



MARITAL RAPE AND GENDER NORMS IN NIGERIA: A QUALITATIVE STUDY OF WOMEN'S PERCEPTIONS

¹Okunlola, Samuel Ayodeji and ²Adebayo, Grace Oluwaseun

¹Department of Public Health, College of Health Sciences, Bowen University Iwo, Osun State, Nigeria

²Department of Health Promotion and Education, College of Medicine, University of Ibadan, Nigeria

ABSTRACT: Marital rape (MR) has long been categorized as a serious societal issue and public health problem which affects many women with several physically, emotional, psycho-social and reproductive consequences. Despite the reality and severity of MR, it has received limited attention in scholarly research in Nigeria since the existence of rape in intimate relationship is being doubted. This study, therefore, examined MR related perceptions among women in Oyo State, Nigeria. The study employed an exploratory qualitative approach to data collection. Data were collected using a pretested Focus Group Discussion (FGD) guide that explored the perceptions of various issues including the reality, seriousness, threat, health burden, determinants and reporting of MR. A total of twelve FGDs were conducted among 87 purposively selected ever-married women aged 18 – 60 years drawn from three major cities in Oyo State, Nigeria. Data were audio-taped, transcribed, and analysed thematically. Participants commonly condemned MR and considered it an aberration. Participants mentioned various consequences of MR including bodily injuries and depression. Perceived determinants of MR included women indulgence in extra-marital affairs, psychoactive-drugs use by husbands, turning down of husbands' sexual request and economic dependence on husbands. It was perceived that women rarely report their experiences due to psychosocial factors including fear of stigmatization and self-blame. Multiple public health education interventions including advocacy and social support are needed to address the phenomenon.

Keywords: Marital rape, Sexual violence, Perspectives of women, Nigerian women

INTRODUCTION

Sexual violence against women is one of the most dehumanizing and deplorable forms of gender-based violence. One of the forms of sexual violence is marital rape (also known as spousal rape), that is, non-consensual sex in which the perpetrator is the spouse or ex-spouse (Deosthali *et al.*, 2022). Marital rape occurs when one spouse forces the other to have sex without the other's consent. It is a form of intimate partner violence in which one spouse attempts to establish dominance and control over the other (Obidimma & Obidimma, 2017).

Marital rape has been long been categorized as a serious societal issue and public health problem (Yllö and Torres, 2016). It is widely acknowledged to be of great concern not just from a human rights perspective but also from an economic and health perspective (United Nations General Assembly, 1993; USAID, 2016). Only recently, marital rape became dully recognized as criminal behaviour in Nigeria under the Violence Against Person

Prohibition (VAPP) Act which came into being in 2015 (Federal Republic of Nigeria, 2015). However, the VAPP Act which recognized marital rape in Nigeria is yet to be domesticated in most states including Oyo State where the present study was conducted. Furthermore, several authors such as Monisola *et al* (2013) and Emeka and Emejuru (2015) have argued that the legal provisions on rape in Criminal and Penal Codes in Nigeria have not adequately captured marital rape.

Although marital rape is often under-reported, it has been noted to be a widespread health burden affecting a lot of women in many countries including developed and developing nations (Black *et al.*, 2011; Uwaoma *et al.*, 2011; Deosthali *et al.*, 2022). For instance, the National Intimate Partner and Sexual Violence Survey of United States reported that nearly one out of ten women in the United States has been raped by an intimate partner in her lifetime (Black *et al.*, 2011). According to Kenya Demographic and Health Survey conducted in 2006, 13% of married women were raped by their partners. According to the 2018 Nigeria Demographic Health Survey (NDHS), 7.7% of Nigeria women (evermarried, aged 15-49 years) have ever experienced marital rape while 4.7% experienced it during the 12 months preceding the survey (NPC & ICF, 2019). In a study conducted by Ogunwale and Afolabi (2022) in Oyo State, Nigeria, 15.3% of women reported that they had experienced marital rape. Marital rape affects women physically, emotionally and mentally, and their quality of life (Agarwal *et al.*, 2022). It has been noted that most women who are raped in marriage also experience severe forms of physical abuse and emotional abuse (Deosthali *et al.*, 2022; Victorio, 2023). According to Victorio (2023) women who suffer marital rape often experience more severe psychological consequences and for a longer period than those raped or assaulted by a strange (Brisa, 2023). Survivors of marital rape are likely to experience repeated episodes of rape (Victorio, 2023). In addition, survivors of marital rape are less likely to seek help or support from appropriate sources including hospitals, crisis centres and the police due to financial difficulties, lack of social support and stigma (Apinga & Tenkorang, 2022). Therefore, survivors of marital rape may have to resort to enduring their ordeal and finding ways of coping with the challenge despite the health consequences and distinct psychological trauma that could be associated with the experience.

