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# Age Disparity in Marriage and Sexually Transmitted infections among Women in Shomolu Lagos State, Nigeria

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#### Abstract

This study investigates age disparity in marriage and the incidence of sexually transmitted infections among spouses in Shomolu, Lagos State Nigeria. The study adopted a descriptive and cross-sectional design in which a multi-stage sampling method comprising cluster sampling, simple random sampling and the convenience sampling techniques were used to select 400 married women in Shomolu, Lagos State. A structured, close ended questionnaire was used in a researcher administered survey to elicit responses. Descriptive statistics and the Chi-square test guided data analysis. Data show a high prevalence of older male-younger female marriage (n=365; 93.5%) and older-women-younger-male marriage (n = 14; 3.7%). Some women (n=48;13.8%) had ever been infected with STIs such as Gonorrhea (n = 31; 64.5%), syphilis (n = 14; 29.2%) and chlamydia (n = 3; 6.3%). There was a statistically significant association between age disparity ( $\chi^2 = 4.266$ ; df = 1; p<0.05), polygamy ( $\chi^2 = 4.308$ ; df = 1; p < 0.05) and incidence of STIs among spouses, particularly women in older women-younger male marriage. The corresponding consequences for increased incidence of STIs among women in older women-younger male relationships should underscore social interventions that might reduce the incidence and consequences of STIs among this population.

Keywords: Age disparity, sexually transmitted infections, older women-younger male marriage, polygamy, Nigeria

### Age Disparity in Marriage and Sexually Transmitted infections

### Introduction

The disparity in age between spouses is often accompanied by social consequences including those that impinge on their reproductive health. It is normalfor men to be older than their wives in many societies(Casterline, Williams, & McDonald, 1986a; DREFAHL, 2010; Sohn, 2017). In Africa, it is rare butacceptable for a woman to be older than her husband(Casterline,

Williams & McDonald, 1986b). Several factors account for significant age gaps among couples which might impact negatively on the reproductive health of women include maturity differences, life experiences, social status and position as well as financial resources, (Wynn, A., Bristow, Cristillo, Murphy, van den Broek, Muzny, Kallapur, Cohen, Ingalls, Wiesenfeld, Litch, Morris & Klausner, 2020).

Studies have examined the risk women bear as a consequence of age or financial disparity, particularly when the man seems to be older. Some of these risks include; infertility, recurrent pregnancy loss, preterm labour, and newborn or child health complications (Morhason-Bello & Fagbamigbe, 2020). Studies carried out in Manicaland, Zimbabwe, South Africa, Tanzania and Uganda to examine the prevalence of HIV infections among married partners shows that older male marital relationships tend to reduce the HIV prevalence among young women and their lifetime risk of HIV infection (Chapman, White, Shafer, Pettifor, Mugurungi, Ross, Pascoe, Cowan, Grosskurth, Buve & Hayes, 2010; Hallett, Gregson, Lewis, Lopman, Garnett, 2007). Similarly, financial disparity exacts serious consequences on women's ability to negotiate safe sex with their spouses and to safeguard themselves from HIV (*Gender Inequality and HIV*, 2016; Ibisomi, 2014).

Other studies have also shown that more years of sexual exposure can increase the chance of STI or HIV transmission and women's ability to negotiate safe sex with older partners may be more limited than with similar age partners (Chapman et al., 2010; (Choudhry, Ramachandran, Das, Bhattacharya & Mogha, 2010); Ibisomi, 2014). Similarly, one study in Nigeria show that, within marriage, some men are disposed to contracting STIs from their spouses as a result of their engagement in multiple sexual activities with other partners or through inadequate sanitary condition of shared toilets (Oyekale, 2014). Thus, when examined, lack of marital faithfulness or the practice of culturally recognized system of polygamous marriage, the transmission rate of STI can be significantly higher, particularly when women in polygamous marital relationships engage in extra-marital relationships (Barrientos & Páez, 2006; Ashby & Gupta, 2013; Oyekale, 2014). All these contribute to high rates of infection among partners. Globally, there are an annual estimates of new infections reaching up to 376 million, with 1 of 4 STIs cases reported as chlamydia, gonorrhoea, syphilis and trichomoniasis (WHO | Sexually Transmitted and Reproductive Tract Infections, n.d.).

