
**THE MARGINALIZATION OF WOMEN IN ANAMBRA STATE OF
NIGERIA AS A RISK FACTOR IN HIV/AIDS TRANSMISSION**

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Abstract

This paper examines how different types of cultural marginalization and subservient treatment of women have become major factors in transmission of HIV/AIDS to Nigerian women with core study being on Anambra state women of Nigeria. Research findings from this study conducted at Nwafor Orizu College of Education, Nsugbe, Anambra State, indicated that as a result of the long standing maleness culture and patriarchal society in Anambra state, power, and authority are disproportionately held by men. Subsequently, women are subjugated and relegated by men to secondary roles in the socio-cultural and economic matrix of Anambra state. The maleness syndrome, which is the epicenter of the culture, has driven women to the corners and margins of the society leading to marginalization and discrimination. This cultural inequality leads to multiple heterosexual marriage arrangements such as polygamy, surrogate husband/wife, widowhood practices, wife inheritance, and concubines. Marginalization continues to sustain women's low status and lack of assertiveness while sustaining limited opportunities to viable economic threshold and other enabling resources. Thus women's ability to make decisions about themselves, including their reproductive health and those of their children are inhibited by cultural taboos. In spite of the justifications of these cultural practices, this study shows that they play a convergent role in aiding the transmission of HIV/AIDS among women. These components are mostly predicated by the strong traditional and cultural imperatives in procreation and patriarchal lineage. This research paper intends to highlight this problem and also provide recommendations and alternative solutions to this problem.

Keywords: HIV/AIDS, Marginalization, Women, Culture, assertiveness, Society, Nigeria, Igbo Culture, Anambra state

Introduction

The World Health Organization (WHO) (2010) estimated that 33 million people are living with HIV with 2.7 million new infections in 2008 and about 2 million deaths recorded in AIDS-related illness. New HIV infections have affected disproportionately

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Nigerian population. Nigeria with an estimated population of 140 million is Africa's most populous country (Pennington, 2007). Nigeria has an estimated HIV prevalence rate of 5.4% in 2003 and 4.4% in 2005. Peel and White (2003) citing Matemilola of the Nigerian army stated that the official rate figure is an underestimation. The author indicated that the rate is closer to 10%. In comparison with most other African nations, these rates are considered low. However, in 2009, about 56% of HIV- infected adults aged 15 and above are women although the life expectancy rate for women is 48 and 46 for men (HIV & AIDS in Nigeria, 2010). Contrarily to Nigeria's large population, these rates when translated mean that an estimated 11.3 million to 13 million Nigerians were infected with HIV between 2003 and 2005. This number represents the second highest number of HIV/AIDS infected people per country in Africa, second only to South Africa (Pennington).

The prevalence of HIV/AIDS has affected all sectors of Nigeria economy and all geo-political segments of the Nigerian population. In a country where healthcare provision is at a rudimentary stage, providing healthcare and support systems for the victims of HIV/AIDS has been tepid at best. Within Nigeria, Pennington (2007) found that prevalence rates varied from as low as 1.2% in Osun state to 5.6% in Anambra state and to 12% in Cross River state. The study also showed that about 13 of Nigerian's 36 states had an HIV prevalence rate of over 5%. However, this study did not investigate reasons for the variations in incidence rates.

HIV/AIDS in Anambra State

Anambra state is one of the 36 states in Nigeria. No official population record is available, but an unofficial record estimates the population to be 3 million. Within Nigeria, Anambra state presents a massive risk setting for HIV/AIDS. Public health facilities are lacking or inadequate (Okoye, Okagbue, Oranya, Madu, Soyombo & Burdick, 2001). According to the report in 2001, Anambra state had only one HIV/AIDS health center that is adequately equipped and trained to attend to HIV/AIDS patients. This facility is located at *Awka* (the state capital). In 2001, it was estimated that the prevalence rate of HIV/AIDS was 6% (Okoye, Okagbue, Oranya, Madu, Soyombo & Burdick, 2001). This lack of treatment facility created many economic and social problems such as shortages in needed man-power, increase in infant morbidity and increases in costs of infrastructures for orphans.