Despite the reality and severity of marital rape, much needed public health attention is yet to be given to it in Nigeria. In fact, it is not surprising that many people in Nigeria are favourably disposed to doubting the existence of rape in intimate relationship. Anecdotal observations and some previous studies such as Uwaoma *et al* (2011) and Ogunwale and Oshiname (2015) have shown that the common misconception many people have about rape is that it usually involves non-partners. Many people are under the impression that partners cannot rape each other and usually consider it a foreign concept. To buttress this, Alieke (2023) emphasised that the reason marital or spousal is yet to be a crime in Nigeria could be traced to the cultural connotation in the country. Because if this, most survivors of marital rape on their own may not view forced sex from partners as a crime or problem that demands attention (Kung'u, 2011) and is often considered a phenomenon that should be a private matter (Agarwal *et al.*, 2022). This situation may suggest why marital rape issues have received limited attention in scholarly research. Against this backdrop, the current study was designed to investigate marital rape related perceptions among women in Oyo State, Nigeria. This study specifically examined women's perceptions of the reality, seriousness, threat, health burden, determinants/risk factors of marital rape experience as well as perceptions relating to reporting of marital rape. The findings will help to better understand the ordeals of marital rape and therefore serve as a guide to design preventive and control programmes on this phenomenon.

MATERIALS AND METHODS

The Study design: This study employed an exploratory qualitative approach to data collection. The approach is particularly appropriate for a study which is sensitive as it can give in-depth and details of phenomena that are

difficult to convey with quantitative methods (Flick, 2002). The study was conducted between March and April 2018.

Study setting and population: The study was conducted in Oyo State, Nigeria. Oyo State is the second most populated state in south-west geopolitical zone of Nigeria. Oyo State covers an area of 28,454 km² and lies between latitude 7°51'9.25"N and longitude 3°55'52.5"E with 33 Local Government Areas (NPC & ICF, 2019). The state capital of Oyo State is Ibadan which is one of the largest cities in West Africa. Other major cities in Oyo State include Ogbomoso and Oyo. Inhabitants of the state are majorly into agricultural activities as well as other occupations such as craftsmanship, trading and public service According to National Population Commission (2006), Oyo State population for 2017 was projected at 7,594, 147 with female population constituting 49.9% (3,789,479). The National Population Census (2006) projection for 2017 revealed that there were 1,623,440 females that were ever married in Oyo State. The state capital of Oyo State is Ibadan which is one of the largest cities in West Africa. Other major cities in Oyo State include Ogbomoso and Oyo. The scope of the study covered Ibadan, Oyo and Ogbomoso, the three largest cities in Oyo State. Map of Oyo State showing the study locations is presented on Figure 1. Furthermore, the study population constituted women who had ever been married in Oyo State. However, married women above the age of 60 years as well as those below 18 years were excluded from the study.

Sample size and Sampling: A total of twelve FGDs were conducted among 87 purposively selected married women drawn from the three largest cities in Oyo state. Two FGDs were conducted in Oyo town, two in Ogbomoso town while eight FGDs were done in various parts of Ibadan metropolis. Eligibility criteria considered in the recruitment of the participants included being married or previously married, being between the ages of 18 – 60 years and being able to speak either Yoruba language or English language. Participants' characteristics such as educational status and language proficiency were considered in placing participants into focus groups. To a large extent, the participants of each FGD session were homogenous (especially in terms of educational status and language proficiency) and this created the opportunity for them to participate freely in the FGDs. However, participants were not grouped or stratified on the basis on their age. Also, participants were not selected or stratified on the basis of their ethnicity, occupation, having of children or number of children. Notably, the FGDs were conducted to a point of saturation. Number of FGD participants recruited per group ranged between six to nine persons.

