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Sexual behaviour among rural women in Ondo state, Nigeria: do cultural and gender norms matter?

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ABSTRACT

Background: The issues of sexual behaviour that increase risk of a negative outcome among women have been debated. This paper explored the influence of cultural and gender norms on sexual behaviour among rural childbearing married women in Akoko, Ondo State, Nigeria.

Methods: The study utilized exploratory study design and purposively recruited 394 and 30 childbearing married women for quantitative and qualitative studies, respectively through which data were generated. The analyses were carried out with Stata software (version 13.0) for quantitative data using descriptive and chi-square statistics, while thematic content analysis was used for qualitative data.

Results: About two-third of the respondents did not use contraceptive methods, which was a significant predictor of unplanned pregnancies among the women at p<0.05. Alluding to cultural preference of children and male roles in sexual behaviours, the qualitative data revealed that desire for large family sizes by partners, cultural norms, men's superiority on sexual matters and partners' disapproval of contraceptive usage predict women's inability to negotiate sex with partners.

Conclusions: Therefore, risk reduction strategies aimed at enlightening childbearing married women on their imperative positions in sexual relationships within marriages should be initiated to facilitate the achievement of sustainable development goals should be intensified.

Keywords: Sexual behaviour, Women, Cultural and gender norms, Sustainable development

INTRODUCTION

Risky sexual behaviours are those which increase the chances of contracting sexually transmitted infections (STIs) and experiencing unintended pregnancies. ¹⁻³ In Nigeria, study has confirmed that such behaviours are associated with young people like early debut in sexual activities, sex with many partners, low and inconsistent use of condoms and indulgence in unsafe sexual practices. ⁴ These are influenced by individual level factors and the key among these is the reason for engaging in risky sexual activities in marriage. ⁵ Young

and postpartum women who were not through with their childbearing described worries about fear of contraceptive side effects which is burdened with misinformation and misperceptions. ⁶⁻¹⁰

In Nigeria, unintended intercourse is the primary cause of unwanted pregnancies and many women decide to end them by abortion. The unequal power over sex displayed by men's unwillingness to practice safe sex and demands in that regard by women is often portrayed as a sign of mistrust or infidelity. 12,13 The prevalence of modern contraceptives use is stagnating at 10% among

currently married women and 20.4% for Ondo State which is the second lowest compared with other Southwestern states in Nigeria.14

Although, studies have shown that cultural practices influence sexual behaviour and these include culture that impedes equality between men and women on sexual decisions; and adherence to traditional gender roles related to sexual activity is stronger among females than males. 15,16 Also, fear of being neglected by one's husband and losing husband to other women accounted for the compromise of women's positions in issues of reproduction.¹⁷ The adverse effect of this on mothers' health can influence the health of children. Consequently, because men's power is rooted in cultural norms and values that place married women subordinate to men, efforts to avoid risky sex by women might be construed by men as infringement on their conjugal rights. 18

Education empowers women by increasing opportunities for employment and incomes that enable them to adopt behaviours that enhance gender equality in sexual matters.¹⁹ Economic independence of women increases the power they have in marital and sexual decisions, which could protect them from engaging in sexual behaviours might expose them to unwanted pregnancies and STIs.20 However, the paucity of knowledge on cultural and gender norms influencing sexual behaviour among childbearing women in the study area is critical in preventing high rate of unintended pregnancy and population boom in Nigeria, where fertility issue continues to be a daunting and great concern. Thus, this study contributes to knowledge by exploring cultural and gender norms influencing sexual behaviour among childbearing married women in Akoko communities of Ondo State, Nigeria to fill this gap.

METHODS

The study utilized exploratory study design involving social survey with a purposive sample size of 400 married women of childbearing age 15-49 years, who had given birth to at least one child in the last five years preceding the study. A multi-stage sampling technique was adopted in purposively selecting the respondents from Akungba and Oka communities of Akoko South West Local Government Area, Ondo State, Nigeria. Akoko is large Yoruba cultural sub-group in the Northeastern part of Yorubaland. Its headquarters are in the town of Oka, with an area of 226 km² and estimated population of 229,486 at the 2006 census.²¹ The procedures adopted in the selection of the respondents included a simple random sampling technique of two rural areas which are Akungba and Oka communities. A total of 394 women who completed the questionnaire were included in the analysis. The in-depth interview included 30 women (currently married and had given birth to at least one child in the last three years) who were purposively selected based on their willingness to share

information on the subject matter. The study was carried out between the period of June 2017 and January 2018.

