Premarital Sex, Procreation and Problems of HIV Risk in Nigeria

Daniel Jordan Smith
Assistant Professor of Anthropology and Population Studies
Department of Anthropology
Box 1921, 128 Hope Street
Brown University, Providence, RI 02912
tel: (401) 863-7065
fax: (401) 863-7588
e-mail: Daniel_J_Smith@brown.edu

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Abstract
In Nigeria, research has documented a significant disparity between people's knowledge about HIV/AIDS and the extent to which they behave in ways to protect themselves. Combining data from a survey of 863 adolescent and unmarried young adults, in-depth interviews, and participant observation, this paper aims to explain some of this discrepancy. The paper argues that young migrants' sexual and contraception decisions are made in relation to norms about gender and values concerning procreation at least as much as they are in relation to fears of disease. Assessments of current and potential partners, choices about whether or not to have sex, and decisions about whether or not to use condoms are affected by shared cultural values regarding the importance of parenthood. These cultural conceptions of parenthood are gendered and put men and women in very different negotiating positions with regard to sex and contraception.

Introduction

As HIV/AIDS continues to ravage sub-Saharan Africa, questions about the demographic impact of the epidemic have become more pronounced. In addition to the suffering and mortality of those afflicted with the disease, concerns include the consequences of adult AIDS-related deaths for young children who become orphans and for grandparents and other kin who bear the burdens of caring for both the dying and their dependents (Knodel and VanLandingham 2000). Further, because the virus strikes people most commonly in their peak productive and reproductive years, the economic consequences of the demographic impact of the disease are potentially profound (Reid 1997; Whiteside 2001; Stover and Bollinger 2002). While the

immediate demographic effects of AIDS mortality on population structure are evident, the long-term implications for population dynamics are less clear, as it is unknown how people (especially those not infected by the disease) will respond in terms of fertility.

Thinking about the HIV/AIDS epidemic as a potentially powerful variable in projecting or understanding future African fertility scenarios is an important endeavor, and one that fits well within the demographic tradition. Indeed, scholars working at the intersection of epidemiology and population studies have long attended to the powerful role of disease in population dynamics (McNeill 1976; Brown 1983; McFalls and McFalls 1984; Inhorn and Buss 1997). We know that disease influences population through a number of mechanisms, including direct effects on aggregate mortality and more indirect effects on aggregate fertility, but also through micro-level biological mechanisms such as the suppression of individual fecundity. Even from an anthropological point of view, where one might try to link the impact of disease to people's beliefs and behaviors with regard to fertility, the notion that disease and fertility are interconnected is eminently sensible.

While the idea that the human experience of epidemics influences population processes at a number of different levels makes sense from demographic, epidemiological and anthropological perspectives, in this paper I argue that we can also learn a great deal about the HIV/AIDS epidemic by looking at things the other way around. That is, people's behavioral responses to the epidemic may be shaped by their beliefs, values and social expectations about appropriate fertility behavior. Based on an ethnographic and demographic study of adolescent and young unmarried adult rural-urban migrants in Nigeria, I show how the dynamics of sexual and contraceptive decision-making in premarital relationships are strongly influenced by widely shared values about the importance of procreation. Specifically, decisions about whether to use

condoms in premarital sexual relationships are strongly inflected by powerful values about procreation and parenthood. These values operate in the arena of HIV risk through their effects on people's perceptions of the morality of premarital sexual relationships, part of a cultural construction of sexuality that is shared by many young Nigerians. The threads that tie beliefs and values about procreation to behavior related to HIV/AIDS are multiple, intertwining, and sometimes run in contradictory directions, producing risky behaviors in contexts where young people would seem most empowered to negotiate safe sex – in relationships with people they say they love.

The basic argument, born from ethnographic data, is that though most young migrants know that HIV can be transmitted sexually and also know that condoms are a means of preventing transmission, and though most young people do not desire premarital pregnancy, condom use in premarital relationships can be inhibited by strong pro-natalist values that equate the morality of sexual relationships with their procreative potential. Premarital sexuality is a highly ambivalent arena for most young Nigerians. One the one hand, parental, family and religious messages assert that sex before marriage is immoral; on the other hand, premarital sexuality is associated with modern, educated, urban lifestyles, and powerful peer pressure equates premarital sex with identities many young people yearn for (Setel 1999; Parikh 2000; Smith 2000). Further, poverty, inequality and unequal gender dynamics create additional pressures for young people, especially young women, to rely on sexual relationships for access to resources (Schoepf 1993, 1996, 1997; Susser and Stein 2000; Machel 2001; Parikh 2002; Smith 2002). The resulting of ambivalence about premarital sexuality means that while most young people do participate in premarital sex, most also actively wish to imagine and work to present their own sexual relationships as moral. In this context, the continued value of parenthood and

long-standing shared social expectations that sexual relationships are, above all, a means for procreation affect behavior in powerful and sometimes unexpected ways. Young people who know about HIV/AIDS and about condoms, who are in premarital sexual relationships with people they care about, and who do not yet want a pregnancy, nonetheless find it difficult to negotiate condom use. The main findings presented below suggest that this is, in part, because condom use implies a negation of the procreative dimension of the relationship. The potential for procreation and parenthood are essential elements in young people's efforts to imagine and present their sexuality to themselves and their partners as moral.

Methods

The findings presented here draw on several years of fieldwork in Nigeria. The main study was undertaken from 2001-2003, and looked at HIV/AIDS-related beliefs and behavior among Igbo-speaking adolescent and young adult rural-urban migrants in two Nigerian cities, Aba and Kano. The primary research methods included sample surveys of 863 young migrants, in-depth life history interviews, and participant observation. I trained young university-educated Igbo-speaking interviewers to help me conduct sample surveys in both settings, interviewing over 400 migrants between the ages of 15-24 in each city, including 218 males and 213 females in Kano and 220 males and 211 females in Aba. I also conducted 40 in-depth interviews with young migrants (20 in each city), 20 with males and 20 with females, and I spent several months undertaking participant observation.

In addition to the 15-24 year age range, the criteria for inclusion in the survey were that the respondent migrated to the city as an adolescent or young adult, was of Igbo ethnicity, had been resident in the city for at least three months prior to the survey, and had never been married. Respondents were selected randomly, using a grid to divide the study areas into zones from

which interviewers identified eligible migrants. The survey questionnaire included modules on migration history, education and employment, religious affiliation and practices, sexual history and behavior, AIDS awareness, and socio-demographic background. The in-depth life history interviews were conducted with migrants who represented a range of profiles that emerged in the surveys. They focused primarily on migration histories, sexual behavior and understandings of HIV/AIDS, but the interviews were open-ended and produced numerous dialogues about kinds of sexual relationships, interpersonal dynamics in different types of relationships, and factors that influence condom use.

