

Women and their Reproductive Rights: A Case Study of the Ikwerres in Nigeria.

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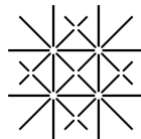
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Contributors

This thesis is divided into seven chapters. It begins with an introductory part, methodology, four chapters which comprise of journal articles and a general discussion session. While the introduction and discussion sessions were solely written by me, the four journal articles were jointly written with my PhD committee and two post-doctoral staff of the Institute for Biomedical Ethics (IBMB). My contributions and those of my co-authors are presented below.

Princewill, C.W., Jegede, A.S., Wangmo, T., Riecher-Rössler, A., Elger, B. (2017). *Autonomy and Reproductive Rights of Married Ikwerre Women in Rivers State, Nigeria. Journal of Bioethical Inquiry*. Vol. 14(1). Doi: 10.1007/s11673-017-9779-8.

I took the lead in this paper. Dr. Tenzin Wangmo and I read all transcribed audio interviews, coded, as well as data analysis. The first draft was read by Professor Jegede and Dr. Wangmo. Subsequent and critical final review of the manuscript was done by all authors before submission to the journal. All authors were involved in the design of the methodology.

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In this publication, I also took the lead. Dr. Wangmo and I read the transcripts, coded them, and did data analysis together. First draft of this paper was read by Professor Ayodele Samuel Jegede and Dr. Tenzin Wangmo. Subsequent and critical final review of the manuscript before submission to the journal was done by all the authors. All authors were involved in the design of the methodology.

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Again, I took the lead in this paper. Dr. Tenzin Wangmo and I read all the transcripts, coded them, and we did data analysis together. First draft of this paper was read by Professor Ayodele Samuel Jegede, and Dr. Eva De Clercq. Dr. Eva De Clercq revised the data analysis. Thereafter, it was sent to Dr. Tenzin Wangmo who worked extensively on the manuscript. Subsequent and critical final review of the manuscript before submission to the journal was done by all the authors. All authors were involved in the design of the methodology.

Princewill C.W., Jegede A.S., Nordström K., Lanre-Abass B., Elger B.S. (2016). *Factors Affecting Women's Autonomous Decision Making In Research Participation Amongst Yoruba Women Of Western Nigeria*. Published in *Developing World Bioethics*, Doi: 10.1111/dewb.12112. ISSN 1471-8731 (print); 1471-8847 (online).

This paper summarizes my master's thesis and was published during my PhD program at the Institute for Biomedical Ethics, University of Basel. It is related to women's autonomy which is a major theme in my PhD research. I took the role of the lead author in this publication. Professor Samuel Ayodele Jegede and I were involved in the data collection, transcription of the audio taped interviews and data analysis. Dr. Lanre-Abass was my supervisor then and was involved, as well as Professor Ayodele Samuel Jegede in the design of the methodology and intensive review of the manuscript. All authors were involved in the intensive review of the manuscript. Dr. Karin Nordström was also involved in the data analysis.

Summary

The issue of reproductive autonomy in developing countries has been a major global human right concern. The patriarchal system of governance and the cultural practices in most African countries and indeed Nigeria have been major hindrances to the exercise of women's reproductive autonomy (Okemini & Adekola, 2012).

According to our study, the reproductive autonomy of married Ikwerre women of Rivers State, Nigeria is perceived to be diminished. A major reason for this is the culture of absolute respect to men and the patriarchal society in which the women find themselves. In the Ikwerre culture, women are expected to have absolute respect for men. Female subordination and gender discrimination are fallout from the patriarchal society which characterizes the Ikwerre ethnic group. An Ikwerre woman who chooses to exercise her reproductive autonomy without the consent of her husband or family head is viewed as a stubborn woman. An Ikwerre wife who dares to exercise her reproductive autonomy may face dire consequences from her husband; such as been beaten, divorced or ending up in a polygynous marriage. And this brings upon the woman negative consequences such as being stigmatized by society, because unmarried, separated, or divorced women are viewed by society as witches, cursed or lacking proper home training, as well as brings dishonor to their families (Baloyi, 2013; Llika, 2005; Isiugo-Abanihe, 1995). Since a typical Ikwerre woman does not want to end up offending her husband, his family and hers, she would tolerate anything to remain married, and this includes not exercising her reproductive autonomy.

Other factors that diminish married women's reproductive autonomy are religion (the Christian religion to which the study participants belong to), poverty, which leads to over-dependence on the husband, and lack of education. A married woman who is poor will have no choice but to depend on her husband for her entire well-being. To ensure her daily livelihood and that of her children, she will have to obey her husband's commands even to her

own detriment. An uneducated married woman is blind to information, because she is unable to interact and understand what it means to have reproductive autonomy. And even if she is told, she may not know how to go about the exercise of her reproductive autonomy in a patriarchal setting like Nigeria. There is a gap in knowledge as to the real reason married Ikwerre women have diminished reproductive autonomy. The aim of this thesis therefore was to understand what women understood by autonomy and reproductive rights. To examine the reason for married Ikwerre women's diminished reproductive autonomy and to understand how education helps in the exercise of their reproductive autonomy.

This is the first time qualitative research has aimed to understand the reason for married Ikwerre women's diminished reproductive autonomy. Given that the Ikwerres are well educated and live with educated foreigners who besiege the area due to the presence of crude oil which accounts for Nigeria's wealth, one would expect that there would be equality amongst the genders in Ikwerres as regards autonomous decision making due to the rising development and urbanization in the region. But the Ikwerre women are perceived to have diminished reproductive autonomy. Therefore, it is imperative to understand what limits the exercise of their reproductive autonomy. *Details of the issue of Ikwerre women's reproductive autonomy are explained in chapters three, four and five.*

Chapter 3 of this thesis deals with autonomy and the reproductive rights of married Ikwerre women. The emphasis is on examining what women understand by autonomy and reproductive rights; factors that diminish their reproductive autonomy, and overcoming the patriarchal aspects of Ikwerre culture - for example, the greater value placed on male children than female children and the Ikwerre culture of absolute respect to men.

Chapter 4 deals with the issue of bride price and the reproductive autonomy of married Ikwerre women. Here the emphasis is on the real reason for the payment of bride price during marriage processes. Study results reveal that, contrary to the widely held view that bride price

was responsible for women's diminished reproductive autonomy in marriage; participants reported that the culture of absolute respect for men and the Christian religion, and not the bride price, resulted in women's diminished reproductive autonomy. Our findings suggest that bride price payment was for marriage validation to give women respectable status in the society as wives.

Chapter 5 dwells on women's education and reproductive autonomy. The emphasis here is on reasons for and against women's education and how education helps women to exercise their reproductive autonomy in marital settings. Although education was perceived to be useful in the exercise of married women's reproductive autonomy, the results show that education of women alone will not do much in the exercise of women's reproductive autonomy without the education of men and the reform in the culture of absolute respect for men.

Chapter 6 summarizes my master's thesis which looked at women's autonomy and women's participation in research as research subjects. This article looked at the factors that hinder women from taking part in research as research participants. Again, the patriarchal nature of the Nigerian society and religion (Christian and Islamic religions) were seen as major hindrances.

The discussion session of this thesis wraps up the general discussion of the entire work of this thesis and briefly summarizes the entire findings. The implications of this study for women's reproductive autonomy in marital settings are described.

Although we have worked on women's view as regards the exercise of their reproductive autonomy in marital setting, further research involving the husbands is needed to give a balanced view of the exercise of reproductive autonomy of both genders in marital setting.

Chapter 1: Introduction

1.1. Autonomy in the African Content

In Kantian moral philosophy, autonomy is defined as “The capacity of an agent to act in accordance with objective morality rather than under the influence of desires.” Dyson and Moore (1983, pg. 45) define autonomy as the ability to obtain information and to use the information obtained for the basis of making decisions about one’s private concerns. Beauchamp and Childress define autonomy as self-governance or self-rule. In all these definitions, what is central is the self. It is this simple definition of autonomy as self-governance or self-rule that was used throughout this project. Chattopadhyay and De Vries, (2013) have said that autonomy is a western concept, but this sometimes could be quite confusing because if autonomy basically means self-governance, then it certainly is not a western concept as people and states have governed themselves even before the existence of the term “autonomy”. It may be likely that the application of autonomy strictly as individualistic could be what has necessitated Chattopadhyay and De Vries to refer to autonomy as a western concept.

In Africa, autonomy also means self-rule or self-governance but its application differs from the individualistic western application of autonomy. African lifestyle is communitarian in nature, where everyone lives for everyone. The type of autonomy practiced in Africa could be described as social or relational autonomy (Jegade, 2009; Okeke, 2010). In Africa, because of the communitarian lifestyle, it is viewed as selfish by the people for an individual to make a decision that benefits only him or her. An African is expected by culture to put the family and community first before the self (Faneye, 2011; Sogolo, 1993; Tangwa, 1996). In Nigeria, and indeed the Ikwerre culture, individualism does not exist because one’s body does not belong to the individual but to the community to which the individual belongs (Izugbara & Undie,

2008; Oladipo, et al., 2010). Therefore, one cannot but consider the effect of one's decision on the community. As with the patriarchal rule of the African society, even though this type of autonomy applies to both the male and female gender, the male gender is free to make and act on decisions that benefit him more than the family or community. But the woman is mandatorily expected to make decisions that benefit the family or community more than herself. This type of African autonomy is also applicable to the Ikwerre people and this is where the female gender discrimination in Africa on reproductive rights lies.

1.2. Education in Nigeria

Education is defined as a continuous process of learning where individuals or a people acquire knowledge by interacting with one another and by moving from place to place. Education can be described as both formal and informal and it is essential for the exercise of women's reproductive autonomy. Learning in the case of formal education is usually done in schools while informal education is done by mere interaction amongst people and by travelling (Feinstein et al., 2006). Education is seen as an important aspect of a person's life, basically because of its ability to help improve quality of life of the individual, family and the society at large (Jejeebhoy, 1995; York & Bell, 2014). It is also seen as a way of bringing people and countries together to promote global ties (Salihu & Jamil, 2015). For the purposes of development, governments of countries encourage their citizens to acquire education so as to assure them of a brighter future. Governments therefore provide assistance in the form of finance, needed resources and infrastructure for the purposes of education (Salihu & Jamil, 2015). Unfortunately, low income countries are often unable to adequately provide the resources and infrastructures required for every citizen to acquire education. So the limited resources are rationed. In countries where male children are preferred over female children, this rationing of scarce resources affects the female gender negatively as resources are

distributed amongst the male gender (Enaibe, 2012). Nigeria is amongst countries that are regarded as low income countries as well as where male children are preferred.

The Federal government through the Federal Ministry of education is responsible for education in Nigerian. The Nigerian educational system operates what is known as the 6-3-3-4 Universal Basic Education. This means six years of primary education, three years of junior secondary education, three years of senior secondary education and four years of university first degree education (Nwachukwu, 2014). There is the Universal Basic Education Act of 2004 which states that the first nine years of education, which is the 6-3 shall be free. But the Act made it the responsibility of parents to ensure that their children acquire the basic first nine years of education. The Universal Basic Educational Act stipulates penalties of fines or imprisonment for parents who fail to ensure that their children acquire the compulsory nine years of education and for schools who receive fees during this nine years of education. But this act was not implemented because the government failed to provide all that was necessary for free education and so parents had to bear the financial cost of educating their children (Nwachukwu, 2014). So, most families sent their male children to school, while the female children were either married off, or made to work to bring in money for the education of their brothers as well as family upkeep (Enaibe, 2012). This type of treatment put women in an inferior position to men. Women over the years accepted their inferior position to men and as such did not only respect and obey the men in all things but also depended on men for their total well-being. They therefore by their culture must trust the men to make decisions for them because men are absolutely responsible for the women. For this reason, the men see women as incapable of making decisions for themselves. While the men see this duty of being responsible for the women as a way of caring and protecting the women, the women see it as an infringement on their autonomy (Jegede, 2009; Omonjezele, 2008).

1.3. Women's Discrimination and Patriarchal Rule

For years women have played second fiddle to men and were relegated to the background because of the way they were raised to obey cultural practices and patriarchal rule (Okeke, 2013; Enaibe, 2012; Illika, 2005). According to Enaibe (2012), in the past, women were denied education because it was culturally believed that it was a taboo to educate a woman. It was also believed that an educated woman will remain single; unable to bear children, will end up as a whore, will be disrespectful to her husband and will become uncontrollable by any man because of the knowledge she has acquired through education.

The Nigerian society is a patriarchal one where the male child is seen as superior to the female child (Okemini & Adekola, 2012). The male child is preferred because it is believed that he will carry on the family lineage and his education will be beneficial not only to him but to the family, unlike the female child who tradition dictates will always end up as a man's wife and her services and love will be transferred to her husband's family. Thus educating a female child was seen as a waste of resources (Alabi et al., 2014). For this reason, the female child forfeits her education for her brother. She is either married off or sent to do menial jobs to bring in money for the family. This authoritarian traditional Nigerian society of patriarchy is reflected even in the family, the clan, as well as in the larger society because men are the custodians of authority both in the family and in the community (Faneye, 2011; Jegede, 2009; Tangwa, 1996; Wiredu, 1980). The whole system of patriarchy in the Nigerian society makes it difficult for Nigerian women to exercise their reproductive autonomy (Faneye, 2011).

But in recent years with the education of men and women, all that women suffered in the past as a result of patriarchal rule and culture is fast changing, because the society has come to realize the enormous benefits of educating a woman (Aja-Okorie, 2013). The discourse on education and the reproductive autonomy of women in Africa and indeed Nigeria has become

a major focus for some researchers (Alabi et al, 2014; Kingah & Kingah, 2010; Kishor, 2000). Researchers have also repeatedly emphasized the enormous benefits that educating the girl will have on the family and the society (Alabi et al., 2014; Aja-Okorie, 2013; Dodoo, et al., 2014). Hence, this proactive move towards sensitizing the society on the importance of educating the female child has brought about changes in government policies to include the mass education of the girl-child, but the problem still lies in the implementation of this policy by the government (Aja-Okorie, 2013; Enaibe, 2012; Kazeem et al, 2010). However, gradually, the patriarchal society now believes that every girl deserves to be educated because education is seen as the key to transforming her life and that of her family, community and the society (Mizinga, 2000). Education has helped to curb maternal/child mortality (Brahmbhatt et al., 2002; Emina, et al., 2014; Koch, et al., 2014), increased family planning (Abdulrazaq, et al., 2014; Riyami et al., 2004), and is also very effective in the prevention of HIV/AIDS (Adamczyk & Greif, 2011; Brahmbhatt et al, 2002.) Without education, women are denied the opportunity to developed their full potentials and to contribute to societal development (Alabi et al., 2014; Kingah & Kingah, 2010; York & Bell, 2014). One important benefit of educating women is the freedom to allow women the autonomy to exercise their reproductive rights.

1.4. Women's Reproductive Rights

Although reproductive rights for women is not part of African culture, it has become necessary to preach such rights to African women, because of the high maternal and child morbidity and mortality experienced in most Africa countries and indeed Nigeria (Okeke, 2013). It has also become necessary for societal development, sustainability and poverty alleviation. A society that focuses on one gender while ignoring the other cannot develop sustainably because policies will be imbalanced (Kingah & Kingah, 2010). Purdy (2006)

defines reproductive autonomy as the ability or freedom of a woman to exercise her reproductive rights.

In Nigeria, because of the patriarchal nature of the society, there is a general reluctance to recognize the reproductive autonomy of women. Okeke (2013) noted that the concept of women's reproductive rights in Nigeria is still developing because the concept of individual is a relational one where individuals exist socially, mutually, and culturally for one another. She further noted that this type of existence within society either enhances or oppresses an individual's autonomous capacity. The type of relational and social autonomy which exists in the African setting has denied women the freedom to exercise their reproductive rights because the culture expects them to depend and submit to the male authority to which they find themselves (Fahmida & Doney, 2013; Faneye, 2011; Sogolo, 1993). It is concluded that for women to be able to exercise their reproductive autonomy, they need to be educationally and economically empowered to enable them contribute meaningfully to the family and the society. By so doing, women's individuality would be recognized even in marriage (Adamczyk & Greif, 2011; Okeke, 2013; Hossain et al., 2014). Reproductive rights and autonomy will be combined and used as reproductive autonomy throughout this thesis.

1.5. Marriage in Nigeria

Marriage in Nigeria is the only recognized form of union where a man is allowed to live with a woman in the same house. The concept of living together as boyfriend and girlfriend or registered partnership is strongly discouraged and frowned upon (Omonjezele, 2008; Okeke, 2000; Orisaremi & Alubo, 2012). The forms of marriage allowed in Nigeria are monogamous and polygynous marriages. Monogamous marriage is where a man has one wife (Ilika, 2005; Olomola, 2013). Both the monogamous and polygynous forms of marriage require the tradition of gift giving and the payment of a bride price (Platteau & Gaspart, 2007). The

payment of the bride price is seen as the peak and that is what actually gives the marriage recognition (Dodoo, et al., 2014; Isiugo-Abanihe, 1995). The main purpose for marriage in Nigeria is for procreation (Omonzejele, 2008). In marriage, the man is expected to take care of every need of the woman, while the woman in turn is expected to respect and obey the man (Boni, 2001; Frost & Dodoo, 2010; Ilika, 2005; Isiugo-Abanihe, 1995; Okeke, 2000). Women suffer subordination and discrimination in marriage because although, the husbands are supposed to take care of their wives' every need, they often do not and they are not penalized by the society for not doing so but the woman is penalized for not respecting and obeying her husband even if her reasons for disobeying him were good (Dodoo, et al., 2014). Another form of subordination of wives and their status as their husband's 'property' can be seen in the use of wives and their children for cheap labour in the fields. A man sometimes marries many wives (polygyny) so that the wives and their children will work in his large farms. The women and their children, who produce most of the harvest in the farm, do not get any form of compensation for their labour (Boni, 2001; Isiugo-Abanihe, 1995).

1.6. Effect of Marriage Type on Women's Reproductive Autonomy

The family structure has been found to have great influence on the reproductive autonomy of women. Studies have shown that a monogamous family where a man has one wife and child/children provides an adequate environment for mutual co-existence and interactions (Amey, 2002; Dodoo, 1998; Elbedour, et al., 2015). Since men play a vital role in the reproductive autonomy of women, the type of family a man decides to raise is very important (Adamchak & Mbizvo, 1994; Henrich et al., 2012).

Henrich et al., (2012), concluded that monogamous marriage promotes harmony and closeness amongst family members. He also observes that conflicts and domestic abuse are reduced in monogamous marriages. Spouses in monogamous marriages are perceived to have

respect for each other, thus increasing the woman's chances of exercising her reproductive autonomy. Improved sexuality and the prevention of sexually transmitted diseases and HIV are said to be associated with monogamous marriages (Croix & Mariani, 2015; Henrich et al., 2012).

The polygynous form of marriage is culturally determined by the social custom of a people and was mostly practiced by wealthy men (Croix & Mariani, 2014). It is a recognized form of marriage in Nigeria and is defined as the marriage involving one man and two or more women simultaneously (Baloyi, 2013; Olomola, 2012; Smith-Greenaway & Trinitapoli, 2014; Ukwuani, et al., 2002). In the past, polygyny used to be a measure of wealth and affluence. It was a practice by rich men who had lands and money to support large families (Amey, 2002). Women also preferred rich polygynous men for financial security (Baloyi, 2013; Ukwuani, et al., 2002). As time went on, middle class men who acquired farmlands began to marry more wives and produce more children for the purposes of working in the farms for greater harvest (Baloyi, 2013; Elbedour, et al., 2002; Omolola, 2013). Being polygynous also became a sign of conquest for the men and so poor men also joined in the class of acquiring more wives but then left the wives to fend for themselves and their children (Dodoo, 1998). Gradually, as colonization set in, people got educated and moved to urban areas for office jobs. Farmlands began to reduce due to urbanization; men became less interested in farm work. Also, the economic downturn greatly reduced the interest in polygyny marriages (Gyimah, 2005; Henrich et al., 2015). Polygynous marriage has been perceived to be one of the possible causes of high incidence of HIV, high level of maternal and child mortality and female depression in Africa (Adewuya et al., 2007; Fenske, 2013; Mitsunaga et al., 2005). Research has shown that family structure also has a substantial impact on the mental health of women and the children involved in polygynous marriages (Elbedour et al., 2002; Sellen, 1999;

White, 1998). The practice of polygynous marriage is said to be prevalent in countries where cultural validation of marriage is by the payment of bride price (Platteau & Gaspart, 2007).

Polygynous marriage has also been characterized by lack of family unity, closeness and love (Tabi, et al., 2010; White, 1998). This lack of love can be seen in the way the polygynous family is structured, where children have a father and separate mothers. Children from each wife cling to their mothers and live like separate families even though they are all supposed to belong to one family. If the father lives in a different city from his wives and children, love in the family is further eroded and the unity and love that should exist in a family is affected (Gyimah, 2005; Smith-Greenaway & Trinitapoli, 2014; Olomola, 2013; Ukwuani et al., 2002). For this reason, most women in polygynous marriage take control of their reproductive autonomy because they invariably are left to be responsible for themselves and their children (Bovi & Vallengia, 2009; Dodoo, 1998). Sometimes, the burden of having to cater for the family becomes cumbersome and depressing for the wife who may or may not be educated and is not adequately financially empowered to care for herself and her children. This in turn leads to inadequate care in terms of health and education for the children and herself (Gottman & Notarius, 2000; Al-Issa, 1990; Eapen et al., 1998). The women in polygynous marriages who are financially empowered exercise their reproductive autonomy irrespective of their husbands' consent (Dodoo, 1998).

1.7. Research Aims

We are not aware of any empirical data regarding the way education enables married Ikwerre women to exercise their reproductive autonomy. The primary aim of this study was to empirically examine the reason for married Ikwerre women's diminished reproductive autonomy in the marital settings with a particular focus on how education helps them to exercise their reproductive autonomy in their homes.

To fill the research gap, the focus was on the following objectives:

1. To evaluate how women understand autonomy and reproductive rights.
2. To examine the factors responsible for married women's diminished autonomy in marital settings.
3. To explore reasons for education/ lack of education.
4. To examine the effect of education on women's reproductive autonomy.
5. To understand the interaction of social factors and ethical challenges surrounding women's diminished reproductive autonomy.
6. To understand the effect of monogamy and polygyny marriages on women's reproductive autonomy.

Chapter 2: Methodology

Methodology

Our methodology is described in detail in the methodology section of chapters three, four and five, but an overview of the methodology is described here. The complete interview guide used for in-depth interviews and focus group discussion can be found in the appendix section.

An exploratory research design was used because of the cultural dimension of the study. Exploratory research is especially effective in obtaining culturally specific information about the values, opinions, behaviors, and social contexts of particular populations (Mack et. al., 2005). The strength of exploratory research is its ability to provide complex contextual descriptions of how people experience a given research issue. Exploratory methods are also effective in identifying intangible factors, such as social norms, socioeconomic status, gender roles, ethnicity, and education, whose role in the research issue may not be readily apparent (Mack et. al., 2005).

2.1. Study Site

The study site was Rivers State, Nigeria. Rivers State is one of the thirty-six states of Nigeria. Its capital is Port Harcourt. It is bounded on the South by the Atlantic Ocean, to the north by Imo, Abia, and Anambra State, to the East by Akwa Ibom State and to the West by Bayelsa and Delta States (Okemini & Adekola, 2012). The choice to do the study in Rivers State out of the thirty-six states in Nigeria was based on the following reasons: 1) not much is known about the impact of education on the reproductive autonomy of the Ikwerre women. 2) Being an indigene of Ikwerre, study participants would be accessible. 3) Communication would also not be a problem since I speak the Ikwerre language, English language and the pigeon English all of which are widely spoken amongst the Ikwerre people.

