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ARTICLES

- Rural-Urban Migration and Its Effects on Infant and Child Mortality in Ghana
Adansi AMANKWAA & al 1-26
- Family Structure and Reproductive Health Decision-Making among the Ogu of Southwestern Nigeria : A Qualitative Study
Onipede WUSU and Uche C. ISIUGO-ABANIHE 27 - 45
- Social Interaction and Contraceptive Change in Northern Ghana
Bamikale FEYISETAN & al 47 - 67
- Contraceptive Use Dynamics among Migrant Women in Kenya
Charles OMONDI & E.H.O. AYIEMBA 69 - 90
- Poverty and Sexual Risk Behaviour among Young People in Bamenda, Cameroon
RWENGE MBURANO Jean Robert 91 - 104
- Use of Family Planning in Lesotho: The Importance of Quality of Care and Access
Maletela TUOANE & al 105 - 132
- Notice to Contributors / Note aux auteurs 133 - 136

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Family Structure and Reproductive Health Decision-Making among the *Ogu* of Southwestern Nigeria: A Qualitative Study

Onipede Wusu
Lagos State University
Ojo Lagos, Nigeria

Uche C. Isiugo-Abanihe
University of Ibadan
Ibadan, Nigeria

Abstract

This study examines the structure of the Ogu family and its influence on reproductive health decision-making using a qualitative approach. Data were sourced through nine focus groups organized in the study area among married men and women. The data reveal that the family structure in the study area is changing, although the dominant pattern remains extended. The findings of the study suggest that there are on-going internal transformations that tend to enhance gender equity in reproductive health decision-making between husbands and wives. These changes may be attributed to the widespread influence of western culture and the spread of education in the study population, which are necessary concomitants of economic, political and cultural changes taking place in the society.

Résumé

Cet article examine la structure de la famille Ogu et son influence sur la prise de décision en matière de santé de la reproduction. Les données utilisées sont des données qualitatives obtenues à partir de 9 "Focus Group" organisés entre hommes et femmes mariées du milieu d'étude. Les données montrent que la structure de la famille dans ce milieu d'étude évolue bien que le type dominant reste la famille élargie. Les résultats de l'étude montrent que des transformations internes tendant à promouvoir l'égalité entre les genres en matière de prise de décision concernant la santé de la reproduction entre époux et épouses sont entrain de s'opérer. Ces évolutions peuvent être dues par l'influence croissante de la culture occidentale et la généralisation de l'éducation dans la population étudiée qui accompagnent nécessairement les transformations économiques, politiques et culturelles en cours dans la société.

Background to the Study

One of the main barriers to sustainable development in sub-Saharan Africa lies in the area of reproductive health, defined as a state of complete physical, mental and social well being in matter relating to the reproductive system and its functions and processes. Amongst the reproductive health problems confronting the sub-continent are the persistent high fertility levels, high infant and maternal mortality and morbidity rates, lack of control by women over their reproductive activities, low contraceptive prevalence as well as the rising levels of sexually transmitted infections (STIs) including HIV/AIDS. For instance, in Nigeria, total fertility rate remains in excess of 5 children per woman and current use of modern contraceptives is barely 7% (NPC, 2000). Infant and maternal mortality rates in the country are one of the highest in the world; sexually transmitted

infections are seriously afflicting the population; and proportion of HIV positive Nigerians is increasing daily. The high gender inequity in reproductive health decision-making prevailing in the region has been adduced as a fundamental explanatory factor for some of these problems (Caldwell, 1991).

Over the years various government agencies, local and international NGOs, as well as international agencies such as the UNFPA and WHO, have enunciated numerous policies and programmes aimed at improving the reproductive health situation in the poorer countries of the world. Although limited success has been achieved in some areas (Orubuloye *et al.*, 1997), the problems are far from being solved. The intractability of these problems is partly a function of inadequate research to gain lucid insight into their nature, processes and socio-cultural environment.

It is evident from the foregoing that accurate and comprehensive understanding of the reproductive health situation in many countries is still elusive. In particular, the social context of the particular population should be carefully considered if the reproductive health status of the population must improve. Adepaju (1997) has argued that the family is a vital but missing aspect of the search for a way out of the complex problems confronting countries in sub-Saharan Africa. The link between the family and reproductive health problems is crucial in this regard. The family stands as the locus of reproductive health decision-making (Fapohunda and Todaro, 1988). Neglecting the family in the search for solutions to our reproductive health situation may be tantamount to inability to devise testable means of escaping.

As observed by McDonald (1996), reproductive health decision-making processes cannot be properly comprehended if they are examined in the abstract since reproductive health decisions are usually taken in well-defined social and cultural contexts. Obono (2001) also observes that reproductive health issues are culturally determined and can only be understood if the socio-cultural contexts within which they occur are taken into consideration. According to him, to "abstract or dislocate" reproductive health event from "those contexts is to present an incomplete picture of demographic reality." Hence the necessity of a critical examination of the socio-cultural contexts of reproductive health decision-making, of which the family stands very important, in order to obtain a sound and dependable insight. Of course, crucial aspects of such socio-cultural context are rarely captured in traditional quantitative approach (Dixon-Mueller and Germain, 2000).

It is against this background that the study has adopted a qualitative approach in examining family structure and reproductive health decision-making among the *Ogu* or *Egun*-speaking people of southwestern Nigeria. The aim is to capture, in descriptive terms, some aspects of the cultural context of family structure and their effect on reproductive health decision-making.