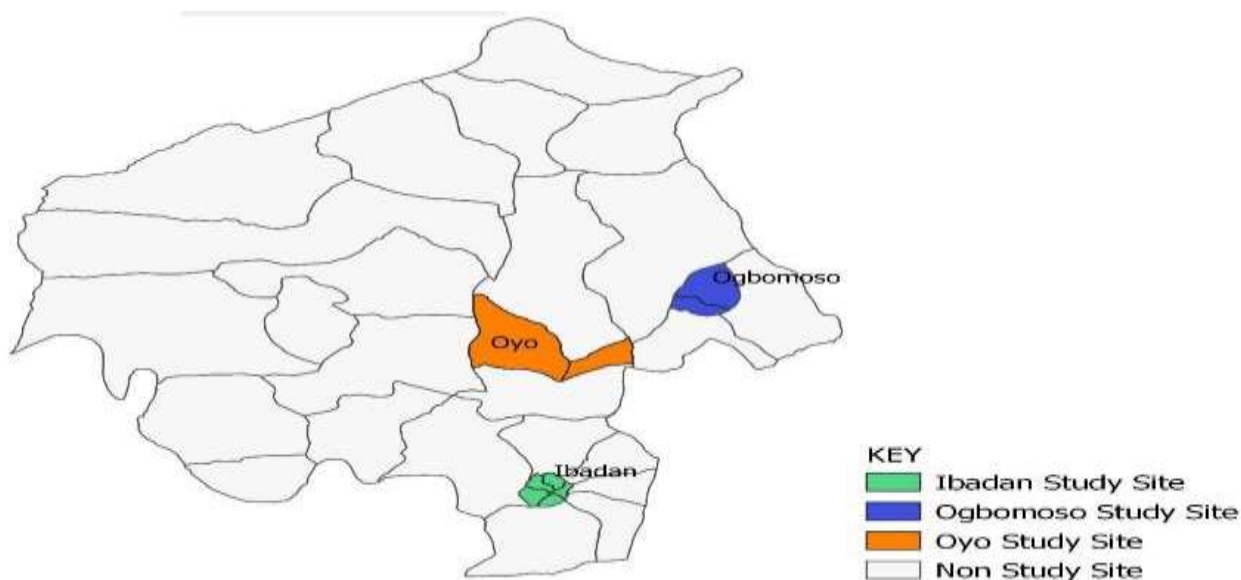


Figure 1: Map of Oyo State showing the study locations

Instrument for data collection: The Focus Group Discussion (FGD) guide used in the study was framed to probe into the following issues: perception of the occurrence and seriousness of marital rape, perceived prevalence of marital rape, perceived determinants or risk factors of marital rape, perception of the threat and health burden of marital rape and perception about reporting of marital rape. The instrument was originally designed in English language. Two different linguistic experts who are vast in both English and Yoruba languages did translation and back-translation of the Yoruba version of the instrument. The instrument was carefully designed based on the objectives of the study and relevant contents from literature. The FGD guide was subjected to the scrutiny of four experts and further validated by pre-testing it among two groups of women in Osun State, Nigeria who share similar characteristics with the study participants.

Data Collection Procedure: An average of seven women participated in each FGD session. Participants in each group were recruited a day or few hours before the FGDs by the Research Assistants (RAs) and with the support and permission of community gatekeepers. In total, six experienced RAs who were exposed to a five-hour intensive training were involved in the study. The RAs were all married women, fluent speakers of both English and Yoruba languages, university graduates and individuals with prior experience in qualitative data collection on sexual assault related issues.

Prior to the involvement of participants in the study, they were informed of the purpose of the research, venue, time and duration of the discussion. Comfortable places such as community halls and classrooms in public schools which guaranteed the safety of the participants and confidentiality of the information supplied were used as venues for the FGDs. The venues used were provided free of charge by community leaders and gatekeepers. In each of the twelve locations where the FGDs were conducted, 2 – 3 community leaders or gatekeepers were contacted for assistance. They assisted in gaining easy entry into the communities. In each of the locations or communities where FGDs were conducted, the RAs together with community gatekeepers ensured that participants were drawn from various areas within their communities and women who were known to share close relationship were not involved in the same FGD session to promote free flow of discussion and confidentiality.

The FGDs were mainly conducted at the time most women were less busy around 4:30 pm – 6:30 pm. The duration of the FGDs varied between 55 minutes and 1 hour 30 minutes. Each of the FGDs was tape recorded and facilitated by a moderator, note-taker and observer. The participants were assured that the opinions expressed by them would be kept secret and so were encouraged to share their views freely on the issues raised for discussion. Discussions were carried out in participants' preferred choice of language (either English, Yoruba or a mixture of both). In three FGDs, discussions were done in English language as participants spoke English fluently. These discussion sessions had educated participants. There were three FGDs sessions where English was mixed with Yoruba as participants could speak both languages very well. Yoruba was the major language of discussion in six FGD sessions. At the end of each discussion session, information on places where women could seek help relating to marital rape prevention and control was also provided to participants. After participating in the study, the participants were provided with refreshments, transportation reimbursement and gift of a shopping bag.

Data Analysis: Several procedures were engaged in the thematic analysis of the FGDs data. It started with the transcription of the tape-recorded interviews which was done as soon as the data were collected to avoid loss or omission of important details. The transcribed notes were further subjected to validation. Thereafter, the transcribed notes were entered into the computer using NVIVO (version 12 Pro). Inductive dominant coding approach was employed in coding of the data (Armat *et al.*, 2018). Themes emerged based on patterns of results as reflected in similar codes and quotations. Findings of the study were presented using a thematic approach to

explore FGD participants' perspectives about the ordeals of marital rape, also samples of appropriate verbatim quotes were provided.