Data analysis

Statistical Data (Stata) version 13.0 was used for quantitative data analysis at univariate and bivariate levels. As regards the qualitative data, thematic manual content analysis was used by sorting and codifying the major themes as well as the use of verbatim quotation. Interviews were transcribed and translated into English and the reason was to understand holistically the generated results from quantitative assessment.

RESULTS

Table 1: Distribution of the respondents by some socio-demographic backgrounds.

Variables	Frequency (n=197)	Percentage (%)	
Location			
Oka	196	49.7	
Akungba	198	50.3	
Age			
Teenage mothers (less than 20 years)	6	1.5	
Normal aged mothers (20 – 35 years)	288	73.1	
Old mothers (36 years and above	100	25.4	
Mean=31.4 years; S.D.= 7.1	; Min.=19, M	ax.= 59	
Ever attended school			
Yes	374	94.9	
No	20	5.1	
Education			
No education	20	5.1	
Primary	70	17.8	
Secondary	180	45.7	
Tertiary	124	31.5	
Religion			
Christianity	352	89.8	
Islam	34	8.7	
Tradition/other	6	1.5	

Distribution of the respondents by some socioeconomic backgrounds

The background characteristics of the respondents are tabulated in Table 1. In all, data for 394 respondents was analyzed. About one-halves of the total respondents were sampled in Oka Akoko (49.7%) and Akungba Akoko (50.3%). The mean age of the respondents was 31.4 ± 7.1 years; while the ages of the respondents ranged between 19 and 59 years. Ninety-four percent had ever attended school compared to 5.1% who never. The categorization of the respondents according to level of educational attainment shows that 17.8% had primary education, 31.5% had tertiary; while the largest proportion attained secondary level of education (45.7%), only 5.1% had no formal education. Christians (89.8%) were more than 8 in 10 of the total respondents, 8.7% were Islamic faith adherents; while about 1 in 20 were practicing traditional and other religions (1.5%).

Distribution of respondents by knowledge and usage of contraceptive

In Table 2, more than 1 in 5 had ever prevented pregnancy (23.9%), while majority had never (76.1%). However, more than a third had (36.7%) of the respondents ever had untimed/unplanned pregnancy, while majority had never (63.5%). About 33% of the respondents reported to have ever used modern contraceptives (33.2%), while the remaining two-third never used contraceptives (66.8%). About three-quarter were of the opinion that women who use contraceptives are more protected from pregnancy (75.5%), while the remaining a quarter had different opinion (24.5%). More than one-half of the respondents had knowledge of other contraceptives apart from modern method (54.4%) relative to 45.6% who reported not to have known other methods.

Table 2: Distribution of respondents by contraceptive usage.

Variables	Frequency (n=197)	Percentage (%)		
Ever prevented pregnancy?				
Yes	94	23.9		
No	300	76.1		
Ever had untimed/un	nplanned pregnanc	y		
Yes	140	36.7		
No	242	63.3		
Ever used modern co	ontraceptive	-		
Yes	130	33.2		
No	262	66.8		
Women who used co	ntraceptive are mo	re protected		
from pregnancy				
Yes	240	75.5		
No	78	24.5		
Knowledge of any of	Knowledge of any other contraceptive method			
Yes	200	54.4		
No	168	45.6		
Do you support use of contraceptive to delay				
pregnancy due to economic recession?				
Yes	308	79.8		
No	78	20.2		

Distribution of respondents by sexual activities after childbirths

Table 3 shows that about 1 in 20 reported five months for abstinence from sexual activity after childbirth (5.6%), 17.3% reported six months, a large proportion of them

reported more than six months (29.4%). A large proportion of the respondents (62.2%) were the decisionmakers on timing of childbirth. More than one-half of the respondents reported not to have resumed sexual activity before menstruation after childbirth (51.6%) compared to 48.4% who resumed sexual activity before menstruation after childbirth. About 36% reported to have ever had unplanned pregnancy due to short abstinence without contraception, while 64.2% had never. The largest proportion of the respondents (42.6%) who reported to have had unplanned pregnancy cited fear of failure of using contraceptives as the reasons for unplanned pregnancy after birth, 22.1% cited obedience to their spouses, while more than a third attributed it to miscalculation of ovulation (35.3%). The above results are in line with some respondents' opinions that the failure to use contraceptives and obedience to their spouses resulted to unplanned pregnancy. Some of the respondents put their opinions this way: -

... to be honest, I have not been using contraceptives and this has resulted to two unplanned pregnancies. Though, my husband does not subscribe to the use of contraceptives and as his wife, insisting on it might cause me my marriage (Oka-Akoko, respondent aged 37).