Participant observation was undertaken over approximately six months of fieldwork in the summers of 2001, 2002 and 2003. This study built on more than two years of previous anthropological fieldwork in Igbo-speaking Nigeria. I spent most of my time with migrants in Kano, while a Nigerian research assistant lived with and conducted participant observation among migrants in Aba. Participant observation included spending time with migrants in their homes and their places of work, accompanying them to church, observing meetings of their home village associations in the city, and hanging out at bars, restaurants, and other night spots that were popular among young people. While survey data show important patterns regarding awareness of HIV/AIDS, sexual experience, and knowledge and use of condoms, it was only through the more ethnographic methods that the connections between ambivalence about premarital sexuality, values about procreation and parenthood, the importance of perceived relationship morality, and the dynamics of condom use became apparent.

AIDS in Nigeria

By the end of 2001, the most recent year for which data are available, the HIV prevalence rate among adults (15-49) in Nigeria was estimated to be 5.8 percent (UNAIDS 2002), for a total

of approximately 3.5 million people infected. The recent widely publicized US intelligence report on "The Next Wave of HIV/AIDS" suggested that Nigeria's adult prevalence rate will jump to 18-26 percent by 2010 and that the number of infected individuals will increase to 10-15 million (National Intelligence Council 2002). Numbers and estimates regarding HIV/AIDS in Nigeria must be interpreted with caution and have wide margins of error, but few would dispute that given its population size and the current trajectory of the epidemic, Nigeria will have the largest absolute numbers of people living with HIV/AIDS in Africa sometime in the next one or two decades.

National data, which in 2001 were estimated from sero-prevalence surveys conducted among pregnant women at 86 antenatal clinics that served as sentinel surveillance sites, do not provide good measures of group-specific prevalence rates. The data do suggest, however, that infection rates are somewhat higher in urban areas (though Nigeria is unique compared to other African settings in that a few of the rural sentinel sites had among the highest infection rates in the country, perhaps indicative of the prevalence, fluidity and importance of rural-urban migration). It is also widely accepted that in Nigeria, as in much of the world, young people are especially at risk, with people ages 15-24 accounting for nearly half of all new infections (UNICEF 2002). Adolescent and young adult rural-urban migrants, such as the population I studied in Nigeria, appear to be one of the most significant risk groups.

The epidemiological profile of HIV/AIDS in Nigeria presents a worrying picture and paints a grim future. Yet it is important to emphasize the difference between the public health portrayal and the lived experience of Nigerians. Even at a 5.8 percent prevalence rate, AIDS is still relatively invisible. The vast majority of the estimated 3.5 million Nigerians living with HIV/AIDS are infected but do not have full blown AIDS. Of those who are infected, very few

know it. Testing facilities are relatively few and inaccessible, and even people who know about HIV testing are reluctant to seek it. While the vast majority of Nigerians know about HIV/AIDS from the media and through stories that circulate in interpersonal networks, most people do not have firsthand experience with the disease. With AIDS as a mostly "imagined" disease, people's concerns focused especially on interpreting the disease and understanding its meaning. In a context where nearly everyone has heard about the epidemic, and where powerful discourses circulate that link the roots of the epidemic and the risks of individual infection to issues of morality, it is not surprising that premarital sexual relationships, already fraught with ambivalence before the threat of AIDS, should become arenas where risk is constructed in terms of the perceived morality of particular relationships. Perhaps less predictable is the role that values of procreation and parenthood would play in young people's assessment of the morality of premarital sex, and the consequences for condom use.

Young Migrants' HIV/AIDS-related Awareness and Behavior

Table 1 provides a broad profile of the migrants who were surveyed in Kano and Aba. Most notable in the profiles are the remarkable similarities of the two populations in terms of educational status, occupation, and residence arrangements. For these young migrants a number of patterns seem clear. Migration is most likely after terminating school. Indeed, the majority of young migrants have completed secondary school. Reliance on kin networks is vital; in both cities about 70 percent of migrants live with relatives and about half of migrants live with relatives other than their parents. In comparing the data in Table 1, the biggest difference between the young migrant populations in the two cities is in the frequency of visits to place of origin, a disparity almost surely explained by distance. Whereas almost 50 percent of Aba migrants visited home three or more times in the year prior to the survey, only about 10 percent

of Kano migrants visited their villages that frequently. But it is striking that even in Kano, more than a day's journey (and a significant bus fare) from the east, 70 percent of young migrants visited their villages of origin at least once in the year preceding the survey. While beyond the scope of this paper, this continuing contact means that how these young migrants respond to the AIDS epidemic will have important consequences in their rural communities of origin (Gugler 1991, 2002; Chukwuezi 2001).

TABLE 1 SHOULD APPEAR ABOUT HERE

The survey findings show that young rural-urban migrants in both Kano and Aba have very high levels of knowledge about HIV/AIDS, great awareness that HIV can be transmitted through sexual intercourse, wide familiarity with condoms, but much lower rates of consistent condom use in sexual relationships. Further, the data show a significant contrast between young people's perceptions of the magnitude of AIDS as a problem in Nigeria and their assessments of their own personal risk. Summary descriptive data from the surveys about HIV/AIDS knowledge and condom behavior are provided in Table 2.

TABLE 2 SHOULD APPEAR ABOUT HERE

More than 99 percent of respondents in both cities, both male and female, had heard of HIV/AIDS. Approximately 85 percent of this young migrant population knew that HIV could be transmitted via sexual intercourse. Levels of knowledge are almost identical between male and female respondents. While both male and female migrants have high levels of knowledge about HIV/AIDS, responses also suggest some misconceptions about the nature of risk. Many young people associated transmission with what they perceive as immoral sexual behaviors. More than 35 percent of respondents in Kano and almost 43 percent in Aba mentioned either promiscuity or immoral sex (or both) in response to the question about how HIV/AIDS is spread. Further, 29

percent in Kano and 21 percent in Aba specifically identified sex with prostitutes as a mode of transmission and 10 percent in Kano and 14 percent in Aba mentioned sex with foreigners. All of these behaviors represent, in young Nigerians' thinking, forms of immoral sexual behavior. The association of risk with morality is reinforced in the data about how migrants believe AIDS can best be prevented. Significant numbers mentioned preventive behaviors predicated on morality. For example, in Kano almost 22 percent said avoiding immoral sex could prevent transmission, and in both Kano and Aba almost 10 percent said that sticking to one partner prevented transmission. In addition, in Kano, almost 10 percent mentioned being careful in selecting one's partner and in Aba five percent said the same. None of the data suggested significant differences in perceptions of risk between males and females.