Source of Data

The study is situated among the *Ogu* of southwestern Nigeria. They are found mainly in Lagos and Ogun states. The people constitute a minority ethnic group settled in hamlets, villages and towns that are scattered along *Yewa* Creek (now Badagry creek) in both Lagos and Ogun states. The *Ogu* are found especially in three local government areas: Badagry (Lagos state), Ipokia and Ado-Odo (Ogun state). Based on the 1991 census, the population of the *Ogu* in Nigeria is projected to about 133,325.

Nine focus group discussions (FGDs) were organized among married urban and rural residents, further disaggregated by sex and age. Four of the FGDs were formed in the urban area, each of which comprises younger and older male and female participants. Parallel groups were formed in the rural areas, except that there were two groups among younger females participants. Nine groups were considered adequate because of the relative homogeneity of the population under study and also the responses in the discussions. The discussions were carried out in the general dialect spoken among *Ogu* people. The *Egun* language consists of six major dialects (*Seto*, *Whla*, *Toli*, *Ajahuwe*, *Thevi*, and *Wheme* (Olaide-Meswaku *et al.*, 2000), but a mild version of *Seto* generally spoken and understood among the people was adopted for the study to enhance maximum participation of members.

The analysis of the focus group discussions was done mechanically, an approach that was preferred to available electronic software because it allows proper handling of underlying expressions in *Egun* language that may be difficult with computer analysis. Basically, a content analysis approach was adopted. The first step was to transcribe the taped version of the discussions. The product was carefully compared with the notes taken during the discussions and a final comprehensive list of issues raised by various participants in each discussion group to the leading questions was prepared. Because the leading questions were structured in line with the objectives of the study, various views expressed on each objective in different groups were compiled. They were then merged into seven such lists in line with the seven objectives of the study. Based on these lists, global summaries of the views on each objective were synthesized. These views were analyzed and some striking expressions were pulled out for verbatim reporting.

Results

Ogu Family Structure: Between Tradition and Modernity

The study examined the major traditional characteristics of the family among the *Ogu* of southwestern Nigeria. The general view of the majority of the male and female participants is that the concept of traditional family connotes a couple, their children whether single or married as well as uncles and aunts, referred to as *tafes* and *tanyins* respectively in the local dialect. It

was stated that the household of a couple is considered as an integral part of the larger family to which it is accountable. Participants regarded the nuclear household of a couple and their children as the 'first family'; while the extended family comprising a number of such 'first families' is considered as the 'real family'. Given below are the views expressed by two women in the FGD in Badagry Township and a man from one of the rural FGD (*Iyafin*) to buttress the points made above.

Mrs. A: Traditionally in *Oguland* a family includes the immediate family of a couple, their own parents and the "*tafes*" as well as "*tanyins*."

Mrs. B: A man and a wife and the children are the first family but they are inseparable from the extended family, they all constitute the real family.

Mr. A: The idea of a family in *Oguland* means the entire extended family, a couple's household is considered an integral part.

Clearly, the extended family has been and continues to be a prominent feature of the *Ogu* social life. In fact, the concept (that is, extended family) has been so deeply entrenched in the socio-cultural environment that it is what is commonly regarded as the "real family". Thus, traditionally, the extended family structure constitutes an important aspect of the cultural context of major decisions. It is within this extended family arrangement that reproductive health decisions and actions take place. It is therefore not surprising that often the man and his wife may not always be the ones to make certain vital decisions with respect to their lives or vital events.

As in many populations, marriage is an important aspect of social life of the *Egun*-speaking *Ogu* people of Nigeria, and it is universally arranged. Participants in all the groups chorused that marriage is crucial in the cultural setting and that it is a transaction between two extended families rather than the two individuals getting married. According to the participants, it was very common in the past for a man living in the town to get married and leave his wife in the care of his parents in the village; he would visit home regularly to fulfill the expected obligations and responsibilities both to his parents and his wife. Thus, the man's own household (family) is kept as an integral component of the larger extended family. Obviously, this practice is a traditional mechanism whereby the stability of the extended family structure is maintained and perpetuated, which also ensured values are transmitted and the influence of the old on the young inculcated and maintained, especially in childbearing, childrearing and conjugal relationships.

Of importance to this study is the position of women in a setting of this nature. Among both male and female groups agreed that for a woman in the *Ogu* social context to sustain her matrimonial home she has to be subject to all her in-laws (including the '*tafes* and *tanyins*'), among whom she lives. This connotes that wives are generally subject to their husbands and their relatives, a veritable means of women subjugation. As supported by the

reaction of most of the participants, the point is that a kind of communal system existed in the past, with its vestiges still operating especially in rural areas. It is not surprising, therefore, that the *Ogu* prefer marrying within their extended family in order to avoid or minimize cultural frictions (Olaide-Mesewaku *et al.*, 2000) and to preserve their cherished familial culture. A typical view on the nature of marriage and the place of woman in *Oguland* is provided below by a woman from Badagry Township:

For a couple to live in the midst of the extended family of the husband, it is expected that the woman will live under the authority of the extended family members. But the system helps to maintain the people's culture.

Two men in *Ijotun* and *Ipara* villages also reaffirm the points stressed above. Marriage is essentially the business of two extended families and never two individuals. The extended family marries a wife for its son, and ensures that they live well. This provides mutual advantages to all the parties.