Table 3: Distribution of respondents by sexual activities after childbirths.

Variables	Frequency	Percentage		
v at labics	(n=197)	(%)		
Months of abstinence after childbirth				
1 month	62	15.7		
2 months	24	6.1		
3 months	58	14.7		
4 months	44	11.2		
5 months	22	5.6		
6 months	68	17.3		
More than 6 months	116	29.4		
Decision-making on tim	ing of childbir	th		
Self	244	62.2		
Husband	148	37.8		
Resume sex before men	struation after	· birth		
Yes	180	48.4		
No	192	51.6		
Short postpartum absti	nence without	contraceptive		
usage leads to an unplan	nned pregnanc	c y		
Yes	256	70.3		
No	108	29.7		
Ever experienced unpla	nned pregnan	cy		
Yes	136	35.8		
No	244	64.2		
Reason for this mistake				
Failure to use	58	42.6		
contraceptive	J0	74.0		
Obey my spouse's instruction	30	22.1		
Miscalculation of ovulation	48	35.3		

Another respondent stated that: -

My husband warned me against using any thing (contraceptives) to avoid or delay pregnancy. Therefore, I decided to obey him in order not to accuse me of suspecting his sexual life. Some men would feel that you are suspecting them to be having mistresses outside and this could endanger one's marriage (Oka-Akoko, respondent aged 40).

Selected socio demographic factors and contraceptive usage of the respondents

The results in Table 4 present information on the interplay between selected socio-demographic factors and contraceptive usage of the respondents. The proportion of respondents who did not use contraceptives cuts across the education categories. This could be a function of fear of using contraceptives to control childbirth as expressed by some of the participants during one of the IDIs.

Using modern contraceptives is good, but it is not advisable for women who are still bearing children. It is better to know how to calculate one's safe and unsafe periods as using contraceptives could affect a woman's womb and cause barrenness (Oka-Akoko, respondent aged 33).

Another respondent from Oka community stated that: -

... I learnt from my friend's experience. In fact, she used a particular pill to delay pregnancy, but the aftermath effect when she wanted to conceive was disheartening. To me, a woman's educational background should not be used to judge her level of contraceptives usage. In spite of the fact that I am a university graduate, using contraceptives is not in my agenda because of what people suffer after using them (Oka-Akoko, respondent aged 39).

Table 4: Distribution of respondents by selected socio demographic factors and contraceptive use.

Variable	Ever used cont	Ever used contraceptive		χ^2
	Yes	No		
Age	N (%)	N (%)	N (%)	
Teenage mothers	2 (33.3)	4 (66.7)	6 (100)	
Normal aged mothers	96 (34.0)	186 (65.9)	282 (100)	0.0692
Old mothers	32 (32.0)	68 (68.0)	100 (100)	
Education				
No education	10 (50.0)	10 (50)	20 (100)	
Primary	30 (44.1)	38 (55.8)	68 (100)	3.9768
Secondary	56 (31.5)	122 (68.5)	178 (100)	3.9708
Tertiary	34 (28.9)	88 (72.1)	122 (100)	
Religion	·			
Christianity	116 (33.5)	230 (66.4)	346 (100)	
Islam	12 (35.3)	22 (64.7)	34 (100)	1.5337
Traditional	0 (0.00)	8 (100.0)	8 (100.0)	

Table 5: Distribution of respondents by sexual activity after childbirth and contraceptive usage.

Variable	Ever used modern contraceptive			
	Yes	No	Total	χ^2
Ever had untimed pregnancy	N (%)	N (%)	N (%)	
Yes	68 (48.6)	72 (51.4)	140 (100)	13.501*
No	56 (23.3)	180 (76.3)	236 (100)	15.501*
Months of abstinence after childbirth	•			
Less than 7 months	106 (39.0)	166 (61.0)	272 (100)	22.619*
7 +	24 (21.0)	92 (79.0)	116 (100)	22.019**
Decision on timing of births				
Mine	84 (35.0)	156 (69.8)	240 (100)	0.486
Husband	44 (30.1)	102 (65.0)	146 (100)	0.480
Resume sex before menstruation	•			
Yes	48 (27.3)	128 (72.1)	176 (100)	2.801
No	74 (38.9)	116 (61.1)	190 (100)	2.801
Spouse opinion on contraceptive use				
Approved	86 (37.0)	148 (63.3)	234 (100)	1.0318*
Disapproved	40 (29.4)	96 (71.0)	136 (100)	1.0316