Nigerians and indeed the Rivers people are usually identified by the ethnic group they belong to. The Ikwerre ethnic group is a homogenous ethnic group (and the largest) in Rivers State that inhabits a large part of the northern half of Rivers State, owns more than 20% of the arable lands (Imaa, 2004) and occupies four Local Government Areas (LGAs) out of the 22 local government areas of Rivers State (2006 Population and Housing Censor, Federal Republic of Nigeria; Imaa, 2004). The LGAs occupied by the Ikwerre people include; 1) Port Harcourt Local Government Area (PHALGA), 2) Obio/Akpor Local Government Area (OBALGA), 3) Ikwerre Local Government Area (KELGA), and 4) Emuoha Local Government Area (EMOLGA).

The Ikwerres are predominantly ancestral worshippers but this ancestral worshipping is gradually being replaced by Christianity, though a hand full still practise ancestral worshipping (Imaa, 2004). Monogamy and polygyny are common marriage practises amongst the Ikwerre people.

2.2 Sample Population

The sample population included educated, semi-educated and uneducated married Ikwerre women in either monogamous or polygynous marriages, speaking Ikwerre, pidgin or English Language and within the age bracket of 22 to 60 years.

For the purposes of this study, it should be noted that the form of education referred to here is the formal education of having gone through school (western education). For this study, an educated person is one who has gone beyond the secondary school certificate level, which is usually referred to as O-Levels and gone up to higher institution (completion of the 6-3-3-4 system). A semi educated person is one, who has completed either the primary or any level of the secondary school educational. An uneducated person is one who has not attempted any form of formal education.

2.3. Participants' Recruitment

The method for participant recruitment was purposive and through snow ball sampling. It is also known as chain referral sampling. In this snow ball sampling method, participants with whom researcher has already established contact with use their network to refer researcher to other possible participants. The researcher follows this chain of contacts in order to identify participants and gather data (Mack et al., 2005). Since there are polygynous and monogamous families in the Ikwerre ethnic group of Rivers State, it was interesting to interview both types of families to see if the type of family explains how married women exercised their reproductive autonomy.

Identified eligible participants were given written informed consent documents to take home and study for a week. Participants were either visited in their various houses or offices or a convenient place which was chosen by the participants, where the informed consent document was explained by the researcher and eventually signed by the participants. For some, the explanation of the informed consent was done by phone at the request of the participant. A copy of the signed informed consent was kept by each participant and a second copy was kept by the researcher. After this process, a possible date and place of interview was set by each participant.

A total of 90 women were contacted for the interview. If two women were married to the same man, one of them was excluded to avoid conflict situations and overrepresentation of one particular family situation. One of the eligible participants lost her husband on the date slated for the interview and so the interview was cancelled. Another participant lost her only child two days before the slated date of interview, this was also cancelled. Some others either did not show up as promised or said they were no longer interested in the study. Reasons given were either, that they had a change of mind or that they did not have the time as earlier

scheduled and were not willing to reschedule. Others expected some form of payment before they could participate and since the monetary demand was not forthcoming they refused to participate. Yet some were threatened by my social status as the daughter of one of the ruling kings in the Ikwerre community and so were not sure of confidentiality. Although they were repeatedly told that whatever was discussed will remain within the researcher and the participants but will only be used for academic purposes. However, those who declined to participate in the study after the explanation were allowed to do so voluntarily. Interestingly, none of the participants told us that her husband refused her to participate in the study.

2.4. Data Collection

For this study, a semi structured interview question guide was developed to explore the perspectives of the women on this topic. The questions asked included understanding of what reproductive rights and autonomy mean to the participants, aspects of a woman's reproductive rights such as; when to marry, choice of husband, right to be educated, family planning, when to have children and number of children to have, access to antenatal and postnatal care, decision to have sex, and abortion. Issues of autonomy that were asked included, what would constitute their autonomy as it relates to their reproductive rights, whether and how they implement their autonomy in making choices concerning their reproductive rights, their decision making capacity in the house and family interference in decisions made. Also captured were demographic characteristics of the respondents such as age, years of marriage, number of wives in the family, type of family setting, educational background, occupation and number of dead and living children.

The interview guide was first piloted with two in-depth interviews which were sent to my supervisors. A subsequent correction of the interview guide was made. Four focus group discussions were used as pilot to test the sensitivity and acceptability of the guide questions

by participants. Since the interview guide proved to be adequate, it was then adapted and used for the 39 in-depth interviews (IDI) slated. Two Focus Group Discussions (FGDs) were also conducted at the end of the in-depth interviews to corroborate and verify answers received during the in-depth interviews.

2.5. Qualitative Method

Qualitative data collection was done using Focus Group Discussions (FGDs) and In-depth interviews (IDIs).

28 women participated in the FGDs conducted, out of which five were recruited to participate in the in-depth interviews. Of the 28 women who participated in the six FGDs, 11 women were from Emuoha Local Government Area, 3 from Port Harcourt Local Government Area, 6 from Ikwerre Local Government Area and 12 were from Obio/Akpor Local Government Area. Out of the six FGDs conducted, four of the FGDs had a total number of five women each in a group while two had a total number of four women each. The FGDs conducted included; 1) FGD with educated Ikwerre women in monogamous and polygynous marriages, 2) FGD with uneducated Ikwerre women in polygynous and monogamous marriages, 3) FGD with uneducated Ikwerre women in monogamous marriage, 4) FGD with uneducated women in polygynous marriage, 5) FGD with uneducated Ikwerre women in polygynous and monogamous marriage and 6) FGD with educated Ikwerre women in monogamous marriage. Each of the FGDs lasted between 55 - 90 minutes

The total number of women who participated in the in-depth interviews was 39. 17 of the women were from Emuoha local Government Area, 5 from Port Harcourt Local Government Area, 5 from Ikwerre Local Government Area and 12 from Obio/Akpor Local Government Area. Out of the 39 women interviewed, 22 of the women had higher education, 8 stopped at

the secondary school level and 1 dropped out in primary school (these were regarded as semi-educated Ikwerre women) and 8 did not attempt school at all. One interview with a participant amongst the 39 women interviewed went badly because the participant appeared too scared to respond to questions and so the interview was stopped. Two of the pilot interviews were not used and the other two were also not responding to interview questions. We sensed that they were afraid that discussions would not be kept confidential. These IDIs lasted for about 40 - 60 minutes.

Coincidentally, all the women in the IDIs and FGDs were Christian and spoke the Ikwerre language and pidgin or Ikwerre, pigeon and English language. All the women who participated in the FGDs and the IDIs were 67 in number. Data collection was done from December, 2014 to March, 2015. All IDIs and FGDs were audiotaped with permission from participants.

2.6. Data Analysis

Data analysis for this thesis came from 34 IDIs and six FGDs. During the first step of the data analysis, two authors carefully read the transcribed interviews. The transcribed interviews were then uploaded on qualitative analysis software MAXQDA 11(Verbi GHBM, Berlin, Germany). The two authors who read the transcribed interviews also coded 10 interviews together and developed a list of codes from the data. They used open and axial, as well as selective coding to carry out the data analysis (Strauss & Corbin, 1998). Thereafter, the two authors read and coded the remaining 24 interviews separately and then met to review and compare individual codes. In a next step they grouped similar codes together into relevant themes. For this thesis, codes relating to education, autonomy, reproductive rights, and bride price were carefully selected and re-analyzed. This reanalysis was discussed amongst all authors, resulting in several broad themes and sub themes (These are clearly explained in the

articles on chapters three, four and five). Thereafter, the interpretations of the study results were agreed by all authors. The names of study participants in this thesis have been replaced by pseudonyms for privacy and confidentiality reasons.

2.7. References

- Abdulrazaq, A.G., et al. (2014). The effect of educational intervention on family planning knowledge, attitude, and practices among married women in a military barrack in Northern Nigeria. *African Journal of Reproductive Health* 18(1): 93.
- Adamchak, D.D., & Mbizvo, M.T. (1994), "The impact of husband's and wife's education and occupation on family size in Zimbabwe", *Journal of Biosocial Science*, 26: 553-58.
- Adamczyk, A., & Greif, M. (2011). Education and risky sex in Africa: Unraveling the link between women's education and reproductive health behaviours in Kenya. *Social Science Research* 40, 654-666.
- Adewuya, A.O. et al. (2006). Prevalence and correlates of depression in late pregnancy among Nigerian women. *Depression and Anxiety*, 24: 15-21.
- Aja-Okorie, U. (2013). Women education in Nigeria: Problems and implications for family role and stability. *European Scientific Journal*, 9(28), ISSN: 1857-7881 (print) e-ISSN 1857-7431.
- Alabi, T., Bahah, M., & Alabi, S.O. 2014. The girl-child: A sociological view on the problems of girl-child education in Nigeria, *European Scientific Journal*, 10. 1857-7881. ejournal.org/index.php/esj/article/download/2601/246.
- Al-Issa, I. (1995). The illusion of reality or the reality of illusion: Hallucination and culture. *British Journal of Psychiatry*, 166: 368-373.
- Amey, F.K. (2002). Polygyny and child survival in West Africa. *Social Biology* 49(1-2): 74-89
- Baloyi, E.M. (2013). Critical reflection on polygamy in the African Christian context. *Southern African Journal of Missiology*. Missionalia 41, 164-181. doi: <http://dx.doi.org/10.7832/41-2-12>.
- Beauchamp, T.L., & J.F Childress. 2009. *Principles of Biomedical Ethics*. 6th edition Oxford University press: New York.
- Boni, S. 2001. Twentieth-century transformation in notion of gender, parenthood, and marriage in Southern Ghana: A critique of the hypothesis of "retrograde steps" for Akan women. *History in Africa*, 28. 15-41. URL: <http://www.jstor.org/stable/3172205>.
- Bovi, R., and Valeggia, C. (2009). Polygyny and women's health in sub-Saharan Africa. *Social Science and Medicine*, 68:21-29. Doi:10.1016/j.socscimed.2008.09.045.
- Brahmbhatt et al. (2002). Polygyny, maternal HIV status and child survival: Rakai, Uganda. *Social Science & Medicine* 55: 585-592.
- Chattopadhyay, S., & De Vries, R. (2013). Respect for culture in bioethics is an ethical imperative. *Med Health Care and Philos* 16(4): 639-645. doi 10.1007/s11019-012-9433-5. Accessed 11 December, 2015.
- Compulsory, Free Universal Basic Education Act 2004, A115. Enacted by the National Assembly of the Federal Republic of Nigeria. <http://www.lawyard.ng/wp->

[content/uploads/2016/01/COMPULSORY-FREE-UNIVERSAL-BASIC-EDUCATION-ACT2004.pdf](#). Retrieved 30 November, 2016 @ 10:45am.

Croix, D.D & Mariani, F. (2015). From polygyny to serial monogamy: *Review of economic studies* 82: 565-607. Doi: 10.1093/restud/rdv001.

Dodoo, F.N., Horne, C., & Biney, A. (2014). Does education mitigate the adverse impact of bridewealth on women's reproductive autonomy? *Genus, Journal of Population Sciences*, 70:77-97. doi: 10.4402/genus-597.

Dodoo, F.N.A. (1998). Men matter: Additive and interactive gendered preference and reproductive behavior in Kenya. *Demography*, 35(2): 229-242.

Dyson, T., and Moore, M. (1983). On Kinship Structure, Female Autonomy, and Demographic Behaviour in India. *Popul Dev Rev*, 9: 35-60.

Enaibe, P.U. (2012). Need to promote women education and participation in politics for sustainable national development. *International Journal of Education Research and Development*, 1:1-5.

Eapen, V., Al-Gazali, L., Bin-Othman, S., & Abou-Saleh, M. (1998). Mental health problems among school children in the United Arab Emirates: Prevalence and risk factors. *Journal of the American Academy of Child and Adolescent Psychiatry*, 37(8): 880-886.

Elbedour, S. et al. (2002). The effect of polygamous marital structure on behavioural, emotional, and academic adjustment in children: A comprehensive review of the literature. *Clinical Child and Family psychology Review*, 5(4): 255-271.

Emina, J.B.O., Chirwa, T., & Kandala, N. (2014). Trend in the use of modern contraception in sub-Saharan Africa: does women's education matter? *Contraception* 90: 154-161.

Fahmida, R., and Doneys, P. (2013). Sexual coercion within marriage in Bangladesh. *Women's Studies International Forum* 38: 117-124. doi :10.1016/j.wsif.2013.03.002. Accessed 11 December, 2015

Faney B. 2011. Vers Une Ethique Biomédicale Africaine. *Ethique et Société* 7(2-3). *La politique économique de l'intégration Régionale*, 7 :2-3. <http://res.bi/fr/content/vers-une-%C3%A9thique-biom%C3%A9dicale-africaine>. Accessed 22 July, 2016.

Feinstein, L. et al. (2006). What are the effects of education on health? Measuring the effect of education on health and civic engagement: Proceedings of the Copenhagen symposium. Social Outcome of Learning Project Symposium Organized by the OECD's Centre for education research and innovation (CERI), in Copenhagen 23rd and 24th March, 2006.

Fenske, J. (2015). Africa polygamy: past and present. *Journal of Development Economics* 117: 58-73.

Frost, A.E. & Dodoo, F.N. (2010). The Man comes to marry the woman: Exploring adolescent boys, gender expectations for bridewealth and marriage among the Akwapim of Southern Ghana. *Marriage & Family Review*, 46:1-2: 41-59. doi: 10.1080/01494921003648563.

- Gottman, J. M., & Notarius, C. I. (2000). Decade review: Observing marital interaction. *Journal of Marriage and Family*, 62: 927–947.
- Gyimah, S.O., Takyi, B.K., & Addai, I. (2006). Challenges to the reproductive-health needs of African women: On religion and maternal health utilization in Ghana. *Social Science & Medicine*, 62: 2930-2944.
- Henrich, J., Boyd, R., and Richerson, P.J. (2012). The puzzle of monogamous marriage. *Philosophical Transaction of the Royal Society B*, 367: 657-669.
- Ilika, A.L. (2005). Women's perception of partner violence in rural Igbo community. *African Journal of Reproductive Health*, 9: 77- 88. doi: 10.2307/3583414.
- Imaa, N.O. (2004). Architecture and Ikwerre Culture: Hidden Dimensions. *Nar. Umjet.* 41(1) Croatian Journal of Ethnology and Folklore Research, 39(669), 72: 69-8.
- Isiugo-Abanihe, U.C. (1995). Bridewealth, marriage and fertility in the East-Central states of Nigeria. *Genus*, 51: 151-178. URL: <http://www.jstor.org/stable/29789205>.
- Izugbara, C.O., and C. Udie. 2008. Who owns the body? Indigenous African discourse of the Body and Contemporary Sexual Rights Rhetoric. *Reproductive health matters*. 16(31): 159-167. doi:10.1016/so968-8080(08)31344-5. Accessed 12 September, 2014.
- Jegade, A.S. (2009). Understanding informed consent for participation in international health research. *Dev World Bioeth.* ISSN 1471-8731(print): 1471-8847 (online). 9(2): 81-87. doi:10.1111/j.1471-8847.2008.00238.x. Accessed 22 July, 2016.
- Jejeebhoy S.J. (1995). Women's Education, Autonomy and Reproductive Behaviour. Experience from Developing Countries. Oxford: Clarendon Press Publication.
- Kant I. (1785). *Groundwork of the Metaphysic of Morals*. 1948. Translated and Analysed by Paton H.J. New York: Harper and RW: 108.
- Kazeem, A., Jensen, L., & Stokes, C.S. (2010). School attendance in Nigeria: Understanding the impact and intersection of gender, Urban-Rural Residence and Socioeconomic Status. *Comparative Education Review*, 54(2), 295-319. <http://www.jstor.org/stable/10.1086/652139>.
- Kingah, P., and Kingah, S. (2010). African traditions and the modern human rights mechanisms: The case for women in Cameroon and Africa. *Cameroon Journal on democracy and Human Rights*, 4(2): 81-105. URL: <http://www.cjdh.org/2010-12/Petronilla-Kingah&Stephen-Kingah.pdf>. Accessed 12 January, 2016.
- Koch, E. et al. (2014). Women's education level, contraceptive use and maternal mortality estimates. *Public Health* 128: 384-387.
- Mack, et al. (2011). Qualitative research methods: A data collector's guide. Published by Family Health International.
- Mitsunaga, T.M. et al. (2005). Extramarital sex among Nigerian men. Polygyny and other risk factor. *Journal of Acquired Immune Deficiency Syndrome*, 39(4), 478-488.
- Mizinga, F.M. (2000). Marriage and bridewealth in a matrilineal society: The case of the Tonga of Southern Zambia: 1900-1996. *African Economic History*, 28, 53-87.

National Population Commission. (2010). Federal republic of Nigeria. 2006 population and housing census. Priority table volume VIII. Population by age, sex and type of household (state and local government area) Abuja, Nigeria. www.population.gov.ng. Accessed 11 December, 2015.

Nwachukwu, P.O. (2014). Funding education for sustainable development in Nigeria: Challenges and the way forward. *Journal of Education and Practice*, 5(20): 51-56. www.iiste.org.

Okeke, A. (2013). The Nigerian Woman and Reproductive Autonomy: A View of Autonomy as Empowerment. Available at SSRN: <http://ssrn.com/abstract=2267239> or <http://dx.doi.org/10.2139/ssrn.2267239>. Accessed 11 December 11, 2015.

Okemini, E. and G. Adekola. 2012. Violence against Women in Ikwerre Ethnic Nationality of Nigeria: Challenges for Gender Equity and Development. CSC Canada. *Studies in Sociology of Science* 3(2): 6-12. doi:10.3968/j.sss.1923018420120302.1445. Accessed 2 October, 2014.

Oladipo, G.S., Oyakhire, M.O., & Henry, A.A.U. (2010). Anthropometric studies of Nasal Indices of the Ekpeye and Ikwerre Ethnic Groups in Nigeria. *Asian Journal of Medical Sciences* 2(4): 167-169.

Olomola, J.A. (2004). Primogeniture and illegitimacy in African customary law: the battle for survival of culture. *Indian International and Comparative Law Review*, 15: 115-145.

Omozejele, P.F. 2008. African Women as Clinical Research Subjects: Unaddressed Issue in Global Bioethics. *Ethno-Med.*, 2: 121-126.

Orisaremi, T.C. and Alubo, O. (2012). Gender and the Reproductive Rights of Tarok Women in Central Nigeria. *African Journal of reproductive Health* 16(1): 83-96. <http://www.bioline.org.br/pdf?rh12010>. Accessed 2 October, 2014.

Platteau, J., & Gaspart, F. (2007). The Perverse Effects of High Brideprices. *World Development*, Vol. 5, 1221-1236. doi: 10.1016/j.worlddev.2006.09.017.

Purdy L. (2006). Women's reproductive autonomy: medicalization and beyond. *J Med Ethics*. 32(5): 287-91. doi:10.1136/jme.2004.013193. Accessed 3 march, 2016.

Riyami, A. A., Afifi, M. & Marby, R.M. (2004). Women's autonomy, education and employment in Oman and their influence on contraceptive use. *Reproductive Health Matters* 12: 144-154. URL: <http://www.jstor.org/stable/3775984>.

Salihu, M.J., & Jamil, H. (2015). Policy of Universal Basic Education in Nigeria: An Examination of its Effectiveness on Implementation and Management. *American International Journal of Contemporary Research*, vol.5 (6): 147-155.

Sellen, D.W. (1999). Polygyny and child growth in a traditional pastoral society: the case of the Datoga of Tanzania. *Hum. Nat.-Int. Bios* 10: 329-371. doi:10.1007/s12110-999-1007-8.

Smith-Greenaway, E. (2014). Polygynous context, family structure, and infant mortality. *Demography* 51(29): 341-366. doi: 10.1007/s13524-013-0262-9.

Sogolo, G. 1993. *Foundations of African Philosophy: A Definitive Analysis of Conceptual Issues In African Thought*. Ibadan, Nigeria: Ibadan University Press.

Strauss, A., & Corbin, J. (1990). *Basics of Qualitative Research. Grounded Theory Procedures and techniques*. SAGE Publications. The International Professional Publishers. Newbury Park London.

Tabi, M.M., Dacoster, C., & Cheney, T. (2010). A qualitative study of women in polygynous marriages. *International Nursing Review* 57: 121-127.

Tangwa, G.B. (1996). Bioethics: An African Perspective. *Bioethics ISSN 0269-9702* 10(3): 183-200. doi:10.1111/j.1467-8519.1996.tb00118.x. Accessed 22 July, 2016.

United Nations, Report of the International Conference on Population and Development. Cairo, Egypt, 5-13 September 1994 (New York: UN, 1994), para7.2. https://www.unfpa.org/sites/default/files/event-pdf/PoA_en.pdf. Accessed 2 October, 2014.

Ukwuani, F.A. et al. (2002). Polygyny and child survival in Nigeria. Age-dependent effects. *Journal of Population Research*, 19, 155-171.

White D. R., et al. (1988). Rethinking polygyny: Co-wives, codes, and cultural systems (includes comments and author's reply). *Current. Anthropology*. 29(4), 529(44). doi:10.1086/203674. doi:10.1086/203674.

Wiredu, K. (1980). *Philosophy and an African Culture*. Cambridge: Cambridge University Press.

York, R., & Bell, S.E. (2014), Life satisfaction across nations: The effects of women's political status and public priorities. *Social Science Research*, 48: 48-61.

Chapter 3

Autonomy and Reproductive Rights of Married Ikwerre Women in Rivers State, Nigeria.

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Autonomy and Reproductive Rights of Married Ikwerre Women in Rivers State, Nigeria.

3.1. Abstract

Background: A woman's lack of or limited reproductive autonomy could lead to adverse health effects, feeling of being inferior, and above all being unable to adequately care for her children. Little is known about the reproductive autonomy of married Ikwerre women of Rivers State, Nigeria. This study demonstrates how Ikwerre women understand the terms autonomy and reproductive rights and what affects the exercise of these rights.

Methodology: An exploratory research design was employed for this study. A semi-interview guide questions was used to conduct thirty-four in-depth interviews and six focus group discussions with purposively sampled educated, semi-educated and uneducated Ikwerre women in monogamous or polygynous marriages. The collected data was analyzed qualitatively with MAXQDA 11 using open and axial coding.

Results: The interviews and focus group responses reveal a low level of awareness of autonomy and reproductive rights amongst the Ikwerre women in Nigeria. While some educated women were aware of their reproductive rights, cultural practices were reported to limit the exercise of these rights. Participants reported that Ikwerre culture is a patriarchal one where married women are expected to submit and obey their husbands in all matters; and a good married woman according to Ikwerre standard is one who complies with this culture. Women's refusal of sexual advances from their husbands is described as not being acceptable in this culture; and hence rape in marriage is not recognized in Ikwerre culture.

Conclusion: Education and awareness creation on the importance of women's reproductive autonomy could improve their reproductive rights and autonomy in marital settings.

Overcoming the patriarchal aspects of Ikwerre culture - for example, the greater value placed on male children than female children and treating women as incompetent individuals - is necessary to promote gender equality as well as help improve women's reproductive autonomy.

Keywords: Nigeria; Reproductive right; Autonomy; Ikwerre women; Marital setting; Culture

3.2. Introduction

Women's reproductive rights and respect for their autonomy are vital for good health outcomes and better social relations. Reproductive rights include, though not limited to, sexual autonomy and family planning. Lack of knowledge about reproductive autonomy could lead to adverse health effects such as feelings of being inferior, and being unable to adequately care for herself and her children (Briozzo & Faúndes 2008; Holmes & Goldstein 2012; Kinanee & Ezekiel-Hart 2009).