A man could marry and keep the wife or wives with his extended family back home while he stays in a town doing white or blue-collar jobs. The woman is incorporated into the family, and everybody is a 'husband' to her. Nowadays many men move to the urban areas with their wives, but some men still leave their wives behind and the extended family is obligated to support them.

In all the groups, the majority of the participants indicated that substantial changes are taking place in the family in the study area. They were of the opinion that couples in the urban environment no longer cherish living among the extended family members. Nowadays they prefer to rent private dwelling units outside their extended families. In the FGDs organized in the rural areas, participants stated that even where couples stay among the extended family, emphasis is shifting to the immediate or nuclear family although constant contact is maintained with *afes*, *tanyins*, parents and other members of the extended family system. Furthermore, in all the groups, both rural and urban, participants observed that polygyny is fast fading out and monogamy is becoming normative. Thus, there is a gradual shift from the extended traditional family setting to the modern nuclear family structure, with obvious implications on spousal relationship and reproductive health issues.

One other crucial observation made by urban participants is the emergence of single parent households in the community. Although the majority of the participants acknowledged the existence of single parents, they noted that the development is not acceptable in the community. The positions highlighted above support the literature that family structure is shrinking and the family is generally changing (Bruce *et al.*, 1995). The views expressed by a woman and three men in the FGDs organized in the township as well as that of a man from *Iyafin* are quoted here to buttress the discussion.

Leading question: What are the changes taking place in the family in this area?

Mrs. A: These days young ladies dislike living among their husbands' extended family members. So they opt for separate nuclear apartment. This is a new phenomenon here.

Mr. A: Changes are taking place in the family, single parenthood is emerging even in this area, and this has not been part of our culture. Some women now live alone, and even bear children without being legally married. This could not happen here in the past.

Mr. B: Single parents now exist but it is not an acceptable practice in the society. It is the bye-product of urbanization, and women employment. They feel they can make it on their own because they have their own money.

Mr. C: The practice whereby a man keeps his wife with the extended family in the village while he works in the city is now outdated mainly because it encourages promiscuity. Now a man wants to live with his wife away from the extended family.

Mr. D: In the past men indulged in marrying more than one wife because women used to surrender the proceeds of their labour to their husbands. But this practice is gradually becoming obsolete. They now embrace monogamy.

The last perspective is particularly insightful with respect to the essential materialistic underpinning of marital relationship rather than a strong emotional bonding. The discussions also probed into the factors participants considered responsible for the emerging changes in Ogu family structure. Most of the participants attributed the transformations to the rise in the cost of childbearing and childrearing that is discouraging polygyny as well. Other factors identified by the majority of the FGD participants include economic hardship, urbanization, formal employment that separates young ones from extended family members, choice of marital partner by individuals instead of extended family members and refusal of young women to be subjugated or kept among the extended family members. There was a consensus among the participants that the influence of western civilization plays a very significant role in the alterations taking place in the family structure. Some male participants opined that nowadays women do not handover their income to their husbands, which has tended to erase the economic justification for polygyny. Some of the typical views are reproduced below:

Leading Question: Can we discuss the factors we think are responsible for the changes taking place in family structure in this locality?

Responses

As a result of the increase in the cost of childcare, men now frown at polygyny. The pattern now is for men to marry one wife, and to cooperate with their wives to achieve the desired level of training for their children. (A woman from Iyafin)

Urbanization is the major factor for changes in family structure. The urban setting does not favour the extended family nor a large family size. (A woman from Badagry)

Unpalatable behaviour of women leads to frictions with members of the extended family. Therefore young couples prefer to move out from the extended family and start their nuclear family. (A woman from Badagry)

Changes are occurring gradually in family structure, the major source is modern civilization. Emphasis is gradually shifting to couple and their children, although uncles, aunts and grand parents remain members of the larger family of which the couple is considered part. (A man from Ijotun village)

Changes in the family structure can be traced to the impact of education and formal occupation that separate a couple from the extended family. Western civilization and women liberation movements are also crucial causes of the changes. (A man from Badagry)

Family structure has been changing over the years. The reasons include rapid rate of urbanization and employment opportunities outside extended family. However, most of those who have left for the urban centre maintain regular contact with extended family members back home. (A man from Ijotun)

In effect, the influence of the extended family on individual couples has witnessed a decline, even though they remain an integral part of it. People romanticized about the beauty of numbers which the extended family offered, and the joy of interaction within the network of nephews, nieces and cousins when they were growing up. In that setting most reproductive health decisions were not taken by the couples alone, but under the influence of the family patriarch, his head wife and other significant others. It is therefore not surprising why older people lament over their fast eroding position with respect to the affair of the family, which is increasingly being fragmented into smaller nuclear units in place of the familiar large extended family groups.

Family Decision-making and Reproductive Health

This section examines the socio-cultural contexts of family decision-making and their impact on reproductive health issues. The section is subdivided into two: first, a general overview of family decision-making; secondly, different aspects of reproductive health identified in this study are discussed with respect to the *Ogu* family structure.

Family Decision-making

As a result of the patriarchal nature of *Ogu* society, male dominance is perceptible in virtually every sphere of life. The consensus among scholars in this area of knowledge is that of an unequal power relation between men and women in the family (Bammeke, 1999), and that men, being heads of households, act as the major decision-makers while their female counterparts play compliance roles (Oyekanmi, 1999; Isiugo-Abanihe, 1996). The present study, based on qualitative evidence, confirms this position. In all the FGDs, regardless of sex, participants agreed that men dominate family decision-making although certain basic decisions are left almost exclusively to the purview of women. Participants identified such areas of female decision-making authority as domestic affairs that do not directly affect the reproductive life of the family, including kitchen management and basic socialization of children.

