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The social situatedness of sexual expression among youth in rural Edo State, Nigeria

by  
Jessica Penwell Barnett

A Thesis  
Submitted to the Faculty of Graduate Studies through the  
Department of Sociology, Anthropology, and Criminology  
in partial fulfillment of the requirements for  
the Degree of Master of Arts at the  
University of Windsor

Windsor, Ontario Canada

2009

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## **Abstract**

This research, utilizing data gathered among adolescent students living in rural southern Nigeria (Edo State), elucidates the youths' sexual understandings and their connections to HIV risk. I found that gender and age-related understandings acted as 'hubs' for the organization of the youths' sexual scripts. Overall, scripts that promote vulnerability to HIV include sex as controlled by the male, inherent in valued female/male relationships, a means to social status, and 'normally' violent. In addition, the youth do not view HIV as a present or preventable danger and view condoms as unreliable protection from disease that mainly work to disassociate oneself from a disrespected sex partner. Scripts that may promote the adoption of safer-sex behaviors include the ability to 'play love' rather than have sex in a female/male relationship, sex as a danger to personal and familial success, and condom use as a 'masculine' activity which demonstrates caring for the female partner.

## Acknowledgments

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## Chapter 1 – Introduction

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Nigeria has the third highest number of HIV infected adults in the world, with an estimated adult prevalence of 5.4%. Researchers estimate that 60% of new infections occur among those aged 15-25 years (Family Health International, 2003). As the government, non-governmental organizations, and researchers seek to stem the rising rates of HIV, interest in the sexual behavior of Nigerian youth has burgeoned. There is a broad cultural division between northern Nigeria, where predominantly Muslim, Hausa-speaking Nigerians live; and southern Nigeria, where predominantly Christian, Yoruba-speaking Nigerians live (Caldwell, Caldwell, & Orubuloye, 1992). The current research utilizes data gathered among youth living in rural Edo State, in southern Nigeria. Research indicates that cultural<sup>1</sup> factors play an important role in determining the sexual behavior of southern Nigerian youth, particularly as it pertains to HIV prevention strategies (Asim, Uwe, Ekuri, Asuquo, & Ekpiken-Ekanem, 2007; Izugbara, 2005a, 2005b, & 2007a). Other research demonstrates that southern Nigerians themselves view sex as important for sociality and society (Orubuloye, Caldwell, & Caldwell, 1991; Owuamanam, 1995; Smith, 2000). Given this framing, it is important for those interested in changing young Nigerian's sexual behavior to consider cultural and social influences. One way of conceptualizing the cultural and social mediation of sexuality is through scripting theory (Gagnon, 1990; Laumann & Gagnon, 1995; Simon & Gagnon, 1986, 2003). Previous research has shown that sexual knowledges conceptualized as scripts can

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<sup>1</sup> I am using 'culture' to denote the contested, dynamic, and often contradictory milieu of beliefs, meanings, and practices shared by a social group.

be intentionally changed (Dworkin, Beckford, & Ehrhardt, 2007; Gagnon, 1990). This provides an opportunity to change scripts for the promotion of health and well-being. My research conceptualizes the expression of sexuality among these youth as scripts in order to a) understand current patterns of behavior and significance in their embedded context and b) attempt to capitalize on this potential for positive change. The goal of this research, then, is not to take a critical view of southern Nigerian sexual knowledges, attitudes, or practices as such. The goal is to elucidate these phenomena and to critically reflect on their potential connection to HIV transmission through their affects on abstinence, monogamy, and condom use. I ask, what are the sexual scripts of youth living in rural southern Nigeria?

### Sexual scripting

Sexual scripting, developed by Simon & Gagnon (1986, 2003), defines sexual activity as “a social transaction in which...actors mutually shape each others’ conduct” (Laumann & Gagnon, 1995, p.198). This theorization of sexuality is based on the premise that sexuality is, at its most fundamental, a social interaction. Like all social interactions, there are culturally-specific notions about expected behaviors and the significance of those behaviors. In this view, sexuality is not a separate realm of life with special circumstances, but simply one aspect of social life which reflects general social organization, rules, norms, motivations, etc. ‘Script’ is the moniker for the cognitive schema organizing knowledge about a thing. Well-stated by Hardy (2004), it is important to note that, “scripts do not limit so much as enable. They are the means by which behaviour, consisting of ‘mute, inarticulate’ gestures, can be linked to a whole universe of symbolic meanings and thus transformed into sexual conduct” (p.8).

Simon & Gagnon (1986, 2003) posit three interacting levels of scripts; cultural, interpersonal, and intrapsychic. Cultural scripts are composed of shared meanings among a group of people. These shared meanings make the enactment and understanding of the sexual possible. Who is sexual (alone or in combination)? What (symbols, behavior) is sexual? When does sex happen (or not)? Where does sex happen (or not)? Why does sex happen/is something sexual (in that particular way)? How is 'sex' done? Interpersonal scripts are variations of cultural scripts which emerge in the practice of sexuality. They draw underlying form and meaning from cultural and intrapsychic scripts, but may be infinite variations on those themes, being adapted to specific circumstances. Intrapsychic scripts are individualized elaborations on cultural and interpersonal scripts. They are personal understandings of the sexual which guide behavior and enable reflection upon it.

Scripts are both established and emergent. Human agency and changing circumstances, on both macro and micro levels, create edits and adaptations of 'current' scripts. These 'new' scripts may be taken up and reproduced either within one's mind, within an interpersonal relationship, or within the culture at large (Gagnon, 1990; Laumann & Gagnon, 1995; Plummer, 2002). One example of how this process can work is provided by Sanders (2008) in her exploration of the sexual scripts of men who regularly frequent sex workers. She demonstrates how the men in her study imported aspects of cultural and intrapsychic scripts for non-commercial dating relationships into their commercial relationship, creating a new interpersonal and intrapsychic script from this combination. Individual men who did this then posted their experiences online, where this idea was picked up by others and has now become a (sub)cultural script in which a group of people share ideas about the who, what, when, where, why, and how of

a commercial ‘GFE’ (girlfriend experience). This study provides a concrete example of how all three levels of scripts are mediated by the others; how change at any one level can result in change at the other two. It also demonstrates how broad social changes, like the introduction and popular-use of the internet, become implicated in sexual life. I argue that both of these processes are key to understanding the sexual scripts of young people in rural Edo State, Nigeria.

### Sexual expression in southern Nigeria<sup>2</sup>

Due to significant differences in culture and political economy between northern and southern Nigeria, and the fact that data for this study have been gathered in a southern state, my literature review will focus on southern Nigeria. I do reference literature from the sub-Saharan region as appropriate to compare/contrast with southern Nigerian findings or to ‘fill in the gaps’ where research in southern Nigeria is lacking. Previous research on sexuality in southern Nigeria is dominated by work with the Yoruba, Igbo, and Ngwa, though some studies specify a region and do not provide specific information about ethnic make-up. In the review which follows, distinction will be made between the ethnic groups and regions when cross-group differences are noted or evidence is available for only one group. Information without a group-specific label is indicative of research with various groups and/or regions in the south.

### *Facts & figures*

Research indicates that most Nigerians in the south have sex for the first time between

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<sup>2</sup> This review and research focuses only on hetero-sexual scripts and expression as other manifestations of sexuality are not acknowledged within southern Nigerian culture. Throughout this research, “female/male” and “mixed gender” are used to describe relationships between two individuals with presumably different genitals and different socially-recognized gender designations, while the use of “hetero-sexual” is intended to call to mind a particular social construction of such relationships.

15 and 17 years of age (Caldwell, Orubuloye, & Caldwell, 1991a; Caldwell, Orubuloye, & Caldwell, 1999; Izugbara, 2007a; Orubuloye et al., 1991; Owuamanam, 1995).

Premarital sex is common, as it is in many countries in the sub-Saharan (Biddlecom, Gregory, Lloyd, & Mensch, 2008; Wight, Plummer, Mshana, Wamoyi, Shigongo, & Ross, 2006). For example, Caldwell et al. (1991a) found very few Yoruban males and approximately 1/3 of rural and 1/5 of urban Yoruban females reporting virginity at marriage. In the same study, most males and approximately 1/4 of rural and 1/3 of urban females reported five or more sexual partners before their first marriage (Caldwell et al., 1991a). Across the literature reviewed here, Messersmith, Kane, Odebiyi, & Adewuyi (1994) report the lowest rates of premarital sexual activity, with 83% of men and 53% of women in Ife-Ife (95% Yoruban sample) reporting premarital sexual activity. Whatever the precise figures, it seems that premarital sex is a normative experience for both females and males. Regardless of marital status, multiple concurrent sexual partners is also common (Ajala, 2007; Amazigo, Silva, Kaufman, & Obikeze, 1997; Izugbara, 2007a; Omorodion, 2006; Orubuloye, Caldwell, & Caldwell, 1993; Owuamanam, 1995); with one study finding that 3/5 of men and 2/5 of women had more than one current sex partner (Orubuloye et al., 1991).

### *Polygny & its effects*

Polygny, a traditional institution in Nigeria, is not uncommon in the south, with 30% of Yoruban men in 1999 (Caldwell et al., 1999) reporting polygynous family structure. Caldwell et al. (1991a) report that traditionally most marriages were arranged, but today most people are able to choose their spouse(s) with family approval. Caldwell et al. (1991a) also indicate that Yorubans traditionally practiced a prolonged period of female

postpartum sexual abstinence, which may have contributed to the development and maintenance of polygynous family structure. A 1991 study with women in Ado-Ekiti indicated that the timeframe for this abstinence had shrunk to 12 months, but was still the dominant practice (Caldwell, Orubuloye, & Caldwell, 1992). Supporting this, Messersmith et al. (1994) report that 35% of males and 12.5% of females in Ife-Ife (95% Yoruban sample) indicated sexual activity while the female partner was breast feeding.<sup>3</sup>

Caldwell and associates (1991a, 1991b, 1992, 1998, 1999, and 2000) argue that several aspects of contemporary sexual scripts among Yorubans are descendant from the traditional practice of polygyny. First, there is a strong belief among men in southwest Nigeria that men are *unable* to have just one female partner (Caldwell et al., 1999). Indeed, I did not find *any* studies which discussed reasons why a man ‘should’ confine his sexual activity to one female partner. Male monogamy does not appear to be part of the sexual script for southern Nigerians (regardless of family structure). The association between polygyny and the scripting of male sexual experience is supported by survey findings with male students in Oyo State which demonstrated that the likelihood of sexual initiation among adolescent boys increased with the number of his father’s wives (Oladepo & Brieger, 2000). A second way in which polygyny may affect current sexual scripts is through the relative sexual, material, and security deprivation experienced by junior wives. According to Caldwell et al. (1991a), this lack of provision within the family encourages women to fulfill their needs outside of marriage, exchanging sex for these resources, usually in the context of long-term non-marital relationship(s).

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<sup>3</sup> These data come from an unmatched sample (i.e. males and females were not partnered to each other). It is also possible that the discrepant figures reflect social desirability bias among the female respondents.

Orubuloye et al. (1991) support this assertion with their finding that, in the Ekiti District, rural polygynous wives were 2.5 times more likely to seek extramarital sexual partners than monogamous wives, while urban polygynous wives were 1.5 times more likely to do so than their monogamous counterparts. However, while many women have extramarital sexual partners, it does not appear that the social acceptance of male infidelity extends to women.

A number of studies have also found that the exchange of 'gifts' for sex is common today and is *not* articulated as sex work (Ajala, 2007; Ajuwon et al., 2002; Amazigo et al., 1997; Caldwell et al., 1999; Ojo & Fasubaa, 2005; Orubuloye et al., 1991). This particular iteration of non-commercial exchange (as opposed to, say, unidirectional funding of dates in a North American context) is not unique to Nigeria. It appears to be common throughout the sub-Saharan (for discussions of this dynamic in South Africa, Kenya, and Tanzania see Kaufman & Stavros (2004); Maticka-Tyndale, Gallant, Brouillard-Coyle, Holland, Metcalfe, Wildish, & Gichuru (2004); and Wight, et al. (2006) respectively). This practice appears to be related to notions of mutual exchange within a sexual relationship and women's relative economic disempowerment. Sex work is also practiced in Nigeria. In one study approximately 1/2 to 2/3 of males surveyed across three sites in southwest Nigeria reported the purchase of sex (Caldwell et al., 1999). Significantly less men, 14%, reported the purchase of sex in a separate single-site study (Messersmith et al., 1994). Finally, the association between sex and material support seems to sustain the practice of older males having sex with younger females, as older males are usually better off financially and are perceived as more reliable sources of support (Ajuwon et al., 2002; Caldwell et al., 1991; Caldwell et al., 2000; Ojo & Fasubaa,

2005; Omorodion, 2006).

### *Cultural values & beliefs*

Southern Nigerians value sexual activity as a natural right, a positive part of life, and a sign of well-being (Ajala, 2007; Caldwell et al., 1999; Izugbara, 2005a; Omorodion, 2006). Males also say that sex ‘builds love,’ shows that a female ‘loves’ you, and/or is *necessary* for maintaining a relationship with a female (Caldwell et al., 1991a; Ojo & Fasubaa, 2005; Omorodion, 2006; Orubuloye et al., 1993). Perhaps due in part to this last belief, females express a strong belief that refusing sex with a partner will result in that partner seeking sex with another woman or terminating the relationship (Orubuloye et al., 1991; Orubuloye et al., 1993; Smith, 2000). This expectation of infidelity or abandonment upon sexual deferral may also be related to the belief that males generally have the right to demand sexual access to females, especially in the context of a relationship. Orubuloye et al. (1993) report that interviews with women from Ado-Ekiti revealed that the male spouse normally has the right to demand sex and reproduction, though females have community support for refusing sex during the postpartum period, menses, menopause/grandmothering, and when the partner has a confirmed STI. Wolff, Blanc, & Gage (2000) report a similar dynamic at work in Uganda, where wives are generally expected to comply with sexual requests, but are ‘allowed’ to say no under certain circumstances, including menses and knowledge/suspicion of AIDS.

The scripting of male sexual control is not limited to established adult relationships. Studies show sexual violence and coercion are a feature of male/female relations at various levels (Ajuwon McFarland, Hudes, Adedapo, Toyin, & Lurie, 2002; Izugbara, 2005a; Owuamanam, 1995; Smith, 2000; UNICEF, 2001). For example, Izugbara

(2005a) found that endorsement of violence against women and rape myths (i.e. women enjoy being raped) formed a salient theme in the 'erotic songs' of male Ngwa youths. One may see this scripting played out in Ajuwon, et al.'s (2002) findings that 18% of female apprentice tailors in Ibadan experienced attempted rape in the last six months; or Owuamanam's (1995) findings that 8.5% of predominantly urban, Yoruban adolescent females report sexual initiation through rape and another 29.5% initiation through "persuasion." The meaning of "persuasion" could range widely in this context and highlights a concern in current understandings of sexual coercion and violence in southern Nigeria.

Part of the difficulty in teasing out a clear picture of this issue may be a cultural disconnect between the ways in which researchers and participants interpret it. This difficulty is well-illustrated by Smith (2000), who found that 55% of male university students and 62% of female university students reported having sex against their will. When probed, the males primarily reported being "lured" or "seduced" by a woman. Eighteen of 51 women reported "force" or "rape" (Smith does not indicate whether the definition of these terms was clarified), while the remainder described situations similar to those indicated by the males. Maticka-Tyndale et al. (2004) report a similar finding in their work with Kenyan youth, describing how the youth interpret 'force' to include physical force along with biological and social influences. There is consistent demonstration that southern Nigerian females have less control over sexual interactions than males (a finding consistent with the larger body of work available regarding women's sexual agency in the sub-Saharan), but the nuances, limits, and contexts of this power imbalance are only beginning to be fleshed out in the Nigerian context.

Other gender-related aspects of sexual scripts in the region include initiation, consequences, and gender validation. The Ngwa believe that males should initiate sexual activity and that for a female to do so is a flagrant violation of proper feminine behavior (Izugbara, 2007b). They also see adolescent female sexuality as likely to jeopardize a girl's future, while adolescent male sexuality is primarily seen as dangerous to girls, with little concern about negative consequences for boys (Izugbara, 2007b). In addition, (hetero)sexual activity is seen as imperative for masculinity among the Ngwa (Izugbara, 2005a & 2007a). This conflation of sexuality and gender does not appear to be unique to the Ngwa, as 30% of male students surveyed in Oyo State listed feeling like a "real man" as a reason for boys to have sex (Oladepo & Brieger, 2000). Gendered aspects of sexual scripting among southern Nigerians (i.e. male initiation, male-to-female gifting, coercion/force, and masculinity validation) reflect trends seen throughout the sub-Saharan, as demonstrated by Maticka-Tyndale, et al.'s (2004) analysis of sexual scripts among Kenyan youth.

Despite valuing sex, sexuality is a taboo topic that is not spoken of publicly, between parents and youth, or between sexual partners (Ajala, 2007; Barker & Rich, 1992; Caldwell et al., 1991a; Caldwell et al., 1992; Caldwell, 2000; Izugbara, 2005b; Orubuloye et al., 1993; Oshi, Nakalema, & Oshi, 2005), though research indicates that this taboo may not hold in adolescent-only groups (Barker & Rich, 1992; Izugbara, 2005a; Ojo & Fasubaa, 2005). Izugbara (2007b) specifically questioned Ngwa parents about how/if they discuss sexuality with their adolescents. He found that even among parents who did discuss sex with their children, they used euphemisms for body parts and activities (which can lead to confusion and communication of shame or discomfort) and

some deliberately lied to scare their children into the desired (non)behavior.

In addition, not all sexual activity is valued equally and there are conflicting conceptions about why it is OK to have sex. In Omorodion's (2006) study, male adolescents from the Niger Delta indicated that sex is most acceptable when there is shared affection, while female adolescents indicated that sex is most acceptable as a token of appreciation for the provision of material support or protection, with 15% of adolescents reporting 'love' as a motivation for sexual activity. Similarly, older Ekiti Yoruba women stated that material gain and protection are more respectable reasons for extramarital sex than pleasure or affection (Caldwell et al., 1991a). This reasoning was reflected in a smaller percentage of unmarried Yoruban women in Orubuloye et al.'s 1991 study, with 16-21% indicating sex primarily for material gain. However, the majority said they had sex 'to enjoy life', as did their married counterparts (Orubuloye et al., 1991). Smith's (2004) work with young Igbo, however, indicates that they believe 'love' is the most morally justifiable reason for having sex outside of marriage. Interestingly, they conflate 'love' with procreative potential, indicating that if you really love someone you should be willing to have a child with them. This finding fits within a broader framework of the valuation of procreation and fertility.

Caldwell and associates (1991a, 1991b, 1992, 1998, 1999, and 2000) present a body of evidence supporting their argument that sexual expression was not equated with morality in pre-colonial Yoruban society as it was for most Western, Judeo-Christian societies. According to Caldwell, 'inappropriate' sexual activity (mostly extramarital sex) could be punished with fines or beatings, but it was not conceived of as 'sinful' or pertaining to the morality of the transgressors. It was viewed instead as a property crime.

Premarital sexual activity, while not encouraged, is not strongly discouraged either, with a 1991 study finding that a minority 17-37% of respondents in the Ekiti District (>90% Yoruban) would like their daughter to be a virgin at marriage (Orubuloye et al., 1991). Interestingly, while sex itself is not necessarily stigmatized, the social nature of sex is important. Orubuloye et al. (1991) report general disapproval of sex with strangers. Respondents from the Ekiti District indicated that this type of sex was immoral or indecent and/or led to disease. Finally, recent research with the Igbo suggests that, regardless of how it was looked upon in the past, young people's sexual activity is being linked with morality today (Smith, 2000). Smith (2000) suggests that this may be directly linked to the threat which uncontrolled premarital sexuality is seen to pose to social reproduction. Traditionally, marriage and procreation acted to bond together different families, creating reciprocal relationships of care, resource, and obligation. Uncontrolled premarital sexual activity threatens to create bonds between families whose patriarchs do not desire them and/or destabilize traditional methods of bond creation (and thus networks of resources and support) when procreation occurs outside this bond.