As a result of the *Igbo* traditions in Anambra state, these problems became more complex to understand and more difficult to entangle. Some of the complexities stemmed from the *Igbo* traditional myths that culminate into aura of maleness. This customary gravitation to male superiority provided other traditional beliefs in polygamy, wife inheritance and other types of marriage arrangements. The polygamous marriage practices tend to support an equally traditional promiscuous lifestyle for men. Different types of cultural or traditional marriage

arrangements have made it permissible for men to engage in sexual activity with multiple partners. Ezumah (2003) described how inequality and disparity in gender relations affect the cohesiveness in the health of the family. Gender inequality creates fear of abandonment and rejection in women, and as a result, women live under the supremacy of men and as subservient partners in the relationships. These gender disparities and inequalities between men and women create a traditional inertia and imbalance between the genders, and they also limit the available choices and options women have for safe sex (Ezumah; Smith, 2004).

Problem

Epidemiologists have determined that etiology of infectious diseases is directly or indirectly caused by the ecological disposition of the environment and the cultural or behavioral practices of the population (Fos & Fine, 2005). In addition, epidemiologists have continued to research into innovative and creative methods for detecting, identifying and preventing some of the chronic infectious diseases especially preventive methods and the research towards mitigating factors on hosts, agents and environments (p.146).

The traditional role of Anambra state women as breeders of children has culminated into marginalization and subservient treatment (Purcell, 2004). Thus, Anambra women have been relegated to low status and driven to the margins of the society. Polygamy and other forms of marriage arrangements are not uncommon and sometimes are encouraged. Consequently, women have become dependent on men not only financially but also in making many personal decisions including health and procreation issues (Okeibunor, 1999; Purcell). The culture and gender norms dis-empower women sexually and make them vulnerable to HIV infection (Nguyen, Klot, Phillips & Pirkle, 2006). These traditional imperatives have produced hosts, agents and environments for infectious disease such as HIV to thrive and multiply. Although the HIV/AIDS infection rate in Nigeria was 4.4%, and 5.5% in the general population in Anambra state (HIV/AIDS Policy Fact sheets, 2005), the corresponding rate of infection was 10% among Anambra women (Vanguard, 2005). The study looked into environmental factors that caused the high rate of HIV among Anambra women.

Theoretical Framework

The conceptual and theoretical framework that directed this study is a feminist theory. This theory conceptualized the belief that women are oppressed, disadvantaged, and marginalized in comparison with men (Downes, 2000). Feminists' critics argue that women oppression and marginalization are in

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many ways illegitimate, inhumane, and unjustified (Stewart, 2003). Critics believe the oppression of women is sex based

This type of oppression is because of dominant ideology of a patriarchal society (Stewart). Historically, the author recognized that men have greater power in both public/private domain, and men religiously have guarded this power to maintain supremacy. Patriarchal society created different types of boundaries/obstacles for women thereby creating difficulties for women to become liberated and obtain power. Downes explained that those who have power to influence social institutions have done so by appropriating and legitimizing roles for themselves as well as others (p. 3).

The basic assumptions of contemporary feminist theory were based on conflict theory. Downes (2000) found the following fundamental assumptions.

1. Gender is a central organizing principle of all life. Gender affects us and our life chances more than most of us realize.
2. Inequality based on gender is a major part of social life, thus the experiences of females as a group are not the same as the experiences of males as a group.
3. Female experience is as important as male experience and must be given serious study so that it is no longer ignored, devalued, or misrepresented.
4. Gender, race, age, social class and culture are all important to study because they interact with one another to create very difficult realities and experiences for females who are of various ethnic, racial, age, culture, and social class backgrounds. This nexus of factors is called the intersection of gender, age, race, culture and social class (p. 1).

In this study, Anambra men through the patriarchal system of *Igbo* culture defined the role for themselves and that of women. "Ridding society culture of patriarchy will result in liberation for women" (Stewart, p. 1).

Feminists use conflict theory to illustrate the gender inequality in a society such as the case in Anambra state culture where "maleness and chauvinism" culminate into institutionalized imperativeness in cultural romance with risky behaviors of multiple sex partners, and other subservient treatments of women (Ezumah, 2003).

Keel (2008) concept on radical Marxism came into focus when applying feminist theory to Anambra state culture. The author noted that "group in power uses position to defuse threat and secure legitimacy of their position and the lower the power of resisters, the higher the probability of enforcement" (p. 3). In Anambra state (*Igbo* culture in general) men have tenaciously held the powers of personal actualization, male supremacy, enforcers of laws, adjudicators of cultural practices, and social justice.