There is an increased interest in women's reproductive rights globally (Okeke, 2013; Dawla, 2000; Miller & Roseman 2011; Orisaremi & Alubo 2012). This issue took a new turn at the 1994 International Conference on Population and Development (ICPD) in Cairo (Kaddour et al 2005) where women's reproductive rights were discussed in a holistic manner. Proceedings from the ICPD not only addressed sensitive areas such as sexual behaviors and reproductive choices in highly patriarchal societies but it also focused on how inequalities between men and women visibly influence sexual behaviors and reproductive choices. Although women's reproductive rights are protected in international human rights law which stipulates respect for the rights of others (Berer 2004; Dawla 2000; Osaremi & Alubo 2012; WHO 2002), it has its international conceptual anchor in the 1994 ICPD Programme of Action (Miller & Roseman 2011).

The United Nation defines reproductive rights "as the basic rights of all couples to decide freely and responsibly about the number, spacing, and timing of their children. It also includes the right to information, the right to attain the highest standard of sexual and reproductive health, and the right to make decisions concerning reproduction, free from discrimination, coercion and violence" (UNDP Report 1996). Although reproductive rights are rights for both men and women, often the term is associated with women because of the unequal power

relationship between men and women institutionalized in cultural practices, particularly in developing countries like Nigeria (Kaddour et al 2005; Osaretimi & Alubo 2012). Furthermore, issues of diminished reproductive rights are mostly associated with women because men are able to exercise such rights in a marital setting where women are expected to be submissive in most patriarchal African traditions (Dawla 2000; Fahmida & Doney 2013; Kinanee & Ezekiel-Hart 2009).

The cultural and social discrimination against girls and women in developing countries stem from the belief that men are superior to women and this superiority denies women their reproductive autonomy thereby affecting their reproductive choices (Sai & Nassim 1989). Reproductive rights go hand in hand with respect for autonomy because a woman can only exercise her reproductive autonomy if she has the freedom to decide for herself. In many African countries, including Nigeria, women are culturally accorded a subordinate status to men and this patriarchal mindset permeates generation after generation (Jegade 2009; Okemini & Adekola 2012; Sai & Nassim 1989). This authoritarian traditional African society is reflected in the family, the clan, as well as the political system. Men hold the positions of authority both in the community and in their family with absolute power to serve as the custodian (Faneye 2011; Jegede 2009; Tangwa 1996; Wiredu 1980). This then makes it impossible for an African woman to exercise her autonomy.

According to Beauchamp and Childress (2009), autonomy means self-law or self-governance. It underlines the rights and freedom of an individual to do as he or she pleases (Lanre-Abass 2010). Chattopadhyay & De Vries (2013) note that autonomy is a western concept, but for the African, the meaning of autonomy remains the same but differs in its application. This is due to the communitarian way of life in Africa where it is not deemed appropriate to focus on one's rights exclusively regardless of the implications for others (Faneye 2011; Jegede 2009;

Tangwa 1996). Given the communal way of life where one's identity is intricately bound to the community, any choice an individual makes that is contrary to communal values could mean rejection by the community. Hence, autonomy may mean having to choose between culturally determined options (Faneye 2011; Jegede 2009; Lanra-Abass 2010; Sogolo 1993). Inasmuch as this practice of autonomy is applicable to both genders, the man is free to make and act on decisions that benefit him more than the family or community, but the woman is expected to make decisions that benefit the family and the community more than herself.

Literature on the reproductive autonomy of married Ikwerre women in Rivers State is scarce; hence this study. Purdy (2006) defines reproductive autonomy as the ability or freedom of a woman to exercise her reproductive rights. This paper examines 1) how married Ikwerre women understand reproductive rights and autonomy, and 2) what affects the exercise of their reproductive rights in their marital homes. This study is unique and important in that it will not only add to existing literature in the area of women's reproductive autonomy but will also present novel and much needed qualitative data to help understand social interactions and ethical issues related to this vulnerable population of women in Rivers State, Nigeria.

3.3. Methodology

Study Area and population

The field work for this study was carried out in Rivers State, Nigeria, which is home to Ikwerre people as well as Okirika, Kalabari, Ogoni, Etche, Bonny, and Opopo tribes (Ogoloma 2013). Rivers State is one of the 36 states of Nigeria and has a population of about five million people (National Population Census 2010).

The Ikwerre people live in four out of the 23 local government areas of Rivers State, namely; Port Harcourt Local Government Area (PHALGA), Obio/Akpor Local Government Area

(OBALGA), Ikwerre Local Government Area (KELGA), and Emuoha Local Government Area (EMOLGA) (Imaa 2004; Okemini and Adekola 2012; Ogoloma 2013). The Ikwerres own more than 20% of the arable land in Rivers State and are traditionally farmers, fishermen, and traders but because of urbanization, most of the people now engage in office and artisan work.

Ikwerre society is patriarchal in nature with the woman being subordinate to the man (Okemini & Adekola 2012). The Ikwerres are traditionally ancestral worshippers but this is gradually being replaced by Christianity and other religions (Imaa 2004), although these religions have had little effect on the Ikwerre culture. Forms of marriage include monogamy and polygyny. The pattern of living is a communitarian type with patrilocal mode of residence. In a polygynous marriage, each family has a separate house around the house of the family head (i.e., the man) (Okemini & Adekola 2012). The house of the polygynous man is built either in the middle of the compound or at the entrance of the compound. This is so that anyone can easily identify the house of the controlling authority in a compound. In a monogamous marriage setting, all family members including the husband live in one house.

The languages spoken in the Ikwerre communities are the Ikwerre language, English, and Pidgin English (*Pidgin English is an adapted version of the English Language*). About nine percent of Ikwerre people have not attended any form of education (National Population Census 2010). In this study, educated women are those who have attained formal education up to university level. Semi-educated women are those who have attained formal education up to primary and secondary school level. Finally, uneducated women have had no formal education at all.

Participants' recruitment

Participants for this study were Ikwerre women in either monogamous or polygynous marriages. They were between the ages of 22 and 60 years and were purposively selected from the four local government areas mentioned above. These regions are inhabited by the Ikwerre people of Rivers State. The participants include educated, semi-educated and uneducated women. Some participants were contacted directly by the principal investigator (PI) while majority of the participants were recruited with the help of a female local government community leader in each of the local government areas who introduced the study to the participants. These community contact persons gathered the potential participants who met with the PI to understand the research topic, the objectives, and other information about the study. After this initial contact, those women who were willing to participate in the study gave their names, home/office addresses, and telephone numbers to the researcher. The PI then gave these women informed consent documents to take home to read and comprehend. For those who could not read, the PI explained the study in details and also allowed the women to take the informed consent document home to an educated relative for further explanation and understanding. After a week, she contacted all potential participants by phone or either visited their homes or offices to check if they were still willing to participate in the study and if so, a possible date, time, and place for the interview were discussed. Signed informed consent was obtained from all participants. Participants were fully informed that they could withdraw from the study at any point and that their participation was completely voluntary. They were also informed that the data collected would only be used for academic purposes and would remain confidential.

Data collection

A total number of 90 women were contacted for the study. To avoid over representation of the same family situation, women who are married to the same man were excluded. Some participants asked for financial payment before they could participate in the study. Since we were not giving any monetary gifts, we gave them the choice to voluntarily drop out. Others discontinued due to loss of family member, a change of mind or just fail to respond to phone calls. A total number of 39 IDIs and six FGDs (each FGD had four to five women) were conducted using semi-structured interview guides from December, 2014 - March, 2015. The following topics were covered in the interview guides: personal understanding of reproductive rights, ability to exercise these reproductive rights in the family, understanding of autonomy, decision making regarding sexual relationship, the right to refuse sex as well as its consequences. When necessary, prompts were asked to elicit greater details and that helped to contextualize and uncover implicit meaning in the responses of the participants.

Since the research aimed to explore a highly sensitive topic with women of different educational background, piloting the research questions was critical. The first two interviews were pilots and were read by the research team. The feedback of the team helped in formulating the final semi-structured interview guide. In addition, three FGDs were also carried out after the two pilot interviews; they assisted to ensure the sensitivity and acceptability of the semi-structured interview guide. The three FGDs carried out after the interviews were geared towards validating the general responses of the interviews. Although the FGDs were primarily conducted to assess the sensitivity of the research questions and to ensure the validity of the responses from interviews, they also helped to foster debates amongst participants and to better understand the social structure of the community and interactions amongst the women. In this paper, the two pilot interviews were excluded as well

as three additional interviews where it was clear that participants were not responding to research questions and or were only giving one word responses. Therefore, 34 IDIs were analyzed for this paper. These IDIs lasted between 40 - 60 minutes.

Each of the FGDs lasted between 55 - 90 minutes. The FGDs were completed with the following groups of participants: 1) Educated women in polygynous and monogamous marriages, 2) Uneducated/semi-educated women in monogamous and polygynous marriages, 3) Uneducated/semi-educated women in monogamous marriage, 4) Uneducated women in polygynous marriage, 5) Uneducated women in polygynous and monogamous marriage, and 6) Educated women in monogamous marriage. The reason for the different groups of FGDs was to ascertain the impact of education in the exercise of the women's reproductive autonomy in their homes. In this study, monogamous marriage is one where one man is married to one woman and polygynous is where one man is married to two or more women.

Five participants were included in both the IDIs and FGDs. All interviews and FGDs were audio taped with prior permission from participants. Extensive notes were taken to capture body language and expressions. Audio taped interviews were transcribed verbatim and checked for accuracy by reading and listening to them repeatedly. During the transcription process, a pseudonym was given to each IDI participant to anonymize their interview transcripts and these pseudonyms were used throughout the data analysis and in this paper. When presenting any quotes from the FGD participant, their information such as age, type of marriage, and educational status were used.

Data analysis

Analysis was carried out using a qualitative analysis tool MAXQDA11 that allowed better organization and management of the coding process. To analyze the data, open and axial

coding was used (Strauss & Corbin 1998). Open coding allowed giving a concept to each sentence or set of sentences. Emerging concepts from each transcript were constantly compared against new data. This repetition process ensured that analysis remained grounded in the participant's experiences. Midway through the coding process, the two coders realized that data saturation had been reached when no new concepts and patterns were being found with the addition of un-coded interviews. After completion of data analysis of all 34 IDIs as well as six FGDs: interpretation of the data was discussed with the co-authors and possible topics were discussed. This was done to understand women's perception of reproductive rights and autonomy. In this paper, we discuss participants' understanding of reproductive rights and autonomy, and factors that influence the exercise of these rights in marriage.

Ethical considerations and approval

This study was certified by the Ethik Kommission Nordwest-und Zentralschweiz (EKNZ) of Basel and approved by the UI/UCH Ethics Committee of Nigeria.

3.4. Results

Understanding of reproductive rights

Only very few educated Ikwerre women have heard of reproductive rights and they had a fair knowledge of what reproductive rights mean.

“Reproductive right of a woman I would say is her right to have access to family planning, right to choose the hospital and type of treatment to have. Right to decide how many children to have” (Mariam, 50 years old, educated, monogamous marriage)¹

¹ All quotations are from IDI except otherwise stated.

All participating semi-educated and uneducated women reported to have never heard of the term reproductive rights and to have no idea what it means. When the term was explained to them, most of them said that it would be good for women to exercise their reproductive rights because women are oppressed by their husbands. They also said that the culture is structured in a way that the woman has to obey the wishes of her husband. For these women, it is not whether they are aware of their reproductive rights but whether the culture accepts these rights. Participants also noted that if a wife insists on exercising her reproductive rights then she will be thrown out of her husband's house or the husband will marry another wife who will obey him.

“My husband married me because his first wife was not obeying him. She does what she wants and so my husband told her that two captains cannot be in a ship”
(Patricia, 35 years old, uneducated woman, polygynous marriage)

In addition, participants added that being able to decide where to go for antenatal and postnatal care largely depended on their husband's approval. Some participants said that they are aware of their reproductive rights but it was difficult to exercise these rights considering the sociocultural setting in which they find themselves.

“Basically, the decision to have the number of children lies in the man's hand. Whatever he decides and how many children he decides to have, that is how it goes. An Ikwerre woman does not really have the right to say, I want two or three kids but it depends on what the decision of the man is (Abigail, 46 years old, educated woman, monogamous marriage)

Understanding of autonomy

Nearly all the women interviewed had a fair understanding of what autonomy meant. They described autonomy as the right to do as one please without interference. Others described autonomy as freedom to direct one's life.

“Autonomy means freedom. It means that I can do whatever I please. But then, as a married woman, that may not be possible because the culture demands that I carry out my decisions with the consent of my husband (Beatrice, a 37 year old uneducated woman in polygynous marriage)

Interestingly, few educated participants completely disapprove of a woman exercising her autonomy as regards her reproductive rights because they see this as being equal with the man. This to them is unacceptable.

“I don't see it necessary for a woman to be autonomous in her matrimonial home. That means she wants to be equal with her husband and that cannot be so because God has made the woman to be under the man as a weaker vessel” (Monica, 35 years old, educated woman in monogamy marriage)

With regards to reproductive rights, the general assumption of participants was that marriage directly obligates them to have sex with their husbands and bear children (as many as the husband wishes). Therefore, once a woman agrees to get married and moves in with her husband, she has consented to having her body used for his sexual pleasure. A woman cannot arbitrarily refuse sexual advances from her husband or tell him when and when not to have sex with him.

“Why did I marry the man? Is it not for sex and to have children? As long as he has married me by fulfilling all the requirements necessary for marriage, I cannot refuse

to have sex with him or refuse to bear children for him” (Rebecca, 45 years old, educated woman, polygynous marriage)

Participants thus concluded that husbands possessed the right to compel their wives to give in to their sexual demands and any refusals may result in beatings, violence, neglecting her and her children, and he may even stop loving her. Therefore many of the participants reported submitting to their husband’s request for sex at all times.

“For me not to give in to my husband’s sexual demands means that I want to die that day because he will beat me thoroughly for refusing him sex. Not only that, there will be no feeding money for my children and I. So rather than not have food to feed myself and my children, I will submit myself to him (A 38 year old uneducated woman, monogamous marriage during FGD 4)

Participants reported that sex was a conjugal right a woman owes her husband. They noted that a woman who refuses to have sex or reports being raped is usually mocked by her fellow women. They underlined that the community brands such a woman as a bad and irresponsible wife. Some women also discussed that at times an educated husband may reason with his wife when she refuses his sexual advances but this should not be taken for granted as such refusal may push him into the arms of a mistress and cause him to neglect his legally married wife and her children.

Participants also revealed that rape is not recognized in the Ikwerre culture as far as marriage is concerned. This is mostly because the payment of bride price protects the husband from any such accusations.

“Rape is not recognized in Ikwerre culture for married couples. He has paid your bride price and so there is no way a husband can rape his wife” (A 41 year old educated woman, monogamous marriage during FGD 1)

Most participants responded that Christianity which is the practiced religion has not been of much help in achieving women’s reproductive autonomy. Religious leaders also preach that women should be submissive to their husbands in all things. Some women said that during their wedding, they are told that women should not deny their husbands’ desire for sex as it is a conjugal right. Furthermore, a few participants also stated that when they complain about the way they are being treated; their husband’s quote passages in the Bible to support what they do, thereby using the Bible as an alibi.

“They tell us in church during wedding that we should not deny our husbands sex because he is the ‘general overseer’ of our body” (A 38 year old educated woman, monogamous marriage during FGD 6)

Education

Educated participants generally reported that education has not helped them much in exercising their reproductive autonomy in marriage because culture remains a dominant factor. They noted, however, that being educated has helped them to appreciate the importance of family planning, antenatal, postnatal care and how to better care for themselves and their children. Some participants said that men believe that an Ikwerre woman’s education ends in the kitchen but participants added that education is gradually changing this mentality. An educated woman’s education ending in the kitchen means that once she is married, she becomes the property of her husband, and is no longer “useful” to her maternal family.

“They say that a woman’s education ends in the kitchen. The men say that no matter how well read a woman is, her education will end up in a man’s kitchen” (Anna, 37 years old, educated woman, monogamous marriage)

A few financially empowered educated participants said they could exercise some level of autonomy in the home. Participants reported that being financially dependent on their husbands meant that they were not able to exercise their autonomy.

“The woman being educated and has a job has an edge. A little edge over what is done to her to a large extent but when she doesn’t have a job, she is strictly under the control of the man” (Nadine, 41 years old, educated woman, monogamous marriage)

Furthermore, educated women said that education has helped them in the sense that they can secretly go for family planning without their husband’s consent. They said they are able to do so because they work and have their own money. They do not need to ask their husband’s for money to go for family planning.

Some other women who did not bother with family planning have the belief that children are gifts from God. Thus, they either relied on natural family planning, kept having children until they no longer can bear children, or they relied on God to stop the pregnancy. There were also a few who reported that they do not trust family planning methods because they either had health challenges because of it or still got pregnant while using family planning method.

Marriage in Ikwerre culture

According to participants, the only form of relationship between a man and a woman that is culturally accepted in Ikwerre culture is marriage. Marriage in Ikwerre culture is only recognized by the payment of the bride price. All participants underlined the authority that the man has once he has paid the bride price for his wife.

“When the man pays the bride price it shows that he has married his wife and this gives him so much authority. In the Ikwerre marriage setting, every attention is focused on pleasing the man” (Paula, 50 years old, educated woman, polygynous marriage)

Similarly, a 35 year-old uneducated woman in a polygynous marriage during FGD 4 said,

“When my husband came to take me to his house I refused to follow him. My father told me that he has collected drinks and my bride price from my husband. So I had no choice but to go with the man”

There was a general consensus among participants that the payment of the bride price according to the culture gives the impression that the man has ‘bought’ his wife and so this places the wives ‘under’ their husbands. Thus, once the bride price is paid, the women see themselves as their husband’s property and they in turn refer to their husbands as my “oga” (*my owner or my boss*).

“According to the Ikwerre culture, once the man has married you and brought you into his house, you are his property and under him” (Eva, 41 years old, semi-educated woman in polygyny marriage)

Participants noted that marriage is the only legal institution for procreation in their culture. They said that a woman who is not legally married and does not have children in marriage has no respect in the society. Moreover, the high value placed on being married forces women into marriage as soon as they begin to feel that they have reached marriageable age.

“If you get to a certain age and you are not married, people will begin to insult you and you cannot follow your mates [age group] to do things in the community. They

will also insult your family” (38 years old semi-educated woman, monogamous marriage during FGD 2)

The influence of husband’s family members especially the mother-in-laws was an aspect of marriage that some participants did not appreciate. They said that their mother-in-laws interfered a lot in family matters and most of the time their husbands listened to their mothers.

“The mother-in-laws are very powerful. They can send for their sons in the wee hours of the night and the son will obey. They go as far as dictating to the wife in the house what type of dress she should wear. It is really terrible” (An educated woman, monogamous marriage during FGD 1)

Only a few women said they have a good relationship with their mother-in-laws, and they felt lucky to be in such a relationship.

“I am lucky that since I came into this family, my husband’s people have been good to me, including my mother-in-law. Our relationship is like that of mother and child” (Sandra, 43 years old, educated woman, monogamous marriage)

Most participants reported that Ikwerre women are trained to be submissive to their husbands. This is further enforced by older women in the compound who act as gate keeper and constantly monitor the activities of other wives.

“In the Ikwerre culture, a married woman cannot dress as she pleases. She has to dress in the way stipulated by culture otherwise her fellow women will mock her and say terrible things to her. She will be asked to pay a fine for violating the dress code.” (Natalie, 66 years old widow, polygynous marriage)

The patriarchal nature of the family was evident from the manner in which participants reported the ways they were socially conditioned to take an inferior position. For instance, the culture permits the man to have full control over his wife.

“By Ikwerre culture, once you are married it is believed that you are under the man. So you cannot take decisions on your own without the man’s consent.” (Oprah, 28 years old, semi-educated woman in monogamous marriage)

Polygyny

Although Ikwerre people are predominantly Christians, they still practice polygyny. However, we observed that polygynous marriage is gradually phasing out amongst the educated class. For this reason, we were not able to recruit young educated women in this type of marriage. Women in polygynous marriages revealed the constant competition that exists between the wives for the love, attention, and financial resources of the husband. Participants also described polygynous marriage as a battle field, a political arena or a place of survival of the fittest.

“There is a lot of problem in polygynous marriage. One has to use politics to be able to benefit from the marriage. One needs wisdom otherwise your children will suffer. You need to make sure that the man’s property gets to you and your children.” (Elisa, 54 years old, educated woman, polygynous marriage)

According to the women, in polygynous marriages, to ensure harmony and equal share of their husband’s time, a timetable is drawn by the husband. This timetable defines which wife’s turn it is to have sexual relationship with the husband. Any refusals to attend to and satisfy the husband’s sexual needs will be at the detriment of the wife in question. During this period of sexual relation, the woman in addition, cooks for the man and attends to all his other

needs. Participants revealed that sex is a powerful tool used for competing for the husband's love and attention.

“We have timetable for having sex with our husbands. When it is your turn to sleep with him, you also cook for him and take care of his other needs. If you refuse to have sex with him when it is your turn, then it will be your loss” (Matilda, 59 years old, educated woman in polygyny marriage)

3.5. Discussion

This study presents unique and important data from a traditional culture in Nigeria. The data are helpful to understand factors that reinforce women's reproductive autonomy in marriage. The results may also have relevance for other regions where patriarchal culture predominates in order to promote change towards women and children's health through an increase of respect for women's reproductive autonomy

The study results first reveal that the reproductive autonomy of the Ikwerre women is compromised by the male dominated patriarchal system which is a characteristic of the Ikwerre ethnic group. Traditional cultural hierarchy was shown to prevail in most interviewees' life contexts in spite of wide international support for women's rights. The lack of implementation of women's reproductive autonomy as stipulated in the Rivers State constitution shows that the Rivers State government has so far failed to recognize the importance of women's reproductive autonomy to sustainable societal development and poverty alleviation. As noted by existing literature, the state perpetrates or tolerates subordination of women by prioritizing culture over women's fundamental freedom (Okemini & Adekola 2012). Even though the reproductive rights of a woman exist in the constitution of Rivers State and a handbook on it is available, the women interviewed were not aware of

these rights and resource. Traditional expectations of women to have children immediately after marriage and particularly male children have maintained women's role as sexual tools for their husbands (Dawla 2000; Orisaremi & Alubo 2012; Sai & Nassim 1989). Since men are the custodians of the traditions and laws in Ikwerre land, male dominance in marital relationship is made to appear normal. Women are socially pressurized to accept this form of subordinate ranking; otherwise they risk being thrown out of their matrimonial homes or find themselves in polygyny marriage (Kingah & Kingah 2010; Kinanee & Ezekiel-hart 2009). Responses from participants show that Christianity which is the dominant religion in Ikwerre land has negative effect on the reproductive autonomy of the Ikwerre women because the religion preaches submission and obedience of the wife to her husband. It therefore enforces the male dominant view already prevalent in the society.

The second finding is that, because of gender inequality, the realization of Ikwerre women's reproductive autonomy in her marital home is disregarded. Male demands in marriage are deemed most important and hence, rape amongst married couple is not recognized in Ikwerre culture. Similar studies in Rivers State and other parts of the world have shown that reproductive autonomy is rarely exhibited by women due to cultural practices (Fahmida & Doneys 2013; Kinanee & Ezekiel-hart 2009). Our interviews with Ikwerre women indicate that the Ikwerre men can achieve his sexual pleasure but not the women. This corroborates the results from the study on "*sexual coercion within marriage in Bangladesh*" (Fahmida & Doneys 2013). Culturally, some women view being used as a tool for sexual pleasure as one of the marital obligations a good wife owes her husband. For an Ikwerre woman to exercise her reproductive autonomy, she must defy culture and in doing so, she risk facing possible adverse consequences for her action. Taking such a stand is not easy for women as this may result in divorce, being separated or end in polygynous marriage. Women separated or

divorced from their husbands are stigmatized and seen as deviants in the society. They are also considered to be bad influence to young unmarried women (Orisaremi & Alubo 2012).