According to Caldwell and associates, fertility was the moral issue related to sexuality and therefore more important for personal and family honor or shame than sexual behavior itself. A number of scholars agree that premarital childbirth is highly stigmatized in contemporary southern Nigeria (Barker & Rich, 1992; Ojo & Fasubaa, 2005; Omorodion, 2006; Owuamanam, 1995; Smith, 2000 & 2004). Others also note the condemnation of both male sterility (Izugbara, 2005a) and female infertility (Okonofua, Harris, Odebiyi, Kane, & Snow, 1997). This focus on fertility and procreation has a number of effects on sexual behavior and reproductive health. Smith (2004) reports that

Igbo youth were least likely to use condoms when in a 'love' relationship; as a sign of commitment to the relationship, an indication of the 'morality' of the relationship, and because they thought that if the female got pregnant there was potential for marriage. This finding is supported by Amazigo et al.'s (1997) finding that Ibo youth say condom use indicates lack of love. Similarly, Barker & Rich (1992) report that girls in southern Nigeria indicated that family planning suggested an unacceptable unwillingness to get pregnant and could lead to infertility or fetal abnormality. Omorodion (2006) and Amazigo et al. (1997) also present evidence that female adolescents do not try to avoid getting pregnant by a sexual partner whom they think may be a suitable mate, particularly older men. It is important, however, that a man claim biological responsibility for a child conceived outside of marriage. Without this support, many women seek (often unsafe) abortions to avoid the substantial consequences that may arise; such as social shame, loss of education, inability to find a 'good' husband or any at all, and economic burden (Barker & Rich, 1992; Omorodion, 2006; Smith, 2004). Smith (2000) reports that 83% of Igbo girls in secondary school who had gotten pregnant had an abortion and that 41% of *all* sexually experienced university women sampled had had an abortion.

#### *Condom beliefs and (non)practice*

There is a general eschewal of condom use among southern Nigerians. The value of procreation discussed above is one reason for non-condom use. This association between non-condom use and cultural valuation of procreation is also seen in Tanzania and Mozambique (Plummer, Wight, Wamoyi, Mshana, Hayes, & Ross, 2006; Speizer & White, 2008). Southern Nigerian males also complain of diminished intimacy as a result of condom use (Ajala, 2007; Amazigo et al., 1997; Caldwell, 2000; Izugbara, 2005b).

Females express concern that condoms will cause them disease or injury (as the condom may get 'sucked' inside them) (Amazigo et al., 1997; Orubuloye et al., 1991 & 1993; Smith, 2004). Both sexes express the belief that condoms are not effective at preventing disease transmission (Smith, 2004; UNICEF, 2001), with a 1991 study finding that 64% of wives in Ado-Ekiti would not trust condoms to protect them from infection from their husbands (Orubuloye et al., 1993). In addition, despite distribution efforts, unmarried youth indicate that it is difficult to obtain condoms (Caldwell, 2000). Youth may also receive negative messages about condoms from their parents, as Izugbara (2007b) found that some Ngwa parents think condoms are "Western products aimed at corrupting children" (p.594).

Finally, females are discouraged from introducing condoms into a sexual relationship lest they cause offense (Smith, 2004) or be judged 'immoral' (Smith, 2000; Smith, 2004; UNICEF, 2001). Based on these findings and the milieu of male control, one may wonder about women's ability to negotiate condom use to protect themselves from unwanted pregnancy and HIV/STIs. Researchers working in sub-Saharan Africa have certainly drawn connections between women's relative disempowerment, their experience of violence, and their ability to implement condom use in sexual relationships (i.e. Kesby, 2004; Susser & Stein, 2004). However, many rely on qualitative data that does not allow for the relative impact of different factors to be examined. Interestingly, perhaps due to the general negativity surrounding condom use from all genders, I was unable to locate any published research regarding condom negotiation in southern Nigeria. However, Orubuloye, Oguntimehin, & Sadiq (1997) did find that some women in Ekiti report influence regarding condom use in the context of family planning. Jewkes, Levin, &

Penn-Kekana (2003) looked at various factors that may impact women's condom negotiation in South Africa. They report that South African women's introduction of condoms was negatively associated with relationship quality, but positively associated with their education, having multiple partners, current experience of financial abuse (defined as having earnings taken or partner not contributing to household), and experience of domestic violence prior to the past year. Their findings and the current dearth of research in the Nigerian context point to the need for a more nuanced, and perhaps culturally-based, examination of the relationships between condom use and gender (including inequalities) in southern Nigeria.

*Sexual implications of the political economy*

Another arena where sex and gender seem to interact is in the local political economy. As of 2006, the United Nations Development Program ranked Nigeria 154th out of 179 countries on the human development index. This index takes into account life expectancy (46.6 years), adult literacy (71% of 15+ population), enrollment in basic education (52.5% of population), and GDP per capita (\$1,852 US dollar equivalency). Poverty levels in Nigeria are very high, disproportionately so in rural and agricultural areas (Akinbobola & Saibu, 2004). Most people living in these regions survive on a combination of labor-efforts, predominantly subsistence farming and migrant labor. Migrant labor has been cited by the UN Commission on HIV/AIDS and Governance in Africa as one of the core drivers of the HIV pandemic in Africa (2008). This is mainly due to the practice of long-separated couples taking extra-dyadic sexual partners (Akeroyd, 2004), extending sexual networks across great distances.

The struggle to maintain a standard of living disproportionately affects women and

has a disproportionate impact on their sexuality because women have less income-earning opportunities than men, do not always retain property or income rights (often depending on the ethnic group), and have their sexuality constructed as a resource which can be bartered (Caldwell et al., 1991; Kaufman & Stavrou, 2004; Maticka-Tyndale et al., 2004; UN Commission on HIV/AIDS and Governance in Africa, 2008). Sexual exchange and/or work are (female) resources available to fill in gaps in the household and personal economy. This opportunity exists in a context where other labour opportunities may not be available. In addition to local sex work, there is growing concern about the trafficking of women and girls for sexual labour. Despite the difficulty in obtaining hard numbers on the phenomena, Nigeria, and Edo State in particular, has developed a reputation as a major supplier of prostitutes to Europe, especially Italy (Okojie, Okojie, Eghafona, Vincent-Osaghae, & Kalu, 2003). Due to the illegal and secretive nature of this enterprise, repatriation numbers and surveys numbers regarding being asked to 'go abroad' are used as proxy measures of incidence and prevalence. In one study, 32% of the females 15-25 from Benin City reported having had someone approach them with an offer to help them travel abroad (Okonofua, Ogbomwan, Alutu, Kufre, & Eghosa, 2004). There are conflicting understandings of how females are being exploited in these arrangements, with most locals believing that they travel freely with awareness of the expected sexual labour, but that they are deceived about the conditions of travel and work and exploited through exorbitant debt bondage (Okojie et al., 2003; Olagbegi, Aminu, Akiode, Zacharia, Ezekwem, & Menkiti, 2006). The above economic conditions help shape and are reciprocally shaped by southern Nigerian sexual behaviors and beliefs.

## Conclusions & future directions

I have reviewed published research about sexual behavior and beliefs shared among people who live in southern Nigeria. Common behavioral patterns reveal elements of the Nigerian sexual script for *how* to behave. Common beliefs reveal the meaning ascribed to behaviors and situations, which speaks to *why* one behaves in such a way. Many behavioral elements of current cultural sexual scripts promote vulnerability to STI/HIV and young, premarital pregnancy. These elements include not using condoms, multiple concurrent sex partners, high number of lifetime sex partners, forced sex, and failure to discuss sexual risk with sex partners. These behavioral strategies are shaped by the cultural beliefs, social structures, and political economy described above. Understanding these patterns and the connections between them is the first step in the process of reshaping southern Nigerian sexual scripts to reduce vulnerability to unwanted outcomes.

One area that requires further clarification, however, is how well these sexual scripts speak to the experience of contemporary, *young* southern Nigerians. Much of the published literature is based on adult sexuality and the cultural shift from pre- to post-colonial society. However, available research conducted with younger southern Nigerians intimates increasing ‘international’ or ‘modern’ influences on the sexual scripts of the younger generation, from sources such as education, Christianity, paperback novelettes, magazines, and cinema (Barker & Rich, 1992; Caldwell et al., 1999; Izugbara, 2005b; Izugbara 2007b; Ojo & Fasubaa, 2005; Owuamanam, 1995; Smith, 2004). Given findings that sociocultural changes are associated with the emergence of new sexual scripting elements (as discussed above), it would not be surprising to find this process at work in Nigeria. In addition, few studies have asked young people directly about their thoughts

and feelings regarding sexual matters (see Izugbara 2005a, 2005b, & 2007a for some interesting exceptions). What are the sexual scripts of youth living in rural Edo State, Nigeria? This question represents the core inquiry of my research.

## Chapter 2 – Methods

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The subjective nature of sexual scripts and the paucity of published research on the sexual understandings of youth in southern Nigeria suggest qualitative methods of inquiry and analysis. Fontana & Frey (2003) note that focus group discussions (FGD) are a method of collecting qualitative data which can produce rich, elaborative data; can aid individual participants in recall; and allow the flexibility for the researcher to adapt to the on-going conversation. Barker & Rich (1992) note that focus groups are an apt method for studying peer interactions around social influences. Further, Wellings, Branigan, & Mitchell (2000) argue that focus groups are particularly appropriate for collecting data on sensitive topics because the dynamics of the social setting can provide data not generated through other methods (i.e. reluctance to disclose, discord between participants, and discontinuity between participants' own and assumed group opinions).

Limitations of this methodology are noted as the potential for one participant to dominate the discussion, “groupthink,” and the potential for majority opinion to suppress minority (or individual) opinion (Barker & Rich, 1992; Fontana & Frey, 2003). Despite these potential limitations, I think this method of data collection is most appropriate to my intention of analyzing the social situatedness of sexual expression among young people in rural Edo State. In line with this methodo-logic, I will access data collected during FGD, by Maticka-Tyndale, Onokerhoraye, & Esiet (Principal Investigators) as part of the *HIV Prevention for Rural Youth (HP4RY)* project funded by the Global Health Research Initiative and administered by the International Development Research Centre (Maticka-Tyndale, Onokerhoraye, & Esiet, 2007).

## Sample & data collection

A pool of 30 communities from three Senatorial Districts in Edo State meeting sampling criteria were randomly selected using proportionate geographic sampling. Inclusion criteria included being rural (under 20,000 population), having a functioning Junior Secondary School (JSS)<sup>4</sup>, and not having current or future planned HIV interventions underway. *HP4RY* project staff met with community leaders and officials in each identified community. Interested communities were included in the project. Quantitative data were collected from all 30 communities and qualitative data were collected from a geographically representative randomly selected subsample of 9 communities. The data for the current analysis were collected between October 2008 and February 2009.

### *Qualitative*

Community schools hosted four FGDs which were grade (JSS 1 & 3, equivalent to North American 7 & 9) and gender segregated. Participants (n=182) were self-selected; the students identified themselves as willing to talk about sexual matters. There were 5 or 6 participants per focus group. FGDs were moderated by Nigerian Research Assistants working for the project and conducted in English and Pidgin English, the latter being a commonly used local language. All project Research Assistants are recent university graduates. They received one week of training in survey and FGD administration. Those Research Assistants considered best at qualitative interviewing were selected to moderate the FGDs. Male moderators led boy FGDs and female moderators led girl FGDs. Moderators followed a discussion schedule, but were instructed to follow the

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<sup>4</sup> Equivalent to North American grades 7-9.

participants' lead in topic exploration and to adapt question wording as deemed appropriate. Discussion schedules were followed rather closely, but there were opportunities for elaboration which served to enrich the data. FGDs were audio-recorded, transcribed, and translated into standard English by Nigerian project staff fluent in Pidgin and standard English. Transcripts were reviewed by the local Project Coordinator for Qualitative Research for accuracy of translation and transcription.

### *Quantitative*

Self-report surveys were distributed in participating community schools to students (n=4424)<sup>5</sup> in JSS 1 (30%), 2 (34%), and 3 (35%). Students completed surveys in sex segregated classrooms with space between students to provide a measure of privacy. Surveys were read aloud in English and Pidgin English by same-sex Research Assistants while students followed along and marked their answers. Students were able to ask for repetition and clarification from local project staff. Students marked their answers on scannable forms. Forms were scanned using SNAP software with trained Research Assistants and a Principle Investigator checking for inconsistencies or potential errors during scanning. Data were converted to SPSS for analysis.

There were slightly more male students (56%) than female students (44%). Classes are not strictly age-graded in Nigeria. Reflecting this, student ages ranged from 11 and younger (5%) to 17 and older (10%), with 13 (17%), 14 (23%), and 15 (19%) being the three most common ages. Students represented a number of ethnic groups, with Esan (26%), Akoko-Edo (17%), Bini (16%), and Owon-Ora (10%) being the four most

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<sup>5</sup> This is the total number of surveys completed. Descriptive statistics are based on number of surveys with valid responses. Missing cases range from 1 to 129 on specific questions.

represented groups. The majority of students practiced Christianity (84%), with Islam (10%) and traditional/other (4%) religious practices less well represented.

Chi-square analysis showed that participants completing survey questionnaires at the schools where FGDs were held (n=1093) were significantly different from those participants at other schools (n=3328) by ethnic group and religion ( $p < .001$ ). Participants at FGD schools had higher percentages of Bini (24%) and Esan (33%) participants and lower percentages of Owan-Ora (4%) and Akoko Edo (8%) participants than the general sample. Participants at FGD schools were also slightly less likely to be Muslim (7%) and consequently more likely to be Christian (90%) than the general sample. No other significant differences were found. Since quantitative data were collected from all willing students at school the day of data collection and are not able to be matched with specific FGD participants, I did not separate participants from FGD-participating schools from participants at other schools in my quantitative analyses. Reported results are for the full sample.

#### Measures

Focus group discussion schedules were constructed based on Maticka-Tyndale's (2004) previous work with youth in Kenya. Discussion topics included: boyfriends and girlfriends, having sex, pressure, AIDS, condoms, adults and condoms, and learning about sex and AIDS. Self-report surveys were also based on Maticka-Tyndale's (2004) previous work with youth in Kenya, as well as surveys used in prior research with youth in Lagos, Nigeria (Philliber Research Associates). Items were pilot-tested at one school in Edo State and adapted as deemed appropriate prior to baseline administration. Seven demographic questions were followed by 28 multiple-choice questions on a variety of

topics. Topics included: personal sexual history, condom beliefs, beliefs about peer behavior and socio-sexual expectations, and learning about HIV/AIDS.

Data analysis

### *Qualitative*

I view the focus group data as ‘co-constructed’ by the various participants and the moderator (Holstein & Gubrium, 1995). In other words, I recognize the fact that each person involved in the FGD had an impact on shaping the conversation and therefore the resulting data. This understanding acknowledges the limited generalizability of such knowledge. However, my goal is to understand the sexual scripts of youth living in rural Edo State, a very situated and subjective understanding, and therefore generalizability limited to this specific context does not contravene the goals of my study.

I conducted a deductive thematic analysis driven by scripting theory, which attempts to account for both semantic and latent themes in the FGD data (Braun & Clarke, 2006). This type of analysis involves viewing the data through an explicitly theoretical lens and coding the data to answer a specific research question: What are the sexual scripts of the youth? Given the exploratory nature of this project, my goal was to construct a ‘rich thematic description’ of the data pertaining to the meanings, moralities, and expectations related to sexuality. I explored both what the youth said (semantic level) as well as the ‘latent,’ (unstated) underlying “ideas, assumptions, and conceptualizations - and ideologies - that are theorized as shaping or informing the semantic content of the data” (Braun & Clarke, 2006, p.84). I recognize that latent level analysis implies interpretive work in the development of themes themselves. This type of analysis suits my research question, which is specific and theory-driven, as well as my theoretical paradigm, which

emphasizes the importance of the social context and the transference between forms of general social relations and sexual social relations.

In addition, I think this type of analysis will be most conducive to harnessing these findings as a vehicle for social change. Similar methods were used by Horner, Romer, Vanable, Salazar, Carey, Juzang, Fortune, DiClemente, Farber, Stanton, & Valois (2009) to develop targeted sexual health behavior promotion campaigns based on qualitative data gathered with youth. If you think of scripts as a mental library of potential ways to behave based on attributed meanings, then the introduction of new scripts and/or editing of old scripts provides 'new volumes on the shelf' from which youth select their sexual choices. My goal is to offer options which support choices that render youth less vulnerable to unwanted outcomes. The ease of translation from basic to applied research is important, as the results of this analysis will be used to inform additions to the existing Family Life and HIV Education program delivered in Junior Secondary Schools in Edo State, as well as newly developed community programs to reduce youth vulnerability to HIV as a part of the ongoing *HP4RY* program.

To this end, I proceeded through the iterative steps of data analysis outlined by Braun & Clarke (2006). Raw data were loaded into the *N6* computer data analysis program. A single coder, myself, first read through all the transcripts. I then established some tentative codes, or categories, based on knowledge of sexual scripting generated through the literature review above. I reread each transcript, coding bits of text as appropriate. During this process, I identified other codes. I generated these codes based on my perception of recurrent commentaries or representations of sexual meanings, moralities, and expectations in the data. Transcripts were read through and coded a third time, with

the full coding scheme in place. I then organized coded data into themes based on associations perceived through the lens of scripting theory. I read through these themes and attempted to discern whether they ‘fit’ together internally and were sufficiently distinct from other identified themes. After determining that the themes were sufficiently internally homogenous and externally heterogenous, I constructed a mental map representing my understanding of how the themes relate to each other. The on-site research staff of *HP4RY* was available throughout the data analysis process to dialogue about meanings and interpretations. I took advantage of this resource to enhance the trustworthiness of my analysis.

### *Quantitative*

I supplement my qualitative analysis of the FGD data with integrated descriptive statistics of the quantitative survey data. I created simple cross-tabs comparisons with chi-square tests to establish statistical significance. Comparisons were run between genders, among classes, and, for some variables, between those who were and were not sexually experienced. I recognize that comparisons between qualitative data gathered orally, in-person, with a small sample of self-selected students and quantitative data gathered confidentially, in written form, from a very large sample of students are imperfect. However, the existence of both types of data, gathered by the same project at the same general time and place, offers a rare opportunity to explore the different types of knowledge available via these two methods of inquiry. I argue that the qualitative and quantitative data can be mutually-informative and together allow for a more nuanced understanding of the phenomena.

## Ethics

As this thesis work forms part of planned analyses in the *HIV Prevention for Rural Youth* program, clearance for this work has already been received from the University of Windsor, the University of Benin (Nigeria), York University, University of Western Ontario, and the Ministry of Education in Edo State. (All locations where research team members hold academic or professional appointments.) *HP4RY* is a collaboration between Nigerian and Canadian researchers and the Ministry of Education in Edo State. This project is employing an action research framework which emphasizes capacity building, sustainability, and leadership at the local level. Community leaders in Nigeria are concerned about HIV in their community and among their youth. It is at their behest that *HP4RY* was initiated. My analysis of these data and its potential use to inform intervention efforts in Edo State are intended to serve local interests in behavior change efforts.

## Chapter 3 – Results

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I organized my observations of the data into two master themes, gender and growing up (successfully). It is important to recognize that these two master themes and all subsequent themes are highly imbricated. The mental map (Figure 1) of sexual scripting among youth in rural Edo State shows some of these connections, however, many are not represented for the purposes of parsimony and analytical clarity. The big piece not represented on the map is the way in which notions of gender inform every aspect of the youth's sexual scripts. The extreme gender salience represented in the FGD data is also demonstrated in the survey data, where significant differences by gender ( $p < .001$ ) were the rule rather than the exception. The intense influence of gender and general imbrications should be kept in mind as the reader considers the various themes presented separately for purposes of clarity.



## Gender

As mentioned above, I identified gender as a master theme organizing the youth's talk about sexuality. Boys and girls said different things. They had different opinions about things. Importantly, they had very clear and often mutually-exclusive ideas about how boys and girls think, feel, and behave. Gender influenced what it meant to grow up (successfully). Their understandings of sexual meanings, moralities, and expectations were all gendered. I identified three themes in the FGD data which are centrally organized around conceptions of gender: gender violence, male control, and the nature of female/male relationships.

