

## **Masculinity, Cultural Norms, and Sexualized Substance Use: Afrocentric Insights into Women's Sexual and Reproductive Health in Benue State, Nigeria**

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### **[0195] Abstract**

*The consumption of psychoactive substances before or during sexual activity poses serious challenges to women's sexual and reproductive health in Nigeria. In Benue State, culturally dominant constructions of masculinity, often equated with sexual strength and virility encourage the use of alcohol, herbal aphrodisiacs and "manpower" substances to enhance male sexual performance. While these practices are intended to affirm male identity, they frequently expose women to coerced or prolonged sexual encounters, unprotected sex, unintended pregnancies and sexually transmitted infections. This paper examined how masculinity, cultural norms, and SSU intersect to shape women's sexual and reproductive health outcomes. Using secondary data sources, the study analyzed how inadequate sex education, cultural perceptions, polygamy and environmental conditions reinforce women's vulnerability to the consequences of SSU. The analysis is anchored highlight how male-dominated sexual practices and gendered power relations undermine women's health in African contexts. Findings reveal that entrenched cultural expectations of male sexual performance remain central drivers of SSU and its associated risks for women. The paper recommends culturally grounded interventions that challenge harmful masculinities, expand sexual and reproductive health education, and promote inclusive policies that engage traditional leaders, religious institutions, and women's networks. By centering Afrocentric perspectives, the study contributes to rethinking how gender and cultural norms shape women's sexual and reproductive health in sub-Saharan Africa.*

**Keywords: Afrocentric, Benue State, Cultural Norms, Masculinity, Sexualized Substance Use, Women Reproductive Health.**

### **Introduction**

Sexualized substance use (SSU) is the consumption of illicit psychoactive substances before or during sexual activity for optimal sexual satisfaction. This has been recognized as an emerging global health concern with complex cultural and gender dimensions. Evidence shows that alcohol, stimulants, opioids, cannabis, MDMA and other psychoactive substances are often used mostly by men to reduce inhibitions, heighten pleasure, or prolong performance during sexual encounters (Giorgetti et al., 2017; Beynon et al., 2023). However, the risks associated with SSU are profound, particularly for women, who frequently experience coerced sex, limited condom negotiation, unintended pregnancies, unsafe abortion and exposure to sexually transmitted infections (Kasirye & Mutaawe, 2018; Zhang, 2020). Globally, the phenomenon of "chemsex" has been extensively studied in high-income countries, especially among men who have sex with men (Bourne et al., 2020), yet, there is limited research focusing on women's experiences, particularly in African contexts where cultural constructions of masculinity play a significant role in shaping sexual practices. In sub-Saharan Africa, alcohol, cannabis, tramadol, and herbal aphrodisiacs are commonly used in sexual contexts, with studies showing strong associations between substance use and poor reproductive health outcomes (Ssekamatte et al., 2023; Drevin et al., 2021).

Notably, in Nigeria, substance abuse has escalated in recent years, with tramadol, codeine-based cough syrups, cannabis and herbal sexual stimulants being widely available and often misused (Chikezie & Ebuenyi, 2019; Jatau et al., 2021). These practices are reinforced by cultural norms that equate masculinity with sexual dominance, virility, and endurance. It has been observed that within Benue State, cultural expectations tied to marriage systems, polygamy and communal values further pressure men to demonstrate sexual prowess. While such practices aim to affirm male identity or role,

they expose female folks to vulnerabilities (Adjei, 2016; Tamale, 2017). Despite the growing burden of substance misuse in Benue State, there are limited studies focusing on sexualized substance use as a gendered cultural practice and its specific consequences for women in Benue State. This paper addresses this gap by synthesizing theoretical and empirical literature to explain how masculinity and cultural norms drive SSU and how these practices shape women's sexual and reproductive health outcomes.

## Objectives

This paper seeks to: (a) Examine how cultural constructions of masculinity drive sexualized substance use (SSU) in Benue State. (a) Assess the implications of sexualized substance use on women's sexual and reproductive health (c) Propose Afrocentric, gender-sensitive interventions and policy recommendations that address the socio-cultural determinants of SSU and safeguard women's health.