The groups were probed on what they think gave rise to the characteristic male dominance in major household decisions and why it has persisted in the society. The global summary of the discussions attribute this phenomenon to the injunctions of the Holy Books (the Bible and Koran) on male headship of the home and female submission, whereby men as husbands, are conferred with the right to be major decision makers in the family. To many participants, Christians and Muslims alike, this has to be adhered to so as not incur the wrath of God, a finding that suggests that the people are very religious, especially in this matter which tallies with their socio-cultural belief as well. Furthermore, the majority of male participants opined that because men pay bride price, they have the privileged position to dominate family decision-making process. Similarly, most female participants were of the opinion that men dominate family decisions on reproductive health because culturally they are the ones who initiate sexual overtures, through which also children naturally come.

When women were probed on how they view male dominance, they chorused in most of the FGDs that they cherish husbands who exercise their prerogative as decision-makers even where their wives are employed in formal occupations. It is likely that the orientations to which women are exposed from childhood have conditioned them to see men not only as heads of households but also as their superior who have to lead while they follow. Hence derogatory terms are used for men who fail to provide this leadership. Indeed, the issue is not entirely that women lack economic power, and so are relegated to secondary position in decision-making, but having men take the major decision is a thing they enjoy. However, a substantial number of male and female participants acknowledged that the decision-making right of a man in the family is tarnished when he cannot adequately fend for his household. This would suggest that when a man fails in his duty of providing for the family, and the woman takes up this responsibility, she automatically assumes decision-making position. This may not always be the case judging from the opinion expressed by some female participants who maintained that where there is real love, the

husband should still be given the right to headship and major decision-making even when he lacks the economic strength. However, there was a consensus among female groups that present-day realities support husband and wife discussion before major familial decisions are taken. The majority of male participants did not believe that this practice is a common one, and opined that even where such discussions do take place, men should still be the ones to take decisions. The above findings confirm those of the Male Role and Responsibility Study in different cultural areas of Nigeria.

Further, the FGD examined how participants view reproductive health decision-making within the context of the extended family structure. Some of the male and female participants maintained that members of the extended family are not allowed to influence decision-making process of component families in an extended family situation. On the other hand, a large proportion of urban women opined that couples living in the extended structure find it difficult to enjoy joint decision-making process. Wives in that setting are under tremendous pressure by members of the extended family; and to a large extent, the relationship of the man and his wife is dictated by extended family concerns. The FGD participants generally agreed that single parenthood automatically gives a woman the right to act as major decision-maker. To a certain extent, a similar view was expressed of the polygynous family setting, where women enjoy relatively more decision-making right since they largely manage their own household comprising own children. Some of the major views heard in the different FGDs are reproduced below:

Male dominance is paramount in our society; we women are aware that husbands are supposed to take decisions in the family. God created it that way. It is not because women do not work, we do work. (A woman from Ijotun)

God made it in such a way that men should control decision-making in family although nowadays some couples discuss before decisions are taken. This is not a common practice here yet, but it has started among enlightened couples. (A woman from Badagry)

Polygyny and extended family structure do not allow joint decision-making between husband and wives. But in modern times joint discussion and decision-making exist due to the influence of Christianity, which also encourages monogamy and nuclear family. (A woman from Badagry)

Men are decision-makers in households; it is a privilege they enjoy for a long time. Women do comply, especially if there is adequate care by husbands. A man who cannot take care of his family should not make decisions. (A woman from Badagry)

In ancient time men dominate family decision-making but these days discussions are often held between husband and wife before decisions are taken. However, a man need not consult his wife always, and irrespective of his wife's views, the man makes decisions depending on what he believes is good for him and his family. (A man from Badagry)

Men are supposed to dominate decision-making in the household since they are the heads, and they marry women (paid the dowry on their wives). This holds even when couples discuss family issues regularly. (A man from Itohun)

Men control family decision-making process because they are the ones who take the initiative in marriage, and paid the bride price. But if a woman is the major contributor to economic welfare, she may exercise certain decision-making rights. (A man from Badagry)

Men are decision-makers because they bring in a woman in marriage. So they have right to dish out orders. It is not because women are not working but rather because men pay the dowry, that is, the price for bringing in a woman. This is what matters. He who pays the piper dictates the tune. (A man from Itohun)

The notion that extended family members tend to influence household decision-making is not true. They did so in the past, but now household decisions are made by the joint discussion of marital partners. (A woman from Badagry)

Contraceptive Prevalence

The study examined the perception of participants on family planning and the level of awareness and adoption of various contraceptives. Generally, it was apparent in all the groups that the level of awareness of both traditional and modern contraceptives is high. However, the majority of the participants in all the FGDs are more aware of traditional methods, which are also the most prevalent especially the use of withdrawal and traditional contraceptive rings and herbs. When participants were probed on why they do not use modern contraceptive methods, the majority of them attributed it to rumours of harmful side effects. The following responses are typical of the views on family planning in all the FGD groups:

The desire to give quality child training and the need for improved standard of living in the face of modern economic realities have necessitated the use of contraception everywhere. (A woman from Iyafin)