### *Gender violence*

Direct and specific mention of gender violence was one of the most prevalent themes in the data, being mentioned in 28 of the 36 discussions. The youth did mention intimate partner violence (IPV) but discussion of sexual assault (SA) was much more common. 997 (29%) of surveyed youth (37% of girls and 22% of boys, significant difference at  $p < .001$ ) reported being "forced" to have sex.<sup>6</sup> More girl FGD groups than boy FGD groups mentioned gender violence. However, the boys were much more detailed in their accounts and frequently contextualized the situation, whereas the girls were less likely to do so. In addition, while both genders occasionally denied knowledge of such violence, often in ways which contraindicated that perhaps they were knowledgeable, the girls were more likely to do so than the boys.

M: Can you describe some situations where a young person was pushed?  
*Silence*

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<sup>6</sup> Please see previous discussion regarding concerns about shared definitions of sexual force and coercion.

P: They don't want to say.

P: Who told you? We have not seen anything like that before.

*School 29, girls, JSSI*

Such non-response may indicate social discomfort or fear. This may well relate to the participants' reports of the use of threats against girls for speaking of such matters. It also may reflect one of the principle gender differences evident in the data; boys receive significant social support for sexual expression (including sexual talk) while girls do not.

Based on the youth's descriptions, I organized accounts of gender violence into one or more of the following 7 categories: social control, strategy, no autonomy, social expectation, group, opportunistic, and unspecified. I categorized a story as reflecting social control when it appeared that the violence occurred to achieve a social end (often to curb female 'disobedience').

P: Last Christmas, I went to visit one of my friends at Asaba. A girl came to visit her boyfriend and refused to have sex and the boy beat her up for not allowing him to have sex with her.

*School 27, boys, JSSI*

As reflected in the above story, social control was often mixed with an understanding of females as having no sexual autonomy. Forty-seven percent of surveyed youth agreed with the statement that, "If a boy wants to have sex with his girlfriend, she cannot refuse," while 26% disagreed and the remaining 28% said they didn't know. Significantly more boys than girls (49% vs. 43%) agreed with the statement, and significantly more girls than boys (32% vs. 24%) were unsure ( $p < .001$ ). Interestingly, youth were significantly more likely to agree with the statement if they reported sexual experience (50% experienced vs. 45% inexperienced,  $p < .001$ ). As one boy said, "Maybe when you speak to the girl she will say no and you have opportunity to rape her, you will do it"

(School 24, boys, JSS3).

Social control was also often mixed with elements of strategy and group participation, as reflected in the following story.

M: Some young people say it is not only being pushed, but that they are forced to have sex. Can you describe how this can happen?

P: We have not seen where that happens, but I\* has heard of it.

P: There is this boy that asked a girl out and the girl refused so, one evening the girl and I were sent a message to the market square and rain was falling. On our way back, the boy called at us and said I should run before he kills me and he drew the girl into the bush and they now raped her. But I did not leave but stayed close to watch what they were doing. So, I saw them raping the girl. The boy was holding a knife and said if I don't run away, he will kill me. There was three of them, but two of them raped the girl. But the third boy, because he was befriending the girl's sister, did not join to rape the girl. After the rape, as of today the girl has agreed [to go out with] for the first boy.

*School 29, boys, JSSI*

I find this story particularly illustrative of the place of violence in the youth's sexual scripts. First note that the other boys in the FGD had heard this story before. This fact, and the participant's comment that he watched the rape to see 'what they were doing', speak to the way in which gendered coercion and violence are socially taught between males. The boy mentions twice that he was threatened with death by an armed male, yet he stayed to watch. I would argue that this reflects a strong motivation to stay, perhaps curiosity at how such things go down. Also note that the boy makes no attempt to disclaim responsibility for not stopping the rape or even to claim that he stayed to watch to ensure the girl's safety. He feels no social pressure to have acted on the girl's behalf. In addition, we again have a story of a female experiencing punishment for attempting sexual autonomy. However, it seems that the motivation is not simply (or necessarily at all) punishment, as the participant finishes the story by relating that the girl and her

primary rapist are now boyfriend and girlfriend. In this case at least, the rape acted as a means to achieve a desired socio-sexual relationship.

There are two remaining points of interest about this story. First, the primary rapist was able to recruit two friends to help him and did not seem to have a problem ‘sharing’ his desired girlfriend with another. Group participation implies a level of social acceptance for the activity. Finally, the participant recounts that the third boy did not rape the girl personally because he was trying to ‘befriend’ her sister. As will be demonstrated in a moment (see pg. 40), ‘befriending’ in the rural Edo State context means initiating a socio-sexual relationship. So, this third boy chose to accompany two friends on a raping mission of his ‘intended’s’ little sister, but did not personally rape her, presumably because this may jeopardize his chances with the older sister in a way that simply being there did not. That’s interesting. I argue that this reflects a strategic reasoning on the third boy’s behalf that helping a friend rape a girl who had denied him would not be a strong argument against him from the older sister’s perspective, while having actually penetrated the little sister would have. This is a demonstration of anticipated social acceptance for sexual assault (especially in the context of attempted female autonomy). Anticipated social acceptance is also reflected in comments which demonstrate that SA is sometimes expected or normalized. “It *happens a lot* when a boy and a girl are going to the farm, the boy *normally* uses force to have sex with the girl” (School 14, boys, JSS1, emphasis added). “If you use to go to somebody’s house, one day you may be forced to have sex” (School 21, boys, JSS3).

FGDs also included mention of less strategic gender violence. Opportunistic and unspecified SA were described more frequently by girls than boys. For example, one

JSS1 girl related a story of soldiers raping a 9 year old girl from her village when the girl came near their barrack selling goods. Stories such as these also reflect an unsafe environment for females, but were less common than those directly demonstrating IPV and SA as instruments of and enabled by male power and control. The reciprocal relationship between these two themes is represented by the two-headed arrow in Figure 1.

### *Male control*

Male control was another prevalent theme, with 28 of 36 FGDs including specific mention of male control. Interestingly, half of these cases referenced condom use or negotiation. Overall, there was a construction of boys as active, irresponsible, using their strength and position to threaten girls, and being the decision-makers, often (but certainly not always) selfishly. Girls were constructed as the reliable ‘opposite’ of these things. Both boys and girls said that boys are supposed to initiate sex and dating, while girls are not.

M: Is it the same thing for boys and girls?  
All: No  
M: How are they different?  
P: They can't push a boy because a girl will not push herself on a boy. It is the boys that push girls for sex.  
*School 27, girls, JSS3*

Interestingly, both girls and boys who were surveyed experienced that, “my boyfriend/girlfriend wanted to have sex”, though significantly more girls (24%) than boys (16%) reported this ( $p < .001$ ). (Again, sexually experienced youth were more likely to endorse this statement than inexperienced youth, 22% vs. 17%,  $p < .001$ .) Indeed, there were a few participants of both genders who mentioned that girls could initiate in subtle

and non-direct ways, such as passing messages through another or wearing ‘short skirts and spaghetti tops’. This understanding of subtle female initiation may support some boys’ interpretation of a girl’s choice of clothing as permission for sexual activity.

M: What makes it difficult for young people to wait to have sex?

P: Our girls usually put on short skirt which makes them attractive.

*School 29, boys, JSS3*

This script is discussed in more detail later on (see pg. 48).

Boys’ lack of responsibility was particularly discussed, by girls only, in regards to unwanted premarital pregnancy. “If a boy makes a girl pregnant, the girl will stay home while the boy goes to school” (School 27, girls, JSS1). “If the boy [doesn’t] want to use condom, he doesn’t use it but pretends he does. And at the end he sleeps with her like that and when she gets pregnant, he denies her” (School 32, girls, JSS3). The fact that this issue was mentioned only by girls may reflect a bias on their behalf to pay more attention to examples of male irresponsibility in the context of pregnancy, or it may reflect a lack of male recognition or attention to their own irresponsibility in the context of pregnancy. Either way, it was an issue of some importance to the girls and impacted the meanings and expectations surrounding premarital sex and pregnancy. The importance of this issue will be fleshed out further later on (see pg. 57).

Boys mentioned threatening girls to gain compliance. Given the context of gender violence discussed above, such threats may carry substantial weight.

M: What if a boy wants to use a condom and his girlfriend doesn’t. Does this happen?

P: Yes, the boy will just forget about the girl and break up.

M: What should he do?

P: The boy will say something that will make the girl to be afraid.

*School 32, boys, JSS3*

Finally, boys were depicted as the decision-makers, very often in the context of condom use. A substantial minority of participants indicated that a boy may 'do what a girl wants', but the boy was still understood as the one making the final decision.

M: Is it easy or difficult for a boyfriend and girlfriend to talk together about using condoms?

All: It is not easy. It is difficult.

M: What makes it difficult?

P: They do not discuss it because it is odd. If the boy wants to use a condom he just goes to the chemists and buys it or if he does not want to use a condom, he sleeps with her like that. But they do not need to discuss it. The reasons why the boys don't discuss it with the girls is that the girl might not allow it if she does not like condom.

*School 27, boys, JSSI*

P: It is because the boy will go and buy condom from the chemists and the girl will think he is using the condom, but will not know the boy is not using the condom and after that the girl will now be pregnant.

P: Yes.

...

M: Do you think most boys will use a condom if their girlfriend asks them to?

P: Yes, they use if their girlfriend wants them to use. But some don't use so that they can marry the girls.

*School 17, boys, JSSI*

These quotes demonstrate some interesting dynamics. First, the one boy describes discussing condom use with one's sexual partner as *odd*. He clarifies that discussion is not necessary because the boy will simply decide unilaterally. In fact, discussion may have the unwanted side-effect of the girl having the opportunity to express a contrary opinion. This indicates that discussion of sexual matters between partners is not an expectation in the youth's scripts. It *is* expected that the male will decide.

The quote from the second group demonstrates three interesting points. First, one boy

also refers to deception, as did a girl quoted previously. In fact a number of participants mentioned male deception in the context of relationships and particularly condom use. This appears to be part of the youth's scripts as a strategy for accomplishing desired ends. Second, a boy at School 17 mentions that a boy may use a condom if their girlfriend asks. This quote is reflective of the trend of unilateral male control being contested, as mentioned above.

Finally, the same participant mentions that some boys won't use condoms so that they can marry the girls. The unstated subtext here, as will be discussed in greater depth later on (see pgs. 58 & 70), is that unprotected sex leads to pregnancy, which can be used as a way to initiate marriage. So, in this case, a boy is using his social power as the decider to entrap a girlfriend that he thinks so highly of as to want to marry. This seems to reflect a similar strategic reasoning as that of the boy who raped a girl to get her to be his girlfriend. In both cases one is using the expected consequences of a relationship to coerce someone into forming the relationship in the first place. The former strategy is not unique to boys, however, and is intimately bound up with the contestation of control over condom use. It is important to note, however, that although both genders may attempt to control sexual encounters (regarding activity, condom use, etc.) or have unfettered sexual expression, ultimately it is the male's prerogative to decide what happens. Either he will decide to do what the girl asks or he will decide to do what he wants. If she protests he can threaten, assault, or rape her. The power of deciding ultimately lies with him and thus so does a higher level of 'rights'<sup>7</sup> to sexual expression.

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<sup>7</sup> The 'Western' notion of rights as inalienable and individual may be problematic in the African context. See Izugbara & Undie (2008) for a brief discussion of this issue. For the purposes of this research, I am using 'rights' to denote an actor's socially-recognized agency.

### *Nature of female/male relationships*

Male control of relationships may be seen as a contributor to the understanding of the nature of mixed gender relationships, as indicated by the arrow in Figure 1. These relationships are seen as *inherently* sexual.

M: Do they always have sex together or can you have a boyfriend or girlfriend and not have sex?

P: They must have sex. *It is because of the sex that they become boyfriend and girlfriend.*

*School 14, boys, JSS3, emphasis added*

Few groups validated spending time with the other gender in a non-sexual context and relationships were understood as necessarily girlfriend/boyfriend (GF/BF). Every FGD spontaneously listed sexual activity as something that GF/BFs do together. Among surveyed youth, 55% agreed with the statement that, “If girls and boys spend a lot of time together alone, they are likely to have sex”, while only 15% disagreed (the remainder did not know). Such responses demonstrate that, in the youth’s scripts, mixed gender relationships mean sexual relationships and sexual activity is expected in that context. There were, however, conflicting reports regarding whether or not a GF/BF *must* have sex. The majority of FGDs contended that they did, but a notable minority said that they may “just” ‘play love’. Across FGDs, playing love was consistently clarified as distinct from sex. “Sex” means penile-vaginal penetration while “playing love” is non-penetrative sexual touching. As one girl said, “They have sex more than they do not” (School 32, girls, JSS3).

As shown in Figure 1, the inherently sexualized understanding of F/M relationships tied in with a number of other scripting themes. As sex is implied, procreation is also implicated. Or perhaps it is the other way around and the assumption of procreation

implies sex. Either way, the two concepts, F/M relationships and procreation, are closely associated. This association contributes to the youth's construction of sex (and GF/BF relationships) as training for a husband/wife relationship. This is very important, as a procreative hetero-sexual adult relationship is a defining feature of successful adulthood for the youth, as illustrated in the following unusually elaborative response. Note the participant says that boys have girlfriends *because* they are making themselves out to be mature boys. This conflation of mixed gender relationships, sex and maturity will be discussed further later on (see pgs. 43 & 60).

M: What kinds of things do boyfriends and girlfriends do together?

P: They follow each other. [Learn to be with the other sex in a pleasing way and do things together, perhaps including sex.<sup>8</sup>] They make guy that they are mature boys. That's why they have girlfriends. They live together. They talk to each other and the boyfriend will help the girl. The boyfriend helps the girl's parents in the farm. If the boyfriends have clothes to wash, he will send message to the girlfriend so that she will help him to wash his clothes. In the night they will be playing love together.

*School 17, boys, JSSI*

The understanding of a GF/BF relationship as necessarily sexual is likely also supporting the notion that a girl cannot refuse her boyfriend sex, discussed above. Contested female autonomy in conjunction with a social position where 'everyone' understands that sex is implied and expected sets up an environment where it is not so surprising that about half of surveyed students do not believe that a girlfriend can refuse her boyfriend sex. In a related vein, the nature of F/M relationships also plays a role in the youth's understanding of conflict resolution in relationships. When sex defines a relationship, sexual discordance becomes a 'make or break' issue.

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<sup>8</sup> Interpretation of colloquialism provided by local *HP4RY* Project Staff.

### *Conflict resolution*

The FGD youth were asked how boys and girls handle it when one wants to have sex when the other does not, when one wants to use condoms and the other does not, and when one is being 'pushed' or 'forced' to have sex. By far, the most prevalent strategy for handling sexual discordance was relationship dissolution. Other strategies included: extra-dyadic sexual pairing, dominance, submission, begging, use of gifts, seeking help from others, and sorcery. The students also commonly mentioned quarreling and feeling states (i.e. 'she would feel sad') when asked for conflict resolution strategies. Overall, it seems as though their 'tool kit' for resolving sexual differences in relationships is largely composed of disassociation, coercion, and capitulation.

While most strategies were mentioned by both boys and girls, there were gender differences in the distribution. Girls' strategies were defined by breaking up with the boy and avoiding places where he went (disassociation), followed by submitting to undesired behaviors.

M: What should a girl do if her boyfriend doesn't want to use a condom?

P: The girl will leave the boy.

M: Is this what girls usually do?

P: No, not all the time.

M: So what else does she do?

P: The boy may beg the girl and when the girl considers all they have been through, she may now agree.

*School 27, girls, JSS1*

M: What happens if a girl doesn't want to have sex but her boyfriend does?

P: She will run away from that boy.

P: The girl will run.

P: If the boy say let's come and have sex, she should leave. If she did not have any connection about the boy, the boy will not tell her that let's come and have sex.

P: The girl will tell him that I have not reached [the age] to have sex.

*School 39, girls, JSS1*

Boys' strategies also highlighted dissolution, but were more mixed, featuring higher levels of violence, gifting, and what may be interpreted as either extra-dyadic pairing or disassociation. Phrasing such as 'go and look for another girl' rather than 'leave the girl' leaves open the possibility that they are talking about multiple concurrent relationships.

M: What happens if a girl doesn't want to have sex but her boyfriend does?

P: The boy will go and look for another girl to have sex with.

*School 39, boys, JSS1*

M: What happens if a girl doesn't want to have sex but her boyfriend does?

P: If a girl doesn't want to have sex and her boyfriend wants to have sex and her boyfriend tells her and she says no, the boyfriend may convince her by buying her gifts and the girl may agree.

P: Some boys will leave the girls.

P: Some won't want the boys to leave them so they will now agree.

P: In some cases, the boy's parents can tell the boy to leave the girl.

P: Some can bribe the girl.

*School 36, girls, JSS1*

M: What happens if a girl doesn't want to have sex but her boyfriend does?

P: It leads to quarrel.

P: The boy can leave her or the boy can force her.

*School 27, boys, JSS3*

Interestingly, though FGD girls mentioned avoidance more than boys, among surveyed students significantly more boys (26%) than girls (19%) report avoiding going somewhere in the last month to avoid sex ( $p < .001$ ). This discordance between the FGD and survey data may be explained in a few ways. Perhaps the boys felt social pressure to

endorse more active and ‘manly’ strategies in front of their peers rather than admitting freely to passive strategies. Alternatively, the boys may be avoiding places where other *males* pressure them to have sex, rather than avoiding places where a girl may pressure them, as illustrated in the following quote.

M: What can a boy do if someone is pushing him to have sex when he doesn’t want to?

P: Because his friends will be laughing at him for refusing a girl or refusing sex, the boy will travel out of the village. Some boys cry while some others will, because they laugh at them, go and have sex. Some boys will go and threaten the girl that if she says anything about them again they will teach her a lesson.

*School 29, boys, JSSI*

Either way, both types of data demonstrate that avoidance is a common strategy for dealing with conflict. The FGD data show that relationship dissolution, related to avoidance, is also a popular strategy, with other strategies such as extra-dyadic sexual pairing, dominance, submission, begging, use of gifts, seeking help from others, and sorcery filling in the gaps.

#### Growing up (successfully)

The second master theme organizing the youth’s talk about sexuality is growing up, most often with an understanding of what it means to grow up successfully. I identified five themes in the FGD data which are centrally organized around conceptions of gender and growing up: body, peer influences, money and gifts, procreation, and morality/respectability. Significant differences in survey responses ( $p < .001$  or  $p < .05$ ) by class, a rough indicator of education and age, were also the rule rather than the exception. Just as the youth expressed distinct ideas about boys and girls, they also expressed distinct ideas about children versus adults and had clear notions of what type of

adulthood they wanted to and/or were expected to attain. The drive to be ‘successful’ was evident. Sexuality was talked of as both a means and obstacle to success.

Despite the fact that nearly half of surveyed students reported having sex (45%, 50% boys & 38% girls,  $p < .001$ ), the overwhelming majority of FGD participants indicated that they were not old enough to have sex. This is consistent with survey data showing that 47% of students indicated they were not old enough to have sex, while another 23% were unsure and the remaining 30% indicated that they *were* old enough. Students were significantly more likely to indicate that they were old enough to have sex if, indeed, they had had sex (45% experienced vs. 18% inexperienced,  $p < .001$ ). However, note that not quite half of sexually experienced students endorsed this statement. It seems that the youth’s own behavior did not *necessarily* change their declaration of what was ‘right’ or ‘appropriate.’

When asked, the FGD youth provided a range of ages and stages at which sexual relations become appropriate. They presented a clear understanding that age or maturity and the ‘right’ to sexual expression were related. Indicated ages spread fairly evenly from 9 to 20 years of age, with a slightly heavier concentration before age 15 for both GF/BF and sex. Note the contradiction between these ages being listed as appropriate for sexual activity by about half of FGD participants, yet youth of these ages indicating that *they* were too young to have sex. This is especially interesting as report of both sexual experience (JSS1 48%, JSS2 45%, JSS3 40%,  $p < .001$ ) and being ‘old enough’ to have sex (JSS1 33%, JSS2 29%, JSS3 29%,  $p < .001$ ) were significantly higher among surveyed students in the lower classes. In contrast, endorsement of being old enough to have sex *increased* in tandem with *age* (i.e.  $\leq 11$  27%, 14 28%,  $17 \geq$  38%). Report of sexual

experience also increased in tandem with age, with the exception of the  $\leq 11$  group, who reported greater sexual activity ( $\leq 11$  30%, 12 26%, 13 28%, 14 31%, 15 34%, 16 40%,  $17 \geq 52\%$ ). I argue that these contradictions may reflect the contradiction of (increasing) social knowledge that admission of sexual experience by youth is looked down upon, in the context of daily social pressures to engage in sex. Alternatively (or in addition), they may indicate that youth who think they are old enough and who engage in sex are less likely to advance to higher classes.

