her thoughts and position in the research process. The chapter allows reflection on the various stages of the study, explain the researcher's contributions to theory building and a new way of thinking on feminism. The chapter exposes the weaknesses and the strengths of the researcher in this study area and also acknowledges issues that are of concern to the participants which cannot be accommodated in the main stream of the other chapters.

### **1.9.7 Chapter 8: Recommendations and conclusion**

This chapter provides information on the study outcome of the ETCE approach and demonstrates how the new intervention approaches can build on existing intervention approaches of ‘Abstinence, Be faithful and Condom use (ABC) and ‘Safer practices. Available medication (SAVE), ‘Disclosure in safety, Education/Empowerment Funding and support (DEF) which have all been globally accepted and promoted by the ‘President’s Emergency Plan for AIDS Relief (PEPFAR), since 2003 in the prevention and control of HIV STIs, (CDC, 2006).

This chapter advocates for an HIV/STIs-free world for polygamous women through a women-centred approach. This might be in the form of a discourse that could be integrated within the provision of community care, working alongside reviewing the dominant ideology of gender and patriarchy issues and its influences in the areas of human and health sciences, these are well explained in-depth in the chapter. The chapter also recommends that progress could be strengthened by further research, employing a ‘holistic’ approach whereby women’s own subjective experiences are equally interwoven as a vital aspect of determining their own path through open communication with their spouses in polygamous practice.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.0 Introduction**

The chapter provides analysis and insight to the literature available in this study area. A literature search was conducted using Meta Lib electronic search engine for relevant peer reviewed materials. Reviewed materials included published books and journals to provide in-depth discussion and analysis of HIV/STIs, the evolution of polygamy and the origin and global proliferation of HIV/STIs across Africa and Nigeria.

The chapter explores the possible impact of HIV/STIs on women in polygamous marriages in the Muslim society of Nigeria. This chapter also explains the socio-political and economic factors influencing the spread of HIV/STIs. It further investigates the gender dimension, examining the laws and practices relating to the risk factors of HIV/STIs in polygamy and suggests strategies for women's empowerment towards the prevention and control of these diseases.

### **2.1 Conceptual review of the key research areas**

A conceptual review helps to explain the contextual, theoretical and empirical studies related to the study area (Olateru-Olagbegi, 2013). This review provides an explanation of the relevancies of the study and discusses stakeholders' involvement in addressing issues of HIV/STI prevention and control. The argument developed in this review is to carefully contextualise the issues of HIV/STIs and polygamy. It also aims to identify key policy actors on HIV/STIs across private, government and civil society and to recognise and identify results that might constrain polygamous women in the effective prevention and control of these diseases. This study hopes to build on existing literature and provide discussion of HIV/STIs from different perspectives.

#### **2.1.1 HIV and the mode of transmission**

It has been stated in chapter 1, that HIV is the abbreviation for 'Human Immune Deficiency Virus's. Bonita de Boer (2007) explains that HIV is a lenti-virus with slow growth in human.

The transmission of HIV is particularly prominent through blood and semen National Association of Nigeria Nurses and midwife (NANNM, 2008). Three modes of transmission are reported: the first is through sexual intercourse from an infected person (sexual intercourse in this sense refers to the penetrative penile-vaginal, penile-anal or oral-genital

contact). The second mode of transmission is blood-to-blood contact through the sharing or re-using of contaminated needles and syringes. The third mode of transmission is mother to child transmission (PMTCT) during pregnancy, delivery and sometimes breastfeeding (NACA, 2010). HIV sexual transmission exceeds other modes of transmission, (NANNM, 2008).

Malewezi (2006) suggests that prevention of the spread of HIV in the bedroom is crucial. Since this study is related to HIV/STIs prevention and control in polygamous Muslim marriages that involve multiple partners in sexual activities, there is the need to re-examine how couples in multiple sexual relationship protect themselves. Umar (2009) noted that in most Muslim and African societies women do not question their husbands or spouses on sexual needs nor do they voice their sexual desires. This raises the question of how STIs can be prevented in such a situation when women are said to be voiceless regarding their sexual needs. The consequences are that a woman is not allowed to take the first initiative on sexual needs, and suggest condom use, or refuse sexual advances, her morality may be questioned, (Ramjee and Daniel, 2013).

### **2.1.3 Epidemiological view of HIV/AIDS transmission**

The empirical review in this study area demonstrates the understanding of the researcher, of the experiments that have been previously carried out in this study area. The literature reviewed reveals that studies throughout the world on HIV have shown only three modes of HIV/AIDS transmission as already mentioned in page 40.

Anagbogu and Nwakolo (2012) explained that numerous studies suggest that casual contact such as touching, hugging and kissing with someone who is infected with HIV does not result in HIV transmission (Animashun, 2009).

Current evidence suggests that genital ulcerative diseases, such as syphilis and herpes simplex may facilitate the transmission of HIV infection to susceptible persons (CDC, 2006).

### **2.1.2 Signs and symptoms of HIV**

The National Association of Nigerian Nurses and Midwives (NANNM, 2008) and Harvey and Reiss (1992) reveal that the signs and symptoms of HIV include extreme fatigue, rapid weight loss from an unknown origin and , appearance of dry cough, sometimes accompanied by a, persistent diarrhoea lasting up to a month.

## 2.2 The Global view of HIV/AIDS

HIV/AIDS has been identified as a global challenge requiring immediate action for reduction and commitment of all the stakeholders in this area of diseases control. HIV across Africa has been traced to issues of socialization between men and women (UNAIDS, 2008). Therefore, investigation of such socializations is required to determine what might be done to aid prevention of the spread of the infection. The negative consequences of HIV/AIDS at social levels are seen in the impact it has on the family structure, leading to rising poverty, dwindling income, and poor childcare and food shortages, (UNAIDS, 2013).

### 2.2.1 Global statistical representation of HIV/AIDS

UNAIDS (2013) reported that in 2012 an estimated 35.3 million people were living with HIV globally, and that the trends of the infection differ among regions as illustrated below in the table.

**Table 2.1:** *Statistics of Global Responses to HIV/AIDS infections, compared from continent to continent of the world*

Regional comparisons of HIV in 2011				
World region	Adult HIV prevalence (ages 15–49)	Persons living with HIV	AIDS deaths, annual	New HIV infections, annual
Worldwide	0.8%	34,000,000	1,700,000	2,500,000
Sub-Saharan Africa	4.9%	23,500,000	1,200,000	1,800,000
South and Southeast Asia	0.3%	4,000,000	250,000	280,000
Eastern Europe and Central Asia	1.0%	1,400,000	92,000	140,000
East Asia	0.1%	830,000	59,000	89,000
Latin America	0.4%	1,400,000	54,000	83,000
Middle East and North Africa	0.2%	300,000	23,000	37,000



North America	0.6%	1,400,000	21,000	51,000
Caribbean	1.0%	230,000	10,000	13,000
Western and Central Europe	0.2%	900,000	7,000	30,000
Oceania	0.3%	53,000	1,300	2,900

*Source: National Agency for the Control of AIDS (NACA, 2012).*

### **2.2.2 The Nigerian view of HIV/AIDS**

Nigeria has over 150 million people in population figure according 2006 census figure of Nigerian. UNAID (2012) explained that, almost six percent (5.8%) of the Nigerian population are living with HIV/AIDS. Nigeria has large population, when combined with its rate of infection with other Africa countries; this translates to 3.5 million, living with HIV/AIDS. In 2007 alone approximately 170,000 people died of AIDS in Nigeria (Katibi, 2009). The World Health Organization ranked Nigeria's HIV/AIDS prevalence rate as second only to that of South Africa (WHO, 2003).

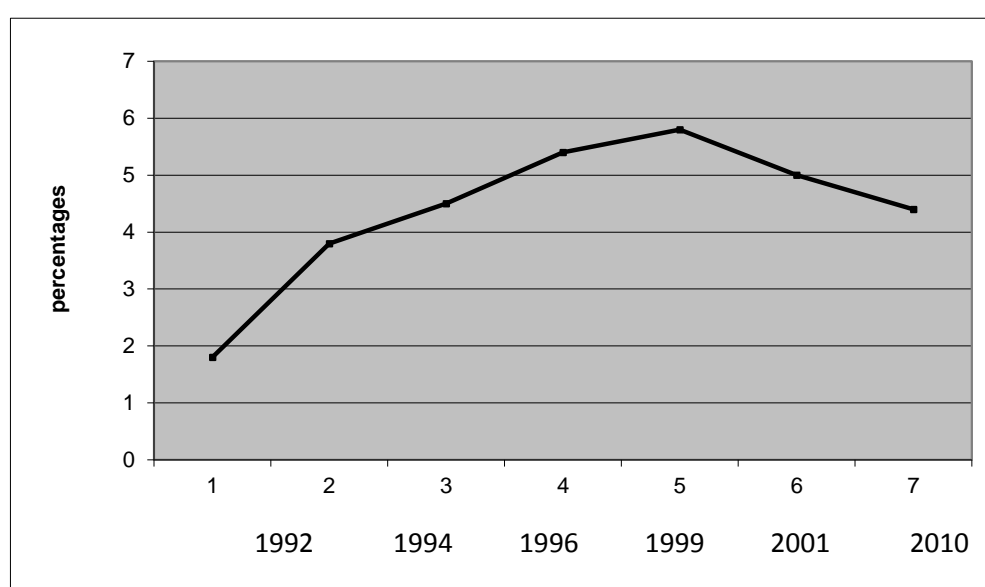
HIV is a health condition that was barely known in Nigeria prior to 1985. HIV was first identified in Nigeria and was officially reported in 1986. NACA (2010) explained that the initial discovery of HIV/AIDS presented misconception about the causes and the prevention of the disease, resulting in low levels of government response at that time (1986/1990). The Nigerian government commits more funds to the program through the establishment of HIV/AIDS control agencies. Lamina (2009) cited the survey report conducted by the Federal Ministry of Health in Nigeria in 2000. This revealed that HIV prevalence in Nigeria has been on a downward trend from 5.8% in 2001, 5.0% in 2003, 4.4% in 2005 and 4.0% in 2006 to 3.6% in 2007. However, in 2008, the national HIV prevalence rose to 4.6% in Nigeria despite government efforts in this direction (Lamina, 2009).

### **2.3. Overview of policy and government intervention on HIV/STIs in Nigeria**

NACA (2010) revealed that 1.4 million children under the age of 15 have lost one or both parents to AIDS in Nigeria. In nine of Nigeria's 36 states, the prevalence rate increased to more than ten percent between 1995 and 1999. This is because most Nigerian men do not accept voluntary testing to determine their HIV status, (Umar, 2009). If all Nigerians were tested to reveal their HIV status, the reality of HIV prevalence may be exposed. This refusal by Nigerian men to acknowledge their HIV/STIs status is dangerous to prevention of these

diseases. (Umar, 2009) further explain that this action demonstrate the gender inequalities that exist in preventing the spread of HIV/STIs to Nigerian. NACA (2012) explain that, the economic hardship and the high inflation rate in African has hard significant impact of not supporting the health needs of most Nigerians. Therefore, for Nigeria to achieve effective control of these diseases as explain by (NACA, 2012) will need an estimates that is equal to 0.8 percent of Nigeria's current GDP, or NGN\$260-390 (US\$2-3) per capital in care and prevention programmes.

Figure 2.1 illustrates the steady decline in HIV prevalence after spiking in 1999, to 2010.



Source: National Agency for the Control of AIDS (NACA) 2010

**Figure: 2:1**Median of National HIV Prevalence Increase (1992-2010)

### 2.3.1 Global achievement in the prevention of HIV/AIDS

HIV/AIDS is one of the targeted goals of the MDG goals, reviewing the achievement of this goal, the UN General Assembly reported that progress has been slow in ensuring that human rights and securing access to HIV prevention and control services. These affect mostly a particular group of people such as, people who use drugs, women and children, with an uprising efforts on how to stop violence against women and girls which are key factors in HIV prevention.

NACA (2012) cited United Nation Funds for Population Activities (UNFPA, 2010) report on Nigeria, that the key area of challenge to HIV/STIs prevention in Nigeria is the need to address the key root causes. NACA (2012) revealed that the entrenched gender inequalities and inequities, chronic and debilitating poverty and stubborn persistence of HIV/AIDS-related stigma are the major challenges facing HIV/STIs prevention in Nigeria.

## **2.4 Sexually Transmitted Infections (STIs)**

Centre for Diseases Control (2006) revealed that STIs are among the most common infectious diseases in the world today. There are over 30 different sexually transmitted diseases, which have been identified that affect millions of men and women globally. This is more so, than any other communicable diseases. These include Chlamydia infections, candidacies, genital warts, genital herpes, gonorrhoea, syphilis, pubic lice, crab-lice and trichomoniasis.

### **2.4.1 Perceptions of STIs in Nigeria**

Anagbogu and Nwakolo (2012) explain that STIs is both socio and medical problems. Especially, in the case of post-pubertal gonorrhoea, syphilis and the specific genital infections which affect both men and women. However, the general perception is that STIs, particularly gonorrhoea, have reached endemic proportions in Nigeria.

### **2.4.2 Signs and transmission of Sexually Transmitted Diseases (STIs)**

Esele-Samuel (2011) stated that sexually transmitted diseases are infections that could be contracted by means of sexual behaviour, through vaginal intercourse, oral and anal sex. Esele-Samuel (2011) further explain that there are male STIs factors that could affect secondary infertility, such as untreated syphilis, gonorrhoea (a type of STI found in men), which causes sores on the external part of the penis and testicles. Esele-Samuel (2011) also explained that for women, untreated STIs could cause Chlamydia disease, which could develop into Pelvic Inflammatory Diseases (PID), causing a blockage of both fallopian tubes and making fertilization impossible.

### **2.4.3 Theoretical studies of HIV/STIs as sexually transmitted infections**

This section uses some of the different theories that have been suggested in relation to this study area. Theoretical reviews of HIV/STIs infections in terms of social change and urbanization theory is a critical example of the theoretical studies that have been carried out in this study area. These reviews therefore, will be helpful to aid the understanding of

HIV/STIs. The way it has evolved in terms of spread and control as it relates to the colonial era and urbanization theory.

#### **2.4.4 Urbanization in the spread of HIV/STIs in Nigeria.**

HIV prevalence in urban cities is higher than in rural populations. (NACA, 2012) explain that in urban centres based on sexual behaviour most married people indulge themselves in unprotected sex. Thereby fuelling the spread of these diseases. Urbanization could increase the speed of HIV/STIs, through involvement in prostitution, lack of condom use; teenage pregnancies involving unprotected sex and pre-natal transmission of all these could be considered as gender issues in relation to the prevention of HIV in Nigeria (NDHS, 2008).

Therefore, this review has shown that women are particularly vulnerable to STIs and HIV in general. This so because of their vulnerability in these identified areas, as mentioned in the above statement. These studies support this theoretical position on HIV sexual transmission because the transmission of HIV/STIs approach in Kwara State is similar to these explanation on the role of urbanization in the spread of HIV/STIs, (KWASACA, 2010).

#### **2.4.5 Contextual variability of HIV/STIs risk for women**

Ramjee and Daniels (2013) explains that risk factors for women being exposed to HIV in Sub-Saharan Africa are influenced by a range of factors , these include marriage and other cultural norms such as structural factors not in the control of the individual and sexuality. These they said, are more prevalent in the patriarchal structure of a given society, (Ramjee and Daniels, 2013). This explains the reason why (Animashun, 2009) raises the issue that transference of the HIV virus is not just from men to women. Women are regarded as vulnerable group that can also transfer the virus through child birth and blood contact .This study will also help to address the vulnerabilities which make women part of the risk population in terms of economic inequality.

#### **2.4.6 Women vulnerability to HIV/STIs as a risk factor**

Vulnerability to HIV/STIs is a gender and power issue in Nigeria (Umar, 2009). This vulnerability means that women are at risk of being exposed to HIV/STIs in many conditions, in terms of not only of biological risk factors that have been already explained but also on issues of stigma, discrimination, non-disclosure of the HIV status. The lack of education on sexual practice, lack of economic opportunities are a result of the lack of power

on the part of women to control their sexuality in relationships as observed by (Umar, 2009). HIV/STIs infections, prostitution, condom use, teenage pregnancy and pre-natal transmission are all issues that can hinder the prevention and control of HIV in Nigeria as revealed by (NDHS, 2008).

The issues of gender varies from local to global level in terms of how society is structured and the dominant frame work of understanding the diseases in Nigeria. NDHS (2008) noted that about six percent of Nigerians are already afflicted and if care is not taken by all stakeholders there is the possibility of this trend to rise astronomically and this will not portray well for Nigerians.

Obalowu (2009) argued that social-cultural factors are some of the mode in which HIV can be transmitted in Nigeria. These also include transmission through unsafe sexual intercourse, mainly heterosexual. However, (Obalowu, 2009) added that the anecdotal evidence suggested that the homosexual route was increasing (even though the practice of homosexuality became a criminal offence in January 2014 in Nigeria. Transmission through unsafe blood transfusions is said to be minimal.

## **2.5 STIs and the link with HIV**

CDC (2006) and Ogunbanjo (1988) identified gonorrhoea in many Nigerians and syphilis as the most specifically and constantly reported cases of the sexually transmitted diseases (STIs) in Nigeria.

### **2.5.1 How can STIs be prevented?**

NIAID (2014) explains that one of the best ways to avoid STIs is to abstain from sexual contact with an infected person. Consistency use of condom especially latex, during vaginal or rectal sexual activity, this help reduce the risk of getting gonorrhoea. CDC (2006) stated that it is important for sex partners talk to each other about their HIV status and history of other STIs infections, they might have hard for preventative action to be taken, (CDC, 2006).

## **2.6 Gender and power in relation HIV/STIs prevention.**

The review in this area of gender and power discourse does not only dwell on relationships between men and women alone, but examines cultural and institutional practices at both local and global levels that affect polygamy and HIV/STIs prevention, (NANNM, 2008).

Biological vulnerability is said to be related to the child bearing and child rearing of women's social-economic vulnerability due to lack of access to economic opportunities around them. The lack of education in terms of formal and informal education on prevention and the control of these diseases coupled with the low level of education among women in general (NANNM, 2008). The prevailing culture and traditional practices and norms in terms of lack of sexual rights is also a challenge to prevention.

The quest for economic survival is a factor to consider in the prevention of these diseases in younger women, and their relationships with older men. Moore, Biddlecom and Zulu, (2007) explain that most young women and girls engaged in relationship with older men because of the need for luxury goods and status. Moore, Biddlecom and Zulu (2007) described transactional sex as a social norm pertaining to the expectation of gifts and economic support from men to women. Such economic support might be vital to their survival in many cases, but often seems mainly as issue related to social status and economic deprivation that has been denied to women for so long, this calls for women economic empowerment and advancement more broadly (Leclere-Madlala, 2004).

Ramjee and Daniels (2013) explain that apart from the biological risk factors of being infected with HIV/STIs, the dominant patriarchal culture in African societies exacerbates women's inferiority to men.

These revelations call for the review of the gender dimension of the diseases towards achieving effective control and the prevention of the spread of the diseases among polygamous families. There are several reasons for the gender dimension and feminization of this epidemic.

Animashun (2009) suggests that issues of poverty in most families and their ignorance around the causes and prevention of HIV/STIs have contributed to the lack of success in curtailing the spread of these epidemics. Obalowu (2009) observed that the wife may not have the minimum knowledge necessary to know that she can contract HIV through the sexual escapades of her husband's other wives. In cases where the wife may put up resistance for the husband to use a condom, she may be labelled a disobedient or wayward wife. Sometimes both the husband and wife may wish to use a condom, but will not have funds to buy them. For a family that finds it difficult to have three meals a day, the last thing on their list of priorities is buying a condom. Other factors revealed by authors such as (Anagbogu and Nwakolo, 2012) included biological and individual attitudinal lifestyle

behaviours which are gender-based factors as they relate to women in multiple sexual relationships such as polygamy. They added that most polygamous families usually indulge themselves in unprotected sex with multiple sexual partners making themselves to be at the risk of HIV/STIs, (Anagbogu and Nwakolo, 2012).

### **2.6.1 Law and constitution on marital rape**

There is no law or constitutional policy to protect a woman from sexual marital violence in Nigeria (Olateru-Olagbegi 2013). However, rape of any female (married or unmarried) has now attracted a jail term through the legal system this became law in February 2013.

Animashun (2009) explains that presently, in Nigeria, there is no constitution that guarantees the rights of women to demand knowledge of her husband's HIV status or to demand him to use condoms. Yet, there is an urgent need to protect women from being infected with HIV/AIDS on their matrimonial beds. Women are generally at the receiving end of this epidemic, therefore greater efforts should be made to protect them from all the risks of catching this disease.

### **2.6.2 Public health discourses and theory of socio justice**

The goal of public health is characterized as, issues of prevention, government actions and public health for collective good, therefore this study need to address these areas.

Anagbogu and Nwakolo (2012) explain that there is the need to examine the link between the geo-political constraint affecting women and men in polygamy and to know, why polygamous women are often said to be at the risk of these infections.

This therefore, should include a clearly defined gender equality policy, access to adequate information, which should be on an equal level of control on the health needs of the specific general population group such as polygamous women. This can be possible while developing specific public health policies that can apply to social economic policies. They added that, these should include education, economic empowerment and women's health needs as components of welfare.

The issues of gender inequality, sexual exploitation of women, marital oppression, income inequality and the behaviour of men and women to address the prevention and control of HIV/STIs, are all public health issues that need further investigation. (CDC, 2006) share the opinion of (Powers & Faden , 2006) that part of what makes each of these diverse in terms of disease control as an issues requiring specific concern is on the impact of socio justice on

the health needs of the general population. Powers & Faden (2006) noted that the challenges to public health are issues of morality and the need to address issues associated with socio justice of health needs, for all.

### **2.6.3 Social consequences of policy and practice on HIV/STIs prevention**

The socio-political and economic crisis around the world contributes to the vulnerabilities of women to HIV/STIs in Africa. This is because most spouses in many households lost their jobs and most women were not educated or gained employment. Anon (2009) explains that having multiple sexual partners in relationships is a test or strategy to find the “right” life partner from those seeking spouses to marry, or due to physical separation of spouses. Moore et al, (2009) further explain that apart from economic gain in promiscuity, men and women indulge in extra marital affairs for sexual pleasure.

The socio-economic consequences of HIV/STIs in policy and practice are pre- requisites to government intervention in the area of prevention and control of HIV/STIs in Nigeria (NACA, 2010). This is because the attempt to prevent HIV/AIDS among the special risk groups will require that the two public policy areas, such as government action and public health for collective good in terms of gender and education policy except that, family friendly industrial and economic development policies, are in place. Holistic prevention policy and the provision of economic support might be vital to the successfully prevention of HIV in a broader way (NACA, 2010).

## **2.7 The concept of polygamy**

This concept of polygamy was derived from polygene; it is a form of plural marriage. The word is derived from the Greeks. (Polygene) “Poly” means many while “gene” means women or wives (Oxford Dictionary, 2008). This implies that there is no limit to the number of wives a man could marry. The number depends on the aims and capacity of a man. The practice, of course, allowed many chances for a widow to remarry since most husbands do die earlier than many of the wives (Umar, 2009).

With the advent of Islamic civilization, the concept of polygamy has been adjusted, making polygamy subject to the rules and regulations of the Sharia legal system, limiting the practice to a maximum of four wives to one man, (Umar, 2009).



### **2.7.1 Type of polygamous practice**

Horton and Hunt (1972) identify three theoretical forms of polygamy: firstly, it is a group marriage, a kind of marriage practice whereby several men and women are in a marriage relationship with one another. The second is polygene and the third is polyandry. Polyandry is a form of polygamy that has only been known in one society throughout history by the Marquesons.

### **2.7.2 Polygene**

Polygene allows plural marriage, a practice that permits one man to marry four wives. Anagbogu and Nwakolo (2012) attest that the mention of polygene arouses a predictably ethnocentric response from almost any civilized society as it conjures up images of human degradation and helpless enslavement. Anagbogu and Nwakolo (2012) argue here that the practice of polygamy rises to impressive heights of moral indignation at such heathen brutishness or the possibility of harem delights. They add that even in so-called monogamous societies, most marriages are polygamous. Obalowu (2009) posited that only the more successful and powerful men can afford or attract more than one wife.

### **2.7.3 Polyandry**

Polyandry is believed to be more likely in societies with scarce economic resources because of the belief that it may help to encourage human population growth and enhance child survival (Anagbogu and Nwakolo, 2012). They give the example of the Himalayan Mountains where residents practice polyandry; it is considered to be related to the scarcity of land. Horton and Hunt (1972) describe polyandry as a rare form of marriage where several husbands share a single wife. They suggest that Southern India is one of the few examples of where such marriages are practiced. Here, in this practice, when a woman marries one man she automatically becomes the wife to all his brothers and they reside together with little jealousy or discord. Horton and Hunt explain that this practice is understandable when the consideration of female infanticide and shortage of women is taken into account, they argue that polyandry is only likely to be found under such circumstances. Anagbogu and Nwakolo (2012) points out that in Europe, the practice of polyandry was discouraged because of the social practice of inheritance practices (the disinheriting of most siblings), in such circumstances. Therefore, with this review on types of polygamous practice, there is the need for further enquiry into the global practices of polygamy.

## **2.8 The global practice of polygamy**

Polygamous practice is traceable to BC 44 and AD180 and is known to have been in existence throughout the history of human civilization (Noel, 2007). The Roman world (44BC-AD180) acknowledged that polygamy existed to increase the population and to provide husbands for women who had lost their husbands during wars (Goodman, 1997).

Anagbogu and Nwakolo (2012) explain that although Greece and Rome were not polygamous societies, having a concubine (a woman who co-habits with a man without being legally married to him, whilst he is married to another) was considered normal. Islam regulate the practice of polygamy by limiting the number of wives to four (4) wives for a man and as well bringing responsibilities to its practice. Murray (2006), who is an anthropologists explain that historically polygamy is more commonly practiced than monogamy (Umar, 2009).

### **2.8.1 Reasons for the practice of polygamy globally**

Reasons attributed for the practice of polygamy, as explained by (Noel, 2007), are issues concerned with the cultural and traditional practices of a given society. Polygamous marriage provides women with a means of livelihood and protection. Polygamy is a solution to prevent women and children, especially for women who are helpless, destitute and widowed. (Umar, 2009) noted that there are still single women who cannot find husbands and he further observed that if any female remained unmarried, or married below her social status, she suffered black mail. (Umar, 2009) argues that “Muslim women have a subconscious aim to have a family and that marriage is their ultimate dream regardless of their profession”, (Umar,2009: 12).Polygamy is practiced more in Africa and Arab countries because of the Islamic civilization, this is because the Muslim law and practices permit men to have more than one wife.

### **2.8.2 The concept of polygamy in Islam and reasons for practicing polygamy**

Polygamy is permitted under Muslim law. However, this is not mandatory or encouraged. Umar (2009) explains that Islam did not create polygamy; contrary to the numbers of wives acquired by men in the pre- and post-Islamic civilization era, Islamic law organized polygamy and restricted it to four wives. Umar (2009: 5) cited and quoted the holy Quran verse below to substantiate his argument on the practice:

*“If you fear that you shall not be able to deal justly with the orphans, marry women of your choice, two or three or four, but if you fear that you shall not be able to deal justly with them, then marry only one” ( Quran: 4 verse :3 ).*

The global doctrine of polygamy in many Arab countries where polygamy is seen as a predominant culture in Muslim societies is not different from the practises in Asian Muslim countries, (Umar, 2009). This is because the above quotation explains the doctrine of polygamous practice in Islam, indicating that Islam encourages fairness and justice in the practice of polygamy. This seems not always to be the case in Nigerian Muslim polygamous marriages, even though the doctrine is the same. This review therefore offered more insight into the ways in which polygamy is being practiced in Nigeria, compared to the way it operates in other countries practicing polygamy around the world. A UNDP (2008) report revealed that in order to understand these phenomena there is the need to make comparison and further intensify efforts to determine what is happening within the polygamous cultures in other parts of the world such as Malaysia.

UNDP report (2008) identified Malaysia as one of the Muslim countries that practices polygamy. Malays and other smaller indigenous groups make up 60% of the population of Malaysia, with Chinese and Indians representing the majority of the remainder. According to (UNDP, 2008) the state religion is Islam, though Malaysians are free to practice other religions if they so desire. The (UNDP report, 2008) explains that the Islamic School of Shafi is generally followed, although it is permissible to borrow from other Schools of Sunni, Hanafi, Maliki or Hambali when deemed appropriate in terms of seeking knowledge about Muslim practices.

### **2.8.3 Polygamy in African and Muslim societies**

In North Africa: Tunisia, Morocco and Egypt are examples of countries that practice polygamy (UNDP, 2008). The UNDP Islamic legal tool report identifies Tunisia as one Muslim State that practices polygamy under the Personal Status Code (PSC) which is more powerful than the Tunisian constitution. In 1956 the PSC code created major reforms to the legal system, based on Quran reasoning, the key to its success was a mass education campaign regarding the new law. The report illustrated how polygamy was practiced in many other Muslim countries similar to Nigeria, but in different ways because of the diversity of cultures across the regions (UNDP, 2008). The state religion of Egypt is Islam with at least 80% of the population being Muslim Sunni and they practice polygamous

marriages. Approximately 10% of the population is Christian Copts and a small Shia community exists as well. Obalowu (2009) explained that, to understand this phenomenon, there is a need to intensify efforts to determine what is happening to polygamy in other African countries, that are not Muslim, but that do support a culture of polygamy similar to the practises in Nigeria.

#### **2.8.4 West, Southern, Eastern African experiences of polygamy**

The literature shows that most non-Muslim countries in Africa do practise polygamy. For example, West, South and East Africa all have cultures and traditions that permit the practice of polygamy. (Noel, 2007) cites the Namibian Family Code Reports (2003) which sheds light on the practice of polygamy in Namibia although it is noted that polygamous marriage is not legally recognized under Namibian civil marriage laws. This prompted a debate concerning the possible legalization of civil polygamous marriages and the debate has continued throughout the parliament in Namibia. Zimbabwe: According to a report from Voice of Africa News (VOA report, 2007) “fear of AIDS” makes men reconsider polygamy in Zimbabwe. Interviews with men in Zimbabwe from the Tonga ethnic group, indicated that due to economic hardship and the growing HIV/AIDS pandemic, the benefits of polygamy are under scrutiny. However, the report also revealed that the widespread practice of polygamy is supported by their culture with several younger men from within the community confirming that they intended to continue with the practice. Local women, who are mostly affected by the consequences of polygamy, have little, if any, input into the on-going discussions.

#### **2.9 Origins of polygamy in Nigeria**

Edidiong (2008) observes that farming dominates the lives of Nigerian's. Eighty per cent of Nigerians embark on a life involving agriculture and, all members of the (often-large) family are involved in the farming process to enable the growth of wealth for the family.

These practices led the men to marrying more wives to produce more children. Also (Umar, 2009) explains that as a result of inter-tribal wars and other calamity most husbands died and their wives became widows and their children became orphans.

### **2.9.1 Polygamy practices in Nigeria**

Edidiong (2008) explains that polygamy is an acceptable practice in Nigeria and adds that the types of marriage system in Nigeria fall into three following categories, Western English (Church or Civil Court Marriage), Islamic Muslim Marriage and the traditional cultural marriages. All the practices, regard the marriage institution as a unifying factor of human existence and are all respected practices in Nigeria. Polygamy is the tradition of Muslims who are practicing Islamic religion in Nigeria. This type of marriage is recognized under the penal code of the Sharia law legal system. While the traditional marriage system falls under the common law of Nigeria. Edidiong (2008) added that under the Civil English Law, Nigeria does not recognize polygamy; it is only recognised within the penal code of Muslim law, as it is widely practiced in Northern Nigeria. Edidiong (2008) explains that the Southern region of Nigeria is comprised of mostly Christians, polygamous marriages have not been legally introduced here. Polygamy is not recognized under civil law across the entirety of Nigeria, Northern Nigeria does recognize polygamy under Muslim law due to religious cultural practices there.

### **2.9.2 Perception of polygamous practice and stereo type in Nigeria**

Within a polygamous society, men with many wives are admired and receive more recognition from their colleagues. The culture of polygamy represents a sign of good living (Edidiong, 2008).

Umar (2009) observed that some people regard polygamist men as complete men and monogamists as incomplete men. Edidiong (2008) explains that polygamy has come to justify patriarchal systems and the oppression of women in Nigerian society. Consequently, single women are frowned upon in Nigerian society, sometimes are considered as prostitutes even if she is an upstanding member of the community (Umar, 2009).

Supporters of the system on the other hand, pointed out that polygamy can be a unifying factor that allows wives to work together (Umar, 2009). It can be seen that Nigerians value polygamous marriage, as it is identified in the Nigerian constitution of 1979 Civil Law, Customary Law and the Sharia Law legal system (Noel, 2007).

### **2.9.3 Experiences of equality and inequality in polygamous practices in Nigeria society**

The justification for this comparison is to give a literary evidence base of the global practices of polygamy, which has been said to be a practise that is as old as human civilization (Goodman, 1997). These comparisons bring to light issues of injustice and inequality that exist in most societies that practice polygamy such as Nigeria. For example, in Tunisian (UNDP, 2008) report reveal that the constitution protects gender equality, while not explicitly banning discrimination. By making polygamy illegal and providing greater choice for women in marriage and divorce, the CSP changed the power relations between men and women. The (UNDP, 2008) report revealed that as a consequence of later reforms women were no longer obliged to obey their husbands and they received greater guardianship rights. The report further revealed that while Bourguiba (Tunisian state) initially wanted to reform inheritance laws, the religious opposition was too vigorous to achieve this objective.

Tunisia also expressed a reservation under Article 15 (4), which addresses women's rights to choose their residence and domicile. However, these articles are related to the issues of nationality of women and not on polygamous practice, therefore, outside the remit of this study.

### **2.9.4 Comparison of polygamous marriage practices in Tunisia and Nigeria**

Tunisia is another Muslim country that reformed its polygamous marriage laws under the country's Personal Code (PSC) as revealed by (UNDP, 2008). The giving of a dowry (Mahr) remains the norm and may provide some financial independence to the wife if it is a significant sum. Tunisian women, unlike Nigerian women, who have reached the age of consent, may contract their own marriage without the need for a representation (Edidiong, 2008). The wife is obliged to live with her husband and, up until reforms in 1993; she had a duty to obey him. However, since the Tunisian reform laws, wives now have a duty to contribute to household finances, though the husband remains the 'head of the family'. To my mind, this suggests that the woman is not protected by the reforms since the husband still has some level of control over her monies and property. UNDP (2008) revealed that the attempt to eliminate stereotypical images of Tunisian women was removed at the draft stage, as the 1989 education curriculum provided women with the right to receive an education and to discourage early marriages of young girls. However, many girls continue to drop out of school, particularly in rural communities. Tunisian women have the right to work but

their principle role continues to be regarded as that of mothers and wives, with strong incentives for married women to quit working.

In contrast, the Nigeria situation is not the same in terms of policies and practices. However the concept of polygamy is the same as outlined in (UNDP, 2008) and (Umar, 2009).

Edidiong (2008) explains that these differences are due to socio-cultural dynamism affecting the Nigerian nation in terms of practices and belief systems. For example, Islam specifies that the consent of the first wife must be sought before a man takes a second wife and that the marriageable age of young girls should start from 18 years. In Nigeria, this is not the case; Nigerian men marry more than four wives without reference to the religious principles and practices (Umar, 2009). Tunisian law makes provision for the violator of these offences but in Nigeria, there is no law prohibiting young girls as young as 13 years of age from being married off as part of a gift, or involved in any other arranged marriages such as wife inheritance practices as it is in the case with most polygamous marriages in Nigeria. This is a process where most women that are involved in the practice are widows. They are inherited by another man and possibly may be inherited from a dead spouse with HIV infection, (Edidiong, 2008).

### **2.9.5 Criticisms of polygamous practice**

Anagbogu and Nwakolo (2012) noted that the criticism suffered by polygamous practices is that, most Muslim men though they have multiple wives, they sometimes feel that they cannot afford the expense of maintaining them due to the psychological burdens of handling more than one wife. They however explained that those who are financially capable of looking after additional families are often reluctant. In other words, contrary to prevalent notions that men in the Muslim world today are more strictly monogamous even though their religion permit polygamy, (Brown, 1994).

### **2.9.6 Roles and responsibilities of polygamous women in Nigeria**

In some polygamous households, economic constraints due to income irregularities concerning the husband require that women bear the financial burden of the household. In Nigeria, most women indirectly become the head of their polygamous household in practice, even though in theory it is the men who are regarded as the provider and head of household. The first wife in a polygamous marriage is the one who the husband lives with as she is regarded as the first legal wife before others co-joined her in the marriage. These extra wives are called 'outside wives', sometimes living in other homes or staying together in the

same household. (Umar,2009). Women who enter into polygamous marriages play many gender roles which can be substantiated by the radical feminist view.

*“Women as a class have probably always been dominated and controlled by men and that this domination and controls pervade all aspects of their lives” (Burr, 1998: 85).*

### **2.9.7 Risks and impact of HIV/STIs on polygamous women**

Polygamy and other long-term monogamous relationships do not seem to protect women from HIV/STIs (Obalowu, 2009). Marriage seems to increase women’s risk as married women tended to possibly be at the risk of HIV/STIs infection levels than non-married. This is because they have constant exposure to sex in marriage than a sexually active single women of the same age (WHO, 2008). In consideration of this (Ramjee and Daniels, 2013) note that there is a need to understand issues of power and gender as well as other issues surrounding HIV/STIs in terms of its impact on polygamy. Women generally need to be empowered in order to contribute to societal welfare (Umar, 2009).

Researchers Anagbogu and Nwakolo (2012) observe that polygamous marriages have greatly contributed to higher levels of HIV/STIs infection in Nigeria. They note that patriarchy sometimes subjected women to a range of abuses and a heightened risk of being infected with HIV/STIs. However, (Connolly, 2009) is of the opinion that, male partners in polygamous marriages lack the love making and romancing skills which makes sex monotonous to them, thus leading partners to seek variety in sexual practices. Also, sex is regarded as a means of procuring economic survival by some women and therefore sex becomes transactional, (Leclerc-Madlala, 2004).

Umar (2009) observed that rather than accusing only one of the partners of infidelity, spouses constantly blame their wives for sexual promiscuity, forgetting that their inability to meet marital obligations to their wives can contribute to infidelity. Polygamous women because of their economic incapability, sometimes may become slaves to men who can offer them incentives or gifts for sexual gratification, rather than asking for a specific fee-for-sexual service rendered to them (Moore, 2009).

Zulu (2003) is more concerned about the importance of protecting the family against HIV by explaining that the prevention of HIV should be of paramount importance to polygamous women.



### **2.9.8 Perception of HIV/STIs as a risk factor in polygamy**

Umar (2009) observed that illiteracy and the lack of economic opportunities for most polygamous women in most Muslim society of Nigeria is also a contributory factor to the spread of HIV. WHO (2008) report on Nigeria revealed that, the socio-economic challenges of these diseases are related to poverty issues in terms of needs and wants of individual house hold. The (WHO, 2008) revealed that poverty, especially the need to survive economic hardships, often forces the poorest women and children to expose themselves into the practice of early marriage to benefit from economic gain for the family which accentuates the submissive gender role of women in Nigerian society.

### **2.10 Gender and HIV/STIs**

Gender and cultural issues are challenges that affect polygamy and HIV/STIs prevention in Nigeria. These issues is said to have adversely affected women's rights to have control over their sexuality. This applies not only to Nigerian society but is also evident in many other African countries. Burr (1998) argues that patriarchal agencies and the dominant ideology portray unequal relationships in most societies, and this has adversely affected women's rights including their right to have power over their sexual needs. She explained that there are issues of inequalities and differences that are unfavourable to the female gender both in the family and labour force. Umar (2009) notes that a man who wants to remain monogamous may consider polygamy if his first spouse does not give birth following their marriage. Umar added that in the same way, a man whose wife gives birth to daughters only, may consider marrying another woman in order to have sons. The last important reason that fosters polygamy is men's need to show their financial power. (Umar, 2009) is of the opinion that some rich men attempt glory and celebrity by marrying or engaging in relationships with lots of women. According to varied customs in Nigeria, a man who is able to maintain a lot of wives is admired for his manhood thereby, providing him an elevated status within such a community (Umar, 2009).