Marginalization of women, subjugation, and subservient treatment of *Igbo* women in Anambra state have kept women from reaching their potentials.

Therefore, contemporary feminist critics drawing from the conflict theory of Karl Marx (Marxism) showed the similarities between Anambra state (*Igbo*) cultural practices and Marxism conflict theory. Some of these similarities are emancipation/exploitation of women, unequal treatment between men and women in addition to the subjugation of women to men (Keel, 2008). Marxism posited that law and state were tools of the ruling class used to control and maintain status quo through a variety of institutions and administered by the elite class (p. 2). A research conducted by Ely and Fadavic (2007) contended that women's skills and attributes have been devalued because of the insidious assumption that women are less rational. They explained that gender difference is a fiction used by men to legitimize unequal treatment (p. 1126). Liberal feminists maintained that "men and women are the same because both have capacity for reason and that the disparities are based on culture not on ability" (Godlaski, 2007, p. 3).

Research Study and Method

This study was conducted at Nwafor Orizu College of Education in Nsugbe, Anambra state, Nigeria. It explored the nexus between cultural marginalization of Anambra state women and the spread of HIV/AIDS in the state. The research population was women with a minimum of high school education. The sample size of 50 was drawn from faculty, staff, and students of Nwafor Orizu College of Education, Nsugbe Anambra, Nigeria. This population was chosen because a research study from Ezebudor, et, al. (2004, p. 4) showed that HIV rate in Anambra state is highest among college students as compared to other occupations. Ezebudor indicated that college students aged 16-20 years, had HIV incidence rate of 7.5% while college allied professional aged 41-50 years had an HIV incidence rate of 3.5%.

It is important not only to investigate the environmental factors that contribute to disproportionate number of HIV- infected women in the state, but also to understand the mitigating factors that may counteract the causes. Accurate information of these factors is necessary for cultural modifications and possible government interventions with a balance policy of equality and fairness.

Research and Discussions

The research showed that Anambra state women are at the receiving end of men's marginalization practices such as maleness syndrome, multiple sex partners, pervasive dehumanizing cultural practices, and chauvinistic imperatives of men. The research showed that this cultural marginalization in the state is one of the main reasons for the disparity in HIV contraction between the genders in the state.

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Data showed that women have been conditioned into lacking assertiveness and personal resolve. They lack organization and cohesion. As a result, they seldom speak with one voice against cultural practices that always send them to societal silo.

Marginalization of Women in Anambra state.

Marginalization occurs when groups of people are socially excluded and experience inequalities in the distribution of resources and power (Vasas, 2005). "Marginalization can be constructed in terms of geography, people, and groups positioned in disadvantaged margin or the process by which certain people are privileged over others at any given time" (p. 195). Garzon (2007) described marginalization as denial of privileges and granting of limited access to a group of people. Marginalized population or group also can be ostracized and be treated as outsiders. In many communities in Anambra state, women are not allowed to partake in discussions that affect the community in which they live. Community meetings and deliberations are only for men.

Discoveries indicated that marginalization comes in different phases, forms, and styles. It includes subservient treatments of women by men, rape, and promiscuity of men, polygamous marriages, surrogate wives, concubinages, widowhood practices, and female genital cutting. Promiscuity among men is not uncommon, and there is no culpability for men who engage in such a risky lifestyle (Ezumah, 2003). Contrarily, women are held accountable for sexual misconduct outside the matrimonial home. This outcome collaborated Okeibunor, (1999) of similar research. These types of institutionalized cultural practices have relegated women to almost irrelevant status in the community. Marginalization has instilled fear of survival to women. They fear abandonment by their husbands. In addition, it has conditioned women to accept low status as the norm in the society and community.

Study showed that marginalization and discrimination against women are rooted in cultural beliefs on procreation and the importance of maintaining patriarchal lineage. Consequently, men's promiscuity is culturally acceptable, thereby condoning factors and environments that propagate the transmission of HIV. Wives and girl friends are infected with no culpability.

Purcell (2004) noted that the marginalization of women in Anambra state is a consequence of the women's cultural role as breeders of children and home makers outside the patriarchal lineage. Culture has tolerated male promiscuity while treating such behavior from women as abomination that needs cleansing by the *gods* and *goddesses* of the land. Male child continues the family lineage while a female child is married off to contribute to the lineage of another family. This collaborated Purcell (2004) study.

