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The Role of Women Empowerment in the Contribution of Women to Reproductive Health Decision Making and Its Implication for New HIV Infection in Nigeria

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Authors Contribution: this work was carried out in collaboration between all authors. Hussayn Idris, Yusuf Muhammed and Christiana NJ Giwa designed the study, wrote the protocol and interpreted the data, while Jude InegbeboMargaret Tyagher and Ummah Jibrin anchored the field study, gathered the initial data and preformed preliminary data analysis. Then Mariam Habib, Jude Inegbebo, Amina Kassim and Hussayn Idris managed the literature searches and review and produced initial draft. All authors read and approved the final manuscript.

Abstract

The importance of acknowledging the place of economic empowerment and independence and that lacking these increases women's susceptibility to a wide range of unpleasant situations, amongst which are poverty, lack of power and the risk of STIs & HIV & AIDS, malaria, tuberculosis and other diseases that poverty aggravates was stressed at so many international fora such as the Beijing conference on Women, the 1994 Cairo conference on population and development, the MDGs which later became the SDGs and a host other international and regional conferences all over the world.. In patriarchal societies gender norms related to masculinity can enable men have multiple sexual partners, putting them and their spouses at high risk of infection. Constructs of masculinity can also encourage sexual relations within spousal age differences between men and women, these relationships can be disadvantageous to women who are completely dependent on the resources of their husbands as he who pays the piper dictates the tune The study is designed to identify and explain the implication of women empowerment on their ability to negotiate safe sex and participate in reproductive decision making in their homes and it employs empirical procedures in the data collection and analyses, the objectives of the study includes identifying the relationship between empowerment and participation in reproductive decision making and sources of power in matrimonial relationships and how spouses employ access to material and economic resources in engaging in filial relationships. The study concluded that wide spousal age gaps have negative impact for women empowerment, couple communication and family planning and vulnerability to HIV/AIDS as a result of multiple sexual partnering occasioned by gender sexual discrimination. The recommendations were delayed marriage age and education and economic activity fot young girls before marriage.

INTRODUCTION

The federal republic of Nigeria is a country covering a total area of 356,667 square miles. As of 2011, the country has an estimated population of 167 million; (NPC, 2006) it is Africa's largest economy and the most populous country in Africa and the seventh-most populous country in the world. Nigeria is bordered by the Republic of Benin on the west, Chad and Cameroon on the east, and by Niger in the north. On the south it borders the Gulf of Guinea.

The capital of Nigeria is Abuja. Built in the 1980s, Abuja is one of the most well planned cities in the country. It became the capital of Nigeria on December 12, 1991, replacing Lagos. The city is home to major attractions in the country such as the Nigerian National Mosque and the Nigerian National Christian Ecumenical Center, a symbol of unity of people and faith. .

Nigeria is a country of rich ethnic diversity composed of over 250 ethnic groups. The three largest ethnic groups in Nigeria are the Hausa, Igbo and Yoruba. The other major tribes in the country include Edo, Ijaw, Kanuri, Ibibio, EbiraNupe Igala and Tiv. Also there are minority groups of British, American, East Indian, Chinese, white Zimbabweans, Japanese, Greek, Syrian and Lebanese immigrants in Nigeria, some who have even taken up citizenship of Nigeria. .

Nigeria is a country comprising thirty-six states and one Federal Capital Territory. The states are further divided into 774 Local Government Areas; English is the official language of Nigeria and is extensively used for

education, business transactions and for official purposes. Despite being the first language, English is not spoken at all in some rural areas. Because the majority of the population of the country stays in rural areas, indigenous languages such as the Yoruba and Igbo are spoken by the majority. A derived language called the Nigerian Pidgin English, also called the 'Pidgin' or Broken English is also a popular lingua-franca in Nigeria. Nigeria, a multi-religious country where Muslims, Christians and animists live together freely, over Fifty percent of the population practice the religion of Islam while the rest more than Forty percent are Christians of different denominations and the remaining are either free thinkers or animists, the population of animists and free thinkers is fast reducing (NPOPC,2006).