Overall, boy FGD participants gave lower ages/stages for GF/BF, sex, and condom use than girl FGDs. In addition, the youth gave higher ages/stages for condom use and knowledge acquisition than for sex or GF/BF relationships. The meanings and moralities which support this hierarchy will be discussed later. There was also a shift in discourse among JSS3 boys from the ‘we are too young’ talk which characterized the other groups to ‘they are too young’ and/or ‘we are not supposed to.’ I argue that this reflects a shift from thinking about the self as a child to contesting that construction. The youth associated GF/BF, sex, and condom use with maturity and adulthood. Thus ‘rights’ to sexual expression were again associated with social power, in this case age and its presumed attendants, such as running a home, finishing one’s education, and working.

M: Do young people your age talk to each other about condoms?

P: No.

M: Why is this?

P: Because we are still children and we have not marry and we have not finish our school. When we finish our school we will learn it.

P: I don’t want to hear about it until I finish my education.

*School 21, girls, JSS1*

P: We are too small to talk about condom.

P: We are too *even* small to talk about sex.

*School 27, girls JSS1, emphasis added*

P: As for me, if you have the knowledge (of condoms), when you finish secondary school and you have something you are managing with, then you can now think about those kind of things.

*School 14, boys, JSS3*

P: Some of the boys see having sex as a sign that they are mature.

*School 29, boys, JSS3*

There were a few counter-currents to the dominant construction, as illustrated by the following quote. “If you are mature enough, you can marry before you have sex with the girl” (School 27, boys, JSS1). Such comments illustrate how the youth’s scripts are not homogenous; many competing scripts exist. Their existence may prove a pathway to altering the youth’s scripts to reduce vulnerability to unwanted outcomes. Unfortunately, such counter-currents were in the minority and seem to run against entrenched meanings, moralities, and expectations which foster sexual behavior that increases vulnerability to unwanted outcomes.

### *Body*

One such entrenched understanding is that of penile-vaginal intercourse as not only a ‘natural’ (and thus bearing a sense of moral rightness and inevitability) part of growing up, but one that is necessary for one’s health. Twenty-three of 36 FGDs included mention of body ‘needs’ in relation to sex. Both boys and girls mentioned sex as a body need for both genders, though it was mentioned more frequently in regard to males. Among surveyed students, 34% (42% boys & 25% girls,  $p < .001$ ) indicated that their “body felt desire for sex.” There were no class differences. Common words used to describe such desires were: urge, desire, mind, love, and hungry. Interestingly, 4 boy FGDs refer to love while 0 girl groups used this word.

P: My body will be telling me to have a boyfriend.  
*School 14, girls, JSS3*

M: What makes it difficult for young people to wait to have sex?

P: Maybe their bodies need it, especially the boys.  
*School 24, girls, JSS3*

M: What kind of things can push young people to have sex?

P: Friends can push the boy to go and have sex. His desires too can lead him to go and have sex.  
*School 21, boys JSS1*

M: What should a girl do if her boyfriend doesn't want to use a condom?

P: Tell the boy to use a condom. And if the boy does not agree, if sex is hungering the girl and the boy does not want to use condom, if the boy begs the girl the girl might agree. Or if the boy gives her money, she should agree. Allow the boy to use his penis.  
*School 36, boys, JSS1*

I created two sub-themes within the youth's body talk, health and blaming women. Forty-one percent of surveyed youth agreed with the statement that, "If a girl doesn't have sex when she is an adolescent, she will become barren." Another 34% of students were not sure. Students were significantly more likely to endorse this statement if they were sexually experienced (50% vs. 34%,  $p < .001$ ). There were significant differences by class ( $p < .001$ ), with older students more likely to reject the statement. Boys were also significantly more likely to reject the statement than girls ( $p < .001$ ), who were more likely to be unsure. Slightly less students, 33%, agreed with the statement, "Boys will damage their bodies if they don't have sex for a long time." Again, sexually experienced youth were more likely to agree (39% vs. 29%,  $p < .001$ ). Also again, boys were significantly more likely to reject this statement ( $p < .001$ ) and girls more likely to be unsure. There were also significant differences by class ( $p < .001$ ), with older students again more likely

to reject the statement. Note that, as usual, girls were significantly more likely to respond that they did not know or were unsure than boys. This trend may well reflect the higher level of socio-sexual knowledge sharing in which boys participate, discussed elsewhere (see pgs. 33 & 49). These figures suggest that a substantial minority of students believe that adolescent sex is vital to one's health. This belief declines with education, is less common among boys, and more common among those who are sexually experienced.

Though surveyed students indicated sex as a health need for both genders, FGD participants mentioned it in relation to males only. This may indicate that sex as a health need is a more salient script for males, as it was elicited without prompting while sex as a female health need was not.

M: Many adults say that young people should wait until they are married before they have sex.

P: That is good, but some people cannot wait.

P: They say that their body will not function well.

*School 24, boys, JSS3*

P: Sex makes their body to grow.

*School 32, boys, JSS3*

The 'incitement' of desire was also mentioned in relation to males only. Three boy JSS3 groups mentioned body desires being 'caused' by females.

M: Is it that they can't control their urges and desires?

P: Yes, because there are some girls now, even though boys have not friend the girl, the girl might just be using her body to entice the boy so that the boy will agree for them, so that through there they can make sex.

*School 14, boys, JSS3*

M: What kind of things can push young people to have sex?

P: Money

P: Gifts

P: The beauty of a girl.

*School 36, boys, JSS3*

M: What makes it difficult for young people to wait to have sex?

P: Our girls usually put on short skirt which makes them attractive.

*School 29, boys, JSS3, quoted previously (p. 29)*

This discourse of male sexual desire as ‘caused’ by the physical presentation of a female is different than such desire being natural and even a necessary precursor for health, though both discourses coexist among FGD participants. The former constructs male sexual desire and activity as the ‘fault’ of females, implying a negative valence. In two of the three quotes, the males also imputed intent. This line of reasoning fits with scripted understandings of subtle female initiation, discussed earlier (see pg. 36). It can also act as a validation of male sexual dominance and violence. This can be seen, for example, in the songs of male Ngwa youth which speak of women secretly desiring rape (Izugbara, 2005a). Of course, understandings of ‘sexual’ desire as ‘natural’ and sex as necessary to the health of both male and female youth also support the enactment of youthful sex. Youthful sex is further encouraged by peer influences.

#### *Peer influences*

Both girls and boys report strong peer and familial influences to have sex. In fact, of the survey variables analyzed, “My friends were pushing me to have sex,” and “Older people were saying I should have sex,” were the only two items for which there were no gender or class differences. Interestingly, the relatively low endorsement of these two items, 27% for “friends” and 20% for “older people”<sup>9</sup>, is not reflected in the amount of talk about such pressures during FGDs. This was a topic on which the FGD participants

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<sup>9</sup> 22% of participants did not answer these questions. Sexually inexperienced participants were substantially less likely to respond.

spoke at some length. There was also good dispersion, as at least one participant in each FGD spoke of experiencing pressures from friends. A minority of FGD participants said that their friends did not push them and/or, for girls only, encouraged them to abstain. The dominant representation was of experiencing strong social pressure to be sexually active.

Though both boys and girls experienced social pressure, its nature was gendered. First of all, boys learned about sex and condoms from their friends and family. There was a lot of talk among boys demonstrating that they discussed sexual topics and watched sexual films (which they referred to as “blue films” or “naked ladies”) together, as well as mimicking their peers without direct discussion.

M: Do young people your age know how to use condoms?

P: Yes

M: How do they learn?

P: I learnt it through my friends. They taught me.

*School 21, boys, JSSI*

P: They tell us it is enjoyable. When I live in Lagos, my landlord’s son, me and him are like brothers, so sometimes in the night I will go and meet. We will be chatting. He will open his set and he will put a video CD and I will be looking at it and he will show me all these magazine picture, and picture of blue films, and sometimes he will be showing me pictures on his saved Motorola blade. He will be showing me pictures of blue films, naked women.

*School 36, boys, JSSI*

Note that social power (and its demonstration) is again enabling sexual expression, as the boy specifically mentioned the valued technology and urban setting which facilitated his sexual exploration. Such talk of socially-facilitated sexual learning was absent among the girls. They, on the other hand, talked about relying on their male sexual partners for knowledge of how to ‘do’ sex and/or use condoms. This absence of socio-sexual

knowledge sharing and support means that girls are less educated about sexual topics and have less opportunity to discuss sexual issues with others, reducing their ability to make and enact informed sexual choices.

Another side to the boys' high level of socially-facilitated sexuality, however, is immense social pressure to be sexually active. Masculinity was highly conflated with hetero-sex. Participants reported that boys are shamed and their masculinity and 'class' called into question if they are perceived as sexually shy or inexperienced. Recall the quote above where one boy described how boys may be laughed at for sexual hesitancy and thus decide to leave the village. Reports of boys being laughed at and ridiculed were common.

P: Maybe the friends will be laughing at him, saying he does not have a girlfriend and that another has, this may push him to go and have a girlfriend.

*School 21, girls, JSS3*

P: The girls write letters, they only pressure the boys through their friends. When the boy's friends start laughing at him that he doesn't have mind [proper mindset, i.e. heterosexual desire/masculinity] and he doesn't have level [class or social status<sup>10</sup>], he will likely want to give in.

*School 29, boys JSS1*

Sexual activity was described by FGD participants as neigh *necessary* for a boy to 'fit in' or feel a sense of belonging among males. As F/M relationships are scripted as necessarily sexual, male company is the only 'non-sexual' social outlet available to boys. However, the extreme pressure to demonstrate hetero-sexuality to peers leaves boys without a social space that does not demand displays of hetero-sexuality.

M: What kind of things can push young people to have sex?

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<sup>10</sup> Interpretation of colloquialism provided by local *HP4RY* Project Staff.

P: Poverty  
P: Wanting to measure to the expectation of peers.  
*School 29, boys JSS3*

P: Money pushes the girls, but not for the boys. Except boys want to marry or they want to belong.  
*School 32, boys, JSS3*

As one boy said, “For the boys it [sex] is part of village life” (School 36, boys, JSS3).

This conflation of heterosexual intercourse with masculinity is one aspect of scripted understandings of adolescent sex as training. Boys were depicted as needing to engage in such intercourse to develop into (successful) men. This theme is discussed in *Sex as training*.

For girls, the social pressure to engage in sex was more contested. They received social pressure to both engage and *not* engage in sex. Participants reported that when girls were or felt pressured by peers to engage in sex, it revolved around money/gifts. “If she does not have money and did not see who will give her money, bad friends will advise her, ‘Let’s go, if you know boy, money will not finish in your hand. Every day you will be having money’” (School 39, girls, JSS1). The social pressure around money/gifts (as opposed to the economic pressure, see pg. 55) is closely tied to the idea of ‘levels’ or class to which boys’ sexual activity is also tied. Girls felt pressure to attain social standing through the material goods available to them through sexual exchange. The following extract demonstrates this, as well as a rare counter-current.

M: What do their friend say to them?  
P: They will tell you that you don’t have levels.  
P: They will say, ‘See you, you nor reach [are not up to the level].’  
P: They will say, ‘You suppose to have sex so that you can dress well.’  
P: They will tell you that you are suppose to have sex so that you

can be their friend.

M: Do they really have levels?

All: No

P: They don't do well in school, so I am better than them.

*School 29, girls, JSS3*

Along with such pressures, there were also social currents pushing against girls' hetero-sex. Aside from the comment above, which labels 'loose' girls as having less intellectual resources (a construction not unique to this participant), girls spoke of friends advising them not to have sex and strategizing on how to avoid it.

FGD participants did not speak as though a girl's sexual experience/desire directly reflected on her femininity, other than the expectation that she either refrain from overtures or make them subtly. Girl FGD participants also spoke more of self-imposed pressure to 'be like' others or attain what they had than did the boys. Thus, while both genders reported extreme peer pressure to engage in youthful sex, the shared meanings upon which these pressures are based are different. (While both genders reported procreative pressures, this is discussed in detail in *Procreation*.) For both boys and girls, sex is associated with the attainment of social belonging, status, and thus growing up successfully. For boys this is due to the conflation of hetero-sex and masculinity. For girls it is the conflation of hetero-sex and material gain.

#### *Money/Gifts*

The exchange of money/gifts for sex was a prevalent theme in the youth's talk, being discussed in all but one FGD. The most common type of exchange discussed was sex for goods, such as food, shoes, or clothing. However, money exchange was also discussed. It is unclear from the FGD data how the youth differentiate the proffer of money for exchange from the proffer of money for work. They did not distinguish spontaneously

and probing questions were not asked. Both boys and girls discussed females exchanging sex for money/gifts. The boys' discourse about males is mixed, some saying that boys do receive money/gifts in exchange for sex and some that they do not. Girls uniformly denied that boys have sex for exchange, even when probed. This discontinuity may reflect gendered understandings of instances where a boy received a gift from a girl, or it may reflect boys' experiences with older females. Young females do not often have money or goods to give in exchange, that is one reason why they are exchanging sex for such things themselves. Some older females, however, have access to income-generating labour, such as trading. Despite the prevalence of exchange talk in FGDs, only 16% of sexually-experienced surveyed students report being "given a gift or money to have sex." There was a significant gender difference ( $p < .001$ ), with 13% of experienced boys and 21% of experienced girls endorsing this statement. There were no class differences.

Both girl and boy FGD participants talked of material gain as the primary factor encouraging girls' sexual intercourse. The understanding of girls receiving gifts in exchange for or in gratitude of sex may imply that the sex itself is understood to be of lesser or non-existent value to the girl, as it is not sufficient 'reward' in itself. Girls are not only pressured by friends to utilize sex for such material gain, as discussed above, but also by their parents.

M: Can you describe some situations where a young person was pushed?

P: The girl's family can tell her, 'Can't you see your mate? She is making money.' So the girl's family will be pushing her.

*School 32, girls, JSSI*

P: Some mothers force their children.

M: How can a mother force the child to have sex, what could be the reason?

P: For instance, the mother will not have money to buy things.  
*School 24, girls, JSS3*

P: A poor man can force his daughter to have sex for monetary gain. She can be disowned if she refuses.  
*School 29, boys, JSS3*

The FGD participants' talk presented earning through sex as a normative practice. "Some girls will say, 'Money for hand, back for ground'" (School 29, boys, JSS1). It was also presented as a practice that encourages youthful sex by providing an important 'why'. "I think that boys and girls should have sex before they are married so that the girl can have money to take care of themselves and avoid poverty" (School 14, boys, JSS3).

I also found that sexual exchange and the meanings surrounding it are used strategically by youth in the attainment of particular ends. Boy FGD participants were very explicit about using exchange as a tool to pressure girls to participate in unwanted sexual acts.

M: What happens if a girl doesn't want to have sex but her boyfriend does?

P: The boy will look for another girl or the boy will buy a gift and put some money so that it will please her and he will have sex with her.

*School 27, boys, JSS1*

The effectiveness of this tool is attested to by the survey data. Fifty-six percent of the youth (61% boys and 51% girls,  $p < .001$ ) agreed with the statement, "If a girl accepts a gift from a boy or man she should be willing to have sex with him," while another 25% (31% girls and 20% boys,  $p < .001$ ) were not sure. The endorsement of this statement significantly increased with class level (54% JSS1, 56% JSS2, 60% JSS3,  $p < .001$ ). This understanding was also endorsed significantly more often by sexually-experienced youth (61% vs. 53%,  $p < .001$ ). The expectation of exchange or reciprocity was slightly less in

regard to boys, with 46% of students saying that a boy should be willing to have sex with a girl/woman if he accepted a gift from her (28% unsure). Boys were still more likely to endorse diminished agency (i.e. that a boy should be willing, 48% vs. 45%) and girls were still more likely to be unsure (34% vs. 23%,  $p < .001$ ). However, boys were also significantly more likely than girls to disagree with boys' diminished agency (29% vs. 21%,  $p < .001$ ) and disagreement with this statement significantly increased with class level (24% JSS1, 24% JSS2, 30% JSS3,  $p < .001$ ). Again, this understanding was endorsed significantly more often by sexually-experienced youth (53% vs. 42%,  $p < .001$ ). It seems that there is a distinct understanding of sex as a resource to be exchanged or given in appreciation for other resources. Experienced youth are more likely to endorse this understanding. Finally, it applies to both genders but more strongly to girls; and this understanding *and* its gendered nature are more strongly endorsed by boys and more educated/older adolescents.

Within this understanding of sex as a resource, I discerned a discourse of more resourceful girls not 'needing' to exchange. Girls from wealthy families and girls with good grades were specifically depicted by FGD participants as girls who did not 'need' to utilize sex as a resource to get ahead in the world. As one boy said, "it is not everybody that will have sex because of gift" (School 27, boys, JSS3). Thus, though 'normal', sexual exchange was also depicted as an activity engaged in by the less resourceful (and thus lower status and less valued) members of society. Working with the exchange-as-normal script, girls reported using exchange to improve their lot in life. Some girls exchange out of need, for things like food. One can see here the influence of the economic pressure of poverty combined with limited income-generating opportunities.

Other girls exchange out of desire, for things like ‘fine clothes’ that would increase their social standing.

While some exchange is strongly coerced, as shown above with the parents or when meeting basic needs, exchange is also one of the few aspects of the youth’s scripts which features female agency. In the context of asking for material gain, girls could initiate sex and could use sex to obtain things they wanted.

P: Like a boy will be moving on the street now and the girl will say buy me bums [food]. From there they will start having sex.  
*School 17, girls, JSS1*

P: There is this one girl in my place, maybe they are doing Christmas now, the girl will go and look for a boy to buy her things for Christmas.  
*School 27, girls, JSS3*

Though girls’ agency is circumscribed because, “Boys have money to buy things for girls but girls do not have [money]” (School 39, boys, JSS3), it still represents an arena where girls have some power and some say. Exchange provides a space for girls to maneuver. Sexual exchange is thus a ‘double-edged’ sword, if you will. It both enables and restricts agency. This contradiction is also seen in talk of procreation.

### *Procreation*

FGD participants talked a lot about pregnancy and childbearing, and their potential consequences. When asked about problems caused by having sex in JSS, pregnancy was the concern mentioned most frequently and with the most elaboration. Sixteen percent of sexually-experienced surveyed youth report ever being pregnant or getting someone pregnant. There were no significant gender differences. Sexually-experienced participants were significantly more likely to report a pregnancy experience in the lower classes

(JSS1 24%, JSS2 12%, JSS3 11%,  $p < .001$ ). In the FGDs, pregnancy was most often mentioned as an outcome of sex. However, just over a third of FGDs included discussion of pregnancy as a strategy.

Most of the FGD participants talked of pregnancy as an unwanted and expected outcome of sex. However, a few boys mentioned pregnancy as an outcome that may be desired (but not strategically employed in this case), but this discourse was absent among the girls. Many boys also presented it as a neutral event, not directly remarking whether the pregnancy would be welcomed or unwelcomed.

M: What happens if a girl doesn't want to have sex but her boyfriend does?

P: He will not have a child.

*School 39, boys, JSS3*

Such comments reflect acknowledgment of boys' dependence on girls to gain children; this fact was deemed worthy of mention (indicating that procreation was valued).

Internally, such an acknowledgement may be neutral; however, given the expectation of male control, such perceived dependence also may not sit well with males. Indeed, it *may* contribute to the reasoning of why they have the 'right' to demand sexual access to females.

Girls talked much more about the physical and social dangers of pregnancy. They frequently mentioned loss of education, shame, injury, and potential death as outcomes of youthful pregnancy.

P: Because when they have sex together and the girl has not finished going to secondary school and they have sex together, when the girl now takes in or gets pregnant, her parents will not allow her or the boy go to school again.

M: So what will they now be doing?

P: If the girl cannot give birth to the child, she will go and abort it

and that is a very bad habit.

P: When the girl goes to do an abortion and the doctor does not do it well, it may lead to her death and this may cause problem to the boy's family.