## Theoretical Literature

**Sexualized Substance Use:** Sexualized substance use is defined as the consumption of psychoactive substances immediately before or during sexual activity to enhance arousal, performance, or pleasure (Giorgetti et al., 2017). The phenomenon has been described as "chemsex" in Euro-American contexts, often involving stimulants such as methamphetamine, cocaine, and gamma-hydroxybutyrate (GHB) (Bourne et al., 2020; Drevin et al., 2021). In sub-Saharan Africa, SSU often takes different forms, with substances such as alcohol, tramadol, cannabis, and locally prepared herbal aphrodisiacs playing central roles (Kasirye & Mutaawe, 2018; Jatau et al., 2021). In Nigeria, studies report increasing use of tramadol and traditional substances known as "manpower" for performance enhancement in heterosexual encounters, highlighting a unique regional expression of SSU (Nna et al., 2016; Chikezie & Ebuenyi, 2019). SSU is therefore not only a biomedical or behavioral concern but also a deeply cultural practice, shaped by local understandings of sexuality and performance.

**The Intersection of Masculinity and Cultural with Sexualized Substance Use:** Masculinity is widely understood as a socially constructed set of norms and practices that define expectations of male behavior. Connell's (1995) concept of hegemonic masculinity privileges dominance, control and virility which mostly depicts masculine traits, creating hierarchies among men and reinforcing male dominance over women. In African contexts, masculinity is often tied to fertility, sexual prowess, and the ability to sustain large families (Adjei, 2016; Silberschmidt, 2011). Research in Nigeria suggests that young men equate masculinity with sexual stamina and the ability to satisfy multiple partners, a perception that drives substance use in sexual contexts (Oluwagbemiga et al., 2024). Thus, masculinity functions both as a cultural script and a behavioral motivator that normalizes sexualized substance use. Cultural norms are the shared beliefs, values, and practices that regulate acceptable behavior within a community (Hofstede, 2011). In Benue State, like many other African settings, cultural norms surrounding marriage, polygamy, and fertility place pressure on men to demonstrate sexual capacity, while women are expected to remain submissive and compliant in sexual relations (Tamale, 2017). Religious institutions and communal elders reinforce these norms, creating environments where SSU practices are silently tolerated or even encouraged (Adomako-Ampofo, 2004). Importantly, these norms not only shape male behavior but also constrain women's sexual agency, limiting their capacity to negotiate safer practices.

**Afrocentric Feminism and Sexualized Substance Use in Benue State:** Sexualized substance use (SSU) among women in Benue State must be examined within cultural and gendered contexts that shape health behaviors and vulnerabilities. Studies in Nigeria and across Africa emphasize that women's experiences with substance use and sexuality are inseparable from cultural norms, communal expectations, and patriarchal structures (Ogundipe-Leslie, 1994; Nnaemeka, 2004; Tamale, 2017). In Benue, where traditional expectations of femininity and marriageability remain strong, women often negotiate their sexuality within male-dominated spaces, a reality that influences their engagement with SSU. Evidence from research indicates that psychological stress and socio-economic pressures play major roles in substance use among women. From an Afrocentric feminist perspective, women in Benue navigate substance use and sexuality not in isolation, but in relation to cultural demands and patriarchal control. Ogundipe-Leslie's notion of *Stiwanism* emphasizes the communal consequences of risky behaviors, reminding us that women's participation in SSU has implications not only for individual health but also for families and communities. Nnaemeka's *Nego-feminism* further explains how women often engage in SSU as part of strategies of negotiation, balancing sexual agency with economic and

relational survival in contexts where men largely control sexual relationships. Thus, women's engagement with substances in Benue State is closely tied to cultural norms, economic challenges, and gendered power relations. This perspective not only contextualizes the health risks associated with SSU but also underscores the importance of culturally grounded interventions that respond to women's lived realities in Benue.

***Implications of Sexualized Substance Use on Women's Sexual and Reproductive Health:*** Sexual and Reproductive Health (SRH) encompasses the rights and health outcomes related to sexuality, contraception, maternal health, fertility regulation, and the prevention and management of sexually transmitted infections (WHO, 2020). Globally, evidence shows that women face disproportionate burdens from sexualized substance use (SSU), with far-reaching consequences on their sexual and reproductive well-being. Studies indicate that SSU often heightens the risk of coerced and transactional sex, unintended pregnancies, unsafe abortions, and vulnerability to HIV and other sexually transmitted infections (Shannon et al., 2018; Beynon et al., 2023). The physiological differences between men and women, combined with gendered power relations, exacerbate these risks, as women are more likely to experience adverse health outcomes even when they are not the primary initiators of substance use during sexual encounters. In the Nigerian context, SRH challenges associated with SSU are compounded by inadequate access to quality health services, weak policy enforcement, and persistent socio-cultural silences around discussions of sexuality (Okonofua, 2019). Limited contraceptive availability, stigma attached to seeking SRH services, and low awareness of substance-related reproductive risks further endanger women's health.