In Nigeria, sexually transmitted infections among married and unmarried couples seems to be on the increase with those married having higher infection rate (Fagbamigbe, Adebayo & Idemudia, 2016; Nwankwo & Sadiq, 2014). The debilitating effects of STIs on women include pelvic inflammatory disease which can lead to infertility (Sexually Transmitted Diseases and Reproductive Health, 1992). While the literature is replete with information about men who marry younger women, there are limited studies carried out in this area and as such, there are limited evidence which shows the relationship between age disparity and sexually transmitted infections in Nigeria. This study therefore

aimed at understanding how disparity in age could influence sexually transmitted infections among spouses.

#### Methods

This study was conducted in 2017, adopting a descriptive and cross-sectional survey design to collect data from 390 married women in Shomolu Local Government Area, Lagos State. Using a convenience sampling method, Shomolu was randomly selected among urban local governments in Lagos state, Nigeria. The multi-stage sampling technique was used to sample married women who participated in the survey. Based on this method, Shomolu Local Government was initially clustered into 13 wards and using the simple random method, 8 wards were selected. Convenience sampling method was used to select 50 respondents, (being the quota allotted) from each ward. A total of 400 respondents were sampled across 8 wards.

The survey instrument, a questionnaire was designed with close ended questions to collect data on age disparity among spouses as well as their experiences about sexually transmitted infections. Before administering the questionnaire, a pre-test was conducted by administering the survey instrument among 30 randomly sampled respondents in another separate community in Yaba LGA. The result was manually examined and few deficiencies revealed by the pre-test were addressed before the survey exercise commenced. Four trained Research Assistants (RAs) collected data from married women within 2 weeks, at the end of which retrieved questionnaire were reviewed and screened for completeness, accuracy and consistency. With a 97.5% completion rate, 390 questionnaire was adjudged complete and useful for analysis. While there was no known harm or risks associated with this study, there was the likelihood of participants sharing information that were deemed private. Thus, informed consent was obtained after assuring participants of their confidentially and anonymity. Participants were told they could withdraw from being interviewed if they became uncomfortable with interviews. All questionnaire were anonymised. Analysis was conducted to reveal initial findings on descriptive data, while univariate and bivariate variables were tabulated and analysed using Chi-square test to determine association between variables.

### Results

### Socio-demographic characteristics

Table 1.1 below depicts the demographic characteristics of respondents. In term of age, the table shows that most respondents were between the age group 21-30 (n=154; 39.5%) and 31-40 (n=146; 37.4%). The ethnic diversity of respondents shows that majority were Yoruba (n = 216; 55.4%) and Igbo (n = 101; 25.9%) and the dominant form of marriage were monogamy (n = 319; 81.8%) and polygamy (n = 71; 18.2). A large percentage of respondents practiced Christianity (n = 259; 66.4%) and Islam (n = 97; 24.9%).

Unemployment status among respondents was (n = 65; 16.7%) and among their spouses it was (n = 19; 4.9%).

| Socio-demographic variables     | <i>Frequency</i> | Percentage (%)  |
|---------------------------------|------------------|-----------------|
| Age                             | Пециенсу         | Tereeniuge (70) |
| Age<br>21-30                    | 154              | 39.5            |
| 31-40                           | 134              | 39.5            |
| 41-50                           | 68               | 17.4            |
| 51-60                           | 16               | 4.1             |
| 61-70                           | 6                | 4.1             |
| Total                           | <b>390</b>       | <u> </u>        |
| Ethnicity                       | 390              | 100.0           |
| Yoruba                          | 216              | 55.4            |
| Igbo                            | 101              | 25.9            |
| Ijaw/Ishekiri                   | 21               | 5.7             |
| Hausa                           | 21 20            | 5.1             |
| Efik/Ibibio                     | 13               | 3.5             |
| Other                           | 13               | 4.4             |
| Total                           | <b>390</b>       | 4.4             |
| Type of marriage                | 390              | 100.0           |
| Monogamous                      | 319              | 81.8            |
| Polygamous                      | 71               | 18.2            |
| Total                           | 390              | 18.2            |
|                                 | 390              | 100.0           |
| <b>Religion</b><br>Christianity | 288              | 73.8            |
| Islam                           | 288<br>97        | 24.9            |
| African Traditional Religion    | 5                | 1.3             |
| Total                           | <b>390</b>       | 1.5             |
|                                 | 390              | 100.0           |
| Employment status               | 325              | 02.2            |
| Employed<br>Unemployed          |                  | 83.3            |
|                                 | 65               | 16.7            |
| Total                           | 390              | 100.0           |
| Spouse's Employment status      | 371              | 95.1            |
| Employed                        | 19               | 4.9             |
| Unemployed                      | 200              | 100.0           |
| Total                           | 390              | 100.0           |
| Education                       | 142              | 267             |
| Secondary                       | 143<br>129       | 36.7            |
| OND/NCE<br>BSC/HND              |                  | 33.2            |
|                                 | 80               | 20.5<br>4.3     |
| Postgraduate                    | 17               |                 |
| Primary<br>None                 | 15               | 3.8<br>1.5      |
|                                 | <b>390</b>       |                 |
| Total                           | 390              | 100.0           |