*School 27, girls, JSSI*

M: What problems does this [sex] cause?

P: Some can be pregnant. It can lead to death.

M: How can it lead to death?

P: Because her womb cannot carry a baby and her legs are not wide enough.

P: Aunty, one day when my sister wanted to give birth to a new baby, we went there to greet her. There was a little girl that wanted to push to birth. She put to birth a bouncing baby boy but the girl died.

M: How old was the girl?

P: I don't know, but very little girl.

*School 36, girls, JSSI*

P: The girl will suffer.

M: How?

P: When the girl gets pregnant, she stops going to school.

*School 21, girls, JSS3*

As demonstrated in the above excerpts, participants mentioned abortion in the context of unwanted pregnancy. Interestingly, it was mentioned twice as often in boy FGDs as in girl FGDs. Boys presented an almost uniformly negative construction of abortion, associating it with the death of the girl, the death of the potential child, future female infertility, and immorality. Girls, however, presented a mix of negative, positive, and neutral associations with abortion. Some stated it as a simple fact (neutral) while others talked about how it could save the life of a girl too young to carry a pregnancy or allow her to return to school. Abortion was the only option for handling an unwanted pregnancy which was spontaneously discussed.

In contrast to talk of pregnancy as an unwanted outcome, participants also talked about getting pregnant intentionally. Participants of both genders spoke of intentionally

getting pregnant with the goal of having a child.

M: Do you think most boys will use a condom if their girlfriend asks them to?

P: No

P: Like my friend, he will agree.

M: Why not?

P: Some of them want to have children.

*School 29, boys, JSS3*

Other participants spoke of pressure from mothers to have sex in order to have children.

P: The mother did not have a male child, so she push her daughter to go and have sex. And when she delivery, she delivered a girl.

The mother was ashamed.

*School 21, girls, JSS1*

A few boys, only, spoke of pregnancy as a strategy for marriage. No girls spoke of pregnancy as a strategy for marriage, though boys attributed this strategy to them. As discussed in *Male control*, girls' discourse represents pregnancy as likely to lead to abandonment.

Both genders shared a discourse which closely tied condom use to pregnancy prevention.

M: What have you heard about condoms?

P: Condom is what a man wear to sleep with a girl in order to prevent the girl from getting pregnant and also to prevent himself from getting diseases.

*School 27, girls, JSS3*

P: Some people see [condom use] as bad and some see it as good, but for me I see it as wrong because those that say it is good to use it do it because they use it to prevent pregnancy.

*School 14, boys, JSS3*

Participants often depicted condoms as a strategic tool in the pregnancy 'game.'

P: If the boy wants the girl to be pregnant for him, he won't use it [condom].

*School 27, girls, JSS1*

M: Do you think most boys will use a condom if their girlfriend asks them to?

P: They will not agree.

M: Why?

P: Because they want to impregnate the girl.

*School 32, boys, JSSI*

Thus, though the dominant discourse is of pregnancy as something unwanted at this stage, overall pregnancy is both pursued and avoided. Both strategies are based on the idea of successful adulthood and the inclusion of family formation and the proper raising of children in this vision. I posit that the difference may lie in how well the youth perceived themselves able to handle such 'adult' responsibilities at this stage or that they would be any better off in the future than they are now.

P: Some of them don't have hope that God will give to them one [partner] of their own choice. Some of them want to hurry to have their own selves.

...

P: Some want to wait because if they have sex, they will have children that they cannot train and their parents will drive them away to train these children.

*School 36, girls, JSSI*

### *Sex as training*

As illustrated in Figure 1, the notion of successful adulthood including a heterosexual, procreative relationship contributed to an understanding of sex as training. FGD participants spoke of sex and GF/BF relationships as a way to 'practice' for such 'adult' relationships.

M: Many adults say that young people should wait until they are married before they have sex. What do you think about this?

P: It is not possible. To wait until you marry is good, but one of my friends told me that when you are little, if you learn how to follow [Learn to be with the other sex in a pleasing way and do

things together, perhaps including sex.<sup>11</sup>] your girlfriend, you will know how to follow your wife.  
*School 21, boys, JSS1*

Note that this youth endorses waiting until marriage as a ‘good,’ but an impossible good that does not have practical bearing. FGD participants also spoke of imitating or mimicking elders in their hetero-sexual relationships.

M: How do young people learn about condoms in this community?

P: When the parents are doing it, they should be looking from there. Others learn from their friends. When they escort their friends to their boyfriend’s house, they watch how the boys use condoms on their friends.

*School 32, boys, JSS3*

P: Some of them [youth] can take the footsteps of their mother or father.

P: They might know everything about sex by listening to what their mother is saying.

*School 36, girls, JSS1*

M: What kind of things can push young people to have sex?

P: When they watch television, when they see those people having sex.

P: Also when they see their parents having sex.

*School 24, boys, JSS3*

It seems that sex is one way of being like (admired) elders and readying oneself for a successful adulthood.

As I discussed in *Peer influences*, adolescent sex was also depicted as training for boys to grow into properly masculine men. The understanding of sex as training for ‘manhood’ is used by peers to goad boys into sexual activity. Several boys also mentioned fathers encouraging them to have sex directly and/or through showing them pornography.

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<sup>11</sup> Interpretation of colloquialism provided by local *HP4RY* Project Staff.

P: If their father tell them that they are mature enough to have sex, then they can have sex.

M: Do people's fathers tell them that they are mature enough to have sex and they should go ahead and do so?

P: Yes. Their father buys blue films and allow the children to watch and the children learn from there.

*School 27, boys, JSSI*

Thus boys receive the message, from both elders and peers, that sex is something 'men' do and so to be a 'real man' they must know how to do sex. Note the participant from School 24 also refers to mimicking television. Just as a number of boys mentioned pornography, a number of both boys and girls mentioned mimicking or learning sexuality through television and movies. Youth are not short on depictions of hetero-sex as a marker of maturity, status, and/or success. The understanding of sex as training for a successful life was juxtaposed with understandings of sex as a danger to a successful life.

#### *Sex as danger*

FGD participants of both genders presented sex as a potential danger to growing up successfully. However, this theme was distinguished by the girls, rather than boys, generating a larger volume and greater detail of discussion. In addition, over half of the boys' comments presenting sex as a danger referred to it as a danger *for girls*. These two factors suggest that sex as danger is a more salient scripted meaning for girls than boys. The data suggest that this meaning is based upon expected outcomes. Participants spoke of sex as a danger to one's education, respectability, 'future,' and life, with the cessation of schooling being the danger mentioned most frequently. As illustrated in Figure 1, participants portrayed the above dangers to a successful life as associated with pregnancy, disease, and social and moral messages.

Discussed in *Male control* and *Procreation*, pregnancy was most often depicted as

dangerous by girls. The following quote illustrates how the youth connected the ‘present’ dangers of pregnancy with threats to their future success.

M: Many adults say that young people should wait until they are married before they have sex.  
P: I think that the idea is very very good, that young ladies should wait when they are grown up.  
M: Is it just young ladies?  
P: No, young girls.  
M: Is it just girls?  
P: Young boys and young girls. They should wait until marriage before they can have sex because if they are young and have sex, they can destroy their womb and they might even die. Maybe when they get married, they might not be able to put to birth and and not able to have children. This is what I see.  
*School 36, girls, JSS1*

Note that the participant/s had to be prompted twice to give boys token inclusion in the group of ‘those who should wait.’ Not all dangers were concrete. The following excerpt illustrates the youths’ non-specific talk of danger as well as another danger of sex created by social meanings.

M: Many adults say that young people should wait until they are married before they have sex.  
All: True  
M: What do you think about this?  
P: So that we will not make mistake.  
P: We should wait so that when we move to higher class we will see a better person to marry.  
P: So that we will not mess ourself up.  
*School 29, girls, JSS3*

This idea of females’ social status (affected by education) and thus marriage opportunities being potentially limited by sexual activity does not appear to extend to boys. This gendered notion is discussed further in the next section. This next quote illustrates a rare comment from a boy presenting sex as a danger to his own future due to social ramifications.

P: Because if young people do not wait, they may go and get a girl pregnant. So... and they are still too young to have children. Meanwhile they are still in school. My own opinion, as you said now, let me refer to the girls. It stops them from going to school, that is number one disadvantage. While the boys, it is now a responsibility in the wrong age to be a father of rearing children. It is at the wrong age. Both of them are in the very bad stage of it. They are in the bad stage.  
*School 36, boys, JSS3*

The proliferation of such a script may discourage unprotected adolescent sex.

Overall, the dangers of sex were highly gendered, with fear of disease being an exception. Though the youth listed HIV and “disease” as a danger of sex, they did not elaborate on this concern and rarely connected the contraction of disease/HIV with concrete outcomes. Disease does not seem to have practical reality for the youth in the way that pregnancy does. Discussed in the next section, social and moral dangers also seemed more concrete to the youth than disease. Talk around these dangers was as distinctly gendered as the pregnancy talk.

#### *Morality/Respectability*

Twenty-one of the 36 FGDs discussed linkages between sexual expression and morality or respectability. I am differentiating these terms as religious and abstract (morality) versus social and contextualized (respectability), though these understandings mutually-inform each other. In general, participants presented sex before marriage and/or youthful sex as immoral and associated by/for girls with a general defect of character. Despite the practical (i.e. material gain, physical pleasure/health), gender, and social ‘goods’ of sex articulated by the youth, no one made an argument for youthful sex as a moral good. In addition, HIV and condoms were associated with immorality. *All* of the boys’ comments in this vein referenced morality or religion directly.

M: What do you think of boyfriends and girlfriends having sex when they're in Junior Secondary?

...

P: I don't like it because it is against the will of God.

*School 21, boys, JSSI*

Religious references were in the minority among girls, who spoke more about respectability.

P: Yes, it is good for us to wait until marriage before we have sex.

M: Do all of us agree to that?

All: Yes

M: Why is it good for us to wait?

P: Because these days, some girls will use themselves for boys and when they get pregnant or the boys are raping them any time they like, they are [unintelligible] themselves and when they get to any place in society, there is no respect to give that person.

*School 27, girls, JSSI*

The construction of (unmarried) adolescent sex as immoral for everyone, but an issue of respectability for females only, creates an interesting conflict in scripting. Boys are taught that such sex is immoral. They are also taught that such sex is 'natural', socially-expected, and necessary for them to become men. It actually enhances their social standing. Thus an immoral act is both 'natural' and worthy of respect. Girls, on the other hand, are taught that youthful sex is both immoral and lowers one's respectability (and hence social standing), but that such sex is nonetheless 'natural', potentially necessary for fertility, and expected in the context of mixed-gender relationships.

Such gendered discourse was not noticeable, however, in morality-related talk of condoms and HIV. Both genders connected condom use and HIV with immorality and lack of respectability.

P: Condom is devilish.

M: So condom is devilish?

P: Even the people that made it are devilish because they have

devilish mind.  
*School 36, boys, JSS3*

The consistent presentation of HIV and condoms as associated with immorality and disrepute impacted FGD participants' understandings of these phenomena and their place in society.

*HIV transmission*

HIV transmission was associated with cultism, promiscuity, prostitution, bestiality, going abroad/being foreign, homosexual activity, and doing things “against mother’s advice.” The FGD participants seemed to connect HIV with things they considered bad and/or untrustworthy. However, when asked about how HIV was transmitted, participants came up with a cornucopia of additional responses, including: sharing sharps (razor blades, barber’s clippers, needles), sharing everyday objects (clothes, spoons, cups, plates, combs, sponges, towels, beds, pens), sex, condoms (e.g. condoms are made of HIV), sharing condoms, sharing tooth brushes, donating blood, associating with a person living with HIV/AIDS (playing with, kissing, shaking hands with or greeting, eating with, being “close to”), breast feeding, childbirth, and airborne carriers (mosquitoes, flies, coughs).

P: A man that move from one girl to another.

P: If a person share something with someone that has AIDS, the person will get it.

P: If you share biscuit with someone that has AIDS, you will have it.

*School 17, girls, JSS1*

P: AIDS is a sickness that kills people. When girls go abroad they sleep with dogs, animals. They will now get it there and bring it to Nigeria and give people.

P: AIDS is a killing disease and when person has sex between boys the person will have it. One of our neighbors, the daughter

who was abroad was not feeling fine and they brought her home. The girl has AIDS and she died. They buried her in U\*, my place.

P: Through mosquitoes you can get it. If mosquito suck your blood, someone that has AIDS, and go and suck another person's blood, the person can have it.

P: Through sex.

P: Through fly. The fly can carry AIDS and enter their food and when they eat the food the person will have it.

P: Through razor blade.

P: Through rape, if a man that has AIDS rapes a girl, the girl will have it.

*School 27, girls, JSS3*

P: [AIDS] kills people and it is spreading. It is contacted by shaking hands.

P: By using the same razor blade that an infected person uses, if there is blood contact.

P: By sleeping with a girl, and by touching the girl's blood, and by using the spoon the girl uses.

P: My father told me that HIV stays only some minutes on the razor blade before it expires [dies off].

P: If you share same cup with an infected person, you will contact the disease.

*School 29, boys, JSS1*

The last excerpt demonstrates the mix of 'scientific' understanding and misunderstanding which characterized the participants' talk. Some understood that 'blood contact' (or fluid exchange) was what is 'known' to spread the disease, while most attributed it to simply touching the same object. Others yet had specific 'misinformation,' such as that the disease dies off after a few minutes outside the body or is transmitted through flies. The excerpt from the School 27 FGD contains references that *may* indicate travel abroad for prostitution or trafficking. In addition to a few other similarly veiled comments, there was also one direct reference to prostitution in Italy. "I have heard that in foreign countries like Italy prostitute normally have AIDS by sleeping with all sorts of men that have AIDS" (School 29, boys, JSS3). Interestingly, all such references focused

on the HIV, rather than money/gift, aspect of the situation. These comments may reflect awareness among some youth that young women from the community travel abroad and do sex work. The youth also frequently mentioned that HIV did not “show on the face,” meaning that you could not tell who to avoid. Participants less frequently reported that it caused one to be “thin and unable to gain weight.” I did not find a significant difference in gender association with the disease, as girls were mentioned as carriers 14 times while boys were mentioned 19 times. I also did not notice any significant gender or class differences in what the participants listed as methods of HIV transmission.

There does appear to be a definite discourse around age, however. Many (but not all) FGD participants indicated that they were not vulnerable to HIV because they were too young. This understanding may be perceived to sit at odds with the notion that HIV may be transmitted through such simple means as sitting near a person living with HIV/AIDS. However, I argue that it is bound up with the youth’s association of HIV with immorality. As youth, they are too ‘pure’ to be at risk. This notion, combined with the idea that one could potentially get HIV through any contact with an infected person (whom one is unable to identify, as HIV does not “show on the face”), may contribute to the youth’s lack of motivation to take sexual health precautions such as monogamy and condom use.

#### *Condom use*

Of surveyed youth who were sexually experienced, 14% indicated that they used a condom the last time they had sex. There were significant differences by gender ( $p < .001$ ), with 16% of boys and 9% of girls indicating such behavior. This seems somewhat at odds with 46% of students endorsing the statement, “If you have sex, you should use a condom to protect yourself from HIV” (significantly more boys than girls,  $p < .001$ ). Interestingly,

only 35% of students indicated that they probably or definitely can get HIV/AIDS from having sex, while 39% of youth said probably or definitely *not* and the remaining 25% were unsure. The fact that the 'should' is more highly endorsed than the belief expected to motivate it may indicate that the youth are aware of safer sex messages and responding according to social desirability bias. They do not appear convinced that the risk is real and are even less likely to take precautions based on that risk assessment. In fact, the youth did not link perceived risk of HIV transmission with condom use in the FGD data. They did not discuss these two concepts in conjunction with each other. Risk talk was linked more generally with HIV transmission, as discussed in the previous section.

Based on frequency of use, one might conclude that condoms are not part of mainstream scripts for how sex is done. The FGD data, however, show that condoms figure into the youth's meanings, moralities, and strategies in a number of ways. Like many themes in the participants' scripts, their talk of condoms was often contradictory. In this case, participants in the same FGD frequently contradicted each other. Participants presented condoms as both protection and danger, as both immoral and conscientious. Some talk reflected a high level of knowledge about condom use and efficacy, other talk reflected ignorance about condoms. While much of the discourse surrounding condoms was shared, some talk was also distinguished by gender and class. For one thing, JSS1 girls uniformly said that condoms are not something discussed among peers. JSS3 girls were divided, some said yes and others no. Most, but not all, JSS1 boys said that condoms are discussed among peers, while *all* JSS3 boys uniformly said that condoms are discussed. Further, the condom was constructed as something that the male uses (rather than the female or both partners), something that the male is responsible for

purchasing, and something that is ultimately the male's decision.

One aspect of condom talk that was not gendered was its association with immorality, mentioned above. One strain of talk among participants was of the condom as something morally bad which corrupts (or 'spoils' in the youth's terms) young people, often as a 'gateway' to 'consequence-free' sex.

M: Some people feel girls and boys your age should not be taught about condoms. Why do you think some people feel this way?

P: Because they do not want us to get spoiled by messing ourselves up.

P: Because when they teach them about condom, they will now like to have boyfriends and girlfriends, saying they have been taught about condoms, that it protects. So this will now make them have sex.

*School 27, girls, JSS1*

M: Some people feel girls and boys your age should not be taught about condoms. Why do you think some people feel this way?

P: Because they do not want us to be prostitutes.

*School 24, boys, JSS1*

Condoms were also associated with disease, particularly HIV. Mention of any STI other than HIV was rare. The following participant summed up the youths' understanding of HIV and condoms.

P: Some do not understand what is condom. They think that people who use it are only those with HIV. They do not know that it is not only those with HIV that needs condom.

*School 27, girls, JSS1*

There was also a strong discourse, among boys, that condoms were not trustworthy protection against disease.

M: What have you heard about condoms?

P: I have heard that condom prevents pregnancy but it doesn't work for HIV.

*School 27, boys, JSS3*

M: Sometimes people say that using condoms every time you have sex is an important way to protect yourself. What do you think?

P: It is not true.

P: I don't know. He or she can contact the HIV through kissing, will they still use condom on their mouth?

*School 29, boys, JSS1*

The last comment reflects the impact of HIV transmission beliefs on condom use decision-making. The discourse of distrust also included significant talk of 'real' and 'fake' condoms.

P: I was taught that condoms have small holes and that whether you use them or not you will still contact HIV/AIDS.

P: It is not a good condom. Original condoms do not have small holes.

*School 32, boys, JSS3*

M: Do young people your age ever talk about condoms?

P: Yes

M: What do they talk about?

P: We talk about how some condoms are good and how some are fake.

*School 14, boys, JSS3*

Finally, there was mention by both genders of condoms reducing male sexual pleasure and, by one male participant, of it reducing female sexual pleasure (the only mention of female sexual pleasure in the FGD data).

Such negative evaluations of condoms were juxtaposed with presentations of condoms as protection and, among the boys, as a conscientious choice. The construction of condom use as a conscientious choice was related to its construction as something more 'for girls,' since its primary application in the participants' scripts is pregnancy prevention.

M: What have you heard about condoms?

P: I have not heard anything about it.

P: If someone wants to put his penis inside a woman's vagina, he should first wear condom.

P: I heard that condom is protecting person from HIV.

P: I have heard that it prevents pregnancy.

*School 21, girls, JSS1*

P: *Condom helps women and small girls.* The boyfriend, if he wants to sleep with his girlfriend, the boy will said that he should go and buy CD. After buying the CD, you will now have gold circle [condom]. The girls tell the boys to buy condoms for sex so that they will not be pregnant.

P: Condoms protect people from HIV and AIDS.

P: If the boy uses condom when the girl has AIDS, the boy will not carry the AIDS.

*School 17, boys, JSS1, emphasis added*

M: How do they learn [about condoms]?

P: They learn from their friends. Their friends usually tell them that, 'Since you do not have money to take care of the girl or to do abortion, then use condom.'

*School 14, boys, JSS3*

The understanding of condoms as primarily for pregnancy prevention contributes to a belief expressed by many participants that a girl who rejects condom use may be untrustworthy. Several youth commented that such a person may be infected with HIV and deliberately trying to infect the boy. This talk was more prevalent among the boys. Boys who did not want to use condoms were not given this attribution; their reticence was attributed to loss of enjoyment, money, desire for pregnancy, or some other motivator.