For young women especially, the intersection of poverty, gender inequality, and substance use often translates into reduced negotiating power in sexual relationships, thereby increasing susceptibility to exploitation, sexually transmitted infections, and reproductive coercion. Within Benue State, the situation reflects a complex interplay of cultural, social, and health system factors. Cultural expectations of male dominance and sexual entitlement reinforce gender hierarchies that limit women's ability to refuse substance-facilitated sex or insist on safer practices. The widespread availability and normalization of sexual stimulants, such as alcohol mixtures, tramadol, and locally prepared herbal aphrodisiacs undermine women's autonomy, as men may use them to prolong sexual encounters or heighten sexual desire without consideration for women's comfort or safety. Consequently, women are often exposed to prolonged and sometimes violent sexual practices, reproductive tract infections, genital injuries, and psychological trauma. Furthermore, SSU perpetuates a cycle of vulnerability by weakening women's reproductive choices. Substance use is associated with impaired contraceptive use, inconsistent condom negotiation, and reduced uptake of maternal health services, which together contribute to high rates of unplanned pregnancies and unsafe abortions (Adebayo & Owoaje, 2021). Women living with HIV in Benue, where prevalence remains among the highest nationally, face compounded risks, as SSU both increases the likelihood of infection and interferes with adherence to treatment regimens. The long-term implications include not only compromised reproductive health outcomes but also intergenerational effects, as children born to women affected by SSU may face heightened risks of poor maternal care, neonatal complications, and socioeconomic deprivation.

## **Empirical Literatures**

Bourne, Reid, Hickson, Torres-Rueda and Weatherburn, (2020,) global systematic reviews show that SSU is heterogeneous in prevalence across populations and settings. Moreover, previous studies estimated that between roughly 15–37% of sampled populations reported using intoxicants before or during sex, though prevalence varies by sexual orientation, region, and substance type (Bourne et al., 2020; Beynon et al., 2023). Relatively, studies from Benue State provide valuable insights into the patterns of substance use and their implications for sexual and reproductive health. Among adolescents, substance use has been documented as both prevalent and significantly associated with adverse psychosocial outcomes such as poor school performance, risk-taking, and social maladjustment (Ajayi & Owolabi, 2020). This suggests that young people in Benue are especially vulnerable to risky behaviors, including sexualized substance use (SSU), as part of their developmental trajectory. Alcohol use in social spaces has also been directly linked to sexual risk behaviors. A survey of young patrons of alcoholic beverage outlets in Makurdi, the state capital, found that excessive drinking was strongly associated with multiple sexual partners, casual sex, and low condom use (Gire & Shaahu, 2015)). Such findings demonstrate that alcohol consumption, a common substance in SSU, facilitates environments where women's sexual and reproductive health is endangered. Complementary research in Makurdi further

highlights how social events and low self-efficacy predict excessive alcohol consumption, underlining the situational contexts that encourage SSU (Audu, Ogbeyi, Omole, Joshua, Gobir&Anejo-Okopi, 2020).

Furthermore, Tramadol misuse has also been widely studied in Benue State. Nna et al. (2016) and Chikezie and Ebuenyi (2019) identified tramadol as a popular “manpower” drug used to enhance male sexual performance, while local validation studies in Benue State confirm that sexual motives, peer influence, and substance availability are key triggers for use. Another study of socio-economic population in Benue State also demonstrates a glaring substance use patterns. A study among motorcycle riders in Katsina-Ala Local Government Area, reported extremely high rates of alcohol (84%), marijuana (64%), tramadol (56%), and codeine (42%) use, with motivations including “to feel strong” and to meet work and sexual demands (Burbwa, & Kimbi, 2023). Similarly, research on female migrants in Makurdi shows that alcohol consumption contributes to casual sex, multiple partnerships, and inconsistent condom use, underscoring women’s economic vulnerability in substance-linked sexual encounters (Onyema,2019).