#### **2.10.1 Disclosure and non-disclosure of HIV/STIs status**

Fear of divorce and issues of disclosure of HIV/STIs in polygamy contributed to the spread of these diseases in polygamous practices in Nigeria. Noel (2007) noted that divorce in Nigeria is seen as an act of the irresponsible. Nigerian cultural practices portray and believe that the most important thing in life is family and thus, divorce should not be an option, no matter the marital situations and challenges. More important is the fact that other single

women are waiting to take the place of the divorced woman regardless of their HIV/AIDS status, as most couples agree to keep their HIV status personal to themselves. Obalowu (2009) argued that divorce is common in most cultural practices in Nigeria.

Despite the depressed, emotional feelings about sexual needs, the lack of disclosure of HIV/STIs status in polygamous settings is a serious issue affecting polygamous women. However, most polygamous women still choose to remain in the marriage because of the fear of divorce. In most cases husbands who abuse their wives have confidence that their culture is good, even if the women are suffering in this system of marriage. Therefore, this calls for a re-examination of the implications of psychological disposition regarding polygamous women as they endure the abuses and other physiological trauma in the marriage system (Olateru – Olagbegi, 2013).

### **2.10.2 Polygamy as a cultural practice in Nigeria**

Edidiong (2008) explain that, the cultural practice in Nigeria varies. The country has over 250 different languages and cultures. Islam is the dominant religion in the Muslim Northern part of Nigeria with high numbers of the Muslim faith who practice polygamy. Noel (2007) explains that Nigeria has three major laws; Islam, Christianity and Native laws, customs and practices. These laws are influenced by the existences of the three religions (Islam, Christianity Native religion). Umar (2009) however argues that, on many occasions, native cultural practices and other religious beliefs are combined, creating confusion in term of practice. This confusion does result in some Nigerians revisiting their history books and religious texts to determine the true meaning of their religious obligations and practices. However polygamy is said to be practiced not only in the Muslim society of Northern Nigeria but is also spread across all cultures and regions of Nigerian society (Noel, 2007).

### **2.10.3 The impact of polygamy on women and children in a patriarchal setting**

Umar (2009) noted that “children in the polygamous marriage system, where the husbands have been denied from taking in another wife, may have to innocently suffer for this and any other misdeeds of their biological mothers” (Umar, 2009: 9). This kind of child suffering is what (Jones, 2010) observed as child abuse and a painful reality behind closed doors, the experience similar to a study carried out on children in the Caribbean.

Noel (2007) explains that when it comes to the issue of prioritising the children to go to school, the male children are given the first priority against the female children. According to a World Bank Report on girl child education in Nigeria (2008), girls are said to have been

dropping out of school for early marriage in the previous 30 years. Even though the situation has improved, over time. Umar (2009) concurred with this view that Nigeria has recycled high levels of illiterate mothers in the last two decades.

Obalowu (2009) observed that, the poor economic situation of parents deny women the necessary education because marrying them off at an early age brings an economic benefit to the family rather than investing in girls' education. However, it has been noted that there has been some improvement in girls' enrolment in Nigerian schools since 2010. While such a development shows progression and promise, it has yet to be determined whether it has resulted in positive benefits for Nigerian society (Obalowu, 2009).

Olateru – Olagbegi (2013) explains that apart from denying women education in Nigeria, when it comes to inheritance rights, women are also discriminated against. Some Nigerians believe that the woman and any property to be inherited all belong to the man (the spouse) who is seen as the head of the household. Umar (2009) also observed that this is a challenge to the human rights of women (2009:10), in terms of gender inequality for both male and female.

Olateru -Olagbegi (2013) cited the royalty or chieftaincy lineages which encourage the practice of polygamy in Nigeria. It is believed that the production of male children by any prince increases the chance of the offspring becoming future leaders. Male children in Nigerian society must succeed the ruling chiefs. While female succession is permitted in other societies such as in Europe where the first child, male or female can become a future queen or king, Nigerian society does not permit women to be leaders. Therefore, men are revered in Nigerian culture (Obalowu, 2009).

Burr (1998) argues that gender inequality exists not only in the sphere of paid work in relation to public and domestic spheres, but also in the oppression of women in their private relationships with men. This section on sexuality and power in a patriarchal society accentuates the risk involved in polygamous marriages in the context of HIV/STIs , most women do not have control over their sexuality. Obalowu (2009) explains that the patriarchal domination in Nigerian marriage systems informs the lack of power and control in marital relationships, coupled with the lack of economic opportunities. The cultural traditions that say women cannot refuse the sexual demands of their husbands in polygamous practice are said to sub-ordinate women in terms of unequal power relationships with men in such a marriage. Nigeria is a dominant patriarchal society

comprising numerous cultural taboos that specify what a woman can do and what she cannot do in line with traditions and customs.

Obalowu (2009) observes that cultures and practices in Nigeria exposing women to HIV/STIs vary from region to region. The most common cultural practices in Nigeria that are gender based are as follows: Widowhood and inheritance practices are common across the three regions. Especially if the late husband of the widow died of the disease and she may not know her HIV status. In cases where the widow is infected with HIV virus and she is not tested or treated for her HIV/STIs status, the new husband may become infected through sexual contact with her.

Obalowu (2009) also noted that, Female Genital Mutilation (FGM) is a common cultural practice in Nigeria, which many African countries are striving to eradicate, this practice may also contribute the spread of HIV/AIDS. In this practice a single instrument is used to circumcise many girls without first sterilising it after each operation. If an HIV-positive person is among those circumcised, then there is the possibility of everybody in the group being circumcised becoming infected with the HIV? Multiple sexual partners as in the case of commercial sex workers also increase the spread of HIV/AIDS, because most men still patronize them. Extra marital relationships are another practice which increases the spread of HIV/AIDS. Some of the above cultural practices, which have been viewed in the past as keeping society together, are today causing an increase of women's vulnerability to HIV/AIDS, (Olateru-Olagbegi, 2013).

#### **2.10.4 Psychological disposition of polygamous women and women's empowerment**

A neglected woman will have to look outside the family circle for help and to get the kind of support and care she needs. During this process of looking outside for help, she may find herself in an adulterous situation and thereby contract diseases such as HIV and STIs infections (Obalowu, 2009).

Anagbogu and Nwakolo (2012) noted that addressing the psychological disposition is an important factor in the active participation and acquisition of any empowerment. Some issues affecting polygamous women relating to their health and well-being are not addressed, as is the case now in most marriages in Nigeria. The progress of their children and hence their generation could be severely jeopardized, (Obalowu, 2009). Therefore this calls for the need for women's economic empowerment. Anagbogu and Nwakolo (2012) note that women generally should be empowered in order to be able to contribute to societal

welfare. The empowerment of women within the community as rights holders can allow women to give their voice to issues concerning them. If polygamous women are the duty bearers of their marriage and are allowed to be in charge of fulfilling the obligations affecting their lives, these rights may help them to fulfil and uphold respect and power in their marriages. Yusuf (2005) described sexuality as the sum total of a person's well-being and humanity.

#### **2.10.5 Women's empowerment**

Kabeer (2001) posited that empowerment is altering relationships of power which contain women's options, their autonomy and their position in terms of well-being. Chen (1992) views women's empowerment as an ideology that helps to challenge the status quo existing in the world today in terms of gender inequality. Umar (2009) cited Resources and Voice 2001 on Africa and revealed that women's empowerment cannot be achieved unless programs and policies are put in place to strengthen the on-going empowerment programs. However, (Kabeer, 2001) suggested the need for micro credit approach to women's empowerment. This is to say that, if the polygamous women have the access and control of resources the empowerment of women in the community could be achieved. As a rights holder this could provide the enabling voices for them to be seen and heard. Thereby allowing room for accountability by all stakeholders in the areas of their welfare and other health needs as Kabeer (2001) wrote on the need for a micro credit program that may help in shaping women's gender issues and power relations. This view may also help to address issues of economic and legal standing between men and women within the polygamous households. In line with this suggestion (Baylies & Burja, 2000) also explain the reasons why small amount of loans for women are becoming popular with serious campaigns by the civil society and women's organizations.

#### **2.11 Summary of review of related literature**

Efforts to review some literature related to the present study have been made. The review of the related literature covered definitions of some of the key words in the conceptual framework of the study, such as the concept of HIV/STIs and polygamy. A summary of the conceptual frameworks highlights that Islam did not create polygamy and that polygamous practice is one of the many challenging factors.

Polygamy was viewed as a multi partner practice which constitutes danger to sexual relationship. (Anagbogu and Nwakolo, 2012), the Epidemiological and theoretical review

of theories were analysed; public health and social justice theory were also reviewed along with the theory of urbanization. According to these theories and concepts, HIV/STIs are transmitted through multiple sexual relationships. The various stages of transmission of HIV/STIs were said to be determined by biological and socio cultural factors and economic imbalances between men and women. Also this areas of HIV/STIs transmissions in the polygamous family were not covered or compared in most of the empirical studies. Thus a gap exists in this review because the study only explores the experience of the impact of HIV/STIs on Muslim women living in polygamous marriage in Nigeria and does not focus on polygamous men.

This review has helped to provide answers to the following questions: why there is a need for this study which will be discussed in (chapter 3), which is the theoretical frame work on feminism. The chapter also help describe where and what is the situation of HIV/STIs in study location? What is the accepted definition and practice of polygamy in Nigeria? What role have the feminists played in this study? Although many researchers are said to have studied HIV/STIs transmission, none of them took cognizance of Muslim women living in polygamous families. Unfortunately, some of these empirical studies do not cover the emerging negative effects of polygamous men as one of the predisposing factors to HIV/STIs transmission. The role of public health and the need for social justice, government policies and cultural practices have been discussed.

## **CHAPTER 3: THE THEORETICAL FRAMEWORK**

### **3.0 Introduction and Background**

The theoretical framework informing this study area is feminist theory. This is relevant because this study is about women's experience of HIV/STIs prevention and control in polygamous society. Polygamous practice involves both men and women in a marriage system as explained in the literature review in Chapter 2. Feminism focuses on the unequal power relationship that exists between both men and women (Walter, 2000) and other marginalized groups in any society.

This chapter explains the usefulness of feminist theory to help understand, substantiate and serve as the lens to view and interpret the findings from the study area. This adopted theoretical frame work explores African, Asian and Western feminist philosophy and its relevance and application to the Nigerian situation. Issues of polygamy imply a global practice, the literature review in chapter 2 explains that polygamy is not limited to African or Nigerian polygamous women alone. This review therefore, exposed the need to include a broader exploration of not only the African feminist position but to also look at how notions of gender are constructed globally within a Feminist framework. This chapter also demonstrates how concepts from the feminist perspective are useful in understanding women's lived experiences in the community and as an individual conception of rights for both advantaged and disadvantaged groups in the society. These different values are classified into different perspectives such as the liberal, Marxist, radical, postmodern, socialist, existentialist and psychological analytic theories of feminism (Jabeen, 2010).

### **3.1 The concept of Feminism**

Feminism is concerned with finding equality between men and women in all areas of society (Walter, 2000). Feminism is not just about equal rights, but also about seeking to raise the societal consciousness on issues of socio cultural identity and the hierarchal positions of men and women in any society (Best, 2003). In view of this explanation, feminism can be said to address and explain issues and barriers facing the unequal power relationships that exist in a polygamous society like Nigeria.

#### **3.1.1 Rationale for the choice of feminist theory**

Feminist lenses help to identify and understand the connections between HIV/STIs transmission and polygamous practices, even though there are no specific studies in Nigeria that have been conducted to establish the link between HIV/STIs risk of infection and

polygamous marriages. Using feminism as the underlying framework for this study aims to help reveal and bring to light the perspective of polygamous women's situation in the context of HIV/STIs infection and to suggest strategies for the prevention and control of these diseases.

An understanding of feminist knowledge is important for this study area because this theoretical framework may help to provide the needed interpretation of the study outcome. (Belenky, 1986; Jackson, 1998; Maguire, 2001), claim that despite the progress of feminist thinking, many women still feel silenced by 'two institutions' the family and the schools of thought such as Liberal Feminism, Radical feminism and Marxist-Socialist feminism (Acker, 1994; Best, 2003; Kwesiga, 2002). How are women silenced by Liberal feminism? What roles do Marxist-socialist feminism play? Belenky (1986) argues that both institutions can hinder but may also help women's development.

This study aims to explore and highlight the voices of polygamous women, bring into focus the theoretical efforts of feminist scholarship, address the main stream and bring the voices of women to bear in the catalogue of women's studies to help address challenges facing polygamous women in general. This will be possible to do because feminism represents a body of theories offering a critical rationalization of the state of women (Finch, 1996).

This study explore the various experiences of polygamous women in relation to HIV/STIs, feminist lenses may be helpful to interpret the findings. The inspiration to use feminist theory in this study demanded a particular model and theoretical position that provides complex understanding of the position of womanhood. This is with the hope that this may provide solutions to issues of general prevention and control of HIV/STIs. This may be achieved if all the emerging key issues are critically examined through a feminist lens.

Kumah (2000) is of the opinion that feminism can provide a partial and provisional answer to women's questions, providing a unique perspective. Although (Kumah, 2000) view that feminism sometimes presents a study area with its own methodological strengths and weaknesses. This is to say that feminism can help provide partial answers to this study area in terms of how polygamous women are being affected with HIV/STIs.



### **3.1.2 Origins and the acceptance of Feminism**

Feminism is an ideal that is recognized widely in theory and practice. Feminism is an ideology that is well reflected in most United Nation (UN) documents and academic research as well as being entrenched in the different sets of revolutionary movement (Jabeen, 2010).

The term 'feminism' is about a movement that believes in gender equality. Feminism also is concerned with inequality that can affect the lives of women and daily experiences like class, race, ethnicity, sexuality, age and so on. Harding (1987) is of the opinion that feminist research is not just about women.

Feminism is a pool of movement in terms of thinking, grouping, sharing ideology, and a group of people that work together to gain gender equality. Jabeen (2010) referred to them in classification as the first wave, the second wave and the third wave feminism; (post-modern) and sometime regards them as reformers building on the experience of other feminist philosophy concerning gender inequality and the need for social justices.

Tracing the origin of feminism, (Jabeen, 2010) explains that John Stuart Mill and his wife Harriet Mill Taylor were among the first wave feminists in the mid-19<sup>th</sup> century (1850s onward) who championed the campaign for equal rights for women to vote and be voted for, as advocated by the suffrage movements. The first-wave was coined in March 1968; their main concern was for gender equality.

According to (Lather, 1988), feminism is a basic issue for understanding the world from a woman's perspective. He further stated that feminism indicates rejections of oppression and emotional, political, philosophical and socio-economic oppression, of women and the vulnerable group in any society.

### **3.1.3 Global perspectives of feminism**

The use of a feminist theoretical frame work helps to illustrate, discuss and review some Western, Asian and African viewpoints as discussed in (Mama, 2002) on the situation of women around the world. The literature review on polygamy and HIV/STIs revealed that issues affecting polygamy are issues of concern to most feminists around the world and not just African and Nigerian feminists alone. This is because polygamy is practiced globally. This is also because this study is about investigating the woman's place in the socio world of HIV/STIs prevention and control.

Feminism is used in this study area to provide a lens to view and understand Nigerian polygamous women's situation with the aim of making the necessary change in their lives as explained by (Lather, 1988). This investigation may help provide solutions and changes to the way polygamy is being practiced in relation to HIV/STIs prevention and control. Feminist philosophers all agree that biological sex is not a justification for domination or subordination (Oyewumi, 2002) and added that women are also co-dependent on each other within an inter-connected world (Mama, 2002).

Umar (2009) explains that issues of gender inequality exist in polygamous practices. Men and women are violating the religious and the good practice of fairness, equality and justice attached to the practice of polygamy in most Muslim polygamous societies like Nigeria. Umar (2009) explains that polygamous women are abused and subservient in most societies. It is therefore hoped that feminism may help bring out strategies to free them from their perceived subordination and subservience (Belenky, 1986; Jackson, 1998; Maguire, 2001).

## **3.2 Identifying and developing the conceptual framework**

The feminist approach is explained through various schools of thought such as Cultural feminism, Liberal feminism, Radical feminism and Marxist-Socialist feminism (Kwesiga, 2002; and Best, 2003). Feminist theory is referred to as gender equality theory. Kwesiga (2002) explains that gender has also come to be referred to as the "culturally and socially shaped cluster of expectations, attributes, and behaviours assigned to each one of us by the society into which we are born" (Kwesiga, 2002: 20). This is to say that our behaviour and our environment help to determine who we are.

### **3.2.1 Cultural feminism**

Jabeen (2010) explains that from 19<sup>th</sup> century cultural feminism became pronounced by ideas first put forward by women such as Fuller Charlotte, Perkins Gilman and Jane

Addams.. Cultural feminists emphasize the special, and unique different qualities of women and the significance of revaluing intuitive, non-relational aspect of individual familiarity.

Oyewumi (2000) put forward the notion that cultural feminists has social transformation which may occur through the infusion of feminine or maternal values into the culture, harmony, ethics of care and connectedness and appreciation of nonviolent and peaceful negotiation. While (Kwesiga, 2002) of the opinion that feminists seek to renegotiate gender relationships by emphasizing the altruistic cooperative aspects of human experiences and efforts to build positive, nonviolent, connected relationships within the physical environment.

### **3.2.2 Socialist feminism**

Jabeen (2010) revealed that, the thinking of the Socialist feminism, is similar to the focus and the thought of second wave feminists - regarding equal rights for women in the labour force. The concern of second-wave feminism broadened the debate to include a wide range of issues: such as sexuality, family, the workplace, reproductive rights, de facto inequalities and official legal inequalities. They derive their inspirations from socialist viewpoints, (Jabeen, 2010).

According (Darko and Mama, 2002) socialist feminism can seem an unlikely candidate to team with postmodern current thought. She added that, the (feminist) seeks to find an answer to the oppression of women. These various schools of thought also situate themselves in different African feminist perspectives. This study on Nigerian polygamous women therefore uses an African feminist possession to explain the problems of polygamous women, this underpins the focus of this study.

### **3.2.3 Liberal Feminism**

This theory focuses attention on inequality between men and women. It believes in gradual change in all aspects – economic, social and policy. Inequality affects both genders, unequal rights and barriers affects women precipitation. Freedom should be given to women in all areas. Liberal Feminism cheers towards equal opportunity for both genders at home and outside it and especially in education. It prevents discrimination in the education of women and girls in any society, (Marysia, 2000).

### **3.2.4 Radical Feminism**

The radical feminist views society as patriarchal, with men as the ruling class while the women are the dominated subject (Plum wood, 1993; Hughes, 2002). They strongly deny that the liberation of women could come through assimilating women into male dominated and controlled arenas. They call for the dismantling of the patriarchal system, which, as far as they are concerned, is the fundamental barrier to the advancement of women (Marysia, 2000; Best, 2003; Andersen and Taylor 2006).

Radical feminist agitation strongly opposes situations where women are subordinated as second class citizens and regarded as part of men's identity. Pring (2000) refers to men's patriarchal positioning as a power imbalance, stating that "knowledge and reason are controlled by those with power and those in position of that power" (Pring, 2000:110). This phrase could impact negatively on the woman as powerless, thus tarnishing her perspective and outlook to life. Radical feminism has thrown more light on women's oppression as it exists in families and societies. The radical and Marxist-socialist feminist theories argue that patriarchal systems permeate through the cultural fibre and are deeply embedded in the social fabric. Radical feminism has identified the way in which patriarchy reinforcing and maintaining the subordination of women. A structure that automatically assumes the existence of patriarchy, as the literature review from this study establishes that the combination of a patriarchal and patrilineal structure exists in polygamous practices globally (Umar, 2009).

According to (Kumah, 2000) radical feminism is aware of the problems, but without understanding how the orientation of women and their cultural background affect the practices of polygamy. There is evidenced in the literature review that polygamous practice co-existed along with subordination of women during pre-colonial and post-colonial rule (Umar, 2009).

Radical feminism is concerned with taking radical steps to challenge serious problems applicable to African women of today (Kumah, 2000), issues ranging from urbanisation, industrialisation and the global information explosion which were powerful influences on family, and marriage issues as they apply to polygamous women and their welfare. Mama (2002) explains that economic pressures force women to look for any available jobs. The literature in this area also explains that polygamous women are said to have indulged

themselves in extra marital relationships to support their families because of the lack of resources to go round in polygamous settings (Umar, 2009).

Criticising the views of radical feminists, (Bryson, 1999) suggested that it is heavily biased towards women by portraying them as good and men as potentially bad. Such an “inaccurate and unworkable position could render men as an enemy, not to be trusted as a father, friend or sexual partner” (Bryson, 1999: 218). Another critique argues that the theory is descriptive and historical, describing the position of women without adequate explanation. The variation of women’s experiences of oppression from different ethnic backgrounds tends to be overlooked. Furthermore, radical feminists are criticized for encouraging women to focus more on bad experience in their marriages rather than the positive experiences (Bryson, 1999; Marysia, 2000).

### **3.2.5 Marxist-Socialist feminism**

Unlike the radical feminists, Marxist-Socialist feminists view women’s oppression as an outcome of class society and as an entirely man made structure. This means that it is only the capitalist and middle class people that cause the inequality struggle among the common people. A good example (Kumah, 2000) explain that it is the low level education and the economic system in modern industrial society which is believed to have been shaped by the requirements of a capitalist economy for a literate and well-disciplined workforce. The two divisions bring in the relationship between the dominance and subordination of the ruling class (dominated by men) and the subject class (women) (Kwesiga, 2002).

Marxist feminists use this ideology on the same premise to expose social inequalities and, like the radical feminists; they agree that women are the exploited group. This demonstrate how men use their power to maintain their rewards and privileges and how major decisions are largely made by men. The social feminist thought about the issue of division of labour between women and men is of most interest. A good example being labour based gender that includes status/prestige, in term of authority and wages. Marxist feminists claim that, by contrast, gender inequalities could completely be eradicated in a socialist state by removing all forms of oppression. To do this would require the removal of male dominance (Bryson, 1999; Kwesiga, 2002). Marxist feminists advocate for a revolutionary change and an establishment of a communist society where it is assumed gender inequalities will be non-existent.

While this study review agrees with some concerns raised by this strand of feminism, the process of correcting the situation could be problematic as already argued above. Radical change may just result in reactions that may misinterpret the action for change of opportunities for women and removing women out of the home environment into the economy. Umar (2009) suggests that a lot of women in polygamous marriages have remained overburdened in domestic work maintaining the home front and saddled with the responsibility of giving financial and moral support to their families. Kwesiga (2002 and Molyneux, (2001) identify two factors that could explain the continuation of female subordination; capitalism and patriarchal systems. Kwesiga (2002) have noted that the critics of this theory view it as a masculine theory, which fails to explain the oppression of women in non-capitalist states. The theory reveals that inequality and economic factors has tended to overlook other sources of gender inequality such as culture and sexuality. However (Kwesiga, 2002) pointed out that, even before capitalism was created, women were victims of subordination. This is to say that the theories view capitalism and patriarchal systems as the bane of female oppression rather than just laying claims on patriarchy as the cause of women's oppression. Umar (2009) noted that most issues of sexuality and gender discourse focuses on women as sexual objects, and (Molyneux, 2001), lamented that in most cases polygamous women were regarded as sexual objects who help produce children for the continuity of the society. These various views also justify the literature review that explain that polygamy is practiced to produce race and increase population to work on the large scale production in the history of human evolution and in general civilization (Goodman, 1997). Therefore, the literary translation of this review is that patriarchal systems and capitalism oppress polygamous women.

### **3.2.6 Post-structuralism feminist**

Post-structuralism feminist are regarded as third wave feminist, who believed that issues of feminism is not only associated with one cause or ideal. The real necessity behind feminism according to (Butler, 1990), is associated with issues of women as debatable. For (Butler, 1990), woman is a debatable category, complicated by class, ethnicity, sexuality and other facets of identity. In her 1990 book, 'Gender Trouble', Butler draws on and critiques the work of Simone de Beauvoir, Michel Foucault, and Jacques; (Butler, 1990) criticizes the difference of opinion amongst other feminists between the biological and social aspect of gender.

### **3.3 Tradition and cultural practices in African society**

Oyewumi (2002) posits that women has long history of participating with men ( along male and female) relationship , in socio economic life and that the use of power and the patriarchal traditional systems are not limited to Africa traditions alone . Further explain that the distinctions between male and female are made in ways that disadvantage the female gender. However, (Oyewumi, 2002) further explains that those females from royal lineage enjoy a similar power patronage as males and that leadership are sometime bestowed on the female children, in matriarchal society, where female households also exercise power like men.

According to (Oyewumi, 2000), the patriarchal system has influenced the lack of access to property and power tradition and is upheld by African feminists because it restores the valuable culture and rich largely on knowledge and religion. They also adapt to the time instead of stagnating.

#### **3.3.1 Patriarchy and Sexuality discourse**

Attention is paid by African feminists to the ways patriarchal, psychological and political systems put premium on the male child above the family (Noel, 2007). The African feminists strive towards achieving gender equality in the societies. Although, African writers like Oyewumi rejected the call for the “universalization of gender” (Oyewumi, 2002: 2). Oyewumi notes that the nuclear family remains the source of hierarchy and oppression, a view shared by radical feminists. The major argument and disagreement about African positions and settings among feminist writers is that they differ from each other. Oyewumi is of the opinion that their conceptual positions might not be the same in different African societies, because it is saddled with so much cultural difference and language diversity. The majority of African feminist writers have argued that Western writers are not part of the culture and the language and the broader civilization of Africa. Therefore, Western writers may not understand the culture of the African society (Oyewumi, 2002).

### **3.3.2 Feminism in relation to polygamy**

Feminists believe that inequality, segregation and female subordination exist in many societies. However (Obalowu, 2009) noted that patriarchal domination thrives in polygamous marriages than any other types of marriages. (Umar, 2009) explain that polygamy encourages patriarchal domination. He also notes the strong belief by women that man (husband) is their crown. He further stated that any unmarried woman is regarded as a prostitute no matter her integrity this is a stereo type that must not be condoned. The right of one woman (wife) is shared by many wives in polygamy. Polygamous practices in Nigeria have always put women at the receiving end in a male dominated society.

Umar (2009) added that children of the polygamous marriage “may have to innocently suffer from the misdeeds of their biological mother and that the education of children sometimes suffer” (Umar, 2009:9). On issues of polygamy and inheritance for polygamous women. Umar (2009) explains that Islam provides Muslim women with the opportunity to get their inheritance rights according to the Sharia law legal system. The Islamic law gives a female child up to 50% of what a male child gets. The wife of the deceased gets one quarter of the husbands property to be inherited from her deceased husband in case the husband died as Muslim. These are some of the challenges that (Obalowu, 2009) identifies as a violation of women’s rights. Most women are said to be inherited against their consent and they lack previous knowledge of the HIV/STIs status of the likely new spouses that may inherit them, (Obalowu, 2009).

### **3.3.3 Risk and impact of HIV/STIs on polygamous women**

Researchers Anagbogu and Nwakolo (2012) are of the opinion that polygamous marriages have greatly contributed to the spread of HIV/AIDS and other sexually transmitted diseases (STIs) in Nigeria. While some feminist scholars argue that gender inequality and the powerlessness of women are the important factors that influence the spread (Obalowu, 2009). This is to say that if polygamous women were given the right to reject what is sexually wrong and have solid control over their sexual needs, not under the influence of culture or practice that dictates what is right or wrong for them, they may be able to reject most of these negative practices in their marriage system.

Pring (2000) explains the role of power in influencing decisions and the lack of solid control of women over the transmission of most diseases. These are said to be the detrimental risk factors for polygamous women in the prevention and control of HIV/STIs. Umar (2009)



notes that patriarchy sometimes subjected women to various abuses and put them at risk of being infected with HIV/STIs because women have no sexual rights or powers to negotiate their sexual needs in most polygamous marriage. Also, sex is regarded as a means of procuring economic survival by women, and thus, sex becomes transactional (Leclere-Madlala, 2004).

### **3.3.4 Sexuality and power in a dominant patriarchy society**

Burr (1998) in her critical analysis of psychology of gender which draws on social constructionist ideas, argued that the power of patriarchy and the dominant ideology of an unequal relationship exist in most societies. This is to say that issues of inequality in polygamous society such as Nigeria, which is a male dominant society, have adversely affected women's rights and power over their sexuality. Burr (1998) further explained that there are inequalities and differences that are unfavourable to the female gender both in the family and in labour force. This is to say that women who enter into polygamous marriages play many gender roles, which can be substantiated by the radical feminist views. For example, (Burr, 1998) found that "women as a class have probably always been dominated and controlled by men, and that this domination and control pervades all aspects of their lives" (Burr, 1998: 85).

Feminist theory has much to contribute to the understanding of state-craft and politics of gender inequality according to the African Women Development Fund (AWDF, 2013).

## **3.4 Summary**

This chapter explains the theoretical framework, providing discussion of the usefulness of the most appropriate theories that are applicable to the study. There are other feminist theories that could be considered, but they do not relate to the study of polygamous women in relation to HIV/STIs prevention and control, this limits the number of concepts being discussed in this chapter.

The chapter considers issues such as gender, sex, cultural practices, tradition, religion and other mitigating factors influencing the lack of sexual rights for polygamous women. Sexuality and patriarchal domination in Nigeria are said to be the main contributory factors to the lack of sexual rights for polygamous women in their marriages, thereby giving rise to the spread of HIV/STIs transmission, (Olateru Olagbegi, 2013). In light of the aforementioned, this research explores not only the African perspectives of feminism, even though it is said to be inspired by the African feminist viewpoints, but also dwell on the

global feminist perspectives. Polygamy is said to be a global practice in the literature review, therefore this chapter concludes with the notion that feminism is applicable to all women issues.

Polygamy as a practice is associated with issues of gender inequality between men and women, this relationship is said to have contributed greatly to the spread of HIV /STIs infections (Yusuf, 2005). Therefore this theoretical framework chapter offers an understanding of how polygamy can be 'reconstructed' for women to negotiate their sexual rights in relation to the dominant ideology existing within a particular social structural system, such as it is the case in the Nigerian polygamous society. The chapter also revealed those asymmetrical positioning that created unequal power relations between co-wives and their spouses in polygamy. This chapter also reflects on the Nigerian feminist position in terms of equality and equal rights for women in Nigeria, (Umar, 2009).

## **CHAPTER 4: METHODOLOGY**

### **4.0 Introduction and Background**

This chapter describes the methodologies and explains why a qualitative approach was adopted in this study area. According to (Harding, 1987), methodology is related to the knowledge stance of the researcher. While methods are regarded as the actual ways in which data is collected. Methodology is said to be the road map to any research work in order to pursue the aim and the objective of the study (Creswell, 2005). This chapter defines the research design, usefulness of qualitative approach, including study location, sample selection and the methods of data collections.

The theoretical framework informing this study area is based on feminist paradigms in line with the study design. The study adopts a qualitative research approach. According to (Hesse-Biber, 2007), most feminist research uses a qualitative approach to understand the lived experience of women in any study area.

The choice of this method for this particular study was based on the sensitivity of the subject area as it concerns the private lives of polygamous women. More importantly, it focuses on understanding polygamy and HIV /STIs prevention and control in relation to gender inequality issues.

### **4.1 Rationale for this approach**

In line with feminism and the qualitative research approach, the woman to woman interview within the feministic framework is an acceptable practice because of its acceptance of individuality and identity. This approach attempts to uncover understanding from participant's accounts in order to help bring about the needed changes and to free women from their perceived subordination and subservience (Belenky et al., 1986; Jackson, 1998; Maguire, 2001). Therefore, the basis of this research design is to help answer the research questions in order to arrive at the aim and the objectives of the study.

### **4.2 Philosophy of feminist research as it relates to this study area**

HIV/STIs among polygamous women are a gender-related issue, because they involve both men and women in a relationship. There is the need to be gender-sensitive in this study through giving consideration to the patriarchal nature of the polygamous marriages in Nigeria. Feminist research methodology has been used as the underlying framework in this study area as it aims to reveal and highlight the true voice of the female participants

(Reinharz, 1992). The research paradigm for a study has been described as patterns or beliefs and practices that regulate enquiry by providing lenses, frames and processes through which any investigation may be accomplished (Weaver and Olson, 2006). The research paradigm provides a guide for a disciplined enquiry and is characterized by epistemological, ontological and methodological issues.

**Research aim:**

To explore the experience and impact of HIV/STIs of polygamous women in the Muslim society of Nigeria.

**Objectives:**

- Explore knowledge, perceptions and awareness of Human Immune Deficiency Virus (HIV) and the Sexually Transmitted Infections (STIs) in polygamous marriages in Nigeria.
- To examine the potential effect of polygamy on HIV and STIs
- To identify possible factors that could empower Muslim women to protect themselves from HIV and STIs

### **4.3 Research questions**

The following questions are asked as listed below:

1. What is meant by the term polygamy and HIV/STIs?
2. What are the factors that aid polygamy?
3. What are the factors that aid the spread of HIV/STIs in Nigeria?
4. What are some reasons why men practice polygamy?
5. What are the various forms of polygamy?
6. What are the signs and symptoms of HIV/STIs?
7. How and when did HIV/STIs get started in Nigeria?
8. How is HIV/STIs Transmitted?
9. Why the fast spreading of HIV among women and youths in Nigeria?
10. What are the economic effects of HIV?

The use of what, when, why and how was very useful. The researcher tried to avoid too many key questions, but rather sub-questions were used to broaden the aspects of the specific questions relating to the subject of study. Arriving at these research questions and

framing the questions, the researcher also reflected on how the questions were to be used and how to frame them, the study is guided by an interview guide made up of ten questions as written above.

#### **4.4. The Qualitative approach**

This research study is qualitative in nature and it is underpinned by the feminist views which help to obtain the participants' views from the data collected. Some authors have written that qualitative research involves "systematic investigations, which includes in-depth interviews, non-quantitative studies of people, organization or societies" Gray, (2009) Neumann, (2000); (Bowling 2002; Thyer, 2001:257).

The study seeks to explore subjective meanings and personal experiences of women in polygamous marriages in relation to HIV/STIs infections, thus making the qualitative approach more suitable for this study area. The flexibility of a qualitative approach enables the refinement and re-focusing of the tools based on the participant's reactions throughout the study period (Neumann, 2000).

Selecting appropriate indicators for explorative research will mean that the researcher understands the two approaches of conducting research, qualitative and quantitative. The quantitative research method involves numbers and figures, whilst qualitative research method involves the translation of words and understanding of meaning. Olateru-Olagbegi (2013) the quantitative method has the advantage of evoking more confidence based on its use of unbiased sampling methods. Olateru- Olagbegi (2013) added that the quantitative approach is also useful for providing standardized measurements for analysing the distribution of patterns and for the data collection. As this study hopes to explore the experience of polygamous women participants, a qualitative approach through an in-depth one-to-one interview will be more appropriate in this study area. Olateru-Olagbegi (2013) further explains that, adopting qualitative research is useful for exploratory and descriptive studies this will therefore be useful in describing and exploring the experience of polygamous women on polygamy and HIV/STIs.

Silverman (2001) states, that a qualitative approach is suitable when we seek to understand a social phenomenon of which we have minimum understanding. Importantly, (Polit and Beck 2010) explain that qualitative research relies on methods that permit the researcher into the personal lives of participants. Silverman (2001) considers that this approach is

appropriate because a quantitative approach cannot discover the reality that a qualitative research approach would seek in women's accounts of their lived experience of polygamy. Therefore, this approach is good to explore this area of study, since it is about the lived and private life of the participants.

#### **4.4.1 Justification for choosing qualitative approach over other approaches**

Before starting this research, other qualitative approaches such as ethnography, auto-ethnography, grounded theory and phenomenological approach were all reviewed as explained below:

Ethnography studies are sometimes regarded as case studies, (Fricke and Hoey 2007) explain that Ethnographers stay and have long-term engagement in the field setting because they take part in the study event to understand behaviour and thought. Silverman (2001) states that secondary research and document analysis are also employed by ethnographers to provide insight into any research topic. However, it must be acknowledged that this approach suffers some contradictions as there is an illusion that everything reported has actually happened because the researcher has been directly exposed to it

Grounded theory was reviewed. This method is rooted in the social sciences research, especially in the tradition of symbolic interaction. However it has more relevance to areas where little research has been carried out because the subjects interviewed will give background information needed and will allow the researcher to arrive at her questionnaire investigation. The reasons for citing Corbin, Glaser, Strauss and Charmaz in this study area is that these authors have provided an eclectic way of data analysis. They provide qualitative researchers with an inductive way of thinking on data analysis and build on analytic categories, derived from most interview data. As Feminist research on methodology is said to derive information from women's experiences and the values of their everyday life. They use a grounded theory approach to build theories from participants accounts.(Charmaz, 2006).

#### **4.4.2 Justification for the research decision on qualitative approach**

Justifying the use of a qualitative approach within a feminist framework in this study area is that, the researcher's thought of using qualitative method in this study area is because qualitative approach has the 'ability to access many aspects of women's experiences that have not been conceptualized or approached in traditional social science' (Reinharz, 1992) such as being subjective.

#### **4.4.3 Study Location and Population**

The study location is in Ilorin the Kwara State capital of Nigeria, which is in the North Central State of Nigeria; Kwara is one of the thirty six states of Nigeria. The indigenous ethnic groups in Kwara State are the Yoruba's, Hausa-Fulani, Nupe and Bokobaru as explained by (KWASACA, 2010). NACA, (2010) describes the Nigerian population, according to the census report of (2006) that Kwara State has 3.5 million people. The major pre-occupations of the people are trading and farming and a good percentage of them are working class civil servants. The state has sixteen Local Government area, these include Kaima, Edu, Isin, Irepodun, Patigi, Baruteen, Ifelodun, Asa, Oyun, Offa, Ilorin East, Ilorin West, Moro, Oke-ero, Ilorin South and Ekiti. Most of the communities are predominately Muslim and there are a high proportion of those who practice polygamous marriages. The study participants were selected from the sixteen local government area of Kwara State. These women were identified by the agency for the control of HIV/STIs in Kwara State. They are Polygamous women living with HIV/STIs in the Muslim society of Nigeria and they were specifically targeted in order to reflect the population (KWASACA, 2010).

#### **4.4.4 Sampling**

Sampling is the decision-making that surrounds who will participate in the study is a technique in which the investigators choose the participants based on the extent to which they meet the selection criteria, (Morse 2007; Creswell, 2003). In qualitative studies, participants are selected because of their first-hand experience of the social process to be studied. This is known, as purposive sampling, which is a technique whereby participants are intentionally chosen with an experiential fit and a willingness to talk (Parahoo, 2006).

Twenty women fitting the guidelines were chosen through purposive sampling that fitted into the study area. The participants had to be living in a polygamous marriage and were either infected or affected with HIV/STIs and had to be female. The aim of this selection procedure is to ensure that participants were relevant to the study aim and objectives. The selected participants met the criteria. The chosen sampling strategy allowed the researcher to choose participants that signified their intention to participate and those who had characteristics or features and interest in the study area (Silverman, 2001). The participants are knowledgeable on the subject of the study even though they were not all health care workers. However, some of them are community volunteers in the care and support work for people living with HIV/AIDS. Their experience has made them familiar with drugs and treatment needed for infected people with HIV/STIs.

#### **4.4.5 Access to participants**

The Kwara State Agency for Control of AIDS (KWASACA) and the International Women Communication Centre (IWCC) Nigeria assisted in the recruitment of participants for this research. The two agencies made arrangements and 20 participants were recruited for this study area.