The data on condom use reinforce the importance of understanding the way young people assess risk in terms of relationship morality. The survey findings suggest that more than 70 percent of Igbo migrants ages 15-24 in Kano and Aba have, at some point in their lives, been involved in a relationship involving sexual intercourse, with slightly more males than females reporting sexual experience in Aba (71% to 67%) and slightly more females than males reporting sexual experience in Kano (75% to 68%). Further, 71 percent of those who reported having had sexual intercourse said they had used a condom at some time, with males and females reporting ever having used condoms in almost exactly equal proportions. While more than 96 percent of the young migrants said they knew what a condom is, only about 40 percent of migrants currently in a sexual relationship said they used a condom every time in that relationship. Clearly, knowledge about condoms is not the obstacle; only two of the 159 respondents who were currently in a sexual relationship, but who did not always use condoms, said they did not know about condoms. Condoms are widely accessible in Kano and Aba, available in numerous

shops at subsidized, nominal prices. While even these minimal costs might pose an obstacle for the poorest of the poor, among the migrants I interviewed the cost of condoms was viewed as affordable. The surveys suggest that despite widespread knowledge about HIV/AIDS and its mode of transmission and despite high awareness of and access to condoms, many young migrants think of their own risk as minimal and do not take precautions to protect themselves during sex. As the ethnographic data below will show, even those who recognized condom use as a viable mode of disease and pregnancy prevention frequently thought about condom use in moral terms.

Premarital Sexual Relationships, Morality and Condom Use

The ways that values of procreation and parenthood affect perceptions of HIV risk and patterns of contraceptive use are intertwined with other moral dimensions of sexuality, including strong and widely circulating religious discourses about HIV and sex and growing expectations that sexual relationships (and marriage) should be based on love. The importance of love and the influence of religion on how young Nigerian rural-urban migrants understand and navigate the world of premarital sexuality in the era of HIV have been discussed elsewhere (Smith 2003, *in press*), but must be reviewed briefly because each is related to the way in which values of about procreation contribute to a moral economy of risk in relation to HIV/AIDS. Both religion and love as an ideal contribute to the ways that, in the minds of many young Nigerians, the risk of contracting HIV is directly related to the perceived morality of sexual relationships.

I should emphasize that I am not claiming that *all* sexual decision-making and condom behavior can be explained in terms of the moralities that underlie the social construction of risk. Clearly, some people who would wish to abstain from sex, or who might want to protect themselves with condoms during sex are unable to do so because of economic circumstances and

gender inequality (Schoepf 1996, 1997). Women, and perhaps especially poor young women, are particularly at risk in this regard, as the combined effects of gender inequality and poverty put many young women in a position where engaging in sexual relations is one of the few viable survival strategies (Campbell 2000, 2003). But the data from Kano and Aba suggest that a large proportion of people, including young women, who appear relatively equipped to protect themselves by using condoms do not do so, and they are least likely to do so in their most long-term relationships.

Among the 40 migrants I interviewed in depth, thirty-two interviewees were either currently involved in a sexual relationship or had been sexually active at some time since they migrated to the city. One of the clearest patterns that emerged from these interviews was the connection in young people's minds between issues of morality and partner trust on the one hand and assessments of HIV/AIDS risk on the other (c.f. Sobo 1995; Hirsch et al. 2002). Essentially, young people believed that if they chose partners of good moral character and if their relationships were founded on love, they would face little risk of contracting HIV. Both young men and young women said that they were much more likely to use condoms consistently in relationships that were considered short-term, unstable, or based on something other than love (c.f. Preston-Whyte 1999). Ike, a 23-year-old young man who sold used electricity generators in Aba, expressed a view shared by many young male migrants about when one needs to use condoms.[1] "I use condoms with loose girls, you know, the ones who have sex anyhow. They could give you something – a man has to protect himself. But if a relationship is serious, like being in love, then I can trust her and we would not have to use them. You have to know your partner's character." Ike's view that risky partners are those who have sex "anyhow" is emblematic of a common discourse about sexual morality and risk. Men and women consistently

associated risk with the unknown character or morality of sexual partners. Indeed, the survey data from Kano show that more than 30 percent of respondents believed that care in choice of partner and avoiding immoral sex were the *best* ways to avoid contracting HIV. The in-depth interviews demonstrate that, in practice, choices about condom use are influenced by moral assessments about partners and kinds of relationships. Young migrants were more likely to use condoms in relationships they considered temporary (and therefore less ethical) and with partners who they considered more risky (because they could not assess or assessed negatively partner character).

Patterns of condom use also changed over the evolution of a relationship, with consistent use declining as the duration and perceived morality of the relationship increased. The words of Chinwe, a 20-year-old woman who worked a receptionist for her uncle's a small business in Kano, are similar to how many young people assessed HIV/AIDS risk and described decisions about long-term sexual partners and condom use.

> You have to respect yourself or no one else will respect you. It's dangerous to sleep around anyhow. If a girl is going to have sex she should know her partner and be able to trust him. Some guys go about putting the thing here and there. For me to have sex, I have to love the man and know that he loves me…. I think it's always good to use condoms, but with a partner that you love, who you can trust, it's not as necessary. My boyfriend and I don't always use condoms because I know I can trust him.

Young migrants frequently told me that they were much more insistent on using condoms in the early stages of relationships, but that once a relationship stabilized they were more likely to have sex without condoms, relying for pregnancy prevention on other contraceptives like the pill or an injection, or by eschewing condoms only during a woman's "safe period." Both the in-depth interviews and participant observation produced mounting evidence that many young men and women assess partners and make sexual decisions based on an ethics in which notions of risk are

closely tied to assessments of moral character that are intimately bound up with expectations about love, fidelity and partner trust.