Finally, Studies among university students in Benue State indicate that depression is a significant predictor of drug abuse, suggesting that psychological stress plays a central role (Anyalewa& Idoko, 2020). In addition, qualitative research among people living with HIV/AIDS in Benue confirms the use of substances including alcohol, tramadol, and herbal mixtures to cope with illness, social pressures, and sexual performance demands (Ezema, Aniwada, Ayemoba, Adekanye, &Okeji, 2022). Intervention-based research in Benue further shows that educational modules grounded in health behavior and cultural models can reduce tramadol misuse among young people, suggesting feasible pathways for locally tailored harm-reduction strategies (Zwawua, Ismail, Mohd Yasin, Mohd Noor, Iorvaa, Kor,&Ukpekeh, 2025).

Comparatively, the above reviewed studies confirmed that Benue State is a fertile ground for SSU, with local alcohol, marijuana and herbal aphrodisiacs emerging as culturally recognized sexualized substances. They also revealed how SSU intersects with cultural constructions of masculinity and socio-economic vulnerability to exacerbate women’s reproductive health risks.

### **TheoreticalOrientation**

This study is anchored on two complementary frameworks: Connell’s Hegemonic Masculinity and Ogundipe-Leslie’s Stiwanism (Social Transformation in Africa Including Women). Together, these frameworks provide an Afrocentric and gender-sensitive lens for analyzing sexualized substance use (SSU) and its implications for women’s reproductive health in Benue State. Connell’s (1995) theory of hegemonic masculinity explains how culturally dominant ideals of manhood shape men’s behaviors and reinforce gender inequalities. Hegemonic masculinity privileges sexual virility, endurance, and dominance as markers of male worth (Connell & Messerschmidt, 2005). In Benue State, these ideals manifest in widespread use of alcohol, tramadol, and herbal aphrodisiacs (“manpower” drugs), which men consume to prolong performance and demonstrate strength. While such practices affirm men’s identities, they often diminish women’s agency in sexual relationships and expose them to coerced sex, prolonged encounters, unintended pregnancies, and sexually transmitted infections.

This framework is therefore useful in explaining how SSU is driven by cultural pressures on men to perform masculinity. On the other hand, Ogundipe-Leslie’s (1994) concept of Stiwanism, Social Transformation in Africa Including Women emphasizes that African women’s experiences must be analyzed within their own cultural, social, and historical contexts. Unlike Western feminist models, Stiwanism calls for inclusive transformation that incorporates women’s voices, communal values, and cultural realities. Applied to SSU in Benue, Stiwanism highlights how inadequate sex education, religious silence, polygamy, and cultural expectations of female submission reinforce women’s vulnerability. It situates the consequences of men’s SSU practices within women’s lived realities and underscores the need for interventions that are culturally grounded, community-driven, and gender-inclusive. By combining these frameworks, the study provides a dual lens, hegemonic masculinity explains the cultural drivers of men’s SSU, while Stiwanism situates the reproductive health consequences within women’s experiences and calls for transformative solutions. Locally, these perspectives illuminate how masculinity scripts in Benue normalize SSU and how women disproportionately bear the risks, thereby justifying the need for Afrocentric, gender-sensitive interventions.

## Methodology

This study employed a narrative review approach, drawing on peer-reviewed articles, policy documents, and institutional reports. Sources were retrieved from Google Scholar, PubMed, ResearchGate, and Nigerian health repositories using keywords such as *sexualized substance use, tramadol, manpower drugs, masculinity, Benue State, and women's reproductive health*. Relevant studies were thematically synthesized to examine masculinity, cultural norms, and their implications for women's sexual and reproductive health in Benue State.'

## Discussion

This paper review demonstrate that sexualized substance use (SSU) is not only a behavioral phenomenon but a socially constructed practice that intersects with cultural norms of masculinity, women's reproductive health, and institutional responses. By situating SSU in Benue State within broader global and regional patterns, and interpreting it through the lenses of hegemonic masculinity (Connell & Messerschmidt, 2005) and Stiwanism (Ogundipe-Leslie, 1994), this discussion provides a deeper understanding of how SSU emerges, why it persists, and what interventions may be effective in addressing its consequences for women.