Individually, they all had contact address and telephone numbers, a specific date was given by each participant, a specific time of the day was also fixed by the participants. A follow up was made by the researcher to remind the participants of the date of interview and the exact time. On the appointed day and time the researcher went to interview the participants, it was one-on-one interview. Each interview was frank and down to earth. The day after the interview, the researcher took the time to thank them. This research work drew on the views of (Morgan, 1998) about the recruitment of participants for the interview. Morgan (1998) further stated that the primary means of contacting participants will usually be by telephone or by a one-on-one visit (Morgan 1998; 67)

#### **4.5 Methods of data collection**

This data collection method helped to achieve the goal of feminist research of theorizing the women's voice into research work. Polit and Beck (2010) explain that the goal of any data collection is to generate meaningful research work.

##### **4.5.1 The interviews**

Interview approach was used to collect data with a pre-determined semi-structured questions inform of one to one in depth interview with twenty participants. This was aided by the use of an audio tape recorder and field notes which helped to capture any missing information on the data. The one-to-one in-depth interview that was, used as a tool to collect the data helped the researcher to gain full insight into the lived experience of the participants; both in action and nature, as they gave account of their situations in a face to face interview with the researcher, (Polit and Beck, 2010).

The researcher carried out one interview per week, sometimes within two weeks intervals. Prior to the interview date, the researcher called participants by telephone to remind them about their decision to take part in the study and to see if they wished to proceed with the interview.



The interviews took place between May 2010 and January 2011. Each interview lasted around one and a half hours. (See details in appendix (H) for a copy of the interview schedule on the date chosen by each of the research participant).

The venue for the interview is Flower garden area, (Pseudonym) a meditation centre, where people go for relaxation. The rationale for choosing this venue is that such a sensitive topic about polygamy and HIV/STIs needs an ideal study site that can provide easy entry, for an opportunity to build a working relationship with the study participants. This is what (Rossman and Rallis 1998) regarded as ethical political consideration in research work.

The issue of ethical and political considerations should be manageable within any research (Rossman & Rallis, 1998). More importantly, because of the researcher's professional experience and her community demands of the desire to offer a lasting solution to issues of prevention and control of the spread of HIV /STIs among polygamous women in Nigeria. Therefore, the researcher's previous experience of working as a community health educator became valuable to this study area. This helped in reflecting and clarifying any needed information as the fieldwork continued. It helped the researcher to do further probing during the interviews in order to gain deeper insights into the lived world of the polygamous women in the study area. The researcher's interpretation and description signified the significance of data collection act in a qualitative study (Neumann, 2000).

#### **4.5.2 In-depth Interviewing**

The one-to-one in-depth interviews used a conversational flexible style which allows for the development of information which may not have been foreseen (Guba and Lincoln 2005).

Typically the interview began with an introduction to each participant, with clear explanations of the researcher's aim and objectives. The style of interviewing participants in this study area was intentionally informal and semi-structured. The researcher chose to have an agenda of topics of interest to be covered during the course of the interview. However, the researcher was aware that during the interview, sensitive issues might be raised, so debriefing was provided after the completion of the interview. The information on the interview sheet was handed over to each participant before the interview began. However, this approach sometimes invites criticism. Lack of standardization, structure and imperfect procedure are criticism against their investigation. (Reinharz, 1992) this is to say that face-to-face interviews may help to achieve an understanding of the experience of women with HIV/STIs in polygamy. This interview process enabled the researcher to

explore the experience, values and beliefs of the participants in their natural language. This impacted greatly on her capacity to engage the participants in the interview process confidently. The argument of (Scheurich, 1997) is that interview cannot capture all the vision and conscious feelings and emotions. Therefore, the needs for the individual, interactions are fundamentally indeterminate as they play a complex roles.

Feminist writers (Pring, 2000) recommend a non-hierarchical relationship between the researcher and the participants. This is achievable because the researcher understand the research skills and the interview process. However, there are other differences such as status that may impede a non-hierarchical relationship. This can be described as a situation whereby the researcher's perspectives (Scheurich, 1997) is dominant, to the extent that there may be little chance of unseen topics or concepts being introduced by the informant, with a total lack of direction. To address this challenge, this researcher encouraged feedback, from the participants on issues that are not clear to them and also to let them know that the researcher can also be interested in the interview being conducted. This demand for sensitivity and the ability to follow wherever the data leads highlights the fact that the qualitative researcher is in a sense the research instrument. Therefore, the researcher needs to develop and refine a number of skills for effective enquiry (Guba and Lincoln, 2005).

One of the requirements of a good researcher is to be interested in the interview being conducted. The researcher needs to be sensitive when phrasing interview questions to the needs of the participant. This requires careful selection as the interview is said to require some level of well-developed communication skills in order to allow participants to ask questions that are not clear to them and also to provide an interview guide to help probe and seek clarifications on issues raised and to get feedback, (Pring, 2000).

The use of audio-tape recorder and field notes was used in this interview to capture missing words and to help with the validation of the data.

#### **4.5.3 Ethical Considerations**

The ethical consideration in this study area referred to the ethical issues that were considered before carrying out this investigation on such a sensitive topic as HIV/STIs and polygamy. Ethical approval for the study is required by the institutions supporting the study in Nigeria and the UK; this includes approval from the field location for the study. The researcher must consider the likely ethical challenges that may be encountered during the research process

such as how to protect the confidentiality of participants, consent seeking and gaining access to the targeted participants.

According to (Coup and Schneider, 2007) an appreciation and application of the rules of any ethical issues in research is paramount to the conduct of successful research. The specific ethical issues concerning this study area include ethical approval, informed consent, confidentiality, anonymity, the right to withdraw, the protection of participants and cooperation from the field of study. These ethical consideration helped to ensure that the information was gathered with due respect to the researcher and the participants of the research. This was achieved in this study by explaining the benefits of the research work to the participants before and after the commencement of the interview processes, through signing of the informed consent by all the 20 participants' forms.

#### **4.5.4 Ethical approval**

Ethical issues discussed in this section relate to the protection of participants on the field, risk involved and how to ensure that the researcher and the participants will be free from any harm, anxiety and discomfort as recommended by study to any research area (Cranelly, 2009). Gaining access to participants for this study area was on three levels. The first level was the granting of approval from the University of Huddersfield, School of Human and Health Sciences, School Research Ethics Panel (SREP). The second level was the approval given by the Kwara State Government Agency for the Control of HIV (KWASACA) Kwara State control agency in Nigeria, are the gatekeepers to the individuals living with HIV in the state. This organization helped by contacting key people for the study to be approved in Nigeria as they are the link to the recruitment of participants as well.

The third level was the approval letter obtained from the community of the caregivers supported by International Women's Communication Centre (IWCC) Nigeria, with the co-operation of Kwara State Action Committee on the Prevention and Control of HIV/AIDS in Nigeria (KWASACA) as contained in appendix (XIV), on the risk management forms.

Entering into this research work involved the co-operation and teamwork of all the stakeholders involved in this study area. These involved the office of the HIV/AIDS control agency in Kwara State (KWASACA) and those selected polygamous women living with HIV/STIs. KWASACA and IWCC helped to select and gain the confidence of the participant.

#### **4.5.5 Informed Consent**

The principle of informed consent means that participants in a study are given detailed and easy to understand information about the proposed study so that the participants' decision to take part in the study is based on full awareness of the potential risk they may face (Gray, 2009). Gray argues that informed consent is important especially in studies where prospective respondents are vulnerable and therefore, susceptible to coercion, such as the prospective participants in this study area.

The uses of informed consent form is administered to inform the participants on the researcher role, information on the study collaborators and to explain also, any potential harm to the participants. The degree of confidentiality and anonymity, proposed data storage arrangements, the study procedures and the issue of voluntary participation as explained by (Gray, 2009) are all explained in the consent form.

The researcher ensured autonomy of participants and self-determination through informed consent, in writing where possible (Denscombe, 2007), (see Appendix G for a sample of informed consent form), given to each participant during the interview. A thorough explanation of any risks and benefits that might result from taking part in the proposed study was provided, (Cranelly, 2009). The applicability of the informed consent in this study enabled the researcher to offer an explanation of the research, the nature and reasons for the study.

However, the right of withdrawal from participation was given to the subjects (Treece, 2004). Most participants agreed to the use of audio tape to record their voices, only seven participants refused to be taped recorded, while all of the 20 participants agreed to sign the consent form. Gray (2009) explains that participants consent should be sought in any studies of this nature and that participants could withdraw, even after their consent has been given (Cranelly, 2009)

#### **4.5.6 Confidentiality and anonymity**

All participants were assured of their protection and the confidentiality of the information provided in the interviews. The dates and schedules of the fieldwork and other references to

the participants were kept in a locked safe; it was retained because such data was necessary to the analysis and for future verification purposes. Participants were told that their individual identities would not be known or divulged to anyone except to the researcher. This was achieved by giving all participants a pseudonym to protect their identity, their pseudonym was used in all correspondence relating to the research, such as in the use of the audio recorder, memory sticks, journal and field-notes and in the transcripts. The use of anonymity is supported (Denscombe, 2007). Audio recording helped the researcher to capture the information that might be lost through field notes. The researcher assured the participants that the tapes will be destroyed at the end of the study (see detail on Appendices B and C for the interview checklist).

#### **4.5.7 Managing Risk**

Participant consent was sought in identifying the venue for the interview. Incidentally, they all independently selected the Flower Garden Recreational centre Ilorin. This chosen venue was considered a safe environment, devoid of noise and providing a stimulating open environment where issues of confidentiality could be discussed without interference. The researcher also ensured that no one could overhear the interviews whilst they were in progress. This venue was carefully selected to minimise risk of harm to the researcher as well as research participants. The term ‘harm’ encompasses diverse issues ranging from physical, and mental to emotional (Gray, 2009). The definition of harm in the study is adapted from (Flick, 2007) who defines harm as any disadvantage or risk that research participants might face directly or indirectly as a result of taking part in the proposed study either during the research or as a consequence of the research, including physical harm on any health and safety issues that might arise in the research settings.

#### **4.6 Data validation**

At the end of each interview the researcher sent out letters of appreciation to the participants for their roles in facilitating and participating in the interview. All participants stated that they wanted to be part of future meetings in order to be part of solutions to the prevention and control of HIV/STIs. Data validation was advantageous to the researcher towards understanding the correct meaning of what was said and to avoid misrepresentation of the participants’ account (Henn, 2006). All participants interviewed were offered access to review the draft of the findings; following initial analysis to assist them make further

verification of what they said during the interview. In order to ensure the validity of the in-depth interviews, the researcher gave the participants an opportunity to listen to the replay of the recording, after each interview the manuscript was given to them to also validate what they had said to the researcher during the interview. Shield and Dervin (1993:67) defined data validation as the “confirmation of sharing of knowledge and experience between the researcher” and the participants in the research. While, (Kasper, 1994) believed that participants are expert in their field. The recorded tape was played for accuracy and to share feedback from the participants as they the (participant’s) acknowledgement and their confirmation of the consent seeking letters. Sending those letters of appreciation for taking part in the study area, are all contributory facts to the data validations processes on the research work.

#### **4.6.1 Data robustness in the research**

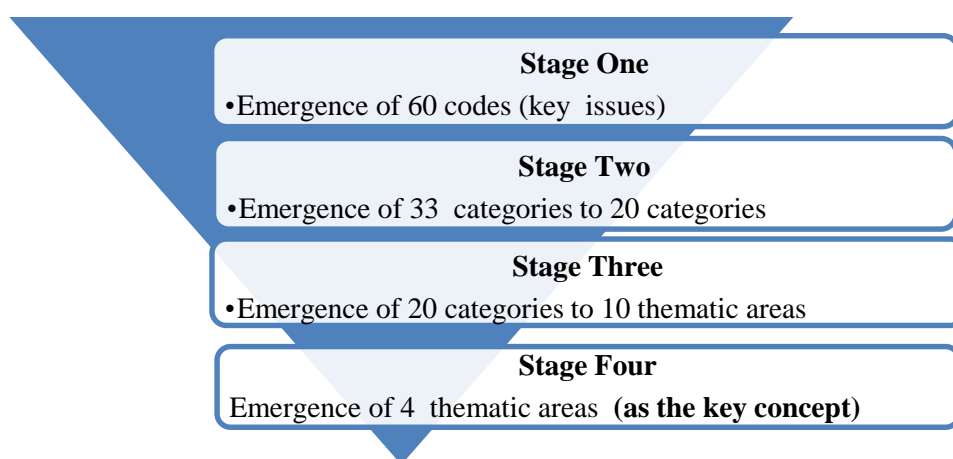
Robustness of any study area is about the rigor sensitivity of the research. This involves the extent to which the researcher strives for excellence and accuracy. Parahoo (2006) explained that, rigor can be difficult to determine in qualitative research because the researcher wants their findings to be truthful and to contribute to the body of knowledge. Feminists and qualitative researchers argue that there are other ways of identifying rigor. Parahoo (2006) proposed four criteria for developing trustworthiness of a qualitative research project such as credibility, dependability, conformability and transferability. These are the fundamental goals of any research study.

#### **4.6.2 Credibility**

The researcher established credibility in this study by returning the transcripts to participants to ensure the accuracy of their written during the interviews. All participants confirmed the accuracy of their accounts by signing that no changes were to be made in the data collected. Their data is included to represent verbatim on, how they described their experiences. The researcher also assumed that this study is credible because of the confidence in the interpretation of the data. Credibility cannot be obtained in the absence of reliability (Polit & Beck, 2010). This evidence is contained in the findings and the data, (Chapters 5 and 6).

The sampling technique also helped in asserting the credibility of the research work as it was undertaken with maximum rigor. This was evidenced in terms of the activities and different approaches used in carrying out the research work such as the reliability, validity, audit ability and accessibility, as suggested by (Letherby, 2003).

The research sought to help in the positioning of women in polygamous marriage in relation to HIV/STIs. The research establishes credibility and dependability through legitimizing women's knowledge, experiences and being able to make them tell their stories and experiences.



**Figure: Stages of data analysis**

Figure: 5. 1: Demonstrates the stages and the processed of how data progressed, these are arranged in a logical manner from stage one to four in line with (Denzin 2002).

The data is explained in terms of similarities across participant's responses as they emerged in themes and categories. This approach conforms to (Ryan's 2003) view of the expression of themes that analysing text involves several tasks such as discovering themes and sub-themes and linking them to theoretical models. Therefore, this means that the similar appearance of each theme in the data through coding and re-coding helps to identify the commonality of the themes as they emerged.

#### **4.6.3 Dependability**

Dependability is demonstrated in this study by the use of audio taped interviews all being conducted by the researcher. Interviews were semi-structured, pre-determined questions and participants were given space and time to state their experiences. At the end of the study, the researcher used an audit trail to enhance the dependability of the study. This involved the tracking and recording of all decisions, which have influenced the study so that an outside individual can examine the data (Denzin, 2002) in the development of theory and practices.

#### **4.6.4 Transferability**

Transferability is a word that is similar to external validity, which simply means the degree to which the findings of a research study can be generalized. The way sampling is carried out in quantitative research is not the same as in qualitative research, for example, statistical generalizations are not possible in a qualitative approach. In this study generalizability was not sought by the researcher as she accepted what (Nhemachena; 2005) and (Guba and Lincoln 1985) suggest, that showing the applicability of one set of findings to other contexts. This rests more with the new researcher who would make the transfer than the original researcher. In this regards, this is to say that there are two modes of decision spans in the generalization of data as posited in (Kennedy,1979) that the first decision will be the generalization of the findings to the population from which the sample was obtained. Secondly that, decision span occurs when the researcher wants to apply the findings to a population presumed to be sufficiently similar to the first to warrant that application (Marshall and Rossman, 1989). The transferability of the findings from this study to the rest of Nigerians is open to discussion because the emphasis of the study is on the experiences of women in polygamous marriages in a particular setting; the matter of credibility is of greater importance.

#### **4.6.5 Conformability**

In conformity with a qualitative research approach, this study approach and the investigation carried out was subjected to ethical consideration. The researcher got study approval from the relevant authorities and also assured the study participants about their safety and also the need to protect their private life such that might be revealed during the course of the study. Therefore, suffice to say that, this study conforms to rules of ethical consideration in any study area, as explained by (Coup and Schneider 2007).

#### **4.7 Data transcription**

Transcribing and the translations of each interview was completed verbatim immediately after each interview was conducted and concluded. The manuscript helped to provide more interpretation of a social phenomenon of the stories being told and the informed relationship of variables, this is done as they emerged in the study data, (Braun and Clarke, 2006; Patton, 2002).



The writing up of the information gathered was conducted immediately to avoid any delay or missing of the information from the participants stories and to guard against distorting the raw data. The data transcription was time consuming because of the in-depth nature of the interview and the amount of the data collected. However, it was enjoyable and was worth it in the end as it helped to focus the mind in an analytic way from the start and it brought the researcher closer to the data. The researcher immersed herself in the interviews in order to explain the process and steps taken for ensuring efficient transcription of the interview data. The emerging stories generated a large quantity of key issues from both written notes and audio recording, in each case, the participant's actual words are used. Interviews transcripts were cross-analysed to identify categories and patterns across transcripts (Braun and Clarke, 2006; Patton, 2002).

As explained in (Denzin, 2002), analysis is a process of the researcher's engagement in the interpretation of the data in line with the aims and the objectives of the study. The data for this study were analysed using a qualitative research approach to describe the similarities of emerging issues and begins with the search for occurrences of the identified words.

At this stage the researcher borrowed the thinking approach from (Jorgenson, 1989) and searched for types, classes, sequences, processes, patterns or wholes.

#### **4.7.1 Collecting and noticing approach**

Jorgensen (1989) explained that pasting, cutting up and fitting the pieces of the data according to the codes of the key emerging issues helps to describe participants' experiences. The use of field notes was very helpful to derive any missing information in writing up the result of the findings chapter. This is one way of creating a topographic map of the text as highlighted drawn-up in the findings chapter. As the findings were written into each themes and sub themes, the researcher borrowed the (Gilligan, 2003) approach of the listening guide, to understand what the data is trying to say and to achieve an effective interpretation.

#### **4.7.2 Data analysis**

After the full transcription of each interview, the data was analysed and the classification of the interview script was broken into categories, the responses were then classified. The collated data's were summarized and combined into 33 separate categories as explained in the findings chapter (Chapter 5). Phrases or statements were grouped by topic and emerging primary themes were noted, researcher reviewed the themes and results. The interview scripts were coded and analysed manually. The transcript for each interview was analysed thoroughly to pull out the major themes as they emerged from the research questions making consideration for similarities and differences across the participant's views.

This stage begins with open coding which is in line with (Denzin, 2002) view that the researcher who uses qualitative research to collect data can use a qualitative approach to analyse the data. As the researcher began to do this, similarities began to emerge. Data was then collapsed in line with the study aim and the objectives.

The listening guide (Gilligan, 2003) helped the researcher to listen to what the data was saying in order to carefully analyse it. During this process the question that came to the mind of the researcher was 'what are the reoccurrences and appearances of the key issues, as they emerged in the data?'

#### **4.8 Data Coding**

The first stage of data analysis is data coding. The researcher is influenced by its openness to the researcher's thinking, (Charmaz, 2006), ideas and observations on data coding. This enables the researcher to categorize the data and describe the implications arising from it, it may also help explain the defects of data coding. At the beginning open coding is done whereby each minute of the details are considered. The next stage is selective coding where one systematically codes with respect to a core concept (Charmaz, 2006).

##### **4.8.1 The thinking, noticing and collecting approaches**

These three approaches were very helpful as they allowed the researcher to search for types, classes, meanings, processes, patterns or wholes. The aim was to "assemble or reconstruct the data in a meaningful manner" as advised by Jorgenson (1989: 107). The use of field notes, diary notebook and the use of audiotape recorder were very useful in this process.

Charmaz (1983) states that "researchers use codes to pull together and categorize a series of otherwise discrete events, statements, and observations which they identify in their data"

(Charmaz, 1983: 112). The researcher discovered that as analysis proceeded alongside data collection it became possible to focus progressively on what the data is predicting. At this level, the researcher began to interpret the meaning of each of the participant's accounts and noted areas of analysis as they overlapped; this was ongoing during the writing up stage.

From this process, the researcher was able to inductively analyse and make linkages between themes and ideas that characterize polygamous women's experience of HIV/STIs. The meaning-making process was conducted by drawing inferences from the women's accounts.

As (Denzin, 2002) explains, "It is not necessary that one transcribe every word, exclamation or pause that occurs in an interview" (Denzin, 2002: 57). Indeed, there may be an entire answer, descriptions and the like given by the interviewee that one will feel the need only to summarize in the write-up as having occurred. The point here is that one wants a written record of what the interviewee said so that one can find it again. To do this, one does not necessarily need a verbatim transcript of everything (Loflands, 1999).

However, (Denzin, 2002) states that a researcher who uses a qualitative research approach to collect data can also use qualitative research analysis to analyse the research outcome. The researcher pays attention to the non-linguistic data, such as body and facial expressions and the non-verbal interactions between the participants. This was done through observing the participants behaviour and reactions to questions posed. The researcher devoted six months to collecting the data and analysing the interview transcript, (see details of this in the attached appendix page).

#### **4.9 Limitations**

The research encountered a few limitations, although these did not impede the results, nor alter the findings. The sample does not represent the views of all the population of polygamous women in Kwara State and does not take into account the perspectives of polygamous men. In addition, the time allocated for the transcription was underestimated, because of the broken English language being spoken by the women participants.

#### **4.10 Reflection on the usefulness of feminist and qualitative approach**

This is used to correct both the invisibility and distortion of female experiences in ways relevant to ending unequal social position of women and to get the correct meaning of what the data is saying from the women's stories of their experience of living with HIV/STIs within the polygamous situations. This account helped to interpret the preliminary findings in the study areas, (Harrison, Mac Gibbon, 2001).

#### **4.11 Summary**

The chapter helps situate the methodological discourse and provide the justification for the use of a qualitative approach in this study area. This chapter justifies and outlines the usefulness of a qualitative research, paying special attention to the need of feminist research during the data collection and in the analysis of the study outcome.

The chapter distinguishes between methodologies and methods, as Harding (1987) explains. The chapter also identifies some limitations to the study area. In chapter (5 and 6), the findings and analysis will be discussed.

## **CHAPTER 5: FINDINGS**

### **5.0 Introduction**

This chapter presents the findings from the interview conducted on polygamous women in Kwara State of Nigeria. The sample size was twenty (20) polygamous women who were interviewed. In this chapter, the researcher describes how the data was used and managed. Notes were made, voices were recorded and transcribed scripts were typed. After verbatim transcription, the summary was written for each script. Each script contains between 755 words (lowest count) and 1,908 words (highest word count). The total number of words counts for all the twenty transcripts amounts to 21,338 words.

The original intention of the researcher was to sample the age range of participants between the ages of 20 to 50 years as this is the most productive age of most Nigerian women (NACA, 2012). The findings revealed that participants were between the age ranges of 28 to 43 years. Therefore, making the average age of participants in this study to be between 30 and 31 years, the life expectancy in Nigeria is between 45 to 65 years (NACA, 2010).

### **5.1 Socio-demographic data of the participants**

English language was used as the mode of communication during the interview because most participants have the 'A level certificate' as their basic qualification. Six out of the twenty (20) participants were unemployed. Six of the participants have higher education above the general 'A level' certificate. Only one of the participants had dropped out of school for early marriage and became a housewife. Therefore this affected their level of spoken English as some of them speak 'pigeon' (regarded as broken) English. All participants claimed they were home-based caregivers (volunteering without pay) in the community, working in the area of care and support services rendered on HIV/STIs. All of them are also HIV positive and attending the therapy clinic for HIV treatment as well receiving Anti- Retroviral (ARV) drugs. One of them is divorced and four of them were widowed, living in low income sheltered homes and they all claimed to have experience of polygamy.

Five of the participants still lived with their spouses, with co-wives living in the same house, and they adhered strictly to the Muslim marriage laws, under Muslim law with all the

restrictions required for polygamy. The remaining participants were married but lived in separate areas and different apartments to their husbands and other co-wives.

### 5.1.1 Profile of participants with pseudonyms

The use of these pseudonyms to identify the participants (1-20) is related to ethical consideration, to protect the participant's real name and their identity. This is in line with ethical issues discussed in the methodology chapter, to maintain participant anonymity and provide confidentiality. The diagram below explains in tabular form the sample of participant's details in this study.

**Table 5.1:** Participant's demographic details

<b>Participant s (1 to 20)</b>	<b>Marital status</b>	<b>Age</b>	<b>Position of each wife in marriage</b>	<b>No. of children</b>	<b>Educational qualification</b>	<b>Profession</b>
<b>1. Zen</b>	Married	34	Wife no. 2	4	A level	Caregiver & housewife
<b>2. Snake</b>	Married	43	Wife no. 3	1	A level	Caregiver & housewife
<b>3. Sami</b>	Married	42	First wife	3	A level	Caregiver & housewife
<b>4. Baker</b>	Married	36	Wife no. 1	3	A level	Caregiver & housewife
<b>5. Bow</b>	Married	Not stated	Not stated	Not stated during interview	Trained nurse	Nurse & caregiver
<b>6. Tanka</b>	Married	32	Second wife	3	Trained nurse	Nurse & caregiver

<b>7. Susi</b>	Married	35	Not stated during interview	Not stated during interview	A level	Caregiver
<b>8. Kenny</b>	Married	40	Wife no. 1	3	A level & social worker	Socio-worker & caregiver
<b>9. Stone</b>	Widow	41	Not stated	Not stated	A level	Caregiver
<b>10. Nicky</b>	Married	30	First wife	3	A level	Caregiver
<b>11. Billy</b>	Widow	35	Wife no. 4	4	A level	Caregiver & Housewife
<b>12. Tunde</b>	Married	28	Wife no. 1	1	University graduate	Unemployed Graduate
<b>13. Pepper</b>	Married	34	Wife no. 3	2	A level	Caregiver Unemployed
<b>14. Sweet</b>	Married	30	Not stated	Not stated	A level	Caregiver unemployed
<b>15. Santos</b>	Divorced	32	Wife no. 6	3	School dropped out	Caregiver & housewife
<b>16. Manish</b>	Widow	40	Not stated	3	A level	Caregiver unemployed
<b>17. Fundi</b>	Married	35	Not stated	Not stated	A level	Unemployed Caregiver
<b>18. Beauty</b>	Married	36	Not stated	Not stated	A level	Caregiver Unemployed

<b>19. Mama</b>	Married	30	Not stated	1	A level	Volunteer Caregiver
<b>20. Lucky</b>	Widow	35	Not stated	3	Lab analyst	Caregiver & lab-attendant

## 5.2 How the data was collected and managed

During the interviews with the participants the researcher made some notes and recorded the voices of the participants with their consent, a copy of this consent form is attached to this thesis on Appendix G. This was followed by the writing down of each interview report immediately to avoid any delay or missing of the information from the participant's accounts and to guard against distorting the raw data.

The next stage involved analysis of the data after each transcription, data was collapsed and each transcript was broken down into pieces to search for similarities or common views in the transcript.

## 5.3 Process of how data categories emerged

Figure 5.1 below demonstrates logically the different stages of how the data was processed before the key issues emerged. The presentation of these findings in themes enables the participants' data to speak for themselves with minimal interpretations of the original content. This data was also analysed through coding and recoding several times before 60 key issues emerged (see appendix J). All 60 key issues emerging were sub-categorized as shown in table 5.2: below for further clarity. These emergent 60 key issues were reduced to categories of 33 and further reduced from 33 to 20 categories. The continual questioning of the data resulted in a further reduction to 10 thematic areas and 4 concepts (ETCE).

**Table 5.2: Shows the distribution of the emerging categories and themes aligning with study aim and objectives.**

<b>Categories (1 to 20)</b>	<b>Emerging themes (1 to 10) as listed are:</b>  <b>Theme (1) Knowledge</b>	<b>Study objectives ( 1 to 3 ) are listed with their relevancy to each themes:</b>	<b>Four key concepts are: (ETCE) approach</b>
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		<b>objective one:</b> Explore knowledge, perception awareness of HIV/STIs and polygamy	
<p><i>(1)Understand HIV/STIs and polygamy</i></p> <p><i>Meaning of polygamous/marriage</i></p> <p><i>Experience of living in polygamous system</i></p> <p><i>(2)Knowledge of prevention from being infected with HIV / STI, and PMTCT.</i></p> <p><i>(3)Knowledge of social problems relating to HIV/STIs,</i></p> <p><i>(4)Knowledge of the risk factor of HIV/STIs on polygamous women</i></p> <p><i>(5)Knowledge of empowerment and the potential impact of HIV/STIs.</i></p>	<p><i>Knowledge of HIV/STIs, prevention knowledge of STIs, curative drugs,</i></p> <p><i>Knowledge of safer/sex/Voluntary or compulsory testing and Prevention of mother to child transmission</i></p>	<p><b>Theme (1)</b></p> <p>Knowledge of prevention, control testing, education and types of empowerment needed by the polygamous family on HIV/STIs is high.</p>	<p>(C) Condom usage</p> <p>(T) Testing Compulsory/ voluntary</p> <p>(E) Education</p> <p>(E) Economic empowerment.</p>
<p><i>(6)Understanding polygamy as issue of faith and reality</i></p> <p><i>( 7)Perceived polygamy as an acceptable</i></p>	<p><b>Perception:</b></p> <p><i>Polygamy is perceived as a gender and power issue</i></p>	<p><b>Theme (2)</b></p> <p>Perception and awareness of HIV/STIs in polygamy</p>	<p>(C) Condom usage</p> <p>(T) Testing Compulsory voluntary</p>

<p><i>traditional cultural practice issues.</i></p> <p><i>(8) Perceived HIV/STIs and polygamy as gender issues and insecurity of married couples.</i></p> <p><i>Perceived HIV/STIs impact on women as vulnerable group that bear the burden of multiple sexual relationships.</i></p> <p><i>(9) Perceived polygamous women as victims of socio-cultural and traditional practices that make women resort to fate and accept polygamy as a destiny issue ordained by God or accept their vulnerability to HIV as an act of God.</i></p>	<p><i>Perceived as a situation of no security for women and children.</i></p> <p><i>Competition and power struggle among co-wives for husband's love.</i></p> <p><b>Gender and power</b></p> <p><i>Polygamy as issues of wife abuse and neglect and the general lack of socio-protection.</i></p> <p><i>Polygamy perceived as issues of faith, fate, destiny that places women in a helpless situation.</i></p>	<p><b>Theme (3):</b></p> <p><b>Gender and power</b></p> <p>These exist in polygamy, and in hindering the prevention and control of HIV/STIs.</p>	<p>(E) Education</p> <p>(E) Economic empowerment.</p>
<p><i>Job creation and micro loan to reduce poverty, eradicate promiscuity and the need to provide empowerment for disempowered women</i></p>	<p><i>Condom usage.</i></p> <p><i>Disclosure / non-disclosure of HIV/STIs status</i></p>	<p><b>Theme (4)</b> Condom usage</p> <p><b>Theme (9):</b> Disclosure /Stigma.</p>	<p>Condom usage (C)</p>

<p><i>and girls in a sustainable livelihood.</i></p> <p><b>(10) Advocacy for compulsory voluntary testing to improve family disclosure of HIV/STIs and the need for attitudinal behavioural change.</b></p> <p><i>Sexual-exploitation as gratification to men by women to get support for their socio - economic needs.</i></p> <p><i>Wife abuse, child neglect, domestic violence, stigmatization, isolation and economic hardship.</i></p> <p><i>The effect on individual family and increase in the prevalence rate of HIV and Orphans and vulnerable children in Nigeria need urgent attention.</i></p>	<p><i>Compulsory voluntary testing to improve family disclosure</i></p> <p><b>Objective Two: Examine the potential effect of polygamy on HIV and STIs.</b></p>	<p><b>Theme(10 )Testing</b></p> <p>This can be made (compulsory ,mandatory or voluntary testing)</p> <p><b>Objective Two</b></p>	<p>Testing</p>
<p><b>(11) Understand HIV /STIs as gender issue.</b></p> <p><i>Women, child abuse and wife neglect, homelessness and the</i></p>	<p>Empowerment</p> <p>Empowerment and disempowerment are due to low level education, and the</p>	<p><b>Theme (7)</b></p> <p>Empowerment</p>	<p>Economic empowerment (E)</p>

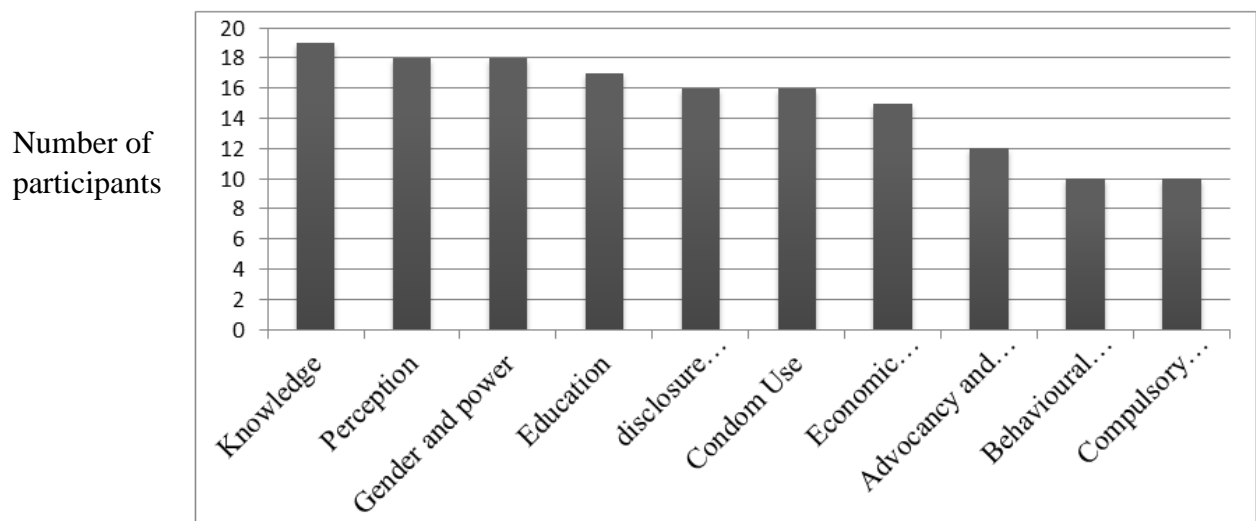
<p><i>lack of basic needs for women and children usually lead some women to engage in extra marital affairs with other men or promiscuity in order to survive.</i></p>	<p>socio-economic challenges facing women.</p> <p>Poverty and over dependence of women on men for economic and physic-socio-support led polygamous women to promiscuity. Economic constraint and polygamy unrest are the impact of polygamy to the spread of HIV/STIs in polygamous marriages.</p>		
<p><i>(12)The role of government and policy makers, NGO and other stakeholders to increase advocacy, with the involvement of men.</i></p>	<p><b>Objective (3)</b></p> <p><b>Identification of possible factors that could empower Muslim women to protect themselves from HIV and STIs.</b></p> <p>Testing for HIV /STIs. Advocacy/community Sensitization program for Islamic and other religious leaders on the prevention and control of HIV/STIs and women's protections.</p>	<p><b>Objective (Three)</b></p> <p>The relevancies to study objectives are :</p> <p><b>Theme (5)</b></p> <p>Education and Advocacy/community Sensitization</p>	<p>Testing (Compulsory/ voluntary, Testing/ counselling for HIV/STIs) (T)</p> <p>Education (E)</p>

<i>(13)Literacy issue, early marriages, counselling, couple therapy and adherence to strict principle of polygamous marriages, including respect, empathy, consent seeking, accountability, expertise, information sharing, evidence base and welfare. The development of couples needs urgent attention in order to reduce extra marital relationships and to ensure faithfulness in marriage.</i>	Education: formal and informal education for polygamous women:  Including sexuality/education, use of information education. The need for improved communication on the reproductive right of women and girls was strongly recommended.	<b>Theme (4)</b> Condom usage and sexuality education	Education (E)
<i>(14)The need for strict adherence to marriage laws for a happy marriage, (monogamy and polygamy).</i>	<i>Establishment of information dissemination centre to access HIV/STIs information in the neighbourhood and in local languages or dialect.</i>	<b>Theme (5)</b>  Education:	Education (E)
<i>(15)Morality and integrity, religion and sexual right, ethnic and sexuality, information sharing on sexual right</i>	<i>Improve communication and sexual right of women.</i>	<b>Theme (6)</b> information and Communication	Education (E)

<i>and wellbeing of both men and women.</i>			
<p><b>(16)</b><i>Lack of power in decision-making. men authoritarian life style and ego of men</i></p> <p><i>Inequalities within the household.</i></p> <p><i>Omni presences of patriarchal system in polygamy</i></p>	<i>Theme 3: Gender and power issues</i>	<b>Theme (3)</b> Gender and power issues	Economic empowerment (E)
<p><b>(17)</b><i>These need capacity building on omen-centred approach, financial support, job creation, employment opportunity, and grants for care and support for infected families.</i></p> <p><i>Community innovative project and support for civil society to empower the caregivers</i></p>	<i>Capacity building on economic power, sustainable programs for care and support for affected and infected families in Nigeria.</i>	<b>Theme (10)</b> Capacity building on economic power	Education (E)
<p><b>(18)</b><i>The HIV logo stigmatized and represents danger and death sign.</i></p> <p><i>This threatens and increase stigma for</i></p>	<p><b>Stigmatization/disclosure</b><i> contributed to the lack of disclosure.</i></p> <p><i>The red sign logo of HIV/AID is a stigma to PLP, and the need to re-design the logo to a</i></p>	<b>Theme (9)</b> Stigmatization/disclosure	Education (E)

<i>people living positive (PLP).</i>	<i>friendly logo was suggested.</i>		
<i>(19) Balance nutritional food supplement to be added to ARV in tandem with proper monitoring of drug usage was highly recommended, with free access to drug and strict adherence</i>	<i>Shortage of food and lack of balanced diet and the lack of drugs access for opportunistic infections and drug adherences.</i>	<b>Theme (7)</b> challenges of good nutrition, clean environment. Food and balanced diet.	Economic empowerment (E)
<i>(20) Male and female anti-social behaviours need to be regularized and enforced by the law with strict penalty.</i>	<i>Behavioural change, life style of men and women contributed to various sexual abuses, child neglect and the need for attitudinal change towards the prevention and control of HIV/STIs</i>	<b>Theme (8)</b> Behavioural change, child abuse and wife neglect/ abandonment.	Economic power

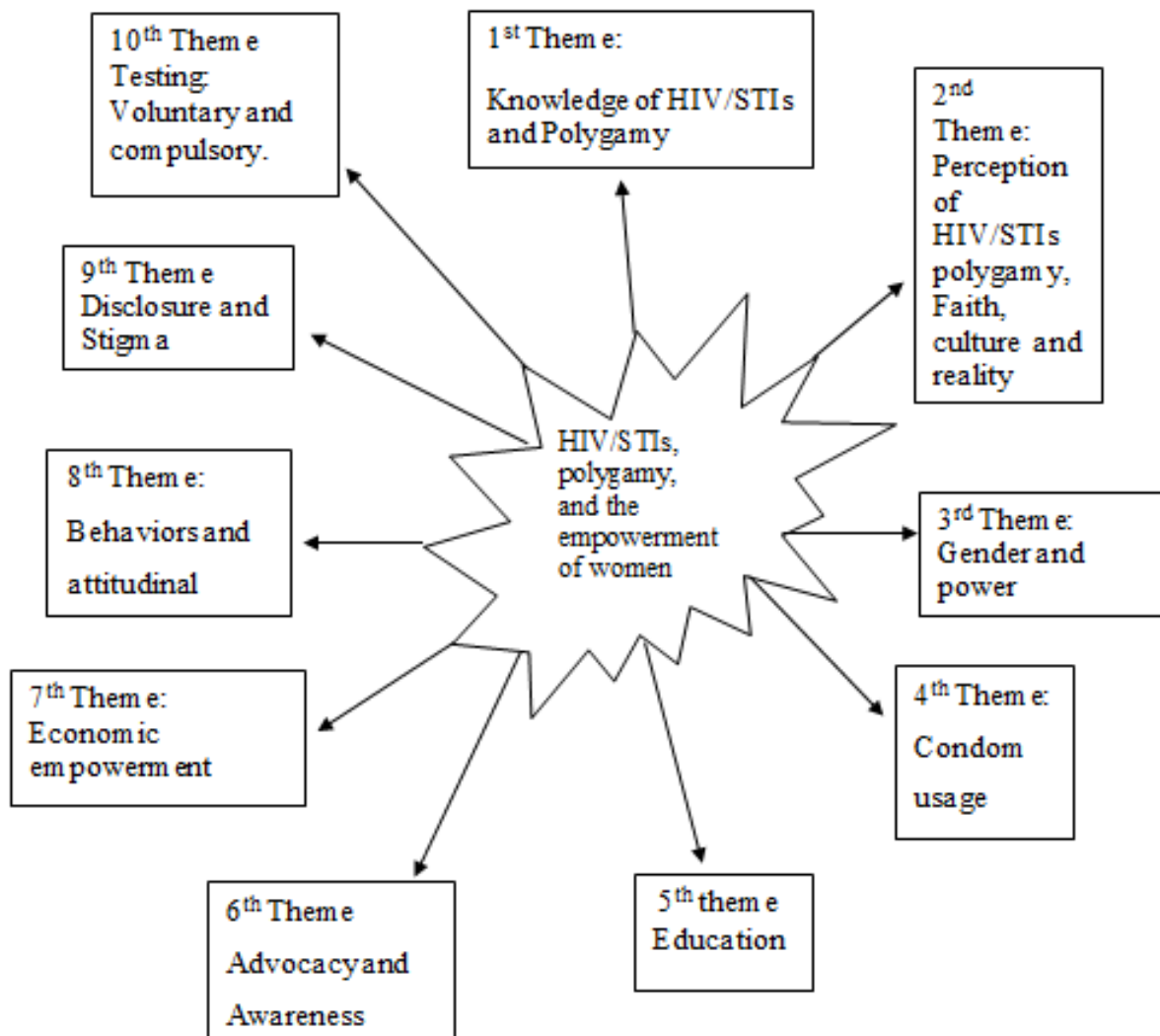
The above table illustrates how the concept of Education Testing, Condom use and Economic empowerment (ETCE) approach allows the four concepts to emerge from the study; this could therefore be used to achieve the study aim and objectives.