Nigeria has the largest economy in Africa. It is classified as an emerging market owing to its rich reserves of natural resources, and well-developed financial and communications sectors. The transportation sector and stock exchange of the country add to the finances. The Nigerian Stock Exchange is the second-largest in Africa. Petroleum is a major product playing a significant role in the economy of the country; it is the twelfth-largest producer of petroleum in the world but somehow the country relies on developed countries for refined petroleum products. The lack of refining capacity has played a significant role on the level of empowerment of Nigerians particularly women as most Nigerians have not taken advantage of the huge deposit of petroleum products to diversify the economy and create jobs for the teaming population of women in the country and everyone has had to rely on imported products.

The largest economy and the most populous country in Africa is therefore a mono economy dependent heavily on petrodollars, this negative trend became apparent with the fall in the price of oil on the international market which has taken its toll seriously on women who have the least entrepreneurial skills and are heavily dependent on either their spouses or their parents for up-keep and have over the years acquired tastes that are above their income.

Manufactured products like leather, textiles, t-shirts, plastics and processed food enhance the economy of the country. Agriculture is also important, employing almost sixty percent of Nigerians. Cocoa, sugar cane, yams, maize, palm oil, groundnuts, coconuts, citrus fruits, pearl millet, and cassava are the major agricultural products.

The first case of AIDS in Nigeria was identified in 1985 and reported at an International AIDS Conference in 1986. A sentinel surveillance system conducted among pregnant women aged 15-49 attending antenatal care (ANC) has been used to track HIV prevalence in the country since 1991. Information obtained from the ANC surveys shows that, nationally, HIV prevalence increased from 1.8 percent in 1991 to 4.6 percent in 2008. In 2008, state HIV prevalence rates ranged from 1.0 percent in Ekiti State, to 6.7 percent in Kogi state the study area which is more than the national average of 4.6 percent to 10.6 percent in Benue State (FMoH, 2008b).

UNAIDS in its 2008 global report stated that although HIV prevalence is much lower in Nigeria than in many other African countries such as South Africa and Zambia, the large size of Nigeria's population meant that by the end of 2007, there were an estimated 2,600,000 people infected with HIV in Nigeria and approximately 170,000 people died from AIDS in 2007 alone (UNAIDS, 2008). In recent years, life expectancy in Nigeria has declined partially as a result of the effects of HIV and AIDS. In 1991, the average life expectancy was 53.8 years for women and 52.6 years for men (UNFPA, 2005). The 2007 estimate had fallen to 50 for women and 48 for men (WHO, 2009).

Poverty, low literacy levels, high rates of casual and transactional unprotected sex in the general population, particularly among youths between the ages of 15 and 24, low levels of male and female condom use, cultural and religious factors, as well as stigma and discrimination are major factors in the transmission of HIV in Nigeria. (NACA, 2007) In 1999, the Federal Government of Nigeria began implementing a multi-sectoral approach, followed by the establishment of the National Action Committee on AIDS (NACA) in 2000 to coordinate the national response and to ensure multi-sector and multi-level participation. In 2007 NACA was transformed from a committee to an agency—the National Agency for the Control of AIDS (NACA)—by an act of parliament, for the purpose of sustainability and improving the effectiveness and coordination of the national HIV response. There are also State and Local Government Action Committees on AIDS (SACAs and LACAs), with 12 state committees already transformed into agencies between 2003 and 2008 by acts of parliament.

National efforts coupled with support from various donors and development partners have contributed to a significant scale up of prevention, care, and treatment programmes aimed at combating the disease. Similarly, efforts have been made to strengthen monitoring and evaluation systems for HIV response activities as the country seeks to continue supporting evidence-based decision-making for a more efficient and effective response.