We still have affairs even when it is not time to have a child. We use natural means to prevent the occurrence of pregnancy. Men do not give us problem if they are aware of it. In situations where a husband is opposed to family planning, a woman can secretly use contraceptives and tell her husband that God has done it! (A woman from Badagry)

The use of family planning method is on the increase because people now emphasize children's education as well as improved standard of living for themselves, which they believe are hampered by a large family size. (A man from Badagry)

We use traditional methods like the withdrawal method because of rumours of the side effects of modern methods such as injection, condom and pills. The traditional methods don't have such adverse side effects. (A man from Badagry)

Of interest to this study is that most of male and female participants chorused that men do not oppose contraception arbitrarily. Of course,

various scholars have found that because men are considered as major decision-makers in families and because of their pronatalist nature, they account for low contraceptive prevalence in sub-Saharan Africa (Adewuyi, 1999; Oyekanmi, 1999; Upadhyay and Robey, 1999; Biddlecome and Fapohunda, 1998). The views of participants in the FGDs are contrary to this position. The majority in all the groups agreed that men do not oppose contraceptive use; rather they frown at not involving them. It was believed that where a couple discuss and reach agreement on contraceptive use, both traditional and modern methods are freely used. This position may be attributed to the patriarchal nature of the society; men prefer to see themselves as the senior partners in all decisions, including reproductive decisions. Of course, men are culturally privileged as heads of households and would not want to be relegated to the background in any crucial decision. Although men generally favour discussion with their spouses, they remain the major decision makers in the household reproductive health issues. Below are verbatim reports of some of the common vies expressed in the FGDs:

Where there is agreement between a couple, traditional family planning methods such as rings, beads, herbs and the withdrawal method are used to control birth. They are effective, having been used by our people over the years. (A man from Itohun)

Men are not against family planning but that women should involve them; they should not attempt it all alone or in secret. Marital partners should discuss reproductive issues and take decisions accordingly. (A man from Iyafin)

Nowadays husbands encourage their wives to practice family planning in view of the harsh economic climate in the country. (A woman from Badagry)

Some female participants strongly justified covert use of modern contraceptives where a man blatantly opposes her wife's use of family planning even after the issues has been discussed. This coincides with the position articulated by Biddlecome and Fapohunda (1998). In the present situation where the prevailing economic realities and exorbitant cost of childrearing have made contraception not only necessary but also rational, male opposition to family planning was largely attributed to ignorance and illiteracy. In support of this position, a man from Badagry provided this insight to which most of the participants agreed:

Some men oppose the use of contraceptives because of the notion that it may hinder conjugal enjoyment. But it should be noted that most men who refuse the use of family planning lack proper understanding of its importance. The high cost of living now makes having many children unnecessary and irrational. So it is ignorance that makes men to oppose family planning; it is necessary that such men be educated on its importance.

It was unanimously agreed among participants that single parenthood and being in polygynous homes tend to promote the use of contraceptives.

Whereas the former are satisfied with a few children given their status, the latter opt for family planning more than their sisters in monogamous homes because they are usually saddled with the responsibility of taking care of own children. This seems to be a deviation from the much reported competition for children among women in polygyny. It appears that once women in polygyny attain a certain family size, and probably have the desired sex of children, they start to practice family planning because of the heavy child training load they have to contend with given their husband's apparent dereliction of responsibility for child care and maintenance in such home. Conversely, it is commonly reported that living in the extended family tends to discourage or hinder contraceptive use. Part of the reasons for this is that elderly members of extended family mount pressure on young couples to eschew contraceptive use because of their belief that such a practice promotes promiscuity. At the same time, members of the extended family encourage high fertility because of the belief in strength in numbers. It is therefore not surprising that enlightened women increasingly opt to live away from their husband's extended family so as to avoid the imminent clash when they begin to assert their independence.

Family Size Decision-making

The study examined people's perception on ideal number of children and family size decision-making. In all the groups, the majority considered an average family size of four as the most appropriate. Although the role of God as the ultimate giver and determinant of family size was emphasized by some participants in rural areas, the majority of the participants in both rural and urban areas expressed displeasure on surrendering the number of children to God. It was the consensus in most of the groups that parents should bear the number of children they can adequately cater for rather than leaving the fertility to nature. Here again, there was a lively debate on preference for child quality.

Participants discussed the relative influence of husbands and wives on family size determination. In all the discussions, a few participants supported the position that men do exert the greater influence in family size determination; the majority, however, opined that women exert greater influence than men. It is argued that because women usually favour a larger family size than men, they fail to avail themselves of the opportunities to control the number of children they have. Hence, the persistence of high fertility in the society is not due to male pronatalism but due to that of females.

The above views call for some reflection with respect to the male dominance theory. The commonly held view in the literature is that men dominate family size determination; that because they are relatively more pronatalist than their wives, fertility level has remained high over the years (Caldwell and Caldwell, 2000; Adewuyi, 1999; Egero and Larsson, 1999). This theoretical position may be attributed to the superficiality of

quantitative data. Because of the cultural milieu and the socialization process, which present men as dominant and heads of households, women usually have this in their subconscious and are ever willing to acknowledge the headship of their husbands and the dominance of men in household decisions. In other words, survey questionnaires tend to elicit the norm rather than the real situation or circumstances prevailing in respective homes. Because responses to certain questions cannot be adequately captured quantitatively, for a long time men have erroneously been branded pronatalist simply because of their dominant position in the family, and not because of their considered opinion on the matter. Obviously, this is still a debatable position that requires more research and a high sense of objectivity on the part of researchers.