 Table 1.1: Socio-demographic attributes of respondents

| Socio-demographic variables | Frequency | Percentage (%) |
|-----------------------------|-----------|----------------|
| Income                      |           |                |
| Less than N18,000           | 45        | 14.2           |
| N18,001-50,000              | 87        | 27.5           |
| N50,001-100,000             | 79        | 25.0           |
| N100,001-150,000            | 37        | 11.7           |
| 150,0001-200,000            | 30        | 9.5            |
| Above 200,000               | 38        | 12.0           |
| Total                       | 390       | 100.0          |

In terms of education, most women had secondary education (n = 143; 36.7%) or OND/BSc certificates (n = 129; 33.2%). Those with BSc/HND education (n = 80; 20.5%) were less than a quarter, while those with primary (n = 15; 3.8%) and no education (n = 6; 1.5%) were in the minority. Data on income show that a large proportion of respondents earned more than N18,000 but less than N50,000 (n = 87; 27.5%) and between N50,000 and N100,000 (n = 79; 25.0%). Those with income more than N200,000 (N = 38; 12.0%) and less than N18,000 (n = 45; 14.2%) were in the minority.

Results on Table 2 show that some respondents (n= 14; 3.7%) were older than their spouses, while majority (n = 365; 93.5%) were younger. Very few women (n = 11; 2.8%) were of same age as their spouses. On number of years accounting for disparity between spouses, data show that majority of women (n = 193; 49.5%) have between 1-5 years and (n = 138; 53.4%) had between 6-10 years disparity. Those who had between 11-15 years (n = 33, 8.5%), 16-20 years (n = 15; 3.8%) were very few.

| Variables                                | Frequency | Percentage |
|--|-----------|------------|
|  |           | (%)        |
| Total                                    | 390       | 100.0      |
| Age disparity type                       |           |            |
| Older female-younger male                | 14        | 3.7        |
| Older male-younger female                | 365       | 93.5       |
| Same age                                 | 11        | 2.8        |
| Total                                    | 390       | 100.0      |
| Age disparity between spouses            |           |            |
| 1-5 years                                | 193       | 49.5       |
| 6-10 years                               | 138       | 35.4       |
| 11-15 years                              | 33        | 8.5        |
| 16-20 years                              | 15        | 3.8        |
| Same age                                 | 11        | 2.8        |
| Total                                    | 390       | 100.0      |
| Perception about Age Disparity           |           |            |
| It has stabilized my family              | 81        | 21.0       |
| It enhances our mutual understanding     | 250       | 64.9       |
| It creates misunderstanding and conflict | 54        | 14.0       |
| Total                                    | 385       | 100.0      |

Table 2: Age disparity between spouses

On perception about age disparity between couples, the table reveals that most respondents thought that age disparity enhanced mutual understanding (n = 250; 64.9%) in marriage while some (n = 81; 21.0%) thought it leads to marital instability. However, few women (n = 54, 14%) thought age difference often leads to misunderstanding and conflict in homes.

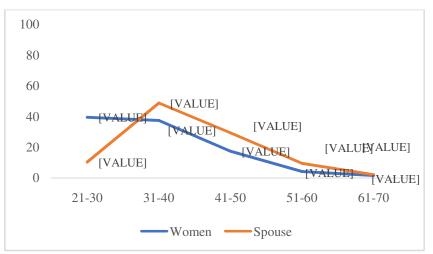


Fig. 1: Age disparity between spouses

Figure 1 shows that disparity between spouses cuts cross the diverse age groups. Women found in older women-younger male marriage were in their early and mid-thirties. Age disparity converged at this point (same age marriage) also, giving way to a quick downward trend in the age of women – the emergence of older male-younger women marital relationship. That trend was sustained till age 70. Age disparity in which wives were older than their husband (older women-younger male marriage) was more prominent among younger couples who are less than 40 years old.