The future course of the national response to the HIV and AIDS epidemic depends on a number of factors including levels of HIV and AIDS-related knowledge among the general population; social stigmatisation; risk behaviour modification; access to quality services for sexually transmitted infections (STI); provision and uptake of HIV counselling and testing; and access to care and anti-retroviral therapy (ART), including prevention and treatment of opportunistic infections.

Nigeria, with an estimated population of 160 million (National Population Commission, 2014), is second to South Africa in the number of people living with HIV/AIDS worldwide, representing 9 percent of the global burden of the disease. Since 1991, the country has employed a sentinel surveillance system among pregnant women age 15-49 attending antenatal care to track HIV prevalence. Surveillance results show that HIV prevalence has declined over the years, from 5.8 percent in 2001 to 4.6 percent in 2008 and 4.1 percent in 2010. In 2010, across the country's states, HIV prevalence ranged from 1.0 percent in Kebbi to 12.6 percent in Benue (Federal Ministry of Health [FMoH], 2011c). New HIV infections in the country are fuelled by low perceptions of personal risk, multiple and concurrent sexual partnerships, intense transactional and intra-generational sex, ineffective and inefficient treatment services for sexually transmitted infections (STIs), and inadequate access to and poor quality of health care services. Entrenched gender inequalities and inequities, chronic and debilitating poverty, and the persistence of HIV and AIDS-related stigma and discrimination are other contributing factors (National Agency for the Control of AIDS, 2010).

To further strengthen its coordination of the multi-sectoral response, the federal government transformed the National Action Committee on AIDS into an agency, the National Agency for the Control of AIDS, in July 2007. For the purpose of sustaining and improving the effectiveness and coordination of the national HIV response, states have taken the same step of transforming smaller committees and bodies into agencies (NACA, at the federal level, KASACA at the state level and LACA at the LGA level).

The fight against HIV will depend on well-articulated prevention programmes addressing issues such as HIV- and AIDS-related knowledge among the general population, social stigmatisation, risk behaviour modification, access to quality STI treatment services, provision and uptake of HIV counselling and testing, and access to care and antiretroviral therapy (ART), including prevention and treatment of opportunistic infections.

A very high proportion (90 percent) of women 15-49 years and of women 15-24 years have heard of AIDS, However, only 23 percent of them nationwide have a comprehensive knowledge of the disease, (know the two ways of preventing HIV and AIDS, reject the two most common misconceptions and know that a healthy looking person can have HIV and AIDS). Only 11 percent of women with no education have a comprehensive knowledge of HIV and AIDS against 28 percent of women with secondary and more education.

Half of the 15-49 year old female population of Nigeria knows about the three ways of mother-to-child transmission of HIV and AIDS, 57 percent in urban areas and 45 percent in rural areas.

Life expectancy is only 52 years (Macro 2009), impacted indirectly by HIV/AIDS. The HIV prevalence rate in 2009 was 3.6% in the general adult population, which gives Nigeria the second largest number of people living with HIV in Africa, after South Africa (PRB 2012).

Health and socioeconomic indicators are even more dismal in Northern Nigeria. In addition to closely spaced births and pregnancies among older women, teenage Pregnancies contribute to high-risk births in this region of the country.

While nationally, the rate of childbearing among women aged 15–19 is 23%, the rate is highest in Northern Nigeria, at about 45% (Macro 2009). Teenage childbearing and its associated problems of obstructed labour in the north is blamed for high incidence of maternal mortality and morbidity, including the high occurrence of bowel and bladder incapacitating fistula (VVF) that is linked to considerable stigma for afflicted women (Chukuezi 2010).

Childhood marriage of girls in Northern Nigeria remains the highest in the country, contributing to many social and health problems. The latest available figures (Macro 2009) indicate that 1 in 5 girls become wives by age 15. But there are large regional differences, with the mean marriage age being over 7 years lower in the North West (15.2 years) than in the South East region (22.8 years). Further, the median age at first marriage is 18.3 for women aged 25-49, but it is 26 years for men in the same age range.