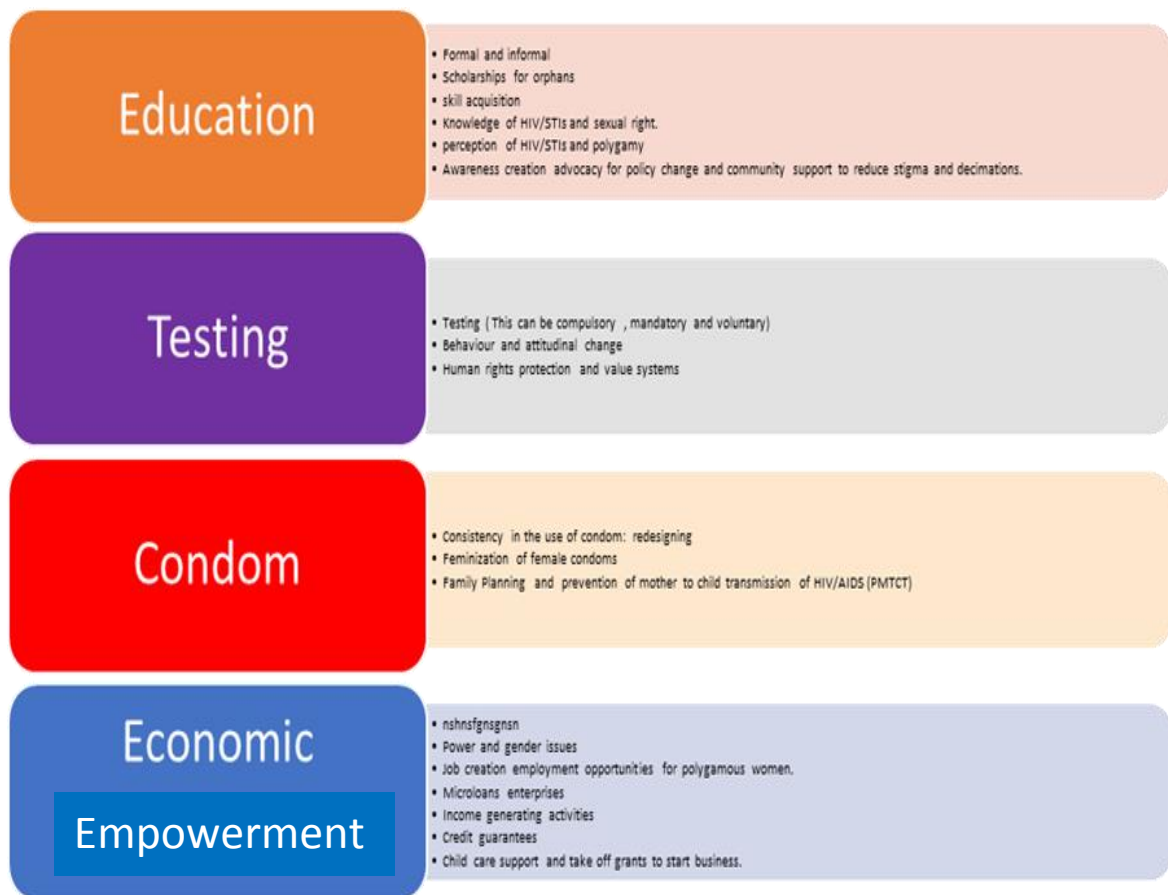
**Figure 5.2: Bar-chart showing the distribution of emerging themes**

Figure 5.2 clearly shows the visual distribution of emerging themes by the number of participants. This figure helps to illustrate the importance of the emergent 10 themes as they relate to the study areas.





**Figure 5.3: Emergence of the 10 themes arising from the 60 key issues**



**Figure 5.4: Four concepts area of intervention**

Figure 5.4: demonstrates how the suggested four concepts area of intervention emerged from the data.

The four intervention areas shown in the above figure explain how Education, Testing, Condom usage and Economic empowerment (ETCE) emerged as the study outcomes. The concept ‘E’ represents Education, suggesting that formal and informal education is needed for polygamous women to prevent the spread of these diseases. This could be acquiring skills training or knowledge on causes and prevention to create the necessary awareness for the prevention of the spread of these diseases. Testing (T), voluntary, mandatory or even compulsory testing to determine HIV/STIs status may help in preventing further spread.

Economic empowerment (E) suggests that if women are given economic power they will not rely excessively on patriarchal systems and this may help reduce the domination of men over woman. Polygamous women will be able to have economic power to own properties, buy nutritional healthy foods for a balanced diet and other health needs, pay for their own

accommodation and negotiate the use of condom; therefore condom usage emerged as the (C) approach.

#### **5.4 Summary**

This chapter presented and described how the findings emerged and provided an explanation of the stages involved in the data processing. Figures and Tables were used to illustrate and simplify the emerging themes for improved understanding for the reader. The chapter revealed and highlighted a range of issues ready for the analysis and discussion chapter. Some critical issues arose from the data about the prevention and the control of HIV/STIs in polygamous marriage.

## **CHAPTER 6: DISCUSSION**

### **6.0 Introduction**

This chapter discusses the findings from the study and explains the study aims and objectives in line with the research questions. The chapter also relates the research questions to the objectives of the study through evidences that emerged from the key issues in themes. This manifested into key concept has an intervention area on the subject of study. A Feminist lens was used to interpret and analyse the participant's responses.

The original intention of the researcher was to limit the study focus to the African feminist perspectives. However, in line with the literature review, the study revealed that polygamy is a global practice. This study approach attempts to uncover understanding from the participant's accounts, in line with the feminist research approach (Maguire, 2001). Importantly, the study focuses on gender related issues that are associated with men and women in a relationship.

The data analysis provides insight to participant's perceptions of polygamous women and helps to understand their experiences of HIV/STIs with the aim of empowering them to protect themselves against the diseases. Approximately eighty quotations appear in this chapter drawn from the raw data. Four quotes were drawn from each participant's account and were used to illustrate what participants said in this discussion chapter.

The issues raised in the study data are issues affecting all women, not just polygamous women alone. Feminists have argued that feminism is applicable to all women's issues all of the time (Oakley, 2000). Feminism in Africa and global feminism are all the same when it comes to issues of gender inequality, oppression and the exploitation of women (Walter, 2000). Thus the issues of gender inequality, oppression exploitation as they relate to polygamous women are discussed in this chapter. The feminist approach has been useful in this area, because it helps to provide a useful interpretation and recommendations to this study area in line with the research objectives which are:

- (1) Explore knowledge, perception and awareness of HIV/STIs in polygamous marriage in Nigeria
- (2) Examine the potential effect of polygamy on HIV/STIs

- (3) Identify possible factors that could empower Muslim women to protect themselves from HIV and STIs

## **6.1 Theme (1): Knowledge**

### **Study objective one:**

As previously discussed in the findings chapter, knowledge emerged as the first theme. It was apparent during the interviews that all participants were well informed about polygamous practice, knowledgeable on the prevention of HIV/STIs and understood the strategy for the prevention and control of these diseases. The acceptance of authoritative knowledge, sometimes in the form of evidence-based practice, may help resolve problems (Oakley, 2000). Most participants suggested that issues such as practicing safer sex, condom usage, abstinences, and faithfulness would help in the effective prevention and control of these diseases, as exemplified by the participant below.

*“HIV is the virus that destroys the immune system of the human body. It can lead to AIDS, if you don’t take care of yourself as an infected person living with HIV. STIs are sexually transmitted infections, such as gonorrhoea, syphilis hmmm” (Manish).*

In her own account the quote below from Beauty suggests an understanding of these diseases as she explains that:

*“My understanding of HIV/STIs is that HIV is Human Immune Virus, while STIs means Sexually Transmitted Infections. The surest way of preventing HIV/STIs is by the use of condom and abstinences. Be faithful to your partners. The only way to prevent HIV/STIs in polygamy and multiple sexual relationships is to use condom consistently and correctly. Check the expired date and to also ensure that, the condom is not damage before using it” (Beauty).*

Feminist positions: Knowledge about HIV/STIs is the first step in avoiding the transmission of these diseases. However, despite their knowledge of these diseases, most of the participants were said to still engage in unprotected sex and other sexual behaviours that are detrimental to their health. Most participants demonstrated how poverty and women's economic marginalization and over dependence on men, lack of care and support and the

lack of economic empowerment of polygamous women contributed to ineffective prevention and control of HIV/STIs. These points emerged as they spread across the emergent themes.

All the twenty participants were able to discuss clearly how HIV can be transmitted and how the infections can be avoided. Although most participants could not be precise about the causes of the virus and how their sexual behaviour can constitute risk factors in the spread of these diseases. These therefore, can be said to be a limitation on their knowledge of the subject of study.

### **6.1.1 Knowledge of STIs**

Eighteen participants responded similarly on their knowledge of STIs; demonstrating an understanding of STIs as sexually transmitted diseases. The participants said that STIs can be passed on to other sexual partners through sexual intercourse from an infected person. They therefore, recognised the importance of both partners (spouses) and infected co-wives to be treated to prevent re-infection. Most participants noted that with the increase in the infection rates of HIV/STIs in Nigeria, often and over time, women suffered neglect.

*“My understanding of HIV/STIs is that HIV is this can be contacted through sexual intercourse. The way to prevent re-occurrence of these diseases is to get tested in the hospital to use condom and avoid multiple sexual partners” (Mama).*

Mama, in her own account explains that HIV/STIs are sexually transmitted diseases and that STIs can be prevented through testing and condom usage and that this could prevent the spread of these diseases. This view is in line with National Institute of Allergy and Infectious Diseases (NAIDS 2013) view that STIs can increase the likelihood of contracting HIV through sex and untreated sexually transmitted infections.

Ten participants believe that STIs are curable with antibiotic drugs and that HIV attracted a more negative response from society than STIs because HIV is regarded as incurable due to the lack of a permanent curative drug. Most participants in this study explained that the re-occurrences of STIs are really disturbing and they proposed that there is a need for a permanent cure. Sweet demonstrated her understanding of the diseases as she suggested that, genital injections can be used to treat STIs as explained below;

*“My understanding of HIV is that it is an infection living in the blood that you cannot see except by microscope. STIs are sexually transmitted infections, such as gonorrhoea, syphilis. We use to use genital 28 injections. But we as caregiver we are to direct infected people to the hospital but not to treat them” (Sweet).*

### **6.1.2 Knowledge of prevention of HIV/STIs**

The participants below (Snake, Fund and Baker) were of the opinion that couples must be faithful to each other in marriage. They also state that polygamy helps to minimise the spread of HIV/STIs within the marriage system. They demonstrated knowledge of how to control the diseases; for example, Snake said she has stopped having sex with anybody in order not to spread the diseases. Fundi spoke about the importance of faithfulness between couples and explained that polygamy or monogamy HIV/STIs infection through sexual contact can infect people the same way as explained below by Fundi.

*“I have stopped having sex with anybody” (Snake).*

The quotation above suggests that Snake uses abstinence to control the spread of these diseases. She explained that she had stopped having sex with any man as she did not want to pass the infection to others.

*“Having multiple sexual relationship outside marriage can allow the two spouses to bring into their family STIs and even bring HIV, but in a polygamy they may cooperate and allow the disease to remain within that family and not spread it to others. “But, still yet, some spouses still cheat each other by flirting”. Even in monogamy and polygamy. “It takes the fear of God to remain faithful, especially with poverty “where there is no work and no means of livelihood. You sell your body to get what you want as a woman or girl”, (Fund).*

*“Unh ....what, I understand by HIV is a disease that can affect person through sexual intercourses, or through any sharp object and also the transfusion of blood. STIs are gonorrhoea, syphilis” (Baker).*

Knowledge of HIV infection through blood contact from an infected person e.g. through blood transfusions, was also said to be an area that needed attention. Baker demonstrated

her understanding of how blood transfusions can lead to HIV infection due to unscreened blood and the use of unsterilized equipment as explained in her quote.

The participants below (Zen and Billy) suggest that polygamous families who want to produce babies should go for prevention of mother to child transmission (PMTCT). They encourage couples to seek a doctors' advice in order to manage child birth with having HIV/STIs.

*“HIV/STIs can be prevented from co-wives or multiple sexual relationship by avoiding unsafe sex, use sterilized object such as blade, syringes, anytime they are in contact with blood, and the use of condom. (Zen).*

Billy also supported this view as she explains below that:

*“If they want to produce a baby they should go and see their doctor for advice on prevention from mother to child transmission (PMTCT)” (Billy).*

The above quotations demonstrate that knowledge of how to prevent the spread of HIV/STIs was high among participants but varied. Most participants suggested that safer sex is the best method of preventing the spread of HIV/STIs. Participants' knowledge of prevention on PMTCT is specifically high, as most participants spoke of the need for strict adherence to the existing safety methods of abstaining from sex, being faithful and ensuring the consistent use of a condom. This is in line with the existing HIV/STIs prevention methods, such as the Abstinence, Be faithful and use Condom (ABC) approach. However, most participant argued that the existing prevention method of Abstinence (A) does not fit well in this study area because married couples cannot abstain from sex. The participant below is of the opinion that couples must be truthful to each other. Although, further argue that faithfulness or truthfulness cannot be applied to couples with multiple wives like polygamy and concluded that there is no honesty in the practice rather to use condom. The below account from Sami help to explain her own position on the prevention and control of HIV/STIs.

*“On how to prevent HIV/STIs is by using condom so that it won't be spread. I feel that the use of condom is the surest method to the prevention of HIV/STIs. The other way I know again is that the, husband and wives should be truthful to each other. But, this cannot apply to a man who has more than two or more wives or many*



*sexual partners. There is no honesty in this practice at all, than for the man to use condom” (Sami).*

The data above demonstrates the need to understand how polygamy and culture together are linked to the broader geopolitical socio-cultural practices in Nigeria and how these factors reinforce the polygamous practices that play out in the everyday life of women in different societies.

### **6.1.3 Knowledge of polygamy and the role of culture**

Sixteen out of the twenty participants acknowledged polygamy as a cultural practice and as a destiny issue. Despite their acceptances, most of the participants expressed and shared their rejection and the bitter experiences of living in polygamy, as exemplified by this participant below:

*“Having co-wives and multiple sexual relationships depends on the culture and tradition of that society. For example, in this part of Nigeria (Kwara State), Polygamy is common, but in the southern part of Nigeria, polygamy is taboo. They prefer monogamy with several concubines and mistresses outside their marriage,” Multiple sexual relationships are loose relationships. There is no protection of partners; it is very risky to engage in it”, (Tanka)*

Tanka in her account above explained that the peculiarity of polygamous practices depended on the environment and the geographical location of where polygamous practice can be found in Nigeria. Allah (2008) observed that some of these socio-cultural practices are the agencies of the patriarchal constructions in any given society, to attest to this Kenny explains that

*“My experience in polygamy is that, I am a living experience of polygamy. I am the first wife but because of culture and traditions, he married a second wife who is an Ibo lady, they are both Ibo tribes. I am Yoruba tribe. He went and marry second wife because his family said, I am not a native of Ibo. This is how, I find myself in polygamous marriage” (Kenny).*

This data from Kenny demonstrates the need to understand how polygamy and culture together are linked to the broader geopolitical socio-cultural practices in Nigeria and how

these factors reinforce the polygamous practices that play out in the everyday life of women in different societies.

The data above also reveals that HIV/STIs are fuelled by the differences between men and women, as they find themselves immersed in different socio-cultural practices. The social cultural practices in Nigeria has contributed greatly to the vulnerability of women making them susceptible to the spread of HIV /STIs in their marriages.

Most participants demonstrated a good understanding of polygamous practice and critically explained the impact of HIV/STIs in multiple sexual relationships. Most participants revealed in the data, that they have knowledge of polygamous practices, even though they gained their experiences in different ways. The contexts from which this understanding emerged enabled the participants to ask questions as they relate their polygamous experiences, this is further reinforced by Manish in the quotation below

*“Polygamy is to marry more than one wife. It can be 2 to 10 wives in a family to protect women from being single and for women to be seen as responsible women in the society; women takes to polygamy because of scarcity of men. Men are not ready to marry again, because of the cost of maintaining a marriage”, (Manish).*

The above data points to three important issues as it relates to previously reviewed literature on the reasons for the practice of polygamy which is considered a factor for the scarcity of marriageable men, the economic hardship of maintaining a wife and issues of marriage as a means of security for women. They said this necessitated most women to be married into polygamy. Umar (2009) explains that “marriageable men are scarce there are single women who go for polygamous men to fulfil their marital status and their religious obligation thereby making polygamy to flourish” (Umar, 2009: 13).

## **6.2 Theme (2): Perception**

Perception emerged as the second theme (2) in line with Objective one of this study which is to also explore participant’s perceptions of HIV/STIs and polygamy in the Muslim society of Nigeria. In doing so, issues of faith and fate emerged as ways in which polygamous women perceived the practice of polygamy. They perceived polygamy as an unquestionable practice, from God, as Sami gave her own account of how she perceived polygamy below:

*“Polygamy, it is our tradition we met it like that. Firstly, as a human being, no woman will like your husband to bring in or date another woman. But, since he has done it, what can I do. I will accept. It is about issues of faith. You cannot stop any man from having or dating another woman” (Sami).*

Discussing her perception of polygamy, the above quotation from Sami gave an account of how faith in God and the acceptance of destiny affected her understanding of polygamy. Sami perceived polygamy as a destiny issue for her to be married into such a marriage system. The data also suggest that she accepted polygamy but she does not like it.

### **6.2.1 Faith and issues of fate**

Polygamous women perceived that it is their fate and the faith they had in their religion that influences their choice to be in a polygamous marriage. However, (Oddening, 1993) is of the opinion that faith is not an absolute reality; it is about questioning why and how things are done. Oddening (1993) views the lives of both males and females from the male focus of external lessons of control and power of judgement which Sami already explained to have contributed to her acceptance of polygamy. That is, polygamous women sometimes blame faith and consolidate their involvement in polygamous practice as an act of God. This belief and acceptance can be substantiated as a way that the myth of patriarchy has been designed through religion to dominate polygamous Muslim women, by having them believe that it is their fate and faith in their religion to be married into polygamy. Similarly the quotation below from Fundi also reflect what Sami said in the previous paragraph , on the issues of faith and destiny that prompted them to be married into polygamy as Fundi explain below:

*“ My experience of polygamy is a situation where women marry plenty wives and to allows families lived with (2) wives or more than three wives well, I don’t like polygamy, (laugh), ‘but when God says yes, who are you to say no to polygamy, it is our tradition we met it like that” (Fundi).*

Fundi explains in her own account above that polygamy is designed by God and the practice allows two or more wives to live as a family. Ten participants in this study perceived polygamy to be an acceptable cultural and religious practice. This practice, according to the findings, plays a key role in their life. It was noteworthy to hear from so many participants in this study that they did not have knowledge of how to prevent or stop the practice of

polygamy, because it is such a sensitive, traditionally entrenched practice that has spread across many centuries. This affirms the view of (Goodman, 1997) who explained that the practice of polygamy existed in the Roman world (44BC-AD). Polygene was said to be widely practiced, with some societies approving of extra-marital sex (Coontz, 2006). Baker in her own account demonstrated her knowledge of the study area and the way she perceived HIV in terms of the role of economic factors as she explained below:-

*“The only thing I can talk about in the prevention and control of HIV is to appeal to the government to support PLP, because it is the poverty level of women that make women to flirt with any man to get money to sustain them. Poverty contribute to the spread of HIV, because if a lady knows she is positive, she will not disclose it to any man, in order to use her body to get money from men” (Baker).*

Arguably, this means that polygamous women can sometimes be excused for engaging in extra marital intercourse taking into account the stated justification for this act from both men and women (Coontz, 2006). However, the data also revealed that polygamous women were continuously blamed for extra marital affairs; whereas men who acquire more women for their sexual satisfaction bear no burden nor have been blamed for this.

Despite this, (Oddening, 1993) argued that culture is a continuation of preventative practices that can be changed with time. This is to say that polygamy as a cultural practice in Nigeria and also is a continuation of primitive cultural practices that burden both men and women. As most participants explain that, polygamy is part of the cultures and they cannot change the practice. This is to say that, the social construction of polygamy in Muslim culture neglects societal changes as the present civilization may not see the need for the practice of polygamy. This is because most reasons for the practice of polygamy are no longer relevant to today's realities. This is not to say that Muslim societies should desist from polygamous practices. This study is conducted to harvest knowledge that can help safeguard polygamous women against HIV/STIs and promote healthy living to protect their families. After all, given that Muslim society encourages procreation, it is in their best interest that future generations are healthy and free of HIV/STIs infections.

The majority of participants in this study believed that being married into polygamy was their fate in terms of destiny and issues concerning the faith they have in their religion as Muslim women. Since Islam permits polygamy, they see nothing wrong in being married

into polygamy. Umar (2009) explains that Islamic faith is very much embedded in the reproduction and continuation of families. Polygamy maximises this reproduction, as well as helping to demonstrate the fertility of men. With this view, it could be argued that polygamy is more focused on societal power and control; indeed suggesting that faith is not an absolute reality (Oddening, 1993).

### **6.3 Theme 3: Gender and power**

Fifteen participants explained that the issues of gender inequality and the powerlessness of women have heightened the ability of polygamous practices to increase the spread of HIV/STIs. As this study data explains that, issues of gender based violence exist in many polygamous households. These Gender Based Violence's (GBV) raised by thus data are issues associated with wife abuse, child neglect, unnecessary competition and power struggles amongst co-wives which are said to be the practices that endanger the effective prevention of HIV/STIs.

*“Polygamy reduces life span of living together because if the husband likes one wife more than another wife, it can cause short life. There will be side talks about each other, among co-wives. There will be wife abuse and power relation between junior and senior wives. There will be inequality and thinking. Some time, each wife do visit herbalist medicine homes to get juju (black power) to use for the husband to love you more than the other wives,” (Snake).*

The above quote show that there is power struggle among co-wives, and that the imbalances of power that exist in polygamy are sometimes caused by the struggle for their husband's attention or love. Feminists have three dimensional theories of power. These are seen in terms of power within an existing system, power outside the system and power over each other (Jerry, 2007).

The critical thinking here is that it seems these three levels of power can be said to exist in polygamy, power struggles within the polygamous household among wives (for example between senior and junior wives), power of husband over their wives in term of the resources and the control of the household; power of existing policy and practices of the acceptance of polygamy in the patriarchal system in Nigeria. Describing how powerlessness affected polygamous women's inability to challenge their husbands about polygamous practice and

how the issue of gender contributed to how most of them became infected with these diseases, the data below from Tanka's viewpoint helps to explain this.

*“The hindrances that will occur if I denied my husband from taking another wife against my wishes are that, he will neglect me and my children, he will not take proper care of us”. And that is the greatest trauma a woman can go through in life. Even my mother experienced polygamy” (Tanka).*

Tanka suggests that they are forced to accept the practice of polygamy as women cannot challenge, nor control their husband's taking of a new wife. Gallant et al. (2002) observed that control should be shared between partners in marriage. In polygamy, this seems not to be the case as this is attributed to the superiority of men over their wives. Husbands are regarded as the head of the household according to the tradition and customs of Nigeria, (Umar, 2009).

The above quote from Tanka points to issues of authority of men over women. This suggests that men do not like their authority to be questioned or challenged in such a marriage system. Gallant et al. (2002) noted that the decision-making between couples requires mutual respect and understanding of particular needs. The above quote helps to explain the way in which gender inequality, patriarchy and the lack of women's empowerment subordinate polygamous women in Nigeria. The above quote also illustrates that polygamous women always wait for their men to take care of them and their children this shows that women wait for men to make decisions on their behalf about issues that affect them as married women living under the instruction of men. Therefore, there is the need to address this gender inequality in polygamy to help in the prevention of the spread of these diseases.

The question to ask here is why are the polygamous women always afraid to question their husband? And why are they always afraid to talk about their sexual needs with their spouses? Is it because of the fear of losing their husbands to other women or because of societal values, insecurity and lack of power as define in the trust of civil liberty, (Jabeen, 2010)

### **6.3.1 Oppression, repression and gender inequality as it exists in polygamy**

The feminist movement used to have firm faith and determination to provide equivalent civil liberties and openings to all women (Jabeen, 2010). The issues of oppression,

repression and gender inequality is evident in this study, it is critically demonstrated in data below about the existence of gender and power issues across the key emerging issues.

*“I am afraid now that if my new husband gets to know my HIV status he will send me packing to the street and be homeless. For example most of my friends are into prostitution because of poverty, job frustration, no helper and no socio security. Therefore, they sleep with any man that can pay them large amount of money through sexual gratification to rich men,” (Pepper)*

The above quote from Pepper points to issues causing polygamous women to engage in extra marital sexual relationships thereby making promiscuity rife. Participants recognised the influence of men on the restrictions that polygamous relationships place on women, preventing them from engaging in multiple sexual relationships outside marriage, while men have the absolute right to acquire more wives to meet their sexual desires. Understanding how gender inequality emerged as a theme in this study area, is about the existence of the gender dimensions of these diseases, as they affect polygamous marriages. As Fundi pointed out that, until polygamous women are empowered prevention and control cannot be achieved as Fundi explain below that:

*“Empower (us).....uh ..... I mean women generally to be able to cope with diseases. Men and our husband usually neglected women and children when HIV is discovered in the family, therefore, leaving the woman to promiscuity (fornicate) with her body to get money for her survival and to take care of her children. Since the man is not there for her, this is the impact of the diseases on women and the situation is even worst in polygamy. Where the man has many wives to cater for” (Fundi)*

The above data revealed that polygamous marriage is about status, gender inequality associated with socio-economic and the political status of males in a patriarchal society and the value systems of a given society like Nigeria. As previously explained in the literature reviewed on polygamy and on human evolution, as described in the Holy Bible (Genesis Chapter 2: 18). “I will create a woman for you”, suggesting one woman for one man. This quote refers to a couple, one man and one woman. Similarly, (Umar, 2009) explain that Holy Quran shared a similar view that, “God said "O Adam, Dwell you and your wife in the

*garden and eat of the bountiful things there in as (where and when) you will, but approach not this tree or you run into harm and transgression. The Holy Quran (Al-Baqorah: Chapter 2:35)”. Umar, (2009), further explain that as time went on, many of the memorizers of the holy Quran, dedicated Muslim started dying in the war front. So the Almighty God through the holy Quran regulated polygamy in Surat Al-Nisah (Women, Surat Chapter 4:3),*

*"Marry women of your choice, two or three or four, but if you fear that you shall not be able to do justly (with them} then only one”, (Umar, 2009: 8).*

This is to say that polygamy is legalized by Islam, and is based on circumstances that necessitated polygamy then (Umar, 2009) explained that this is specifically so because there were so many widows whose husbands had died during the holy war and who subsequently needed protection. The question to ask here is that in contemporary practice of polygamy, does polygamy really protect the women and children in accordance with the practice outlined in Islamic writings?

Therefore, polygamy can be said to be a man-made creation, cultivated by the desire of men to acquire multiple wives for reasons of procreation, to maintain power and enhance the growth of their “race/tribe”. This is in conformity with the views of (Goodman, 1997: 175) on the reasons for the practice of polygamy.

The question to ask here is based on the evidence from the data, ‘Is polygamy really keeping polygamous women safe from adultery’? This is because most participants explain that they use extra marital affairs as a coping mechanism to survive in such a marriage system. This explains the lack of gender equality in the practice of polygamy because participants’ accounts demonstrate that the power within the system does not portray any equality among couples, rather it sees polygamous women as an object of the household.

The feminist opinion on this, Weber (1990) states that in order to understand the issues surrounding power and gender, it is necessary to look at the legitimate use of power and the effect it has on women, especially the way they are denigrated through the societal acceptance of male superiority over females in the patriarchal system. Women have a need for empowerment so that they can contribute to societal development. Weber (1990) contended that power is one way in which people seek to be legitimate, rather than coercive.



As revealed in this study, polygamous women were said to lack control over their reproductive systems and cannot speak openly about their sexual needs. Polygamous women cannot refuse to have sex with their infected husbands and have no financial power to manage the household income. These situations are what the feminists referred to as a lack of civil liberty (Jabeen, 2010)

In her own accounts, Pepper explain that her involvement in polygamy is seen as a destiny issue as she explain below:

*“My involvement in polygamous marriage is my destiny. I didn’t like it, but I accepted my fate. I tried marrying young man, (my age group), but it didn’t work out and age is not on my side. I am now 33 years old. I need a husband, the only man that proposed to me are married men. Young boys use to beat me, use me and drop me after few months of relationship. So the only alternative is polygamy. My first husband died, he has (3) wives. I had a child for him; it was when I was pregnant for him that I was diagnosed of HIV. He died six month later. My husband didn’t introduce me to his wives and the other wives didn’t accept me and my child. But his parents acknowledge me as his third wife, because he secretly introduces me to his parent before he died” (Pepper).*

The above quote demonstrates that most participants acknowledge the dominance of their husbands over their life choices. According to (Umar, 2009), polygamous women subject themselves to accept several beliefs and practices that are detrimental to their wellbeing because of faith and the economic reality of the time. The data above demonstrates how most men are in charge of decision making on issues that affect the lives of women.

Obalowu (2009) in the literature review, stated that the practice of polygamy was aimed at protecting women; providing them with security through marriage for economic benefit, so that the riches of one family could be transferred between the rich to the poorer families in exchange of marriage. If these are with good intentions, then what is wrong in the system? This calls for a cross examination of the gender role of men and women in the polygamous Muslim society in Nigeria so that a broader knowledge of the reasons underpinning polygamous practice can be well understood. Oyewumi (2002) explains that there are good cultural practices in Africa that promote and protect womanhood.

### 6.3.2 Child abuse and wife neglect in polygamy.

Most participants in this study revealed that there is a lack of care and support for the women and children in polygamous marriages, as Zen explains below;

*“HIV is increasing orphans and left innocent children as victim. Our children are suffering for nothing, out of our sexual behaviours and carelessness” (Zen).*

The issue of child abuse falls under violence that occurs in most polygamous families as revealed in the study “children often suffer for the misdeed of their mother” (Umar, 2008: 9). This is demonstrated in the quote by Tanka below:

*“My experience of living in a polygamous home, hum..... [Silent]. My experience in polygamy is that, polygamy home is too crowded. There used to be many children and quarrelling and fighting with in the co-wives. Children do fight as well. We don't believe in each other. There is no excellent love between the husbands and wife because the love for our husband is being shared by many wives. We are always managing to survive (that is what I mean by shortage of management)” (Tanka).*

This data reveals that in polygamous marriages, children suffer neglect and abuse and that there is always a shortage of other resources. The data revealed that there is instability due to unnecessary competition for men's love amongst the co-wives. The participants stated that there is no trust in polygamous relationships, every move and action has an underlying meaning and always presents issues. Women suffer and struggle among themselves for resources from men, while men allocate days to meet each wife on a sexual rotation. The above quote helps expose the low self-esteem and self-worth of women, as they explain that most often, the poor socio-economic background of individuals affects the health needs of individuals, as it is presently happening to polygamous women. The above quotes also pointed out those polygamous men, especially in Muslim polygamous marriages, should search for resources to cater for their children and not leave the responsibility of caring for children to the women. Otherwise, women will continue to be promiscuous to get what they want from different men who have the resources to give them in order to sustain themselves and their children not worrying about the spread of HIV/STIs in the society.

### 6.3.3 Role of men

*“This is because the major causes of the spread of the disease in Nigeria are poverty level of women. Women go out every day, in search of basic need of life what do you expect of an infected woman to do, if she needs food, shelter and clothing. She will start flirting in order to survive, thereby spreading the disease, either HIV or STIs.... Hmm” (Manish)*

The issue of gender inequality arising in the area of sexual discourse in polygamy needs to be approached in the context of preventing the spread of HIV/STIs. This study data shows that polygamous practice encourages risk-taking by the polygamous women to survive in such a marriage system. As promiscuous sex thrives among them because they lack the basic care and support needed in their marriage. This is in conformity with the views of (Brake, 2012), that marriage could only be justified by its role in protecting and caring relationships such that comes with contracting any marriage act, should reflect on the issues of child welfare. (Hartley and Watson 2012), attest to this, Lucky took time to explain her situation below:

*“I am coping as a widow with one child. We are yet to share our husband property since he died about 2 years ago. He has only one house left for me and my child. The family said they want to sell the house because my husband took loan in the bank. They want to send me out of the house but I told them to come back after my consultation with my lawyer. So, if they sell the house to pay the loan. I will be homeless, without a job and my son school will stopped all because my husband died and left us with HIV. You see, life is unfair with some of us (Lucky)*

This quote points to issues of wife inheritance and disinheritance that were denied to women in terms of the property rights of widows in such a marriage system. The data revealed that her existence in her own house is subject to eviction and possible homelessness. This suggests that polygamous women living with HIV faced multiple oppressions. Apart from being a widow and living with an HIV positive status, Lucky is also powerless in terms of property acquisition. The eradication of oppression and repression are of the most feminist and a concerns for major agitation in any society.

In the researcher’s diary notes, most participants often explained that “their quest for daily survival suppressed the issues of how to control of HIV/STIs. Therefore, they do not really

care about the spread of HIV/STIs if all other underlying issues such as poverty, wife abuse, homelessness and childcare are not properly addressed as legal education to know your right are issues of concern and if may jeopardise the prevention of HIV /STIs prevention.

Issues of gender inequality and the need for economic empowerment for polygamous women to cope with the diseases became a major concern in this study.

*“My experience of living in polygamous family is that it is a place of living with many wives and one husband. In that place (polygamous home) no peace, no joy and no happy home because what one wife can accept another wife will disagree and that usually cause fight” (Stone).*

The above quotes from Stone demonstrate that issues of inequality are perpetuated by socio-economic injustices among the husband, wife and co-wives in a polygamous household, with lots of in-fighting and injustice between the marriage partners. This is inconformity with the views of (McFadden, 2006), on the need for socio justice. As this injustice allows the husband to dominate the wife, as polygamous women were neither considered nor able to make rational and informed decisions that affect their lives. Also because (Umar, 2009) said husband is the crown of a woman as patriarchy place men in Nigeria.

#### **6.3.4 Women’s vulnerability in polygamy**

*“Women are the widows’ neglected wife and victim of HIV. Therefore, we want government to organize the training for women, empower them financially and in order to enable them feed themselves. Most women in polygamy are living single life, and positive with HIV. Women need to be assisted e.g. local government chairman and community people should help us. {Laugh}, As women in polygamy the first things is to be neat with clean environment, eat clean food, take clean water and birth with good water all these will lead to all other secret that the body need for good health and wellbeing. Some women are dirty and lazy because of HIV they do not take care of themselves again” (Bow).*

The above quote suggests the need for cleanliness and highlights the need for a healthy lifestyle for polygamous women and the need to embrace a clean environment. The above quotes also demonstrated that women’s vulnerability and other exposures of polygamous women to socio-economic disruption in most polygamous family’s needs to be addressed. The accounts of polygamous women’s experiences in this study shows that risk associated

with HIV/STIs spread, is increasingly caused by human needs and desires, gender inequality and socio-economic imbalances depriving women to have access to the existing socio-economic justices around them. Peterson (2002) stated that to understand the issues surrounding power and gender, it is necessary to look at the legitimate use of power and the effect it has on women; especially in their denigration and in the superiority of men that often lead to women's rights violation.

#### **6.3.5 Women's rights violations**

This study data demonstrates that issues of women's rights violations exist in polygamy and shows that there is a clear cut case of criminality against women and children, ranging from wife abuse and child neglect; these need to be tackled and addressed, although this is not a general view but limited to this study finding. Wife abuse and child neglect is said to be another manifestation of the failure of the state and of governance. This collective failure can be attributed to the non-domestication of the Convention on the Elimination of Discrimination against Women (CEDAW) into local laws in Nigeria (Obalowu, 2009), as observed in the literature review. This is to say that, maybe, if women's rights protective laws are in place in Nigeria, as covered in the CEDAW convention, polygamous women can use this law to seek redress of women's rights violations that they might encounter in such a marriage system.

Most of the identified women's human rights based factors are said to be a factor contributing to the spread of the HIV pandemic in Nigeria, (Obalowu, 2009). Effective HIV/STIs prevention strategies need a holistic approach and an increased research to improve the health needs of women in general, especially on the issues associated with the sexual behaviour of both men and women in a sexual network such as polygamy. Patriarchy as a dominant system in Nigeria is institutionalised through culture and religious practices. The institutionalisation of these two practices makes the patriarchal practices strong in polygamous society in Nigeria. This is what (Moses, 2001) refers to as value-based male dominance in society, and this study reveals that polygamy is part of a cultural based value system in Nigeria.

The data below helps to explain what seems to be a dominant male valued system in polygamy; it shows that it appears to be more concerned with the quest for survival rather than dwelling on the woman's HIV positive status. Getting married was a source of socio-security to Tunde who demonstrated below her aggression about being infected with HIV.

She does not appear to mind how the diseases can be spread, though she is afraid that disclosure of her HIV status may lead to divorce and homelessness. For her, to be married and secure within a marriage system appears to be her main concern rather than trying to prevent the spread of HIV/STIs. Tunde explained below that;

*“This new marriage is an umbrella for me. I was homeless, cloth less, before I met him while sleeping in our church shelter home. Now that he married me, he has shown me love and care. Everybody now respect me as a happily married woman. I don’t care if he is infected nor infect his other wives. My happiness matters to me now. In this life, if you are honest you will suffer; after all, it is a man who gave me this disease in the first place” (Tunde).*

This quotation above explains why economic inequality and wife abuse are prevalent in polygamous marriages. This study exposes and helps to reveal the violation of women in polygamous marriages.