Polygamy

Polygamy is a marriage of a man to more than one wife. Research showed that in Anambra state, polygamy is widespread, and common. Polygamy is an institutionalized cultural marginalization and a societal unequal treatment between the genders. Women in the study were in agreement that the practice has devalued not only the personal stock and integrity of women; but has also created a personal, psychological and sexual torture to the women in the marriage loop. The sexual fantasies and exuberances in polygamous marriage are limited to the men while bestowing a second class citizen to the women. It has also elevated the status of the men to cultural prominence and societal relevance. The study showed that polygamy has debased the equality between men and women.

Continuing, in many communities in the state, not only do women have little say in whom they marry, but also their husbands can legally engage in polygamous relationships. This means that men can choose to have more than one wife at a time. Literature has also indicated that husband can plan and marry another wife with little or no approval from the first or second wife because polygamy is legal, and is practiced by many (Elbedour et.al, 2002; Mbachu, 2003; Boshego, 2006). This type of cultural tolerance of polygamy and marginalization has been known to be factors in HIV transmitted disease, especially in women by their male counterparts.

Historically, polygamous practice has helped provide families with many children who became farm hands and thus, helped in advancing the economic and financial status of the family. However, the advent of HIV and crusade against inequality and marginalization has rendered the practice obsolete and overdue for abrogation. Unlike many technologically advanced countries such as the USA, Great Britain, etc. farming is mechanized . In Anambra state, as is true to the rest of Nigeria, the practice is of subsistence level. In a purely agrarian society, large households are an important element in agricultural productivity, which increases prosperity and the man's standing in the community. Purcell (2005) explained that polygamy provides many women the opportunity to be married and to raise a family. Acquiring more than one wife offered the husband many advantages in terms of increased probability of many children and the attendant increased manpower (Elbedour et al., 2003). This practice, subordinates women to their husbands and often makes them vulnerable and marginalized to their husbands' lifestyle exuberance (Ozumba, 2005). From the mid-1980s when the HIV/AIDS pandemic was first diagnosed, the cultural practice of polygamy seems to have become a vehicle for disseminating different types of sexually transmitted diseases including HIV. In a culture where condom is sparingly used, especially in a marriage union, contraction of the disease by either one of the wives or husband might mean contraction for all.

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Concubinage and Surrogate wife/husband

Studies discoveries indicate that concubine and surrogate wife/husband are commonly practiced in many communities of the state. In Anambra state, the culture through its marginalization machinery has placed greater importance and higher premium on male child than female child. The importance cannot be under-estimated. It has metamorphosed to the practice of concubine and surrogate marriages. The participants in this research deplored the importance placed on male child as that has undermined women's right and equality with men. The research revealed that more often, the husband resort to multiple marriages or can offer his wife to his friend as a surrogate wife for the sole purpose of having a male child for the family. However, study indicated that this art of cultural marginalization is done quietly, carefully, and covertly. It was shown that in many instances, men choose a surrogate husband for their wives without the wives' approval or parents choose a surrogate husband for their daughter without the daughter's consent.

Ezumah (2003) has articulated the importance of male child in the culture. He indicated that the cultural hallmark on the value the society places on the ability of women to bear male children has given rise to these different types of marriage arrangements. Childless women tend to be treated with disdain, and infertility is blamed on the woman. Literature also showed that many authors such as Ozumba (2005) have commented on the importance of male child in the culture. Ozumba stated that "infertile women are seen as scum and offscourings of the earth that are beaten, harassed and deprived of their rights" (p. 6). Purcell (2004) commented that women, who have only female babies in most instances also, suffer abuse and neglect because the culture provides the necessity for each man to have a male heir and for each woman to bear at least one son. Purcell considered successful marriage in the culture as one with a male child. Boshego (2006) explained that a "barren woman is considered to have failed to fulfill her obligations and therefore suffers the infliction of being abused by her husband and members of her husband's family" (p. 141).

Ezumah, (2004) described surrogate wife/husband and concubine as when a married man still living with his "inside wife" (legal wife) or a married woman still living with her "inside husband" (legal husband) engage in an extramarital affair with another woman ("outside wife") or man ("outside husband") for the sole purpose of having a child, preferably a male child. This practice provides men an opportunity to engage in outside sexual networking with women whose husbands are impotent or women who do not have a male child with her husbands, widows who aspire to continue having children for her late husbands, and girls whose families do not have a male child and whose parents can no longer bear children (Ezumah, Ilika, 2004). Concubine and surrogate wife/husband practices dis-empower women, subjugate women to men and eschew women to the caprices and margins of male controlled society. With wide-spread of HIV, this type of covert, disguised but popular cultural and

institutionalized practice of women marginalization, has become a vehicle for transmission of HIV.