Understandings of condoms as primarily for pregnancy prevention and thus also primarily for 'women and girls' connect with notions of the role of condom use in family formation. One strain of talk among the youth constructed condom use as something done with an untrustworthy or unwanted partner. This is a person who may be diseased and, most saliently, with whom you do not want to risk connections through procreation.

M: What happens if a boy decides he doesn't want to have sex, but his girlfriend does?

P: The boy should go and buy condom.

*School 17, girls, JSS1*

M: Is it easy or difficult for a boyfriend and girlfriend to use a condom when they are having sex?

P: It is easy for them to use if they don't want to be married. But if they want to get married, they might not need to be using condom.

*School 36, boys, JSS1*

M: What happens if a girl doesn't want to have sex but her boyfriend does?

P: The girl should tell the boy to use condom.

...

M: Do you think most boys will use a condom if their girlfriend asks them to?

P: No

P: Like one of my friend is pregnant now. The boy told her that if he use condom, she will look like a prostitute to him, so he did not use condom. She is pregnant now.

*School 27, girls, JSS3*

The suggestion that one introduce condom use when faced with unwanted sex may be interpreted in a few ways. Perhaps the youth are seeking to protect themselves as much as possible from connection to the unwanted partner. Alternatively or concurrently, the suggestion of condom use may be a strategy to dissuade the unwanted partner from sex altogether. Interpretation is hindered by the lack of follow-up probes. One participant also noted that condoms are an inhibitor of spiritual and/or emotional connection between males and females who have sex together.

M: Who do you think should teach them [about condoms]?

P: Doctors when they go for treatment.

P: The parents, when you are close to them.

P: In some cases, when you are so close to your parents, they will not tell you anything that will destroy your life.

M: So you are saying that condom destroys somebody's life?

P: As in, not that it kills the person, but it cuts off the person's

foundation.  
*School 36, boys, JSS3*

The participant's use of the word 'foundation' refers to a local understanding that emission of semen into a woman's vagina creates or strengthens the bond between those two people.<sup>12</sup> Condoms, then, are something that limits or prevents connection between sex partners physically, procreatively, and emotionally/spiritually. Given such understandings, it is quite logical that youth describe condoms as something used with untrustworthy and/or unmarriageable people.

The above discussed understandings of condoms as associated with immorality, disease, and untrustworthy or casual partners likely contribute to the social shame surrounding their use. Condoms, like gender violence, was a topic on which many youth declined to answer or claimed ignorance in conjunction with demonstrated knowledge. In addition to the social discomfort revealed by such non-response, the FGD participants spoke directly of shame associated with condom use and indicated such shame indirectly through their stories. Indications of shame were much less common among JSS3 boys.

M: What have you heard about condoms?  
P: Don't know what condom means.  
P: Some will buy condoms for the boys to use it on them.  
P: I know what it is, but cannot say it.  
M: Is it that you cannot say it or you don't know what it is?  
P: I know what it is.  
M: OK, describe it.  
P: Condoms is the thing that boys put in their penis to cover their penis from girls.  
M: How did you learn about it?  
P: Like the one they showed on television. It looks like a balloon.  
*School 36, girls, JSSI*

P: The boy will be ashamed to tell the girlfriend that he wants to

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<sup>12</sup> Interpretation of colloquialism and local understanding provided by local *HP4RY* Project Staff.

use a condom.  
*School 21, boys, JSSI*

M: Where do young people your age get condoms in this community?

P: From the shop.

P: Patient store.

P: They call it circle *so that people will not know what they mean.*  
*School 14, boys, JSSI, emphasis added*

M: Where do you think they should be taught [about condoms]?

P: Home

P: School

P: Where people cannot hear what is being said.

P: Just as we are now, talking in private.

*School 27, girls, JSSI*

Thus, though few youth reported use of condoms, they had a lot of knowledge about condoms, both social and ‘scientific.’ Their talk of condoms was highly conflicted and contested. Youth spoke of condoms as protection, primarily against pregnancy. Many saw a boy’s decision to use a condom as ‘for’ the girl, a conscientious thing to do. On the other hand, condoms were presented as untrustworthy protection to be used with diseased or unwanted people. The participants presented condoms as immoral and likely to lead to immoral or disreputable behavior. No doubt due in part to these associated meanings and moralities, condoms carried a valence of social shame.

#### Capitalizing on contestation

Throughout the results, I have pointed out counter-currents or minority voices in the data. I did this both to stay true to the contested nature of the youths’ sexual scripts and to demonstrate the existence of scripts which may reduce vulnerability to unwanted outcomes of sexual expression, such as disease and pregnancy. The data did not yield such opportunities in all themes. For example, I did not find any voices contesting the

expectation of gender violence. I therefore did not have a local foundation for intervention recommendations that address this risk for HIV transmission. I did, however, identify several themes where participants specifically articulated ideas that could be promoted to reduce unwanted outcomes. In selecting local knowledges to promulgate, I relied on scientific knowledges that HIV transmission is reduced through the practices of abstinence, monogamy, and condom use. I therefore present scripts put forth by the youth which may promote these three behaviors. These voices could be integrated into *HP4RY*'s intervention efforts.

Though the nature of F/M relationships was uncontested, a significant minority of participants indicated that GF/BF do not *have* to have sex; they can play love. Non-penetrative sexual touching is less likely to lead to disease transmission or pregnancy than sex. The idea that playing love is the 'proper' sexual expression for adolescent GF/BF could be promoted. Of course, the success of this strategy relies on a level of self-control from the youth. In the same vein, one participant said that mature boys could wait until marriage to have sex. Interventionists may have to capitalize on notions of masculine self-control to promote this message. 'Real men' are in control of themselves and their body. They are not held sway by urges, women's beauty, the devil, or any other 'irrational' force. Boys could be encouraged to play sports, do physical labour, or pray (several youth mentioned this as a strategy) to handle urges.

The promotion of waiting until after one has completed school or gotten married to have sex fits with the broad discourse of sex and procreation being things done by people who are "managing with something;" the idea of having established oneself and gained some "level." Indeed, several participants explicitly stated that girls who wait are of a

higher level due to their education and marriageability. Interventionists could further valorize current social values that the youth speak of as constructing ‘success’ and emphasize the risk which unprotected adolescent sex poses to such success. Examples of such markers of success include; future fertility, ability to properly train or raise children, education, desirable marriage partner, and social respectability. In particular, the idea of a successful family could be used to promote safer sexual choices. The creation of a successful family is a high cultural value. Understandings of a successful family include training up children properly. Interventionists could emphasize the difficulty of creating such a family at a young age. It is not just *any* child or *any* family that an adolescent should aspire to, but one where they are in a position to provide for and properly train the children.

One could even link sexual choices with national pride and civic duty, by capitalizing on the idea presented by this participant.

P: HIV is not good and it can spoil our generation and we will not get to where we are supposed to get to.  
*School 24, girls, JSS3*

Given the strong drive to success evinced in the FGD data, it seems as though the youth already experience significant social pressure to better themselves and ‘be all they can be’. Interventionists could promote the idea that unprotected adolescent sex interferes with specific goals and is against the spirit of personal and familial success. A potential downside to this strategy is the economic reality which coerces many girls and some boys to exchange sex for material gain and breeds an atmosphere where some youth do not believe their future will offer opportunities for advancement. These already vulnerable youth may be further marginalized by messages which construct them as unable to

succeed due to their sexual experience and hold out ‘carrots’ they believe themselves unable to reach.

Aside from waiting, youth could be encouraged to consistently use condoms by promoting the message that “it’s not only those with HIV” who need to use a condom. The idea that condom use is ‘for everyone’ could be advanced. In addition, the construction of condom use as a conscientious choice by boys could be promoted. This choice could be promoted as ‘kind’, demonstrating caring for the girl. This construction could work to counteract the understanding that condoms are used with untrustworthy/unwanted people. Condom use is something a boy does for a girl he ‘really’ cares about. It could also be promoted as respectable and ‘masculinely’ responsible by capitalizing on the notion that one without the means and desire to train children should use a condom. Though boys may desire evidence of their virility and children, the notion of successful family can be used to emphasize that most adolescent boys do not have the resources to manage a family. Condom use is the responsible choice, preventing one having children for which he cannot care, which opens up the possibility of future respectability through the creation of a successful family.

Finally, interventionists could advance the notion that condoms protect one’s ‘manhood’.

M: Do young people your age know how to use condoms?

P: No, because we do not have sperms yet.

P: The condoms will not size their penis.

P: I don’t know.

P: Make your manhood strong and wear the condom.

*School 36, boys, JSSI*

I think the last participant quoted is referring to his penis. The boys in this FGD seem to

understand the condom as something associated with manhood and notions of virility, including large and ‘strong’ penises. Aside from needing to address the misunderstanding that adolescent boys don’t have sperm (which also presupposes use of condoms for pregnancy prevention only), we see here a discourse of condoms as something used by virile, ‘manly’ men. There is also the notion that the condom protects one’s penis, and thus manhood, from harm. This notion could be further advanced with education about STIs other than HIV, some of which can cause visible or tactile damage to the penis.

Other messages intended to get the youth to modify their behavior could be created. The above messages do not address all the aspects of the youths’ scripts which promote vulnerability to unwanted outcomes (e.g. sexual violence). They are messages based in local knowledge that promote safer sex choices without capitalizing on ideologies with a strong potential for negative ramifications. Though perhaps not ‘ideal’, such messages have traction and an enhanced ability to be enacted in the local embedded context. The youth have told us, in their own words, the considerations that make them resist unprotected adolescent sex. We should listen to their voices. However, such messages also may not be adequate for the purposes of an HIV-risk reduction intervention with the primary goal of HIV reduction through messages that promote abstinence, monogamy, and condom use. In the following two sections, I briefly discuss other safer-sex messages which capitalize on the knowledge generated by this study.

#### Identifying vulnerabilities

Throughout this paper, I have identified aspects of the youths’ scripts which promote vulnerability to unwanted outcomes. Many of the vulnerabilities that I have identified are related to gender ideologies and the political economy. However, one may also look at

vulnerabilities in a more ‘immediate’ fashion, and ask “What can youth do to abstain, be monogamous, and/or use condoms?” The youth clearly articulated that certain situations and circumstances ‘lead to’ sex. Working within these scripts, interventionists could develop messages that encourage youth to avoid such situations/circumstances.

For example, accepting/asking for gifts, spending time with someone of another gender, and being involved in a GF/BF relationship were all identified as circumstances where sexual activity is a scripted expectation. Interventionists could advocate that sex is expected in these circumstances and therefore the youth should avoid such circumstances. The youth also demonstrated understandings that a girl’s mode of dress causes male sexual desire and is a method of tacit sexual initiation (i.e. “[she] will go and buy spaghetti tops, small skirts just to look fine for the boy” *School 27, girls, JSS3*). To avoid sex, wanted or unwanted, girls could be encouraged to consider the social implications of their clothing choices. In addition, it is clear in the youth’s talk that frequenting certain places carries a heightened risk for sexual activity, wanted or unwanted. Youth could be encouraged to avoid such places (i.e. the farm, parties, the house of someone of another gender, etc.). Finally, interventionists could trade on existing gendered notions of respectability and morality to create focused messages for girls regarding their increased marriageability when they are perceived as respectable and/or of higher social status (i.e. not too many partners, no premarital pregnancy, no exchange, higher education, etc.), and focused messages for boys playing up the immorality of extramarital sex.

The above messages are practical in the sense of suggesting ‘simple’ behavioral strategies that may reduce sexual activity in the context of local meaning systems. There is merit in practical suggestions, and they are what interventionists seek. They continue to

capitalize on local knowledges, thus avoiding the generally less successful task of working against local knowledge (discussed in the next section). They also ‘fill out’ a curriculum in a way that the circumscribed messages that capitalize on contestation do not alone. They may help achieve the goal of reducing HIV infection rates by reducing sexual intercourse.

However, I have some ethical and practical reservations about promoting such messages. Ethically I am uncomfortable promoting messages which so clearly reify existing gender disparities in power, control, and opportunity. I am also uncomfortable asking relatively disempowered actors (e.g. girls) to *further* circumscribe their personal expression, opportunities, and satisfaction ‘for the greater good.’ As in many societies, the youths’ talk makes clear that girls are the ‘gatekeepers’ in Edo State. Asking the ‘youth’ to do the things above is, practically-speaking, asking the girls to do them. Of course, one may also argue that such losses ‘balance’ with an HIV-free life.

Finally, I am not convinced that such messages promote a long-term solution to HIV transmission in Edo State, nor that they may not inadvertently shore up ideologies and behavioral strategies which contribute to it. As mentioned, these strategies largely rely on girls changing their behavior to avoid sex. This research demonstrates that girls are frequently not in control of when, where, or with whom they have sex. They also have very limited options for gaining social status or material gain outside of sex. This is a strong coercive force. It is probable that, as they are in control of sexual and (largely) economic relations, significant change in HIV transmission rates will require behavioral change on the part of men and boys. (Not *just* men and boys, but *including* men and boys.) Current gender ideologies do not support such behavior change (outside of the

messages noted in *Capitalizing on contestation*). The messages listed above as ‘identifying vulnerabilities’ encourage the youth to operate within these ideologies, thus tacitly promoting their veracity without critique.

There has long been tension between field workers and researchers around practicality versus ideals. Field workers, forced to operate in the world ‘as is’ and struggling to change a small piece of it for the better, are often frustrated with academics’ relative removal from the daily operations of social change efforts and failure to provide ‘real-life’ solutions. Researchers, on the other hand, often feel that field workers compromise too easily and fail to look at the ‘big picture’. This disparity is difficult to straddle, as I experienced when attempting to formulate workable intervention messages out of this research data. My struggles are evident in this section. I, and perhaps other well-intentioned researchers, may benefit from an increased dialogue within and across disciplinary lines on this issue.

#### HIV knowledges

Though of less concern regarding long-term utility, potential messages addressing HIV knowledges carry the difficulty of challenging local scripts. As demonstrated in *HIV transmission*, the youth understand HIV as transmitted in a wide variety of ways, many mundane and/or outside of their control. Many youth had good ‘scientific’ knowledge about how HIV is transmitted. However this knowledge lay alongside knowledge that HIV is transmitted by sharing clothes, coughs, flies, etc. The youth are critical of sexual HIV-prevention messages (e.g. condom use) in the context of such local knowledges. This can be seen in the one youth’s comment regarding wearing condoms on one’s mouth. They also conflate HIV and immorality, contributing to a sense of personal

invulnerability. Interventionists may choose to challenge local knowledges of HIV transmission in order to promote the belief that HIV is a present and preventable danger. They could ‘debunk myths’ regarding HIV transmission, address concerns regarding a condom’s ability to protect against disease (and the issue of ‘real’ vs. ‘fake’ condoms), and work to challenge the understanding that only immoral people get HIV. Youth are more likely to take sexual precautions if they believe they are a) vulnerable to the disease and b) capable of warding it off.

### Conclusions

I set out to identify the sexual scripts of youth living in rural southern Nigeria. In analyzing the FGD data, I found that gender and age-related understandings acted as ‘hubs’ for the organization of the youths’ scripts. Gender is the dominant ‘master status’ shaping the youth’s perception and organization of socio-sexual meanings, moralities, expectations, and strategies. It is the primary organizer of the scripting of gender violence, male control, and the nature of female/male relationships. The construction of mixed gender relationships as inherently sexual is supported by the milieu of male control, which is mutually-reinforced with a regime of gender violence. The confluence of these understandings creates a situation where, in order to have mixed-gender relations, females are expected to engage in sex in a setting of unrecognized and frequently usurped autonomy. Males, on the other hand, are expected to be sexually and physically aggressive and in control. Neither gender is expected to associate with someone of another gender for non-sexual enjoyment or companionship. This construction of mixed-gender relations shapes the youths’ talk about growing up because mixed-gender relations are viewed as an integrally important feature of growing up

(successfully).

Age is another 'master status' shaping the youth's perception and organization of socio-sexual meanings, moralities, expectations, and strategies. Ideas, most often gendered, about what it means to be young or mature were the central organizers of the scripting of body, peer influences, money/gifts, procreation, and morality/respectability. Discussion of these topics intersected with discussion of sex as training, sex as danger, HIV transmission, and condoms. Sex was constructed as both a sign and prerequisite of true maturity. It is an avenue to status via the impression of maturity, material gain, 'proper' procreation, and, for boys, 'manhood'. It is an avenue to disrepute via the impression of immorality, disease, 'improper' procreation, and, for girls, lowered educational and marital opportunities. Such contradictions and contestations characterized the youth's talk of sex and growing up (successfully). Contradictions and contestations represent an opportunity to promote those locally supported scripts which reduce vulnerability.

## Chapter 4 - Discussion & Final conclusions

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### Discussion

I have reviewed the results of my thematic analysis of the FGD data, supplemented with descriptive statistics of the survey data. My analysis demonstrates that while themes may be separated out for purposes of analytical clarity, they are in actuality highly imbricated. For example, one could not adequately understand condom use beliefs without also having some knowledge of procreation, HIV transmission, morality/respectability, and male control. This example points to the need for sexuality educators and interventionists to take cultural knowledges, here conceptualized as scripts, into account when designing and implementing programs intended to change knowledge, attitudes, or behaviors. Sex is highly social and thus socially shaped; this research into the sexual scripts of rural youth in southern Nigeria supports previous research (Asim et al., 2007; Izugbara, 2005a, 2005b, & 2007a) in exemplifying that.

This work also supports the findings of previous researchers (Orubuloye et al., 1991; Owuamanam, 1995; Smith, 2000) that sex in southern Nigeria is important for sociality and society. Procreation is considered an extremely important marker of successful adulthood. One must have sex to procreate. Further, mixed-gender relationships are *defined by* engagement in sex. This research demonstrates that, as previous researchers have alluded (Caldwell et al. 1991a; Orubuloye et al., 1991, 1993; Smith, 2000), it is not merely past sex or the potential for future sex that enables mixed-gender relationships. It is this sex, right now, when I am asking for it. Sexual discordance in youthful relationships is overwhelmingly dealt with through relationship dissolution. Further, this

research supports findings (e.g. Orubuloye et al., 1993) that males are understood to have the 'right' to demand sexual access to their female relationship partner (in this study, girlfriend). Thus, in a society that does not acknowledge homosexuality, relationship and family maintenance requires sex. These social connections are an important network for support, especially in a context of economic hardship.

The concept of successful adulthood as necessarily including a procreative, heterosexual relationship supports the youths' conflation of sex with maturity and social status. This analysis demonstrates that youth mimic both admired elders, such as parents, and sexualized media, such as television, movies, and pornography. They want to be like these admired and glamorized sources and sex is one way to do that. They also simply get ideas from them which serve other sexual motivations. The youths' frequent references to such media indicate that this medium is having an impact on their understandings of sexuality and their sexual behaviors. Like Christianity, HIV, the prominence of education, the push by outsiders for condom use, and the political economy, media is one broad social change shaping the youth's sexual scripts. These changes are gradual, and so too the changes to previous generations' scripts will be gradual.

The current research supports a number of other scripting elements described in previous research in southern Nigeria. Sexual exchange, not articulated as sex work, is a normative practice through which girls and some boys provide for themselves and their families (see Ajala, 2007; Ajuwon et al., 2002; Amazio et al., 1997; Caldwell et al., 1999; Ojo & Fasubaa, 2005; Orubuloye et al., 1991). This research has embroidered this understanding with the knowledge that girls experience significant pressure from their families and friends to earn through sex. Earning for basic needs is coerced by economic

conditions. At the same time, exchange provides a rare arena for increased female agency, sexual and economic. This understanding of exchange seems to imply an understanding that sex is of greater value to males than females, as the male (or older females) must provide the female (or boy) something in addition to the experience. This understanding would fit with notions of masculinity equating with a drive for hetero-sex (seen here, see also Izugbara, 2005a & 2007a; Oladepo & Brieger, 2000). The nuances of how this arrangement is understood are not clear from the current analysis however, and remain an area open to further research.