This highlights substantial age gaps between spouses, an important correlate of gender asymmetries in marriage in the area of reproductive decision-making. One in 3 married women has co-wives in Nigeria, but the figure is highest in the North East region (43%). This high prevalence of polygyny in Northern Nigeria, a phenomenon closely linked to wide spousal age gaps, further highlights gender inequalities within marriage.

Nationally, the average woman desires 6 children, already high compared to most sub-Saharan African countries (DHS 2012). But the level is even higher in the North Eastern region where the average woman wants 8.1 children (Macro 2009). This greater desire for large families by women in the North is reflected in married women's relatively lower use of modern contraceptives (3%) compared to their counterparts in the South West zone (21%).

Despite socio-cultural barriers, family planning providers in Northern Nigeria and elsewhere have found that discussion of fertility and family planning with a spouse or partner has a strong positive association with contraceptive use (Flink 2011). Furthermore, in Islamic cultures, birth/child spacing, that is, encouraging men and women to space their children by 2-3 years, has gained widespread popularity because it is in alignment with religious values promoted by the Koran and by many religious leaders as a means to promote maternal health (JHU 2012). Discussion of sex is traditionally a very private and sensitive issue due to cultural

Problem Statement

The ability of women to negotiate safe sex is dependent on the power relations in their homes and women's lack of power leaves them unable to effectively dictate safe sexual practice or seek care for their health problems, as a corollary to the above men's refusal to moderate their sexual behaviors puts women at increased risk of STIs on a very high level (Population council, 2001). Gender dynamics as opined by Isiugo-Abanihe and Uche (2003) is a sex-role differential, which explains the differences in the roles of men and women. Decision making within the family is influenced by several social, cultural and economic factors, some of which vary over time and space.

Certain behaviors and norms expressed as part of traditional cultural roles influence decision making in the family and the exact roles that women play in the decision making process, are they active participants or passive recipients of decisions arrived at by others, and finally how much of women's decision making at home translates into implementable actions within the family circle. The problem of this study, therefore, is to examine the extent of women's involvement in reproductive health decision-making and the extent to which such their level of empowerment predispose them to STIs and HIV & AIDS.

Research Questions

The following research questions have been crafted for this study. The intention is to through these questions answer the underlying problems of the study:

- What is the extent of women's involved in reproductive health decision-making within the family setting?
- What are the effect of the level of empowerment of women on their participation in reproductive health decision-making
- How does their level of participation reproductive health decision-making within the family-decision making process predispose them to HIV?

Research Objectives

The overall aim of this study is to understand the extent of the role of women empowerment on women's participation in reproductive decision making process in their respective families. In view of which this study attempts to:

- Analyze women's role in the reproductive health decision-making process within the family decision making process
- Explain the effect of women empowerment on women's participation in reproductive health decision making in the family setting
- Explain the relationship between women empowerment and participation in reproductive health decision making and its effect on women's vulnerability to STIs and HIV.

Significance of the Study

The study is very important because it will add to existing knowledge of the social development of the people in the study in the area of spousal decision making process. This study is significant as it addresses the overall contribution of women to reproductive health decision making in a society with differentiated gender roles and expectations. The study will explain the relationship between women's participation in family reproductive health decision-making process and their vulnerability to STIs and HIV. The relationship between early marriage and lack of empowerment amongst women is also portrayed in this study.

This study will help in drawing the attention of policy makers on how to formulate policy regarding gender equality especially as it influence women in decision making.

Finally the importance of involving women in reproductive health decision-making and its potential impact on improved family welfare, increased family income and by implication improved quality of life of women and children who are free from STIs and HIV & AIDS will be discussed thoroughly in this study.