**Global and Regional Evidence on SSU:** Globally, SSU has been documented across different populations and is increasingly recognized as a major public health concern. A recent systematic review and meta-analysis demonstrated that women as well as men engage in SSU, with prevalence estimates suggesting that between 15–25% of women in general populations report substance use before or during sex (Maxwell et al., 2022). While initial research on SSU focused largely on men who have sex with men (MSM) in chemsex subcultures, emerging studies highlight that the practice is widespread among heterosexual populations, particularly in low- and middle-income countries (Giorgetti et al., 2017). In sub-Saharan Africa, alcohol remains the most widely used substance in sexual contexts, often associated with unprotected sex, transactional encounters, and multiple partnerships (Akinyemi et al., 2019). Tramadol misuse has also reached epidemic proportions in West Africa, with studies showing its non-medical use driven by motivations to prolong sexual performance and physical stamina (Molobe, Yesufu, Idigbe, & Ibe, 2023). These regional trends resonate strongly with the findings in Benue State, suggesting that local patterns are part of a broader African phenomenon where sexual performance is increasingly tied to substance use.

**Local Dynamics in Benue State:** Benue-specific evidence confirms that alcohol and tramadol are the dominant substances linked with sexual performance. For example, Zwawua et al. (2020) developed and validated a knowledge assessment tool on tramadol misuse among youths in Benue, identifying sexual motives and peer influence as leading factors. In a subsequent intervention, Zwawua et al. (2025) demonstrated that an IMB-based educational module reduced tramadol misuse, underscoring both the severity of the problem and the possibility of context-sensitive solutions. Other local studies show that alcohol use among young people in Makurdi is associated with risky sexual behaviours, including casual sex, multiple partners, and inconsistent condom use (Audu et al., 2020). Research on motorcycle riders in Katsina-Ala further documents alarmingly high rates of alcohol (84%), marijuana (64%), tramadol (56%), and codeine (42%) use, often justified as necessary for "strength" or sexual prowess (Burbwa & Kimbi, 2023). Together, these findings illustrate how SSU is deeply embedded in everyday life in Benue, cutting across youth culture, occupational groups, and social spaces.

**Masculinity and Performance Pressures:** Connell's theory of hegemonic masculinity is crucial for interpreting these practices. The expectation that "real men" must demonstrate virility, endurance, and dominance creates intense pressure to resort to substances that enhance sexual performance (Connell & Messerschmidt, 2005). Contemporary scholarship affirms this linkage, Jewkes, Flood, and Lang (2015) highlight how masculinities across African contexts are tied to sexual dominance and risk-taking, while Ratele (2022) underscores that substance use is often framed as a means for men to meet cultural standards of masculinity. In Benue, the popularity of herbal "manpower" drugs and stimulants reflects precisely these dynamics. Men use substances not only for personal satisfaction but to conform to communal expectations of masculinity, reinforcing their identity through prolonged sexual encounters. For women, however, this dynamic often results in diminished sexual autonomy, coercion, and health risks.

**Women's Exposure and Reproductive Health Risks:** The consequences of SSU are disproportionately borne by women. Prolonged or coerced sexual encounters frequently leave women physically exhausted, while their ability to negotiate condom use is undermined by male dominance and the altered states induced by substances. These dynamics increase risks of unintended pregnancies,

unsafe abortions, and sexually transmitted infections, including HIV. Stiwanism provides a lens to situate these outcomes within African cultural realities, emphasizing that women's experiences cannot be separated from communal and cultural expectations (Ogundipe-Leslie, 1994). In Benue, women's reproductive health is undermined by cultural silence around sexuality, religious teachings that discourage open discussion of sex, and norms that prioritize male authority in marital and sexual relations.

**Socio-Cultural Determinants:** Nigeria generally, and Benue state particularly, sexuality awareness often receive little or no formal sex education. Where education exists, it is usually abstinence-focused and silent on substance use (Akinyemi et al., 2019). This leaves young women ill-prepared to navigate substance-related sexual risks. Furthermore, cultural perceptions of masculinity normalize male sexual dominance which encourages men to use alcohol, tramadol, or herbal stimulants as demonstrations of virility. Such perceptions reinforce hegemonic masculinity and normalize women's subordination (Jewkes et al., 2015). It is worthy of note that in Benue, polygamy remains predominant, men with multiple wives or partners often resort to stimulants to meet perceived obligations of sexual stamina across households. For women, this creates competition, reduced bargaining power, and heightened vulnerability to STIs (Onyema, 2019; Audu et al., 2020). Finally, an environmental condition which denotes easy availability of alcohol, tramadol, and unregulated herbal aphrodisiacs in local markets sustains SSU. Weak pharmacy regulation and open street sales create a permissive environment where women have little influence over men's consumption (UNODC, 2021). Taken together, these determinants show that SSU in Benue is not an isolated behavior but a socially and environmentally reinforced practice.