The current research also supports previous findings (e.g. Ajala, 2007; Caldwell et al., 1999; Izugbara, 2005a; Omorodion, 2006) that southern Nigerians view sex as natural and related to good health, especially among boys. However, it also contests some previous reports (i.e. Caldwell et al., 1991) that premarital sex is not given a moral valence, supporting instead the understanding forwarded by Smith (2000). Many youth in this study explicitly stated that premarital sex was immoral, often using religious language such as references to the devil or God's will to express this belief. This shift may reflect the increasing influence of Christian teachings on the young people of rural southern Nigeria. Though not referenced as immoral, youth also connected extra-dyadic sex and rapid serial-monogamy with HIV. Previous research with adults indicates that multiple-concurrent partnerships is normative for both genders (Ajala, 2007; Amazigo et al., 1997; Izugbara, 2007a; Omorodion, 2006; Orubuloye et al., 1993; Owuamanam, 1995). The youth in this study did not discuss this behavior. Though several comments from boys *may* have indicated such, they were not probed for clarity. That style of partnership does not seem to be a prominent feature of youths' sexual scripts. Future

research could examine whether this is due to differences in life-stages or changes in dominant sexual scripts between cohorts.

Future research could also illuminate local understandings of “force” versus “coercion” or being “pushed”. The current research echoes previous work in the difficulty of teasing out the nuances of understandings regarding these terms, their practical manifestations, and their social and personal meanings (i.e. Smith, 2000). A substantial minority of surveyed youth reported that they have been “forced” to have sex. The FGD data, however, reveals the multiple interpretations of words such as force and push. It is unclear, then, what type of force the surveyed youth have experienced. This research does add to current knowledge that rural southern Nigerian boys speak of gender violence as normal and expected. They also speak openly and in detail about how such violence is used strategically and with an understanding that females do not have sexual autonomy. Girls’ reticence to discuss such violence and focus on ‘random’ acts of gender violence may indicate a climate of fear.

Both genders endorsed male control of relationships, though this did not go entirely uncontested. This finding supports previous research (e.g. Ajuwon et al., 2002; Izugbara 2005a & 2007b; Orubuloye et al., 1993; Smith, 2000; UNICEF, 2001). Male control is manifested in sexual initiation, ‘rights’ to sexual access, condom negotiation, and in bearing the consequences of pregnancy. Only girls spoke of themselves as bearing greater consequences for premarital pregnancy, while boys did not acknowledge this disparity. Further field research could illuminate the frequency with which unwanted premarital pregnancies lead to different outcomes and explore the social context and decision-making related to those outcomes. Pregnancy was the most-discussed sex-related fear of

youth, especially girls. This finding fits in the framework forwarded by previous research of extreme social stigma against premarital childbirth (Barker & Rich, 1992; Ojo & Fasubaa, 2005; Omorodion, 2006; Owuamanam, 1995; Smith 2000 & 2004). The current analysis shows that the value of education is a significant driver of this fear, as the girls report that pregnancy results in no longer being able to attend school (see also Barker & Rich, 1992; Omorodion, 2006; Smith, 2004). Attention to pregnancy concerns may aid the promotion of safer-sex behaviors.

While both genders endorsed a milieu of male control, boys feel forced into sex by body urges and predominantly male social pressures. The current research supports previous findings (e.g. Izugbara, 2005a & 2007a; Oladepo & Brieger, 2000) regarding the extreme conflation of masculinity and manhood with hetero-sex. It adds to the literature an understanding that this construction, combined with the inherently sexual nature of mixed gender relationships, creates an environment where boys cannot achieve social status without hetero-sexual display and have no social space which is not defined by pressure for hetero-sexual display. The ‘upside’ of this situation, is that boys have significant social support and social training in sexual expression. This finding supports previous research (e.g. Barker & Rich, 1992; Izugbara 2005a; Ojo & Fasubaa, 2005) indicating that while cross-generational and intra-partner discussion of sex may be taboo, such discussion among adolescent males is rampant. They are armed with more knowledge and social resources than girls are in the conduct of sex.

One area where this disparity of knowledge is important is in condom use. The current study found that youth understand the condom as something the boy knows how to use, is supposed to purchase, actively uses, and ultimately decides about. Girls did report that

they may request condom use, though there are scripted meanings which limit their desire to do so. Both genders reported that a boy may honor a girl's request for condom use. However, the youth also reported that such discussions are not an expected part of 'how sex is done' and that a boy who does not wish to comply simply will not. He may drop it and simply not have sex with the girl. However, the youth also frequently reported that he may coerce her into unprotected sex through the use of gifts or threats, or that he may just rape her. Girls are well aware of these potential outcomes to suggesting condom use. Thus, it appears that girls have a significantly limited ability to negotiate condom use.

However, this does not necessarily indicate that the majority of girls are being coerced or forced into unprotected sex. Most youth, regardless of gender, do not seem interested in using condoms. This finding supports previous research indicating that condoms are generally eschewed in southern Nigeria (Ajala, 2007; Amazio et al., 1997; Caldwell, 2000; Izugbara, 2005b & 2007b; Orubuloye et al., 1991 & 1993; Smith, 2004, UNICEF 2001). The youth participating in this study also constructed condoms as corrupting children as a gateway to 'consequence-free' sex, as unreliable protection against disease (but only among boys), and, most importantly, as diminishing intimacy. Condoms are seen to limit connection with the sex partner physically, procreatively, and emotionally/spiritually. They are understood to make sex less enjoyable. Worse, to use one is to indicate an unwillingness to risk ties with the other person. This understanding echoes Smith's (2004) findings with the Igbo. The procreative potential of a relationship is an indicator of how much respect (a North American understanding of this feeling) the two sex partners have for one another. This understanding will have to be modified if condom use is going to 'catch on' in southern Nigeria. I have suggested one potential

message above.

Finally, the current analysis adds to the literature an understanding of rural southern Nigerian youth's HIV transmission beliefs. Like most things, there was a mix of understandings, some more 'scientifically-accurate' than others. Overall though, the youth attribute HIV transmission to a wide range of sources. Basically, any contact with a person living with HIV/AIDS or anything that that person has touched can infect you. This means that sexual transmission is a drop in a bucket. As one boy said, "will we use condoms on our mouths"? Thankfully, since only immoral and disreputable people get HIV/AIDS, infection is not something one needs to worry about too much as a 'pure' youth or 'good' person who associates with other 'good' people. These understandings of HIV/AIDS transmission do not support sexual precautions.

There are many elements of the youth's sexual scripts which support vulnerability to unwanted outcomes such as disease and pregnancy. They little recognize diseases other than HIV and do not consider HIV a real and present danger they are capable of warding off. The youth acknowledge the risks of pregnancy. They are concerned about loss of education, social shame, physical harm, infertility, marriageability, and properly raising their young. However, their concerns are not always enough to counterbalance the positive valences of unprotected youthful sex. Youth gain social status through associations with maturity, masculinity, and material gain. They gain economic benefits through material gain. They view sex as a step toward successful adulthood.

#### Limitations

This research was limited by methodological and analytical constraints. Analysis showed that youth surveyed at schools where the FGD were held were significantly

different from the general survey sample by ethnic group and religion. FGD schools were a geographically proportionate random subsample of the general sample, but there were significant fluctuations in these demographic characteristics. It is unknown how such fluctuations may impact the data. In addition, the relatively small FGD sample, n=182, limits the ability to generalize results from the analysis of FGD data to all youth surveyed, let alone those living in Edo State or southern Nigeria more generally. However, the alignment between the survey and FGD data supports the idea that those scripts elaborated upon by FGD participants reflect scripts shared by other sampled communities. The utilization of quantitative data in addition to the qualitative data adds a measure of support for generalizability that would not be available with the qualitative data alone. Finally, the results of this analysis can only be said to apply to Edo State. However, as discussed above, the current findings are consistent with previous findings from across southern Nigeria.

In addition to limitations on generalizability, the collection of FGD data was limited by a lack of probing questions. Moderators followed the FGD Schedule *very* closely. Failure to probe resulted in many lost opportunities for participant elaboration and, in a few places, directly limited analysis through lack of clarity. Available data was also potentially limited by the social relationship between the moderators and participants. As discussed, sexuality is a taboo topic for discussion with elders. In addition, the youths' respect for those older than them and belief in expressing that respect through agreement with an elder's presumed thoughts/values may have affected the nature and amount of information shared with a university-educated person several years their senior. Basically, the youth may not have been completely forthcoming due to

social inhibition or desire to ‘be respectful’ (or respectable) in the presence of a perceived authority figure. Similarly, the girls’ lack of experience discussing sexuality likely contributed to the lesser volume and detail of data produced in girl FGDs. It is unclear how much knowledge was lost through this hesitation to speak. The above limitations may have contributed to the relative paucity of identified scripts which promote safer-sex choices or challenge dominant vulnerability-promoting scripts. Of course, the paucity of health-promoting scripts may also reflect the youths’ social reality. The above limitations circumscribe our ability to know.

Finally, my ‘outsider’ status, as a North American, shapes my insights and understanding of the data. I attempted to limit misunderstandings through clarification of colloquialisms and local understandings with the local Nigerian *HP4RY* staff. I am grateful for their assistance in this matter. Nonetheless, it is quite likely that I missed some nuances of meaning or connections due to my lack of cultural embeddedness. However, it is also quite likely that a ‘cultural insider’ may have glossed over some nuances, failing to recognize them as noteworthy. There are strengths and weaknesses to both standpoints for cultural analysis.

#### Final conclusions

Nigeria is facing an on-going HIV pandemic, along with high rates of other STIs and adolescent pregnancies. Past research indicated the importance of social understandings for sexual expression, as well as the presence of many social understandings which promote vulnerability to unwanted sexual health outcomes. The current research, conceptualizing these social understandings as scripts, set out to elucidate the sexual scripts of contemporary youth living in rural Edo State, Nigeria. The youths’

understandings of sexuality were strongly shaped by their dichotomous gender scripts and understandings of growing up, particularly growing up successfully.

The most robustly endorsed sexual scripts constructed sexuality as a domain of male control and aggression, with very little endorsement of female autonomy. The youth understand female/male relationships as inherently and immediately sexual. Their primary strategy for resolving sexual discordance is relationship dissolution. The female/male relationship is very important in the youths' lives, as it is the context of procreation. Procreation is highly valued, but most youth (especially girls) wish to delay procreation until after they have finished their education. The youth experience intense social pressure to engage in sex in order to be masculine or earn money/gifts. At the same time, premarital sex is seen as immoral and dangerous, especially for girls. Tension is also present in the youths' condom scripts, with condoms at once protection against unwanted pregnancy and at the same time a tool of disassociation between sex partners.

This analysis demonstrates that many of the documented scripts of previous generations are still being reproduced, but that broad social changes such as the increased prominence of media, Christianity, education, HIV, and condoms have also created edits, adaptations, and new scripts. This analysis also demonstrates the presence of multiple, conflicting, and contradictory sexual scripts which are highly imbricated. Understanding any one aspect of the youths' scripts requires knowledge of how those understandings fit into a web of additional values and meanings. In addition, the contestations in the current data yielded some locally-endorsed, health-promoting scripts which may be promulgated. It is intended that this analysis and enhanced understanding of local meaning systems will enable interventionists to better craft receivable, enactable, and successful sexual health

messages.

## References

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- Ajala, A. S. (2007). HIV/AIDS in Yoruba perspectives: A conceptual discourse. *Journal of Social Science, 14*(3), 235-241.
- Ajuwon, A. J., McFarland, W., Hudes, E. S., Adedapo, S., Toyin, O., & Lurie, P. (2002). HIV risk-related behavior, sexual coercion, and implications for prevention strategies among female apprentice tailors, Ibadan, Nigeria. *AIDS and Behavior, 6*(3), 229-235.
- Akeroyd, A.V. (2004). Coercion, constraints, and “cultural entrapments”: A further look at gendered and occupational factors pertinent to the transmission of HIV in Africa. In E. Kalipeni, S. Craddock, J.R. Oppong, & J. Ghosh (Eds.), *HIV and AIDS in Africa: Beyond Epidemiology* (pp.89-103). Malden: Blackwell Publishing.
- Akinbobola, T.O. & Saibu, M.O.O. (2004). Income inequality, unemployment, and poverty in Nigeria: A vector autoregressive approach. *Policy Reform, 7*(3), 175-183.
- Amazigo, U., Sliva, N., Kaufman, J., & Obikeze, D. S. (1997). Sexual activity and contraceptive knowledge and use among in-school adolescents in Nigeria. *International Family Planning Perspectives, 23*, 28-33.
- Asim, A. E., Uwe, E. A., Ekuri, E. E., Asuquo, P. N., & Ekpiken-Ekanem, R. S. (2006). A path analytic model of socio-cultural indicators of in-school adolescents' response to HIV/AIDS preventive practices in Nigeria. *International Quarterly of Community Health Education, 27*(2), 133-143.
- Barker, G. K., & Rich, S. (1992). Influences on adolescent sexuality in Nigeria and

- Kenya: Findings from recent focus-group discussions. *Studies in Family Planning*, 23(3), 199-210.
- Biddlecom, A., Gregory, R., Lloyd, C. B., & Mensch, B. S. (2008). Associations between premarital sex and leaving school in four sub-Saharan African countries. *Studies in Family Planning*, 39(4), 337-350.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Caldwell, J. C. (2000). Rethinking the African AIDS epidemic. *Population and Development Review*, 26(1), 117-1135.
- Caldwell, J. C., Caldwell, P., Caldwell, B., & Pieris, I. (1998). The construction of adolescence in a changing world: Implications for sexuality, reproduction, and marriage. *Studies in Family Planning*, 29(2), 137-153.
- Caldwell, J. C., Caldwell, P., & Orubuloye, I. O. (1992). The family and sexual networking in sub-Saharan Africa: Historical regional differences and present-day implications. *Population Studies*, 46(3), 385-410.
- Caldwell, J. C., Caldwell, P., & Quiggen, P. (1991b). The African sexual system: Reply to LeBlanc et al. *Population and Development Review*, 17(3), 506-515.
- Caldwell, J. C., Orubuloye, I. O., & Caldwell, P. (1991a). The destabilization of the traditional Yoruba sexual system. *Population and Development Review*, 17(2), 229-262.
- Caldwell, J.C., Orubuloye, I.O., & Caldwell, P. (1992). A new type of fertility transition in Africa. *Population Development Review*, 18, 211-242.
- Caldwell, J. C., Orubuloye, I. O., & Caldwell, P. (1999). Obstacles to behavioural change

to lessen the risk of HIV infection in the African AIDS epidemic: Nigerian research. In J. C. Caldwell, P. Caldwell, & J. Anarfi (Eds.), *Resistances to Behavioural Change to Reduce HIV/AIDS Infection in Predominantly Heterosexual Epidemics in Third World Countries* (pp. 113-124). Canberra: Health Transition Centre, National Centre for Epidemiology and Population Health, The Australian National University.

Commission on HIV/AIDS and Governance in Africa. (2008). *Securing our future*.

Dworkin, S.L., Beckford, S.T., Ehrhardt, A.A. (2007). Sexual scripts of women: A longitudinal analysis of participants in a gender-specific HIV/STD prevention intervention. *Archives of Sexual Behavior*, 36, 269-279.

Family Health International. (2003). *Nigeria HIV/AIDS Behavioral Surveillance*.

Fontana, A. & Frey, J.H. (2003). The interview: From structured questions to negotiated text. In N.K. Denzin & Y.S. Lincoln (Eds.), *Collecting and Interpreting Qualitative Materials (2nd edition)* (pp.61-106). Thousand Oaks, CA: Sage.

Gagnon, J. (1990). The explicit and implicit use of the scripting perspective in sex research. *Annual Review of Sex Research*, 1, 1-43.

Hardy, S. (2004). Reading pornography. *Sex Education*, 4(1), 3-18.

Holstein, J.A. & Gubrium, J.F. (1995). *The Active Interview*. Thousand Oaks, CA: Sage.

Horner, J.R., Romer, D., Vanable, P.A., Salazar, L.F., Carey, M.P., Juzang, I., Fortune, T., DiClemente, R., Farber, N., Stanton, B., & Valois, R.F. (2009). Using culture-centered qualitative formative research to design broadcast messages for HIV prevention for African American adolescents. *Journal of Health Communication*, 13(4), 309-325.

- Izugbara, C. O. (2005a). Local erotic songs and chants among rural Nigerian adolescent males. *Sexuality & Culture*, 9(3), 53-76.
- Izugbara, C. O. (2005b). The socio-cultural context of adolescent's notions of sex and sexuality in rural south-eastern Nigeria. *Sexualities*, 8, 600-617.
- Izugbara, C. O. (2007a). Representations of sexual abstinence among rural Nigerian adolescent males. *Sexuality Research & Social Policy*, 4(2), 74-87.
- Izugbara, C. O. (2007b). Home-based sexuality education: Nigerian parents discussing sex with their children. *Youth & Society*, 39, 575-600.
- Izugbara, C.O. & Undie, C. (2008). Who owns the body? Indigenous African discourses of the body and contemporary sexual rights rhetoric. *Reproductive Health Matters*, 16(31), 159-167.
- Jewkes, R. K., Levin, J. B., & Penn-Kekana, L. A. (2003). Gender inequalities, intimate partner violence and HIV preventive practices: Findings of a South African cross-sectional study. *Social Science & Medicine*, 56, 125-134.
- Kaufman, C. E., & Stavrou, S. E. (2004). 'Bus fare please': The economies of sex and gifts among young people in urban South Africa. *Culture, Health & Sexuality*, 6(5), 377-391.
- Kesby, M. (2004). Participatory diagramming and the ethical and practical challenges of helping Africans *themselves* to move HIV work “beyond epidemiology”. In E. Kalipeni, S. Craddock, J.R. Oponng, & J. Ghosh (Eds.), *HIV and AIDS in Africa: Beyond Epidemiology* (pp.217-228). Malden: Blackwell Publishing.
- Laumann, E. O., & Gagnon, J. H. (1995). A sociological perspective on sexual action. In R. G. Parker, & J. H. Gagnon (Eds.), *Conceiving Sexuality* (pp. 183-213). New

York: Routledge.

Maticka-Tyndale, E., Gallant, M., Brouillard-Coyle, C., Holland, D., Metcalfe, K.,

Wildish, J. et al. (2004). The sexual scripts of Kenyan young people and HIV prevention. *Culture, Health & Sexuality*, 6, 1-17.

Maticka-Tyndale, E., Onokerhoraye, A.G., & Esiet, A. (2007). *HIV Prevention for Rural*

*Youth: Mobilizing Nigerian Schools and Communities*. Application for Global Health Research Initiative: Teasdale-Corti Team Grants.

Messersmith, L. J., Kane, T. T., Odebiyi, A. I., & Adewuyi, A. A. (1994). Patterns of

sexual behaviour and condom use in Ile-Ife, Nigeria: Implications for AIDS/STD prevention and control. *Health Transition Review*, 4(S), 197-216.

Ojo, O. D., & Fasubaa, O. B. (2005). Adolescent sexuality and Family Life Education in

South Western Nigeria: Responses from focus group discussion. *Journal of Social Science*, 10(2), 111-118.

Okojie, C.E.E., Okojie, O., Eghafona, K., Vincent-Osaghae, G., & Kalu, V. (2003).

*Trafficking of Nigerian Girls to Italy*. Report of Field Survey in Edo State, Nigeria. United Nations Interregional Crime & Justice Research Institute.

Okonofua, F.E., Harris, D., Odebiyi, A., Kane, T., & Snow, R.C. (1997). The social

meaning of infertility in Southwest Nigeria. *Health Transition Review*, 7, 205-220.

Okonofua, F.E., Ogbomwan, S.M., Alutu, A.N., Kufre, O., & Eghosa, A. (2004).

Knowledge, attitudes and experiences of sex trafficking by young women in Benin City, South-South Nigeria. *Social Science and Medicine*, 59, 1315-1327.