Scope of the Study

The study covered Northern Nigeria an area covering 19 states with a population of over 80 million people according to the 2006 population census. Respondents were selected from and focused on how empowerment affects the reproductive health decision-making process in the homes particularly rural homes, the study x-rayed the influence of women's involvement in social and economic activities, the study also looked at the effect of how gender norms operating in their communities affected women's empowerment and how this lack of empowerment affect the participation of women in reproductive health decision-making process in their homes and by implication how their involvement in decision-making process in their homes affected their vulnerability to STIs and HIV.

Review of Related Literature

Empowerment

From the forgoing the environment needed for women's participation in reproductive decision making must first and foremost arise from an empowered position so that women are equipped with the necessary skill for a rewarding engagement in family decision making.

The place of power relation in the home led Atol (2002) to define Empowerment as the process through which "power" can be acquired by people acting in their individual and collective capacity, among individuals or a community, it designates first and foremost the ability to act independently, but that when power has been acquired the means needed for the exercise of that power must also be inherent in the acquired power Sophie and Lissette (2007). Empowerment is thus presented as encompassing a two way dimension seen as a process, a dynamic construction of identity, at the individual and collective level (Action AID, Romano, 2002, &Charliers, 2006). The definitions of empowerment given above goes to show that when women have the means to and act independent of others believing in themselves and their abilities to take decision and follow it through then can we say they are empowered.

Feminist groups and development NGOs recognized this definition and further broadened it in the following dimension of empowerment (Action Aid et al 2002).

- "power over": this brand of power explains a dominion relationship between parties involved. This definition assumes that available power is limited and the holder of that limited power must wield it to subjugate and control his/her subjects;

- "power to": this dimension of power includes the holders ability to make decision for and on behalf of those for whom power is held including exercise authority on their behalf and finding solutions to problems for them on their behalf, this is the kind of power that husbands exercise on their wife's behalf as they arrogate to themselves an all knowing right over their wives. The notion therefore refers to intellectual abilities (knowledge and know-how) as well as economic means, i.e. to the ability to access and control means of production and benefits (the notion of assets);

"power with": this represents a social or political power which highlights the common purpose or understanding, as well as the willingness or the ability to get together to negotiate and defend a common goal,

when people collectively agree and feel they have power they take joint action whenever necessary to fulfil their common and collective vision;

- "power within": this notion of power refers to self-consciousness that comes from within the individual or group when they come to realize their individual and collective potential and they are willing to take action through self-analysis of their situation themselves (Sophie and Lissette, 2007).

Women's vision to access power, acquire power and use this power to control their lives and choose for themselves is at the bottom of the search for empowerment, this notion of "making choices" has been at the core of the work of Sen (2000) and Kabeer (2001), they both discussed extensively on people's ability to have access to things and to make choices. Furthermore, the opined that institutions and laws design the capacity for empowerment, inculcated in the people's culture, norms and values are the various dimensions of empowerment under discussion.

Through this notion of empowerment often called "power over" according to (Sophie and Lissette, 2007) they agreed other dimensions of power should be integrated into the understanding of power that these other dimensions of power are conceived: "power within" "power to" and "power with". When women show "self-esteem" psychology describe it as s self-love, confidence in their self and ability and deep sense of perception that projects women's abilities and also seek recognition from others, this much is acknowledged by Sen (2000) when he indicated that their ability to choose life paths as determination of their effort.

When through people's effort they gain access to resources through the available legal means Sen (2000) called it entitlement. He explained entitlement as the ability to access things through the legal means available to society; this is demonstrated by the right to acquire tangible and intangible things. An analysis of the empowerment process shows people's ability to seize or to ignore power even when it is beckoning to them. To Sophie and Lissette (2007) this approach works in two ways:

- In relation to its capacity for personal change

- In relation to political and social change.

Taking the aforementioned theoretical framework, Centre for Women Development (CWD) developed a methodology to draw up indicators capable of identifying the various dimensions of power to be perused in order to follow the process of women's empowerment in the framework of development cooperation. All development result from change directed by different factors, it is imperative to stress the choice of indicators needed to identify development which include but not limited to technical knowledge, but reflects social and political choices too Falquet (2003).