It is insightful that most of the participants in all the groups were of the opinion that the prevailing adverse economic realities and the high cost of training and education of children are the major factors facilitating reduction in family size. Also, the majority of the people studied acknowledged that the cultural practice of child fostering and sharing the cost of childrearing among extended family members have declined or waned in importance as a result of which parents are now left with no option than to embrace the practice of family limitation. Clearly, with the increasing nucleation of the family, those who take reproductive decision solely bear the cost of childrearing, which is expected to engender the small family norm in the society.

A sample of other views expressed on family size determination and aspiration for children include the following:

Our people see God as the major determinant of family size as well as the source of provision for training children. But it is no longer a general norm. We now know that couples can determine the number of children they want, depending on their means. (A man from Badagry)

Family size may be large in order to make room for children that may die young. In any case, four children will be ideal. (A man from Badagry)

Women like children more than men; they appear to be more pronatalist and they are responsible for the prevalence of large family size because of this. (A woman from Badagry)

Women are solely responsible for the determination of family size because they bear the responsibility of child bearing. Some women encourage their husbands to produce more children. They use children to solidify their position in the home. (A woman from Badagry)

The support that extended family members give in childrearing and upbringing is no longer a common practice, so large family size is gradually fading out. Husbands and wives now live in situations where they can and do decide the number of children and when to have them. (A man from Badagry)

In an extended family system members tend to influence family size by mounting pressure on wives, and even accuse them of promiscuity for using family planning or when they stop childbearing at a relatively early age. (A woman from Iyafin)

Control over sexuality

It has been asserted that men influence the timing of sex more than their female counterparts (Isiugo-Abanihe, 1994; Oyekanmi, 1999) and that women cannot resist sexual advances from their husbands even when they perceive their health to be in danger (possibility of contacting STIs) (Bammeke, 1999; Adewuyi, 1999) or when they are at risk of pregnancy. In essence, the position of these scholars and others is that women often yield to the pressure from their husbands and have affairs out of their own will. The majority of the participants in this study were of the opinion that men initiate sexual demands, which is understandable in view of the social and cultural milieu that precondition women's mind to always wait for men to initiate sex. In fact, most of the participants agreed that women seldom demand for sex with their husbands, and that if they must do so they employ indirect means to arouse their husbands. So the issue is not only that men dominate control over sexuality in the family but also that women are culturally forbidden to initiate sex in their matrimonial homes. A woman who does this is branded promiscuous, and is bound to be ridiculed by the husband whenever there is a quarrel in the family. A male participant from Itohun responded this way to the approval of other participants:

Men initiate sex because women don't openly show their emotions or sexual desires. Even when they are interested they would never initiate sex. No respectable woman does this. In some cases they may do it indirectly by touching their husbands, or by being extra nice, which is a signal that they want something.

In all the groups, members unanimously agreed that there is nothing like force or coercion in sexual relation between a man and his wife. To the participants, in *Ogu* cultural setting a man cannot rape his wife; in fact, to them it is a contradiction to talk of rape in describing the relationship between a man and his wife. They stated that a woman could resist the sexual advances of her husband, and that women could reject sexual demands of their husbands if they are not favourably disposed. However, some male participants underscored the importance of being polite and wise in such situation so as not to incur the wrath of their husbands.

Most of the members of the groups opined that there is joy in sex and this pleasure will either diminish or be totally absent when force or coercion is applied. This agrees with the views of Foster (2000) who stated that there is joy in sex which makes both sexes to mutually desire it in the family. So a woman will always wait for her husband who is culturally expected to initiate sex, and she will generally oblige her husband. Hence, sexual decision-making in *Ogu* families is more of a joint exercise between husbands and their wives, although men have the upper hand in the matter. Below are some of the statements heard in all the FGD groups.

Men initiate sex but their wives may politely refuse when they are not really in the mood or are indisposed. Men do not force their wives into sex. (A woman from Badagry)

The notion that men control sexuality in the family is not true. Men do not force their wives into sex, women can object only that it must be done wisely. (A woman from Badagry)

Men are not the sole initiator of sex; rather it is a mutual thing. The culture expects men to make the move, but women are not bound to agree always. (A woman from Iyafin)

Anytime the husband needs the wife sexually it is normal for her to make herself available because it is entrenched in the holy books. A woman does not ask her husband to bed, it is the husband who is expected to do this. And in this culture, they don't shy away from doing this! (A woman from Ijotun)

If a man is a real man, and if there is love and real care, anytime he demands sex, the wife will always be willing. It is only men who are irresponsible that are rejected by their wives. (A woman from Ijotun)

A real man is one who is responsible and caring. Unfortunately many men are not. They spend the evening drinking, only to jump into bed with their wives. Others keep mistresses or even visit prostitutes, which is a grave danger in the era of HIV/AIDS. These are the kind of men whose sexual advances are rejected by their wives.