**Policy and Institutional Gaps:** The findings also reveal systemic weaknesses. Despite increasing awareness of substance misuse, regulatory frameworks for herbal aphrodisiacs remain almost nonexistent in some remote areas in Benue State. Bhagavathula et al. (2016) argued that personal choices regarding sexual enhancement drugs are shaped by public policies governing drug production, importation, and advertising. Tramadol and other psychoactive substances are often sold in open markets, undermining formal control mechanisms (UNODC, 2021). These illicit substances remain widely accessible due to lack of enforcement capacity and corruption among the enforcement agencies (Jatau et al. 2021 & Yakubu et al. 2020). Furthermore, Benue State reproductive health services rarely integrate substance-use screening or intervention, meaning women exposed to SSU often do not receive the support they need (Izugbara et al., 2020; Audu et al., 2020). This exclusion of women's realities from policy frameworks perpetuates marginalization and fails to address the intersection of gender, culture and health.

**Toward Gender-Transformative Solutions:** The findings point toward the need for gender-transformative, Afrocentric responses. Thus, the implications of SSU on women's SRH in Benue State extend beyond individual health outcomes to encompass broader issues of gender equity, reproductive justice, and social development. Addressing these challenges requires context-sensitive interventions that strengthen women's autonomy, improve access to SRH services, and challenge cultural norms that perpetuate male dominance and the misuse of sexual stimulants. At the individual and community levels, interventions must challenge harmful masculinities and provide comprehensive sexuality education that includes substance-use risks. Evidence from Benue demonstrates that IMB-based interventions can work when tailored to local realities (Zwawua et al., 2025). At the structural level, stricter regulation of herbal aphrodisiacs and improved enforcement of drug laws are necessary to control availability. Equally important is the integration of SSU into reproductive health services, with routine screening, counseling, and referral mechanisms for women at risk. Community and religious leaders, who hold significant influence in Benue, must also be engaged in shifting norms around masculinity and sexual health. Digital platforms, which currently amplify the marketing of "manpower" products, can be reoriented to disseminate accurate health information and debunk myths about SSU. Ultimately, combining the explanatory power of hegemonic masculinity with the transformative insights of Stiwanism provides a holistic framework for intervention, one that addresses the cultural pressures on men while amplifying women's voices in reshaping communal health outcomes.

## Conclusion and Recommendations

This review shows that sexualized substance use (SSU) in Benue State is not just an individual habit but a socially reinforced practice rooted in cultural constructions of masculinity. Men's reliance on alcohol, tramadol, and herbal aphrodisiacs to affirm virility reflects hegemonic masculinity, while women bear

the brunt of the consequences such coerced sex, unintended pregnancies, and heightened STI/HIV risks. Weak regulation and the neglect of SSU in reproductive health services further magnify women's vulnerability.

This paper highlights the urgent need for culturally grounded, gender-transformative responses. (a) Health interventions must explicitly address harmful masculinities by engaging men and boys in discussions about healthy expressions of masculinity, sexual responsibility, and respect for women's autonomy. Also given the influence of religious and traditional leaders in Benue, they should be involved in destigmatizing discussions about sexuality and substance use, and in promoting healthier masculinities. (b) Schools and community-based programs should provide accurate, age-appropriate education on sexuality and the risks of substance use in sexual contexts. There is a need for large-scale, population-based studies quantifying the prevalence and health consequences of SSU among women in Benue. (c) Strengthening women's groups and associations can provide safe spaces for dialogue, advocacy, and mutual support around reproductive health and SSU risks. Also Programs should explicitly consider the dynamics of polygamous households, where women may face heightened competition and reduced bargaining power, tailoring interventions to protect their health. (d) Comparative research across monogamous and polygamous households in Benue could illuminate unique pathways of women's vulnerability to SSU. Also building on the IMB-based tramadol intervention, future studies should assess long-term effectiveness of gender-transformative programs and scalability across other Nigerian states.

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