The thread that guides this sense of empowerment is seen as one aspect among many others including capability/independence or weakness/vulnerability, Indeed, this notion of empowerment encompasses several concepts: greater choice in directing one's life path and a relationship that transforms power roles between men and women in view of social justice (Oxal and Baden, 1997, Rowlands 1997 & ATOL 2002).

Individual and collective approaches are the theories of empowerment perused from the two dimensions which act as basis for constructing the methods through which empowerment can take place. The other tenet called the AURA methodology (Auto-RenforcementAccompagné – accompanied self-reinforcement), this approach was designed as an integral part of the ATOL initiative on empowerment, employing this theoretical base to empower women as a basis, suggests that this concept be split down into the following and analysed. Assets,]=

]knowledge, capacity, and will, taking these concepts of empowerment concept into consideration can be useful when analysing the impact of development.

Sophie and Lissette (2007) sees asset as a construct of greater economic power as represented in materials such as land, tools, technology and income, opining that economic power does not rely on possession of resources only as it includes social constructs such as more leisure time, good health, access to services such as loans, training information and markets and amusement parks. These allow women to gain greater freedom that will enable them work their way out of debilitating poverty.

The place of knowledge to empowerment is demonstrated in the possession of the 'need to know how in the form of skills and intellectual composure that will enable women or a community make the most of available

opportunity to work or move themselves out of poverty. With reference to the ability to manage people (leadership) possession of needed technique leading to developing thinking and reasoning capacity is presented as necessary and must be acquired by women.

Know-how represents how important it is to apply knowledge or ability to translating one's-knowledge to action or resources and turn the life of women around for the better, with knowledge women can therefore take the lead over their lives (Sen, 2008).

Sophie and Lissette (2007) this is seen as power within, the inner psychology or strength or spiritual power: one's strengths, values and fears, self-confidence and self-perception. Presented in the work as the ability and will needed by women to make choices for the future, the consciousness of their own life plans as well as the challenges facing them and the task they need this skill to cope with. This concept of "will" also harbours two elements of state of mind (being) and the ability to use it towards others (knowing how to be).

The World Bank in (2006) suggested that seizing the opportunity to make decisions, take on responsibility, being free to take action as one deem fit and using one's resources (assets, knowledge, will) this kind of decision-making encompasses several aspects:

- the ability exercised by women to make their own decisions; exercising this suggest that women have the capacity to, this can be seen when women either take decision or influence decision making in their favour- the ability to make decisions for others, and to show authority (in situations where someone has to make the final decision).

The imperative that is growing is to attempt to merge perception with agency and see how and if it will lead to the realization of better opportunity for women well-being all over the world. Recent literature in development circles have shown that there exist inequities in gender division of labour in many parts of the world Sen and Gown (1985).

Gender Relations and Women's participation in Reproductive Decision Making

There is an inherent danger in seeing women as a patient instead of an agent, as the agency of women may be particularly important in addressing entrenched negative perceptions and biases that sustain the neglect of women's needs and desires Sen (1985a). The economic role of women is also an important role in bringing to light the contribution of women to social and societal life (Sen, 2000). Putting economic value to women's earning outside their homes particularly in Africa and Asia which has been discussed at different levels provides a good example of the instrumental role that women's agency can play in different societies and cultures Sen (1987). The information bases emanating from traditional societies though narrow can help substantially in widening the understanding of these roles that the economic contribution of women in these regions and even diversifying the information bases can better help in understanding women's in development since some of the subject matter are covered in the central issues already discussed (Sen, 1987).