^{*}The asterisked indicates significant relationship at 5% margin of error

Respondents' sexual activities after childbirth and contraceptives usage

Table 5 showed respondents' sexual activities after childbirth and contraceptives usage. Overall, there is a statistically significant relationship between use of contraceptive and untimed pregnancy (p<0.05). The results revealed that a little above one-half of the respondents who experienced untimed/unplanned pregnancies never used modern contraceptive. Surprisingly, the majority of the respondents (57.6%) who reported to have ever used contraceptive had untimed/unplanned pregnancy. This could be attributed to failure in the use of contraceptives which is in line with the submissions made by some of the participants during IDIs. Some of the participants' put their opinions this way;

'When I used a particular contraceptive in order to delay pregnancy for 6 months, I still got pregnant when I did not plan to have a baby. But when I was ready to have a child after I had stopped using the contraceptive I experienced some kind of delay for 6 years' (Akungba-Akoko, respondent aged 36).

Another respondent reported as thus:

We should know that using contraceptives does not guarantee that a woman could not get pregnant. There have been cases of that and I would not want to fall a victim. Hence, I have decided not to use contraceptives with respect to avoiding pregnancy. I am mature and should know how to handle my sexual activity without contraceptives (Oka-Akoko, respondent aged 42).

In addition, the short period of abstinence from sexual activity after childbirth as reported by some respondents, which negates the recommendation of health workers that child bearing mothers should abstain for 6 weeks could be as a result of fear of incurring the wraths of their partners, as well as losing them to other women. Some of their assertions are couched this way;

"I abstain for a week because I do not want my husband to go elsewhere. So anytime he demands for sex I give to him since he could not hold himself when he had sexual urge" (Akungba-Akoko, respondent aged 30).

Another respondent reported that

"...even the Bible made us to understand that the husband is the head of the family and a woman is expected to be under her husband. Besides, after a man had paid the bride price of a woman, it is a sin denying him of his sexual right anytime he requests for it" (Oka-Akoko, respondent aged 24).

The majority of the respondents (69.8%) whose positions in timing of childbirth were superior never used contraceptives. The alluded reasons for such sexual behavior could be hinged on the fact that they want more children as opposed by their partners and fear of the side effect of using modern contraceptive when the respondents want more children. This is in line with some of IDI respondent' opinion as stated below;

'How can I use contraceptive when I am not done with giving birth to children? It is those who have given birth to their desired number of children that should use it. Moreover, I am afraid of using contraceptive because I don't want anything to jeopardize my chances of having more children, coupled with my partner's disapproval of using contraceptives (Oka-Akoko, respondent aged 24).

Another respondent posited that

After my first child, I have been seriously looking for another child. So how could I be looking up to God for another child and at the same time be altering conception? Besides, my husband would not be happy to hear that I used any contraceptive method to avoid pregnancy (Oka-Akoko, respondent aged 40)

About 71% of the respondents whose spouses disapproved of using contraceptives never used them. Hence, there is a statistically significant relationship between spousal opinions and modern contraceptive usage.

Distribution of respondents by fertility preference and contraceptive usage

Table 6 presents information on fertility preference and contraceptives usage. The Table revealed that majority of the respondents (73.0%) who wanted more children never used contraceptives. Overall, there is a statistically relationship between use of contraceptive and fertility preference (p<0.05).

The majority of respondents who reported never to have used contraceptives (59.1%) preferred more than 4 children. The reason for not using contraceptives among women who desired large family size could be a function of preference for a large family size as revealed from the IDIs excerpts:-

'You do not know the number of children in your body and so the number of children one will have is up to God. God who gives will provide what will be used to cater for them' (Akungba-Akoko, respondent aged 24).

In a related response, another respondent posited that

Man has no say on the issue of birth, it is what the Lord gives you that you take and also children are gift from God, so they must be received when they come (Oka-Akoko, respondent aged 30).

More than one-half of the respondents (54.2%) who did not use contraceptives decided fertility preference by

their husband stance. The results showed that childbearing married women tend to adhere to their husbands' disapproval of using contraceptives. This is in line with the experiences of some respondents during IDIs: -

'I cannot use contraceptives at all, because my husband does not support it and I will not allow it to create problem in my house. One of my friends used a particular contraceptive method without her husband's approval and she is not finding it rosy again in her marriage. Her experience taught me a lesson (Oka-Akoko, respondent aged 30).