These cultural marriage practices tend to support an equally traditional promiscuous lifestyle for men. The arrangements have made it permissible and culturally acceptable for men to engage in sexual activity with multiple partners. Ezumah (2003) described how such inequality and disparity in gender relations affect contraction of HIV. Gender inequality creates fear of abandonment and rejection in women. This results in marginalized women incapable of or empowered to negotiate safe sex because they find it difficult or impossible to insist that men wear condoms (Ezumah, 2003; Smith, 2004). Total domination by men and “spouse abuse,” as it is called in the Western world, has taught Anambra women to be silent and subservient partners in marriage relationships.

Widowhood and Wife Inheritance

Study showed that widowhood and wife inheritance are still practiced by many communities in the state. Women in the study overwhelmingly concluded that wife inheritance is an ideological, sometimes hostile, and barbaric cultural practice of men’s imposition of their will, selfish motives, and sexual aggrandizement on sometimes to unwilling women. Many women are particularly offended and insulted by this practice. Wife inheritance happens mostly when a women has been widowed. Often the inherited wife becomes a second wife or a surrogate wife.

Research unveiled the magnitude of women’s marginalization in Anambra state. Women are relegated to the societal and cultural margins of near irrelevance except for making babies. They are supposed to function only in the family but not ownership or inheritance rights hence “wives do not inherit because of the customary notion that women are property and therefore, the object of inheritance themselves” (Ezeilo, n.d., p. 12). In a case decided by the Supreme Court of Nigeria, *Nezianya versus Okagbue*, the court ruled that “no equity arose in the widow’s favor through her long possession, it having been acquired by the qua member of her husband’s family with consent (actual or implied) of his family” (p.13).

However, recent developments in the state showed that political and religious pressures are mounting within the state to moderate widowhood rites that result in inheritance practices. Even though these pressures are multi - dimensional, little progress has been made. The pressure has come mainly from church evangelical groups, and some women’s organizations. These organizations believed that widowhood that results in wife inheritance is immoral and barbaric. They are considered acts of promiscuity that is at epicenter of women marginalization.

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The low status and marginalization of women has resulted in subservient treatment of widowhood (Donbraye, 1999). As a result of the maleness culture of the society, power is tightly held by men (Donbraye; Pennington, 2006). This cultural threshold has made “remarriage of a widow to be rare especially those nearing the age of 30 or who are barren or childless” (p. 2). This aspect of the culture underlies the practice of wife inheritance. If the husband passes away, especially if the husband dies early in life or has no male child, his wife can be a viable candidate of inheritance by his brother (Donbraye; Enyindah, 2006). The authors stated that the practice is also designed to keep the family’s inheritance in the family. Currently this practice is considered risky, especially with the epidemic of STDs (Adejuyigbe, Fasubaa & Onayade, 2004). The authors discussed the case of a woman who suspected her late husband had died of AIDS but allowed herself to be inherited by her brother in-law for fear not only of being cast out also for fear of losing personal control of her husband’s wealth. The authors stated that with time, both the inherited wife and the surrogate husband tested HIV positive because the inherited wife passed HIV on to the surrogate husband. This practice exposed the entire family and the community to the dangers of HIV/AIDS.

The traditional idea behind “male inheritance only” is to save the patriarchal lineage from extinction (p. 1-2). Hofstede, (2003) noted that the underlying concept of cultural practices that result in the mindset of male superiority is the result of collective acceptance of discriminatory and marginalization ideas that enforce unfair distinctions between one category of people and another.

The marginalization and subservient treatment of women, which have deprived Anambra women assertiveness and self esteem, have directly or indirectly aided in promoting the spread of HIV/AIDS in Anambra state. Men have treated their wives as sex pawns, and have enjoyed indiscriminate, unlimited, and unprotected sex with multiple women. They are acting as hosts, agents and environments that form synergies for spreading HIV/AIDS around the community and state.

Female Circumcision or Female Genital Cutting (FGC).