This anger expressed by Tunde in her own data is in line with the feminist position about aggression, when love fail or when spousal fails to protect the interest of their spouses, in love or any marital relationship, (Kleingeld, 1998; Stanley 2004; 3–30, Waldron 1988). Tunde explains in her own accounts her desperation regarding issues pertaining to her protection and security. She explains that this marriage is seen as a source of security to her and that issue of preventing HIV, or helping others from being infected from these diseases are not her priority. She explains that after all, somebody also gave her the infection. This reasoning leads one to question how we challenge a system that pushes rigid heterosexist ideas as the norm and the dominance inherent from the sexual pleasure. Obalowu (2009) pointed out that this entails logical thinking that must be regulated without interfering in the marital relationship. Giving her own account the participant below suggests that:

*“Polygamy is better than having mistresses or extra sexual relationship because in polygamy the wives knows each other and they stay together to check their character and if anybody is found wanting in adultery, she will be penalized according to Muslim law and our religion principle. But in multiple extra relationships, you don’t know your mate; you don’t know who is sleeping with your wife, or husband. It is very risky in the control of HIV/STIs” (Kenny).*

The above quotation gave the true picture of how most Nigerian men exploit women in the name of a marriage system. The words used above by Kenny (check their character) is about behavioural change. This is to say that to achieve prevention of HIV/STIs men and women need to change the character or behaviour in a sexual relationship.

Umar (2009) explains that men are polygamous by nature, because in most Nigerian societies, it is often said that a real man is not satisfied by one woman. In many cultures of Nigeria ideas of manhood include strength, courage and dominance; promoting them as having an incontrollable sex drive that absolves them of responsibility. This is about masculinity from the feminist perspective, masculinity is a powerful force for men, making changes or enforcing the use of condoms to prevent the spread of these diseases might be seen as emasculating. However, this assertion is not common to the majority of men according to (Nnaemeka and Mama, 2002) although, not all Nigerian men are macho while some exceptions do exist.

Feminism recognises the history of radicalized stigmatization of polygamous women, possibly this gives reasons to consider whether or not anti-polygamous institutions rest on these foundations, (Denike, 2010). Polygamous practice as demonstrated in this study shows that sexuality is repressed by strict control on sexual activity.

#### **6.3.6 Greater risk**

The focus on promiscuity as a high risk behaviour among polygamous women and also as a risk factor in HIV/STIs transmission in polygamy. In the data participants call for an overhauling of the social and cultural drivers of the epidemics in polygamy. The data shows pervasive roles of gender and suggest a new way of thinking. For the majority of participants providing safer sex and protection for polygamous women is crucial to issues of prevention and control of these infections. In her own accounts, Sweet explains that the vulnerability of women and girls to HIV infection is due to the lack of economic power to access their needs and wants. She explains that men will not help women for free without having sex with them in exchange of any service rendered to them either in cash or kind. Therefore, this inability to get what they want, make them vulnerable to been exposed to the risk of the infection from an infected person who may be in contact with them.

*“Aaha, life is not easy oo!!! Most of us infected with HIV are not working; we are idle women and girls. Men are not ready to help you for free until they sleep with you sexually, before they can give you money or help,” (Sweet).*

#### **6.4 Theme 4: Condom usage (C) as an intervention approach**

Consistency of condom use by polygamous women with their spouses is said to aid the prevention and control of these diseases. Condom usage emerged as a theme based on the justification and suggestions made by fifteen of the twenty participants who spoke on the need for condom usage among couples, as substantiated below by this participant

*“Condom is the best prevention method. There is no way spouse or couples can avoid each other ‘body is not firewood’. People must have relationship and if they use condom they will be safe. The only problem of condom is expiring date. If condom leak with a small hole or expired, it will be ineffective” (Bow).*

Five participants recommended re-modification of the female condom and suggested redesigning and investing in the present female condom. Fundi in her own accounts explains that

*“My recommendation is that it is better to invest on women’s condom than men. So that women will wear the condom like normal paint for 24 hours daily, even with or without condom. Lastly, I will like to add that only male condom is available in grassroots tell them to give us female condom” (Fundi).*

As demonstrated by Tanka in the data below that, those polygamous families and any other people involved with multiple sexual partners must use condoms

*“HIV/STIs in a polygamy home can be prevented through safer methods, which are by using condom. The best way to prevent HIV/STIs is by using condom so that you will not give other people what you have and will not also receive what you don’t have condom is the best method of prevention and control, except if they want to have another child. Before, they the plan to have any child, they should go to hospital for PMTCT knowledge” (Tanka).*



#### 6.4.1 Challenges of condom usage

The role of condom use in birth control is seen as a significant obstacle to family planning and to safe sex in polygamous marriages, as most polygamous women want to produce babies. However, because of the cultural practices that place a high value on children and procreation in Africa (Noel, 2007), strict adherence to condom use may not be effectively achieved in polygamy, as most spouses were said to always refuse to use a condom with their wives. Fundi explains below with this data:

*“Most women cannot wear it. Women condom and also “Because most men in Nigeria do not accept condom. They hate condom, even if you tell them to use it, they will refused” (Fundi).*

#### 6.4.2 The oppression of women

*“The changes I will like to make are that we need to empower women generally to be able to cope with the diseases. Men and our husband usually neglected women and children when HIV is discovered in the family, therefore, living the woman to prostitute with her body to get money for her survival” (Sami).*

The above quotations explains the reasons why (Ramjee, 2010) explained that the control and abuse of women’s sexual ability, can lead to the oppression of women.

*“My husband forces me into polygamy, I did not know he had another wife, in different apartment with a child, and later he married me as second wife. He did not tell me there is another first wife anywhere before I marry him, but today, I am second wife. The other wife has (2) children and I have (3) children. I say no excellent love because, you cannot see him any how you like, if it is not your turn to sleep with him, we use to rotate him” (Tanka).*

Tanka explains that she did not know her husband had another wife in a different apartment. It seems that deceit exists in polygamy. The feminist argues that the critiques of individual behavioural approaches also draw attention to structural factors that frame risk behaviour of polygamous women to the prevention of HIV/STIs. This is because the above data explains some irrational behaviour of men and their wives. It demonstrates the power relations between polygamous men and women, and helps to provide an understanding of the polygamous women’s situation, along with their knowledge of HIV/STIs prevention. The

participant below (Pepper) was precise in her response to questions posed to her, she was an experienced health worker, as her words suggest her true knowledge of prevention. She explain that:

*“HIV/STIs can be prevented by using condom except if the woman wants to conceive a baby, then they can have flesh to flesh sexual relationship I will also advise couples to go for PMTCT advice before having baby” (Pepper).*

The above data revealed that some Nigerian men want bodily contact, use of a condom was considered a barrier to that contact. This places many polygamous wives at risk of these infections with their infected husbands.

#### **6.4.3 Violence in polygamous marriages**

Violence in polygamous homes was identified as a possible factor hindering the effective prevention of HIV/STIs. Experiences of violence that were common in polygamous practice in Nigeria were explained below by Tanka. This is in line with (Olateru- Olagbegi, 2013) who explains that violence was condoned in some instances in most marriages in Nigeria. She gave examples of the situation where a married man refuses to have sex with his wife, refuses to use condoms, the issues of child abuse and child neglect and the lack of care and support for wives and children are all presence in polygamy. These are factors that are considered as gender based violence. Sexual violence is defined in the United Nations Women Gender Based Violence Report (2011) as any sexual action intended against the will of a person. This violence is said to be a major cause of psychological disposition of polygamous women. Wife abuse, sexual rotation and child neglect are the emotional abuses said to be often and rampant in polygamous marriage, as explained by this participant below:

*“The problem of polygamy is wife neglect. Our husbands are very fond of neglecting women, when they are tired of you, or when they want to take second or third wife. So also instead of divorcing you, they will not, instead they will neglect you, starve you of care and support if they are feed up with you, they will not cloth you, nor sleep with you. (I mean not have sex with you) that is why a neglected wife looks elsewhere to support herself sexually and economically making promiscuity to strive” (Tanka).*

The above data explains the reasons for linking issues of polygamy to issues of gender based violence and power inequality as revealed in this study area. This is illustrated by Tanka and Tunde in their data. The issues of wife abuse and neglect are gender based violence issues that require a law reform towards improving issues of gender inequality in polygamy.

In her own account Tunde explain that:

*“My understanding of polygamy is that one husband can marry two wives or four wives or even more. My experience of polygamy is that, it is not a good practice at all. It is not good. There is jealousy quarrelling, fighting and no equal love. Even the husband will not be at peace. Therefore, I will never recommend it for anybody to practice it (polygamy)” (Tunde).*

Tunde’s words were full of emotion and feelings of helplessness. This data implies that her emotional feelings were very high, the way she condemned polygamy in her comment that “polygamy is not a good place; I will never recommend it to anybody”.

#### **6.4.4 Sexual and reproductive rights of women (SRR)**

The lack of reproductive rights for women and girls over their sexuality is regarded as gender based violence. (Olateru-Olagbegi, 2013) draws evidence from the (UN Women GBV report, 2013) indicating that issues of sexual reproductive rights (SRR) and HIV polices, systems and services are not sufficiently linked, and despite being a necessity, human rights violations and the gender-based violence of sexual rights services associated with HIV are insufficiently addressed. As stated below by Santos:

*“My experience in polygamy is a place where we have two or more wives, HIV can easily spread in polygamy family because according to polygamy law and principle, we are to live together and rotate sleeping with our husband every two night. So through ignorance HIV can easily be spread by using sharp object or by sexual intercourse, in a flesh to flesh sexual intercourse, because if they use condom among themselves during sexual intercourse they may not be infected” (Santos).*

Nigeria is one of the twelve countries that have established laws against rapists, and some have passed laws against domestic violence. However, actual enforcement leaves much to be desired. Campaigns to eliminate violence against women and girls are limited. Moreover, few programmes are seriously attempting to address prevention aspects. Meaningfully

empowering women through a change in the attitudes of men and boys towards sexual behaviour needs to be explored in greater depth. Harmful traditional practices that expose women to HIV/STIs in Nigeria should also be tackled. The above data also demonstrates what most feminists regard as sexual exploitation of women. This is because polygamy is regarded as the assemblage of women in sexual rotation in the name of a marriage system to sexually exploit them (Obalowu, 2009).

#### **6.4.5 Sexual exploitation of polygamous women**

Santos from the above data gave her own account, brings into focus the emotional trauma and the psycho-social imbalances that polygamous women encounter in such a marriage system. Psychological and emotional feelings of neglect and abandonment are issues that constitute sexual exploitation of women in polygamous practices. Psychological or emotional abuses of wife and child neglect are issues that are said to be the likely causes of subordination of women in most Nigerian polygamous marriages. Olateru-Olagbegi (2013) explains that it is not unknown for the husband to refuse to have sex with the wife and some men may have sex with a girlfriend outside their marriage as a punishment to a supposedly disobedient wife. The question to ask here is - what constitutes disobedience or subservience in marriage? In a situation where one's liberty is not respected or opinion is undermined, a neglected and abused wife cannot be obedient in such a situation.

Olateru-Olagbegi (2013) explains that most Nigerian women were being kicked out of the family home, which she said was deemed as the worst punishment for refusing sexual intercourse in any marriage. This practice of wife neglect, beating and other abuses are not a general statement for all Nigerian men. Olateru-Olagbegi (2013) observed that in particular, the growing educated generations do not subscribe to this kind of behaviour. The polygamous women in this study area share similar views that these identified behaviours of men were the sorts of behaviours they were experiencing in polygamy. Billy explains that in polygamy there is a lot of in-fighting.

*“My experience in polygamy is that there a lots of fighting, quarrelling among co-wives. The husbands will not get rest of mind. No sincere love among wives. We share love and struggle to get the attention of our husband. There is jealousy among co-wives. There is also issue of wife abuse and child neglect in polygamy even though I am married into polygamy; I live in a separate apartment from my other co-wives. Our*

*husband is a mobile husband, he sees me only when it is my turn to sleep with me. I cannot see him anytime I feel like” (Billy).*

The above data explains the critical situation of polygamous women, with in-fighting; no rest of mind. Billy explains the lack of sincere love and refers to the power struggle among co-wives. This is what feminists regard as being legally trapped in a marriage relationship in the face of displeasure and discomfort. The question to ask here is - if marriage is about love, security, communication, human health and wellbeing, why are most polygamous women faced with lots of challenges in their marriages, especially on issues that affect their health and wellbeing? This is in line with the literature review from Olateru-Olagbegi (2013) that most Nigeria men stopped giving financial assistance for the maintenance of the wife or household. This is inhuman treatment can sometime come with applying psychological pressure by not talking to the wife for an extended length of time. The stoppage of the payments of children’s school fees and denying mother and child of the needed care or support were common methods of male domination in polygamous households.

The findings from this study area are corroborated with evidence from the literature on feminist principles of values based on gender inequality. As feminists are of the opinion that power without resistance to a power relationship is said to restrain, constrain and lead people to both endorse and subvert the world in which they live (Foucault, 1986). As women selected for this study area have to restrain their husband’s decisions, less expandable income, and do not all have supportive spouses for the needed income to sustain themselves in such a marriage system so they endorse and subvert themselves.

*“Unum... life is not good oo. I need employment through getting money to do my business. Since I have become infected with HIV, I can no more do the job, I use to do. I am always weak. I am just managing myself; even my husband who is a police officer cannot sustain us, with his little salary. He has another rich woman (wife) living separately from us. I don’t see her as my husband’s wife, but see her as a concubine because she is older than me. She is a widow with children. But because she is rich and powerful my husband move to her house to marry her because of her money. If I am also rich, I could take my husband back from her or go out to marry another husband too [Whipping her face with lot of emotions]” (Tunde).*

This quote from Tunde who is unemployed with two children living with HIV, gave her own account that she needs employment and that employment is a critical issue in coping with HIV, because presently she lacks any means of a regular income.

Tunde explains her displeasure with her husband's choice of taking a second wife; despite her situation she is powerless because she lives under the shadow of her marriage.

The discussion chapter attempts to provide answers to most of the issues already identified by the polygamous women in this study. Feminists often asked the question on what is the need for marriage? As well as asking whether commitment, within or without marriage, really protects romantic love? (Landau, 2004; Mendus, 1984). As Snake explains, polygamy is a place with no peace of mind.

*“My experience in polygamy is that there is no rest of mind {Silent}. I mean in terms of fighting, I mean with families {probing further} I mean in polygamous family in which we have 2 or 3 wives. The men can marry (2)) wives or more. “Polygamy reduces life span of living together because if the husband likes one wife than another wife, it can cause short life”. There will be side talks about each other, among co-wives “There will be wife abuse and power relation between junior and senior wives. There will be inequality and thinking” (Snake).*

The above explanations are in line with second wave feminist views, that sexism, discrimination, exploitation and oppression have created the war between male and female. Their observations show that the home front has traditionally been a battleground for most women. The above quotation demonstrates that there seems to be a double battle to be fought against the abuse and control of women and girls' sexual freedom.

Some theorists have argued and sought to develop rationales that is consistent with political liberalism, arguing, for instance, that the marital relationship should protect autonomy of women and men in relationship (Bennett, 2003), or that marriage could be justified by its role in protecting and in a caring relationships (Brake, 2012).

#### **6.5. Theme (5): Education (E) as an intervention approach**

The study seems to suggest that polygamous women need specific education around HIV and vocational training skills to avoid being idle. Therefore, this is to say that such issues as informal education, vocational training could help promote the equitable economic in balances and sexual freedom in many homes if women have the means. Feminists are of the

opinion that education can help to address the gender inequality that exists in most of society (Brake, 2012). Giving her own account, Nicky explains that:

*“The strategy to empower women in polygamy is to educate us on economic survival. Trading and selling something, I mean women in polygamy should be busy, engage them in business or get gainful employment; it will reduce thinking and idleness. They should counsel the infected people to accept their faith and to accept the life style of the communities which they find themselves (I mean polygamous practice) since that is the culture here” ( Nicky).*

Malhotra and Mather (1997) assert that education is an enabling factor for women’s empowerment. This education can be formal or informal. Kishor (2000) explains that education provides women with an understanding of the self as well as an appreciation of the cultural and social expectations for the individual. Admittedly illiterate and semi illiterate women would not only need to be empowered socially, but would also need to enhance their opportunities to negotiate their sexual right. Sexual rights education is clearly a need for the women in this study, as acknowledged by Sweet below:

*“The changes I will like to make are that, our various seminars and training should include men and the new focus of knowledge sharing on HIV should be directed to men, because most men do not have enough knowledge about how to manage the disease. They blame women for everything. The second changes I will like to make is to recommend that, before any marriage is contracted, there should be voluntary testing and counselling, even if possible let there be yearly follow- up of HIV/STIs test periodically by all Nigerians. We need to do more enlightenment program on HIV/STIs in order to be able to control and prevent the spread of the disease” (Sweet).*

This data suggests that HIV education directed at men may increase their knowledge of prevention and control their sexual behaviours and possibly may help to reduce, violence and stigma related to status disclosure. Given the increased biological risk associated with male-to-female and HIV/STIs transmission. Perhaps, such education may even reduce the overall prevalence of these diseases. This data supports and provides evidence to suggest that if women were equipped with HIV information, education and counselling. This may help generate the needed knowledge and would go a long way in helping to change most

risky sexual behaviours of men and women. The participant below is of the opinion that introducing sexual education in schools will help children understand the necessary precautions for prevention and the control of these diseases.

*“The only thing I will like to talk about is orientation of school teachers to teach our children on the control prevention of HIV/STIs when they are young “catch those young” so that when they become adult they will know how to protect themselves. I will also add that the role of Islamic clergy and faith base organization should preach about HIV/STIs it prevention and control in the society. Our traditional rulers should be informed and educate on the causes and the prevention of HIV/STIs because they are custodian of culture and tradition. They enforce tradition in our society. Sometimes harmful traditional practice such as (FGM) female genital mutilation, circumcision, tribal mark using unsterilized needle or object to cut people in the name of religion and tradition is very bad. This is another way of getting and spreading HIV/STIs through blood contact” (Manish).*

#### **6.5.1 Sex-education and feminist view**

This study revealed that the need for sex education for polygamous women is very important in the control of HIV. Feminists are of the opinion that sex education may help to promote the proper development of personality and sexual well-being. According to (Jabeen, 2010) the first wave feminist (Wollstonecraft in 1792) recognised and proposed several recommendations on the empowerment of women through education and to achieve the same civil liberties as men. This implies that education programmes should cover all aspects of life namely, economic, social, legal, health, cultural and spiritual towards realizing the spiritual, cultural wellbeing of polygamous women. And to also ensure that people are educated both as an individual and at the community level, (Nochline, 2010). This is attested to by this data below;

*“The strategies for empowering women in polygamy are through education, counselling and sharing of information to educate them on women’s health and HIV/STIs. Prevention should include family planning and reproductive rights” (Stone).*



### 6.5.2 Poverty, promiscuity and the lack of support for women

The data below suggests that promiscuity and poverty contribute to the vulnerability of women to HIV/STIs infections. The data demonstrated that the current increase in the spread of HIV/STIs infection in Nigeria is reinforced by the poverty level of the polygamous family and their quest for survival. Wife neglect and the lack of care and support necessitated sexual promiscuity for the needed support that their husband could not provide them. Pepper explains that

*“To be honest with you poverty drove me to having multiple sexual relationships; I need clothes and other basic needs for human survival. I have no job, I graduated 5 years ago, living with my poor parent in a rented apartment, but now, my mother is dead and my father died long time ago. I have no job, what else can I do, is to opt to marry in polygamy to a rich man or is to sell my body for rich men in order to survive. I did not care if anybody is infected with HIV/STIs. “The society is wicked; somebody gave me this disease so I need to give others,” [Display of emotions, weeping and wiping her face], (Pepper).*

This data critically differentiates between prostitution and transactional sex. The data explains that polygamous women can have few occasions of extra marital sex to resolve a specific problem such as financial needs, without making prostitution her full time job. Most polygamous women in this study explained that they use extra marital sex to seek resources to feed themselves and their children. They explain that engaging in early marriages and gift marriages with older men who already have multiple wives or sexual partners was necessitated by economic gains thereby men tend to exploit them and promising them economic gain. This explains why most participants explain that both transactional sex and inter-generational sex have become the norm in many polygamous homes in Nigeria for several reasons attributed to socio-economic financial constraints. Jones (2010) notes that sex for money and material goods does exist among the married women, as identified in a study carried out in the Caribbean on children. Therefore, it can be said that there is the need to further examine the fault lines that appear in the new understandings of human society and to know more about conflicts that exist within the traditional structure of marriage (Cave 2003, Card, 1996) such as polygamy. Also there is the need to cross examine whether marriage obligations and economic incentives threaten love? Another question to ask here is whether economic, material support plays a part of the marriage contract? The majority

of participants in this study area explain that poverty drove them into engaging in extra-marital sex, which is not necessarily defined as sex work, even if the practice share many features with sex work. This shows that economic incentives are an important factor to be considered in the empowerment of polygamous women.

The role of poverty and promiscuity as a contributing factor in the spread of HIV/STIs in polygamy was a re-occurring key issue in this study. As noted in the literature review, (Umar, 2009) argues that in Nigeria, polygamous women use extra marital sex as a coping strategy for their socio-economic needs and protection instead of seeking divorce; they stick to the marriage despite all odds and they indulge with other men to provide what they lacked in their polygamous marriages, as can be seen in participant responses. This contradicts the view that polygamy in Muslim society provides polygamous women with fairness and socio justice in terms of needs and wants.

#### **6.6 Theme (6): Advocacy and community sensitization programmes**

Participants in this study explained that advocacy and community sensitization and awareness creation are factors to empower polygamous women in the prevention and control of HIV/STIs. Many non-governmental organization (NGOs) are said to be doing their best in the prevention and control of these diseases in Nigeria through organizing community education, providing support for HIV/STIs among affected and infected families and providing economic empowerment through micro loans to infected families and orphans (Obalowu, 2009). For example, Susi suggested that

*“The only thing I want to recommend or add to this discussion is to encourage Non-Governmental Organization (NGOs) and all the agencies for the control of HIV to print more hand bills, I mean information sheet and pamphlet on HIV/STIs, so that when we visit homes to do health talks on HIV/STIs, we shall read this pamphlet to them and also give them a copy” (Susi).*

The above data suggests that effective communication through the use of Information Education and Communication (IEC) material such as literatures, pamphlets educate people on prevention of these diseases is necessary. This can help to achieve easy flow of information and effective advocacy programmes on the prevention and the control of HIV/STIs in polygamous, marriage.

In her own account Santos explains that:

*“HIV/STIs can be prevented by using condom and adherence to HIV/STIs drug. To make sure we didn’t use needle together with the wives. We should not share tooth brush with our husband. We must also treat our wounds because our wounds can easily infect those who are not having HIV. We should be very neat. So also, when we are doing masturbation, we should not allow our children to wash underwear and pants for us because of blood stains. The difference between house wives and co wives is that co wives stay together as a family. But in multiple sexual relationship, situation in a process where men go out to have sex with their numerous mistress and concubine” (Santos).*

#### **6.6.1 Awareness on the denial of HIV/STIs**

The study participants believed that most Nigerian families still deny the existence of HIV/STIs in Nigeria. People do not identify themselves with the existing realities of HIV/STIs. Therefore, there is an urgent need for intervention programmes to introduce new knowledge of prevention that will include behavioural change techniques. The use of informational educational material (IEC materials) to inform the general public on HIV/STIs was a recommendation by the study participants as attested to below by Sami

*“So also there should be increase in awareness creation on HIV/STIs for the youth. Our youth of today are sexually reckless; they don’t care, so also we need to create awareness among motor pack drivers who engage in long distance driving from home. They sleep with different women as they travel far and wide and bring home the disease (HIV) to their innocent wives” (Sami).*

Manish was of the opinion that

*“The change I will like to make or record is a continuous awareness in Radio and Television to beg people not to spread the diseases. We need more information to explain that this disease is preventable and that if you add strictly to your drug, you will live longer. Spread the messenger and not the virus” (Manish).*

The present advocacy programmes on HIV/STIs prevention in Nigeria relies more on the classic prevention methods of Information Education Communication (IEC) materials, such

as posters, hand bills and stickers. However, (Obalowu, 2009) explains that, this has had insufficient success because of rigid cultural practices and the refusal of people to change their attitudes. The data below from Beauty suggests that the creation of an awareness program relating to blood transmission through the use of sharp object could further reduce the spread of these infections.

*“By creating awareness among people to ensure each individual have his/her own material for use in term of sharp object; the men should have their own clipper instead of using general clipper in barbing saloon. So whenever they are going to barb their hair they should always carry their own materials. Also, the women should have their own platting materials like comb, razor blade, needle when going to saloon,” (Beauty).*

The above data explains that advocacy and continuous sensitization programmes on prevention and control of these diseases will help reduce denial of the existence of HIV/STIs. Prevention and control messages sound abstract to local and illiterate women struggling to survive on daily income generating activities. The above data reflects the opinion that people should not share sharp objects to prevent blood to blood transmission and encourages individuals not to share clippers and barbering salon instruments. There is therefore a need for collaboration between diverse groups in order to ensure public understanding of how social forces, not just pathogens and biological matter, influence the spread, (Ruzek et al., 1997).

## **6.7 Theme 7: Economic empowerment**

In line with study Objective Three: Economic empowerment provides answers to the objective of providing useful strategies. The issue of polygamous women's economic empowerment in this study area is crucial to the realization of the set objectives. The study revealed that most polygamous women in this study need economic power, as a strategy towards their empowerment. Zen explained: that

*“Economic power will give women power to negotiate their sexual right, take care of their children, especially if the woman has money to support herself and her family, she will not have problem with her marriage. Women should have a good Job, money, education and to socialize herself, so that No man will bring*

*nonsense to her”. It is because of the poverty level of women that women tolerate anything from their husband” (Zen).*

Fifteen participants explained that polygamous women need economic empowerment to reduce the poverty level in polygamous households. The study revealed that poverty and extra marital sex are the potential risk factors in the spread of HIV/STIs in polygamy. Most participants in this study identify issues such as shortage of food, the lack of a balanced diet and the lack of drugs to cure opportunistic infections. All these mentioned items involve a regular income (money) to buy them. The general lack of care and support for polygamous women include wife abuse and neglect as already revealed in the study. To attest to this Lucky explained that:

*“The way to empower women in polygamy situation is to give them support, such as ARV drugs for infected women, feeding; I mean food is very necessary. Taking ARV in any empty stomach is bad. We need food and balance diet. They should empower us to get money to buy food” (Lucky).*

Most participants explained that they felt disempowered within their marriage system because of the lack of economic power. They therefore rely solely on their spouses for protection and to have access to other basic needs of life. This lack of basic needs and rights is said to subordinate them as women. In her own accounts, Manish explain that:

*“The way to empowerment women in polygamy is to give them soft loan or micro loan to start a business or a trade of their choice. There is no employment, the job market is closed. People should go for self-employment such as tailoring, saloon and learning of vocational skills to enhance their economic survival” (Manish).*

Manish’s quotation help explain the need for financial support, this represents the voice of most of the participants. Polygamous women selected for this study were really focused on how they could be given financial support to start a micro project for income generating activities to support their family and to enable them cope with these diseases.

#### **6.7.1 Empowerment of women in polygamy through job creation**

These participants below explain that;

*“The changes I will put in place for women’s empowerment is job creation, so that women will be economically empowered, so that women will not rely on their husband for everything they need. “The only thing I want to talk about is that, any woman or man who is afraid of polygamy should stay single, enjoy their life and be happy. And anybody who is afraid of HIV/STI should stay out of sex and remain faithful to him or herself” (Billy).*

Most participants in the study stated that economic empowerment can help to protect and empower women against the diseases. The empowerment of women and girls in Muslim society can assist in their protection against diseases even prior to entering marriage. This empowerment, they said, can be achieved through job creation, micro-credit loan, grants and scholarships for their children, especially for orphans and vulnerable children of the infected and affected families of HIV, as explained below by this participant;

*“Creation of jobs and employment opportunity is very important for women living positive to get regular income in order to feed well” (Susi).*

#### **6.7.2 Drug adherence**

The above data explains the importance of job opportunity and access to regular income in order to have access to balanced nutrition, regular food intake will help to achieve issues of drug adherence. Also, the problem identified with the non-adherence to the HIV drugs was said to be because of the tiring nature of the daily dosage of Anti-retroviral (ARV) intake in an empty stomach. Tunde explains this below and also points to the importance of drug adherence to aid prevention and control of these disease as she explains below:

*“This disease can be cured if you followed the rule of adherence to ARV drugs” (Tunde).*

#### **6.7.3 Income inequality and economic empowerment**

On economic equality, Tunde said that employment and job creation will lead to income equality and will give women economic empowerment.

*“The strategies to put in place in empowering women is to engage women in income generating activities “because an idle hands is the devil workshop” when a women is a complete house wife, there is the*

*tendency to fornicate with other men to get money to take care of her need. The husband cannot provide everything". (Pepper)*

This explanation from Pepper helps to explain the need for the empowerment of women at all levels to take advantage of existing opportunities for growth and development, especially if polygamous women have access to micro credit loans or grants for starting a small scale business in their areas of interest. This concurs with (Hashem et al., 1996) and (Keebler's, 2001) view that micro-credit participation is empowering for women. It is hoped that this suggestion will also help to empower Nigerian polygamous women in addressing the challenges they encounter as they relate some of it to financial constraints.

Defining masculinity concepts and gender issues as they relate to the polygamous women's accounts in this study area is questionable, as most participants in the data explain that economic empowerment is a challenge. Most participants explain that men have the economic power to marry many wives and that men use this economic power to exploit them. (Bakare, 2003) suggests that this is where socio-cultural institutions and children and women's rights groups need to converge to ensure social justice for women (Bakare, 2003) further explains that if the interests of women and children were protected, it may limit some of the challenges facing women in general. This discussion therefore, brings out the complexity and plurality of the polygamous women's experience in polygamy as it relates HIV/STIs prevention. Santos in her own account explain that,

*"Changes I will like to add is that the government need to improve our economic situation. Poverty drag many people to prostitution in other to find means of survival from rich people called sugar daddy in other to provide them their needs. Today in Nigeria, the major challenges of HIV/STIs are through multiple sexual relationships. Both young and old indulge in this act. This is because people are poor and desperate to survive. The money is in the hand of big men, so these girls go after them not minding their HIV/STIs status before sleeping with each other" (Santos).*

The above data justifies the need to economically empower the polygamous women and also helps to explain the reason why polygamous women trade their bodies for survival. This sexual act is what most feminists refer to as sexual exploitation. Most feminists believe that gender inequality persists in most societies to undermine womanhood and making sexual exploitation like this to thrive (Anagbogu and Nwakolo, 2012). The argument

developed here is that it seems to suggest that promiscuity is intended to degrade, humiliate and dominate over women; the practice of extra marital affairs is said to portray no affection and a lack of respect (Anagbogu and Nwakolo, 2012). As they suggest that, the next phase of HIV/STIs intervention programmes should include men in their awareness raising programmes to maximise the prevention and the control of HIV/STIs in Nigeria, as suggested in this study data. (Anagbogu and Nwakolo 2012), having knowledge and understanding of these diseases is not enough, there is a clear need to pay attention to the underlying issues that expose polygamous women to these diseases. The listed points below help to summarise issues and aid in the realization of the study Objectives one; on knowledge, perception and awareness of HIV/STIs and polygamy in Nigeria, as listed below that:

- Polygamous women rely on socio-economic dependency of men because of the quest for socio protection and security of marriage (to be secured under a man in a relationship). Culture and patriarchal systems allow male domination in decision-making (that is men make decisions for them and their family)
- Perceived that procreation and infidelity and the need for pro-creation of children
- Societal values and negative perceptions of single unmarried women in Nigeria
- Accept polygamy because of socio-economic and political gains for individual families
- Cultural and religious fulfillment
- Aware of the environmental reasons which are hostile to women and children in polygamy,

### **6.7.3 The study objective two**

This objective aims to examine the potential effect of polygamy on HIV and STIs prevention and control.

The study revealed that many of the polygamous women in this study area lack the ability to cope with these diseases. Participants suggest that if they are empowered they will be able to prevent the spread of these diseases. Poverty, promiscuity, lack of care and support, wife/child abuse and neglect, lack of open communication among couples and the lack of sexual education were all issues identified as impacting on these diseases. The participants in this study felt that all these issues need to be addressed for the achievement of an effective prevention programs. However, there is a limit to the control of the spread of these diseases



because life must continue and women and children must survive. They are therefore torn between the continuation of their lineage of polygamous practices based on Muslim tradition and the dilemma of preventing the spread of these diseases in the face of sexual pleasure. Towards achieving this objective: behaviour and attitudinal changes on the part of men and women are said to be the main factors that need to be addressed.

## **6.8 Theme 8: Behaviour and attitudinal change**

This theme identifies men's sexual behaviour, in particular of not using a condom for safe sex. The study revealed that men pay less attention in terms of care and support for those wives, who insist on using a condom properly. Feminists proposes that neglected and abandoned wives require special skills to survive; they need to find a way of living peacefully in a family where there is anger, to share information and express their sexual desires (Adepoju, 2005). The men's resistance to condom use calls for attitudinal change on the part of men, to accept safe sex methods and to stop neglecting their wives. They are also required to allow women to negotiate their sexual needs with them. These are paramount in the fight to prevent and control the rate of HIV/STIs infection, in polygamy.

*“The attitude of most Nigeria is not very good. Some family members of an infected person do not care for the infected person. Some member of the family use to say that it is better I stay at home as a sack retired person than doing HIV care work. Some families sometime beg for their sick person to die rather than stay and suffer. HIV is the impact of high level of poverty in Nigeria” (Beauty).*

### **6.8.1 Men's refusal to use condoms**

Men's reluctance to use condoms is said to pose a serious problem in the prevention and control of HIV/STIs, and this is said to have adverse effects on the prevention of HIV/STIs such a situation is a threat to public health. From the researcher's field note accounts, most participants stated that some men hated to use condoms. For one reason or another, most men do not believe in wearing 'the rubber thing' around their penises. Some men believe wearing a condom during sex is not natural, thereby refusing to subscribe to any type of condom usage, as illustrated below by Baker.

*“Look .... Most men in Nigeria do not accept condom. They hate condom, even if you tell them to use it, they will refused. And if you tell them you are having HIV,*

*they will not believe you, but, if you prove it with evidence, then they will run away from you and they will not give you the money you ask them. That is why people don't want to disclose their HIV status” (Baker).*

Men's reluctance to use condoms has had an adverse effect on the prevention rate of HIV/STIs among Nigerian polygamous marriages. In this study, most participants explained that many men they slept with refused to wear condoms for safer sex. This suggests that they do not have the experience of sexual satisfaction when they use condoms. In other words, men perceive condom use as dampening their pleasure in lovemaking and continue to blame women for promiscuity for indulging in unprotected sex.

### **6.8.2 Apportioning blame**

The critical thinking here is that every failed person blames others for their failure, without cross-examining why they failed and what needs to be done? As revealed in this study data, most participants were of the opinion that women and men encourage sex without the use of condoms for monetary value and for other motivational incentives. The study revealed that many spouses frown at the use of condoms and often deny women marriage benefits and subject them to wife abuse and neglect, if they introduce condom to their partners.

Most participants explain that they are trying as much as possible to persuade the man to use a condom, and if the man refuses they are lured into sleeping with them without the use of a condom. This is in conformity with the view of (Obalowu, 2009) who argues that most often women do not use condoms and get themselves infected with these diseases. While there are laws in Nigeria that criminalise anyone who forces sex or commits rape, such laws are meaningless when issues of gender based violence are not addressed as revealed in (UN Women, 2013).

The argument here is that enforcing such laws involves police encroaching on private relationships. The most that can be done in this situation is to educate people on the need for condom use and to strongly advise that, for personal and spousal well-being, condom use is the best method in the prevention of HIV/STIs transmission, for now, until new innovations are found. In this study numerous methods of raising awareness of the prevention and control of HIV/STIs have been put forward by participants. Suggestions of

open communication, behaviour change and sensitization programmes were all deemed needed for fighting and controlling the spread of these diseases. This may help to address misinformation about women's health needs. Tanka is of the opinion that:

*“Government should also make laws that will protect us that are living with HIV, to avoid stigma and discriminations. The way to empower women in polygamy is to educate them on safer sex, I mean tell them the advantage of using condom educate them on the cause of HIV/STIs” (Tanka).*

This data from Tanka spoke about the education, law reform and good policy that will help shape the behaviour of men and women towards reducing stigma and discrimination in term of safer sex and condom usage.

The critical thinking here is that there is the need for behavioural and attitudinal change in Nigeria on policy and the society (especially men) in general, towards prevention and spread of these diseases.

Most participants in this study suggested that positive behaviour will promote and help sustain the individual and community, and may help ensure effective societal behavioural change for promoting appropriate behaviour. Therefore, in order to change the behaviours of polygamous men, individual families need to be educated about the causes, prevention and control of HIV/STIs. This education can include avoidance; acceptance and the adoption of key attitudes that need to be given appropriately in term of sexual education and issues associated with gender equality and women's rights related matters.

### **6.8.3 Study objective three**

‘Identify possible factors that could empower Muslim women to protect themselves from HIV and STIs’.

In an attempt to resolve the multiple challenges identified by Objective Three, the study recommends that economic empowerment for polygamous women could be a possible factor to protect themselves against these diseases.

*“The strategies to put in place in empowering women in polygamy situation are to support women with money to meet their daily needs. Job creation and*

*empowerment opportunity will give economic power to women. This is because the major causes of the spread of the disease in Nigeria are poverty" level of women. "Women go out every day, in search of basic need of life" what do you expect of an infected woman to do, if she needs food, shelter and clothing. She will start flirting, in order to survive, thereby spreading the disease, either HIV or STIs... hmm"* (Manish).

The above participant (Manish) explained a series of factors in hindering prevention and control of these diseases ranging from the issues of poverty, to cultural practice and gender inequality as significant factors that determine and undermine risky behaviour towards HIV/STIs infection in polygamy. This is to say that beyond the system barriers of impacting on the lived experience of polygamous women, there is the issue of discomfort to their health needs and the welfare of their children. Child care remains paramount to these women and this cannot therefore, be underestimated in this study area. The above data explains the desperate need for empowerment of the polygamous women to enable them to cope with the economic challenges associated with the diseases. This confirmed the realities that economic empowerment of women can increase her ability to transform power relations between men and women in polygamous households. Empowerment would provide women with the opportunity that has previously been denied to them (Kabeer, 2001).

## **6.9 Theme 9: Disclosure and Stigmatization**

Most participants revealed that the issues of stigma and discrimination of HIV/STIs foster non-disclosure of the diseases in most polygamous marriages because of the fear of rejection, leading to divorce or wife neglect and abuse.

In her own account Manish stated that;

*"I disclosed my HIV status to my husband and I advised him to go for (VCT) testing. He agreed with the children and they went. But they were all negative. It is only me who is positive in the family. But they all accepted me and since then, me and my husband have been using condom for safer sex"* (Manish).

Giving her own account Fundi explain that;

*“Disclosure is very important between husband and wife, even if the men hate you for telling him of your status. Just tell him about your HIV status and if he is infected, he should accept his fate as an act of God, as infected person, rather than spreading the diseases and breaking peoples home or marriages,”(Fundi).*

### **6.9.1 Non-disclosure of HIV /STIs status in polygamy**

Ten participants (polygamous women) in the study explain that they did not disclose their HIV/STIs status because of fear of stigma and discrimination. Some of the participants stated that none of their family members knew anything about their HIV positive status. One of the participants confided in me that (I am) one of the first few people (as the researcher) to get to know her HIV/STIs status, even though some of them have lived with these diseases for over ten years.

Therefore, disclosure of HIV/STI was a problem and highly secretive in polygamous practices. The data revealed that the non-disclosure of HIV/STIs within the polygamous families was intentional and used as a coping mechanism to avoid stigma and discriminations within their society, as affirmed by (Obalowu, 2009) on the issue of non-disclosure of HIV status. In her own account Nicky explain that:

*“The way to protect my co-wives is that, my mate is not living positive. And I did not disclose my HIV status to her, even though we share the same husband. What I use to do is to prevent myself from borrowing her any sharp object that I have used. I need to protect her from being infected. Sometime she doesn’t understand when she ask me to borrow her blade, I use to refuse her, but she get angry, but since then I use to destroy my blades after us” (Nicky).*

The critical thinking here is that issues of stigma and non-disclosure could obstruct prevention and control of these diseases if polygamous women do not disclose their HIV/STIs status. The study data also reveal the obvious manifestations of the co-wives in-fighting within the household. This means that HIV prevention among co-wives requires strategic action to effectively address prevention of HIV/STIs in situations where couples or co-wives are fighting. Therefore, there is the need to examine and draw attention to the

influence of broader socio cultural, political, legal and economic conditions that increase the risk and vulnerability of women to HIV/STIs prevention or control, (Barnett & Whiteside, 2002).