Studies about decision-making processes among people in northern Nigeria are few. A study by (Adioetomo and Eggleston, 1998) observed that though most couples seek compromise when situation becomes critical or important decision needs to be made the husband's decision is usually implemented. The northern part of Nigeria has successfully transformed their societal norms and values to a large extent to that of the Islamic norms and values and couple decision-making in the region follows that which Islam dictates generally. The construct in Islamic culture is that women have a duty to obey their husbands and their husbands in turn are expected to respect their wife's it is this give and take consideration that guides the process of decision-making, which dictates that sometimes, unless otherwise the decision-making process seeks some form of compromise and are sometimes dominated by the man (Yusuf, 2001).

Some other studies in the region present the husbands domineering role in decision-making in northern societies, (Berninghausen&Kerstan, 1992) opine that women do not always take decisions on their own even if it is about their welfare such decisions and any other are taking in consultation with their husbands. (Fikree, Khan, Kadir, Sajan, &Rahbar, 2001) classified two models of independent variables calling one proximate determinants and the other distant determinants and went ahead to show how the affect women's contribution to decision-making. On the basis of these two models (Dodoo et al.2001) formulated a composite model of the three areas with the intention of showing how the affect women's family decision-making power and family planning decision-making power (Bawah 2002). In their model the nine areas that direct the life of women were compressed into

two and they went ahead to analyse how decision-making is related to family reproductive health decision-making and family planning decision-making power, Doo, et all (2001).

In other to conclude that a direct relationship existed between decision-making power in fertility and contraceptive use and that this can predict actual contraceptive use the researcher tested the decision to use contraceptive and actual contraceptive use to see if there is a direct relationship. These factors were further divided into three viz, basic factors, factors related to the couple's relationship, and fertility-related factors Kritz and Makinwa-Adebusoye (1997).

Methodology

Two qualitative techniques were employed in the collection of data for this study they are interview and focus group discussion following the random selection of couples from key Northern states purposefully selected by the researchers (2 states each from the Northwest, Northeast and North central 50 IDIs and 4 FGDs one for the male and one for female, one each young unmarried women and men bringing the total number of respondents in each state to 70 and 420 respondents involved in the study) through an influential female who was acceptable to husband and wife a date and venue that was convenient for researcher and respondent was agreed upon by both and those respondents who agreed to take part in a face to face in-depth interview participated in an un structured interview. Respondents were allowed speak freely and to vary answers as was convenient.

The method of data collection for this study is interviews being a qualitative study, in-depth interviews were conducted with some selected couples and in order to validate the data it was supported with literatures from text books and journals as well as newspapers. The data were analysed using thematic method of qualitative data analyses were the data collected were grouped under themes and analysed on the bases of how they are emphasised by the respondents during the interview process.

Discussion of findings

0n the level of empowerment of women and the relationship between women empowerment and their contribution to reproductive health decision making by women in their homes it has been an established tradition the world over for men to marry girls that are younger than them, and this implies that being younger they are possibly less educated and have no skill that can be used to generate personal income. They women in the same way cannot contribute to family income, they are therefore dependent on their husbands for sustenance the level of dependence of wife to husbands does not stop at material possession alone but translate to complete control of the life of the woman. This habit cuts across different socio-cultural background. The implication of this attitude is that older men are likely to have been involved in other sexual relations which could impact negatively on the life of the bride, it is also possible that the wider the economic gap between the spouses the wider the level of dependence of the wife on the husband and also the narrower the communication gap between them, the second implication is that older men are likely to be richer, wiser and possibly involved with other women than their younger wives all these have implication for the younger bride's ability to communicate very well and freely in qualitative manner with her husband.

The in-depth interview on empowerment with married women gave the researcher an opportunity to assess the views of married women on all the themes and they informed that:

The gap in age between me and my husband is more than ten (10)years, that is normal the man must be older than his wife, he needs to have experience and resources which comes with age to manage his family and the age gap allows for there to be respect between the spouses, the age difference automatically commands respect from the bride who see in her husband a father figure depending on how wide the gap is.