Ethical considerations: Ethical approval for the study was obtained from the Oyo State Ministry of Health Ethics Review Committee (Ref: AD13/479/065). The nature, purpose and processes involved in the study were explained to the participants. Participants were assured of confidentiality, privacy and anonymity of information provided. No identifiers such as name of participants and address were required. Written informed consent was obtained from the participants.

RESULTS

Socio-demographic profile of participants: The mean age of participants was 39.1 ± 10.1 years with a range of 20 - 60 years. About half (50.6%) of the participants had secondary education and only a few (5.7%) had no formal education. Majority (92.0%) of the participants were working or employed. Details of the socio-demographic information on participants are shown on Table 1.

Perception of the reality and seriousness of marital rape: Although there were varied viewpoints relating to the reality and seriousness of marital rape, almost all the participants overtly condemned marital rape and opined that it is not right for husbands to subject their wives into forced sexual intercourse. The frequently occurring opinion was that sexual intercourse in marriage should be mutually agreed upon and women should not be made to suffer unduly because of sexual intercourse. Marital rape was commonly perceived as an indecent, abhorrent and ungodly behaviour. Some discussants further perceived marital rape as a kind of behaviour that contravenes societal norms and should not be tolerated or handled with levity.

It is not a pleasant or good behaviour for a man to be subjecting his wife to forced or unwanted sexual intercourse. That is the way I perceive it to be (Participant 2, FGD Town-hall, Ogbomoso).

It is not good at all for a man to force his wife into sexual act. When married partners are happy that is the period sexual act is enjoyed the most. A woman is being punished when she is being forced to have sexual intercourse and that is terrible and a bad attitude that God hates (Participant 5, FGD Yemetu, Ibadan).

Several participants vividly opined that forced sexual intercourse by women in the hands of their husbands is a serious phenomenon that should be considered as rape. They portrayed such behaviour as an illicit act that should not be tolerated especially when such behaviour is becoming recurrent. Some participants emphasized that a marital relationship where a woman is being subjected to rape is no longer a loving relationship and is not safe to remain in the relationship.

The idea of a man subjecting his wife to forced sexual intercourse is not good, it is like raping one's wife. I consider such as rape. It is rape when a woman is being subjected to sexual intercourse against her will and involved the use of force (Participants 4, FGD Durbar Oyo).

The situation of forced sexual intercourse in marriage can be called rape; nothing but rape because the agreement a man signed with the wife is to make the woman happy, feel important and respect her feelings which is against forcing a woman against her wish (Participant 4, FGD Town-hall, Ogbomoso).

...A man who does such thing is a wicked man. Such man can kill the woman; such person is not a good husband. Such wife should hurriedly pack her things out of the house (Participant 1, FGD Mokola, Ibadan).

One discussant further pointed out that marital rape is a heinous criminal act that should be given legal sanctions or punishment.

A man has no reason to rape the wife, as a responsible husband. I think rape is worse than any other thing that I know. In fact, if a husband rapes his wife, such man is a criminal, he needs to be hanged (Participant 3, FGD Ijokodo, Ibadan).

There were several participants spread across various groups who perceived marital rape as a typical occurrence in marriage and did not see anything serious in experiencing such act. Some participants clearly argued that forced sex in marriage should not be called rape. There was a particular FGD session where some participants unanimously affirmed that *“it is a normal thing; a man can use force or threat to subject his wife into having sexual intercourse when a woman is not interested”*. Similarly, there were few instances where some participants alluded that men should not be blamed for the act of subjecting their wives into forced sexual intercourse. One participant who disclosed that she had previously experienced forced sexual intercourse in the hands of her husband emphatically opined that she did not consider the act as rape. *It is a normal thing that a man can use force or threat to subject his wife into having sexual intercourse when a woman is not interested. Such sexual intercourse cannot be referred to as rape. It is what has happened to me before (Participant 2, FGD, Oritamefa, Ibadan).*

There is nothing like rape between husband and wife once a man and a woman get married in church or in court, the man has access to his wife anytime and any day (Participant 3, FGD Ashi, Ibadan).

Perception of the threat and health burden of marital rape: Focus group discussion participants across the various groups affirmed that experience of marital rape poses serious threat to women’s health and can be associated with various adverse health consequences. They identified various physical, psychological, social and sexual health related adverse consequences that women can suffer. The FGD participants commonly mentioned that women can experience physical health consequences in form of bodily harms or injuries like fracture, dislocation, pain, bruises as well as disability and sickness as a result of being subjected to forced sexual intercourse by their husbands. Typical responses of discussants include the following:

If a man uses force to handle the woman, the woman’s leg may be dislocated or broken, and such damage may lead to permanent disability for a woman. In the course of pushing a woman, she may injure her head and it could lead to death... (Participant 1, FGD Durbar Oyo).