The third finding is that according to participants, marriage in Ikwerre culture is not recognized as valid without the payment of the bride price. The misinterpretation of the bride price further erodes women's reproductive autonomy. Bride price payment is interpreted as stripping the bride of all her rights by granting her full rights to the husband (Irahor & Omonjezele 2009; Lanre-Abass 2012; Omonjezele 2008). Indeed, bride price should not be viewed as meaning a transaction where a woman is purchased but rather as a way of legalizing a union. Even though the non-payment of bride price gives a woman who decides to live with a man the liberty to do as she pleases, almost all women will insist on the payment of their bride price before marriage because of societal pressure and fear of being stigmatized.

Finally, the acceptance that Ikwerre men can use violence on their wives to demand sex has serious adverse effects on women's health and social lives (Okemini & Adekola 2012; Shaw 2006; Shandilya 2013). The cultural belief that women are the property of men and so must succumb to their husbands to the point of accepting rape is a critical research area that must be further examined. Due to lack of education and knowledge, most women are unaware of their reproductive autonomy. Even the educated women who are aware of these rights were scared to exercise them for fear of being thrown out of their matrimonial homes or ending up in polygynous marriages. The inability of the Ikwerre woman to exercise her reproductive autonomy may invariably affect her overall family wellbeing (this includes herself and her children) and societal productivity. Measures at the societal as well as policy levels are needed to empower women so that their health and that of their children can be safeguarded. Culturally, it is believed that a woman does not own herself and is recognized or respected

only through her husband's initiative. As a result of this social condition, a married woman refers to her husband as "my oga" (meaning my boss or my ruler) or "my owner". This observation is in line with the question Izugbara & Undie (2008) raise in their study: "*Who owns the Body? Indigenous African Discourse of the Body and Contemporary Sexual Rights Rhetoric.*" We stress that the Ikwerre culture of patriarchy and dominance over women, where women are treated like minors who are incapable of making decisions should not be allowed to continue (Okeke 2013). This does not only impede on the women's reproductive autonomy but also erode their dignity and reduces them to the level of children who are incapable of making decisions for themselves. Overall, this has negative consequences on society as a whole by reinforcing poor health and poverty.

Study limitation

It is possible that due to the high social status (the daughter of one of the ruling kings in Ikwerre community) of the PI in the Ikwerre community, some participants may not have told full details about their marital experiences. We cannot exclude that some participants may have exaggerated their situation with the hope of either getting monetary compensation or that their plight may be brought before the king. Some participants may have also conversely given the impression that all was well in the family for fear of being reported to the king or being portrayed as being disrespectful to their husbands. However, ensuring confidentiality and reassuring them that this study was strictly for academic purposes may have addressed some of their concerns. In addition, as the two biases go in conflicting directions (exaggeration vs. under-reporting) we believe that the study results are overall not at risk to be affected in a one-sided way. Another limitation was that the data collection period coincided with the election campaigns (during this election period, politicians give money to citizens for votes) in Nigeria and so the participants may have exaggerated their response by giving the

impression that their situation is hopeless with the expectation of immediate monetary benefit. The PI deliberately informed the participants that this study was in no way connected to the ongoing elections in the country and there would be no monetary benefits. Interviewing and discussing with only women may not have given us a fair and balanced judgment on the views of men on women's reproductive autonomy in marital setting. But since the focus of this study is on the Ikwerre women's perspective, the aim of this study is fulfilled. Finally, most of the interviews were carried out by the PI alone but a few were done with the second author who is a male. This could have led to a response bias based on the presence of a male interviewer. However, because participants were informed during the informed consent process that the presence of the male supervisor was to ensure that the PI was conducting the data collection process in the right form and that confidentiality was fully granted, we believe that any bias will remain overall limited and if present, concerns only a small minority of the interviewees.

3.6. Conclusion

The authoritarianism leadership that is characteristic of African culture leads to the inability of the Ikwerre women to exercise their reproductive rights and autonomy. Women therefore lack the right to express their reproductive autonomy, particularly in the area of sexual desires because the Ikwerre culture sees it as a topic that is exclusively for men. While the economic and educational status of women is a major determinant of their ability to exercise their reproductive autonomy, cultural practices limit their actions and keep women in a relationship of dependency.

Although it is often said that bioethicists should respect cultural diversity (Bracanovic 2011), it is also widely accepted that this respect does not imply support for cultures that promote gender inequality. This means that bioethics will not further support aspects of cultures that

diminish the reproductive autonomy of women (Bracanovic 2011; Chattopadhyay & De Vries 2013). Thus creating awareness among women about their reproductive autonomy and its significance for their health is critical. Furthermore, women should receive both formal and informal education as it is one of the key measures with which to ensure their overall empowerment in the society.

The respect for Ikwerre culture is inadequate without considering the adverse effect of permitting certain practices such as using women as object of sexual pleasure and permitting rape on the pretense of preserving inherited cultural practices. In so doing, respect for cultural specificity would otherwise neglect basic human rights and accept the violation of women's reproductive autonomy on the grounds that this has always been the cultural practice. Such blind respect for culture at the expense of human rights should not be accepted, also because cultural relativism risks obstructing societal development. Respecting such cultural norms, without critically examining them, may result in policies and laws that are in favour of only half of the population; the men.

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3.7. References

- Aniaka, O. (2013). The Nigerian Woman and Reproductive Autonomy: A View of Autonomy as Empowerment. Available at SSRN: <http://ssrn.com/abstract=2267239> or <http://dx.doi.org/10.2139/ssrn.2267239> . Accessed 11 December 11, 2015.
- Beauchamp, T.L., and J.F Childress. (2009). *Principles of Biomedical Ethics*. 6th edition Oxford University press: New York.
- Berer, M. (2004). Sexuality, Rights and Social Justice. *Reproductive Health Matters*, 12(23): 6-11. <http://www.jstor.org/stable/3775966>. Accessed 11 December, 2015.
- Bracanovic, T. (2011). Respect for cultural diversity in bioethics. Empirical, conceptual and normative constraints. *Med Health Care and Philos* 14: 229-236. doi:10.1007/s1019-010-9299-3. Accessed 11 December, 2015.
- Briozzo, L., and A. Faúndes. (2008). The medical profession and the defense and promotion of sexual and reproductive rights. *International Journal of Gynecology and Obstetrics* 100(3): 291-294. doi:10.1016/j.ijgo.2007.09.015. Accessed 20 December, 2015.
- Chattopadhyay, S., and R. De Vries. (2013). Respect for culture in bioethics is an ethical imperative. *Med Health Care and Philos* 16(4): 639-645. doi 10.1007/s11019-012-9433-5. Accessed 11 December, 2015.
- Dawla, A.S. (2000). Reproductive Rights of Egyptian Women: Issues for Debate. *Reproductive Health Matters* 8(16): 45-54. <http://www.jstor.org/stable/3775270>. Accessed 20 December, 2015.
- Fahmida, R., and P. Doneys. (2013). Sexual coercion within marriage in Bangladesh. *Women's Studies International Forum* 38 : 117-124. doi :10.1016/j.wsif.2013.03.002. Accessed 11 December, 2015
- Faney B. (2011). Vers Une Ethique Biomédicale Africaine. *Ethique et Société* 7(2-3). *La politique économique de l'intégration Régionale*.7 :2-3. <http://res.bi/fr/content/vers-une-%C3%A9thique-biom%C3%A9dicale-africaine>. Accessed 22 July, 2016.
- Holmes W., and M. Goldstein (2012). "Being treated like a human being": Attitudes and behaviours of reproductive and maternal health care providers. http://www.brunet.edu.au/system/asset/file/1408/Holmes_et_al_attitudes_review_sept2_final.pdf. Accessed 7 December, 2015.
- Imaa, N.O. (2004). Architecture and Ikwerre Culture: Hidden Dimensions. *Nar. Umjet.* 41(1). *Croatian Journal of Ethnology and Folklore Research*, 39(669):72; 69-8.
- Irabor, D.O., and P. Omonjezele. 2009. Local attitudes, moral obligation, customary obedience and other cultural practices: their influence on the process of gaining informed consent for surgery in a tertiary institution in a developing country. *Dev World Bioeth.* 9(1): 34-42. doi:10.1111/j.1471-8847.2007.00198.x. 15 January, 2016.
- Izugbara, C.O., and C. Udie. (2008). Who owns the body? Indigenous African discourse of the Body and Contemporary Sexual Rights Rhetoric. *Reproductive health matters.* 16(31): 159-167. doi:10.1016/so968-8080(08)31344-5. Accessed 12 September, 2014.

- Jegede, A.S. (2009). Understanding informed consent for participation in international health research. *Dev World Bioeth.* ISSN 1471-8731(print): 1471-8847 (online). 9(2): 81-87. Doi:10.1111/j.1471-8847.2008.00238.x. Accessed 22 July, 2016.
- Kaddour, A., R. Hafez. and Z. Huda. (2005). Women's Perception of Reproductive Health in Three Communities around Beirut, Lebanon. *Reproductive Health Matters* 13(25): 34-42. <http://www.ncbi.nlm.nih.gov/pubmed/16035595>. Accessed 11 December, 2015.
- Kinanee, J.B., and J. Ezekiel-Hart. (2009). Men as partners in maternal health: Implications for reproductive health counselling in Rivers State, Nigeria. *Journal of Psychology and Counselling.* 1(3): 39-44. <http://www.academicjournals.org/jpc>. Accessed 12 January, 2016.
- Kingah, P., and S. Kingah. (2010). African traditions and the modern human rights mechanisms: The case for women in Cameroon and Africa. *Cameroon Journal on democracy and Human Rights*, 4(2): 81-105. URL: <http://www.cjdh.org/2010-12/Petronilla-Kingah&Stephen-Kingah.pdf>. Accessed 12 January, 2016
- Lanre-Abass, B. (2012). Autonomy and interdependence: Quandaries in research ethics. *Health* Vol.4(4): 173-184. <http://dx.doi.org/10.4236/health.2012.44026>. Accessed 22 July, 2016.
- Lanre-Abass, B.A. (2010). Suicide and Human Dignity: An African Perspective. *Humanity & Social Science Journal* 5(1): 50-62. ISSN 1818-4960. <http://www.idosi.org/hssj/hssj5%281%2910/7.pdf>. Accessed 22 July, 2016.
- Miller, A.M. and M.J. Roseman. (2011). Sexual and reproductive rights at the United Nations: frustration or fulfilment? *Reproductive Health Matters.* 19(38): 102-118. doi: 10.1016/S0968-8080(11)38585-0. Accessed 11 December, 2015.
- National Population Commission. (2010). Federal republic of Nigeria. 2006 population and housing census. Priority table volume VIII. Population by age, sex and type of household (state and local government area) Abuja, Nigeria. www.population.gov.ng. Accessed 11 December, 2015.
- National Population Commission. (2010). Federal republic of Nigeria. 2006 population and housing census. Priority table volume VIII. Population by age, sex and education attainment (state and local government area) Abuja, Nigeria. www.population.gov.ng. Accessed 11 December, 2015.
- Ogoloma, F.I. (2013). Traditional Settlement of Dispute amongst Ikwerre Ethnic Nationality in Rivers State, Nigeria: An Appraisal. *African Research Review. An International Multidisciplinary Journal.* 7(1), Serial No 28: 61-72. doi: <http://dx.doi.org/10.4314/afrrrev.v7i1.5>. Accessed: 2 October, 2014.
- Okemini, E. and G. Adekola. (2012). Violence against Women in Ikwerre Ethnic Nationality of Nigeria: Challenges for Gender Equity and Development. CSC Canada. *Studies in Sociology of Science* 3(2): 6-12. doi:10.3968/j.sss.1923018420120302.1445. Accessed 2 October, 2014.
- Okpani, A.O.U., and J.U. Okpani. (2000). Sexual Activity and Contraceptive Use among Female Adolescent-A Report from Port Harcourt, Nigeria. *African Journal of Reproductive Health* 4(1): 40-47. doi:10.2307/3583241. Accessed 2 October, 2014.

- Omonjezele, P.F. (2008). African Women as Clinical Research Subjects: Unaddressed Issue in Global Bioethics. *Ethno-Med.*, 2(2): 121-126. <http://www.krepublishers.com/02-Journals/S-EM/EM-02-0-000-08-Web/EM-02-2-000-08-Abst-PDF/EM-02-2-121-08-055-Omonzejele-P-F/EM-02-2-121-08-055-Omonzejele-P-F-Tt.pdf>. Accessed 4 November, 2014.
- Orisaremi, T.C. and O. Alubo. (2012). Gender and the Reproductive Rights of Tarok Women in Central Nigeria. *African Journal of reproductive Health* 16(1): 83-96. <http://www.bioline.org.br/pdf?rh12010>. Accessed 2 October, 2014.
- Purdy L. (2006). Women's reproductive autonomy: medicalization and beyond. *J Med Ethics*. 32(5): 287-91. doi:10.1136/jme.2004.013193. Accessed 3 march, 2016.
- Sai, F.T., and J. Nassim. 1989. The need for a reproductive health approach. *Int J Gynecol Obstet*. 30:103-13. doi:10.1016/0020-7292(89)90109-4. Accessed 3 April, 2016.
- Sogolo, G. (1993). *Foundations of African Philosophy: A Definitive Analysis of Conceptual Issues In African Thought*. Ibadan, Nigeria: Ibadan University Press.
- Strauss, A. and J. Corbin. (1990). *Basics of Qualitative Research. Grounded Theory Procedures and techniques*. SAGE Publications. The International Professional Publishers. Newbury Park London.
- Shandilya, A. (2013). International Protection of Women's reproductive Rights: A Critical Assessment. *A38 Journal of International Law*, 2(2): 5-23. <http://ssrn.com/abstract=2289133>. Accessed 2 October, 2014.
- Shaw, D. (2006). What is relevant of women's sexual and reproductive rights to the practicing obstetrician/gynaecologist. *Best practice & research Clinical Obstetrics and Gynaecology*. 20(3): 299-309. doi:10.1016/j.bpobgyn.2006.013. Accessed 12 April, 2016.
- Tangwa, G.B. (1996). Bioethics: An African Perspective. *Bioethics ISSN 0269-9702* 10(3): 183-200. doi:10.1111/j.1467-8519.1996.tb00118.x. Accessed 22 July, 2016.
- United Nations, Report of the International Conference on Population and Development. Cairo, Egypt, 5-13 September 1994 (New York: UN, 1994), para7.2. https://www.unfpa.org/sites/default/files/event-pdf/PoA_en.pdf. Accessed 2 October, 2014.
- Wiredu, K. (1980). *Philosophy and an African Culture*. Cambridge: Cambridge University Press.
- World Health Organization. 2002. Defining sexual health Report of a technical consultation on sexual health, 28–31 January 2002, Geneva. http://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf. Accessed 2 October, 2014.

Chapter 4

Bride price and women's autonomy in Nigeria: findings from a qualitative study

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Bride price and women's autonomy in Nigeria: findings from a qualitative study

4.1. Abstract

Marriage involving a man and a woman is a universal social institution, but its practices vary among cultures. In Nigeria, a marriage is recognized after gifts are given, and a bride price is paid by the groom's family to the bride's family. Understanding the bride price will reduce the challenges women face in their marital homes. Women's autonomy is important for them to address matters affecting their health. We examined married Ikwerre women's perspectives on bride price and its impact on their autonomy Using qualitative methods. From December 2014 to March 2015, 34 in-depth interviews and six focus group discussions were conducted with married Ikwerre women. Participants reported that patriarchy and a culture of absolute respect for men, not the bride price, was the reason for women's diminished autonomy. Participants noted that payment of the bride price was critical for validating marriage to give women respectable status in society as wives. Patriarchal rule and the demand for absolute respect for men need to be addressed in the Ikwerre culture. A woman's capability to address her health needs and use health care are largely dependent on her ability to act autonomously. Thus, educational interventions to enable women's decision-making is critical.

Key Words: autonomy, bride price, culture, marriage, women, Nigeria.

4.2. Introduction

Marriage involving a man and a woman is a universal social institution, but its conditions, cultural practices, and sociocultural recognitions vary from country to country (Rees et al. 2016; Walkers et al. 2011). In some sub-Saharan African countries, including Nigeria, the cultural acceptance of marriage involves the giving of gifts and the payment of bride price (Bride price is sometimes referred to as bride wealth or bride service). The latter is the most significant event, whereby monetary payment occurs from the groom and his family to the bride's family

(Ngutor, Yander, and Arumum 2013; Rees et al, 2016). Marriage is not recognized culturally in countries like Nigeria, without the payment of a bride price (Irabor and Omonjezele 2009).

The custom of bride price in sub-Saharan Africa

Irabor and Omonjezele (2009) reported that the gifts given to the bride's family signify the groom's intention to take the woman as his bride. Thereafter, the payment of the bride price solidifies the cultural recognition of the couple. Nevertheless, it does not mean that the husband cannot marry another wife if he so wishes. If the man decides to marry another wife, he is expected to inform his first wife (Orisaremi and Alubo 2012). According to Baloyi (2013), wives usually have no choice but to accept the second wife; however, they are likely to have a chance to suggest a candidate for the additional wife. The significance of the bride price is further highlighted when an unmarried woman gives birth to a child. This child remains in the custody of the maternal grandfather until the child's father or any other man wishing to marry the mother pays the bride price (Kingha and Kingha 2010). This payment of bride price signifies not only the marriage with the mother but also transfers the child's custody to the man in question.

Nwambene (2010) stated that culturally the marriage that takes place after the payment of the bride price supersedes any other form of marriage, such as the church or registry wedding. In Nigeria, if a couple arranges for a church or registry wedding without the payment of the bride price, such marriage may not be culturally recognized. Although documents are not given, the Nigerian Marriage Act recognizes the customary marriage (with a bride price paid along with required gifts. This traditional marriage varies according to the customs of the people involved) as a legal and accepted form of marriage. According to sections 10 to 13 of the Nigerian Marriage Act, before a registry marriage is completed, a public notice of marriage is announced for a period of three months during which a reason can be brought forth against the marriage. The traditional payment of the bride price is important to avoid complaints made to the registry.

Non-payment of the bride price results in negative consequences for the woman and her offspring (Ndolo 2011). A woman whose bride price was not paid is not regarded as a wife but a concubine by the groom's family; she is not treated with respect in the society (Onyango and Mott 2011). Children from such unions are not recognized; they may not receive inheritance and may also be stigmatized as illegitimate children.

Bride price and women's subjugated position

Although payment of the bride price during the marriage process is part of most African culture, and in Nigeria, it is sometimes associated with negative consequences for women (Kingah and Kingah 2010). For instance, some researchers have concluded that the payment of the bride price may result in women's diminished autonomy and their commodification as objects for sale (Dodoo, Horne, and Biney 2014; Heenren et al. 2011). Other studies have hinted that husbands sometimes are unhappy at the exorbitant amount of money paid for the marriage, which could be a reason for women's subjugated position (Hague, Thiara, and Turner 2011; Muthegheki, Crispus, and Abraham 2012). Some earlier studies concluded that women's diminished autonomy in marriage is not a result of payment of the bride price but a result of the patriarchal nature of the society in which the women find themselves (Fahmida and Doney 2013; Rahaman, Mostofo, and Hoque 2014).

The payment of the bride price in the Ikwerre culture is similar to a dowry in the Indian sub-continent. Unlike the Ikwerre culture, in the Indian sub-continent the bride's family pays a dowry to the groom's family. Yet dowry is not perceived as diminishing the man's autonomy. Instead the wife is expected to submit to the will of her husband and his family (Arisi and Oromareghake 2011; Hague, Thiara, and Turner 2011).

Gender and marriage in Africa

To understand further the inferior role accorded to females, it is necessary to look briefly at gender and marriage in Africa. This is not to say that the African continent has one homogenous

culture. Gender socialization and roles begin at birth. The birth of a child naturally ushers in some form of joy to the family (Alabi, Bahah, and Alabi 2014); the level of joy often depends on the gender of the child. The birth of a male child brings with it celebration and accolades for the parents. The mother of a male child is showered with gifts and in some cases (as in the eastern part of Nigeria) gunshots may be fired in honor of the arrival of a male child (Alabi, Bahah, and Alabi 2014). But the birth of a female child brings limited joy with a mixture of sadness. The parents are consoled and told to try harder next time so as to bring forth a “child” (Kingah and Kingah 2010).

Marriage in most of West Africa is considered the only legal institution for bearing children (Nsirim-Worlu 2011). In an African marriage union, the husband is required to provide for every need of his wife and children. For this reason, the wife is expected to obey and submit to her husband’s decisions and desires. However, in most cases, the wives are left to fend for themselves and their children (Frost and Dadoo 2010). For a married woman, once married, she is expected to surrender her sexual and reproductive rights to her husband; otherwise, she is viewed as a stubborn and disrespectful wife. Therefore, women, for fear of being thrown out of their matrimonial homes or being beaten, submit totally to their husband’s wishes (Ngutor et al. 2013; Nsirim-Worlu 2011). A typical Nigerian family would prefer that their daughter remains married to her husband irrespective of the condition in which she finds herself. This is due to the cultural belief that an unmarried, separated, or divorced woman is someone who lacks good home training and a failure to her family and society (Arisi and Oromareghake 2011; Nsirim-Worlu 2011).

Women’s health and lack of autonomy

Having control over one’s life is important for healthy living. Not being able to make decisions that affect one’s health and overall wellbeing could be related to several health issues (Whitehead et al. 2016). In sub-Saharan Africa, about a million women die each year from

pregnancy and lack of access to adequate health care (Adjiwanou and LeGrand 2014). The limitations women face in highly patriarchal societies such as Nigeria greatly erode their autonomy and restrict their lives considerably (Ononokpono and Azfredrick 2014). According to Pennington (2018), women depend on the permission of their husband or male figure in the family for their overall wellbeing, including getting an education, obtaining paid employment, seeking health care for themselves and their children. Thus, a patriarchal society hinders women from active participation in decisions that affect their health and overall wellbeing (Adjiwanou and Le Grand 2014; Pennington et al. 2018).

According to Banda and colleagues (2017), women's lack of autonomy exposes them to maternal health risk because of gender inequalities. Previous studies have concluded that many married women have constrained reproductive and sexual autonomy, and this could cause serious health problems (Corroon et al. 2014; Ononokpono and Azfredick 2014). Furthermore, lack of autonomy can be experienced when a woman is forced into marriage at too young an age, cannot decide when to and when not to have sex, and cannot access family planning without the husband's consent (Gona and DeMarco 2015). In Nigeria, rape in marriage is not recognized because sex is seen as an obligation of a wife. For this reason, after marriage a woman is expected to obey her husband, and she is expected to not challenge his sexual behaviors (Okemini and Adekola 2012).

Purpose of the study

The aim of this study was to examine narratives from married Ikwerre women on their perception of payment of the bride price and factors that limit the exercise of their autonomy in marriage. We defined autonomy as the ability to make decisions and act on one's decisions without external interference (Beauchamp and Childress 2009).