### **6.9.2 Stigma through the HIV/AIDS (symbol) Logo**

Five participants in this study suggested and requested for a change of the HIV logo to reduce stigma on them. This study data also revealed that the present logo of HIV is said to sends the wrong message and causes stigmatization against people living with HIV/AIDS; this is because to them the red sign signifies danger and death. Participants in this study perceived that the people who are positive with HIV are still being stigmatized. They requested that the current HIV logo be replaced by a logo that is perceived as being friendly and that portrays hope for the infected families.

Giving her own account, Susi suggested that:

*“Government should change the logo and slogan that HIV infection is the end of life. I mean that, the logo represent danger and death”. This always threatens people. That is the genesis of stigma. People do run away from any disease that has no cure. HIV has no cure, so the end result is death” (Susi).*

### **6.9.3 Philosophy of a logo**

The above data pointed out the need to re-design or change the present logo on HIV. This request seems to display the lack of knowledge of the HIV logo or what the logo symbolizes.

A logo is a symbol that signifies a positive message to the viewers to correct or make necessary changes. Corrigan (2008) explains that symbolic logic is the method of representing logical expressions.. Corrigan (2008) added that logo presents two major divisions of the mind in the design of symbol.

In other words this is to say that, the reality about the HIV logo is concerned with prevention and does not aim to stigmatize. The logo logically draws the attention of the general public to the issues and danger inherent in the infection of HIV with the hope that the public will take precaution to avoid spreading the diseases.

Therefore, this philosophical thinking and reasoning helps to explain that the re-design of HIV logo is an ethical proposal aimed at promoting survival among people with the aim of curtailing the spread of these diseases.

#### **6.10 Theme 10: Testing (compulsory/mandatory and voluntary)**

*“HIV/STIs destroy homes, it make people die unnecessary, HIV stop people to have a good marriage. This day people are afraid to marry because HIV test is voluntary and not made compulsory you cannot force people for HIV /AIDS test” ( Zen),*

*“My advice is for the infected people to get tested and the other wives to get tested as well .Those that are negative to protect themselves, to safe their life through the use of condom” (Bow).*

Fifteen participants in this study suggested the need for getting tested in order to have accurate figures of infected people in Nigeria. They also suggested that there should be a policy of compulsory HIV/STIs testing and counselling for all family members including those involved with multiple sexual partners. Five participants proposed compulsory testing, while other participants supported voluntary or mandatory testing. This they said if enforced may lead to early detection of the HIV status of individuals and may contribute to the creation of accurate information reflecting correct statistical data of HIV/STIs situations in Nigeria. As attested to below:

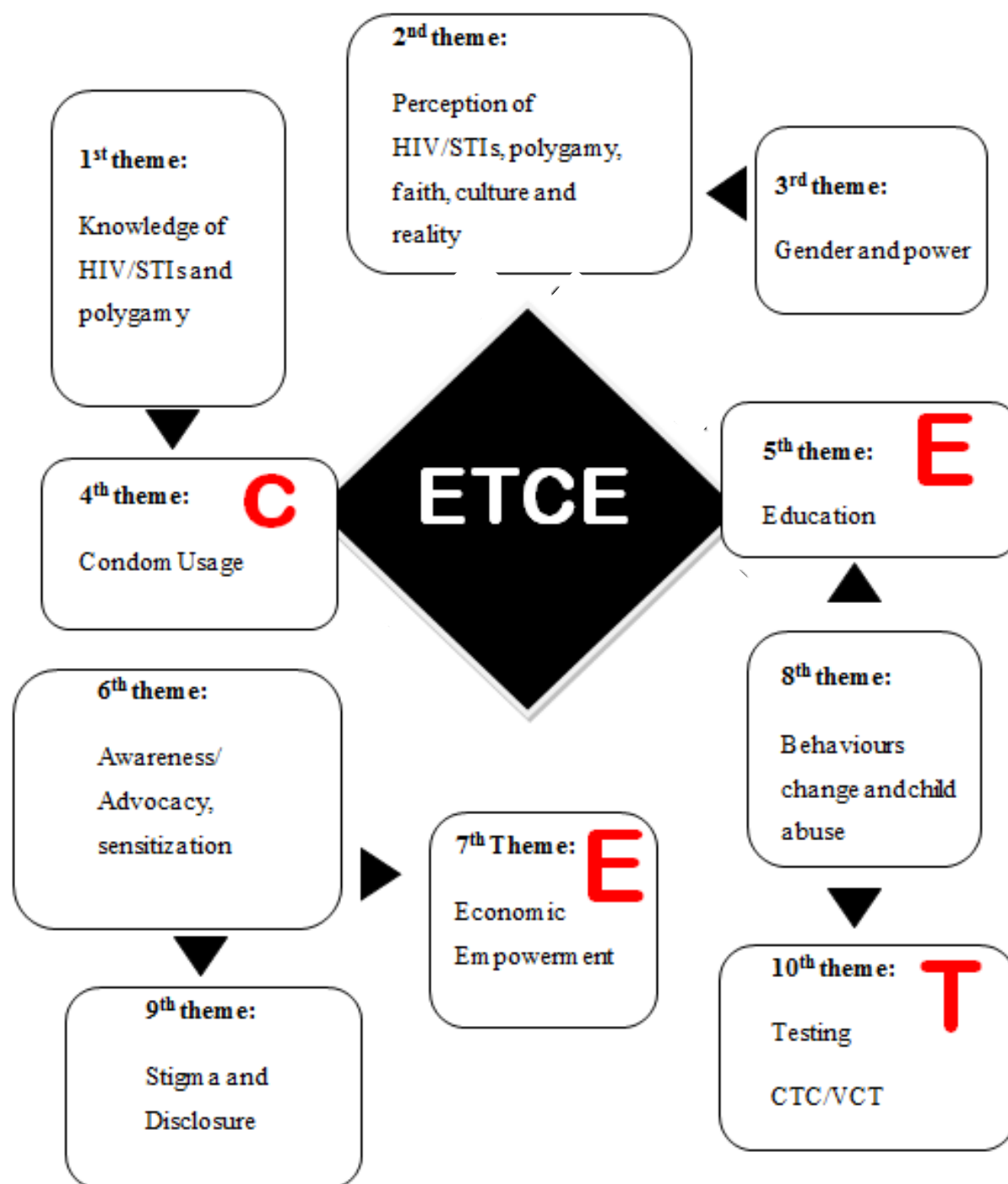
*“They should make HIV test, compulsory for families to know their HIV status in Nigeria. Because there are many people living with HIV, but they do not know they have HIV. Many people are living with HIV/STIs, around us, but we do not know. If they know, they will take precaution,” (Tanka).*

In the overall analysis on testing, the similarities in the participant’s suggestions is that testing is a critical theme which can be made mandatory or compulsory for all polygamous households or anyone involved with multiple sexual partners in an effort to achieve prevention and control of these diseases. This they said may help to reduce the stigma, if everyone knows their HIV/STIs status.

This study also reveals that compulsory, periodical medical check-ups may help in achieving compulsory testing of polygamous families. However, (WHO, 2012) and a (UNAIDS, 2012) report reveal that WHO and UNAIDS do not support mandatory or compulsory testing of individuals on public health grounds.



The diagram shown in Figure 6.1 demonstrates the emergence of the ten themes from the findings and explains how the ETCE approach emerged within the ten themes.



**Figure 6.1:** The connection of each theme are interrelated in achieving the study aim and objective, as they emerged in the demonstration of the emergence of ETCE.

### 6.11 Linking feminism to the study data:

The attempt to link feminist viewpoints to substantiate the study findings calls for the examination of gender and power issues that keep surfacing as issues that hinder the control and the prevention of the spread of HIV/STIs in polygamy. This data attests and affirms some of the opinions of feminists about gender inequality in economic terms. Marxist feminism dwells on economic terms to explain the inequality that exists in male-female relationships but it does not ponder over the underlying reason of capitalistic treatment such as gender inequality nor does it deem that patriarchy is an extension of capitalism; rather it suggests that capitalism oppresses women more than men in economic terms (Darko and Mama, 2002).

Oyewumi, (2000) observes that Nigerian feminists frame their discourse in the conceptual/experiential context of African family arrangements which is referred to as 'gender parallelism'. The critical thinking here is that most of the challenges identified in this study area can be classified or associated with issues of gender and power inequality in the polygamous households of Nigerian society. Gender based violence, sexual abuse, maltreatment and other abuses are issues to be unequivocally rejected and heavily sanctioned. As (Oyewumi, 2000) explain that, most African social institution of marriage abhorred the practice of gender based violence as womanhood is a respected institution and celebrated in Africa, and celebrated in many other societies. The data below justifies the usefulness of polygamy in some areas.

*“To be in polygamy is good because it will limit the spread within a family line, whereas in a multiple sexual relationships, it can easily destroy (100) homes in an hour. Polygamy helps the men to stop promiscuity since the wives are married under code of Muslim law that permit us to do so. Any wife found in other extra relationship can be penalised, polygamy help us to cope with the spread within a family circle”*  
(Zen).

## **6.12 Role of Government**

*“Women are the widows, neglected wives and the victims of HIV. Therefore, we want government to organize training for women, empower them financially, to enable them to feed themselves” (Bow).*

Bow in her own account explains that the role of government is critical to HIV prevention and control. In her data, she explains that as a widow living with HIV, she is neglected and therefore calls on the government to organise training to empower them.

The questions to ask here are, what is the role of civil society coalition and why is it important for the government and civil society coalition to collaborate in the prevention and the control of these diseases? As the study data reveals, there is a need to involve all government and other stakeholders, including civil society, in the control and prevention of these diseases. This commitment on their part is that they will always seek to curtail or include necessary movement and a platform for the prevention and control of these diseases.

## **6.13 The political implications**

The political implications as they relate to this study area are that there is the need to redirect policy and legislation reform to address those identified intervention area in this study. To do this there is a need for political willingness on the part of stakeholders. The identified four areas of intervention may help in the prevention of socio-cultural issues that threaten to affect the prevention of HIV/STIs in polygamy. One of the major concerns of this study in relation to health issues in Nigeria is how to achieve the goal of the public health characteristics, which are prevention, government action and public health for the collective good. Therefore, there is the need for political comment on the part of the political class towards achieving the prevention and control of these diseases.

## **6.14 Economic Implication**

In economic terms there is a need to invest in a women’s development agenda. This chapter argues that the neo-liberal rules governing the global political economy and the empowerment of women are not simply a backdrop, but a key contributor to the pandemic because of the economic imbalances in polygamous household as it makes poverty become a vicious circle in most families. Therefore, emerging key issues in this study reveal that polygamous husband cannot meet the needs of all the wives and children in the marriage system as prescribed in the marriage law and Islamic principle of polygamy. This inability

to meet the need of many wives and children leads to loss of family values and women's exploitation.

### **6.15 Social implications**

The findings from this study are expected to inform policy direction, contribute to the public health debate and the socio-economic development of not only the polygamous women, but women in general. The social implication identified in this study is the issue associated with the absence of communication around sexuality by married couples, and violence against women and children. The lack of communication among co-wives and husbands about their sexual needs is a major concern to polygamous women. Also, because of the religious and cultural perceptions and values placed on sexual discourse as secretive affairs (Umar, 2009). This study suggests that greater attention be paid to risky practices. This is to say that polygamous women are at risk because of their involvement with multiple sexual concurrent partners in an unprotected (safer) sex. The general lack of women's empowerment on sexual education, vocational skill are of serious concern to this study area.

### **6.16 The role of faith and value**

The study also points to issues of destiny, faith, value systems and helplessness. These are the likely socio-predicament that women face in Nigerian society towards accepting polygamy. Leading to other social implications in the prevention and control of HIV/STIs as identified in this study. The faith claimed in the participants' accounts for this study is not realistic given the fact that it conveys a false sense of uninsured security for women. Therefore, there is the need to re-examine issues of how polygamous women perceive faith and religion in the prevention of these diseases. For example, (Umar, 2009) affirmed that most religions think condom use promotes promiscuity and irresponsibility in relationships. Secondly, that it is not allow or acceptable to encourage birth control to reduce the population in this study location which is a Muslim society.

Some conservative Muslim groups have expressed the view that condom use is not an efficient preventive method against HIV/STIs. Faith-based organizations were against condoms and opposed to the prevention messages that encourage and support condom use for the prevention of HIV/STIs and family planning. However, religious influence is strong

in Nigeria, many Muslims turn to the Islamic Sharia law's legal system to justify and substantiate their actions, being aided by the misinterpretation of the religious books.

These assumptions and perceptions of their religion and culture, prompt polygamous women to resort to their faith to confront the challenges they face in their polygamous marriages, as polygamous women see themselves as women in a helpless situations trapped by culture and tradition to accepting polygamy .

This means that polygamous women based their assumption and acceptance of polygamy on destiny and faith. They explain in the data that, they accept their involvement in polygamy as acts of God. Their constant affirmation of their faith in God always helps them overcome their life difficulties.

### **6.17 Cultural implications**

Obalowu, (2009) noted that cultural practices and customs such as wife inheritance and the marrying off of virgin girls into polygamy through an arranged/forced inheritance marriage are features of polygamous practices in Nigeria. Olateru-Olagbegi, (2013) observes that these practices pose a particular cause for concern in the prevention of HIV/STIs. Most participants explain that their husbands and traditional cultural practices force them into polygamy. As (Obalowu, 2009) suggests, most forced marriages do not take time to screen parties for HIV/STIs infections before contracting the marriages. Therefore, knowledge of a partner's HIV/STIs status is dependent solely on voluntary disclosure of the infected/affected party.

However, participants in this study area did not speak of how their marriages were contracted nor did they speak of the mode of getting married, (e.g. love or arranged marriage) that can be traced to how they became infected with HIV/STIs. However, the practice of polygamy allows for enrichment of cultural practices such as wife inheritance. As noted by (Umar, 2009) "Islam encouraged polygamy after the battle of "Uhud" Umar (2009: 5), when Islam lost many active Muslims and memorizers of the Holy Quran, the available men took over the orphans and married their widows, in line with Quran revelation on (Quran 4: 3) for the sake of protection and affection (Umar, 2009: 5). This quotation helps explain what most feminists regard as a right to claim equal treatment neutrality in matters of justice in marriage, As Islam also spoke on equality and justice for all the wives

in polygamous practice, this view is in line with the view of (Beyer 2002; Barry, 2011), on marriage contract..

In polygamous practice in Nigeria, religion and culture seem fixed and untouchable components of living, which resists the dynamics of a continuously changing world (Umar, 2009). For example, most participants from this study explain that the spread of HIV/STIs is deeply rooted in most Nigerian cultural practices, and not just limited to polygamy. The feminist position is that the women's liberation movement sought to transform cultural beliefs about women and to transform personal relationships and social structures to reflect feminist values (Jabeen, 2010).

As these are the concern of the feminists, the data from this study demonstrated that participants are fully aware of how cultural practices in Nigeria help to sustain and spread HIV/STI, especially with men's reluctance to use condoms. The subordination of women in Nigeria comes in different forms and it demonstrates no boundary of behaviour in polygamy, as wife neglect and child abandonment became common practices in such a marriage system. Other views expressed are on how traditions and customs subordinate women. The study gives insight into how traditional practices allow abuses to be tolerated in such relationships through the omnipresence of the patriarchal system and its agencies. Agency is a social and relational attribute as it is expressed by the actors. Utas (2005) defines agency as the capacity to sexually navigate freely and have the capacity to employ measures of self-determination.

According (Bandura, 1989) culture, traditions, religion and patriarchy are all key components of the human agency framework that is used to subordinate women. Bandura (1989) postulates a model of human agency which comprises of four key components; these are intentionality, forethought, self-regulation and self-efficacy. Although Yuval-Davis (2009: 13) contends that "agents are autonomous individuals" existing in the family, either in civilian life or in the political domain.

#### **6.18 Positive cultural practices, beliefs that may help prevention of HIV/STIs**

This study data allows the researcher to argue for the need to conduct future research for more information about how the current positive cultural practices and beliefs about polygamous practices can be used to address HIV/STIs prevention and control. As most

polygamous women participants in this study supported some of these practices, even though, some objected to the practice as explained below:

*“Polygamy is better than having mistresses or extra sexual relationship because in polygamy the wives knows each other and they stay together to check their character and if anybody is found wanting in adultery, she will be penalized according to Muslim law and our religion principle. But in multiple extra relationship, you don’t know who is sleeping with your wife, or husband. It is very risky in the control of HIV/STIs” (Santos).*

There is the need to find out why people engage in such activities or behaviour and to determine if there is the need to ask questions about what can be done realistically for prevention and control of these diseases as explain below;

*“My experience in polygamy is that, anytime our husband takes a new wife, he will neglect the first wife and will like the child or children of the new wife against the first wife. As soon as our husband gets a new wife, the new wife will takes all his attention. I am not happy in polygamy there is no peace in polygamy at all. Today quarrels, tomorrow fighting” (Nicky).*

### **6.19 The feminist inspirations**

This study has been inspired by the use of feminist ideology to pursue open dialogue on a number of issues concerning HIV/STIs in polygamous homes in Nigeria. Feminist lenses have helped to identify and understand the connections between the transmission of HIV/STIs and polygamous practices in Nigeria; even though there are no specific studies that have been conducted to establish the linkages. Feminism is said to be applicable to all women’s issues at all times, in a collective effort to advance women’s right and gender equality issues (Nochlin, 2010).

This study revealed that most of the challenges facing women are socio-economic cultural challenges and are rooted in an individual’s cultural background existing in different societies in Nigeria. Therefore, practices such as early marriages, gift marriage, exchange of wives and the assemblage of wives in the name of a marriage system for sexual rotations are all issues that are of major concern to the Nigerian feminist forum. Most feminist argue

that gender inequality, sexual exploitation and repression exist in most of society to subordinate women and girls. Belenky et al. (1986) claimed that despite the progress of feminist thinking, many women still feel silenced by ‘two institutions’, the family and the schools. Belenky et al. (1986) argue that while both can hinder women’s development, they can also help women’s development.

#### **6.19.1 Feminist movement in Nigeria**

For any meaningful changes to occur on the issues of women’s rights and gender equality in Nigeria there is a need for the Nigerian feminist forum of 2008 to continue to affirm themselves as African feminists, and as part of global feminist movement. They should also ensure that the vision for feminism and their ideology for a free and fair society towards gender equality of women correlate with the vision of women in other parts of the world, with whom they have shared beliefs and solidarity, support and advocacy. Nigerian feminists advocate for women-centred approaches, making the development of women and girls issues the central focus.

#### **6.20 Theory development and group feminism**

The researcher’s professional experience as a member of the Nigerian feminist forum opened her understanding and made her familiar with the on-going debate among African feminist groups and writers about their concern for gender inequality, oppression and sexual exploitation of women. The on-going debate around issues of power and cultural identity of African woman call for a re-definition of human identity.

The researcher observed that the present day human revolution and evolution should stop blaming the past and other Western and Central ideologies. It is advised that there is a need now to re-focus attention on the present reality, institutionalise particular changes and explore commonalities of ideals that constantly oppress women and other vulnerable groups in any society. If this is done, it will broaden the understanding of feminist ideology.

To do this, there is the need to re-construct feminism and re-name the construction as ‘Group feminism’. The thinking behind ‘Group feminism’ is expected to take the best of the various schools of thought about each feminist concern, as its parameter towards understanding a new vision for a new world of women, as demonstrated by (Ruzek et al., 1997) who



emphasized that gender is not enough to address the challenges facing feminism. We need an integration of other diverse views to be embodied as a group feminism that will touch other areas of thought, as contained in the postmodern feminist agitations. The on-going debate among African feminist scholars that attracts a negative reception is linked to the failure of feminism to address the many specific needs (Mama, 2002) relating to areas of health, historical and cultural contexts as it affects African women. Therefore, if these points are addressed, it may help to reduce the tension and other issues of personalization of feminist ideology to tribal and regional identity, as argued in (Oyewumi, 2000).

Nnaemeka and Mama (2002) have reiterated the need to re-centre feminism on the cultural context and to its relevance in African gender discourse. It is argued here that re-focusing on the cultural context is not the only problem facing feminist enquiry in this modern day activism. There is the need to take a full appraisal of feminist thought as it cuts across all sectors of the society. This is because the present challenge facing feminism, especially African feminism, calls for a re-think of how feminism could be portrayed. To address the on-going debate and arguments on feminism in Africa, African feminist thinkers will need to shift focus on the issues of identity, patriarchy, masculinity, class, race and gender. They will need to look at particular issues affecting the growth of women, especially vulnerable groups like polygamous women, examine how and why the entirety of humanity is structured in the society and draw strategies towards achieving a healthy society for all. The researcher is of the opinion that, this is not the generation to apportion blame; it is a generation to correct blame.

The way to do this is to go into the archives of women's stories around the world and compare notes, consider diverse regional thinking along peculiarities of issues, explore similarities and challenges in tones and actions, think of innovative ideas that can empower women to tackle and address those challenges as a group of great thinkers set and conclude agendas for a new focus. It is hoped that these suggestions on 'group feminism' will help to address and put a stop to the on-going rigours and debate by the African feminist on African feminism.

These suggestions are contentious, subject to debate and open to further questions as the researcher is just an upcoming feminist thinker who is just trying to make contributions to the discourse on feminism. This is in conformity with (Nochlin, 2010) who suggests that

feminism is a broad-based philosophical perspective that accommodates a large spectrum of thought.

## **6.21 Summary and conclusion**

This discussion chapter synthesised and dealt extensively on the subject of study. The researcher reviewed the study area in terms of concepts, theoretical positions, thoughts and assumptions. This chapter describes the factors that reinforce HIV/STIs risk on gender and violence. The chapter demonstrated that the proposed ETCE intervention approach will require a systematic line of attack to bring an array of benefits including the removal of any form of uncertainty in the study area such as reducing potential risk factors for sexual violence against polygamous women. Sexuality and patriarchal domination in Nigeria are all said to be contributory factors, for the lack of sexual rights for polygamous women in their marriages. These thereby give rise to the spread of HIV/STIs transmission in polygamous marriages.

In the light of the aforementioned issues, the research is looking at this review from a general feminist perspective, with a specific focus on African feminist perspectives. This is to help view the African feminist position on polygamous practices in relation to the Nigerian context of HIV/STIs in a socio construction manner. The chapter also reveals those asymmetrical positions that create unequal power relations between co-wives and their spouses in polygamy.

The study also provides information of polygamous women's innovations that provide solutions to issues of prevention and control of HIV/STIs. The study reveals that most of the challenges facing polygamous women are ranging from issues of increase orphans of HIV, gender inequality and the lack of economic power to sustain such a marriage system.

Overall it could be said that Themes 1, 2 and 7 provide answers for Objective One: which is to explore knowledge, perception and awareness of HIV/STIs. Themes 3 and 5 provide answers for Objective Two which is to explore the potential effect and the impact of these diseases on polygamous women.

Themes, 4, 5, 6, 8, 9 and 10 provide answers to not only Objective Three, 'identify and suggest possible factors that could empower polygamous women to protect themselves against HIV/STIs', but also provide answers to all the objectives as they all interlink.

## **CHAPTER 7: REFLEXIVITY**

### **7.0 Introduction**

This chapter presents the reflexivity accounts of the researcher in the study area. Reflexivity is an awareness of the researcher's contributions to the construction of meaning throughout the research process and the acknowledgement of the various scholarly contributions to the research area (Olateru-Olagbegi, 2013).

The Oxford Dictionary (2008) explains that reflexivity provides guidelines, facilitates effective teaching and learning and incorporates analytical lenses to the data analysis in a qualitative study. Reflexivity lies at the heart of feminist research; it is a means to reflecting upon and to demonstrating understanding of the subject of study (Olateru-Olagbegi, 2013). In this chapter, the use of first person narrative is employed.

In this section, I explain my motivation for the research, the methodological application of using qualitative approach, and the justification for using a feminist approach as the theoretical framework underlying the study. The chapter concludes with a critique of feminist research. Furthermore, it suggests some useful information to redress the on-going feminist debate between African and Western feminist writers. In this section, I have reflected on how I acquired transferable skills, writing of interpersonal communication and organizational skills. I have demonstrated my newly acquired knowledge on how to apply critical thinking, logical argument and have deeper knowledge of the subject of study.

### **7.1 Reflection on literature review**

Reviewing the literature from Africa, in particular by Nigerian indigenous writers, and justifying the use of United Nations Development documents such as (UNDP, 2008), (UN, Women GBV report), WHO, and UNAIDS reports in the study area was done because there are limited writers on the subject of study. Using several literatures was more appropriate because the study, though focusing on Nigeria, has a range of wide global coverage on HIV/STIs and polygamous practices.

The literature helps to give updated information on what is happening in the study area. It is hoped that this study will contribute to the existing body of knowledge on HIV /STIs and inform increased knowledge of polygamous practices in Muslim societies like Nigeria.

## **7.2 The adoption of qualitative research for this study area**

Selecting appropriate indicators for this explorative research approach means that the researcher understands the two approaches of doing research; qualitative and quantitative (Mason and Smith, 2000). The available literature also shows that these two methods do not exclude each other, and in some research, are often best used together. Supporting this statement, (Denzin and Lincoln, 2000) explain that these two approaches are shaped by positivism and post-positivism traditions in physical sciences. The data collected by a qualitative researcher requires the researcher to become very close to the situation or problem being studied.

The justification for using these research methods is to borrow from (Mason's, 2002) argument, that the qualitative research approach helps in exploring different parts of a process or phenomena and in addressing the empirical question which can be answered through data analysis and the transcription of narratives. In this study, I justified the usefulness of qualitative approach through the adoption of the one-to-one in-depth interview to gain insight into the participants lived experience of HIV/STIs. This helps provide me with an in-depth context of the subject of study.

## **7.3 Sample sufficiency in size and variability**

The sample of twenty participants for this study does not really represent the views of the larger population. However, they do give validity and reliability to the existing practices as they relate to polygamy and HIV/STIs prevention. The selected sample helped to give an account of what is happening to polygamous women and HIV/STIs in Nigeria. This allowed me to search for in-depth and authentic knowledge rather than searching for data for generalization. For example, the shared views being experienced by the women participants provided a picture of similar experiences and drew the attention of stakeholders to the need to redirect attention to the needs of polygamous women in the prevention and control of HIV/STIs.

This study provides insight into new areas that needs attention from human and health sciences; as explained in chapter 6 and 8 of the thesis. Those recommendations are the additional areas of concern raised by the women participants in the study. This research topic is unique and very personal as it is about the private lives of individual polygamous woman. The data generated from this study will go a long way to inform policy planners on the future challenges of HIV/STIs prevention, not only in Nigeria but for polygamous

societies at large. This is because this study is not only providing answers to issues of HIV/STIs prevention, but helping to address the more salient issues on women's empowerment in general.

#### **7.4. The usefulness of audio recording and field notes**

The use of audio materials for recording voices of participants was very valuable for conducting the in-depth interviews. This helped to capture missing information through playing and replaying of the recordings, enabling me to become familiar with the data. I sometimes do write in shorthand notes because of my knowledge of shorthand as a trained confidential secretary at the beginning of my educational career. I tried to transcribe what I heard as faithfully as possible using standard spelling and punctuations, so that participant's accounts would not appear unnecessarily odd to the reader in my writing.

At the outset I made my own broad descriptive headings for each participants account. These were based on the participant's introduction to the each topic which invoked both age and experiences. The heading was intended to be an identification device for differentiating the transcripts and for matching them to the accompanying field notes taken during the interview. This demonstrates quite clearly that, even in the role of note taker, my recording skills as a fieldworker are influenced by my experience as a caregiver who usually records a daily care index record of every household that we visit in our care work in the community. This helps us to monitor drug adherence and the data of new HIV/STIs infections.

#### **7.4.1 Keeping a reflective journal**

Keeping and using a reflective journal provided me with missing information, and reminded me of important quotes as well as other information that might have been missed during the transcriptions of the data. Keeping a reflective journal went beyond achieving methodological rigour and paradigmatic consistency, it assisted me in critical self-reflection on what the data were predicting. Keeping and using a reflective journal enabled me to identify any missing information, and reminded me of important quotes, and other reliable information that might not have been immediately acknowledged during the one-to-one interview.

#### **7.4.2 Field experience**

Going into the field I borrowed (Flick's, 2006) view that the researcher entered the field with the knowledge that a certain amount of professional self-consciousness would be inevitable, but I accepted this as a necessary 'trade-off' in terms of access towards achieving the research goal. It was a tacit assumption on my part and possibly on theirs, (participants), but on the basis of it, both of us (researcher and the participants) were able to proceed on the interview successfully because I am a polygamous woman and also a caregiver like them (Flick, 2006: 180).

#### **7.4.3 Reflection on the interview process**

At the commencement of the interview and as the interview progresses, I felt comfortable as the interviewer because of my personal experience and familiarity with the research topic. Also, because of my work experience on HIV/STIs and as a caregiver, I knew that the participants were aware of my role as caregiver. I did not put this out in the open and wondered if I should have let them know my position. Being a researcher before my polygamous colleagues, I felt this was a bit odd and not like the equal conversations that we usually have in the clinic or during home visits where we could just sit around the table and discuss general issues as community health educator and caregivers. Despite this, I stuck to the research guidelines. I worried about the grammatical construction of the participants and the misuse of words in their construction of the English language i.e. using past tense for present tense, using verbs for adjectives. At this stage, I became worried of how much of my self-examination can be present, without contaminating or distorting the interview (Glense & Peshkin, 2006).

#### **7.4.4 Transcription of interview data**

The transcribing and translation of each interview were done immediately after each interview was conducted and concluded. The writing of the report was done immediately to avoid any delay or missing of the information from the participants and to guard against distorting the raw data. The data transcription was very tiring, but it was worth it in the end. The researcher borrowed the views of (Jorgenson, 1989) in the data analysis as I took critical steps to sort out each script by identifying important key issue and acknowledging similarities as they emerged.

#### **7.5 Coding of data**

This is considered as the first stage of data analysis, its openness influences the researcher's thinking. The researcher borrowed the views of (Charmaz, 2006) who suggested that data coding allows new ideas to emerge. Using codes helps to summarize, synthesize and sort out many observations made out of the data.

#### **7.6 Data revalidation and feedback**

Most women participants were overwhelmed by this research and during the interviews they indicated that they will be willing to participate in any future interviews relating to the research focus. The participants recognised that this is about their health needs. Listening to their recording again and re-reading the field notes to them at a later date, on my validation visit, were an added advantage. I demonstrated to the participants that the words can be changed. I mean the words which were not actually used by the narrator of that account.

Reacting to the use of tape recorder and the signing of the consent forms, the seven participants listed below declined to be taped recorded, as stated below in their own words.

- *“Please don't bring video or tape recorder here. I don't want my voice recorded, but, I will sign the consent paper because I have read the information sheet and happy about your clear information on the research work,” (Zen).*
- *“Yes, I will prefer written consent with my signature rather than to allow you use tape recorder” (I just don't want my voice recorded” (Sami)*
- *“I will sign the consent form, because the information sheet is clear. But please no tape recorder doesn't record my voice” (Stone).*

- *“I agreed to sign the consent form but said no tape recorder. I am okay speaking English. I am happy being here and consider my self-privileged to be nominated for this interview.”(Nicky)*
- *“I agreed to sign the consent form but. Please don’t use the tape recorder for me, my decision is personal reason” (Tunde)*
- *“I don’t want my voice recorded because I don’t want anything that will put me in problem. Because if you document my voice now, I cannot erase it again”, (Pepper).*
- *“Yes, I will only sign the consent form, because the information questions are very clear to me. But, please don’t use tape recorder on me. Because I don’t know what you will use it for after the interview even though the information sheet is clear and I trust you” (Sweet).*

### **7.7 Reflecting on participant’s reaction to consent forms and tape recorder**

Negotiating informed consent: Before the interview began, issues of negotiating the informed consent and asking about the willingness of the participants (consent seeking) took place. Participants were asked about the use of the tape recorder to record their voices. Seven participants out of the twenty were curious to know why there was a need for tape recording the interview. After some explanations by the researcher, some participants still declined; thirteen participants gave their consent to the use of the tape recorder to record their voices. This practice is allowed in qualitative research as it allows participants to re-assess their willingness to participate and it reflects as understanding of the participants’ view point (Henn et al, 2006).

Issues of informed consent, the right to withdraw and the protection of participant’s right were all explained to them before the commencement of the interview. The participants were given full information about the study, the aim and objectives, the expected benefits of the study, any risks involved and they were given background information on the researcher. The consent forms were duly signed by all the twenty participants. This is in line with (Gray, 2009) that any participation in a study will be voluntary and free of any coercion, and that participants are free to withdraw at any time they would want to, because consent is not a once and for all obligation (Cranelly, 2009; Henn et al, 2006).



One person was reluctant to sign the consent form, but eventually agreed to sign and also to be taped recorded. Here are her words and her position about the use of tape recorder, before she finally agreed to sign the consent form:

*“I will sign the consent form. Yes, if it is necessary that you want to use the tape recorder, use it. But I don’t know the extent; the recorded tape can go from here. But if it is for your own record or safety, well, I don’t mind” (Kenny).*

#### **7.7.1 Reaction to the invitation letter**

All participants were happy to be invited for the interviews; the following quotes are a few examples of participant’s reactions to the invitation letter they received to participate in this research:

- *“Yes of course, it is a pleasure to be asked to take part in this study” (Zen).*
- *“I am happy to honour the invitation for this meeting because it gave me enough notice and I feel am invited to share my experience and hope it will give me the opportunity to the whole world to share as a (caregiver) the experience of what we are facing and as a person living with HIV. I mean as a positive woman. This will enable me to be able to talk on my new discovery on ectopic-pregnancy and other cases relating to teenage pregnancy and VVF” (Snake).*
- *“I am happy to be part of this invitation, because maybe I can be part of success in future direction on HIV/STIs control” (Sami).*
- *“I am fine thank you and it is a pleasure to come and talk to you” (Bow).*
- *“I am very okay to participating in this interview” (Tanka).*
- *“I am very okay to participating in this interview. I will take some snacks later” (Susi),*
- *“I will like to attend any future meetings if I am called upon to do so in relation to HIV/STIs. We need solution to HIV/STIs. Thank you, life with me is very good, nothing more to say” (Beauty).*
- *“Thank you so much for involving me in this interview.” I hope this interview will allow the whole world to know how we are suffering as people living positive with HIV (PLP)” (Billy).*
- *“Yes, I will like to take part in any future meetings concerning HIV. Because we are looking for solution to stop the disease” (Santos).*

- *“I will like to participate in any future meetings if called upon anytime, since it’s about HIV/STIs, no problem” (Mama).*
- *“Yes, you can and I would like to take part in any future meetings that will prevent the spread of HIV/STIs because, I have much experience, living with HIV. In future I will like to share and know more on the prevention and the control of the diseases. May be, that will give us permanent solution to cure the diseases” (Zen).*
- *“Thank you so much for your time and God help you with this study” (Snake).*
- *“Yes, I will come for any meeting or interview patterning to HIV/STIs. It is for our welfare and our wellbeing. We need a world free of HIV. Thank you so much again for inviting me for this interview and thank you so much for all your efforts in the prevention and the control of HIV/STIs in Nigeria” ( Nicky).*
- *“I will be ready to attend any meeting in future, if you call me. Thank you so much for involving me in this interview. I consider myself privileged to be selected by Kwara State Agency for the Control of AIDS (KWASACA) to come for this interview. That means my views also matter in our society” (Santos).*
- *“Thank so much for inviting me for this interview I feel relieved, having you to share my problems with” ( Kenny).*
- *“I will like to take part in any future meetings in order to be well educated know more on HIV/STIs, so as to pass the message to other caregivers and people out there in the community on the prevention and the control of HIV/STIs in general” (Tanka).*
- *“Yes, I will like to take part, because anytime I go to any meeting and come back, I will use the knowledge to gain more new things from sharing and learning from each other” (Baker) .*
- *“Yes, I will attend any future meetings, I am one of the caregiver’s living with HIV, and I know what the government is doing towards the prevention and control of HIV/STIs. So I implore them to continue to invite us for any future meeting towards HIV/STIs prevention in Nigeria” (Susi).*

## 7.8 Suitability of feminist approach

The value of the feminist approach to this study area links to the fact that this is a woman to woman study, it also explores the experience of polygamous women through their personal accounts. This theory was suitable to this study area because it helps give an understanding

of the range of gender inequality, oppression and exploitation as they exist in polygamous household.

The research highlights the areas of oppression and sexual exploitation experienced by polygamous women as identified by the participants. Cranely (2009) said that feminist theory would qualify as a substantive theory, a theory developed through studying a phenomenon and through a context specific study. Feminist approach helps relate the experience of the polygamous woman in relation to HIV/STIs experiences in order to give a truthful representation of the experiences.

The reflexivity here is that polygamy is applicable to all women and not only the African or Nigerian women. Polygamy is said to be a global practice (Goodman, 1997) therefore, conceding polygamy to Nigerian women's situation or African women alone, may not give true representation of African womanhood as it relates to the study area. Needless to say, the issue of gender is the main reason why African women see the need to create their own theory, (Kohrs-Amissah, 2000).

### **7.9. Researcher account**

In drawing the conclusion for this study there is a need to take a look at the personal reflection of the researcher. Having gone so far, I congratulated myself for achieving so much in a man's world. As an orphan, the death of my parents denied me early education and access to parenthood in terms of care and support. I struggled to be educated in a conservative Muslim society like ours (Ilorin) in Nigeria where girls' education does not matter. I was born and married into a polygamous marriage and worked with women living with HIV/STIs as a care giver and community volunteer through my women's human right activism in the community as health educator.

Carrying out this research work was a challenging opportunity and a real privilege for me. It is not easy dwelling on such a complicated topic such as HIV/STIs in a polygamous Muslim society. These three broad areas are about the private lives of the people and the value systems of a given (Muslim) society. Getting raw data across these broad areas was very challenging to me. Most people often asked me how I got the data and how I got to where I was in my educational life. Is it because you are part of the experience of polygamy? Otherwise, envisage that no one will give you their story of their HIV/STIs status. Polygamous practice and HIV infection is a private matter to discuss and it is a difficult task to get others to talk about themselves on it.

Regardless of these obstacles, I completed the research work with twenty polygamous women participants who voluntarily gave their account to me with their full consent. The research work adopts a qualitative approach using the one-to-one in-depth interview. This process is like intruding into the participant's private life. I was able to gather this data because I am also part of the experience and live in the community affected. This affirmed what Mills (1959) said about sociological imagination, that researchers and those people in the research process carry with them a history, a sense of themselves and the importance of their experience and that perhaps there is some truth in the idea that people who are living certain social realities are usually better positioned to identify that reality and to provide a good explanation of it. Therefore, these personal and professional experiences really helped me in carrying out the research work.

#### **7.9.1 Working with my supervisors**

Working with my supervisors on this study area was very fulfilling; each supervisor meant different things to me at the same time. Each individual had their own area of expertise. They complemented each other in assessing my performances throughout the study period.

#### **7.9.2 Being a student**

My first year experiences was very challenging, cloudy and filled with confusions and the second year was very empowering with the help of different examiners, who gave me so many challenging questions to think about during my first and second year progression examinations. The questions posed by the examiner prepared me for the challenges ahead in my study. In my last year, I have overcome these challenges and faced the realities of being a doctoral student. The study has made me stronger in my academic writing and in feminist thought, even though I still need to continue to improve on this. I am a confident speaker, but weak in writing based on my training as an advocate. However, with this research training, I can now confidently speak well about methods and approach to a study and also I am able to analyse and write the outcomes of the analysis. In this way my dream of becoming a researcher and feminist thinker are all realised and the dream of becoming a social-scientist is on the road to being achieved.