Discussion

The Ogu of Nigeria regard the family as comprising a couple and the children as well as members of the extended family, hence the dominance of the extended family system. Even couples that are not physically situated within the extended family regard themselves as an integral part of it, which regard as the real family. This situation among the Ogu confirms the findings in other parts of sub-Saharan Africa (Ocholla-Ayayo, 1997; Orubuloye, 1995). It is noteworthy that participants acknowledged the emergence of some changes in the family structure, especially the increasing formation of nuclear families comprising couples and their children only. In addition, it was generally recognized by participants that some practices that sustained the extended family are now being eroded. For instance, according to the majority of the participants, the idea of a man getting married to a woman and keeping her with the extended family members, is no longer a norm. Also, young couples nowadays frown at taking up residence within their extended family, where they are constrained to expressing themselves or in exercising their independence. Other changes observed in the Ogu family system are the emergence of single parent households, and the gradual decline of polygyny especially in the urban area. Participants attributed these changes to the infiltration of western culture, urbanization, and economic hardship, which is in agreement with studies elsewhere (Garenne *et al.*, 2000; Isiugo-Abanihe and Obono, 1999; Ocholla-Ayayo, 1997; Bruce *et al.*, 1995).

The FGDs confirmed the male dominance theory. The *Ogu* cultural group is predominantly a patriarchal society. It is the opinion of the majority of the participants that men are regarded as heads of households and generally accorded the privilege to act as major decision-makers in the family. The study found that the practice is rooted in the culture of the people. In fact, the injunctions of the Holy Books on these issues, as well as with the fact that men pay bride price to get married to a woman were commonly identified as the major justifications of male dominance in the family. This coincides with the idea articulated by Adewuyi (1999); Egero and Larsson (1999) and Caldwell (1991). Women categorically stated that they prefer a husband who is a 'real man' in terms of headship for the household and decision-making, rather than one who cannot lead or take decisions. They also added that the headship role of a husband is a function of his ability to provide adequately for the family.

Some of the participants were of the opinion that in recent times decision-making in families is taking a new dimension. Discussions are now held between husbands and their wives before decisions are taken. Although male participants did not consider this as norm, it is important to acknowledge the emergence of such a practice in a patriarchal setting where it is culturally permissible for men to dominate in all spheres of life (Isiugo-Abanihe, 1994; Caldwell, 1991). In spite of the fact that some participants maintained that members of their extended family are not allowed to influence the decision-making process of integral units of households, the majority of female participants opined that the extended family structure inhibits joint decision-making process between husband and wife. Generally, women in polygynous homes and those in a single-parent situation enjoy more decision-making rights. Ordinarily, *Ogu* women defer to their husbands in decision-making; at best they play only advisory roles, particularly on serious issues such as reproductive health. There are few decisions that are left almost exclusively to the jurisdiction of women, such as kitchen-related issues and basic socialization of children.

As regards reproductive decision-making, such as decisions affecting contraceptive use, family size and control over sexuality, the findings of this study are quite insightful. In the first case, contraceptive use in the family is mostly a function of joint agreement between partners. Contrary to the generally held view, men do not oppose the use of contraceptives but they abhor neglecting them in such decisions. Participants opined that if men are properly involved they are not barriers to the use of family planning methods. This confirms the popular view in the literature that men should be considered major partners in reproductive behaviour particularly in a patriarchal setting, as the *Ogu* (Isiugo-Abanihe, 2003; Babalola, 1999). The study shows that even though the extended family structure encourages a large family size and discourages family planning, the economic realities on ground necessitate contraceptive use, a practice which many women have embraced already. In fact, some women covertly use contraceptives if their husbands are defiant to the practice. The new concern for the quality of

children, which is a strong motivating factor for contraceptive use, supports the position of Caldwell (1982) that the flow of wealth in favour of children is positively related to the adoption of modern reproductive health attitudes. This is responsible for the gradual transition towards small family size norm; the majority of the participants considered a family of four as ideal. In this regard, emphasis is on the number that can adequately be catered for by the couple alone, and not by the extended family or with the help of its members.

The idea that because men are more pronatalist they dominate family decision-making (Caldwell, 1991), and that they are responsible for the persistence of high fertility, calls for a rethink. The study reveals that the determination of family size among the *Ogu* seems more the prerogative of women than men. The women themselves acknowledged that they are more pronatalist than their husbands, and that the onus lies on them to determine the size of their family as well as inter-birth interval. As regards sexuality, we found that men are the ones who initiate sex, which is a cultural issue among the *Ogu*. Sexual violence between a man and his wife is viewed as an exception rather than the rule; it was generally believed that 'rape' is an inappropriate term in marriage, since the culture expects a woman to yield to the overtures of her husband, a senior partner in the conjugal relationship, especially if he has been a responsible husband. We expect that the emerging changes in the *Ogu* family structure and conjugal relationship would continue unabated as the people become more educated, urbanized and enlightened. These changes, which tend to enhance gender equity in reproductive health decision-making between husbands and wives, augur well for a controlled fertility regime, a marked departure from the natural fertility prevailing among the majority of *Ogu* people at present.

References

- Adepoju, Aderanti. 1997. (ed.) *Family, Population and Development in Africa*. London and New Jersey: Zed Books Limited, pp. 1 - 5
- Adepoju, Aderanti and Mbugua, Wariara. 1997. The African family: an overview of changing forms. In Adepoju, Aderanti (ed.) *Family, Population and Development in Africa*. London and New Jersey: Zed Books Limited, pp. 40 - 59
- Adewuyi, Alfred. 1999. Power and Privilege. The Male Issues in Fertility Transition in Nigeria, Sub-Saharan Africa. *African population in the 21st century. Proceedings of the UAPS Conference*. Vol. 2: 3 - 14
- Babalola O. Stella. 1999. Spousal Communication and Safe Motherhood Practices: Evidence from the Tanzania 1996 DHS Data. In *Africa Population in the 21st Century. Proceedings of the UAPS Conference*. Vol. 3: 37 - 50
- Bammeké, Funmi. 1999. Understanding the Gender Question. In Lai Olurode and Omololu Soyombo (Eds.) *Sociology for Beginners* Lagos: NIDD Limited: 191 - 210
- Biddlecome, Ann, E. and Fapohunda, Bolaji, M. 1998. Covert contraceptive Use: Prevalence, Motivation and Consequences: *Studies in Family Planning*. Vol. 29 (4): 360 - 372.