The issue of female genital cutting (FGC) featured prominently in the research. Women participants deplored this practice. Many described the practice as “barbaric and animalistic” The cultural expectations of women to maintain loyalty, and respectfulness to their husbands in addition to men’s role as decision maker in the family affairs including health issues have made it difficult to prevent FGC. As in other practices, women are marginalized silent partners, stigmatized as incapable of making sound decisions including health issues that affect them.

In the absence of total loyalty and submission from women, men are required to use force to maintain compliance from the women. This compliance might come in the form of psychological or mental abuse (United States Department of State, 2004). FGC is one of the most politically contentious areas of women’s health

and an estimated 130 million women worldwide have been subjected to the misery with an additional 12 million girls and women undergoing the procedure every year (Center for Reproductive Rights, 2007).

Despite strong opposition to the practice, FGC is common in Anambra state and among the Igbo culture (Arebi, 2007). Citing Okay of the University of Port Harcourt, Nigeria, the author stated that female circumcision is perceived to originate from the over zealousness of men to control the reproductive ness, feminism, and sexual behaviors of female. Proponents of FGC defend it in terms of cultural and religious rites. Arebi explained the cultural belief that refers uncircumcised women as promiscuous, unclean, and sexually untrustworthy (p. 2). As a result, FGC is still widely practiced in Anambra state and sometimes covertly.

A study by Feyi-Wabosa and Akinbiyi (2006) on practice of genital cutting in antenatal patients, the authors found that the practice is used to foster women's subordination to men. The procedure is used for initiation of girls into womanhood, safe guarding the virginity of girls until marriage, attenuation of girls' sexuality, increased sexual pleasure for the husband, ethnic identity, and increased matrimonial harmony (p. 89-90). This practice has become another way culture has directly or indirectly influenced the spread of HIV/AIDS among women of Anambra state. For example, the risk of HIV transmission is high when as it is often the case, local healers use an un-sterilized and sometimes HIV tainted surgical instruments such as knives, razor blades to perform multiple circumcisions (Ebomoyi & Afoaku, 2000; Pacodeo, 2004 ; Omar and Mohamed, 2006 ; Keown, 2007)

Occupational Marginalization

Study showed that societal marginalization of women has pushed most women into service occupations such as maid service, clerical work, bar- tenders, teachers, and many other low -level jobs. Work places such as professional advancements, appointments to positions of influence, social, and political recognitions, admissions to engineering, and technology courses in colleges and universities are structurally discriminatory against women. Thus this type of occupational sexism has aided in widening the inequality in the gender groups. Discoveries indicated that women were structurally marginalized into teaching and allied occupations. For example, this study was conducted at Nwafor Orizu College of Education in Nsugbe, Anambra state. The population of the school in the year 2006–2007 was 5,800, out of which women composed 98% of the population (College of Education Registrar's Directory, 2006). The discoveries indicated that 75% of the state's teachers were women. This disproportionately female population in teaching and allied occupations was because teaching is covertly referred to as "female occupation" while high paying jobs in medicine, technology, engineering, science, and law are covertly referred to as male

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discipline and occupation. Research showed that this type of marginalization and discrimination are among the fundamental elements driving women into early marriages, risky marriages, polygamous marriages, and other forms of marital arrangements laden with risks of contracting STD/HIV.

Limitations, Implications, and Conclusion

The study is limited to the population of Anambra state. Therefore, it cannot be inferred to other states with common boundary including those with similar culture. However, it is important for other states in Nigeria and other African countries to understand the inherent problems in environments and culture because the commonalities in marginalization of women in Anambra state, Nigeria and Africa are narrower than the differences.

Marginalization and cultural disempowerment of women result in gender inequality, poverty, ignorance, and lack of assertiveness. When a group of people or population is limited in access to open economic, political, and social opportunities, there is bound to be pervasive illiteracy and poverty. However, some non-governmental organizations are making efforts to moderate the cultural marginalization of the women in the state. For example, the co-coordinator for Global Action against Inhumanity (GAAINS), a non-governmental organization, (NGO) has embarked on a state-wide campaign to sensitize all communities in Anambra state on some of the high-risk cultural practices that stem from dehumanization and marginalization of women (Anambra State Government, 2006). The co-coordinator, Ikeme stated that over 100 years after the advent of Christianity among the Igbo population, and the civilization that followed, the people of Anambra state are still reluctant to change. The people still hold tenaciously to cultural practices, not only are gender biased, but also are more ideological than progressive.