My future focus and ambition to become a researcher will continue to dwell on areas of women's human rights and health sciences. This is the most challenging areas of women's

human rights work and for human existence. The world needs to invest more on humanity, well-being and health sciences. We have over a decade invested in materialism, as the theme of the 2010 research festival of the University of Huddersfield indicated that 'we live in a material world'. There is the need for more investment in human well-being, so that there will be people to use those materials that have been developed. The lack of investment in the human race and the ability to manage them may lead to the diminishment of humanity and human existence. This is because the ability of the human civilization to survive in this planet and prosper should be our history against nature. This is because many a time the human spirit triumphed, the symbol of that triumph is our dreams as feminists, working not only to ensure gender equality, but for a peaceful world, where peace, justice and fairness will prevail.

### **7.10 Summary**

This reflexivity chapter enable the researcher to explain the process of the study, dilute her experience and share her thoughts and position in the research process. This chapter was written to reflect on the stages of the study. Exposing the weaknesses and the strengths of the researcher and also accommodating those issues that are agitating the minds of the participants which cannot be accommodated in the main stream of some of the chapters.

Creating a separate chapter for this reflexivity section is a strong indication that the researcher is passionate and has invested this passion in the study processes. The study is critical to the researcher as she demonstrated the inside fullness of the subject of study. Therefore, this chapter is helpful for any future researcher using a qualitative approach to reflect on their study area, as a study guide.

The chapter demonstrates an improvement in the research skills newly acquired during the process of research work. Throughout this chapter, the researcher writes in the first person to relate her personal experience and the experience of the subject of study. This is because the chapter is a reflection of the researchers experience throughout the PhD journey.

## **CHAPTER 8: RECOMMENDATIONS AND CONCLUSION**

### **8.0 Introduction**

This chapter presents the summary, suggests new areas that need further research and provides useful recommendations to the area of study. The summarized outcome helps provide answers to the study aim and objectives. The four proposed intervention areas that emerged as the study outcomes are: Education, Testing, Condom use, and the Economic empowerment, (ETCE)) intervention as described in detail below:

The first E approach represents education; this explains that polygamous women need both formal and informal education to arm them in the fight against the prevention and control of these diseases. Educations that will help provide legal services to educate affected polygamous women assert their rights through consciousness raising and awareness creation, that will inform them of how to know their sexual rights, how to seek redress and enforce those rights to protect them (Nochlin, 2010). Education is said to be a potent weapon for emancipation, education can help change discriminatory and stigmatizing attitudes that encourage husbands to neglect their wives and children, (Obalowu, 2009). As revealed in this study data, when polygamous women are educated on the causes and symptoms of HIV/STIs, they will want to go for tests to know their HIV status. Also that knowledge and information may help improve communication among couples and family members through sharing any derived information on the prevention and the control of these diseases among the household.

The E approach on education helps to explain the power of knowledge on the causes and prevention of these diseases. Education is power (Mayo, 1995) as this may help, increased knowledge in the area of prevention and control. This may help also to provide polygamous women with the necessary power to aid in the disclosure of their HIV status. Education may also help them create awareness on modes of prevention and the control of these diseases in their household as well as aiding in the prevention of mother to child transmission of these diseases (PMTCT) among pregnant women. As this study data explains, having knowledge of these diseases increases the likelihood of seeking for testing, to know your status and improve communication channels for prevention and control. The study suggests that there is a need for the inclusion of HIV/STIs education in all school curriculum studies for the provision of age-appropriate, gender-specific and scientifically accurate information for

polygamous women. The study further suggests that prevention strategies should include on-going education in Nigeria, particularly with reference to the use of female condoms and the tracking of research on emerging female-initiated methods of prevention of HIV/STIs.

The study further revealed that the use of advocacy, community sensitization programmes and Informational Educational Communication materials (IEC materials) are needed to educate the general public on the prevention and control of these diseases. However, participants said this must not be used to send wrong signals to the public to avoid stigmatization. The study revealed that the HIV/STIs logo's red label sign portrays danger to people living with HIV and was also said to have sent the wrong signal of danger and death to the public, instilling fear of an impending death sentence on infected and affected people. Therefore, the researcher is of the opinion that in designing any logo or symbol to prevent the spread of HIV/STIs, issues of stigma and discrimination must be taken into consideration. Also the power of the logo or symbol must be recognized, because sometimes an appropriate logo can portray and convey a good message as well as serving as a symbol for well-being, (Corrigan, 2008).

The T approach represents testing; this is to say that polygamous families should ensure that all their household members are tested against these diseases. The data suggests that this testing can either be made mandatory/compulsory and voluntary or to enable everyone to be informed about their HIV status and to reduce any associated stigma. Testing can provide accurate statistics of HIV prevalence. Large scale testing will provide increased access to hidden patients, who do not generally receive attention from HIV/AIDS testing status by health practitioner's. This is because, as the study data explains, testing is currently only offered to women who attend post and antenatal care.

Testing (mandatory / compulsory), if put in place, may possibly encourage couples and families to attend routine or periodical check-ups to help them in the early detection of their HIV/STIs status. This approach is said to need the support of family members in a friendly program that will not make the suggested mandatory or compulsory testing look like they are being forced to get tested. This approach is supported by Tanka, Nicky, Susi, Fundi and Billy as evidenced in their personal accounts in chapter six. Most participants explain that the current voluntary counselling and testing (VCT) approach is not effective enough to curtail the spread of these diseases because most people refuse to get tested. The adoption of Home Counselling and Testing (HCT) by WHO in 2007 is not effective enough because

it does not guarantee the confidentiality of women's HIV status in their homes. In a man headed households in Nigeria, WHO (2012) observed that in such a practice, such as in polygamy, confidentiality of polygamous women may be threatened. For example getting tested in the presence of their husband and children, who will be anxious to know their status. Most importantly that, most polygamous women said they did not want their HIV status disclosed because of stigma and discriminations.

The WHO (2012) does not agree with compulsory counselling, rather it promotes voluntary counselling and testing (VCT), which it claims has helped millions of people learn of their HIV status. Testing is said to help in the early detection of these diseases in order to receive a potential cure and the required treatment in order to reduce re-infection and the further spread of these diseases. As stated by most participants in this study, it is when you are tested that you begin to think of the likely prevention approaches you may consider adopting.

The (C) approach stand for the consistent use of a condom by the polygamous family. The study reveals that polygamous families, and everyone involved with multiple sexual partners, should use condoms for sexual protection from an infected person. The data reveals that condom usage is the surest method of HIV/STIs prevention. Most participants offered the opinion that condom use may help them in family planning and in ensuring safer sex.

The second (E) approach represents economic empowerment; the study recommended economic empowerment through job creation and the need to access micro-credit loans to establish small enterprises. The study revealed that polygamous women need economic power to get money for basic things, such as going to hospital to receive treatment, money to buy condoms and access to good, nutritional food. Polygamous women feel that when they are economically empowered, they will not have to wait on their husband for the household income. Economic empowerment, through micro loan remains the nucleus of economic growth and industrialization in developing nations (Kabeer, 2001) like Nigeria. This point can be confirmed by the thoughts presented by Nicky, Baker and Sweet in the raw data. There is no doubt that micro-credit will be effective in providing investible funds for micro enterprises that will assist in poverty alleviation for polygamous women. Therefore, access to credit loans may help in the prevention and spread of HIV/STIs and to also help attain the empowerment of women in polygamous societies like Nigeria.

Economic power through job creation, vocational training through skill acquisition and the granting of micro loan to polygamous women can enable them have to access to a regular



sources of income to support themselves and their families. Their quest for micro loans, grants and for the educational support for children (including orphans) to go to school, are important factors to consider in the quest for empowerment. Family disclosure of HIV/STI's is also considered as a means of empowerment, while others considered non-disclosure as their coping mechanism. Details about this intervention have been explained in the findings and discussion chapters (Chapters 5 and 6).

Polygamous women's holistic empowerment is said to be curtailed by poor levels of awareness (education) and the lack of effective training for income generating activities. Education has been named as one of the tools that can be used to dismantle values, structures and processes that maintain economic and gender inequality. This requires government interventions to scale-up its efforts in educating women and girls. To achieve total economic empowerment of women there are many other important variables to consider beyond access to finance. The data reveals that women need education to help them appreciate, scan and make effective use of the environmental resources and skills. Furthermore, the study suggests that a holistic empowerment approach is necessary to foster the political empowerment of polygamous women in making decisions that affect their marriage. This study, just like previous researches on women, has revealed that women generally need socio-economic and political empowerment to cope with the daily challenges of life (Anagbogu and Nwokolo, 2012). This will require an integrated approach (CARE International, 2010) by underscoring the importance of an integrated approach to women's empowerment and tackling all levels, including individual, relational and structural. The family is a useful resource for women's empowerment as they want to be involved in enterprising and empowerment initiatives.

Polygamous women in this study are seen as self-motivated individuals who use their own initiative to focus on providing care and support the need to curtail the spread of HIV/STIs. The women realize that in order to get support and be taken seriously, they need to demonstrate their own capabilities and take the initiative of home base care work on voluntary bases. They also realize their HIV/STIs, situations by providing context-specific solution to issues affecting their socio economic well- being, such as asking for training needs and education towards their economic empowerment. These they state can be part of a holistic approach in the prevention and control of these diseases. Most participants in this study area demonstrated that empowered women have the capacity to eradicate poverty at both the household and community levels. As such, the study resonates with the UN

proposition that the empowerment of women has a direct impact on the achievement of the Millennium Development Goals (MDGs), particularly the goal to eradicate poverty and gender equality (UN Women, 2013). The negative cultural practices of Nigeria, such as wife inheritance, forced marriages and other forms of resistance to change must be vigorously tackled by all stakeholders.

The study reveals that there is need to provide the necessary capacity building programmes required for polygamous men and women targeted at yielding attitudinal change towards polygamous wives and children. An initiative that will facilitate gender equality towards women's empowerment to meet the socio economic challenges needed for change will be vital for success (Obalowu, 2009).

### **8.1 Summary of how the four concepts emerged**

These four concepts Education, Testing, Condom usage and Economic empowerment emerged from the findings as a result of the 60 key issues that emerged from the preliminary findings. The open coding and re-coding with constant questioning of the data helped to produce the 10 thematic areas as already discussed in the findings chapters. It was these 10 thematic areas that help produce the four concepts that emerged (see details in Appendix J) this show how the 60 key issues and 33 categories emerged. These can also be attested to in the transcripts of the twenty participants, as provided in the discussion chapter.

### **8.2 Conclusion: Linking the study outcome (ETCE) model to feminist theory.**

This study outcome concludes with a political score point in terms of the need to give education and economic empowerment to polygamous women towards achieving the prevention and control of HIV/STIs in Nigeria. The study outcome of the ETCE approach reveals the need for polygamous women to be economically empowered and demonstrates that this is a serious issue in the effort towards achieving the prevention and control of these diseases. This therefore, underscores and puts into context, the issues of necessity for education and economic power. Especially the socio economy inclusiveness of polygamous women in the prevention and control of these diseases. For example, (Salihu, 2014) suggest that;

*“If a woman has means: there will be abiding love between the spouses.”*

*“If a woman has wealth: it is also the man who has wealth”*

*“If a woman has resources: The woman can show her independence”*

*“If a woman has money, ‘even’, the man will call her “boss” (Salihu, 2014:- 1)*

Therefore, the quote above underline the strength of the need for Economic power to the growth of womanhood and the need to support issues of economic empowerment of polygamous women. This is in line with the feminist argument that the economic empowerment of women is about financial independence, Anagbogu and Nwakolo, 2012). Whenever we talk about women’s empowerment we talk about equality and independence of the female gender in terms of their economic and socio vulnerability.

This ETCE model broadly reflects feminist thinking across all divisions that empowerment is about freedom and about social economic justice, and completely necessary (Mama, 2002). Therefore, this is to say that economy empowerment may help reduce the socio economic family burden of polygamous women in the attempt to secure a regular income to sustain their family and possibly for their individual needs.

This is also to say that education and economic empowerment may help realize the need for self-actualization and autonomy in terms of going for voluntary testing for HIV/STIs status and possibly serve as a potent weapon to reduced economic oppression facing polygamous women. The necessity for education according to (UN Women, 2013) help promote an informed awareness about the importance of knowing their HIV/STIs status through regular testing and check-ups. Economic empowerment will help to promote their safety with dignity, to be able to buy condoms and have access to regular income to buy whatever they need in order to protect themselves without waiting or depending so much on their husband or family. Education will help polygamous family to know about the causes of HIV/STIs. Prevention is said to aid disclosure and may help reduce stigma. Education may also help end sexual and gender based violence, reduce harmful traditional practice that can cause the spread of HIV/STIs through raising consciousness among citizen in general.

Testing for HIV/STIs status will also help the polygamous women to know their HIV/STIs status and to know how to prevent the spread of these diseases and for early detection of their HIV/STIs status. Therefore, with good policies and practices the study intervention approach may ensure access to an inclusive and holistic HIV/STIs prevention treatment; it may also provide the care and support needed in the prevention and control of these diseases among the targeted population in the study area.

The study also reveals how power in balance, economic dependence, education and discrepancies and systematic gender inequality all continue to create vulnerability to the HIV/STIs infection.

The World Bank Country Partnership Strategy for Nigeria (CPS, 2014) report for (2014-2017) notes that Nigeria, in February 2014, was rated as the largest economy country in Africa, this is because of the national accounts that play a leading role on the continent and on the global scene. Nigeria is said to have enjoyed a macro-economic stability and gaining strength in the area of economic growth. Despite this robust growth, poverty has remained at significant levels with increasing inequality between men and women. World Bank CPS (2014) reveals that the challenges facing Nigeria today revolve around the questions of how best to create jobs and how to bridge the economic gender income inequality gaps that exist in most Nigerian households. This study outcome justifies the feminist thinking about families and modern transformations in family and household. This is in terms of how life has forced some rethinking of the meaning of family, such as polygamous family. Kabeer (2001) in relation to issues of women and economic empowerment lays much emphasis on economic empowerment through the introduction of a micro credit scheme. As this study suggests, access to economic, social and political participation of women is often critical in ensuring that women are empowered.

The outcome of this study explains the importance of education and economic empowerment for women in polygamous marriages. These two goals are justified in the context of religion as contained in the Muslim law and practice on women's empowerment and autonomy as already cited in the (holy Quran 2:-verse 1-10 and Quran:3:-15 verse 1-15) . This is similar with the quotation from the Quran as cited by Jabeen (2010) and (Umar, 2009:8) as explained below:

*“O ye who believe! It is not lawful for you to forcibly inherit women. The empowerment of independent ownership is for women, they are regarded as honour and dignity” (Umar, 2009:-8)*

This honour and dignity involves the right to education and economic empowerment as revealed in the study outcome. The fact that the right to honour and dignity is upheld within the doctrine of Islam and Muslim law and practice further justifies the quest for economic power for the polygamous women in this study area. As this study is about polygamous

women in the Muslim society of Nigeria, the above cited quotes reinforce the idea that, within Islamic culture, women should expect access to broad social, political and economic rights, e.g. education, training rights and work opportunity rights, to protect them from being abused by men. Islam provides legal safeguards, (Umar, 2009) posited that women are considered more honourable in Islam.

According to Women living under Muslim law report (WLUML, 2013), Islam has given reasonable socio-economic status to women who practiced the religion. Islam generated mutual reasonable advantages between men and women as Islam bestowed empowerment to women. Islam laid provision of equal opportunities to women as they can utilize fully their efficiencies if mentally, intellectually or spiritually capable, ought to be allowed to get to the highest post of development (WLUML, 2013).

Feminist writers (Tong, 2009) posit that several significant questions have been addressed by the different empowerment strategies put in place in different countries. The questions to ask here are: What determines empowerment? Who is empowered by whom? What are the advantages and disadvantages of being dis-empowered? And what are the goals and strategies of women's empowerment? Men are dominant over women's reproductive abilities and their sexuality as the patriarchal system allows, the Nigerian men. (Umar, 2009) explain that men are allowed to have control of women's inheritances and sometimes deny them their rights to education and information. This can be said to be due to the structures and the gaps that exist in the Nigerian patriarchal society between male and female relationship.

The data from this study also reveals that access to health sector reforms; education and macro-economic policies are needed for HIV intervention. Polygamous women in this study area revealed that without support for their livelihoods and access to health care, unsafe transactional sex can become one of the only alternatives for survival strategies thereby putting them at risk of being infected with these diseases from an infected person. Empowerment agencies and radical feminists probably come closest to capturing what the majority of these study participants are saying about the need for economic empowerment in terms of this study focus on Objective 3 which is to suggest the necessary empowerment strategies required to protect polygamous women towards the control of these diseases. Feminist writers (Kabeer, 2001) refer to women's empowerment as "achievement" and (Longwe, 2004) refers to it as "welfare". This is to say that when women are empowered

socially and economically , they will have the power and the strengths to take care of their welfare .

### **8.3 Legal requirements, socio cultural obstacles**

Despite the range of initiatives outlined by the polygamous women in this study, some legal impediments and socio cultural obstacles against women's advancement are still in evidence, such as women's access to sexual rights. These kinds of restrictions are embedded in male dominant societies like Nigeria. Polygamous women demonstrate resourcefulness and resilience to HIV/STIs infection, exemplified by the personal accounts recorded in this study, most participants in the study explain that they do not have effective control of their sexual rights because of socio economic deprivation. Despite their self-motivated nature, it is important to note that government involvement through policy direction and the provision of an enabling environment is pivotal for sustainable polygamous women's empowerment. For sustainable development initiatives, these women would need more support from the government. Most of the polygamous women in this study area explain that they need some funding for income generating activities at the moment there is no opportunity to help them. Therefore, both the government and the private sector must work towards ensuring that it creates and enables policy environment for the control and prevention of these diseases.

### **8.4 Policies and programs**

The study concluded that the Nigerian Government and other stakeholders should ensure that polygamous families receive comprehensive sexual health education that includes reproductive rights and access to services. This needs to include the knowledge and tools to protect their sexual rights as women living in multiple sexual relationships. This is because commitment to prevention carries many challenges with it, particularly the issues of moral challenges, which were discussed by the women in this study as ranging from sexual exploitation, marital oppression and income inequality to individual behaviour. Part of what makes each of these diverse things of concern is their impact on health, and in that sense, they are all public health problems that require socio justice. (Powers & Faden, 2006).

### **8.5 International laws and treaties on women's rights and HIV/STIs**

The study outcome is related and help to highlights the issues raised in the Beijing (1995) declarations on the need to establish programs that will help build the necessary structures for women, ( polygamous women ) to receive treatment or prevention options on their health needs. Obalowu (2009) observed that such programs need to ensure respect for women's

right, particularly women whose decision making power is frequently undermined and undervalued. Nigeria lack the domestic alternative laws and measures to address family indiscipline and obligations, these are gaps that need to be addressed in Nigeria in the areas of women's development, (Obalowu, 2009).

The Beijing (1995) platform for action and the Convention on the Eliminations of Discriminations against women (CEDAW), the (UN Women, 2013) reveal that, these documents (CEDAW) have not been domesticated, in Nigeria local laws. Therefore, all actions must be taken by the Nigeria governments in collaboration with NGOs and international institutions to ensure the domestication of these documents into local laws in Nigeria.

Umar (2009) observed that, if these documents are domesticated, it will enable polygamous women to use the documents tools to protect their rights through legislation which may help redress other women's rights, abuses. The lack of the domestication of the (CEDAW) in Nigeria is said to be an impediment towards addressing wife abuse and child neglect as stated in this study. Umar (2009) stated that CEDAW domestication has been thrown out at different levels of the Nigerian constitutional reform because of a fear that it is too gender sensitive, not men friendly and that it has altered some religious values and practices in Nigeria.

## **8.6 Role of the Nigerian local laws**

The CEDAW convention was publicly criticized as a Western ideology, as anti-Islamic and as having no religious respect for men; even though Nigeria was part of the process and signatory for the CEDAW convention (Olateru-Olagbegi, 2013). Therefore, there is a need for immediate development, implementation and strong enforcement of laws, policies and practices related to local realities of a given society like Nigeria, by all heads of states and governments globally to prohibit violence against women in Nigeria.

The study revealed that there is the need for the law enforcement agencies charged with enforcing public laws to address women's human rights issues in Nigeria and to help enforce the laws vigorously, without gender bias. The study further suggests that the implementation and maintenance of laws for women in polygamous marriages needs to be done according to the Islamic legal system.

### **8.7 HIV/STIs and parenting among polygamous women**

The study suggests that, the responsibility for good parenting should include both men and women in polygamous family. The study suggests the introduction of prevention of mother to child transmissions (PMTCT) interventions programs to reach those polygamous families who want to produce babies. This is in line with (Katibi, 2009) that mothers living with HIV need to be helped to prevent their babies becoming infected through pregnant, with the use of antiretroviral (ARV) treatment and appropriate breast feeding for the nursing mothers.

Projects in this area of (PMTCT) need to explore the implications of the latest guidance for research and implementation in this area. Children and adolescents born into families affected by HIV/STIs have a variety of needs. Therefore, there is the need for such a project that can impact on early testing and treatment. This can only be fully met when communities are engaged and empowered to access and influence the services they need (Olateru-Olagbegi, 2013).

### **8.8 Child right's and social care, the role of the state**

Child neglect and the role of the state are contentious issues in this study. This study suggests that wife neglect and child abuse arise from bad parenting; as it is currently happening in polygamy. This study data revealed that issues concerning child abuse and neglect are not just a socio-political problem of a state or a nation; problems often emanate from family instability, and the rigour encountered among parents, guardians, or custodians of those children. The point here is that bringing any child into the world means that the child must be given care and support in line with the Child Rights (Article 49) convention of the United Nation (UN) general assembly resolutions of 44/45 of November, 1989, enforced in September in 1990 as cited in ( Umar,2009). This is to say that every child has a right to be protected under the law.

Social care studies should explore the coping mechanism options for women with children and an absent father. There is a need to explore women's sexual life experiences when they are living independently, without a man they love or who they can call their husband; most women remain in such a marriage system because Nigerian society frowns at unmarried or single women (Umar, 2009). There is a need to explore the challenges they face in supporting those children from that marital relationship such as married single motherhood. The researcher is of the opinion that polygamous men should be recalled back to live up to their social responsibility at home for marriage institutions to continue to exist.



## 8.9 Critical thinking

In the line of reasoning and thinking, the researcher observes that responsibility for child care in most polygamous households can become a state matter only when the parent or care giver refuses to perform their duties, and the legitimate rights of that child are subsequently violated by the parents or society at large. Therefore, issues of child abuse and neglect, as explained within this study, should be taken seriously as an issue of children's rights violations according to UN Convention 1989, on the Rights of the Child. Denying children's basic needs and basic rights, such as the right to education because of the wrong doing of the mother or father, is an act that should attract criminal sanction on the part of those concerned. This is evident in the study data by Snake, Kenny, and others who explain that, their father neglected them and they were taken (dropped) out of school because their mother denied their father from taking a second wife, as practiced in most polygamous cultures in Nigeria. Therefore, this is to say that shifting parental roles and blaming the state should not be tolerated. However, this can be allowed or tolerated if the concerned children are orphaned, vulnerable to HIV or faced with other forms of disability. However, (Jones, 2010) suggests solutions to this related problem by identifying the following as areas of intervention for child development; there is the need for improvement in the empowerment based welfares, especially for poor single mothers. She further suggests that the state can adopt a child protection mode located in family strengthening and family led supportive policy, procedure and professional expertise (Jones, 2010).

This study data outlines the importance of providing educational support in the form of scholarships for orphans and vulnerable children. Most participants stated that their children need support for school attendance and for access to other basic rights of life. The study participants appeal for the provision of care and support for orphans as well as for the children of people living with HIV. The researcher noted that it is not the children's wish to be orphaned nor do they wish for their parent's death. Children should be taken seriously be fully supported because of the vulnerability of their polygamous parents.

**Advocacy:** The study recommended the development of a stakeholder program to identify what type of behavioural change and HIV awareness program is needed. A programmer that will involve government, healthcare institutions, healthcare providers and HIV-positive women is needed to create responsive models for health care and support delivery that acknowledges and affirms the multiple roles that polygamous women can play in care and support programs.

Greater advocacy programs are required across the spectrum of HIV/STIs related maternal and child health, especially for polygamous women who may want to produce babies. However, this will require effectively funded intervention programmes and possible adoption of the suggested (ETCE) four areas of intervention towards the prevention and control of these diseases in polygamy.

#### **8.9.1 Awareness programmes**

Politics is changing the status of women in their communities by amplifying their voices in the households and in the media. Therefore, participants suggest that there is the need for more awareness creation to aid disclosure of their HIV status and reduce stigma for people living with HIV/STIs.

#### **8.10 Community sensitization programmes**

The study suggests the need for community sensitization and awareness creation programmes to control the spread of HIV/STIs. Therefore, community-based leaders, especially Islamic clergy and scholars, need to be more involved in the development of strategies that enable sexual attitudes to be modified. This approach would allow issues around the lack of communication on the sexual needs of polygamous women to be addressed. To achieve this objective, there is a need to lobby groups against harmful traditional practices and to empower polygamous women to resist harmful practices. This will help to educate the public and help build the capacity to identify issues that are risk related to each cultural practice. The practices that are harmful to women, such as child neglect, wife abuse and inheritance denial. Adoption of these suggestions is required in order to accomplish change in the perception of women's and girls' status in general. Therefore, this means that there is the need to design programs that will suggest new ways to deal with culture and practices that undermine women's health as revealed in this study area.

#### **8.11 Contributions to the research scholarship**

The study contributions to research scholars can be divided into three levels:

##### *Level one: Program and project intervention*

This study proposed a new model of four concepts as an intervention area in the context of prevention and control of HIV/STIs in polygamous marriages. These are: Education, Testing, consistency in use of Condom and Empowerment (ETCE). The program intervention will need serious advocacy and continuous community sensitization to build on

the existing programs of A: Abstinence; B: 'Be-faithful and C: adapt to consistent use of Condom (ABC) approach. This study recommends and adopts only the (B: 'be-faithful and C: adapt to consistency use of Condom out of the existing ABC approach. This is to say that polygamous women could adopt the B and C approach in the areas of prevention but they rejected the Abstinence (A) approach because, as identified by participants Manish and Fundi, married couples must have sex. This is therefore, to say that this study builds on the existing knowledge of HIV/STIs prevention as prescribed by PEFFER (CDC, 2006).

Another existing intervention approach is 'SAVE' which stands for Safer practices, Available medication, Voluntary counselling, testing and Empowerment. This approach is intended to encompass a far wider range of prevention needs. There is also the DEF approach: Disclosure in safety, Education/Empowerment and other Female-controlled prevention methods. These approaches also address issues associated with the medically performed male and female circumcisions as explained by (Harvey and Reiss, 1992).

The theoretical contributions to this study area suggest that there is a close link between the perception and knowledge of HIV/STIs and polygamy, meaning that polygamous women have knowledge of polygamy and living with HIV/STIs. However, their perception of these issues is limited in terms of their understanding of prevention strategies. This confirms that knowledge and action go together to address a situation and that policy and practice are drawn (Moses, 2001) on in their own understanding of the concept of polygamous practice as a rigid socio religious, culturally acceptable practice. These dominant ideological practices appear to be enforced by the patriarchal system in place in Nigerian society. This rigidity has made it difficult for recommendations in various intervention programs to effectively address those issues raised by polygamous women in the study data. Consequently, these issues continue to make polygamous women vulnerable to the diseases.

The new knowledge embedded in this study is a useful contribution to the existing scholarship which has introduced new ideas into the body of knowledge concerning HIV/STIs and polygamy. This is to say that the search for solution to HIV/STIs requires different dimensions for different populations and that a holistic approach may be a very effective in the prevention of HIV/STIs in polygamy.

#### *Level three: the contributions to theory building*

The researcher has proposed the adaptation of a new concept to be called 'Group Feminism' to build on the existing theory, similar to what has been initially proposed by (Ruzek, 1997).

Group Feminism is meant to contribute to and help address the on-going debates and challenges facing African feminists. The researcher relates her thinking on Group Feminism to the recent thinking of other postmodern feminists, as argued by (Oyewumi, 2000), on the true representation of the African feminist. The negative reception and the on-going debate of feminism by African scholars are linked to the failure of feminism to address the many specific African historical, cultural contexts and practices that debase African women. The information derived from this study shows the importance of re-focusing on the specific needs of African women. It is a matter of letting African women define themselves as they wish, and allowing them to overcome the practical aspects in the struggle for empowerment, by addressing their socio-cultural situations. It is evident from the data that the domination of men as spouses in polygamous marriages. These puts women in a disadvantaged position and renders them powerless to negotiate safer sex, in terms of the need for liberty as noted in the feminist quotation on page (20) by Wollstonecraft (1792) regarding the vindication on the rights of women.

Therefore, my intention on Group Feminism is not to critique nor condemn the work of other feminists, but to suggest and bring these notable agitations from all angles of the different schools of thought on feminism together. As envisioned by the third wave feminist in (Sylvester, 1994) after all, the goals are similar in terms of thought and thinking, (Tong, 2009).

Butter (1990) argued that there is no single cause or approach to solving feminist concerns. Group Feminism hopes to bring global feminist ideologies into focus to capture each other's thoughts, feelings and knowledge, to determine best practice and test their applicability across regional groupings.

This researcher therefore, renamed her thinking and agitation as 'Group Feminism', which she said, may be subjected to debate and questioning. As a feminist thinker, the researcher is of the opinion that culture cannot be fought in isolation, it is about group dynamism, it is about the need for change and the acceptance that change must occur in a given time. Therefore Group Feminism is the solution to group dynamism, if any drastic change is expected to occur. Collaboration between diverse groups will be needed to enlarge public understanding of how social forces operate as emphasised that, in the cause of feminism "gender is not enough" (Ruzek, 1997: 23).

### **8.12 Research limitation and opportunity for further research**

This study is limited in terms of focus, as the investigation is limited to polygamous women alone. This demonstrates a bias against men, as the investigation focuses mainly on polygamous women and not men, even though polygamy is said to be between men and women in a relationship. Therefore, there is the need to explore why men practice polygamy, explore the advantages and the disadvantages in the modern day civilization. Furthermore, there is the need to explore the implications of polygamy on the well-being of women and children within the polygamous family.

The contradiction and study implication in this study area is that the sample selection of only twenty polygamous women chosen for this study, is too small to represent the views of all polygamous women in Nigeria. This sample figure may not be enough to represent the general views of over one million polygamous women living in Kwara State and Nigeria as a whole.

### **8.13 Feminism and the need to use situational analysis**

In future studies like this, situational analysis could be used to analyse the challenges of cultural habits, social conditions and the role that patriarchy plays in the development of polygamous women in general and not just on HIV/STIs, as it relates to the conservative Muslim society like Nigeria.

### **8.14 Gap and challenges identified in this study area**

It is clear that all emerging key issue raised by each participant in this study cannot be resolved in a single thesis. They represent broad issues requiring separate further research; also there is a need to use situation analysis in any future study that relates to this study area. This will help to analyse the issues raised in the study in order to give subjective meaning and to broaden the understanding of feminist concerns and ideology on issues relating to this study area. This will help provide useful insight and more information on how the situations of the women were perceived.

### **8.15 Challenges**

The researcher encountered some challenges in the process of data collection, transcription and analysis of material. For example, in the attempt to generate data from the women's stories the application of English language grammar was more difficult for me especially in transcribing the women's stories from the raw data.

The researcher tried to do some of the identified corrections to ensure meaningfulness of the data for academic writing. The researcher addressed these challenges through interpreting the correct meaning of what participants wanted to say, having familiarized herself with the way the community women spoke in their vernacular style of English. The researcher also attended some class coaching on academic writing skills in English Language in the Language Department of the University, this really helped her to confront these challenges.

### **8.16 Summary**

This chapter begins with the introduction and presents a summary of the key findings of the study, based on the emerging themes explored in the study. The researcher presents new areas of contributions to knowledge and also offers suggestions and recommendations to issues of prevention and the control of HIV/ STIs among polygamous women in Nigeria.

### **8.17 Lessons learnt and conclusion**

The lesson learnt in this study area is that public health and policy planners need to prevent the risk associated with the spread of HIV/STIs and build on the lived experience of polygamous women in this study area to help prevent and control the spread of these diseases in the future. To this end, there is a need for stronger political commitment, the adoption of clear strategies on risk and status reduction such as how to reduce poverty among polygamous women. Also development of financial, legal, socio political and holistic incentives to implement the ETCE intervention approaches as they affect the general population will be needed.

The study reveals that women's economic empowerment and health service strengthening for both public and health care providers are all necessary ingredients for the prevention and control of HIV/STIs in Nigeria. A general mobilization and community sensitization program of people is needed to address these various issues, as raised by the study data in Chapter 6.

This study considers it very important to address all issues and recommendations made in this study for further action towards making useful progress on the area of human and health sciences.

### **8.18 What research is now needed?**

This research work was undertaken in order to further the understanding of HIV/STIs and polygamy and to put in place the necessary strategies to enhance the empowerment of polygamous women on the prevention and the control of these diseases. However, there is

the need to further explore the experiences of polygamous men and women on why they practice polygamy. Also, there is the need to explore their experiences of how they manage the diseases among their multiple sexual partners. Additionally, there is a need to investigate the many salient issues being raised by the study participants especially on issues associated with the sexual exploitation of women in this study area. The physical and social trauma encountered by women in polygamous marriages, associated with wife abuse and child neglect, these needs further exploration for any meaningful success to be achieved in the control and prevention of HIV/STIs in polygamy. There is also the need to explore strategies that will make polygamous men accept the use of condoms and to also explore further understanding of why children usually become victims of wife abuse in polygamous marriages.

### **8.19 Need for further research**

Future research studies may wish to consider exploring the hindrances that prevent polygamous women from getting protection and access to the services they need to prevent the spread of these diseases with a view to removing those barriers. The present study has been an explorative study; much can still be done in the future by other researchers in this area. The study area is interesting and very useful in carrier progression. It is good to invest in this study area because it focuses on broad areas and touches on issues relating to children, religion, society, women, men, value systems and the general well-being of society. All these are related to issues of human and health Socio-sciences. The study also touches on issues around public health, feminism and socio-care related agendas.

### **8.20 Concluding remarks**

The study concludes with the pertinent research findings and discussions on how these findings answer the research questions. It aims to explain how it has contributed to existing knowledge in the study area by making useful recommendations as appropriate. Therefore, the study concludes that education, employment, positive marriage life as micro-credit loans, may lead to women having more power over their life conditions and health needs in particular. With all these above-mentioned recommendations, the researcher believes that to a large extent, this study has met its aims and objectives. There is a need for the continuous engagement with issues of women's empowerment as well as open communication on the sexual needs of polygamous women. The need for attitudinal and behavioural change of men and women, the power of socio-cultural value systems and religious reform issues in Muslim society still attract unending debate and complexity among stakeholders. The

researcher is of the opinion that this research area is very broad, tedious, complex and that it involves controversial areas of study. This is because it focuses on a sensitive, private and sexual aspect of polygamous women's lives, in Muslim society the discussion of other people's sexual lives is regarded as a secretive/taboo area to explore. The study involves confronting the traditions and value systems of a given society like Nigeria which caught across culture and religious lines. Therefore, it is a rear privilege to conduct this research work in this study area.



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## **APPENDICES**

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## APPENDIX A: Description of activities.

### **Induction program / seminars / workshops / conferences / attended:**

**Induction program activities:** The induction program activities took place 1st – 21st October, 2008

#### **Week 1: 1<sup>st</sup> - 5<sup>th</sup> October, 2008**

The induction program began on the 1<sup>st</sup> week of October 2008. On the first day of the week new students were introduced to staff members of the Human Health Science department, the University campus and amenities and the student union.

#### **Week 2: 6<sup>th</sup> - 11<sup>th</sup> October, 2008**

Attendance at classes began and we were put through stages of learning skills such as critical thinking, research skills, theory paradigms and debates. There was also the introduction of students to various group meetings with their supervisors.

Blackboard tutorial and learning skills centred on the use of sky-be for distance learning, introduction to research, the process of research methodology, such as action research for development, evaluation research, discourse analysis, narrative analysis, measurement, statistical conclusions, internal and external validity in qualitative research and the challenges in analysing qualitative data.

#### **Week 3: 13<sup>th</sup> – 21<sup>st</sup> October, 2008.**

The last week of the induction program focused more on learning how to search for keywords pertaining to the research topic to inform the literature review. This involved advanced literature searching, retrieval and software usage for bibliographic record keeping, calculating sample size for specific types of study, and limitations and issues regarding peer co-coaching. The culture of ethics which covers learning about research participants, data gathering and learning the techniques of how to approach issues of consent, incentives and sensitive information, along with risk factors and confidentiality was also covered in depth. This included learning about research bias, using the appropriate methodology, accuracy of reporting, use of information, and obtaining professional and University ethical permissions. We also learned about the process of



getting ethical approval for our research work, including issues of access to participants and materials, storage audits, legal requirements and risk management.

Towards the end of the induction training program we were introduced and exposed to electronic Blackboard communication requirements, i.e. rules, expectations, and distance peer-coaching. The general evaluation of the entire induction was concluded on the last day with a get-together lunch break for invited staff and students of the Human and Health Sciences Department.

**Seminars attended from 1<sup>st</sup> June to 30<sup>th</sup> October 2009:**

- (1) Real life research on stakeholder analysis' 4<sup>th</sup> June, at The University of Huddersfield, UK.
- (2) Focus groups, questions, in-depth analysis and survey methodology. A UNICEF study of CSA organized by Prof. Adele Jones at The University of Huddersfield, UK.
- (3) The Social scope, establishing and re-establishing connections was organized by Kristy Thomson, Sue Hanson and Alison Holmes at The University of Huddersfield, UK
- (4) The seminar on coding qualitative data, computer software for qualitative analysis organized by Graham Gibbs, 7<sup>th</sup> June, 2009
- (5) Writing for publication from your PhD was organized by Prof Eric Blyth, computer software for qualitative analysis; this took place at the University, Huddersfield, UK.
- (6) Action research "Entering the field dealing with unexpected ethical challenges" Dr. Ruth Deery, at the University of Huddersfield, UK, on 10<sup>th</sup> June 2009
- (7) Real life research deriving policy implications from research, formulating policy from research, was organized by Professor Nigel Parton, The University of Huddersfield, UK
- (8) Publishing from literature reviews was organized by Steve Liu, at The University of Huddersfield, UK
- (9) Journals, use of electronic systems, organized by Ms. Alison Holmes at The University of Huddersfield, UK
- (10) Peer coaching session on preparing for progression viva was coordinated by Dr. Berenice Golding, The University of Huddersfield, UK, on 12<sup>th</sup> June 2009
- (11) The Analysis of qualitative data including use of SPSS to enter data, by Berenice Golding. The University of Huddersfield, UK, 15<sup>th</sup> June 2009

- (12) The Use of basic descriptive and inferential statistics was organized by: Dr Serena McClusky supported by Gloria Seruwagi at The University of Huddersfield, UK, on 25<sup>th</sup>, June, 2009
- (13) The seminar on psychological therapies, research methods, issues and implications for evidence based practice, organized by Professor Mike Lucock at The University of Huddersfield, UK, 28, June 2009

**Conferences: From November 2008 to October 2009:**

I attended the ICASA International conferences on HIV/AIDS in Africa which took place in Dakar, Senegal, 1<sup>st</sup> - 8<sup>th</sup> December 2008 as a conference participant.

I attended the Women Land Link Africa (WILLA) meeting on community paralegal; WILLA organized a paralegal training program in collaboration with the International Women Communication Centre (IWCC) in Ghana and Nigeria, 31<sup>st</sup> March 2009. This meeting was a regional country focus group meeting on women and the peer learning exchange of how women's access to land and property rights will be achieved. Focusing on HIV positive women who were currently displaced and stigmatized in Ilorin, Kwara State of Nigeria.