4.3. Method

Study site

This study was conducted in Rivers State, which is one of the 36 states in Nigeria. It is located in the crude oil rich Niger Delta region. It has a population of about 5.5 million (National Population Commission 2010). Ikwerre people live in four out of the 23 Local Government Areas (LGA) of Rivers State, namely: Port Harcourt Local Government Area (PHALGA), Obio/Akpor Local Government Area (OBALGA), Ikwerre Local Government Area (KELGA), and Emuoha Local Government Area (EMOLGA) (Imaa 2004). The Ikwerre people make up 27% of the total population of the state (National Population Census 2010). They are in the majority and own more than 20 per cent of the arable land in Rivers State (Okemini and Adekola 2012). The Ikwerres are traditionally ancestral worshippers, but Christianity and other religions are also practiced (Imaa 2004). They speak Ikwerre, Pidgin (*an adapted form of English*) and English (Ihemere 2006). The Ikwerres practice both monogamous and polygynous marriages. In this study, a monogamous marriage was defined as one man married to one woman and polygynous marriage as one man married to two or more women simultaneously.

Study participants

Women were eligible to participate in the study if they were married Ikwerre women, spoke Ikwerre, Pidgin or English and were between the ages of 22 and 60 years. Participants were purposively selected across the four Ikwerre LGAs of Rivers State. The first author contacted the women community leaders of the four LGAs who then recruited participants. The support of the community leaders was sought because of the sensitivity of the research topic and because participants would only participate in the study if the women leaders gave their consent. The first author briefed the women community leaders on the objectives and other information on the study.

The women community leaders then contacted a total of 90 women who fit the selection criteria and a list was prepared according to their age, educational qualifications, and type of marriage. Thereafter, the first author personally contacted all 90 women by either visiting their houses, offices or by telephone. If two or more women were married to a man, only one was chosen to avoid any conflicts that might arise in the house. A few women declined to participate due to the death of family member; others did not respond to the phone calls, and others simply refused. Out of the 90 women contacted, 57 women agreed to participate in the study. They received informed consent documents to take home to read. The first author explained the contents of the consent information to women who could not read, and they also took the documents home.

After a week, all potential participants were contacted by phone or either visited in their homes or offices to explain the study further and to check if they were still willing to participate, and if so, a possible date, time and place of interview were discussed. Signed or thumb printed informed consent was obtained from those who agreed to participate. They were also informed that they could withdraw from the study at any point and that their participation was completely voluntary. They were also informed that data collected would only be used for academic purposes and would remain confidential. Participants' recruitment was the same for In-depth interviews (IDIs) and focus group discussions (FGDs). We recruited participants who had different educational levels and were either in monogamous or polygynous marriages. Coincidentally, all participants were practicing Christians.

In the informed consent documents, participants were told to indicate if they were willing to participate in the FGD, IDI or both. Twenty-nine participants indicated willingness to participate in FGDs; 23 wished to participate in an IDI, while five agreed to participate in both a FGD and an IDI.

Moreover, during the process of informed consent, they were informed that some of the IDIs and FGDs would be conducted in the presence of a male supervisor so that he could observe and ensure that the first author was conducting the interviews and FGDs as they should be done. Participants were also told that in case they were not comfortable with this arrangement, they could withdraw from the study.

Study design

An exploratory qualitative method was used because we wanted to explore participants' experiences freely and in detail. The qualitative semi-structured interview guide was carefully structured around guiding research aims and further adapted after two pilot interviews. The first three FGDs were conducted to help ascertain participants' sensitivity and acceptability of the adapted interview guide questions. The IDIs and FGDs covered similar topics but were slightly adapted. The interview guide captured questions such as understanding of autonomy, capacity to exercise their autonomy, perception of bride price, effect of bride price in the matrimonial home, and reasons for remaining in marriage (if participants mentioned abuse in marriage). Prompts were sometimes used to better understand participants' responses.

Data collection

Data were collected from December 2014 to March 2015 in either English or Pidgin English whichever was preferred by participants. Eight IDIs and four FGDs were conducted by the first (female) and third author (male). The first author completed the rest of the IDIs and FGDs. At the time of the data collection, the first author was a PhD student and had training in qualitative data methods. The third author is a professor of sociology and one of the PhD supervisors of the first author.

The six FGDs enabled the research team to capture collectively held views and understand salient issues that arose from participants' interactions. FGDs consisting of four to five women in each group were conducted with: 1) educated women in polygynous and monogamous

marriages, 2) uneducated/semi-educated women in monogamous and polygynous marriages, 3) uneducated/semi-educated women in monogamous marriages, 4) uneducated women in polygynous marriages, 5) uneducated women in polygynous and monogamous marriages, and 6) educated women in monogamous marriages.

IDIs and FGDs were conducted at venues and times chosen by participants to ensure privacy and confidentiality, and in the absence of family members. IDIs lasted for approximately 40 to 60 minutes, while FGDs lasted for approximately 55 to 90 minutes. All interviews and FGDs were audio-taped with prior permission from participants and extensive notes were taken.

Data analysis

The first step of data analysis was listening to all audio-taped interviews and focus group discussions, as well as reading through notes taken. Next, these audio-taped interviews and discussions were transcribed verbatim. The interviews and discussions in Pidgin English were transcribed first in Pidgin English and then translated to English. During the transcription process, a pseudonym was given to each IDI participant, but the participants in FGDs were described by their, age, education and type of marriage. The first and second authors read all IDIs and FGDs transcripts and coded them using open and axial coding techniques (Strauss and Corbin 1990). They met regularly to code the interviews/FGDs, reviewed and discussed the codes so as to reach agreement on similarities and differences in the codes developed. The coding and categorization process continued for all IDIs and FGDs, and additional codes were added if new issues emerged. During the coding process, both authors realized mid-way through data analysis that data saturation was reached as no new codes and themes were emerging with the addition of new interview transcripts. Nevertheless, all the transcripts were coded. The coding process was managed using MAXQDA11 (Verbi GHBM, Berlin).

Specifically, for this analysis, codes relating to the issue of bride price were sorted and re-

categorized. All texts falling into these codes were re-read to compare themes among different transcripts. This process resulted in three main themes: 1) participants' understanding of autonomy, 2) reason for the bride price and 3) the cultural respect for men. All authors agreed to the analysis and interpretation of study results presented.

Ethical considerations and approval

This study protocol was certified by the Ethik Kommission Nordwest-und Zentralschweiz (EKNZ) of Basel, Switzerland and approved by the UI/UCH Ethics Committee of Nigeria.

4.4. Findings

Participant characteristics

Thirty-four women participated in the IDIs, and 28 participated in the six FGDs, of whom five had also participated in the IDI providing data from a total of 57 married women. The study's response rate was 63%. More than half of the participants (n=27) were educated and most of the participants (n=38) were in monogamous marriages.

Participants' understanding of autonomy

Nearly all the participants defined autonomy as being able to do as one pleases or having the freedom to control one's life. But they added that having autonomy in marriage as a married Ikwerre woman is difficult because the Ikwerre culture requires that consent be sought from the husband before the wife can act on her decisions. While some participants agreed that the wife needs to have certain level of autonomy, a few others said allowing wives have autonomy in marriage will equate them with their husbands and that is not culturally accepted.

“It is good for a woman to have autonomy in her marriage. But this is not what is expected of her according to the culture. She is expected as a married woman to seek consent from her husband before carrying out her decisions, even if that decision

concerns her or her children” (Antonia, 45 year old uneducated woman, monogamous marriage).¹

Monica, a 35 year old educated participant in a monogamous marriage said.

“I know that autonomy means to be in control of one’s self. But as a married woman I cannot do that because that is not our culture, and that is not how God designed it to be. The man is the head of the woman. Therefore, the woman should submit to the man and not equate herself with her husband”

Reason for the Bride Price

Marriage Security/Bond

Narratives from the participants in IDIs and FGDs suggested that the bride price fulfils the cultural goals of asserting the belongingness of a wife to a particular man, validates the marriage, and cements the union. With the bride price, the groom makes his intention to marry known, and this is a signal to the bride that her welfare is the responsibility of the groom. Thus the bride price gives the wife a sense of security.

“When my husband came to my people (family), he paid my bride price and did the necessary things the culture required him to do. This payment of bride price shows that I am his wife and not another person’s wife.” (38 year old educated woman, in monogamous marriage, FGD 6)

One participant referred to her precarious status as a wife, because her bride price was paid by her mother-in-law and not by her husband.

“My husband married another wife because he said he didn’t pay my bride price; his mother paid my bride price for him, and so he does not recognize me as his wife, even

¹ All quotations are from IDI unless otherwise noted

though I have children for him.” (Nirvana, 35 year old uneducated woman, polygynous marriage)

Societal Status

Most participating women perceived the payment of the bride price as important to enhance their social status because non-payment meant dishonor to their families. Irrespective of educational status, age and type of marriage, most women in the IDIs and FGDs responded that women who live with men without the payment of the bride price usually face stigmatization from the society.

“If my husband did not pay my bride price, and I go to live with him, it is a shame to me and my family. Other women will mock and insult me. I will not have respect in the society.” (Patricia, 35 year old uneducated woman, polygynous marriage)

Underscoring the societal and family significance of the bride price, another 40 year-old semi-educated woman in a monogamous marriage during FGD 2 responded:

“Payment of bride price accords the wife and her family respect because it shows that your husband has love for you and respects your family. My family did not want me to marry my husband, but after he paid my bride price, my family allowed me to live with him, and I was able to interact freely with other married women in my community.”

The above quotes highlight the communalistic society of the participants and the fact that marriage in their society introduces a woman to family and the community, and not just to an individual man. Thus, when a woman simply moves in with a man, her act of disobedience to the traditional ritual is reprimanded by her being rejected by a larger family and the community. Responses from a few of the participants indicated a change in the marriage process. These participants responded that the cost of the marriage processes of gift giving over the years are now being monetized and have become very expensive, running into millions of naira (Naira is the local currency used in Nigeria. One US dollar is equal to 360 Naira, but the exchange rate

often fluctuates). Thus, men find it difficult to pay the stipulated bride price. Yet other participants said that some communities have reduced the amount drastically so that the marriage process is almost free. A few other participants responded that because they work and earn their money, they share the cost of the marriage process with their husbands to be, but added that only the intending husband must know about this arrangement. Otherwise, the women who do this will be stigmatized and looked upon as being too desperate. Still, all the women responded that whether the men pay heavily or the marriage is free of charge, it does not change the fact that an Ikwerre wife is expected to exercise her autonomy only with the consent of her husband.

“When I got married, my husband paid very little amount on me. He paid 120 Naira (₦120. less than a dollar), yet I cannot exercise my autonomy without his consent.”

(Anna, 37-year-old educated woman in monogamous marriage)

“The costs of the marriage process between my husband and I were shared. I contributed towards our marriage but still that does not give me the right to exercise my autonomy without the consent of my husband.” (39-year-old uneducated woman in monogamous marriage during FGD 6)

Cultural Respect for Men

Patriarchy

Participants in IDIs and FGDs reported that what seems to have an impact on how wives exercise their freedom with regard to their autonomy is not that the man paid a bride price, but it is rather more of a cultural practice whereby the woman, whether married or not, is expected to be totally submissive to the male authority. The Ikwerre culture, as with many Nigerian cultures, is patriarchal and it emphasizes absolute respect for men. In such an atmosphere, a woman's autonomy is necessarily diminished and autonomy is equally compromised as the woman finds herself bound by the wishes of the man.-

“It is the same thing in the whole Nigeria, the culture of respect for men and not the bride price that has made wives seek the consent of their husbands before they can exercise their autonomy. Unmarried women cannot also exercise their reproductive autonomy without the consent of the male family head.” (Rebecca, 45 year-old educated woman, polygynous marriage)

Feeling strongly that the culture of male dominance is the reason for women’s diminished autonomy, an educated 42-year-old participant in a monogamous marriage during a FGD said.

“It is the culture of respect for men that has led to women’s diminished autonomy in the home. The men always say that this is how their fore fathers have been doing things.

Therefore, they must uphold the traditions of the land.”

Superiority of a male child

Some participants in the FGD highlighted a culturally sensitive issue, one that is at the heart of the patriarchal system in most Nigerian societies. In marriage, a man is expected to have a son who would ensure the continuity of the family lineage. If his wife does not have a son, she will continue to bear children; otherwise he will marry another woman. Being able to produce a male child is one way of proving a husband’s masculinity and exercise of authority in his home. This is culturally a disconcerting situation that has compromised women of their autonomy.

“My husband married another woman because I had only female children for him. I remained married to him because I will be respected as a married woman.” (Beatrice, 37-year-old uneducated woman, polygynous marriage)

All the women in the IDIs and FGDs responded that diminished women’s autonomy begins with the birth of a female child. Participants expressed dismay at the importance accorded to male children over female children. A 41-year-old semi-educated woman in a polygynous marriage during FGD 4 said.

“When children are grown enough to own farmlands for farming, a female child is not given farmland. She is expected to share farmland with her mother. But the male child is given farmland to farm and take care of his needs.”

Interestingly, a participant described what is expected from an Ikwerre marriage but also noted that her husband respects her determined personality.

“According to the culture, everything in the Ikwerre marriage is all about the man. The culture tells you that you have to take care of him in every aspect and ensure that he is happy with you. This also means consulting him before you can exercise your autonomy. But, my husband knows that I do not tolerate nonsense, so when I want to exercise my autonomy, he cannot say no.” (Miriam, 50-year-old educated woman, monogamous marriage)

4.5. Discussion

This paper provides important and substantive information on the Ikwerre culture’s absolute respect for men limits women’s autonomy in marriage, and the payment of a bride price does not. The voices of the Ikwerre women presented in this paper substantiate that payment of a bride price was necessary to accord them respect and recognition as wives in their marital homes and in the society (Lanre-Abass 2012; Ngutor et al. 2011).

Narratives from participants indicated that they all have some knowledge of the meaning of autonomy. But they added that the Ikwerre culture of absolute respect to men is a hindrance to the exercise of their autonomy. Our finding thus differs from other studies (Dodoo, Horne, and Biney 2014; Hague, Thiara, and Turner 2011; Muthegheki, Crispus, and Abraham 2012; Rees et al. 2016) that linked married women’s diminished autonomy to the payment of a bride price. Participants in these prior studies may have viewed paying a bride price as being equivalent to buying the woman. This sort of understanding may have influenced their conclusion that the bride price is the reason for women’s diminished autonomy because allocating a price to a

woman may legitimize the right and power of men to continue viewing wives as bought objects. But then dowry payment also allocates a price to the man, it is however not viewed in the same vein. While the payment of a bride price is a cultural manifestation of marriage practice, women's diminished autonomy is the result of a broader cultural issue, namely the patriarchal system. In fact, it should be noted that instances in which the bride price has been paid not by the man but by his mother is a further example of the binding of both the woman and the man to an authoritarian system.

Because the African society frowns upon women who are divorced, separated or single, and because wives fear being thrown out of their matrimonial homes (Kingah and Kingah 2010; Wojcicki, Straten, and Padien 2010), women play down the exercise of their autonomy to remain married. This was seen in the case of the woman who remained married to her husband even after her husband married a second wife because the first wife had borne him only female children. In line with the findings of Alabi and colleagues (2014) and Kingah and Kingah (2010), participants in the present study noted that the subordination of women is not only in marriage, as female subordination can be seen in the preferential treatment accorded male children from birth and in the family. Thus, in a patriarchal society which emphasizes having male children, a wife who has given birth to only female children may never seek to exercise her autonomy so as to remain married while hoping to give birth to a male child. This further shows that a woman's health can be jeopardized because she must continue to bear children until she bears a male son.

Similar to the findings of previous researchers (Arisi and Oromareghake 2011; Jeyaseelan et al. 2015; Nsirim-Worlu 2011), we found that age plays no role in the way Ikwerre women interpreted and viewed the payment of a bride price. Most of the participants of different ages affirmed that absolute respect for men and not the payment of the bride price was the reason for their diminished autonomy. Although, some Ikwerre women said that women sometimes

volunteer to help share the financial marriage cost with their spouses to be; yet this effort does not guarantee freedom to exercise their autonomy.

As stated in the Introduction, in countries where a dowry is paid, women are still the ones who suffer diminished autonomy and bride burning (Banerjee 2014; Jeyaseelan 2015; Rees et al. 2016). Dowry again highlights the unequal power among husbands and wives, which is also a result of power bestowed upon men in the society. To ensure women's autonomy in this and similar contexts, it is imperative to address the cultural factors that subjugate women. For example, as noted from study participants, the rape of a wife is not recognized in the Ikwerre culture because one of a wife's marital obligations is to satisfy the husband's sexual desires and needs.

Study limitations

The first limitation of this study was that our interviews and FGDs were conducted only with a relatively small group of married women. The exclusion of husbands and single women may not have given us a complete view of women's autonomy and perception of the bride price. Second, a small number of married women were recruited from one region of Nigeria belonging to one ethnic group. Thus, it is possible that other married Ikwerre women living in other regions of Nigeria may have other opinions and experiences so that the results may not be generalizable. Nevertheless, given that our study participants came from different Ikwerre LGAs in one region and had no contact with each other, yet responses were comparable, the similarity in their responses indicates that even with a bigger sample size from the same group, our findings may not be very different. Having noted this, it is also important to realize that while the discussion of the Ikwerre women of Nigeria is being contextualized in a given culture, it cannot be overly generalized because some values are not only peculiar to the Ikwerre culture but may be perceived equally by others. Therefore, further research is needed to explore the views of husbands on the bride price and women's autonomy. Finally, social desirability cannot

be excluded because the female participants may have provided responses that were influenced by their understanding of what the research topic was.

4.6. Conclusion

The place of women's autonomy in the home cannot be overemphasized. Treating a wife as an incompetent person because of the payment of the bride price is a misconception of the actual reason. Diminishing women's autonomy in marriage does not only erase her individual identity, but also erodes her autonomy and dignity. The treatment that a female child receives is markedly different from that of a male child. This shows that a woman's diminished autonomy and subordinate position within the family is not only experienced in marriage but from birth. Ikwerre women's autonomy is culturally determined, and women are expected to conform to the norms of the society. The social and cultural significance attached to bearing a male child negatively affects the exercise of a married woman's autonomy. To attribute the diminished autonomy of Ikwerre women to the payment of a bride price, rather than to the culture of absolute respect for men, appears to be an error based on the present findings.

Women's lack of autonomy impacts their reproductive health as their husbands have to give consent before they can access health care services. This has serious implications to the women's overall health and wellbeing. Women need good health to engage actively in positive development of the family. Therefore, the cultural practices that erode women's decision making rights need to be addressed.

To increase women's autonomy, the Ikwerre culture and indeed the Nigerian government must address cultural aspects that condone and promote gender discrimination. Creating awareness at the grassroots level on the importance of women's autonomy could help to enhance and promote the exercise of women's autonomy. Further study involving larger samples of married and unmarried men and women would give balanced knowledge on the reasons for Ikwerre women's diminished autonomy and the perceived effect of bride price.

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4.7. References

- Adjiwanou, V., and T. LeGrand. 2014. Gender inequality and the use of maternal healthcare services in rural sub-Saharan Africa. *Health and Place* 29:67-78. doi: 10.1016/j.healthplace.2014.06.001. Epub 2014 Jul 1.
- Alabi, T., M. Bahah, and S. O. Alabi. 2014. The girl-child: A sociological view on the problems of girl-child education in Nigeria, *European Scientific Journal*, 10:1857-7881. ejournal.org/index.php/esj/article/download/2601/246.
- Arisi, R. O., and P. Oromareghake. 2011. Cultural Violence and the Nigeria Woman. *African Research Review An international Multidisciplinary Journal, Ethiopia* 5:369-381. doi: 10.4314/afrev.v5i4.69290.
- Baloyi, E. M. 2013. Critical reflection on polygamy in the African Christian context. *Southern African Journal of Missiology. Missionalia* 41:164-181. doi: <http://dx.doi.org/10.7832/41-2-12>.
- Banda, P. C., C. O. Odimegwu, L. F. Ntoimo and E. Muchiri. 2016: Women at risk: Gender inequality and maternal health. *Women and Health* 57(4): 405-429. doi: 10.1080/03630242.2016.1170092.
- Banerjee, P. R. 2014. Dowry in 21st-century India: the sociocultural face of exploitation. *Trauma Violence Abuse* 15(1):34–40. doi: 10.1117/1524838013496334.
- Beauchamp, T. L, and Childress, J. F. 2009 “Principles of Biomedical Ethics.” 6th Edition Published by Oxford University press. New York. 79-81 & 99.
- Corroon, M. et al. 2014. The role of gender empowerment on reproductive health outcome in urban Nigeria. *Maternal Child Health* 18(1): 307-315. doi: 10:1007/s10995-013-1266-1.

- Dodoo, F.N., C. Horne, and A. Biney. 2014. Does education mitigate the adverse impact of bridewealth on women's reproductive autonomy? *Genus, Journal of Population Sciences*, 70:77-97. <http://www.jstor.org/stable/genus.70.1.77>.
- Fahmida, R., and P. Doneys. 2013. Sexual coercion within marriage in Bangladesh. *Women's Studies International Forum* 38:117-124. doi: 10.1016/j.wsif.2013.03.002.
- Frost, A. E., and F. N. Dodoo. 2010. "The Man Comes to marry the Woman": Exploring Adolescent Boys, Gender Expectations for bridewealth and Marriage Among the Akwapim of Southern Ghana. *Marriage & Family Review*, 46(1-2):41-59. doi: 10.1080/01494921003648563.
- Gona, C. M., and R. DeMarco. 2014. The context and experience of becoming HIV infected for Zimbabwean women: Unheard voices revealed. *Journal of Association of Nurses in AIDS Care* 26(1):57-68. Doi: 10.1016/j.jana.2014.03.005.
- Hague, G., R. K. Thiara, and A. Turner. 2011. Bride-price and its links to domestic violence and poverty in Uganda: A participatory action research study. *Women's Studies International Forum* 34:550-561. doi: 10.1016/j.wsif.2011.06.008.
- Heenren, G. A., J. B. Jemmott, J. C. Tyler, S. Tshabe and A. Saad. 2011. Cattle for wives and extramarital Trysts for husbands? Lobola, Men, and HIV/STD risk Behavior in Southern Africa. *Journal of Human behavior in the Social Environment*. 21:73-81. doi: 10.1080/10911359.2011.534903.
- Ihemere, K. U. 2006. An Integrated Approach to the Study of language Attitudes and Change in Nigeria: The Case of the Ikwerre of Port Harcourt City. In *Selected proceedings of the 36th Annual Conference on African linguistics*, ed. Olaoba F. Arasanyin & Michael A. Pemberton, Somerville, MA: Cascadilla Proceedings Project. www.lingref.com, document, #1424.

- Imaa, N. O. 2004. Architecture and Ikwerre Culture: Hidden Dimensions. *Narodna umjetno: hrvatski časopis za etnologiju i folkloristiku*, 41:69-81. Retrieved from <http://hrcak.srce.hr/24610>.
- Irabor, D. O., and P. Omonjezele. 2009. Local attitudes, moral obligation, customary obedience and other cultural practices: their influence on the process of gaining informed consent for surgery in a tertiary institution in a developing country. *Developing World Bioethics* 9:34–42. doi: 10.1111/j.1471-8847.2007.00198.x.
- Jeyaseelan, V., S. Kumar, L. Jeyaseelan, V. Shankar, B. K. Yadav and S. I. Banqdiwala. 2015. Dowry demand and harassment: Prevalence and risk factor in India. *J.BioSoc.Sci* 47:727-745. doi: 10.1017/S0021932014000571.
- Kingah, P.K, and S. S. Kingah. 2010. African traditions and the modern human rights mechanisms: The case for women in Cameroon and Africa. *Cameroon Journal on democracy and Human Rights*, 4:81-105. http://www.cjdhhr.org/2010-2/petronilla_Kingah&Stephen-Kingah.pdf.
- Lanre-Abass, B. 2012. Autonomy and interdependence: Quandaries in research ethics. *Health*, 4:173-184. <http://dx.doi.org/10.4236/health.2012.44026>.
- Muthegheki, S.B., K. S. Crispus and N. Abraham. 2012. An exploratory Study of Bride Price and Domestic Violence in Bundibugyo District, Uganda. Center for Human Rights Advancement (CEHURA). *South African medical Research Council Gender and Health Research Unit*. Retrieved from <http://www.mrc.ac.za/gender/Bridepricedomesticviolence.pdf>.
- National Population Commission. 2010. Federal republic of Nigeria. 2006 population and housing census. Priority table volume Viii. Population by age, sex and type of household (state and local government area) Abuja, Nigeria. www.population.gov.ng.
- Ndolo, M. 2011. “African Customary law, Customs, and Women’s Rights.” *Indiana Journal of Global Legal Studies*. 18(1):86-120. <http://www.repository.law.indiana.edu/ijgls/vol18/iss1/5>.