The idea that the relative risk of contracting HIV/AIDS is associated with relationship morality is further reinforced by religious interpretations of the AIDS epidemic and religious discourses about premarital sexuality (Green 2001; Takyi 2003; Smith *in press*). More than 99 percent of the young migrants sampled in Aba and Kano reported they were Christians. These migrants are much more than nominal Christians; religiosity is increasingly central in the lives of many young Nigerians (Marshall 1993; Marshall-Fratani 1998; Smith *in press*). More than 30 percent of the sample reported belonging to increasingly popular Pentecostal and evangelical churches, what Nigerians commonly call “born again” or “new breed” churches. Further, nearly 75 percent of the sample reported being “born again,” including a majority of those who are affiliated with the Catholic Church and older Protestant denominations. The label or identity of being “born again” has rapidly become a signifier of adequate religiosity among young Igbos. The broad influence of a “born again” Christian identity and cultural style has important implications for how young people think about and navigate premarital sexual relationships in the context of the HIV/AIDS epidemic.

Religious interpretations of the epidemic frequently promote a moral understanding of risk, as religious leaders and followers alike depict HIV/AIDS as the consequence of an immoral society. When asked at the end of the survey what they thought was the ultimate origin of AIDS, 35 percent of respondents in Kano and 26 percent in Aba said that it was “God’s punishment” or that “only God knows.” Several young people I spoke with in depth said explicitly that they believed AIDS was God’s punishment for the sins that permeate social life. The words of Nnenna, a 19-year-old migrant in Kano who works in her uncle’s small pharmaceutical shop, are

illustrative. “AIDS is a terrible thing. But this place is like Sodom and Gomorrah. Nigerians are being punished for their sins. If people did not have sex here and there, if the society were not so corrupt, there would be no AIDS…. Yes, it is God’s punishment, but we have brought it on ourselves.” In this construction people who have or contract AIDS are implicitly immoral.

Just as many people imagined that God brought AIDS to punish immorality, young people also widely believed that whether or not they would become infected was in the hands of God. Even those who were well aware of condoms as the primary protective measure often spoke in what seemed like fatalistic terms. Chidi, a 22-year-old migrant in Aba who was going to school and driving a motorcycle taxi part-time said: “I know that condoms are supposed to prevent AIDS. But you cannot count on them. They could be old or have a hole or break. If God wants you to get AIDS, it will not matter how you try to protect yourself. The best thing is to have faith in God.”

While the primary moral message about premarital sexuality preached by “new breed” churches is abstinence until marriage, in the actual practice of premarital sexual relationships, young people found themselves struggling to imagine and project their own sexual relationships as moral partnerships. In this way, the growing emphasis on notions of love as the basis for acceptable premarital sexuality fused with religious interpretations of AIDS to create a context where open discussion of condoms could be seen as tantamount to suggesting that oneself, one’s partner, or one’s relationship was immoral and risky. Religious interpretations of sex and of AIDS decrease the perceived need of condoms in “moral partnerships,” but exacerbate the extent to which people must hide relationships and deny the risk from relationships that do not fit the moral model.

Procreation and Premarital Sex: Obstacles to Using Condoms as Contraception

Condoms, of course, are a means of pregnancy prevention as well as protection from HIV/AIDS and other sexually transmitted infections. Young migrants' assessments of their partners and their decisions about condom use are made in relation to norms about gender and values concerning procreation at least as much as they are in relation to fears of disease. Indeed, my in-depth interviews with migrants suggested that most couples negotiate condom use as a means of contraception rather than as a method of disease prevention. While a few people told me that they wanted to use condoms in certain relationships specifically because they feared disease, almost everyone agreed that when sexual partners talk about condom use they do it primarily terms of pregnancy prevention. On its face, negotiating condom use as contraception avoids the awkward implications of thinking about disease risk. Sexual partners could raise the possibility of condom use without implying anything about the fidelity or past sexual history of one's partner or oneself, steering clear of overt moral assessments of a sexual relationship that are evoked by such associations. Ifeoma, a 23-year-old woman who braided hair in the *Sabon Gari* market in Kano, voiced a common description of couple negotiations about condom use.

> You use a condom because you do not want to get pregnant. How could you tell a guy that you want him to use a condom because you fear he might have AIDS? If I thought a guy had AIDS I would never agree, even with ten condoms. *Tofiakwa*! [God forbid such an abomination!] Even if you want to be careful, you know, you do not know the guy very well, can you imagine asking him to put on a condom and telling him it is because you fear he has AIDS? Besides the insult, I mean, that would ruin the whole thing.

Many young people told me that suggesting condom use as protection from HIV/AIDS would be very difficult, because it would imply either that one suspected one's partner was a carrier (or the kind of immoral person who could be a carrier) or that one's own sexual behavior was sordid and risky (c.f. Hillier, Harrison and Warr 1998). Talking about condoms as protection from disease would undermine the very justifications that most young Igbo migrants construct

for themselves in legitimizing their partner choices. In this context, relying on pregnancy prevention as the rationale for condom use would appear to be a reasonable strategy for unmarried people such as the young migrants I studied in Kano and Aba. Almost all of them desired parenthood only after marriage. However, even condom use negotiated as contraception poses important obstacles, barriers that are intertwined with Igbo notions of gender and reproduction (MacPhail and Campbell 2001; Maharaj 2001).

Young men commonly said that when a woman requests condom use, even for the purposes of pregnancy prevention, she is demonstrating that she was "too experienced." Some men seemed to think that only women who had many partners would have the confidence to ask for condoms. For such men, girls who had their own supplies of condoms were surely promiscuous, and maybe even prostitutes. The words of Onyebuchi, 24-year-old apprentice learning to repair electrical generators in Kano, are emblematic of how some young men felt about the issue: "If a girl keeps a condom in her room you will feel somehow, you know, like she is a professional." It is not hard to understand why many women were reluctant to initiate discussions of condom use.

Indeed, in the surveys in Kano and Aba, about 40 percent of women currently in a sexual relationship said they were not using condoms at all. Some were using other methods to protect themselves from pregnancy like the pill, injections, or an IUD. But more than a quarter of women involved in sexual relationships at the time of the survey said they were using no method of contraception at all. Some of this may be underreporting, but evidence suggests not, in part because 26 percent of women who had ever had sex had experienced a pregnancy (and all but one of these pregnancies ended in abortion). Clearly, a significant percentage of young people do not use any contraception, even when pregnancy is not wanted.