I participated in the national conference on polygamy and HIV for co-wives, organized by IWCC Nigeria, 17<sup>th</sup> April, and a Focus group meeting of caregivers titled "Who Cares for the Caregivers (C4C)", 17<sup>th</sup> - 19<sup>th</sup> April 2009, Ilorin, Kwara State, Nigeria.

**APPENDIX B: Seminars/Training/Conference attended from July 2010 to March 2013**

Date	Activity	Accredited to	Location
8 <sup>th</sup> July 2010	1 <sup>st</sup> year viva presentation and writing of progression report at The University of Huddersfield, UK	School exam panel, Limota and her supervisors	UK
9 <sup>th</sup> July 2010 10 <sup>th</sup> July 18 <sup>th</sup>	Research Festival at The University of Huddersfield.	University of Huddersfield student	UK
19 <sup>th</sup> - 23 <sup>rd</sup> July 2010	Attended AIDS 2010, XVIII International AIDS Conference	Conference committee organizing	Vienna, Austria.
18 <sup>th</sup> August 2010	Postgraduate seminar/conference of the Research Festival.	University of Huddersfield student	UK
1 <sup>st</sup> – 3 <sup>rd</sup> September 2010	Strategic and planning workshop for the pan-Africa-Commonwealth and Society Network (PCSN) on HIV/AIDS in London.	Commonwealth Foundation Office in London	UK
7 <sup>th</sup> - 10 <sup>th</sup> September 2010	Practicing test interview and the resubmission of the SREP application forms to the supervisors for ethical committee approval.	The University of Huddersfield	UK
27 <sup>th</sup> September, 2010	Third phase of national sensitization and enlightenment program on the public procurement and AIDS in Nigeria.	Bureau of Public Procurement	Nigeria
10 <sup>th</sup> October 2010	Revision	Limota	Nigeria
19 <sup>th</sup> October – 27 <sup>th</sup> November 2010	E.U – Inside's Capacity Building Workshop for Non- State Actors on HIV/AIDS in Nigeria.	E.U Nigeria office	Minna, Nigeria
23 <sup>rd</sup> -24 <sup>th</sup> November 2010	Zonal consultation on women, girls, gender equality and AIDS in Nigeria.	UNAID/NACA/ Kwasaca office in Minna	Minna, Nigeria
November 2010	Submission of re-enrolment forms for second year at The University of Huddersfield.	The University of Huddersfield website and student page	Nigeria

December2010	SREP Approval and data collection approved by KWASACA/the University.	KWASACA Nigeria	UK and Nigeria
January to February 2011	Data collection began	Limota	Nigeria
26 <sup>th</sup> - 28 <sup>th</sup> March 2011	Commission on the status of women (UNCSW) UN women meeting in New York	United Nation	New York, USA
26 <sup>th</sup> February – 3 <sup>rd</sup> March2011	Consultative status of women meeting in New York	UN Women	New York, USA
3 <sup>rd</sup> – 8 <sup>th</sup> March 2011	Global summit on grassroots women’s leadership and Governance, meeting on HIV/AIDS	Huairou Commission New York.	USA
28 <sup>th</sup> March 2011	Getting care given on the agenda of data collection meeting in London	UK DFID and AIDS, Consortium, London	UK
29 <sup>th</sup> March2011	Understanding community contributions to HIV and AIDS programs London	U.K DFID and AIDS, Consortium, London	UK
April – May2011	Data collection	Limota and supervisors	Nigeria
25 <sup>th</sup> May 2011	Supervision meeting	Limota and supervisors	Nigeria
25 <sup>th</sup> May 2011	Data collection and transcribing	Limota and supervisors	Nigeria
29 <sup>th</sup> May 2011	Supervision meeting	Limota and supervisors	Nigeria
June 2011	Transcribing and report writing on the data collected	Limota and supervisors	Nigeria
May – June2011	Writing progression form 2, report and the draft report of the 2nd year VIVA presentation	Limota	UK
July 2011	VIVA year presentation for 2011	Limota	UK
January – July 2012	Thesis writing, chapters 1, 2 and 3	Limota	Nigeria
July/August 2012	Attend international conference on HIV/AIDS	Limota	Washington DC, USA
September to December2012	Data revalidation visit to Nigeria and writing up of the thesis chapters 4 and 5	Limota and community of study location	Nigeria
January - February 2013	Writing of chapter 6 and 7 of the thesis	Limota	UK

8 <sup>th</sup> March 2013	Poster presentation at feminist forum	Feminist Forum, The University of Huddersfield	UK
21 <sup>st</sup> March, 2013	Speaker at Socio Forum day, the celebration of International Social Work	The University of Huddersfield	UK

## APPENDIX C: Study Plans 2008-2013

<b>Year 1</b>	<p>October 2008 - October 2010</p> <p>Beginning of year one and two</p>	<ul style="list-style-type: none"> <li>• Registration and introduction of new students to the school curriculum and the University campus.</li> <li>• Clarified research aim and the research questions.</li> <li>• Completion and submission of progression forms 2 to 6 with supervisor feedback.</li> <li>• Training and special counselling on the English language.</li> <li>• Training of literature searching using Metalib data search system.</li> <li>• Attending conferences.</li> <li>• Presentation of 1<sup>st</sup> year VIVA, 8<sup>th</sup> July 2010.</li> </ul>
<b>Year 2</b>	<p>October 2010 – July 2011</p> <p>Beginning of year two to three</p> <p>January - June 2012</p>	<ul style="list-style-type: none"> <li>• Gain SREP approval.</li> <li>• Collection of data.</li> <li>• Transcription and analysis of the data findings.</li> <li>• Writing the research outcome.</li> <li>• Methods and methodology review of the literature.</li> <li>• Filling of form (6) and the submission of second year progress report.</li> <li>• July 2011 presentation of 2<sup>nd</sup> year VIVA.</li> <li>• Writing of thesis chapters continue for six months.</li> </ul>
<b>Year 3</b>	<p>July 2011 - June 2012</p> <p>August - December 2012</p> <p>January – March 2013</p> <p>3<sup>rd</sup> - 6<sup>th</sup> July 2013</p>	<ul style="list-style-type: none"> <li>• Data verification and review of literature.</li> <li>• Writing conclusions of chapters.</li> <li>• Begin the final corrections of draft of PhD thesis.</li> <li>• Further review the literature review with the research outcome.</li> <li>• Concluded PhD thesis for submission</li> <li>• PhD thesis submitted.</li> </ul>

	29 <sup>th</sup> March 2013	<ul style="list-style-type: none"> <li>• Examiner review the PhD thesis</li> <li>• Final VIVA presentation</li> </ul>
	17 <sup>th</sup> July 2014	

**Table of Study Activities in 2013 and January 2014 to September 2014**

July	15 <sup>th</sup>	Arrival in Nigeria
August	20 <sup>th</sup>	Revision of examiners comments began
September to October	1 <sup>st</sup> to 11 <sup>th</sup> 2013	Start minor corrections of Chapter (1 to 8) as advised by the examiner
October to November	12 <sup>th</sup> and 2 <sup>nd</sup> 2013	Visa appointment and interview at UK Border in Nigeria  Typing and upgrading the identified corrections
November	20 <sup>th</sup> 2013	Attend coach classes on Methodology
Meeting with External Supervisor 2013	25 to 30 <sup>th</sup>	Travel to collect Visa in Abuja
		Back to the UK
Submission of draft to new Supervisor	December 3 <sup>rd</sup>	Further review of the whole thesis began in Huddersfield UK

Dec to Jan 2014	January 6th	To re-write and submit the literature review and the methodology chapters and to detach and create a new chapter for the theoretical frame work on feminist theory to be named Chapter 3. While methodology chapter becomes Chapter 4.
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		Researcher was advised to pay attention on the general structure and avoid too much repetition in her writing and to pay more attention to punctuation and other areas of writing, and also to be consistent with the use of words.
February 2014	Feb-17th	Researcher was advised to pay attention to the technical errors, look at citations and use of words from feminist writers to give her writing the necessary robustness. Re- submit Chapter 2, Literature Review
March 2014	6th march  25th March	Re-examine the analysis chapter, advised to cut and paste useful information from discussion and recommendation chapters, as they contain useful information relating to the study area.
April 2014	21st April	Revision of all activities carried out
May 2014	May 21st	Researcher was advised to re -arrange the content table logically to reflect what was written in the main text. Advice was also given to the researcher to pay more attention to referencing, consistency in use of punctuation marks and English grammar construction with possibility of reducing the word count to the approved limited words for the whole thesis.

6th - June 2014	20th June	Researcher was advised to re -write the summary page of the theoretical frame work and link it with the methodology chapter and also to update referencing.
July - 2014	2nd July	Researcher was advised to submit Chapters 5 and 6 (Findings and the Analysis/Discussion Chapter) by 12th of June and the next supervision date.
	17th July	Submit draft copy of Reflexivity and the Recommendation Chapters(7 and 8 )
August	August	Researcher was advised to still work and re-write the Reflexivity Chapter.  Researcher to re- write  Chapter1 and re-examine: Appendix, Table of Contents, Abstract and Cover pages with updated reference  .
September 2014	September 2014	Finalizing the final thesis began.  And submission on 30th September granted

## APPENDIX D: Risk management forms for field work.

The University of Huddersfield: Risk Analysis and Management form.

Name: Limota Goroso Giwa (H. T.)			
Date: 10th November 2010	Review Date: 10th December 2010		
Details of Risk(s)	People at Risk	Risk management measures	Other comments
Participants may not turn up at scheduled time, or may feel ill during the interview.	Participant and researcher	<p>Researcher will come 15 minutes prior to the scheduled time to prepare the location and check on the participant to know if she is on her way to the venue as scheduled.</p> <p>Water will be provided during the interview. Participant will be asked about their fitness and well-being included in the check list and offered the possibility of re-arranging the interview for another date if necessary.</p> <p>Air circulation and clean environment, including toilet,</p>	<p>During fieldwork.</p> <p>Ongoing monitoring and vigilance required throughout the data collection period.</p>

		will be checked before venue is booked.	
The interview will fail to provide accurate data for analysis or need to restart if instruments such as interview notes, forms, case notes and discharge summaries are missing.	Researcher and participant.	<p>Tape recorder memory should have the ability to record up to minimum of 3 hours.</p> <p>Always start with empty memory recorder cassette and tapes.</p>	If possible researcher keeps daily personal diary of all intended activities so as not to omit anything.
A possibility of falling ill with malaria because Nigeria is one of the endemic countries.	Researcher	Anti- malaria drugs will be taken before travelling to do fieldwork and before collection of data in Nigeria.	Malaria infection is a daily occurrence in Nigeria.

## **APPENDIX E: General information sheets for participants during interviews.**

### **AQUALITATIVE EXPLORATION OF THE EXPERIENCE AND THE IMPACT OF HIV/STIs AMONG POLYGAMOUS WOMEN IN MUSLIM SOCIETY OF NIGERIA**

Limota Goroso Giwa, +234 8937148268 (direct line and 24 hour voicemail)

Email:gorosogiwa@yahoo.com

#### **INFORMATION SHEET**

##### **(For the participants)**

You are being invited to take part in the above-named research study. Before you decide it is important that you understand why the research is being done and what it will involve.

Please take the time to read this leaflet through and do not hesitate to ask if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

Aim: Explore the impact of HIV and STIs on Muslim women in polygamous marriages in Nigeria.

The main objectives are to:

Explore knowledge, perceptions, and awareness of HIV and STIs in polygamous marriages in Nigeria.

Examine the potential effect of polygamy on the risk of HIV and STI.

Identify possible factors that could empower Muslim women to protect themselves against HIV and STIs.

#### **Why have I been chosen and what do I have to do?**

I am inviting you to take part in this research because your views are very important in understanding how we can improve women's life in polygamy and how to control the spread of HIV/STIs generally. More importantly that you have both professional and personal experience of being a care-giver in the Muslim community and you are still working on HIV/STIs in polygamous homes. Since some of you are women in polygamous marriages and may be affected or infected by this research inquiry. It is hoped that collectively we could improve our lives as women.

The interview is one- to-one, on an individual basis and also involves tape recording during the interview. If you would prefer for the interview not to be taped then this will

also be possible. If you consent to the interview being tape recorded, and then decide during the course of the interview that you want to turn off the tape recorder, I will do so. The interview will last approximately 30 minutes to one hour. All information collected from you during this research will be kept secure and any identifying material, such as names, will be removed in order to ensure anonymity of those participating. It is anticipated that at some point the results of the research will be published in a journal or report. Should this happen your anonymity is still guaranteed, although it may be necessary to use your words in the presentation of the data, with your agreement.

**Do I have to take part?**

It is up to you whether or not you take part in the research. If you do decide to take part you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect you in any way. At no point will any information given be traced back to you.

**What are the possible pros and cons of taking part?**

I hope that you will enjoy taking part in this study and I do not anticipate any disadvantages. I do know however that some women have experience of being infected and affected with this topic, how will you address issues of confidentiality of these women in the meeting? These are issues we need to keep in mind and to jointly address at this meeting.

**Who is organizing and funding the study?**

Limota Goroso Giwa is organizing the funding as part of her PhD research field study. She is being supported by her employer the International Women Communication Centre (IWCC), Nigeria, and The University of Huddersfield, UK. If you require any further information about the project then please contact Limota Goroso Giwa at the above address. You will be able to have access to the completed report once the research is finished and when I have completed the writing up process.

Thank you for taking the time to read this information leaflet.

Yours Faithfully

Signed Ms. Limota Goroso Giwa

The researcher

**APPENDIX F:** The (7) questions that guided the interview

**“AQUALITATIVE EXPLORATION OF THE EXPERIENCE AND THE IMPACT OF HIV/STIs AMONG POLYGAMOUS WOMEN IN MUSLIM SOCIETY OF NIGERIA”**

Limota Goroso Giwa: +234 80 37148268 (direct line and 24 hour voicemail)

Email: [gorosogiwa@yahoo.com](mailto:gorosogiwa@yahoo.com)

Venue; Sitting arrangement and refreshment served.

- How are things going? Welcome and how are you? Thank you very much for giving me your time for this interview. Are you happy participating in this interview? Negotiate written informed consent; if yes, please read through this information sheet and signed the consent form after.
- Can I also record your voice for this interview?
- Can I begin the interview?

(1)What is your understanding of HIV/STIs and polygamy? How can we prevent and control the spread of these diseases in polygamy? Probing further. [Yes carry on tell me more about your experiences on these.']

(2) What proposed strategies will you put in place to empower polygamous women to protect themselves from HIV/STIs? [Supplementary probing questions help to seek views on whether the participant was able to practice as she wished or whether there were any hindrances?]

(3) How well do you think HIV/STIs can be prevented among co-wives or in multiple sexual relationships [Supplementary probing questions on the differences between co-wives and multiple sexual matters]?

(4) Are there any changes you would like to make on the present mechanism for the prevention and control of HIV/STIs in general? [Concluding part] Before I go is there anything else you would like to tell me that will be useful for this study?

(5)Can I contact you in future if any further information is needed? [Supplementary probing questions to establish current feelings about polygamy and HIV/STIs.]

(6) How is life with you generally? What would you like to see change as a priority? On the prevention and control of HIV/STIs in Nigeria [Supplementary probing question for identification of preventative measures against HIV/STIs, and determine methods of empowering women in polygamous homes].

(7)Is there anything else that you would like to talk about? [Thank the participant for their help with the study].Thank you so much for your time in this interview.

## **APPENDIX G: Consent forms for participants at the interview**

### **CONSENT FORM**

**AQUALITATIVE EXPLORATION OF THE EXPERIENCE AND THE IMPACT OF HIV/STIs AMONG POLYGAMOUS WOMEN IN MUSLIM SOCIETY OF NIGERIA”**

Name of researcher: Limota Goroso Giwa (H .T) Please initial box

I confirm that I have read and understand the information sheet [date] for the above study.  
I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and that this action will not affect my present/future careers.

I understand that any data collected during the study will be stored by Limota Goroso, who will be responsible for its storage.

I agree to take part in the above study.

**Name of participant**\_\_\_\_\_

Date\_\_\_\_\_ Signature\_\_\_\_\_

**Name of person giving consent**\_\_\_\_\_

(If different from researcher)

Date\_\_\_\_\_ Signature\_\_\_\_\_

**Researcher**\_\_\_\_\_

Date\_\_\_\_\_ Signature\_\_\_\_\_



# **APPENDIX H: Interview schedule from December 2010 - May 2011 in Nigeria**

<b>Date</b>	<b>Action</b>	<b>Location</b>
October/November 2010	Submission of SREP forms for ethical approval.	
November/December 2010	Approval of date and time with selected participants.	Nigeria
5 <sup>th</sup> December 2010	Interview 1 (Zen)	All interviews conducted in Nigeria
23 <sup>rd</sup> January 2011	Interview 2 (Snake)	
25 <sup>th</sup> January 2011	Interview 3 (Sami)	
30 <sup>th</sup> January 2011	Interview 4 (Baker)	
2 <sup>nd</sup> February 2011	Interview 5 (Bow)	
6 <sup>th</sup> February 2011	Interview 6 (Tanka)	
9 <sup>th</sup> February 2011	Interview 7 (Susi)	
11 <sup>th</sup> February 2011	Interview 8 (Kenny)	
17 <sup>th</sup> February 2011	Interview 9 (Stone)	
20 <sup>th</sup> February 2011	Interview 10 (Nicky)	
26 <sup>th</sup> February 2011	Interview 11 (Billy)	
8 <sup>th</sup> March 2011	Interview 12 (Tunde)	
12 March 2011	Interview 13 (Pepper)	
20 <sup>th</sup> March 2011	Interview 14 (Sweet)	
24 <sup>th</sup> March 2011	Interview 15 (Santos) ,	
3 <sup>rd</sup> April 2011.	Interview 16 (Manish)	
17 <sup>th</sup> April 2011	Interview 17 (Fundi)	
18 <sup>th</sup> April 2011	Interview 18 (Beauty)	
15 <sup>th</sup> May 2011	Interview 19 (Mama)	
30 <sup>th</sup> May 2011	Interview 20 (Lucky)	
April - June 2011	Data analysis	
September 2011	Return to UK	

## **APPENDIX I: Copy of transcript from participants (1)**

### **Transcript: 1**

Data Source: In depth interviews

Participant ID: Zen

Date: 5<sup>th</sup> December 2010

Time: 12. 00 hours and finishing 13.00hrs

**Introduction:** Limota (L) is the researcher and Zen (Z) is the participant.

### **Conducting the interview:**

There was an exchange of greetings and other salutations on arrival before the commencement of the interview at 12 pm.

### **Negotiating inform consent**

L: Welcome and how are you? Thank you very much for giving me your time for this interview. Are you happy participating in this interview? If yes, Please read through this information sheet and sign the consent form after?

Z: *oh ...thank you as well!! . {Reading the forms}*

L: Can I also record your voice for this interview?

Z; *Please don't bring video or tape recorder here. I don't want my voice recorded, but, I will sign the consent paper because I have read the information sheet and happy about your clear information on the research work.*

(L) Can I begin the interview?

Z: *Fine thank you. Yes, you can of course*

L: **Refreshment:** Pls, menu is served on the table feel free to have this drink and snacks on the table, is our refreshment for this meeting. Pls, let me know when you are ready to take it so that I can stop the interview.

Zen; *okay thank you, It is my pleasure to be asked to take part in this study.*

L: {Beginning the interview} L: How are things with you? Are you okay participating in this interview? Can you please tell me about HIV/STIs in a polygamous marriage?

Z: *What exactly do you want to know about it?*

L: Anything that you would like me to know about HIV/STIs and polygamy? I mean your experience of living with HIV/STIs in polygamy

Z: *I am in a polygamous marriage as you know. My understanding of HIV/STIs is that it is a virus that is transmitted from one person to another one; they are diseases that can be transferred. And my experience of polygamy is that most of us (wives) living in polygamous homes can easily get these diseases transferred from one wife to another from our infected husband. The other experience is that, it can destroy the joy and harmony in a matrimonial home if HIV is discovered in a Polygamy home. Hammmm*

L: please tell me more .....

Z: *Yes, the other issue is that, I use to use condom when having sex with my husband because I don't want him to infect other wives, and I don't encourage myself to do blood transfusion to anybody because of my HIV status. I have being living with HIV, since five years ago.*

L: What do you mean by saying that you did not want to infect other wives?

Z: *Because I am HIV positive and my husband is too. I think they all know*

L: Yes carry on tell me more about your experiences on these.

Z: *My husband allowed me to use condom with him because both of us (my husband and me) are infected and do not want to infect the other wives. My husband use condom with other wives because my husband has narrated his problems and his HIV status with the other wives. In terms of having baby, my husband ask us to stop producing baby, I have five children and one died and my other co-wives has six children. So we are okay with bearing children, that is why condom is allow in our family to protect us from HIV/STIs and help us in family planning as well.*

*In the early stage of detection of my HIV status, in Nigeria there was a lot of stigma and discriminations even in the family and everybody stigmatized us, but today it has reduced because my body and the sickness is gone, through the use of ARV and vitamins. {Look at my skin, I am better than before}.*

L: Hmmm oh... Fine skin..., {supporting her point}

*Z: HIV/STIs can be prevented from co-wives or multiple sexual relationship by avoiding unsafe sex, use sterilized object such as blade, syringes, anytime they are in contact with blood, and the use of condom. Living in polygamous marriage's is better than having several sexual relationship outside marriage or be involved in any other sexual network activities because the diseases stays within the infected family of a certain polygamous home, rather than spreading it with other unknown person in other sexual network relationship.*

*HIV/STIs in polygamy limit wider spread than any sexual network or any relationship such as going to sex worker (prostitutes) or have other concubines who will then spread the diseases with several other people, so as not to destroy other people's home.*

*To be in polygamy is good because it will limit the spread within a family line, whereas in a multiple sexual relationships, it can easily destroy a hundred homes in an hour.*

*Polygamy helps the men to stop promiscuity since the wives are married under code of Muslim law that permit us to do so. Any wife found in other extra relationship can be penalized, polygamy help us to cope with the spread of these diseases within a family circle.*

*The other changes I will like to recommend is to stop people going out to make love to another man's wife or husband. Extra marital relationship is dangerous, because my husband kept a mistress in a secret relationship for over one year, as a concubine, this lady later married my husband and she did not tell my husband about her HIV status, before marrying my husband, so she infected my husband and my husband infected me, and she later died of AIDS within two years of her marriage to my husband. I am the second wife, HIV did not affect the first wife because my husband stop sleeping with her after marrying me, they have quarrel and living separately, it was then he marry me,*

**L:** What proposed strategies will you put in place to empower polygamous women to protect themselves from HIV/STIs?

*Z: The proposed strategies for empowering women is that all infected and affected women should have economic power, such as regular job, that brings money, so also to ensure women get education, and for the women to be social. Because illiteracy makes women to be a beggar's to their husband, and the men treat the women like kid (baby) that they can baby-sit and also our problem is marginalization of women who is also powerless.*

*Economic power will give women power to negotiate their sexual right, take care of their children, especially if the woman has money to support herself and her family, she will not have problem with her marriage. Women should have a good job, money, education and to socialize herself, so that “No man will bring nonsense to her”. It is because of the poverty level of women that women tolerate anything from their husband,*

*Z: HIV/STIs destroy homes, it make people die unnecessary, HIV stop people to have a good marriage. This day people are afraid to marry because HIV test is voluntary and not made compulsory you cannot force people for HIV /AIDS test,*

*HIV is increasing orphans and left innocent children as victim. Our children are suffering for nothing, out of our sexual behaviours and (carelessness)*

*People should go for HIV test before marriage, and family planning system should be encouraged. People should stop having (man friend and sugar daddy) outside their marriages. People in polygamy relationship should use condom so that, the virus will not increase in their homes. People should stop extra marital relationship, instead, take to polygamy and restrict the number of wives and our husband should get periodical test on HIV because of their homes*

L: Before I go is there anything else you would like to tell me that will be useful for this study?

*Z: Thanks you, nothing more to say. God bless you; please help us to stop these diseases HIV/STIs, enough is enough*

L: Can I contact you in future if any further information is needed??

*Z: Yes, you can and I will take part in any future meetings that will help prevent the spread of HIV/STIs because, I have much experience, living with HIV/STIs. In future I will like to share and know more on the prevention and the control of the diseases. May be, that will give us permanent solution to cure the diseases.*

L: How is life with you generally?

*Zen: fine!*

L: Thank you so much for your time Zen. The interview closed at 1.pm

### **Summary and report of the first one-to-one in-depth interview from Zen (participant 1)**

**Topic:** A qualitative exploration of the experience and the impact of HIV/STIs among polygamous women in Muslim society of Nigeria.

**Learning process:** The process was very open and encouraging. The participant arrived earlier than the scheduled time. The participant was eager to participate in the interview especially on anything that will bring a solution to the prevention and control of HIV/STIs. She wants to be part of the solution to the prevention and cure, coming from years of experience of living with HIV/AIDS.

She requested to sign a consent form, but rejected the option to be tape recorded. *“Please don’t bring video or tape recorder here. I don’t want my voice recorded, “but, I will sign the consent paper because I have read the information sheet and happy about your clear information on the research work”*.

The process exposed me to the reality of the experience and the emotional perspective of someone living with HIV/AIDS.

She voluntarily revealed to me issues that are sensitive and private to her life and her eagerness to find a lasting solution to issues of HIV/STIs.

I have learnt more on the usefulness of purposeful sampling techniques in a qualitative research. It helps to produce a good result. The exercise is a more revealing experience, about the reality of polygamy and HIV/STIs.

#### **The key emerging issues from the interview are:-**

- Knowledge of HIV/STIs: - the participant said that HIV is a virus that is transferable, a transmitted disease and that prevention can be achieved through the use of condom in order not to infect others.

Knowledge of prevention through safer sex, and the use of sterilized needles, or other sharp objects and faithfulness of the spouse, advocacy on the restriction of numbers of wives in polygamous marriage will help to limit the spread of the infection, and that faithfulness among spouses is better than any other sexual network relationship in curbing the spread of HIV/AIDS.

- Knowledge of safer sex on the prevention methodology: - through policy statement, urging government (policy makers) to enact a law to stop extra marital relationship outside marriage.
- The empowerment of women: - Empowerment through economic empowerment and job creation for affected and infected families will give power to women and will also reduce the poverty level of women. Socialization and education will enable women to negotiate their reproductive right, thereby improving their sexual right.
- Social problem of HIV/STIs in relation to an increase in the numbers of Orphans and Vulnerable Children (OVC), the destruction of family lines and the increase of unnecessary death rate in Nigeria was emphasized. High increase in numbers of people refusing to marry out of fear of being infected with HIV/STIs because is not compulsory to test your HIV status in Nigeria so most people do refuse to be tested before marriage.
- The use of condom:- Advocacy on condom use:- The use of a condom helps sustain sexual activities in affected families in order to continue to enjoy their sexual life; use of condom also helps people enjoy normal sexual relationship with their partners in and outside marriage.
- Issues of poverty: - Poverty exposed women to engage in extra sexual relationship, people get paid as a replacement for sexual satisfactions, from rich men and women (called sugar daddy and mummy).
- Increases in the spread of HIV/STIs are through other sexual networks and behavioural practices which are related activities in the transmission of HIV/STIs.

## **APPENDIX J: Data categories, and how they emerged**

### **Overview of the 60 key emerging issues:**

1. Knowledge of polygamy, HIV/STIs and their prevalence rate was high among participants.
2. Knowledge of prevention such as safer sex, taking precaution in the process of blood transfusions and refraining from using unsterilized objects in any blood contact with skin.
3. Knowledge of cultural practices and other problems affecting women on HIV/STIs was very high among participants.
4. Knowledge of economic challenges affecting women in polygamy.
5. Empowerment of women through job creation and micro loan was revealed
6. Emphasis on the use of condom as the safest method of prevention in polygamous situation was high.
7. Knowledge of poverty and promiscuity has a mitigating factor to the spread of HIV/STIs was high.
8. Compulsory attendance of Voluntary Counselling Testing (CVCT) for polygamous families and this approach to replace the existing (VCT) voluntary testing and counselling and the need for periodical testing and medical check-up of HIV/STIs among people involved in any multiple sexual relationship.
9. Burden of HIV on women and children as a gender and power issue in the control of HIV/STIs spread.
10. Advocacy, awareness creation and community sensitization program was suggested to help prevent and control the spread of the diseases.
11. Re-orientation of both men and women on sexual behaviour and attitudinal change towards wife abuse and neglect was also recommended.
12. Disclosure of HIV status in the family and in society is a challenge to polygamous family.
13. The role of traditional birth attendants in the health care system needs to be strengthened through capacity-building workshops.
14. Faith and reality based on religious belief keep most women in polygamy.
15. Gender inequality of the diseases is considered to be among the contributory factors to the causes and the spread.
16. Stigmatizations and discriminations of people living positive remains high.



17. Gender base violence in homes such as wife beating and domestic violence are considered to be among the contributory factors to the causes and the spread.
18. Lack of sex education and reproductive rights for women was a factor and considered to be among the contributory factors to the causes and the spread.
19. Advocacy and community sensitizations are factors to prevent and control HIV/STIs.
20. The use of information communication (IEC) materials to educate grassroots women on HIV/STIs was suggested.
21. Change of HIV logo, red sign representation of danger or death sign to be replaced with a friendly logo of hope for people living with HIV.
22. Life experience of women living in polygamous marriage e.g. the lack of consent of first wife before taking additional wives should be re-examined according to the Quran injunction by the Muslim community.
23. The impact of HIV/STIs on polygamy and the gender interaction need further research.
24. Issues of strict confidentiality to HIV disclosure and drug adherence by People Living Positive (PLP) must be reviewed.
25. Primary and secondary prevention of HIV/STIs to be re-enforced by health workers.
26. Abstinence from sex was rejected and recommended for further analysis because most participants believed that this intervention approach is not appropriate for this study area.
27. Recommendation of scholarship awards or free education to orphans and vulnerable children, including HIV orphans was recorded for policy direction.
28. Financial support for infected and affected families of HIV/STIs was solicited with making useful recommended for policy direction by all stakeholders.
29. Strict adherence to condom use in any multiple sexual relationships.
30. Replacement of ARV drugs daily dose to be replaced with one dosage per week or weekly ingestions vaccines was suggested.
31. Poverty, fornication and promiscuity were considered to be contributory factors to the spread of HIV/STIs.
32. Experiences of women in polygamous relations was high, as participants give account of their experiences in polygamy issues such as insecurity, jealousy, wife abuse and inadequate resources to cater for the wives and children in the marriage system.
33. The attitudinal lifestyle and perception of people living with HIV need to be re-examined.

34. Lack of safety precautions for the health workers was considered a risk factor during child delivery and blood transfusions.
35. Open communication between co-wives and their spouses on sexual problems can be shared with confidentiality and love.
36. Destiny, acceptance of traditional practices affects the decision of women to remain in polygamous situations.
37. Muslim perception of single women was considered a factor contributing to increased polygamy Muslim i.e. perception of single women was considered a factor contributing to increased polygamy.
38. To seek medical advice on the Prevention from Mother to Child Transmission (PMCT) programs on HIV was advocated for.
39. Wife inheritance from widowhood, forced marriages, gift marriages and the practice of arranged marriages are all factors considered to contribute to the spread of polygamy.
40. Cultural acceptability and traditional beliefs are contributory factors to the spread of HIV/STIs.
41. Power struggle among co-wives for spousal love and care are all gender issues.
42. Lack of resources to provide for all the wives in polygamy was considered a factor for the indulgency of women in extra marital relationships.
43. Favouritism between a husband and younger wife against other wives in polygamy were traumatizing.
44. Societal values, norms and the general the perception of polygamy and HIV/STIs to be re-examined.
45. The need for women-centred approach programs will increase women's empowerment.
46. Wife abuse labelling as the carrier of HIV/STIs hinder disclosure of HIV status in polygamy.
47. Ego and refusal of men to go for voluntary testing and counselling (VCT) test on HIV/STIs are all contributory factors to the spread of HIV/STIs in polygamy.
48. Current statics of HIV/STIs in Nigeria are biased and only represent results of tests carried out in post-natal and anti-natal care, as well as hospital attendees. Therefore, a general census of the HIV ratio in Nigeria was not captured.
49. Request for alternative medicine to reduce occurrences and reoccurrence of STIs, even after treatment.

50. STIs sometime cause infertility after long treatment of the infection as STIs need long-time treatment to be totally cured.
51. Request for permanent cure for HIV/STIs.
52. Request for Government and policy intervention on women's health issues.
53. Request for the free treatment of other opportunistic infections like catarrhal cold, malaria, typhoid. VVVF (Virginal Vascular Virus in females), diabetes and cancer. (Women in Nigeria die more from these diseases than they do HIV/AIDS).
54. Drug resistances to line one treatment of (ARV) HIV1 and HIV2 patients.
55. Re-designing of the present female condom is urgently needed.
56. The feminization of the female condom to be gender friendly.
57. Family health records and periodical check-up for polygamous families or anybody involved in extra marital relations or promiscuity.
58. Issues of helplessness and value systems of a given society need situational analysis.
59. Sex is wellness for many people, sex is an important part of the relationship, participant said couples must have sex; sex is an important part of Muslim relationships. It is part of socializations otherwise life will be boring.
60. Compulsory education (formal or informal) for young women and girls is required in order to be socially and economically empowered before going into any marriage. These views came out more strongly by most participants.

**The 60 key issues were reduced to 33 categories as listed below:**

1. Knowledge of HIV/STIs and its prevalence rate was high.
2. Knowledge of prevention such as safer sex and other prevention methods was well articulated.
3. Knowledge of socio and economic problems affecting women and HIV.
4. Empowerment of women through job creation was advocated for.
5. Knowledge of polygamy and the narration and description of bitter experiences of women in a polygamous situation.
6. Emphasis on the use of condom as the safest method of prevention.
7. Poverty and promiscuity as a contributing factor to the spread of HIV/STIs.
8. Compulsory testing (CTC) to replace voluntary testing and counselling (VCT) and the need for periodical testing and check up on HIV/STIs.
9. Burden of HIV on women and children as a gender and power issue in the control of HIV/STIs.

10. Awareness creation and sensitization program was advocated for the prevention and control of HIV/STIs.
11. Behaviours and the attitudinal lifestyle and perception of people living with HIV need to be re-examined.
12. Disclosure of HIV status in the family and society is a challenge.
13. Traditional birth attendants and the lack of their safety were mentioned as risk factors.
14. Faith in God, destiny and acceptance of traditional practices affects the decision of women to remain in polygamy.
15. Gender inequality, power struggle among co-wives for spouse love and care, as contributory factor.
16. Poverty and promiscuity of women and girls as contributory factors to the spread of HIV/STIs.
17. Stigmatizations and discriminations.
18. Medical advice on the prevention from mother to child transmission (PMCT) was advocated for.
19. Gender base violence, i.e. forced marriage, cultural acceptability, traditional beliefs are contributory factor in the spread of HIV/STIs.
20. Sex education and reproductive right of women was a factor.
21. Advocacy and community sensitizations were a factor.
22. The use of information communication (IEC) materials to educate grassroots women on HIV/STIs.
23. Change of HIV logo red sign from danger or death sign to be replaced with a friendly logo of hope.
24. Life experience of polygamy e.g. lack of consent of first wife before taking an additional wife should be re-examined.
25. The impact of HIV/STIs on polygamy and the gender interaction need further research.
26. Strict confidentiality of protecting people living with HIV/STIs and also to ensure drug adherence may help control the spread of HIV.
27. Primary and secondary prevention of HIV/STIs.
28. Abstinence from sex was recommended for further research.
29. Recommendation of scholarship award or free education to orphans and vulnerable children including HIV orphans were recorded for policy change.

30. Financial support to care for infected and affected family was recommended for policy direction.
31. Strict adherence to condom use.
32. Replacement of ARV drugs daily dose to be replaced with weekly injection
33. Poverty and fornication as a contributory factor to the spread of HIV.

## **APPENDIX K: Short biography of participants**

**Participant 1: Zen** is a 34 year old Muslim woman married into a polygamous marriage as wife number two in Ilorin, a West Local Government Area of Kwara State. She is a home based caregiver (community volunteer) living HIV positive since 2007 and has 4 surviving children.

**Participant 2: Snake** is a 43 year old caregiver from Offa, a local Government Area of Kwara State, living in Ilorin with one child. Snake is a co-wife number three. She has been living with HIV since 2004.

**Participant 3: Sami** is a 43 year old woman married into a polygamous marriage and working as a caregiver. Sami has been living with HIV since 2007. She has on several occasions suffered re-occurring STIs prior to learning her HIV status.

**Participant 4: Baker** is a 36 year old woman married into a polygamous home but separated from the husband (not divorced). Baker has three children. She has had HIV since 2008, and has on several occasions been afflicted with untreated STIs. She is not employed but does serve as a community volunteer doing home based care work for infected and affected families living with HIV/STIs.

**Participant 5: Bow** is a 28 year old polygamous woman working as a nurse and also gives support services to community volunteers, helping them to work as home based care givers by providing after hospital treatment for infected families of HIV/STIs. She is also involved in referral cases to hospital on any noticeable sicknesses in the community.

**Participant 6: Tanka** is a 32 year old mother to three children. Tanka is HIV positive and married into polygamous home. She is a nurse who provides after hospital support services and helps on referral cases in Kwara State.

**Participant 7: Susi** is a 35 year old woman living with HIV since 2008. Susi is married with children in a polygamous marriage. Susi works as a nurse and (caregiver) community volunteer.

**Participant 8: Kenny** is a 40 year old woman living with HIV. She has been married into a polygamous situation since 2001 and has three children. Kenny works as a nurse and community volunteer in Ilorin, Kwara State.

**Participant 9: Stone** is a 41 year old widow, formally married into a polygamous marriage. She works as a teacher and community volunteer. Stone learned of the HIV status in 2008 after several years of experiencing STIs. She works as a caregiver for infected families of HIV/STIs in Kwara State.

**Participant 10: Nicky** is a 30 year old widow and the first wife in a polygamous marriage. Nicky has three children. She is a self-employed sales woman [buying, selling, and trading] as well as doing community home based care work for people living with HIV/STIs.

**Participant 11: Billy** is a 35 year old woman, widowed with four children. Along with living with HIV, Billy is also afflicted with re-occurring STIs. Billy works as a caregiver and was previously married into a polygamous home as wife number four.

**Participant 12: Tunde** is a 33 year old woman married into a polygamous marriage with one child. Tunde is an unemployed graduate who volunteers as a community worker providing home based care to families infected and affected by HIV/ STIs.

**Participant 13: Pepper** is a 34 year old unemployed polygamous woman. She is house wife number two in her present marriage. Pepper is a community volunteer carrying out home based care work for HIV/STI infected and affected families.

**Participant 14: Sweet** is a 30 year old woman living with HIV and married into a polygamous marriage. She works as a community volunteer providing care to HIV/STI infected people.

**Participant 15: Santos** is a 32 year old woman living in Kwara State of Nigeria. She is co-wife six in a polygamous home with three children. She is unemployed but works as a community volunteer providing home based care.

**Participant 16: Manish** is a 40 year old widow with three children. She is an unemployed house wife living with HIV and has been afflicted with STIs on several occasions. Manish works as a community caregiver.

**Participant 17: Fundi** is a 35 year old woman living with HIV. Fundi live in a polygamous marriage and works as a caregiver in Ilorin, Muslim Community of Kwara State.

**Participant 18: Beauty** is a 36 year old woman married into a polygamous marriage. She works as a caregiver and had been afflicted with untreated STIs prior to contracting HIV.

**Participant 19: Mama** is a 30 year old widow living with HIV who was previously married into a polygamous marriage. Mama has one child and works as a caregiver to HIV infected and affected families in the Muslim community of Ilorin, Kwara State, capital of Nigeria

**Participant 20: Lucky** is a 35 year old woman, married into a polygamous marriage with three children. She has been living with HIV since 2009. Lucky is a medical laboratory attendant at a teaching hospital, as well as being a community volunteer doing home based care work in Kwara State.