- Ngutor, S., A. M. Yandev, and A. S. Arumum. 2013. The effect of high bride-price on marital stability. *Journal of Humanities and Social Science* 17:65-70. doi: 10.9790/0837-1756570.
- Nsirim-Worlu, H.G. 2011. Gender stratification: A study of discrimination and oppression in selected communities in Nigeria. *Academic Research International* 1:238-245.
- Mwambene, L. 2010. Marriage under African customary law in the face of Bill of Rights and international human rights standards in Malawi. *African Human Rights Law Journal*, 10:78-104. http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S1996-20962010000100005&lng=en&tlng=en
- Okemini, E., and G. Adekola. 2012. Violence against Women in Ikwerre Ethnic Nationality of Nigeria: Challenges for Gender Equity and Development. CSC Canada. *Studies in Sociology of Science*, 3, 6-12. doi: <http://dx.doi.org/10.3968/i.sss.1923018420129301.1445>.
- Ononokpono, D. N., and E. C. Azfredrick. 2014. Intimate partner violence in Nigeria. *Women International* 35(7-9):973-989. doi: 10.1080/07399332.2014.924939.
- Orisaremi, T.C. and O. Al, O. 2012. Gender and the Reproductive Rights of Tarok Women in Central Nigeria. *African Journal of reproductive Health*, 16:83-96.
- Onyango, M. A., and S. Mott. 2011. The nexus between bridewealth, family curse, and spontaneous abortion among Southern Sudanese Women. *Journal of Nursing Scholarship* 43(4): 376-384. doi: 10.1111/j.1547-5069.2011.01417.x
- Pennington, A., L. Orton, S. Nayak, A. Ring, M. Petticrew, A. Sowden M. White, and M. Whitehead. 2018. The health impacts of women's low control in their living environment: A theory based systematic review of observational studies in societies with profound gender discrimination. *Journal of Health and place* 51:1-10. doi: 10.1016/j.healthplace.2018.02.001.
- Rahaman, M., G. Mostofo, A. Hoque. 2014. Women's household decision-making autonomy and contraceptive behavior among Bangladeshi women. *Sexual & Reproductive Healthcare* 5:9-15. doi: <http://dx.doi.org/10.1016/j.srhc.2013.12.003>.

Rees, S., M. Moshin, A.K. Tay, R. Thorpe, S. Murray, E. Savio, M. Fonseca, W. Tol and D. Silove. 2016. Association between bride price obligations and women's anger, symptoms of mental distress, poverty, spouse and family conflict and preoccupations with injustice in conflicts-affected Timor-Leste. *BMJ Global Health* 13(66):1-10. doi: 10.1136/bmjgh-2015-000006.

Strauss, A., and J. Corbin. 1990. Basics of Qualitative Research. Grounded Theory Procedures and techniques. *SAGE Publications* 8-262.

The Nigerian Marriage Act. An Act to make provision for the celebration of marriage. (18 of 1914. 18 of 1916. 23 of 1922. 58 of 1933. 1 Of 1958. L. N. 131 of 1954. 1 Of 1955).

Walker R. S., K. R. Hill, M. V. Flinn, and R. M. Ellsworth. 2011. Evolutionary History of Hunter-Gatherer Marriage Practices. *PLoS ONE* 6(4). doi:10.1371/journal.pone.0019066.

Whitehead, M., A. Pennington, L. Orton, S. Nayak, M. Petticrew, A. Sowden and M. White.. 2016. How could differences in 'control over destiny' lead to socioeconomic inequalities in health? A synthesis of theories and pathways in the living environment. *Health Place* 39:51–61. doi: 10.1016/j.healthplace.2016.02.002.

Wojcicki, J. M., A. V. der Straten, and N, Padian. 2010. Bridewealth and sexual reproductive practices among women in Harare, Zimbabwe. *AIDS Care* 22(6), 705-710. doi:10.1080/09540120903349094.

Chapter 5

Education and Reproductive Autonomy: The case of married Nigerian women.

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Title: Education and reproductive autonomy: The case of married Nigerian women

5.1. Abstract

This paper examined the influence of education on the exercise of married women's reproductive autonomy. We carried out 34 in-depth interviews with purposively sampled married Ikwerre women in Rivers State, Nigeria between the ages of 22 - 60 years with different educational backgrounds in monogamous and polygynous marriages. Data analysis was done using MAXQDA 11 software. We found that education was a useful tool in exercising women's reproductive autonomy. But at the same time the culture of demanding absolute respect for men remains a major barrier for women in exercising their reproductive autonomy. Formal education was found to be useful in the adequate care of the women and their children because women understood the benefits of accessing adequate health services. Participants also believed that educating men was critical for the exercise of women's reproductive autonomy. The cultural aspects that promote female subordination and patriarchy should be addressed more openly in Nigeria.

Key words: Education; Reproductive autonomy; Marriage; Nigeria; Women

5.2. Introduction

According to the World Health Organization (WHO 2010), lack of education is one of the contributing factors for increased maternal/child mortality and morbidity in developing countries. Other reasons include poverty, lack of female empowerment, and gender violence (Alabi et al., 2014; Okemini & Adekola, 2012). The global annual number of maternal deaths is estimated to be approximately 358,000, of which about 99 percent occurs in developing countries, and sub-Saharan Africa accounts for 57% of these deaths (Gyimah, 2006; WHO, 2010). One way of tackling the issue of maternal/child mortality and morbidity is to foster a society that promotes female education, as well as women's reproductive autonomy (Cleland et al, 2006; Kinanee & Ezikiel-Hart, 2009; Lee, 2000; Purdy 2006; Wado, 2013). According to the programme of action of the International Conference on Population Development of 1994, Reproductive right is defined as "the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents" (UNPF, 2014, Pg. 60, Para. 7.3).

In many developing countries, however, disregard for women's reproductive autonomy is part of a systematic discrimination against women (Cook, 1993; Ifemeje, 2013; Ladan, 2006). Sexual decision-making still lies in the hands of men, leaving little or no room for women. Women are expected to comply with their husband's request for sexual intimacy and they often experience sexual intercourse against their will (Fahmida & Doney, 2013; Okemini & Adekola, 2012). A study by York and Bell (2010) has shown that nations with smaller margin between women's and men's education, and societies that allow women to exercise their reproductive autonomy not only have longer life expectancy but also develop strongly and

cohabit more peacefully. Throughout this paper, the term reproductive autonomy and reproductive rights will be used interchangeably. Reproductive autonomy according to Purdy, (2006) is defined as the ability or freedom of a woman to exercise her reproductive rights.

Female education is a key to promoting women's reproductive autonomy. Studies have shown, for example, that educated women are more likely to seek adequate health care for themselves and their children than uneducated women (Abdulrazaq et al., 2014; Harsha & Shashirekha, 2014). Educated mothers are more likely to teach their male and female children respect for each other and especially, women's well-being, and reproductive rights (Alabi et al., 2014; Okin, 1989). Educated women are also more likely to seek adequate healthcare, while uneducated mothers instead often seek support from herbalists that attribute illness to evil spirits and administer harmful concoctions which compromise the health of both the mother and her child (Cadwell & Cadwell, 1993; Harrison, 1997; Kishor, 2000; Mistry, 2009). Thanks to their education, women are also more aware of the importance of ante and post natal care as well as the benefits of a balanced diet (Admaczyk & Greif, 2011; Luz & Agadjanian, 2015). Furthermore, informal reproductive health educational programs which are acquired in the hospitals give women the opportunity to interact with other women within their locality about fertility control and family planning methods (Ghimire et al., 2016; Jejeebhoy, 1995; Riyami et al, 2004). Throughout this paper, the type of education referred to will be the formal education acquired from schools, colleges, and universities (Feinstein et al., 2006).

Education in Nigeria

In Nigeria, the Federal Ministry of Education oversees the educational affairs of all the thirty-six states and the federal capital. The Federal Ministry of Education is responsible for harmonizing educational policies and procedures. The Nigerian educational system uses the 6-3-3-4 system where students spend a maximum of 6 years in primary school, 3 years in junior

secondary school, 3 years in senior secondary school and a minimum of 4 years at the university for undergraduate program. Education was made compulsory for children between the ages of 6 – 14 years, with the introduction of the Universal Basic Education in 2004. The first 9 years of school were supposed to be free of charge (Kazeem, et al., 2010). Part 1 (A115), sections 3-5 of the Compulsory Free Universal Basic Education Act of Nigeria, 2004 states that parents need to register their children for school and ensure that they complete the stipulated free basic education. It also states that if parents fail to send their children to school, they have committed an offense and are liable to a fine or imprisonment. The act further states; that any institution that is supposed to be free but receives money from students shall be liable to a fine or imprisonment. Unfortunately, these laws were never implemented due to the government's inadequate preparation and limited funding (Nwachukwu, 2014).

Following the economic hardship in Nigeria, some families are forced to send their daughters to do servant jobs to support the family or to marry them off because they feel that the education of the female child will not benefit the family in the long run. Female children are the ones who make sacrifices for the male children to acquire education (Enaibe, 2012). According to Enaibe 2012, a persistent cultural belief is that educated women will threaten the already existing male supremacy because educated women are perceived to become uncontrollable. It is also sometimes believed that education will not only delay marriage, but will prevent the female child from getting married. Therefore, women are often denied education to safeguard their role as the good and respectful women, i.e. submissive wives. It is important to note that there is no specified age at which girls in Ikwerre get married.

Thorough review of published literature did not yield any study on the significance of formal education on the reproductive autonomy of Ikwerre women of Nigeria in marital setting. Scholars who focus on the importance of education to enhance women's autonomy in general have done so in other contexts and have underlined the positive impact on the woman and her

children (Allotey et al., 2011; Emina, et al., 2014; Harrison, 1997; Oye-Adeniran et al., 2004; Saleem & Bobak, 2005). Other researchers have focused on only a specific aspect of reproductive autonomy such as pregnancy, use of contraception, marriage, household decision making or sexual coercion. These studies conclude that education is an important tool to help give women a clear understanding of the need for ante and post natal sessions during and after pregnancy, types, methods and usefulness of contraceptives, clear understanding of what marriage entails, women empowerment as a way of achieving decision making capacity in the homes, as well as improved sexual behaviour (Chigbu et al., 2013; Dudgeon & Inhorn, 2004; Orisaremi and Alubo, 2012; Rahman et al., 2014).

The aim of this paper is to explore the impact of education on married women's reproductive autonomy, using a qualitative analysis of in-depth interviews (IDIs) and focus group discussions (FGDs). Primary focus is on the Ikwerre ethnic group in Rivers State, Nigeria and how education influences the exercise of their reproductive autonomy. Rivers State is the seat of Nigeria's oil industry and thus is a relatively wealthy region compared to the rest of Nigeria. The Ikwerre people of Rivers State, amongst other major ethnic groups in Rivers State, are fairly well educated (National Population Census on Education, 2010). Only about nine percent of the Ikwerre population has never received any form of formal education (National Population Census on Education, 2010). Moreover, laws have been put into place, both at the national and state level, for the protection of women's reproductive autonomy (Ladan, 2006). According to the National Gender Policy of the Federal Republic of Nigeria (2006), these laws stipulate equal education for the girl-child, gender equality, legislative reforms to guarantee gender justice and respect for both genders, as well as equal relationships between men and women in matters of sexual relations and reproduction, including full respect for the physical integrity of the human body.

5.3. Methodology

Setting

Study participants were from the four local government areas of the Ikwerre ethnic group. These four local government areas are Port Harcourt Local Government Area (PHALGA), Obio/Akpor Local Government Area (OBALGA), Emuoha Local Government Area (EMOLGA), and Ikwerre Local Government Area (KELGA). The Ikwerres occupy 20% of the arable land of Rivers State and make up 1/4 of its total population (Imaa, 2014). Although traditionally farmers, fishermen, and traders, nowadays most Ikwerres hold office jobs or work as traders or artisans. The spoken languages are Ikwerre, English, and Pidgin English (*an adapted version of the English Language*).

Participant recruitment

Participant recruitment was purposive, that is, we contacted four Ikwerre community leaders and explained to them in details the purpose of the study. These community leaders then recruited 90 possible potential married women and briefly explained the purpose of the study to them. The mediation of the four community leaders was required due to the sensitivity of the research topic and also to engage the study participants properly to be actively involved in the process of selecting appropriate participants. These community leaders are respected by the women and their support is necessary to enroll women from the community in the study. The community leaders made a list of the 90 potential participants and handed the list to the researcher who then met them at their different local government areas to address them and reinstate the objectives of the study. During this initial meeting, if two or more women were married to the same man, only one was selected to avoid conflict situations and overrepresentation of one family situation. At this point, some women dropped out of the study because they wanted financial compensation. Others withdrew because of family reasons (e.g. loss of a family member) while some others just didn't give reasons for dropping

out of the study.

The researcher visited all remaining participants in their homes or offices as preferred by the participants and they were informed about the study as well as given the informed consent document. All potential participants were allowed a week to study the informed consent document and to decide whether they wish to still take part in the study. One week later, participants were contacted to establish the time and place for the interview, if they agreed to talk to the researcher. At the end of this exercise, 39 participants were finally enrolled in the study. We chose to conclude at 39 interviews because we felt we had reached saturation point when we were no longer getting any newer information from the participants.

The selection criteria were the following: married women (22 to 60 years old), speak Ikwerre, Pidgin or English, be in either a monogamous or polygynous marriage, and be educated, semi-educated or uneducated. For the purposes of this paper, educated women are those who have attained the 6-3-3-4 educational system. They have gone through primary, junior and senior secondary school, to the university level and have obtained their bachelors. Semi-educated women have either gone through primary, junior or senior secondary school, or through all. Uneducated women have not had any formal education. Nearly every Rivers person, whether educated or not speaks Pidgin English because that is the common form of communication in Rivers State.

Data collection

Although a total of 39 interviews were completed, the two pilot interviews were excluded during data analysis because they were used to refine the research questions. The research team also decided to exclude three additional interviews because participants were not willing to respond to the research questions. Therefore, the data for this study came from 34 semi-structured in-depth interviews (IDIs). This qualitative semi-structured interview method was chosen because it enables participants to discuss freely their perspectives about the research

topic. It also availed them the opportunity to discuss in-depth their experiences of the research topic as it applied to them as individuals. For the data collection, the research team developed interview guide questions which were then used for pilot interviews with two in-depth interviews to ascertain the sensitivity and acceptability of the developed research questions by participants. After the two pilot interviews, the research questions were revised and then used for the rest of the in-depth interviews. The semi-structured research guide questions included questions on the following topics: (1) whose decision it was to be educated, (2) the level of education, (3) the reason for not being educated, (4) the role of education on the exercise of women's reproductive autonomy, and (5) the importance of education in general. Throughout the interviews prompts were used to elucidate responses to the questions.

The IDIs were conducted at venues and time suggested by the participants and in the absence of other family members. Interviews were audio taped upon prior consent and transcribed verbatim. The IDIs conducted in Pidgin English were first transcribed to Pidgin English before being translated to English. Extensive notes were taken to capture body language as well as facial expressions. The IDIs lasted for about 40 - 60 minutes.

Data analysis

During the first step of the data analysis, two authors carefully read the transcribed interviews. The transcribed interviews were then uploaded using qualitative analysis software MAXQDA 11(Verbi GHBM, Berlin, Germany). The first and last authors coded 10 interviews together and developed a list of codes from the data. They used open, axial, as well as selective coding to carry out the data analysis (Strauss & Corbin, 1998). Thereafter, the first and fifth authors read and coded the remaining 24 interviews separately and then met to review and compare individual codes. In a next step they grouped similar codes together into relevant themes. For this manuscript, codes relating to education, autonomy and women's reproductive rights were

carefully selected and re-analyzed. This reanalysis was discussed among the first, second, and the fifth author resulting in two broad themes and sub themes: The broad themes are: 1) Factors influencing access/barrier to education and 2) Influence of education on women's reproductive autonomy (Table 1). Thereafter, all authors agreed on the interpretations of the study results. The names of study participants in this paper have been replaced by pseudonyms.

Table 1: Themes and subthemes from the qualitative analysis

Themes	Subthemes
Factors influencing access/barrier to education	<ul style="list-style-type: none"> a) Parents/personal motivation b) Husbands education c) Financial barrier to education d) Traditional barrier to education
Influence of education on women's reproductive autonomy	<ul style="list-style-type: none"> a) Reproductive autonomy and family wellbeing b) Culture of absolute respect for men c) Financial Independence d) Social change in status

Ethics consideration and approval

This study was certified by the Ethik Kommission Nordwest-und Zentralschweiz (EKNZ) of Basel and approved by the UI/UCH Ethics Committee of Nigeria.

5.4. Results

Amongst the 34 participants included in this paper, 23 were educated women, 7 semi-educated women and 4 uneducated women (see Table 2). The primary reason for having this heterogeneous sample is to explore the role of different levels of education on the exercise of women's reproductive autonomy. Participants' account on the factors that influenced their decision for or against education and the effect of education on the exercise of their reproductive autonomy centered on two main overarching themes explained below.

Table 2: Demography of study population (n=34)

Age	22 - 60 years
Local Government Area	EMOLGA =9 PHALGA = 9 OBALGA = 10 KELGA = 6
Marital Status:	23 Monogamy 11 Polygyny

Factors influencing access/barrier to education

Parents/personal motivation

Some participants reported that their education was influenced by their own parents' educational background. Paula, a 50-year-old woman in polygynous marriage recalled:

“My father is an educationalist who loves education. He ensured that his children went to school to acquire education. I also love education, but my father made my education possible.”

For a few participants, their primary school teachers, together with television newscasters who are university graduates functioned as role models for them. These role models made them aware of the effect of education as a vehicle for social change. They reported doing petty trades and household chores to fund their education. This can be seen as responded by Antonia, a 45 year old educated woman in monogamous marriage:

After my secondary school, my parents could not afford to send me to the university because of lack of finance. My father told me to go and learn tailoring. But because of my zeal to be educated and the way I admired my teachers and the television newscasters, I told myself I must be acquire education. I sold periwinkles and did house chores for people. I used the money I got from these sales of periwinkles and house chores I did for people to sponsor myself through school.

Husbands' education

Similarly, other participants agreed that educated Ikwerre men are more likely (than those who are not educated) to accept the fact that their wives are educated or to encourage their wives to receive a higher education (depending on the educational background of the wives at the time of marriage).

Mirabel, a 38-year-old uneducated woman in polygynous marriage said,

A man who is educated will encourage his wife to acquire education because he would want a wife that can represent him at functions and not embarrass him. Also, an educated man will want a woman who can reason intelligently like him. He will understand the importance of giving his wife the freedom to exercise her reproductive autonomy and will not regard doing so as a sign of weakness.

Participants agreed that marrying an uneducated man could be a barrier to a woman's education and so female education alone was not sufficient to guarantee their reproductive autonomy. They stated that their husbands' education was vital to the exercise of their reproductive autonomy because men act as gate keepers of the Ikwerre cultural norms and practices and they are also at the center of women's reproductive autonomy as seen in the Ikwerre culture where women's reproductive autonomy is subsumed under their perceived marital obligation.

In the Ikwerre culture, absolute respect for the man is very important. So, an educated husband is more likely to allow his wife acquire education and the freedom to exercise her reproductive autonomy in the home. For me, my husband does not take any decision concerning the home without speaking with me. He considers me an important aspect of his life and I believe this is because he is educated (Evilla, a 38-year-old educated woman in monogamous marriage).

Another participant reported that:

Marrying an educated man will help a woman to exercise her reproductive autonomy because if the man is educated he will understand that his wife is also a human being. My husband and I are uneducated and this has not helped us. My husband demands for sex even when I am not feeling well. If I refuse, he beats me thoroughly. An educated man will understand that his sick wife needs medical care at times like this (Patricia, a 45-year-old uneducated woman in monogamous marriage)

Financial barrier to education

Several participants reported that although some parents wanted to give their children proper education, they lacked the financial means to do so since no level of education is completely free in Nigeria. Other participants stated that their parents married them off to assure them a future of education with their spouse. This is with the hope that their husbands have the resources to sponsor them through school. Interestingly, a few of the participants said that they themselves decided to get married because their future husbands promised to sponsor them through school. This promise however did not materialize in some of the cases because their husbands feared that an educated wife will be difficult to control and will not be submissive. A few participants said that men sometimes make promises to potential parents-in-laws just to be allowed to marry their daughter, and that men are certain the women will not dissolve the marriage because of unfulfilled promise.

I went into polygynous marriage because my husband was financially buoyant and he promised to sponsor my education. This he did and even sent me to Manchester in the UK to continue my education (Matilda, a 59-year-old educated woman in polygynous marriage).

I married my husband because my parents did not have the financial backing to let me continue my education beyond the secondary school level. So, my husband promised

my parents that he will help sponsor my education. But after marriage, my husband did not fulfil his promise to me because he feared that I will oppress him, understand and exercise my rights in the family after education. Instead, he went ahead to marry a second and third wife (Eva, a 41-year-old semi-educated woman in polygynous marriage).

Traditional barrier to education

In a different vein, participants with limited or no formal education said that their parents refused to send them to school because they considered female education unnecessary. Traditionally, it was believed that educating a girl will not benefit the family in any way because she will belong to her husband's household. In their views, female education is a waste of resources, but the male child should be educated. As Rachael, a 36-year-old semi-educated woman in a monogamous marriage put it:

In the traditional Ikwerre culture those days, it was believed that a woman's education ends in a man's kitchen and therefore investing in female education was a waste of money. So, my father did not send his female children to school, he sent only his male children to school.

Oprah a 28-year-old semi-educated woman in polygynous marriage narrated it as follows:

I got married to my husband because my father said there was no need to send girls to school because women are supposed to get married. But I intend to acquire education after I am through having my children.

When Oprah was asked at what age she thinks she would be through with child bearing so as to continue her education, her response was that she didn't know as that would be determined by her husband.

Influence of education on women's reproductive autonomy

Reproductive autonomy and family well-being

Responses from educated participants revealed that education is important as it enables women to adequately take care of themselves and their children. They particularly mentioned the role of education in enabling them to choose qualified doctors/quality healthcare over herbalists/harmful concoctions.

Education has helped me to know that my children and I need to go to the hospital when we are sick and not attribute our ill health to some spiritual problems, to go to qualified doctors and not the uneducated herbalists. Being educated has helped me to know that I need to take medications when sick and not concoctions (Natalia, a 54-year-old educated woman in polygynous marriage).

When I was pregnant, my mother-in-law brought concoctions in bottles for me to drink and she advised me to go to the uneducated herbalist for check-ups and massaging but because I am educated, I knew the risks involved. I accepted the herbs and concoctions she gave to me for peace sake but I did not drink them. If I were not educated, maybe I would have taken the concoctions and caused complications for myself and my unborn child (Anita, a 47-year-old educated woman in monogamous marriage).