Understanding why so many young people who know about HIV/AIDS, are aware of condoms, and do not want premarital pregnancies would practice no form of contraception is complicated. But in the remainder of the paper, ethnographic evidence is provided to show that a significant part of the explanation lies in the continuing importance of procreation and parenthood as core social values. Specifically, the ethnographic data suggest that the potential for procreation and the imagined possibility of parenthood are intimately bound up with how young migrants in premarital sexual relationships imagine and demonstrate being in love, and how they rationalize having premarital sex in a milieu that creates tremendous ambivalence about premarital sexuality.

Ngozi is a 22-year-old migrant in Aba who works as seamstress. Her narrative about how she got pregnant a couple years ago reveals some of the complexity of factors that influence condom use. "My boyfriend and I were in love. We sometimes did it without condoms, usually during my safe period. We both liked it better without condoms. It was more natural. We were closer. I did not want to get pregnant, but since I loved him it I did not worry as much." Several dynamics intertwine in Ngozi's explanation of the lack of consistent contraceptive use that led to her pregnancy, which she eventually terminated with an abortion. From the longer interview, it was clear that she did not view herself as at risk of HIV/AIDS in this relationship because she was in love and trusted her boyfriend.

Embedded in Ngozi's brief statement is a hint at another obstacle to the negotiation of condoms, and contraception more generally; namely, the importance of procreation as the ultimate symbol of and foundation for a couple's long-term solidarity. Many young couples who are in love imagine they might eventually marry. In Igbo society parenthood is still the ultimate marker of full personhood and the most important rationale for marriage (Fortes 1978; Smith

2001). While the vast majority of young people aim to postpone parenthood until after marriage, inherent in the dynamics of serious premarital relationships is the possibility of procreation. Ngozi's statement that she "did not worry so much" because she loved her boyfriend was an indication that she thought pregnancy might be acceptable in that relationship because it could progress to marriage. In the event, she had an abortion and did not marry that boyfriend. She remembers that relationship negatively because of both outcomes. But her decision-making was colored by her conception of the relationship as one that could progress to marriage and procreation.

Premarital sexual relationships in Igbo society are frequently affected by larger shared ideals about the value of procreation and parenthood – and I should note that even in Kano, which is ethnically much more diverse than Aba, the vast majority of young Igbos in sexual relationships have Igbo partners. The paradox is that even though most unmarried Igbos, male and female, do not desire a premarital pregnancy, part of the dynamic of demonstrating love and intimacy is behaving as if one could get married and produce children. The words of Ifeanyi, a 22-year-old Igbo who attends a technical college in Aba, illustrate the contradiction. "No way I want to have a child before marriage. But if a girl loves me she should be willing to have my child. Not that I want her to get pregnant, but I want her to be willing to. I mean any girl I would really marry has to want that." Though it is hard to uncover what goes on in people's minds as they navigate their sexual relationships, many young Igbos seem to share the idea that truly intimate and romantic relationships, the kinds of relationships that could lead to marriage, involve a willingness to procreate. In this context, it becomes harder to negotiate contraception, even in instances where neither person really wants an immediate pregnancy.

Perhaps the most powerful illustrations of the ways in which the continued values of procreation and parenthood inhibit discussions and use of condoms and other contraceptives are found in the cases of young women, like Ngozi, who get pregnant during a premarital relationship. As mentioned above, the vast majority of premarital pregnancies in this migrant population end in abortion, though it is hard to know exactly what percentage because cases where premarital pregnancies progress to marriage were not counted due the sampling criteria. In many African societies, including in other parts of Nigeria, pregnancy and proven fertility are common pathways to marriage and can be a conscious strategy, in different ways, of both men and women (e.g., Guyer 1994). But even passing familiarity with the Igbo cultural context reveals that this is definitely not the case for this population. Premarital pregnancy is highly stigmatized, marriage is marked by elaborate ceremonies and high bridewealth, and parenthood is considered legitimate only in marriage (Uchendu 1965; Smith 2001).

In this context, one would assume that unmarried women would do everything possible to avoid premarital pregnancy. High rates of abortion among adolescents and unmarried young women confirm the lack of desirability of premarital childbirth. The reasons so many young women in premarital sexual relationships get pregnant, even though they do not want to, are multiple and intertwining. Obviously, contributing factors include poverty, inadequate knowledge and limited access to contraception, and, more fundamentally, economic, gender and generational inequalities that characterize many women's positions in non-marital sexual relationships. But the evidence from young female migrants interviewed in Kano and Aba, and particularly young women who had abortions, suggests that, ironically, high rates of abortion are partly explained by subtle yet powerful ways that values of procreation and parenthood penetrate premarital relationships. This is particularly the case as, increasingly, premarital sexual

relationships are imaginatively constructed in terms of ideals of romance – that is, as potential courtships for love marriages (c.f. Hirsch 2003).

Put another way, romantically oriented premarital relationships are both pathways to modern Igbo marriages and arenas in which many of the features of modern love marriages are produced, practiced and fantasized about. Yet if one value associated with marriage has persisted powerfully even as marriages have been transformed from relationships embedded in the ties and arrangements between extended families to a more individualistic projects where the conjugal relationship itself is paramount, it is the profound importance of procreation and parenthood. Premarital relationships are domains where young people not only find a potential marriage partner and mate, but where the dynamics of love marriage are imagined and practiced – in part because it is through this process that one *can* find a good partner, but also because the moral ambivalence about premarital sexuality in this population creates a context where people feel most comfortable about being in a premarital sexual relationship when they can represent it to themselves and others as a moral partnership – one that looks like it could become a love marriage. These forces are particularly powerful on women because of gender double standards that make women's sexuality much more closely monitored and potentially stigmatized. Ironically, by trying to live up to expectations that their premarital sexual relationships are marriage-like, women put themselves at greater risk for spoiling their marriage prospects (through premarital pregnancy and abortion) because they may not use contraception in a context where the willingness to procreate is so essential to the construction of the most moral sexual relationship, marriage.

Several of the young women interviewed in depth had undergone an abortion and in almost every case the sexual relationship that produced the pregnancy was described as a "love"

relationship. Given the powerful cultural pressure to construct and present one's premarital sexual relationships as moral, it hard to know the extent to which young women retrospectively reconstructed these relationships. But even if this is the case, it only adds further weight to an argument that suggests negotiations about contraception in premarital relationships are undertaken with concerns about morality at the forefront. The story of one young migrant's premarital sexual relationship, pregnancy and abortion illustrate the complex dynamics.