### Sexually Transmitted Infection between Spouses

Table 3 presents the frequency distribution of respondents' awareness and experience of STIs. The table reveals that majority of women (n = 349; 89.5%) were aware of STIs and of the proportion who had awareness about STI, some (n=48; 13.8%) had ever been infected with sexually transmitted diseases such as gonorrhoea (n = 31; 64.5%), syphilis (n = 14; 29.2%) and chlamydia (n = 3; 6.3%).

| Awareness of and Incidence of  | Frequency | Percentage |
|--------------------------------|-----------|------------|
| STIs                           |           | 0          |
| Awareness of STIs              |           |            |
| Proportion aware               | 349       | 89.5       |
| Proportion not aware           | 41        | 10.5       |
| Total                          | 390       | 100.0      |
| Infected with STIs             |           |            |
| Proportion infected            | 48        | 13.8       |
| Proportion not infected        | 301       | 86.2       |
| Total                          | 349       | 100.0      |
| Spouse' knowledge of infection |           |            |
| Spouse had knowledge           | 39        | 81.3       |
| Spouse had no knowledge        | 9         | 18.7       |
| Total                          | 48        | 100.0      |
| Type of STI infection          |           |            |
| Gonorrhea                      | 31        | 64.6       |
| Syphilis                       | 14        | 29.2       |
| Chlamydia                      | 3         | 6.3        |
| Total                          | 48        | 100.0      |
| Treatment of STIs              |           |            |
| Hospital/Health Centre         | 37        | 77.1       |
| Use Traditional herbs          | 10        | 20.8       |
| Consulted a Traditional Doctor | 1         | 2.1        |
| Total                          | 48        | 100.0      |

 
 Table 3: Percentage Distribution of Respondents by Awareness and Incidence of STIs

On whether women informed their spouse about infections, the Table reveals that majority who had ever been infected claimed their spouses had knowledge (n = 39; 81.3%) of their infection. The point of treatment for most was hospital/health centre (n = 37; 77.1%). While less than a quarter use traditional herbs for treatment (n=10; 20.8%), only one consulted a traditional doctor.

We also examined age disparity and other socio-demographic factors that could influence the incidence of STIs among couples. Results on Table 4 indicate that age of women ( $\chi 2 = 3.426$ ; df = 4; p> 0.05) and their religious beliefs ( $\chi 2 = 3.687$ ; df = 2; p> 0.05) was not statistically significant to being infected with STIs among married couples. However, we found that more women in polygamous marriage (n=14; 21.9%) had ever being infected with STIs, showing that type of marriage was statistically correlated ( $\chi 2 = 4.308$ ; df = 1; p< 0.05) with incidence of STIs among married couples.

| Socio-demographics                         | Sexually Transmitted                  | Total         |             |  |
|--|---------------------------------------|---------------|-------------|--|
|  | Proportion ever been Proportion never |               |             |  |
|  | infected                              | been infected |             |  |
| Age  |                                       |               |             |  |
| 21-30                                      | 15(10.9%)                             | 123(89.1%)    | 138(100.0%) |  |
| 31-40                                      | 19(14.3%)                             | 114(85.7%)    | 133(100.0%) |  |
| 41-50                                      | 12(20.0%)                             | 48(80.0%)     | 60(100.0%)  |  |
| 51-60                                      | 1(8.3%)                               | 11(91.7%)     | 12(100.0%)  |  |
| 61-70                                      | 1(20.0%)                              | 4(80.0%)      | 5(100.0%)   |  |
| Total                                      | 48(13.8%)                             | 300(86.2%)    | 348(100.0%) |  |
| $\chi^2 = 3.426$ ; df = 4; p-value = 0     | ).489                                 |               |             |  |
| Marriage type                              |                                       |               |             |  |
| Monogamous                                 | 34(12.0)                              | 250(88.0%)    | 284(100.0%) |  |
| Polygamous                                 | 14(21.9%)                             | 50(78.1%)     | 64(100.0%)  |  |
| Total                                      | 48(13.8%)                             | 300(86.2%)    | 348(100.0%) |  |
| $\chi^2 = 4.308$ ; df = 1; p-value = 0     | 0.038                                 |               |             |  |
| Religion                                   |                                       |               |             |  |
| Christianity                               | 37(14.3%)                             | 221(85.7%)    | 258(100.0%) |  |
| Islam                                      | 9(10.6%)                              | 76(89.4%)     | 85(100.0%)  |  |
| Total                                      | 46(100.0%)                            | 297(86.2%)    | 348(100.0)  |  |
| $\chi^2 = 3.687$ ; df = 2; p-value = 0.158 |                                       |               |             |  |
| Disparity in couples' age                  |                                       |               |             |  |
| Older-women-younger male                   | 6(33.3%)                              | 8(66.7%)      | 14(100.0%)  |  |
| Older-male-younger-women                   | 41(12.7%)                             | 283(87.3%)    | 324(100.0%) |  |
| Total                                      | 47(13.4%)                             | 291(86.6%)    | 338(100.0%) |  |
| $\chi^2 = 4.266$ ; df = 1; p-value =       | 0.039                                 |               |             |  |