The GAAINS singled out the following problems for abrogation and moderation. These are different types of marginalization such as wife inheritance, surrogate wife, surrogate husband, widowhood rituals such as shaving the widow's hair in addition to subservient treatments. It should be noted that in the pre-HIV/AIDS era, these practices were used to enhance family ties, provide for widows, and to maintain patriarchal lineage. Currently these practices have become vehicles for promoting the spread of HIV/AIDS in the community and need to be reexamined.

Furthermore, efforts have been made in changing the widowhood practices in some Anambra communities. However, progress has not been encouraging. For example, Donbraye (1999) noted that even though religious beliefs and women groups are expected to condemn widowhood practices in Nigeria, paradoxically that has not been the case. In a study conducted in Ozubulu, a community in Anambra state, Ilika & Ilika (2005) concluded that despite the advent of Christianity and modernization in the community and state, widowhood

practices are still strongly executed. Efforts made to end the practice have often resulted into violence and conflicts. The authors' discoveries corroborated Donbraye's on the inability of women to exercise assertiveness and leadership in changing and abrogating some cultural and dehumanizing practices. The authors noted that "because of cultural and religious norms, superstition, fear and traditional resistance to cultural changes, the victims, who are women, condone such violence and seem to be complacent" (p. 66). Donbraye recommended structural reform. She concluded by saying "whether one is dealing with widow rites or democracy, a delicate balance must be struck between preserving the culture of a people and having cultural practice that neither harm nor dehumanize" (p. 3).

Garzon (2007) suggested that regardless of the category of marginalization and disempowerment, leaders, and policymakers face the challenges of reintegration of the excluded population into its community. One of such methods of reintegration is removing the barriers that have moved the marginalized population to the margins. One such example is in 2006, Dame Virginia Etiaba was sworn in as the governor of Anambra state and the first woman governor in Nigeria (BBC News, 2006).

The study results suggested some solutions for the government and communities in Anambra state. One of such solutions is empowering women through education. Empowerment is necessary to counteract the marginalization effects that promote the transmission of HIV/AIDS among women of Anambra state. Discoveries showed that as a result of cultural imperatives, most women are not empowered to make their own decisions on important issues such as marriage arrangements, sexual relationships, partnerships, procreation, education, safe sex, and the use of condoms. Traditional practices severely have weakened Anambra state women's assertiveness. Empowering them might improve their quality of life.

Because of the complicated nature of culture and the pervasiveness of the marginalization, it would be wrong to assume that one solution or approach toward empowerment will suffice. It is equally important to recognize that the high illiteracy rate of adult women in the state will pose a daunting challenge toward women empowerment in a very short period. The illiteracy rate among women in the state is 26% (National Bureau of Statistics, 2006). Therefore, education is vital to achieving empowerment. Olakulein and Ojo (2006) commented that illiteracy remains at the center of women empowerment problems in Nigeria.

Empowering women through education might come in phases, and might be on different literacy levels. The leaders might offer scholarships to women, abolish what participants in this study referred as the "feminist discipline and masculine discipline" in education, grant equal employment to qualified women, and if necessary offer a program akin to the affirmative action as practiced in the United

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States of America. Educational empowerment might ameliorate the marginalization tentacles and socio-cultural imbalance that seems to undercut healthy lifestyle behaviors. It is important not only to understand the significance of these educational structures but also to formulate appropriate policies at all levels of education that seek to address the cultural dichotomy of thoughts and treatments.

Leaders and society will benefit from educational empowerment of women because it will offer them opportunities to break what Olakulein and Ojo (2006, p. 2) referred to as the “cyclical class of ignorance and poverty.” Education empowerment is likely to encourage women to reject risky marginalization practices such as engagement in widowhood rites, wife inheritance, and surrogate husbands. Therefore, it is imperative for state government and policy makers to understand the benefits of empowering women. Leaders should plan effectively the required policies and the seamless strategy necessary to use in counteracting the inflexibility of the culture that has pressured women into making choices considered high risk behavior.

Adoption policies need to be liberalized. Through adoption, women and men who do not have children or who do not have their desired gender can adopt babies of their choice. Not only will this policy reduce the dehumanizing stigma imposed on a woman without a child, it will also improve the motherless or orphanage problems in the state. Comprehensive efforts in women empowerment through education and liberalization of adoption policies in the state will ameliorate women’s marginalization problems in the state. It will also reduce the risky sexual practices women have been subjected into.

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