Obiageri's Story

Obiageri moved to the city of Aba when she was 19 years old. Having completed secondary school in her rural community about 40 miles from Aba, she agreed with her parents to go and live with her father's elder brother and his family in Aba, in hopes of finding a job. After several months without work, her uncle arranged to have Obiageri attached to a local tailor as an apprentice. By the time I met her, Obiageri had been training with the tailor for almost two years, and hoped to complete her apprenticeship within the next year and start her own business. Obiageri had first had sex when she was 16, with a young man three years ahead of her in school. For the first year in Aba she had no sexual partners, in part, she said, because her uncle was very strict and left her little latitude for a social life. But eventually she met Chibueze, a 24-year-old young man studying pharmacy at a local technical college. They met at a fellowship meeting of the Pentecostal church to which they both belonged. At first they would talk after the fellowship meetings and eventually Chibueze took Obiageri to have a snack at Mr. Bigg's, a local fast food chain that mimics Western restaurants and is very popular with young people in Nigeria. Over time they fell in love and initiated sexual intercourse. They used condoms at first, at Chibueze's initiative. But eventually he stopped using them and Obiageri did not object. They never talked about it, she said; it just happened. When she became pregnant she was extremely

worried for a number of reasons. She knew her uncle and her parents would be furious; she wanted to finish her apprenticeship; and she did not know how Chibueze would react.

In the event, Chibueze told Obiageri that he was not ready to marry. He said that he was still in school he was not economically positioned to start a family. He asked her to have an abortion and she agreed. Obiageri was also not ready to have a baby; certainly not if Chibueze would not marry her. Chibueze provided the money for the abortion and even accompanied her to the provider (something that was the case for only a minority of the young women in the survey who reported having had an abortion). Soon after the abortion their relationship ended. Obiageri and Chibueze never had sex again. Most central to the argument here regarding the vital place of values about procreation and parenthood and their subtle but profound effects on premarital contraceptive practice is what was going through Obiageri's mind (and Chibueze's mind, though I was not able to talk to him) when the couple stopped using contraception. Obiageri's explanation was typical of the kinds of things many young women said about contexts where they did not use contraception in premarital sexual relationships, both for its vagueness and for what it suggests about the complex intertwining of values of procreation and parenthood, desires for romance, and the dynamics of contraceptive use in premarital sexual relationships that are potential courtships (or at least imagined as potential courtships). When asked specifically whether she worried about getting pregnant when they stopped using condoms, Obiageri said:

> I guess I didn't really think about it. We were in love. I thought we would get married someday, you know, have a family together. I didn't want a baby then. I wanted to finish my training. But I definitely want to have children. Not then, but I do. I can't imagine a marriage without having children. It's a must. We weren't married, but we were in love, so sometimes it felt like that, like we could have a family. I pray over what I did. It's a sin [the abortion]. It is almost like when you're in love you'll do anything.

In her situation, Obiageri's statement that when one is in love one will "do anything" refers, in part, to a willingness to have sex without contraception. In the many other conversations with young migrants about love, sex, contraception and abortion, the importance of procreation was prominent, including with young men like Ifeanyi, quoted above, who saw a woman's willingness to procreate, even when he did not yet really want a child, as a sign of the strength of a relationship. A number of complex reasons explain why young people might have sex without condoms. But perhaps most intriguing is this idea that one of the most important ways of demonstrating that premarital sexual relationships are "love" relationships, and therefore moral relationships, is by showing little fear of pregnancy. This is because procreation and parenthood are the values still most closely associated with the legitimacy of sexual relationships, even as both premarital relationships and marriage are increasingly constructed around ideals of love and romance.

Conclusion

The AIDS literature is replete with evidence about the stigmas associated with the disease (Brown, Macintyre and Trujillo 2003; Castle 2004). It should not be surprising that discussing condoms as a means of disease prevention can be inhibited by stigmas that easily move from the disease itself to people who have the disease or people who are labeled as "at risk" (Farmer 1990; De Zalduondo 1991; Campbell 2003). Indeed, it should also not be surprising that condoms themselves, though promoted as disease prevention, become infected with the stigmas of the disease they are supposed to combat (Taylor 1990; Hillier, Harrison and Warr 1998).

The stigmas surrounding HIV are clearly exacerbated by fact that it is a sexually transmitted disease, as sexual relationships themselves are the object of tremendous moral scrutiny. In the population of young rural-urban migrants described in this article, profound

ambivalence about premarital sexuality is at the core of the explanation as to why young people find it so difficult to negotiate the risks of HIV/AIDS. To talk about the risk of AIDS, or even to talk about condom use, is to bring to consciousness the ambivalence about the morality of one's behavior, something many young Nigerians involved in premarital sexual relationships would prefer not to think about. Rather than being the consequence of some sort of basic African comfort with sexuality (Caldwell, Caldwell and Quiggin 1989), among young Nigerian migrants' risky behavior is better explained by the interaction of pressures and desires to have premarital sex with a much more conservative moral perspective that portrays premarital sex as sinful. While the Caldwells and others have linked HIV risk in Africa to the importance of reproduction by suggesting that it produces relative sexual freedom, research in Nigeria suggests that reproduction *is* central in explaining the dynamics of young people's sexual relationships, but in a very different way. For young migrants, the connections between sex and reproduction are bound up with a profound ambivalence about sex, producing contradictory and risky behaviors as young people try to navigate a powerful and shifting moral economy of sexuality and reproduction in the era of HIV/AIDS.

With the rise of love as a relationship ideal, but in a context where marriage and parenthood remain among the most important societal values, and where "born again" Christian values are increasingly privileged, young people who want and participate in romantic premarital sexual relationships are frequently involved in a project of representing those relationships to themselves and others as moral relationships. The perceived morality of premarital sexual relationships, particularly for women, depends on the notion that the relationship is a love relationship. Further, as premarital sexual relationships are increasingly imagined as courtships that could lead to marriages, the procreative potential of a relationship becomes an important

dimension of both its morality and the extent to which it is "like" a marriage. In other words, a complex intertwining of ambivalence about premarital sex, the rise of love as a relationship ideal, and the continuing social value of marriage, especially as the means to parenthood, put young people, particularly young women, in a position where contraceptive use is extremely difficult to negotiate. Tragically, from the point of view of thinking about the AIDS epidemic, condoms are probably the most difficult form of contraception for young women to negotiate, both because they require the overt cooperation of men and because they are most stigmatized as a symbol of HIV/AIDS.