It is normal to have husbands that are older than their wives it is from such privilege position that husbands can effectively take care of their of wives and therefore fulfil their religious and cultural responsibility of catering for their families, anything short of this will amount to a dereliction of duty and abdication of the responsibility. This position will therefore guarantee that maximum respect exist between the spouses if not there will exist a situation in which control will be hard to exert unless it is matched by commensurate meeting of filial responsibility by the husband. The wider the financial gap in favour of the man the more the respect, we were brought to respect our elders and benefactors and the conjugal relationship between them will cement rather than undermine the relationship, on the side of the man he sees the wife like either a younger sister or a daughter and so is likely to ensure that all her needs are met as the resources he has is being used to compensate for the age

gap between the spouses and to also keep the bride occupied and adequately compensated for marrying a richer possibly older man.

Focus group discussion with male discussants revealed that:

For marriages to succeed the man must have the wherewithal to provide for the needs either basic or luxurious of his family, the socio-cultural and religious values of the people of Northern Nigeria dictates that it is the duty of the man to provide for all needs of the wife whether the wife has a source of income or has her money, it is a religious obligation on the man from the moment of marriage till either divorce or death separates them in turn the wife is commanded by the Judaeo-Christian and Islamic religion to obey her husband in all matters excepts if he should command her to disobey the lord. So if the husband wants to have sex with her without condoms even if he is involved in serial and/or concurrent multiple sexual partnering she must agree. This is in an area where multiple marriages are the norm rather than the exception. The implication of this to the health of the woman is that it increases her vulnerability to STIs and HIV because the status of the other partners is not known to her and she cannot insist on knowing the status of either the husband or his other partners. Because of the woman's lack of power ie economic power and authority over her sexuality she is not able to act independently even in her own interest.

Conclusion

This study is about women empowerment and women's contribution to reproductive health decision making and its implication for their vulnerability to STIs and HIV in Northern Nigeria as a unit of analysis. The findings revealed that the culture of the people expect the man to provide for the needs basic or otherwise of his wife and in conjunction with both Islamic and Judeo-Christian religion the role of man as the bread winner in a marital relationship is greatly emphasized and ascribed to by all northern cultures and in return the woman is commensurately expected to obey, love and trust in her husband completely and to expect that intuitively whatever he does is in her best interest even if it were that he takes a second or third wife as the case may be. It was also revealed through focus group discussion that most marriages have wide spousal age gap leading to narrow spousal communication and has implication for the younger bride's ability to communicate very well and freely in qualitative manner with her husband, age gap provide them with experience and resources, the wider the age gap the more the respect, if the woman is of the same age with the husband there is a tendency for disrespect and as women grow older chances that they will find husbands. The implication of all this that the level of education/exposure of the bride is very low and this implies that employment outside the home is near absent, therefore the level of contact with the outside world by women is almost zero. The level of awareness of the women is equally limited to either the husband as a source of information or other wife's she is therefore not aware of STIs or HIV and does not know her status or that of her husband let alone the status of her husband's others partners. Her risk perception is zero and her health seeking behaviour/attitude is activated only when there is a known ailment and the first point of call is either the traditional medicine man or a patent medicine dealer nearby the hospital or clinic is usually the last or that is when all other alternative remedies have failed.

Finally her vulnerability to STI or HIV is very high owing to her lack of knowledge of modes of transmission or prevention, her lack of knowledge of her HIV status and that of her multiple sexual partnering husband exposes her to risk of STIs and HIV and her risk perception is very coupled with a very low health seeking behaviour.

Recommendations

The importance of educating the girl child in Nigeria is further stressed by the study as the link between poverty and spousal communication has been stressed especially in northern Nigeria. It is also expected that gender issues which discriminates against women both in the home and in the larger society and has affected their access to avenues for self-development such as education, skill acquisition and wealth creation. Finally women's access and control over resources and over their time (either work or leisure) must be guaranteed for that is the only way that empowerment of women can be meaningful.

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