- Bruce, Judith, Lloyd, B., Cynthia and Leonard, Ann. 1995. Introduction to Bruce, Judith *et al.*, (eds.): *Families in Focus, New Perspectives on Mothers, Fathers and Children*. New York: Population Council: 1 – 3.
- Caldwell, C. John. 1982. *Theory of Fertility Decline*. London : Academic Press
- Caldwell, C. John. 1991. The Soft Underbelly of Development: Demographic Transition in Conditions of Limited Economic Change. *Proceedings of the World Bank Annual Conference on Development Economics*, 1990: 207 – 253
- Caldwell, John and Caldwell Pat. 2000. The limitation of family size in Ibadan, Nigeria: An explanation of its comparative rarity derived from in-depth interviews. In Ebigbola, J.A and Renne, E.D. (eds.): *Population and Development Issues: Ideas and Debates*. Ibadan: African Book Builders: 126 – 171
- Dixon-Mueller, Ruth and Germain, Adrienne. 2000. Reproductive Health and the Demographic Imagination. In Herriet, B. Reccesser and Gita, Sen (eds.) *Woman's Empowerment and Demographic Process: Moving Beyond Cairo*. New York: Oxford University Press: 69 – 75
- Egero, Bertil and Larsson, Rolf. 1999. Is Fertility Transition Possible in Traditional Patriarchal Societies? A Discussion based on Data from Meru, Tanzania. *African population in the 21st century. Proceedings of the UAPS Conference*. Vol. 3: 69 – 90
- Fapounda, R. Eleanor and Todaro, P. Michael. 1988. Family structure, implicit contracts, and the demand for children in Southern Nigeria: *Population and Development Review*. Vol. 14 (4): 571 – 594
- Foster, Caroline. 2000. The Limit to Low Fertility: A Biosocial Approach. *Population and Development Review*. Vol. 26 (2), June: 209 – 217
- Garenne, Michel; Tollman, Stephen; and Kahn, Kethlem. 2000. Premarital Fertility in Rural South Africa: A Challenge to Existing Population Policy. *Studies in Family Planning*. Vol. 31 March: 1
- Isiugo-Abanihe, Uche, C. 1994. Reproductive Motivation and Family Size Preference among Nigerian Men: *Studies in Family Planning*. Vol. 25 (3): 149 – 161
- Isiugo-Abanihe, Uche C. 1996. Women and Fertility Planning Practice in Nigeria. In Oke, E. A. and Owumi, B.E. (Eds.) *Readings in Medical Sociology*. Ibadan: RDMS: 120 – 121.
- Isiugo-Abanihe, Uche C. 2003. *Male Role and Responsibility in Fertility and Reproductive Health in Nigeria*. Ibadan: Centre for Population Activities and Education for Development.
- Isiugo-Abanihe, Uche, C. and Obono, M.O. 1999. Family Structure in Sub-Saharan Africa: Tradition and Transition. In *Africa population in the 21st Century. Proceedings of the UAPS Conference*. Vol. 2: 237 – 266
- McDonald, Peter. 1996. Demographic life transitions: An alternative theoretical paradigm. *Health Transition Review*. Supplement: Vol. 6: 385 – 392
- National Population Commission. 2000. *Nigeria Demographic and Health Survey, 1999*. Abuja: NPC, December.
- Obono, Oka. 2001. Matriclan Priest and Pronatalism among the Yakurr of Southeastern Nigeria. *African Population Studies*. Vol 16 (1): 15-42.
- Obono, Oka (1998) Socio-cultural Context of Fertility among the Yoruba of Southwestern Nigeria. Paper presented at the seminar on Reproductive Change in Sub-Saharan Africa (Nairobi, November 2 – 4, 1998).
- Ocholla-Ayayo, A.B.C. 1997. The African family between tradition and modernity. In Adepoju, Aderanti (ed.): *Family, Population and Development in Africa*. London and New Jersey: Zed Books Limited: 60 – 67.
- Olaide-Mesewaku, A., Babatunde, Olaide-Mesewaku, Peter and Adeyemi, Sola. 2000. *Badagry: The Cultural Heritage*. Lagos: African Renaissance Foundation.
- Orubuloye, I.O. 1995. The Demographic situation in Nigeria and Prospects for Fertility Transition: *Journal of International Development*. Vol. 7 (1): 135 – 144

- Orubuloye, I.O.; Oguntimehin, F. and Sadiq, T. 1997. Women role in reproductive health decision-making and vulnerability to STD and HIV/AIDS in Ekiti, Nigeria. *Health Transition Review* (Supplement). Vol. 7: 329 - 336
- Oyekanmi, F.A.D. 1999. Current Themes in Population Studies. In Olurode, 'Lai and Soyombo, Omololu (eds.) *Sociology for Beginners*. Lagos: NIDD Limited: 165 - 190
- Upadhyay, U.D. and Robey, B. 1999. Why family planning matters. *Population Reports Series J*, No. 49 July: 9 - 15