From a public health point of view, these findings suggest that HIV/AIDS prevention and the problems of unwanted pregnancy and unsafe abortions must be addressed together. Demographers and other public health-oriented social scientists have long recognized the role the disease can play in population dynamics and the effects that changing population dynamics can have on disease epidemiology. With the devastating demographic impact of AIDS in Africa, population scientists and public policy experts are beginning to ask what kinds effects the epidemic will have on population, including through its influence on people's fertility. This study of young rural-urban migrants in Nigeria indicates that beliefs and behavior about fertility may be having important effects on how people navigate sexual relationships in the era of AIDS. These dynamics deserve further study.

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Notes

1. All names in the text are pseudonyms.

Table 1: Some Characteristics of Young Migrants in Aba and Kano, Nigeria

Migrant Characteristic	Kano (n = 431)	Aba (n = 432)
Median Age	21	21
Number of Years in the City		
≤ 1	17.9%	26.5%
> 1 ≤ 3	29.4%	28.8%
> 3 ≤ 5	23.0%	14.9%
> 5	29.7%	29.8%
Still in School		
All ages	21.8%	19.7%
< 20	35.4%	27.1%
< 18	60.5%	45.8%
Completed Secondary School	58.9%	63.9%
Apprenticeship (current or past)	56.1%	70.1%
Current Occupation		
student	20.2%	16.5%
formal employment	22.8%	17.4%
trading/hawking/apprenticeship	45.8%	60.3%
nothing/unemployed	11.2%	5.8%
No. of Visits to Place of Origin in Past Year		
0	30.2%	8.7%
1	46.0%	28.2%
2	13.0%	15.1%
3	4.9%	14.4%
4	2.8%	8.4%
5 or more	3.0%	25.2%
Place of Residence		
with parents	20.4%	22.3%
by myself	13.2%	10.7%
with other relatives	48.7%	52.8%
with employer	10.4%	6.0%
with friends/workmates	4.6%	4.6%
other	2.6%	4.0%

Table 2: Young Migrants' HIV/AIDS Knowledge, Perceptions and Condom Practices

Question	**Kano** (n = 431)	**Aba** (n = 432)
Ever heard of HIV/AIDS?	99.1%	99.5%
How is HIV/AIDS spread?		
Sexual intercourse	88.5%	84.5%
Blood transfusions/sharing needles	61.0%	****
Homosexuality	7.0%	13.8%
Promiscuity	14.6%	26.7%
Immoral sex	20.7%	16.2%
Sex with prostitutes	28.6%	20.8%
Sex with foreigners	10.3%	13.6%
Sharing barber instruments	45.8%	43.3%
How can AIDS be prevented?		
Abstinence	37.1%	44.0%
Condom use	29.1%	41.0%
One partner only	8.6%	9.6%
Careful about kind of partner	9.6%	5.2%
Avoid immoral sex	21.8%	7.7%
How big a problem is AIDS in Nigeria		
Very Big	68.5%	71.0%
Big	16.4%	24.1%
Moderate	6.8%	1.2%
Small	0.7%	0.0%
Not at all	0.2%	0.5%
Don't know	7.3%	3.3%
Personal risk of contracting HIV/AIDS		
Great	11.5%	11.4%
Moderate	7.0%	4.2%
Small	26.3%	20.0%
No risk	42.0%	57.8%
Know what a condom is?	96.5%	96.5%
Ever used a condom?	58.1%	46.3%
Condom every time in current relationship?	41.8%	39.6%

**** Option not included in Aba survey

References

Brown, P.J. 1983. Demographic and Socioeconomic Impacts of Disease Control: The Case of Malaria Eradication in Sardinia. *Medical Anthropology*. 7:63-87.

Brown, L., Macintyre, K, and L. Trujillo. 2003. Interventions to Reduce HIV/AIDS Stigma: What Have We Learned? *AIDS Education and Prevention*. 15(1):49-69.

De Zalduondo, B. 1991. Prostitution Viewed Cross-Culturally: Toward Recontextualizing Sex Work in AIDS Intervention Research. *Journal of Sex Research*. 28(2):223-248.

Caldwell, J. Caldwell, P. and P Quiggin. 1989. The Social Context of AIDS in Sub-Saharan Africa. *Population and Development Review*. 15(2):185-233.

Campbell, C. 2000. Selling Sex in the Time of AIDS: The Psycho-Social Context of Condom Use by Southern African Sex Workers. *Social Science and Medicine*. 50:479-494.

Campbell, C. 2003. *"Letting Them Die": Why HIV/AIDS Intervention Programmes Fail*. London: The International African Institute in association with James Currey.

Castle S. 2004. Rural Children's Attitudes to People with HIV/AIDS in Mali: The Causes of Stigma. *Culture, Health and Sexuality*. 6(1):1-18.

Chukwuezi, B. 2001. Through Thick and Thin: Igbo Rural-Urban Circularity, Identity and Investment. *Journal of Contemporary African Studies*. 19(1): 55-66

Farmer, P. 1990. *AIDS and Accusation: Haiti and the Geography of Blame*. Berkeley: University of California Press.

Fortes, M. 1978. Parenthood, Marriage and Fertility in West Africa. *Journal of Development Studies*. 14(4):121-148.

Gugler, J. 1991. "Life in a Dual System" Revisited: Urban-Rural Ties in Enugu, Nigeria, 1961-87. *World Development*. 19(5):399-409.

_______. 2002. The Son of A Hawk Does Not Remain Abroad: The Urban-Rural Connection in Africa. *African Studies Review*. 45(1):21-41.

Guyer, J. 1994. Lineal Identities and Lateral Networks: The Logic of Polyandrous Motherhood. In *Nuptuality in Sub-Saharan Africa: Contemporary Anthropological and Demographic Perspectives*, C. Bledsoe and G. Pison (eds.), pp.231-252. Oxford: Clarendon Press.

Green, E. 2001. The Impact of Religious Organizations in Promoting HIV / AIDS Prevention. *CCIH Forum*. (11):2-11.

Hillier, L., Harrison, L., D. Warr. 1998. When You Carry Condoms All the Boys Think You Want It: Negotiating Competing Discourses about Safe Sex. Journal of Adolescence. 21(1):15-29.

Hirsch, J. 2003. *A Courtship after Marriage: Sexuality and Love in Mexican Transnational Families*. Berkeley: University of California Press.

Hirsch, J., Higgins, J., Bentley, M., and C. Nathanson. 2002. The Social Constructions of Sexuality: Marital Infidelity and Sexually Transmitted Disease—HIV Risk in a Mexican Migrant Community. *American Journal of Public Health* 92(8):1227-1237.