Education was also perceived as a useful tool in making important decisions regarding number and spacing of children. Participants responded that education helps in reducing maternal and child mortality. By giving birth more frequently, uneducated women were considered incapable of raising healthy children and properly educating them. Lucy, a 24-year-old educated woman in a monogamous marriage pointed out:

Education is very important in that it will help the woman make reasonable decisions concerning the number of children to have and when to have them. Even in terms of giving birth to children and raising them. There is a difference in terms of behaviours

and health of the children of an educated woman and the children of an uneducated woman. Uneducated women give birth almost every year to too many children they are unable to cater for.

Culture of absolute respect for men

Participants frequently referred to the culture of absolute respect for men as a major hindrance to their reproductive autonomy. In the Ikwerre community, a woman is not allowed to make and act on her decisions without the consent of her husband. Doing so, would jeopardize her status of being a respectful wife and could lead to divorce. Annabel, a 30-year-old uneducated woman in monogamous marriage said:

The Ikwerre culture of absolute respect for men makes it almost impossible for the wife to exercise her reproductive autonomy because the Ikwerre wife is expected to respect and obey her husband in all things. Going against your husband means that the wife is stubborn and disrespectful. This is why exercising one's reproductive autonomy could lead to dire consequences such as divorce or beating.

In response to avoiding negative events like divorce and physical violence, one participant noted that women need to exercise their reproductive rights in a “subtle” way. Thus educated participant reported how education can be used as a helpful tool in knowing how and when to achieve reproductive autonomy without annoying their husbands.

You know, as an educated woman, I know when and how to approach my husband and get him to agree with my decisions. I speak to him in a subtle manner and when he is in a good mood. Sometimes, I call him sweet names and gradually inform him of the decisions and actions I have taken (Sandra, a 43-year-old educated woman in monogamous marriage).

Financial Independence

All participants stated that education is an important tool to financial independence. Educated

women are more likely to find a job and become less dependent on their husbands as they can have their own earnings. As a result, it is easier for them to have access to proper healthcare and to exercise a little of their reproductive autonomy. Rebecca, a 45 year old educated woman in a polygamous marriage reported:

I was not educated and I had no money when I gave birth to my first daughter. I gave birth to her in the house on a plantain leaf with native midwives because that was what my husband wanted. ... When I was through with my education, I realized the importance of going to the hospital. I gave birth to my other children in the hospital without the type of trauma I went through with my first pregnancy because by this time I was educated, working, and earning my own money.

Since in the Ikwerre culture, number and spacing of children depend on the husband. A few participants reported that their husbands made them give birth every year. To safeguard their health and be able to take care of the children they already have, they decided to secretly go for family planning. Abigail, a 46-year-old educated woman in monogamous marriage narrated thus:

When I got married I was giving birth every year because my husband being an Ikwerre man wanted many children even at the expense of my health. Since in the Ikwerre culture, the man determines the number of children to have and when to have them he did not listen to my plea to stop having children. I secretly went and did family planning on my own because I was working and did not have to ask him for money. This was how I could space my children.

Likewise, the uneducated participants reported that their lack of education placed them in a financially vulnerable position which impeded them from getting proper health care and education for their children. They said that the lessons taught during antenatal and postnatal care were very useful to them, but that they lacked the financial means to follow them.

It is true that we learn a lot during antenatal in the hospitals. But I gave birth to all my 13 children in the house because hospital birth is very expensive and I do not have money for it. For my husband, once I get pregnant, he doesn't care about me and my children. From the point of pregnancy henceforth, I take full responsibility for myself and my children. (Nirvana, a 35-year-old uneducated woman in monogamous marriage)

A few participants said financial independence was necessary to not only exercise their reproductive autonomy but also to gain respect from their husbands. They responded that men sometimes are frustrated to bear the family financial burden alone. They thus felt that husbands are more likely to give women some level of liberty in reproductive decisions if the women contribute to the family finance.

I sell fish in the market. This helps me to contribute to the family finance. I don't always rely on my husband for all my needs. I also do not rely on him to adequately take care of my children because I earn my own money through my fish business. This has helped me gain respect before my husband and so we both take family decisions together. I can exercise my reproductive right with his consent (Beatrice, a 37-year-old semi-educated monogamy).

Very different from these participants, there were a few educated participants who reported that they are not allowed to work because their husbands are afraid that their financial independence would make them behave disrespectfully. The reason for such denial to work is derived from a common assumption that educated women when empowered have greater economic and reproductive autonomy. The majority of the participants' responses indicate that husbands are of the opinion that, when their wives are allowed to work and earn their own salaries, not only would it confer a high degree of independence on the wives but it makes them stand up to their husbands, essentially claiming equality. A few others said their

husbands wanted them to stop working and be full-time house wives to adequately take care of the children. They pointed out that this essentially compromised their reproductive autonomy.

My husband told me not to work so that I can adequately take care of our children since he is hardly in the house. That is why I am a full-time housewife despite my education. This has made me completely dependent on him for my well-being and that of our children. So, it is difficult for me to exercise my reproductive autonomy in the home because I practically depend on him financially (Anna, a-37-year old educated woman in monogamous marriage).

Social change in status

Almost all participants agreed that educated women receive more respect in the society than uneducated ones. They can make meaningful contributions by informing society about the importance of women's education and their right to exercise reproductive autonomy. This in turn has led to an overall reform amongst the Ikwerre community. Most families no longer marry off their female children, but let them study and choose whom to marry which is a part of women's reproductive right.

Education is important in that it marks you out in the society. An educated woman has prestige and carries herself with dignity. She is respected by all and also understands how to go about the exercise of her reproductive autonomy in the home (Peggy, a 36-year-old educated woman in monogamous marriage).

A lot of things have changed, thanks to education. Women are now being sent to school to the level of education they wish to attain. Parents no longer choose husbands for their female children or force them to marry someone they do not wish to marry. These are great aspects of women's reproductive autonomy (Samantha a 55-year-old uneducated woman in monogamous marriage)

A few uneducated women agreed that marriage just like education comes with a new social status in the society but lamented being in a marriage they did not choose. They said if they were to be in that same situation again, they will prefer to acquire education up to the university level before choosing to marry because they now realize the enormous benefits of education. One woman noted how she was dragged to her husband's house after she tried to escape.

I was forced to marry my husband. When my husband came with his family to take me, I ran away from the house. For several months, nobody knew where I was. But unfortunately for me, I was found and carried to my husband's house. That first day in my husband's house I cried so much for what has befallen me. But I had no choice because in those days you dare not disobey your parents. I still regret this marriage every day. But my happiness is that education has changed a lot of things in our society. Ikwerre girls now choose their husbands (Mirabel a 38-year-old uneducated polygynous marriage)

5.5. Discussion

This study provides data about the perceptions of married women amongst the Ikwerre ethnic group about the influence of education on their reproductive autonomy in Rivers State, Nigeria. The findings of this study provide insights into factors that promote/militate against Ikwerre women's education, as well as how education has influenced the exercise of their reproductive autonomy within a marital setting.

Participants identified factors that influence access and barriers to their education as ranging from family beliefs, economic, and cultural factors. Some participants affirmed that education, as well as the economic standard of their parents and husbands were instrumental for their

education. Participants noted that the education of their husbands is vital to their education and the exercise of their reproductive autonomy. Their reason is that an educated husband will be more positive towards the exercise of his wife's reproductive autonomy. This is in agreement with other studies (Ghimire et al., 2016; Harrison, 1997, Jejeebhoy, 2002; Rahman, et al., 2014), which have observed that female education will impact much on their reproductive autonomy if men are educated because women's decisions are not made independently of the social and family context in which they live. As a result, men can positively influence the exercise of women's reproductive autonomy because the men are seen as gate keepers of the cultural norms and practices (Chigbu, et al, 2013; Dadoo, et al, 2014; Harsha & Shashirekha, 2014; Okemini & Adekola, 2012; Riyami, et al, 2004).

Other factors at the cultural level that inspired them to gain education included having female role models such as their teachers, television newscasters who were university graduates. At the same time, for the uneducated participants, barrier to their educational attainment was family financial constraints and the tradition, which makes parents consider the education of the girl child as a waste of resources. Interestingly, some participants could take charge by engaging in petty trades to finance their education. Unfortunately, for a few, the promise of education once married did not materialize.

According to the participants, there were three ways they felt education had improved their reproductive autonomy. First, they said that education has helped them understand how to adequately care for the health of their children and their own. These findings confirm previous study by Kinanee & Ezikiel-Hart, (2009) that women's education is essential for their own adequate healthcare and their children. Responses from our participants also show that when a woman is educated, risk factors such as poor childhood nutrition and infection during pregnancy and childbirth, and ignorance of antenatal and postnatal care are reduced by

seeking appropriate healthcare (Harrison, 1997; Koch et al, 2014; Wado, 2013). Participants perceived education as a useful tool for family planning, child spacing and upbringing of their children. This study supports the idea that the exercise of women's reproductive autonomy will not only benefit women but will also help the overall wellbeing of their children (Dodoo, 2014; Harrison, 1997). This could be seen in the result session where an educated participant attributed lack of education to the giving birth of many children that one cannot cater for.

Second, education has given them the wisdom to decide when and how to exercise their reproductive autonomy in a society that expects absolute respect of male from the female. Because the culture expects absolute respect and submission of the wife to the husband, participants in the study have devised means for safeguarding their lives. For instance, a few participants responded that because they are financially independent, they secretly go for family planning to avoid any negative consequences from their husbands (Orisaremi & Alubo, 2012). We saw from the responses of two of the participants how one got beating because she refused to give in to her husband's sexual demand and how the other participant's husband had to marry two more wives because she dared to exercise her reproductive autonomy.

Some researchers concluded that education does not help in the exercise of women's reproductive autonomy (Chigbu et al, 2013; Dodoo et al, 2014; Jejeebhoy, 2002; Riyami, et al., 2004); this study reveals that education has proved to be an important guide for women to know when and how to exercise their reproductive autonomy in their homes. It has also helped them to apply health benefits that are essential to them and their children even if their husbands do not consent as long as they have the financial empowerment to do so. Majority of the women responded that with more women being educated and financially independent, the stronghold of some aspects of the Ikwerre culture which subordinates women may be reduced. Both educated and uneducated participants who earn money noted that contributing to the

family finance gives them respect before their husbands and also enables them exercise their reproductive autonomy in the home. A few educated participants who are housewives without any earning said their husbands restricted them from doing any job that will earn them money for fear of becoming uncontrollable because of financial freedom, others said their husbands wanted them to stay at home and take care of the children.

Third, participants stated that education was important to safeguard their status in the family and the society. With education, Ikwerre women are allowed to attain the highest educational level they want and they are no longer forced into marriage. Although, some participants stated that marriage gave them a respected status in the society, a few others said it brought memories of pain and regret as they did not choose to be in the marriage they are in. However, women were particularly happy that with greater level of education, women are now able to attain the level of education they want, girls are no longer forced into marriage or made to marry someone they did not like. Rather, parents now strive to send their female children to school and no longer view female education as waste of family resources. For the participants, this is a good outcome of education.

Study limitation

As is with most qualitative studies, one of the limitations is the small population sample of Nigeria that was the interest of this study, which limits its generalizability. Among the Ikwerre, the sample was recruited from different localities and participants responded similarly without having had previous contacts. Among those who agreed to be interviewed, there is an over representation of educated women. But since the emphasis was on the impact of formal education on women's reproductive autonomy in marital setting, this is a desired outcome. Another limitation is that participants may not have understood some technical terms used by the researcher. But then, since the researcher speaks Ikwerre, Pidgin and the

English language, effort was made by the researcher to simplify technical terms as much as possible to study participants. Also, participants were free to express themselves in Ikwerre, Pidgin or English Language depending on which language they felt comfortable with.

5.6. Conclusion

This study reveals the importance of female education as a tool for exercising their reproductive autonomy. For married Ikwerre women to exercise their reproductive autonomy, the cultural practice of absolute respect for men is an obstacle that needs to be addressed. Men's education is necessary since they are custodians of cultural norms and practices in this context. Thus, the education of women as well as that of men will reduce women's subordination and discrimination. Government's strict implementation of the existing policy on Universal Basic Education could also help in women and men's education. To help give a balanced view on the influence of education on married Ikwerre women's reproductive autonomy, we recommend a further research on the topic in Nigeria, and it will be valuable to know the views of men as well.

5.7. References

- Alabi, T., Bahah, M., & Alabi, S.O. (2014). The girl-child: A sociological view on the problems of girl-child education in Nigeria, *European Scientific Journal*, 10, 1857-7881. [eujournal.org/index.php/esj/article/download/2601/246](http://www.eujournal.org/index.php/esj/article/download/2601/246).
- Abdulrazaq, A.G., Mohammad, N.S., & Suleiman, I.H. (2014). The effect of educational intervention on family planning knowledge, attitudes and practices among married women in a military barrack in Northern Nigeria. *African Journal of Reproductive Health*, 18(1), 93-101.
- Adamczyk, A., & Greif, M. (2011). Education and risky sex in Africa: Unraveling the link between women's education and reproductive health behaviours in Kenya. *Social Science Research* 40, 654-666.
- Allotey, P.A., et al. (2011). Sexual and reproductive health and rights in public health education. *Reproductive Health Matters*, 19(38), 56-68.
- Cadwell, J.C., & Cadwell, P. (1993). Women's position and child mortality and morbidity in less developed countries. Nora federic, Karen O. Mason Solvi Songner (Eds.), *Women's Position and Demographic Change*, Clarendon Press, Oxford. 122-139.
- Chigbu, C.O., Onyebuchi, A.K., Onwudiwe, E.N., & Iwuji, S.E. (2013). Denial of women's right to contraception in Southerern Nigeria. *International Journal of Gynecology and Obstetrics*, 121, 154-156.
- Cleland, J. et al. (2006). Family Planning: The Unfinished Agenda. *Lancet* 368(9549), 1810-27.
- Compulsory, Free Universal Basic Education Act 2004, A115. Enacted by the National Assembly of the Federal Republic of Nigeria. <http://www.lawyard.ng/wp-content/uploads/2016/01/COMPULSORY-FREE-UNIVERSAL-BASIC-EDUCATION-ACT2004.pdf>. Retrieved 30 November, 2016 @ 10:45am

- Cook, R.J. (1993). International Rights and Women's Reproductive Health. *Studies in Family Planning*, 24(2), 73-86
- Dodoo, F.N., Horne, C., & Biney, A. (2014). Does education mitigate the adverse impact of bridewealth on women's reproductive autonomy? *Genus, Journal of Population Science*, Vol.70(1). 77-97.
- Dugeon. M.R., Inhorn, M.C. (2004). Men's influence on women's reproductive health: medical anthropological perspective. *Social Science & Medicine*, 59, 1379-1395.
- Emina, J.B.O., Chirwa, T., & Kandala, N.B. (2014). Trend in the use of modern contraception in sub-Saharan Africa: does women's education matter? *Contraception* doi:10.1016/j.contraception154-161.
- Enaibe, P.U. (2012). Need to promote women education and participation in politics for sustainable national development. *International Journal of Education Research and Development*, 1, 1-5.
- Fahmida, R. & Doneys, P. (2013). Sexual coercion within marriage in Bangladesh. *Women's Studies International Forum*, 38, 117-124.
- Feinstein, L. et al. (2006). What are the effects of education on health? Measuring the effect of education on health and civic engagement: Proceedings of the Copenhagen symposium. Social Outcome of Learning Project Symposium Organized by the OECD's Centre for education research and innovation (CERI), in Copenhagen 23rd and 24th March, 2006.
- Ghimire, D.J., Axinn, W.G., & Smith-Greenaway, E. (2015). Impact of the spread of mass education on married women's experience with domestic violence. *Social Science Research*, 54. DOI: 10.1016/j.ssresearch.2015.08.004. 319-331.
- Gyimah, S.O., Takyi, B.K., & Addai, I. (2006). Challenges to the reproductive-health needs of African women: On religion and maternal health utilization in Ghana. *Social Science & Medicine*, 62, 2930-2944.

- Harrison, K.A. (1997). The importance of the educated healthy woman in Africa. *The Lancet*.349(9052), 644-647.
- Harsha, G., & Shashirekha, K.R. (2014). The role of women education for a sustainable development of the balanced society. Nitte University, Fourth International Conference on Higher Education: Special Emphasis on Management Education, December 29-30, 2014. Available at SSRN: <https://ssrn.com/abstract=2585485> or <http://dx.doi.org/10.2139/ssrn.2585485>
- Ifemeje, S.E., Obidimma, E., Umejiaku, N. (2013). A critical of incessant violation of women's health and reproductive rights in Nigeria. *Journal of Law, Policy and Globalization*, Vol. 11, 2224-3240.
- Imaa, N.O. (2004). Architecture and Ikwerre Culture: Hidden Dimensions. *Nar. Umjet*, 41/. UDK 39(669),72, 69-8.
- Jejeebhoy, S.J. (1995). Women's Education, Autonomy and Reproductive Behaviour. Experience from Developing Countries. Oxford: Clarendon Press Publication.
- Kazeem, A., Jensen, L., & Stokes, C.S. (2010). School attendance in Nigeria: Understanding the impact and intersection of gender, Urban-Rural Residence and Socioeconomic Status. *Comparative Education Review*, 54(2), 295-319. <http://www.jstor.org/stable/10.1086/652139>.
- Kinanee, J.B., & Ezekiel-Hart, J. (2009). Men as partners in maternal health: Implications for reproductive health counselling in Rivers State, Nigeria. *Journal of Psychology and Councelling*. Vol. 1(3), 39-44.
- Kishor, S. (2000). Empowerment of women in Egypt and links to the survival and health of their infants. In: presser, H, Sen, G. (Eds), *Women's Empowerments and Demographic Processes: Moving beyond Cairo*. Oxford University Press, New York, 22-58.
- Koch, E. et al. (2014). Women's education level, contraceptive use and maternal mortality estimates. *Journal of Public Health*128, 384-387.

- Ladan, M.T. (2006). Review of existing reproductive health policies and legislations in Nigeria. www.gamji.com/article5000/NEWS5997.htm. News 5997, 2 of 39. Accessed 31 August, 2016 @ 12:47.
- Lee, M.R. (2010). Modernization, gender equality, and mortality rates in less developed countries. *Sociological Spectrum*, 20:2, 195-220. Doi: 10.1080/027321700279956.
- Luz, L., & Agadjanian, V. (2015). Women's decision making autonomy and children's schooling in rural Mozambique. *Demographic Research*, Vol. 32(25), 775-796. DOI: 10.4054/DemRes.2015.32.25
- Mistry, R., Osman, G., & Lu, M. (2009). Women's autonomy and pregnancy care in rural India: A contextual analysis. *Social Science & Medicine*, 69, 926-933.
- National Gender Policy of the Federal Republic of Nigeria (2006) Federal Ministry of Women Affairs and Social Development.
- National Population Commission. (2010) Federal republic of Nigeria. 2006 population and housing census. Priority table volume Viii. Population by age, sex and type of household (state and local government area) Abuja, Nigeria. www.population.gov.ng.
- National Population Commission. (2010) Federal republic of Nigeria. 2006 population and housing census. Priority table volume Viii. Population by age, sex and education attainment (state and local government area) Abuja, Nigeria. www.population.gov.ng.
- Nwachukwu, P.O. (2014). Funding education for sustainable development in Nigeria: Challenges and the way forward. *Journal of Education and Practise*, 5(20), 51-56. www.iiste.org.
- Okemini, E. & Adekola, G. (2012). Violence against Women in Ikwerre Ethnic Nationality of Nigeria: Challenges for Gender Equity and Development. CSC Canada. *Studies in Sociology of Science*, 3(2), 6-12.
- Okin, S. (1989). *Justice, Gender and the Family*, New York: Basic Books.

- Orisaremi, T.C., & Alubo, O. (2012), Gender and the Reproductive Rights of tarok Women in Central Nigeria. *African Journal of reproductive Health*, 16(1), 83-96.
- Oye-Adeniran, B.A., Adewole, I.F., Iwere, N., & Mahmoud, P. (2004). Promoting Sexual and Reproductive Health and Rights in Nigeria through Change in Medical School Curriculum. *African Journal of Reproductive Health*, 8(1), 85-91.
- Purdy, L. (2006). Women's reproductive autonomy: medicalization and beyond. *J Med Ethics*, 32(5), 287-91.
- Rahman, M., Mostofa, G., & Hoque, A. (2014). Women's household decision-making autonomy and contraceptive behavior among Bangladeshi women. *Sexual and Reproductive Healthcare*, 5, 9-15.
- Riyami, A.A., Afifi, M., & Mabry, R.M. (2004). Women's Autonomy, Education and Employment in Oman and Their Influence on Contraceptive Use. *Reproductive Health Matters*, 2(23), *Sexuality, Rights and Social Justice*, 144-154.
- Saleem, S., & Bobak, M. (2005). Women's autonomy, education and contraception use in Pakistan: a national study. *Reproductive Health* 2(8). DOI: 10.1186/1742-4755-2-8, 1-8.
- Strauss A & Corbin J. (1990). *Basics of Qualitative Research. Grounded Theory Procedures and techniques*. SAGE Publications.
- United Nations. 1994. Report of the International Conference on Population and Development. Cairo, Egypt, September 5–13. http://www.unfpa.org/sites/default/files/event-pdf/icpd_eng_2.pdf. Accessed October 2, 2014. Pg. 60, Para7.3.
- Wado, Y.D. (2013). Women's Autonomy and Reproductive Healthcare-seeking Behavior in Ethiopia. DHS Working Papers No. 91. Calverton, Maryland, USA: ICF International.
- WHO. (2010). Trends in Maternal Mortality: 1990 to 2008: Estimates Developed by WHO, UNICEF, UNFPA, and the World Bank. Geneva, Switzerland.

York, R., & Bell, S.E. (2014), Life satisfaction across nations: The effects of women's political status and public priorities. *Social Science Research*, 48, 48-61.

Chapter 6

Factors affecting women's autonomous decision making in research participation amongst Yoruba women of western Nigeria

Princewill, C.W., Jegede A.S., Nordström. K., Lanre-Abass, B., Elger, B.S. (2016).

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The in-text citations and references for this chapter have been formatted to suit the general style of this thesis.

6.1. Abstract

Research is a global enterprise requiring participation of both genders for generalizable knowledge; advancement of science and evidence based medical treatment. Participation of women in research is necessary to reduce the current bias that most empirical evidence is obtained from studies with men to inform health care and related policy interventions. Various factors are assumed to limit autonomy amongst the Yoruba women of western Nigeria. This paper seeks to explore the experience and understanding of autonomy by the Yoruba women in relation to research participation. Focus is on factors that affect women's autonomous decision making in research participation.

An exploratory qualitative approach comprising four focus group discussions, 40 in-depth interviews and 14 key informant interviews was used. The study permits a significant amount of triangulation, as opinions of husbands and religious leaders are also explored. Interviews and discussions were audiotaped and transcribed verbatim. Content analysis was employed for data analysis.

Findings show that concepts of autonomy varied amongst the Yoruba women. Patriarchy, religion and culture are conceived to have negative impact on the autonomy of women in respect to research participation. Among the important findings are: 1) male dominance is strongly emphasized by religious leaders who should teach equality, 2) while men feel that by making decisions for women, they are protecting them, the women on the other hand see this protection as a way of limiting their autonomy. We recommend further studies to develop

culturally appropriate and workable recruitment methods to increase women's participation in research.