A woman may experience swollen face or severe physical injury as a result of being forced into sexual intercourse by the husband especially when the husband has to beat up the woman (Participant 1, FGD Mokola, Ibadan).

The FGD participants commonly stated that forced sexual intercourse by husbands can lead to vagina pain and injuries including vagina bleeding and damages of the vital parts or organs of the female reproductive systems. Some participants revealed that forced sexual intercourse could increase women’s risk of contracting sexually transmitted infections including HIV. Several participants opined that forced sexual intercourse make sexual intercourse repulsive and not enjoyable as it ought to be among married partners.

If a man has a forced sexual intercourse with a woman it can lead to stomach pain or vagina pain (Participant 1, FGD Mokola, Ibadan).

She might eventually have diseases like STDs, HIV (Participant 7, FGD Yemetu, Ibadan).

If a man subjects his wife to forced sexual intercourse, both partners will not be able to enjoy it. It is better they both agree to it and do it in a good mood, so that they can both enjoy it (Participant 5, FGD Mokola, Ibadan).

Two FGD participants mentioned that experience of forced sexual intercourse in the hands of husband can lead to unwanted pregnancy.

It can lead to unwanted pregnancy maybe they have given birth to four children already and the woman is on her birth control pills or any contraceptive and the husband forced her to have sex (Participant 1, FGD Ijokodo, Ibadan).

Focus group discussion participants across the various groups frequently mentioned that forced sexual intercourse perpetrated by husbands can be associated with various psychological health consequences such as depression,

thinking and recalling memory of the incidence. Other psychological health consequences that were mentioned included unhappiness, loss of self-esteem and mental health challenges.

Experience of forced or unwanted sexual intercourse in the hands of husband can make a woman to have psychological effects especially experience of fear at home (Participant 2, FGD Town-hall Ogbomoso).

The greatest of the adverse effects of being subjected to forced sex by one's husband is that one will always be recalling the memory of the incidence (Participant 3, FGD Ashi, Ibadan).

It can lead to depression and it can affect a woman's self-esteem (Participant 2, FGD UCH, Ibadan).

Participants of the FDGs across the various groups stressed that experience of forced sexual intercourse in the hands of their husbands can result to various adverse social consequences. Majority of the participants mentioned that repeated experience of marital rape could lead to divorce or separation of couple. It was also noted that marital rape experience could lead to strained relationship between married partners as well as disharmony at home.

Experience of marital rape can lead to separation from the man if the case is not well treated or handed (Participant 4, FGD Town-hall, Ogbomoso).

It can also widen the relationship between a man and a wife as well as between the children (Participant 7, FGD Olorunda, Ibadan).

Perceived determinants or risk factors of marital rape: The FGD participants across the various groups gave a long list of reasons or risk factors that can lead to marital rape occurrence. Across the various groups, several FGD participants mentioned that the practice of indulging in extramarital affairs by women is the major reason men subject their wives into forced sexual intercourse. The participants clearly explained that some husbands do subject their wives into forced sexual intercourse to prevent or deter them from having sexual affairs with their extra-marital partners. It was also revealed that some men subject their wives into forced sexual intercourse to confirm their suspicion of the women indulgence in extra-marital affairs.

When the husband gets to know that his wife has extra marital affairs, he would want to be forcing her to have sexual act in order to render her useless with the other man outside (Participant 3, FGD Town-hall, Ogbomoso).

If a man suspects that a woman indulges in extramarital affairs, he can subject her into forced or unwanted sexual intercourse in order to make her overawed. It is a situation that occurs commonly (Participant 2, FGD Akobo, Ibadan).

If a man notices that his wife is indulging in extramarital affairs, he may insist on having sexual intercourse with the wife to know if the woman has had sex outside of their marriage or not (Participant 5, FGD Ogba-jagun, Ogbomoso).

Some participants across the FDGs perceived the use of psychoactive drugs and alcohol intoxication as reasons men subject their wives into forced sexual intercourse. Participants vividly explained that men who are fond of taking psychoactive drugs as well as those who are perpetual drunkards can beat up their wives and subject them to forced sexual intercourse if their sexual request is being declined. The following are some of the participants' verbatim expressions which illustrate these viewpoints:

Use of hard drugs and alcohol can make a man to subject his wife to sexual intercourse. A man who is fond of using hard drugs or abusing alcohol can have sexual intercourse with a woman to the point of death (Participant 6, FGD Durbar, Oyo).