Inhorn, M. and K. Buss. 1997. Infertility, Infection and Iatrogenesis in Egypt: The Anthropological Epidemiology of Blocked Tubes. In *The Anthropology of Infectious Disease: International Health Perspectives*, M. Inhorn and P. Brown (eds.), pp.173-120. Amsterdam: Gordon and Breach.

Knodel, J and M. VanLandingham. 2000. Children and Older Persons: AIDS' Unseen Victims. *American Journal of Public Health*. 90(7):1024-25.

Machel, J. 2001. Unsafe Sexual Behavior Among Schoolgirls in Mozambique: A Matter of Class and Gender. *Reproductive Health Matters.* 9(17):82-90.

MacPhail, C. and C. Campbell. 2001. "I Think Condoms Are Good but Aai, I Hate Those Things": Condom Use among Adolescents and Young People in a Southern African Township. *Social Science and Medicine*. 52:1613-1627.

Maharaj, P. 2001. Obstacles to Negotiating Dual Protection: Perspectives of Men and Women. *African Journal of Reproductive Health*. 5(3):150-61.

Marshall, R. 1993. "Power in the Name of Jesus": Social Transformation and Pentecostalism in Western Nigeria "Revisited." In *Legitimacy and the State in Twentieth Century Africa*, T.O. Ranger and O. Vaughn (eds.), pp.213-246. London: Macmillan.

Marshall-Frantani, R. 1998. Mediating the Local and the Global in Nigerian Pentecostalism. *Journal of Religion in Africa*, 38(3):278-313.

McFalls, J.A. and M.A. McFalls. 1984. *Disease and Fertility*. Orlando: Academic Press.

McNeill, W. 1976. *Plagues and Peoples*. Garden City, NY: Doubelday.

National Intelligence Council. 2002. *The Next Wave of HIV/AIS: Nigeria, Ethiopia, Russia, India, China*. http://www.cia.gov/nic/pubs/other_products/ICA%20HIV-AIDS%20unclassified%20092302POSTGERBER.htm.

Parikh, S. 2000. Desire, Romance, and Regulation: Adolescent Sexuality in Uganda's Time of AIDS. PhD. Dissertation. Yale University.

______. 2002. Power and Consent: Sugar Daddies and Female Sexuality in Uganda. Paper presented at conference "Race, Sex and Globalization: Mapping Insurgencies," University of Arizona.

Preston-Whyte, E. 1999. Reproductive Health and the Condom Dilemma: Identifying Situational Barriers to Condom Use in South Africa. In *Resistances to Behavioral Change to Reduce HIV/AIDS Infection in Predominately Heterosexual Epidemics in Third World Countries*. J. Caldwell, P. Caldwell, J. Anarfi, K. Awusabo-Asare, J. Ntozi, I.O. Orubuloye, J. Marck, W. Cosford, R. Colombo, and E. Hollings (eds.), pp.139-55. Canberra: Australian National University.

Reid, E. 1997. The HIV Epidemic as a Development Issue. In *AIDS in Africa and the Caribbean*. G. C. Bond, J. Kreniske, I. Susser and J. Vincent. Boulder (eds.), pp.149-57. Colorado: Westview Press.

Schoepf, B. 1993. Women at Risk: Case Studies from Zaire. In *The Time of AIDS : Social Analysis, Theory, and Method*. G. Herdt and S. Lindenbaum (eds.), pp. 259-286. Newbury Park, CA: Sage Publications

______.1996. Health, Gender Relations, and Poverty in the AIDS Era. In *Courtyards, Markets, City Streets: Urban Women in Africa*. K. Sheldon (ed.), pp.153-68. Boulder: CO: Westview Press.

______. 1997. AIDS, Gender, and Sexuality during Africa's Economic Crisis. In *African Feminism: The Politics of Survival in Sub-Saharan Africa*. G. Mikell (ed.), pp. 310-32. Philadelphia: University of Pennsylvania Press

Setel, P. 1999. *A Plague of Paradoxes: AIDS, Culture and Demography in Northern Tanzania*. Chicago: University of Chicago Press.

Smith, D.J. 2000. 'These Girls Today *Na War-o*': Premarital Sexuality and Modern Identity in Southeastern Nigeria. *Africa Today* 47(3-4):98-120.

______. 2001. Romance, Parenthood and Gender in a Modern African Society. *Ethnology* 40(2):129-151.

______. 2002. 'Man No Be Wood': Gender and Extramarital Sex in Contemporary Nigeria. *The Ahfad Journal*, 19(2), 4-23.

______. 2003. Imagining HIV/AIDS: Morality and Perceptions of Personal Risk in Nigeria. *Medical Anthropology*, 22(4), 343-372.

______. *in press*. Youth, Sin and Sex in Nigeria: Christianity and HIV/AIDS-related Beliefs and Behavior among Rural-Urban Migrants. *Culture, Health and Sexuality*.

Sobo, E. 1995. *Choosing Unsafe Sex: AIDS-Risk Denial among Disadvantaged Women*. Philadelphia: University of Pennsylvania Press.

Stover, J. and L. Bollinger. 2002. The Economic Impact of AIDS**.** In *AIDS in Africa: Help the Victims or Ignore Them?*, V. Lovell (ed.), pp23-37. New York: Novinka Books.

Susser, I. and Z. Stein. 2000. Culture, Sexuality and Women's Agency in the Prevention of HIV/AIDS in South Africa. *American Journal of Public Health*. 90:1042-1048.

Takyi B.K. 2003. Religion and Women's Health in Ghana: Insights into HIV / AIDS Preventive and Protective Behavior. *Social Science and Medicine*. 56(6):1221-1234.

Taylor, C. 1990. Condoms and Cosmology: The "Fractal" Person and Sexual Risk in Rwanda. *Social Science and Medicine*. 31(9):1023-1028.

Uchendu, V. 1965. *The Igbo of Southeast Nigeria*. Fort Worth, TX: Holt, Reinhart and Winston.

UNAIDS. 2002. *Nigeria: Epidemiological Fact Sheets, 2002 Update*. http://www.unaids.org/hivaidsinfo/statistics/fact_sheets/pdfs/Nigeria_en.pdf.

UNICEF. 2002. *Young People and HIV/AIDS: Opportunity in Crisis*. New York: UNICEF.

Whiteside A. 2001. Demography and Economics of HIV/AIDS**.** *British Medical Bulletin*. 58(1):73-88.