Another respondent posited thus: -

.... I must not talk about using contraceptives to delay or avoid pregnancy before my husband because he would not find it funny with me. This must have caused a lot of problems in some homes and I would not want my marriage to experience such (Oka-Akoko, respondent aged 30).

Table 6: Distribution of respondents by fertility preference and contraceptive usage.

Variable	Ever used modern contraceptive				
Fertility preference	Yes	No	Total	\mathbf{X}^2	
Want more	62 (46.3)	164 (73.0)	230 (100)	6.2032*	
Space	50 (27.0)	180 (53.7)	108 (100)	0.2032	
No of children preferred					
4 & less	56 (35.4)	102 (64.6)	158 (100)	0.0665	
More than 4	74 (33.6)	146 (66.4)	220 (100)	0.0003	
Reasons for preferred no of children					
Economic reason	58 (31.9)	124 (68.1)	182 (100)		
Cultural reason	6 (18.8)	26 (81.3)	32 (100)		
Religious reason	6 (42.9)	8 (57.1)	14 (100)	6.3811	
Up to God	56 (39.4)	86 (60.6)	142 (100)		
Whose position is superior if your partner wan	Whose position is superior if your partner wants more children				
Mine	56 (32.2)	118 (67.9)	174 (100)		
Husband	74 (34.6)	140 (65.4)	214 (100)	0.1236	
Ever made joint decision on number of children to have					
Yes	68 (28.0)	176 (72.1)	244 (100)	4.6872*	
No	62 (43.1)	82 (57.0)	144 (100)		

^{*}The asterisked indicates significant relationship at 5% margin of error.

DISCUSSION

This study revealed that the respondents' mean age is a reflection that most women in the sample were sexually active and in the prime childbearing age. Our analyses showed that an over-whelming proportion of the women had no formal education and indulged in risky sexual behavior as a result of fear of side effects using any contraceptive. The quantitative and qualitative results validate previous observations that young childbearing women described worries about fear of contraceptive side effects, especially that those contraceptives would cause infertility considering the cultural value for children in the area. 6-10 This is in spite of the approval of the respondents to use contraceptives to delay pregnancy This calls for urgent attention from concerned authority and stakeholders in addressing the issue of cultural influence on risky sexual behaviours among childbearing married as well as fear of side effects for contraceptives usage in remote communities.

Our quantitative and qualitative results showed that the respondents who reported to have abstained from sexual activities within 6 weeks after childbirths, as well as

those who had unplanned pregnancy hinged their reasons on failure of using contraceptives and obedience to their spouses. This implies that fear of being disappointed after using contraceptives and negotiating safer sex with partners in marriages which contradicts African cultural practices could predispose a woman towards indulging in negative sexual behavior. This is in line with observations that demands for safer sex by women is often as a result of culturally impedes equality between men and women on sexual decisions. 17

The qualitative findings established that partners' desire for a large family size, fear of the side effects of using modern contraceptives, and the belief that man's opinion is superior in sexual matters within the family predicted their inability to use contraceptives. Also, cultural practices and men's positions on issues of sexual relationships were found to influence women's sexual decisions in the family. As a result, childbearing married women are at the mercy of the culture and men in sexual decision in the study area. The respondents interviewed asserted that apprehension of being found wanting by their culture and fear of incurring partners' wraths as factors influencing sexual decisions in some families. This corroborates previous studies in observations that cultural practices, fear of being neglected by one's husband and losing him to other women influenced sexual behaviour which is the reason for engaging in risky sexual activities in marriage. ^{15,16} Consequently, the superiority of husband in reproductive decision has implication on mothers' health which adversely affect the health of children. ¹⁷

CONCLUSION

The study concluded that the extent of sexual behaviours among childbearing married women is explained by cultural and gender norms. Also, fear of negotiating safer sex with partners in marriages that negates cultural practices, desire for large family sizes and the beliefs that men's opinions are superior in sexual matters within the family are predisposing factors to risky sexual behaviors among married women. The fact that many women do not have the autonomy to make decisions about their sexual and reproduction health suggests that traditional cultural values persist in the study area. Our findings suggested that a considerable proportion of childbearing married women are at a high risk of unplanned pregnancies and STIs which becomes inimical to the achievement of sustainable development. There is the need to step up campaigns and embark on periodic enlightenment of childbearing married women on the reliability of modern contraceptives, as well as their imperative positions in sexual relationships, and also enlightening married men to embrace the concept of women empowerment in sexual and reproductive decisions.

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