Alcohol is like the way of life of some people and people who are drunkards if they get home and have sexual urge and the wives say "No" they could force them (Participant 7, FGD UCH, Ibadan).

Several participants across all the FDGs acknowledged that men could subject their wives into forced sexual intercourse when wives are fond of turning down their sexual request. Across all the groups, participants commonly shared the view that it is not a good behaviour for women to turn-down husbands' sexual request or

advances. However, there were several participants who emphatically affirmed “*there can be a lot of reasons a woman can turn down the husband’s sexual request*”. The most frequently mentioned reason given to explain why women could turn down their husbands’ sexual request is ‘if the husband is not providing for the home when he has the capacity to do so’. Many participants opined that if men fail to provide for their wives and homes, they are supposed to be denied their sexual right so that they could realize the importance of doing so. In addition, a number of participants opined that women often turn down their husbands’ sexual advances due to fear of contracting sexually transmitted infections including HIV when they know or discover that their husbands are indulging in marital infidelity. *When a woman rejects her husband’s sexual advances often, the man may count it as cheating, he would find other way to fight for himself and in the process may have to force the woman into sexual intercourse (Participant 3, FGD Ashi, Ibadan).*

When a man is not doing what he ought to be doing as the head of the home it makes a woman to deny the husband the right of having sexual intercourse (Participant 2, FGD Ojajagun, Ogbomoso)

As for me, if I ask for something and my husband did not provide it and expect to have sexual intercourse with me, I will decline. Such request will be turned down at that moment (Participant 7, FGD Mokola, Ibadan).

I can turn down my husband’s sexual request or advances as punishment especially if it is sin of adultery. I will close-up my border in order not to be affected by deadly diseases (Participant 4, FGD Yemetu, Ibadan).

There were several FGD participants across the various groups who shared the view that economic dependence on husbands could create opportunity for men to subject their wives to forced sexual intercourse. The discussants opined that it is not appropriate for a woman to depend on the husband totally for finance without her making some financial contributions to the upkeep of the home. They perceived that women that are not economically dependent are less likely to be abused sexually by their husbands.

Economic dependence or reliance on husband by a woman can be a reason a man can subject his wife to forced or unwanted sexual intercourse (Participant 2, FGD Akobo, Ibadan).

...If a man uses 24 hours to feed a woman, he may think that the woman is not doing anything and thinks that the woman ought to be useful for something (Participant 7, FGD, Ogbongbodu, Oyo).

The FGD participants across the various groups generally agreed that marital rape occurrence can be attributed to cultural and religious reasons that supports male dominance and give men rights over women. Additionally, some participants explicitly bemoaned that the society has tolerance for marital rape. They explained that the society often believe that women do not have any right to turn down their husbands’ sexual advances. Some participants clearly agreed that societal norms fuel the sexual abuse of women by their husbands.

A man can say I have paid for your dowry; I own you and I have all the right to do whatever I want. Cultural belief that a woman is the property of a man can be responsible for occurrence of marital rape in some few instances (Participant 6, FGD Durbar Oyo).

As a Muslim, there is a religious belief that a woman must not say ‘No’ to her husband’s sexual request if she does not want to be beaten throughout that day. Such belief might give Muslim men the effrontery to be raping their wives (Participant 3, FGD Town-hall, Ogbomoso).

The society does not believe in marital rape especially in Yoruba land; people believed that a woman cannot say “No” to husband’s sexual request (Participant 5, FGD UCH, Ibadan).

Perception on reporting marital rape: Focus group discussion participants across all groups commonly opined that women rarely report their experience of marital rape and prefer to keep their experiences to themselves alone rather than informing anyone about their ordeals. Several participants vehemently held on to the belief that

keeping silent about issue of marital rape is more appropriate due to the perceived inherent consequences of reporting such experience.

Women do not report cases of rape they experience in the hands of their husband. It is difficult to report such (Participant 1, FGD, Oritamefa, Ibadan).

It is always handled within their family. Most women that are involved in marital rape keep it as secret (Participant 1, FGD Yemetu, Ibadan).

The FGD participants across the various groups opined that women usually do not report their marital rape experiences due to fear of stigmatization and self-blame. Majority of the FGDs participants perceived that women should not report or inform the public about their marital rape experiences for the sake of keeping their marital relationship and preventing their children from suffering the consequences of divorce.

Not common among women to report their ordeal, any woman who reports such incident is ready to scatter her matrimonial home (Participant 2, FGD Ashi, Ibadan).

Rape perpetrated by one's husband is not easy to report, every woman who falls as victim keep it within herself in order not be ashamed or get out of the house (Participant 5, FGD Yemetu, Ibadan).