Table 4: A Cross-tabulation of Selected Socio-demographics and STIs

Data also reveals that disparity in age between spouses was statistically significant ( $\chi 2 = 4.266$ ; df = 1; p< 0.05) in predicting incidence of STIs among

couples. In the result, we found that incidence of STIs was higher among women in older women-younger male marriage (n = 6; 33.3%).

## Discussion

This paper examines age disparity among spouses with the aim to understand how disparity in age could influence sexually transmitted infections among spouses in Nigeria. Findings from this study highlight the influence of reversed disparity in age, i.e, when the female is older than the male and polygamy having multiple wives on the prevalence of sexually transmitted infections among spouses. Our study establishes a novel trend in age disparate marriage in Nigeria; showing that a significant proportion of the population embracing it. This aligns with result from a study which shows a new trend in olderwives-younger-male marriage and relationship (Casterline et al., 1986b), though men's preferences for younger fertile women is still persistently dominant (Berardo et al., 1993; Sohn, 2017). Based on the statistics gotten from U.S. Census Bureau a study show that age-differentiated marriages have been on the increase since about 1965 (Fields & Casper, n.d.). Generally, women are likely to get married to men older than they are because they have been taught that men are to be respected and above them. However, this study shows a new trend in which older-women-younger-male marriages is becoming a trend. Reasons for older-wives relationships and marriages as documented in Korea and elsewhere was attributed to women staying longer in education before marriage and also that women who have higher education and income above the income of average men were more likely to choose the olderwomen-younger-male marriage (Proulx et al., 2006; Sung et al., 2015). However, only commentaries exist for this new trends in Nigeria (Marrying a Younger Man Increases a Woman's Mortality Rate, 2010).

Our study shows a high prevalence of sexually transmitted infection among respondents in older women-younger male marital relationships. It also reveals a significant relationship between polygamy and sexually transmitted infections among spouses. While the latter results have been established by many studies, particularly how it aid the transmission of the Human immune Virus (HIV) and other STIs (Ashby & Gupta, 2013; Ibisomi, 2014), there is no evidence showing that older women-younger-male marriages correlate with the spread of sexually transmitted infections in Nigeria. Likely factors that could influence this might be linked to sexual satisfaction. Some studies conducted in Australia and the United Kingdom have shown that men in older-womenyounger-male marital relationships were not sexually satisfied (Alarie, 2019; Erens et al., 2019). This obviously could lead to multiple sexual partners among men in such marriage with serious implications for the spread of sexually transmitted diseases or infections. As a matter of intervention, future programmes aiming to address sexually transmitted infections among couples should show more concern for women in younger-male-older women marital relationships.

### Limitations

The findings from this study could have been enriched if the mixed methods approach was adopted to understand nuanced feelings, beliefs, perceptions and perspectives around age disparity in marriage and associated consequences.

# Conclusion

This study highlights a trend in marriage in Nigeria which hold some sexual and reproductive health implications for women in older-female-younger-male marital relationships. Given the present evidence, the likelihood of olderfemale-younger male marital relationship will continue to increase. The corresponding consequences for increased incidence of sexually transmitted infections among women in such relationships should underscore social interventions that might reduce the incidence and consequences.

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