Oladepo, O., & Brieger, W. R. (2000). Sexual attitudes and behaviour of male secondary

school students in rural and urban areas of Oyo State, Nigeria. *African Journal of*

- Reproductive Health*, 4(2), 21-34.
- Olagbegi, B.O., Aminu, L.S., Akiode, B.A., Zacharia, Y., Ezekwem, U., & Menkiti, M.C. (2006). Human Trafficking in Nigeria: Root Causes and Recommendations. Policy Paper 14.2(E). United Nations Educational, Scientific & Cultural Organization.
- Omorodion, F. I. (2006). Sexuality, lifestyles, and the lures of modernity: Participatory rural appraisal (PRA) of female adolescents in the Niger Delta region of Nigeria. *Sexuality & Culture*, 10(2), 96-113.
- Orubuloye, I. O., Caldwell, J. C., & Caldwell, P. (1991). Sexual networking in the Ekiti District of Nigeria. *Studies in Family Planning*, 22(2), 61-73.
- Orubuloye, I. O., Caldwell, J. C., & Caldwell, P. (1993). African women's control over their sexuality in an era of AIDS. *Social Science & Medicine*, 37(7), 859-872.
- Orubuloye, I. O., Oguntimehin, F., & Sadiq, T. (1997). Women's role in reproductive health decision making and vulnerability to STD and HIV/AIDS in Ekiti, Nigeria. *Health Transition Review, Supplement to 7*, 329-336.
- Oshi, D. C., Nakalema, S., & Oshi, L. L. (2005). Cultural and social aspects of HIV/AIDS sex education in secondary schools in Nigeria. *Journal of Biosocial Science*, 37, 175-183.
- Owuamanam, D. O. (1995). Sexual networking among youth in southwestern Nigeria. *Health Transition Review*, 5(Supplement), 57-66.
- Philliber Research Associates. Baseline Survey: Family Life and HIV/AIDS Education Programme in Lagos State, Nigeria.
- Plummer, K. (2002). Symbolic interactionism and sexual conduct: An emergent perspective. In C. L. Williams, & A. Stein (Eds.), *Sexuality and Gender* (pp. 20-

32). Malden MA: Blackwell Publishers Ltd.

Plummer, M. L., Wight, D., Wamoyi, J., Mshana, G., Hayes, R. J., & Ross, D. A. (2006).

Farming with your hoe in a sack: Condom attitudes, access, and use in rural Tanzania. *Studies in Family Planning*, 37(1), 29-40.

Sa, Z., & Larsen, U. (2008). Gender inequality increases women's risk of HIV infection in Moshi, Tanzania. *Journal of Biosocial Science*, 40, 505-525.

Simon, W., & Gagnon, J. (1986). Sexual scripts: Permanence and change. *Archives of Sexual Behavior*, 15(2), 97-119.

Simon, W., & Gagnon, J. (2003). Sexual scripts: Origins, influences and changes. *Qualitative Sociology*, 26(4), 491-497.

Smith, D. J. (2000). "These girls today *na war-o*": Premarital sexuality and modern identity in southeastern Nigeria. *Africa Today*, 47(3), 98-120.

Smith, D. J. (2004). Premarital sex, procreation, and HIV risk in Nigeria. *Studies in Family Planning*, 35(4), 223-235.

Speizer, I. S., & White, J. S. (2008). The unintended consequences of intended pregnancies: Youth, condom use, and HIV transmission in Mozambique. *AIDS Education and Prevention*, 20(6), 531-546.

Susser, I. & Stein, Z. (2004). Culture, sexuality, and women's agency in the prevention of HIV/AIDS in southern Africa. In E. Kalipeni, S. Craddock, J.R. Opong, & J. Ghosh (Eds.), *HIV and AIDS in Africa: Beyond Epidemiology* (pp.89-103). Malden: Blackwell Publishing.

Taylor, J. J. (2007). Assisting or compromising intervention? The concept of 'culture' in biomedical and social research on HIV/AIDS. *Social Science & Medicine*, 64, 965-

975.

UNDP (June, 24 2009). Human Development Reports: 2008 Statistical Update, Nigeria.

[http://hdrstats.undp.org/2008/countries/country\\_fact\\_sheets/cty\\_fs\\_NGA.html](http://hdrstats.undp.org/2008/countries/country_fact_sheets/cty_fs_NGA.html).

UNICEF, Youth, V. O. (2001). What young people are saying about HIV/AIDS in Kenya, Nigeria and Zambia.

Wellings, K., Branigan, P., & Mitchell, K. (2000). Discomfort, discord and discontinuity as data: Using focus groups to research sensitive topics. *Culture, Health & Sexuality*, 2(3), 255-267.

Wight, D., Plummer, M., Mshana, G., Wamoyi, J., Shigongo, Z., & Ross, D. A. (2006). Contradictory sexual norms and expectations for young people in rural Northern Tanzania. *Social Science & Medicine*, 62, 987-997.

Wolff, B., Blanc, A. K., & Gage, A. J. (2000). Who decides? Women's status and negotiation of sex in Uganda. *Culture, Health & Sexuality*, 2(3), 303-322.

## Appendix A

### Information Letter to be Read to Students Participating in Focus Group Discussions

Hello, my name is \_\_\_\_\_. I am working with the team of Canadian and Nigerian researchers, the Centre for Population and Environmental Development and Action Health Incorporated to help schools develop better programmes to teach young people about HIV and AIDS. You have been invited here to take part in a discussion that will give you the opportunity to tell us in more detail about your thoughts, concerns and views related to AIDS. We are conducting several discussions with young people in Nigeria about this topic and this is one of them. These discussions will help us learn what young people like you think, feel, are worried about and what actions they are taking with respect to AIDS.

We may talk about some private matters. I want you to feel free to choose whether or not to talk about any of these and assure you that everything we will discuss is confidential (secret). I want you to know that I will not tell anyone in your community what we have discussed, including your teachers and parents. However, since we will be conducting a group discussion, although I will not disclose anything that we say, since everyone in the group will hear what you say, it will not be strictly confidential. If there are things you don't want to talk about, that is all right as well. Do not feel you have to talk if you do not wish to. There are no wrong or right answers because this is not an exam, it is just a discussion.

I would like to record this discussion on this recorder. When we are finished I will listen to what we said and write it down so that we can put it together with what other young people have said. After I have written what you have said I will destroy the tape so no one else will hear it. I will make sure not to type your names so that no one will know that it is you who have said these things.

If any of the things we are talking about upset you, the school guidance counselor is available to see you. If you have any personal or private questions about HIV and AIDS you can ask me privately at the end of the survey and I will do my best to answer them. If I cannot answer your questions, or if you prefer, you can write your questions on one of the papers I have here with your name and an address where the answer may be sent. I will make certain an answer to your question is sent to you.

If you have any questions about this project please contact the project secretariat on mobile #

**Student Focus Group Discussion**  
**1-1 ½ hours**  
**Review Information Sheet**

**Warm up – 5 minutes**

1. Ask names (so can refer to participants by name), grade, whether in class together.
2. What do you like to do when you aren't in school?
3. Do boys and girls do things together or separately?  
What kinds of things do they do together?

**Boyfriends and Girlfriends – 5-10 minutes**

Some young people your age have a boyfriend/girlfriend.

1. Is this common in your community?
2. At what age do boys and girls usually start having girlfriends and boyfriends?
3. What kinds of things do boyfriends and girlfriends do together?

*Probe for multiple things.*

*If someone says 'have sex' ask:*

Do they always have sex together or can you have a boyfriend or girlfriend and not have sex?

**Having Sex – 15-20 minutes**

*Use the way young people have talked about boyfriends, girlfriends and sex to move more deeply into talking about having sex.*

1. What do you think of boyfriends and girlfriends having sex when they're in Junior Secondary?
2. What problems does this cause?
3. Many adults say that young people should wait until they are married before they have sex.
4. What do you think about this?
5. What makes it difficult for young people to wait to have sex?

*If there is silence, try some of these prompts:*

Do their friends expect them to have sex?

Do their girlfriends or boyfriends want to have sex?

Is it that they can't control their urges and desires?

What about curiosity?

Do they usually want to have sex or do they have it because they think it's expected of them?

**If expected:** Who expects this?

Do they usually have sex because of gifts?

6. What happens if a girl doesn't want to have sex but her boyfriend does?

7. What happens if a boy decides he doesn't want to have sex but his girlfriend does?

**Pressure – 10-15 minutes**

1. Some young people say they are pushed to have sex by other people.
2. What kind of things can push young people to have sex?
3. Is it the same things for boys and girls?

**If different:** How are they different?

4. Do you think a lot of young people are pushed to have sex or this is rare or unusual?

5. Can you describe some situations where a young person was pushed?
6. What can a girl do if someone is pushing her to have sex when she doesn't want to?
7. What can a boy do if someone is pushing him to have sex when he doesn't want to?
8. Some young people say it is not only being pushed, but that they are forced to have sex. Can you describe how this can happen?
9. What can you do if you're being forced to have sex?

### **AIDS -- 15 minutes**

1. I'm wondering if you have ever heard of AIDS or HIV.

**If yes:** What have you heard about it?

2. Do you think young people your age are at risk of getting AIDS?

**If yes:** What puts them at risk?

3. What are the ways that someone could get HIV-AIDS?

4. How can you protect yourself from HIV-AIDS?

**If don't mention condoms, ask:** Sometimes people say that using condoms every time you have sex is an important way to protect yourself. What do you think?

**If already listed condoms:** What do you think about using condoms. How do they protect you?

### **CONDOMS – 15 minutes**

1. What have you heard about condoms?

2. Do young people your age know how to use condoms?

**If yes:** How do they learn?

**If no:** Do you think this is something young people your age need to know?

**If yes:** Why?

**If no:** Why not?

3. Where do young people your age get condoms in this community?

4. Do young people your age talk to each other about condoms?

**If yes:** What do they talk about?

**If no:** Why is this?

5. Is it easy or difficult for a boyfriend and girlfriend to talk together about using condoms?

**If difficult:** What makes it difficult?

6. Is it easy or difficult for a boyfriend and girlfriend to use a condom when they are having sex?

**If difficult:** What makes it difficult/what are some of the difficulties?

7. If a girl wants her boyfriend to use a condom when they have sex, what should she do?

8. Do you think most boys will use a condom if their girlfriend asks them to?

**If no:** why not?

9. What should a girl do if her boyfriend doesn't want to use a condom?

Is this what girls usually do?

10. What if a boy wants to use a condom and his girlfriend doesn't. Does this happen?

What should he do?

### **Adults and Condoms**

1. Do adults speak with young people like you about condoms?

**If yes:** Who speaks about condoms to young people? (teacher, parent, Sunday School teacher, elder)

What do they say?

What do you think about what they say?

2. Some people feel girls and boys your age should not be taught about condoms. Why do you think some people feel this way?

What do you think? Why?

3. When do you think young people should be taught about condoms?

4. Who do you think should teach them?

5. Where do you think they should be taught? (e.g. in school, church, at home)

6. How do young people learn about condoms in this community?

### **Learning about Sex and AIDS – 10 minutes**

1. In some communities there's a special time when young people are taught about sex. Does this happen here?

2. What do you think young people your age need to know about sex?

3. Why is it important to know these things?

4. When do you think young people should be taught about sex?

5. Who do you think should teach them?

6. Where do you think they should be taught?

7. What do young people like you need to know about HIV and AIDS?

After the interview, add the following information to the recording:

Name of school

Category of group (JSS 1 or 3, girls or boys)

Number of youth in focus group

any comments you have about the discussion

## Appendix B

### JUNIOR SECONDARY SCHOOL STUDENT SURVEY -- GIRLS

If you do not understand any of the questions either raise your hand and ask the facilitator or leave the responses blank. Please mark your answers inside the boxes.

**Q1 What is your identification number?**

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**Q2 What class are you in?**

JSS 1 .....     JSS 2 .....     JSS 3 .....

**Q3 Are you a boy or girl?**

Boy.....                       Girl .....

**Q4 How old are you?**

11 or younger.. <input type="checkbox"/>	15..... <input type="checkbox"/>
12..... <input type="checkbox"/>	16..... <input type="checkbox"/>
13..... <input type="checkbox"/>	17 or older..... <input type="checkbox"/>
14..... <input type="checkbox"/>	

**Q5 What is your father's ethnic group?**

Bini..... <input type="checkbox"/>	Yoruba ..... <input type="checkbox"/>
Esan..... <input type="checkbox"/>	Ibo..... <input type="checkbox"/>
Owan-Ora ... <input type="checkbox"/>	Urhobo ..... <input type="checkbox"/>
Akoko Edo .. <input type="checkbox"/>	Itsekiri ..... <input type="checkbox"/>
Estako..... <input type="checkbox"/>	Other..... <input type="checkbox"/>

**Q6 What religion are you?**

Muslim ..... <input type="checkbox"/>	Traditional..... <input type="checkbox"/>
Christian..... <input type="checkbox"/>	Other..... <input type="checkbox"/>

**Q7 Who do you live with?**

My mother and father..... <input type="checkbox"/>	Another relative..... <input type="checkbox"/>
Only my mother..... <input type="checkbox"/>	Someone else..... <input type="checkbox"/>
Only my father..... <input type="checkbox"/>	On my own..... <input type="checkbox"/>

**Some of the next questions have to do with having sex. By having sex we mean when a boy or man puts his penis in a girl or woman's vagina.  
Some people your age have already had sex. Others have not.**

**Q8 Are the following statements true or false?**

	true	false	don't know
If a girls doesn't have sex when she is an adolescent, she will become barren.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If girls and boys spend a lot of time together alone, they are likely to have sex. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boys will damage their bodies if they don't have sex for a long time .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most diseases that are spread by having sex go away without taking medicine .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q9 How many of the girls in your class do you think have had sex?**

nobody..... <input type="checkbox"/>	most of them.. <input type="checkbox"/>
a few of them. <input type="checkbox"/>	I don't know.... <input type="checkbox"/>

**Q10 How many of the boys in your class do you think have had sex?**

nobody ..... <input type="checkbox"/>	most of them . <input type="checkbox"/>
a few of them. <input type="checkbox"/>	I don't know... <input type="checkbox"/>

**Q11 Do you agree with these statements?**

	yes	no	Don't know
I am old enough to have sex .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Girls have a right to refuse any kind of sexual behavior.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a girl accepts a gift from a boy or man she should be willing to have sex with him.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boys my age should wait several years more before they have sex ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cannot say 'no' to sex .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Girls my age should wait several years more before they have sex ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a boy accepts a gift from a girl or woman he should be willing to have sex with her.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a boy wants to have sex with his girlfriend, she cannot refuse. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would have sex with someone if I really liked them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q12 Have you ever had sex?**

Yes ..  No ....

**Q13 Do you think you will have sex in the next year?**

yes .....  maybe .  No .....

**Q14 If you have already had sex, how old were you the first time?**

12 years or less <input type="checkbox"/>	17 years or older ..... <input type="checkbox"/>
13-14 years..... <input type="checkbox"/>	I have never had sex..... <input type="checkbox"/>
15-16 years..... <input type="checkbox"/>	

**Q15 How old was the person you first had sex with?**

14 years or less <input type="checkbox"/>	21-25 years..... <input type="checkbox"/>
15-16 years..... <input type="checkbox"/>	over 25 years.... <input type="checkbox"/>
17-18 years..... <input type="checkbox"/>	I have never had sex..... <input type="checkbox"/>
19-20 years..... <input type="checkbox"/>	

**Q16 Have you had sex in the last 3 months?**

Yes ....  No .....

**Q17 In the last month, have you avoided going somewhere in order to avoid having sex?**

yes.....  I haven't made this decision ..   
no .....

**Q18 Is the person you most recently had sex with:**

A primary school student .....   
A Junior Secondary School student.   
A Senior Secondary School student   
A young person who is not in school   
An adult .....   
I have never had sex .....

**Q19 Have you ever been pregnant?**

yes ..  no ....

**Q20 Have you ever used something to prevent pregnancy?**

yes.....  no .....  Never had sex..

**Q21 What do you think are your chances of getting HIV/AIDS?**

No chance at all .....  A great chance.....   
A small chance .....  I don't know.....   
A moderate chance...

**Q22 Which of the experiences below have you had? [check all that apply]**

my body felt desire for sex .....   
my friends were pushing me to have sex.....   
older people were saying I should have sex .   
my boyfriend wanted to have sex.....   
I was given a gift or money to have sex.....   
someone arranged for me to have sex .....   
I didn't know how to refuse having sex .....   
someone was forcing me to have sex.....

**Q23 Do you agree with these statements?**

	yes	no	Don't know
If I have a boyfriend, I can talk to him about using a condom .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't have enough money to buy condoms.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Girls have a right to insist boys wear condoms.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have sex, I can make sure we use a condom.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a condom is wrong.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q24 Have you ever used a condom when having sex?**

yes.....       no.....       Never had sex.

**Q25 The last time you had sex, was a condom used?**

yes.....       Never had sex.....   
no.....

**Q26 Thinking about the past year, how often has a condom been used when you were having sex?**

always.....       never.....   
sometimes.....       No sex the past year

**The next section asks questions about what you know or believe about HIV & AIDS.**

**Q27 I have heard about HIV/AIDS from ... [Please check all that apply]**

radio or television.....   
newspapers, magazines or pamphlets....   
school books.....   
friends or peers.....   
teachers.....   
peer educators at school.....   
pastor or religious leader.....   
parents.....   
a community member.....

**Q28 Do you think you can get HIV/AIDS?**

No, definitely not.....       Probably I can.....   
Probably not.....       Yes, definitely I can.....   
I'm not sure.....

**Q29 Do you know someone in your village who is infected with HIV?**

yes.....       no.....       I am not sure.....

**Q30 Do you know someone in your village who has died of AIDS?**

yes.....       no.....       I am not sure.....

**Q31 Do you think these are true or false?**

	true	false	don't know
not having sex helps keep you safe from HIV/AIDS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
you can get HIV/AIDS by wearing the clothes of someone who has it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
you cannot get HIV/AIDS from someone you know very well.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
you can get infected with HIV/AIDS by sharing razor blades, knives or sharps.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
you can get HIV/AIDS by sharing plates of food with infected people.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
being faithful to one, uninfected partner helps you stay safe from HIV/AIDS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
condoms help protect against HIV/AIDS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mosquitoes spread HIV/AIDS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
you can get HIV/AIDS by shaking hands with someone who has it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sharing blades in circumcision can spread HIV/AIDS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q32 Do you think you can get HIV/AIDS from having sex?**

No, definitely not.....  Probably I can .....   
 Probably not .....  Yes, definitely I can .   
 I'm not sure.....

**Q33 Do you agree with the following?**

	yes	no	don't know
If you have sex you should use a condom to protect yourself from HIV .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If someone thinks they could have HIV, they should go for a test.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a student has HIV, they should <u>not</u> be allowed to go to school .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you are worried about HIV and AIDS, you should talk to your teacher .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You should <u>not</u> sit next to someone in school who has HIV or AIDS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q34 Which of the following have you ever done? I have ...**

	yes	no
asked a teacher a question about HIV/AIDS .....	<input type="checkbox"/>	<input type="checkbox"/>
talked to my parent about HIV or AIDS.....	<input type="checkbox"/>	<input type="checkbox"/>
helped a friend avoid a situation that might lead to sex .....	<input type="checkbox"/>	<input type="checkbox"/>
talked to a peer educator about HIV/AIDS..	<input type="checkbox"/>	<input type="checkbox"/>
talked to a teacher about condoms.....	<input type="checkbox"/>	<input type="checkbox"/>
talked to a peer educator about condoms...	<input type="checkbox"/>	<input type="checkbox"/>
talked to a teacher about ways to abstain from sex.....	<input type="checkbox"/>	<input type="checkbox"/>
talked to a peer educator about ways to abstain from sex .....	<input type="checkbox"/>	<input type="checkbox"/>
talked about HIV and AIDS at a school club .....	<input type="checkbox"/>	<input type="checkbox"/>

**Q35 In the last school year, where has HIV/AIDS been addressed as a topic in your school? [Check all that apply]**

school assemblies .....   
 classroom displays .....   
 debates.....   
 classroom teaching.....   
 school displays .....   
 drama or music .....   
 class competitions .....   
 school clubs.....   
 a school question box .....

**Thank you for answering all of the questions**

### **Vita Auctoris**

Jessica Penwell Barnett was born in 1982 in Findlay, Ohio. She graduated from Goshen High School in 2000. From there she went on to earn her B.A. in Psychology from Indiana University in 2003. She is currently a candidate for the Master's degree in Sociology at the University of Windsor and plans to graduate in Fall 2009. Portions of this thesis work have been accepted for presentation at the Society for the Scientific Study of Sexuality's Annual Conference in 2009.