Participants commonly acknowledged that more women these days report their experiences of marital rape compared to what was obtainable in the years back. Several participants across the various FGD groups disclosed that it is appropriate to inform someone about marital rape experience especially when the experience is becoming frequent as this could help to secure help that could be necessary to change the behaviour of husbands who indulge in such practice. The common response was that if women want to report their experience of marital rape it is preferable for them to report it to close persons that they can trust. It was popularly believed among the participants in almost all the FGD sessions that informing close persons or relatives like mothers, mothers-in-law and clergymen can help to guide against stigmatization often associated with reporting of marital rape. It was also believed that that these categories of persons can provide useful help and support for marital rape survivors. It was generally perceived that reporting experience of marital rape to someone who is not very close can bring about public ridicule and such experiences when shared can be used to castigate women who are marital rape survivors. Participants across the FGD groups commonly criticized and discouraged the idea of reporting marital rape experience to lawyers and police by survivors. It was popularly believed that reporting to lawyers could bring about the end of the marriage. Participants shared the common view that police have no role to play in marital rape crisis. Most participants perceived marital rape issues as strictly private matters that should be settled within the family. *Women who experience marital rape can only report their ordeals to elderly or matured people not just anyone. Because revealing such situation to anyone is like ridiculing oneself or the husband. If one report her husband to just anybody, a woman could be berated for such action. It could lead to stigmatization (Participant 3, FGD Mokola, Ibadan).*

...It can be reported to one's parents, husband's parents or husband friends. One can report such issue to people, and they will call the husband and talk to him (Participant 2, FGD Ojajagun, Ogbomoso).

DISCUSSION

The fact that many women in the current study condemned marital rape and opined that it is not right for husbands to subject their wives into forced sexual intercourse is noteworthy. This may be connected with the upsurge in awareness campaigns against rape especially by various governmental and Non-Governmental Organizations (NGOs) that have helped to put rape related issues on public agenda (Ogunwale *et al.*, 2019) and the recent criminalization of marital rape in Nigeria by the VAPP Act. Interestingly, marital rape was also commonly perceived as indecent, abhorrent and an impious phenomenon that should be given legal sanctions or punishment. This reflects the position of previous studies such as Kolade-Faseyi (2018) and Ogunwale *et al* (2019) that marital

rape should be given appropriate legal sanctions or punishment. The domestication of the VAPP Act which condemns marital rape should be advocated for by relevant stakeholders including governmental agencies and NGOs in Oyo State as well as other various states in Nigeria as part of the efforts to combat marital rape and promote campaign against it.

The display of some perceptions and innuendoes that support marital rape by some women in this study is disturbing. For instance, some participants remarked that incidence of forced sexual intercourse by a husband is a typical occurrence in marriage and should not be considered as a rape or crime. Similarly, some participants attributed occurrence of marital rape to women's fault and opined that marital rape can only occur if the wife has denied the husband of his sexual right. This pattern of observation in this our study is in tandem with previous findings which noted that the existence of marital rape is usually being doubted by many in Nigeria and not being frowned upon by most Nigerian cultures (Emeka & Emejuru, 2015; Kolade-Faseyi, 2018). This finding may be an explanation to why marital rape was not captured in the Criminal Codes and Penal Codes in Nigeria and why it is yet to be given much needed public health attention. Participants commonly affirmed that the experience of marital rape poses serious threat to women's health and can be associated with various adverse health consequences including physical (bodily harms or injuries as well as disability), psychological (depression and recalling memory of the incidence), social (divorce or separation of couple) and sexual health consequences (lead to vagina pain and injures). The finding of this study corroborates that of previous studies about the possible health consequences of marital rape (Ogunwale *et al.*, 2020; Deosthali *et al.*, 2022). It has been noted that marital rape as well as other forms of marital violence contribute to divorce in Nigeria ((Umoren, 2023).

One major perceived risk factor contributing to marital rape uncovered in the current study is the practice of indulging in extra-marital affairs by women. Participants in this study commonly pointed out that husbands do use forceful sex to confirm their suspicion of the women indulgence in extramarital affairs or to deter them from having sexual affairs with their extra-marital partners. Irrespective of suspicion of extramarital affairs, it is illogical for a male to rape his partner to 'find out if she is being unfaithful'. Moreover, further evidence-based research is needed to fully understand and substantiate the link between marital rape and extra-marital affairs.

Another major factor perceived as a risk factor of marital rape is the use of psychoactive drugs including alcohol by husbands. Drinking of alcohol has been said to be associated with the perpetration of non-consensual sex and used as strategy to perpetrate rape (Brecklin & Ullman, 2001; Ogunwale *et al.*, 2012). Alcohol drinking, most especially the binge-type has been said can possibly stimulate men to carry out rape (Akinade *et al.*, 2010). This is because alcohol impairs judgement, also has aphrodisiac qualities (Abbey *et al.*, 2001). More studies will be needed to uncover various issues relating to use of drugs and types of drugs used by rape perpetrators in marital rape settings.

Participants also perceived that economic dependence on husband could fuel marital rape especially when the woman cannot make any financial contributions to the upkeep of the home. This therefore suggests that women empowerment programmes could lessen the burden of marital rape in the community. Women economic empowerment programmes have been noted to have the ability to reduce gender inequality and experience of gender-based violence (Mejia *et al.*, 2014). The finding of this study which revealed that many women acknowledged that men could subject their wives into forced sexual intercourse when wives are fond of turning down their sexual request is striking. Educational interventions aimed at making women understand their sexual rights as well as how to properly handle and resolve issues relating to sexual requests from husbands are needed. Such educational interventions should equip all categories of women including intending wives and women with previous experience of abuse with skills for establishing successful consensual sexual relations as well as skills for initiating appropriate preventive actions against marital rape. Furthermore, it might also be beneficial to have

educational interventions designed for men or husbands that aimed at respecting the sexual rights of women, establishing successful consensual sexual relations as well as finding amicable ways of resolving situations of decline of sexual request by their wives.

The study participants perceived that the occurrence of marital rape could be attributed to cultural and religious beliefs that women do not have any right to turn down their husbands' sexual advances. This study also confirmed that in Yoruba land, (the society where the study was conducted), there is popular disbelief in the reality of marital rape. This therefore suggests that any programmatic intervention that intends to focus on marital rape must as a matter of fact put in place measure to change this cultural belief.

On the issue of marital rape reporting, it has been previously documented that women are usually unwilling to divulge violence experience in their marriage due to fear of more violence, stigma, or a cultural perception of maintaining silence because marital violence is a 'family issue' (Okemgbo *et al.*, 2002). This is related to the reasons uncovered in the current study in which the FGD discussants disclosed that it is shameful to report experience of marital rape and it is more appropriate to keep silent about it.

The FGDs revealed the sources or channels of reporting marital rape that could be relied upon for encouraging seeking help and serve as guide for any targeted intervention on this phenomenon. The identified sources or channels of reporting included close/trusted persons or relatives such as mothers, mothers-in-law and clergymen. However, reporting to lawyers and police was not encouraged by the participants as this was perceived as capable of bringing an end to the marriage. This observation may relate to the low level of confidence in the police in Nigeria (Ayodele & Aderinto, 2014). Interestingly, the FGDs revealed that marital rape reporting is becoming more frequent compared to few years ago. This therefore may be as result of various women empowerment programmes carried out in the country.

The study is not without some limitations. Our study was conducted mainly among women living in major cities in Oyo State and women in rural areas were not included in the study. Similarly, the study did not capture non-indigenous women who could not speak either English, Pidgin English or Yoruba. Further research on marital rape is needed to gain an understanding of the perspective of women living in rural areas as well as women of various ethnic groups. Although our study has shed light on marital rape from the perspectives of women in Oyo State, Nigeria, our study had a small sample, and the perspectives of marital rape may not be generalizable to categories of women across Nigeria. Specifically, the non-inclusion of underage married girls and ever-married women older than 60 years may limit the idea of generalizing the results to all categories of women in Nigeria. Additionally, our study has not particularly attempted to generalize the perspectives of marital rape beyond Nigeria. Despite, the limitations, our study provided valuable data on marital rape phenomenon from the perspectives of Nigerian women which can be used to drive policies and further studies on marital rape related issues in Nigeria.

In conclusion, the findings from this study have shed light on the ordeals of marital rape from the perspectives of Nigerian women. Marital rape was perceived as a traumatic and harmful gender-based violent experience affecting women. Several factors were identified as contributing factors to marital rape; they include male chauvinism, women indulgence in extra-marital affairs, psychoactive-drugs use by husbands, rejecting of husbands' sexual request and economic dependence on husbands. It was revealed that women endure marital rape in silence due to fear of stigmatization and selfblame. It was popularly perceived by the participants that women do not report or inform the public about their marital rape situations for the sake of keeping their marital relationship and preventing their children from suffering the consequences of divorce. Multiple community-based health interventions including awareness campaigns, women empowerment programmes, social support and destigmatization initiatives are needed to tackle the marital rape phenomenon in the community. Additionally,

there is need to advocate for the domestication of the VAPP Act in the various states in Nigeria including Oyo State as well as the promulgation of other strong legislations or legislative initiatives that can help to contribute to the prevention and control of marital rape.

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