Keywords: Nigeria, women's autonomy, patriarchy, culture, religion, research participation

6.2. Introduction

Research is a global enterprise requiring participation of women and men for generalizable knowledge; advancement of science and evidence based medical treatment. Participation of women in research is necessary to reduce bias that most empirical evidence is obtained from studies with men in order to inform health care and related policy interventions. Furthermore, generalizable research relies on recruitment of research participants of both genders for procuring balanced and unbiased data. Informed consent is a prerequisite for research participation, made explicit in the declaration of Helsinki (World Medical Association of Helsinki, 2013). African women are constrained by culture in terms of giving first person voluntary informed consent (Irabor & Omonjezele, 2009; Jegede, 2009; Lanre-Abass, 2012; Omonjezele, 2008). Autonomous decision making of women as research participants has been a concern to several feminist researchers (Nugent, 2012; Smith et al., 2007). Clinical trial designs that exclude women are not sufficient for the development of treatments because of the differences between men and women with regards to physiological responses (Mastroianni, 1998; Merton, 1993; Smith et al., 2007). To avoid gender biased results, it is generally necessary to include women in research. Knowledge about factors affecting women's autonomous decision making capacity in relation to research participation is therefore of interest, specifically in cultures where women are faced with societal structures and realities that restrict their autonomy (SAMSS, 2014; Thapa & Niehof, 2013).

Researchers who have studied women's autonomy in developing countries have used indicators such as education attainment, household decision making, and freedom of movement to measure the autonomy of women. (Becker et al., 2006; Jeffery & Jeffery, 1997; Jeebhoy & Sathar, 2001; Rahman, 2014) Extensive literature exists on the measurement of women's autonomy using indicators mentioned above as well as maternal health care and

reproductive rights (Riyami et al., 2004; Thapa & Niehof, 2013). There is however, the need to understand factors that limit the Yoruba women's participation in research as social and cultural factors differ from country to country. Available studies on women's participation in research were conducted amongst African Americans (Diaz et al., 2008; Noah, 2014; Merton, 1993; Nugent, 2012). While these have provided useful insight into women's autonomy and reasons for the low participation of women in research, more studies need to be done on factors that affect Nigerian women's autonomous decision in research participation. A number of studies elsewhere suggest that the diminished autonomy of women is as a result of male dominance, culture and religion (Jejeebhoy, 1995; Thapa & Niehof, 2013). The difficulties African women face in obtaining first person voluntary informed consent as a result of payment of "bride price" (which is the money the groom pays to the bride's family during marriage rite) has been highlighted by some researchers (Irabor & Omonjezele, 2009; Jegede, 2009; Lanre-Abass, 2012; Omonjezele, 2008). While this has provided some insights, there is need to explore other factors.

According to Chattopadhyay & De Vries (2013), autonomy has been said to be a western concept. If autonomy means for an agent to be able to make decisions and act on those decisions made without external interference (Beauchamp & Childress, 2009), then it cannot be said to be a western concept because all over the world people and states in power have always striven to carry out made decisions without external interference. Autonomy is originally a Greek word meaning self-rule or self-governance (Beauchamp & Childress, 2009). This paper seeks to 1) understand what autonomy means to the Yoruba women. 2) give insight into how patriarchy, religion and culture affect the Yoruba women's autonomous decision in research participation.

Nigeria - a large and diverse nation with different languages and cultures is a particularly interesting context for this type of research (Blench, 2012). The Yoruba people of western Nigeria are amongst the most educated tribes in Nigeria. Yet they appear to have limited autonomy which puts them in an inferior position with their male counterparts in decisions concerning their choice to participate in research and other aspects of their lives similar to women in other developing countries (Thapa & Niehof, 2013). This makes them dependent on their spouses for their well-being. The study site for this research is Ibadan. The city has been described as gender stratified in the sense that the men make decisions for the women (Ayeni, 1994). The Christian and Muslim religions are predominantly practised in Ibadan.

Some philosophical views of autonomy

Immanuel Kant in his famous maxim defines autonomy of the will as '*the property the will has of being a law unto itself independent of every property belonging to the object of volition*' (Kant, 1785). For Kant, the real and good is determined not by physical realities or instincts but by moral maxims. Those moral maxims constitute the moral worth of an action whenever the will acts on them. Duty therefore would be to act on those maxims, and to act out of respect for the law. As far as participation in research is concerned and with particular emphasis on women's issues, Kant cautions against actions based on instincts or feelings in lieu of potential benefits. Apart from the fact that the determination of what is right/good in research participation cannot be left to individual ambitions or experience, what is moral is that which is done out of respect for the law. While autonomy stresses self-governance, it is important to equally understand how Kant prioritizes his ethics from the a priori forms. He further explains that the only thing good in itself is the good will, which is the necessity of an action done out of respect for the law. This law is a self-legislated law and not an external imposition. The morality of the act lies in the fact that the individual who has legislated this

law for the self through the act of the will carries out the action not allowing any influence by instincts or the outcome, but only by the law itself. With particular reference to women's autonomy, it would be simplistic to argue that Kant is calling for women to be able to make decisions for research. In light of Kant's understanding of autonomy, Pellegrino and Thomasma argue that patients' autonomy is threatened not by the paternalistic physician but by illness which interferes with the individual's innate capacity for judgment (Pellegrino & Thomasma, 1988). So women's autonomy in research is ordinarily threatened by culture which is a form of illness that subjects the female gender to male authority in a society (Glannon, 2005). This form of illness interferes with women's self-legislating ability by imposing on them from without. It essentially means not affirming the experiences of women. However, for Kant, those experiences would probably not be what many might expect them to be. They ought to be objective and should not be viewed as gender based. These experiences serve as basis for action and morality. It is on this basis that women's autonomy ought to be considered while underscoring the morality of the individual's action by adhering to the moral maxim that determined such action. In this instance, morality could be described as loyalty.

Personal autonomy has traditionally been defined as the capacity to control oneself, and decisions by controlling one's personal resources and information for personal use (Dyson & Moore, 1983). It states that an agent is autonomous if the behaviour of the agent is in line with the agent's motivational state which expresses her real self (Dyson & Moore, 1983). It is clear that autonomy is interpreted differently with different philosophical conceptions. Feminist philosophers disagree with Kant on the grounds that if those definitions of autonomy were to be allowed, women will be disadvantaged because women's autonomy is based on social relationships (Benson, 1990; Dillon, 1992; Friedman, 1997; Mackenzie & Stoljar, 2000). Women as members of society are linked with accepted behavioural norms with distinct characteristics. Their autonomy depends largely on the practices and norms of the society to

which they belong (Kishor, 1995). A study by Jejeebhoy and Sathar (2001), concludes that residing with mothers-in-law affects women's autonomy in a ways which hinder women from making decisions. Looking at the context of medical research, Diaz et al. (2008) have attributed a low rate of women's participation in research to gender sensitivity in relation to the health of the foetus during pregnancy. The Council of International Organization of Medical Sciences guidelines 16 and 17 explained clearly that researchers, sponsors of research and ethics committees should not exclude women from research participation and that the potential for becoming pregnant shouldn't be a reason for excluding women from research participation; rather these entities should endeavour to explain in detail the risks and benefits involved to them, their foetus or to the potential foetus (CIOMS, 2002).

Feminist theorists have defined autonomy in terms of relational autonomy which involves taken external social conditions into account (Mackenzie & Stoljar, 2000; Oshana, 2006). They argue that one can only be autonomous if one lives in a social context that grants one the right to make autonomous decisions. However, what is paramount in all these definitions is the ability for one to make decisions for oneself and act on those decisions.

According to Jegede (2009), autonomy is central to western perspective of decision making where the individual is said to be autonomous and independent. The individual solely makes the decision whether or not to participate in research having considered the benefits and risks involved. Researchers are now considering the applicability of this principle of autonomy in Africa because of the emergence of the field of bioethics and the increasing number of health studies being conducted in Africa (Tangwa, 2004). The worldview of Africa demands an ethics that supports order, cohesion and communal responsibility by way of customs and traditions (Daar et al, 2002). Scholars have examined how cultural considerations might strengthen autonomy (Jegede, 2009; Lanre-Abass, 2012; Omonjezele,

2008; Zion, 2005). Individual autonomy is often compromised in Africa because the basis of existence in most African societies is communalism (Jegade, 2009). Individual autonomy in the African setting is influenced by the autonomy of other members of the community (Jegade, 2009; Tangwa, 2004). Hence, the African type of autonomy could be referred to as “social autonomy” which invariably is synonymous to relational autonomy. This concept of “social autonomy” is a collective responsibility which is a shared responsibility among members of a community. In Africa, individuals make decisions by taking into consideration the implications of their decisions on their community, family and themselves (Jegade, 2009; Tangwa, 2004). For this reason, respect for individual is synonymous with respect for others and this is a collective responsibility. This type of social autonomy has implications for women in decision making.

6.3. Methodology

Ethics approval was obtained from the UI/UCH Ethics Committee, Ibadan, Nigeria.

Setting

This study was carried out at the University College Hospital (UCH), Ibadan. UCH is one of the premier teaching hospitals in Nigeria, established in 1945 (SAMSS, 2014). Ibadan is the capital of Oyo State and the third largest metropolitan area in the south-west of Nigeria. It has a population of about two million people (Ayeni, 1994).

Study design

An exploratory qualitative research method was employed for this study. In-Depth Interviews (IDIs), key Informants Interviews (KIIs), and Focus Group Discussions (FGDs) were used for data collection. Data analysis was narrative and descriptive.

Study participants

Participants and their spouses were purposively recruited from a malaria study of the General Out-patients and Pediatrics Department (GOPD) of the UCH. A number of religious leaders were also interviewed. Permission was sought from both the members of the malaria research team and the Principal Investigator (PI).

Women who enrolled their children/wards for the study were asked if they were willing to participate in the study on women's autonomy. Recruitment for this study took place independently of whether they agreed to enroll their children into the malaria project. Eligible participants were either introduced to the study by the PI or a member of the malaria research team.

Participants were given informed consent document to take home for a week for comprehension. After a week, those who indicated willingness to participate in the study gave written consent. Some requested to be interviewed right away while some others gave date, time and place for the interview. Religious leaders were approached at their various places of worship. The malaria project just provided access to the cohort of women purposively identified for this study. The total number of participants recruited for IDI and KII was 54. The final categories of participants recruited were; 20 married women, 20 single women, five members of the malaria research team and five spouses of the married women recruited. Additionally, four religious leaders were interviewed. Participants who are not from the Yoruba ethnic group, elderly women above 60 years and young women below 20 years were excluded. Reasons for exclusion criteria were that in Yoruba culture, women above 60 years of age exercise autonomous decision making capacity as matriarchs of the family. At this age they tend to reinforce male dominating principles. On the other hand, women below 20 years of age are still under the authority of their parents and by culture they are expected to obey

their parents. The recruited spouses belonged to a random subsample of the women from the malaria research group who were invited to participate in this study.

Qualitative data collection

For the purposes of this study, women between the ages of 20 to 40 are referred to as young women while women between the ages of 41 to 60 are referred to as adult women. The purpose of the KIIs with the spouses was to get their opinions on how they viewed women's autonomous decision making in research participation. Regarding the research team, the idea was to understand the initial consent procedure for the malaria research and then compare it with that of this study, while for the religious leaders the aim was to get their opinion on the religious stand on women's autonomous decision making in research participation. Each interview lasted for about one hour.

Four FGDs comprising four different groups of women were conducted separately. Each FGD consisted of four to six women and lasted for about 45 minutes to one hour. Each session of IDI, KII and FGD addressed the women's perception and understanding of autonomy, as well as the impact of patriarchy, religion, and culture on women's autonomous decision in research participation. For the IDIs and FGDs, interview guides were developed on the definition of autonomy and factors affecting women's autonomous decision in relation to research participation. Key informants' views on women's autonomy, and reasons for accompanying wives to hospital were asked. Prior to the interviews and FGD, participants' background information such as age, educational qualification, number of years married, religious background and family setting were recorded. The interviews were semi-structured; questions were flexible to allow for the spontaneous emerging responses of participants. Majority of the interviews were done within the hospital environment of the UCH. Interviews were conducted by the PI and a research assistant speaking English and Yoruba language. The PI and the

research assistant were both present during all interview sessions in order to take notes and record body language, sudden comments and special expressions. Data collection was from August to October, 2010. All interviews and FGDs were audiotaped with prior consent from participants and transcribed. Extensive notes were also taken, for accuracy checks of the transcriptions.

Data analysis

At the completion of the interviews and FGDs, the PI and research assistant transcribed all interviews and listened to the audiotapes several times in order to familiarize themselves with the expressions and words used by all the participants. Emerging concepts from each transcript were always compared against new data before being included in the described content. The recorded interviews were transcribed verbatim in English and Yoruba. Both the English and Yoruba translations were then double checked by a bilingual researcher to check the accuracy of the translations (Diekelman et al., 1998).

6.4. Results

In the following, we refer to participants from individual interviews by using pseudonyms and to participants from FGDs by providing a short description of the research participant's marital status.

Understanding of autonomy

From the definitions of autonomy described above, some participants appear to have fair knowledge of the term autonomy:

Women's autonomy means that a woman should have the right to do as she pleases. (Matilda, an adult single woman during IDI)

Similarly, another woman during one of the FGDs said:

Women's autonomy means ability to make decisions without anybody interfering.

Although, there are a lot of things one has to consider. (Adult married woman)

Bose, another lady during IDI defined autonomy as women liberation. According to her, it has to do with women being equal to men, and that is not acceptable and should not be encouraged as it is not part of the Yoruba culture.

The FGDs and IDIs reflect predominantly a relational concept of autonomy, based on the significance of relationships for the autonomy of women. Some women said that although they understand that autonomy is about making personal choices and decisions, it is not easy for them to live according to this concept as there are underlining factors that hinder women's autonomy. When asked what these factors were, husbands, families, children and the community were mentioned. The women said that it is expected that the husband should know what happens in the house and decision to participate in research by the woman should be brought to his notice. Women who have been married for a longer period of years appeared to exert their individual autonomy because with advance in age the man becomes less authoritative and relaxes his patriarchal rules.

Interviews and FGD revealed that educated women and women with regular income who contribute to the family finance are described as having more autonomy than uneducated women and women who depend solely on their husbands for financial support. Thus, education was by the interviewees perceived as necessary to enhance women's autonomy. Although educated women and women with regular income who contribute to the family finance were described as having more autonomy than uneducated women who depend solely on their husbands for financial support, their autonomy was still described as limited due to culture and religion. Bola, an adult married woman during IDI responded thus:

I am a professor and a head of department in this hospital, yet I am not expected to make decisions on my own without consulting my husband because culture demands that as the head of the family, he must be aware of

what I do and traditionally, once a woman is married, she is seen as the “property” of the man.

Interviews and FGDs with young married women show that it is difficult for them to exercise their autonomy as they are constantly in fear of being divorced or ending up in polygyny marriage if found to be ‘disobedient’ or not acting according to the wishes of their husbands, mother-in-laws or husband’s family members. To avoid this, they let the husband have the final say. Thus a young married woman during FGD said:

Hmmm! It is not easy to exert one’s autonomy as the woman is expected to obey her husband and his family, especially the mother-in-law. Anything contrary to this means trouble which can lead to divorce.

KIIs with the five researchers of the malaria research group revealed that in some cases during the informed consent procedure, women insisted that the researchers speak with their husbands because the husbands alone can give consent. Other husbands insisted on sitting with their wives during the process of informed consent. Husbands were of the opinion that since they are responsible for the well-being of their wives, they should know what the wife is getting into as they would be held responsible for any unfortunate incidence that happens to their wives. The informed consent process of the malaria study was different from this study as none of the men was present during the process. But, the women said they had to discuss it with their husbands at home. They also said that enrolling in this study would not have been possible without the permission of their husbands.

Impact of factors on women’s autonomy in relation to research participation

Patriarchy

Interviews and FGDs revealed that patriarchy defined as male dominance negatively affects the autonomy of women in research participation. Women said that husbands or family heads

have to give consent to a woman's decision to participate in research. Adult women said they have to inform their husbands of their decisions to participate in research out of respect. Younger women said they discuss their decisions with their husbands or fathers as the case may be:

If I have to participate in research, I have to tell my father because he is responsible for me; he has to know where I am and what is going on with me.

(Jane a young single lady during IDI)

According to the women, if a woman decides to participate in research without the consent of her husband or family head, when anything goes wrong she will be held responsible for her action and may not get help from anyone as she would be deemed to have taken laws into her hands. The right the husband has over his wife was linked to the payment of bride price by the groom's family during marriage:

Payment of bride price has given men the authority to infringe on women's autonomy. Our culture does not expect women to make independent decisions. The husband should approve or disapprove of decision to participate in research made by the wife. (Aminu, a married man during kII)

Babajide gave a response similar to that of Aminu during KII.

Women should not be allowed to be autonomous because it will disorganize the society. Consent to participate in research should be given by the man. Men are family heads and decision to engage in research should be approved by them.

Some men agree that a woman should be autonomous in her decision to participate in research but should inform the head of the house.

A young woman during one of the FGDs explained that during the process of preparing a woman for marriage, she is told never to disobey, or challenge her husband, mother-in-law and his family members. It was also added that the bride is warned by her family that once

married, she is no longer welcomed into her father's house because marriage is for life, and the success of any marriage rest on the woman.

Some other women were of the opinion that autonomous decision by women will lead to chaos in the family setting. According to them, being an autonomous woman would pose serious problems between the husband and his family. Single ladies were of similar opinion that exercising one's autonomy would put them at logger heads with their fathers and family head as they would be seen as being disobedient and stubborn. This they said could jeopardize their education and cause either delayed marriage or no marriage for them.

Religion

Interviews with the religious leaders showed that religion was conceived to have negative impact on women's autonomy in research participation. The Christian and Muslim leaders interviewed said women's autonomy was against the teachings of the Holy Bible and Quran because women were expected to submit to their husbands in all things. According to Ben, a Christian religious leader during KII:

The Bible commands that women should submit to their husbands and husbands being the head of the family should be respected, The Bible also teaches that women should not speak in public without the permission of their husbands. So if a woman wants to participate in research, she has to seek the consent of her husband.

Mustapha, a Muslim leader during KII responds was similar to that of Ben:

Women are not to be seen or heard in public places without their husbands or permission from their husbands and so participation in research translates to being seen outside. Therefore, the husband's consent is needed.

Most women agreed that religion affected women's autonomy negatively:

Religious teachings do not help matters; instead they perpetually preach doctrines that erode women's autonomy. Women are constantly taught to submit to men. So as

not to disobey God's command, I must seek the consent of my husband to participate in research. (Safia, a young single woman during IDI)

It is perceived that fear rather than obedience is the reason women follow these religious teachings. Interestingly, from the interviews both religions hold the same views regarding the position of men and women. Respecting and reverencing the man as the head of the house is observed by both religions as interpreted by the religious leaders interviewed.

Culture

Findings from the study reveal that culture plays a major role in limiting the autonomy of women in research participation. According to the women interviewed culture emphasized that women should respect, and submit to their husbands as well as family heads in all things just as we saw in the aspect of religion. It was gathered from the women that this cultural practise is handed down from generations to generations and so change will be slow:

Tradition is very strong. Change will be slow as people are socialized according to a way of life and once they grow with it, it is difficult to change. Culture demands that we seek consent from our husbands or family head before participating in research. (Adult single woman during FGD)

It was also revealed that by culture, mother-in-laws and husband's family members interfere in couples' decisions and how they live. This is worsened if couples live in the husband's family house. Bimbo, a young married woman during IDI said:

Elderly women in the husband's family and mother-in-laws enforce male dominance on younger women in order to ensure that they obey their husbands. If I participate in research without seeking consent from my husband, then I am asking for trouble.

Obedience was mentioned as a critical issue that will enhance smooth relationship between wives and in-laws. This was emphasized by some single women as indicated:

Good relationship between mother-in-laws and daughter-in-law is very important.

The mother-in-law can determine whether the wife remains married to her son or not. So husband's consent for the wife to participate in research is necessary.

(Mary, a young single woman during IDI)

Yet others saw autonomous decision making by a woman as a taboo. Something that if practised would be of great spiritual consequences to the woman and eventually to the society as response below indicate. There are cultural beliefs of having to suffer severe consequences if husbands or family heads are disobeyed and so these beliefs keep the women in perpetual fear. Magdalene, a young married woman during IDI was particularly against women's autonomy:

Autonomy is a taboo. It is wrong to even think of any form of decision without the husband. Women should not be allowed to make decisions without consulting their husbands or family heads and should not be encouraged so as not to disorganize the society to which women belong.

Abosede, sees the study as women liberation movement:

Culture teaches that women should be submissive and obedient to their husbands.

Anything contrary to that is unacceptable to the people. Autonomy is simply women's liberation. (A young married woman during IDI)

Few women said that it is important to allow the woman exert her autonomy if she wishes to participate in research because she has the right to her life but added that with a society like ours, this will take the education of more women and awareness creation to help break the hold these factors have on women's autonomy. They also said that allowing women exercise their autonomy would help societal development especially in the issue of government policy.

Study limitations

The first perceived limitation is that the study population was recruited from a malaria

research study. Although it was explained to participants during the process of informed consent that their participation in this study would not influence care for their children, we cannot fully exclude that participants may have thought that if they agreed to participate in this study, there may be special attention on their children by the malaria research group. It is possible that they saw enrolling in this separate study an added advantage to better care for their children since the malaria research team introduced them to this study; this could be called a variation of “indirect” therapeutic misconception. However, given that the participant information was transparent and that researchers insisted that no benefits of this kind were given for participating in this study, we think that this type of bias will be overall small. Second, lack of adequate and appropriate words for some technical terms may have influenced responses of some participants, although efforts were made to explain in simple terms the meanings of technical terms in Yoruba language. Third, we may have, to some extent not captured the opinion of some, in particular more shy or anxious women during the FGDs as some did not speak, some others just nodded to affirm what other women said. This behaviour may be due to fear of being reported since almost everyone in the research group knew each other. However, we do have reasons to believe that this type of bias remained limited, as participants were asked to keep the content of the FGD confidential and the number of silent women was small.

6.5. Discussion

This research has helped to provide insight into factors that limit Yoruba women’s autonomous participation in research. This study is unique in its design and permits a significant amount of triangulation, as opinions of husbands and religious leaders are also explored. Amongst its most important findings is that, interestingly, male dominance is strongly emphasized by the religious leaders who are silent on the equality of all human beings before God and the respect for one another. Another interesting finding is that while

men feel that by making decisions for women, an act they see as beneficence, they are protecting them, the women on the other hand see this protection as a way of limiting their autonomy.

Confronted with the theoretical definitions of some scholars on the concept of autonomy (Beauchamp & Childress, 2009; Dyson & Moore, 1983) as ability to make personal and rational decisions and choices concerning oneself without external interference, women interviewed and included in the FGDs were perceived to have a basic knowledge of autonomy, although their definitions varied. They defined autonomy as being able to make decisions that concern oneself without external interference but added that several factors have to be considered for this to be achieved. In the Yoruba culture, a woman does not own herself, whether single or married. A single woman is identified by who her father is. While a married woman is identified by whom her husband is. Thus you hear things like “*omo lagbaja*” (the daughter of so and so) or “*iyawo lagbaja*” (the wife of so and so). This means that autonomy of a woman is understood in terms of relation to the family, environment and society she finds herself. This supports feminists’ concept of autonomy in terms of relationship (Dillon, 1992; Mackenzie & Stoljar, 2000). Interestingly, this relational determination of autonomy was put forward not only by the women themselves but also by the male interviewees. The Western view of autonomy is to a great extent shaped by libertarian views such as those expressed by John Stuart Mill “*on Liberty*”: that everyone should be allowed to live his or her own life as long as he/she does not harm others. For Kant, autonomy means that the individual makes decisions on things that concern self. In other words, it is self-governance. Furthermore, in that process of decision making, one makes use of the freewill which according to Kant is to act from duty. In research involving Yoruba women, in an atmosphere where women hardly enjoy any freedom, Kant’s approach could best be interpreted to mean communal autonomy or an altruistic act on the part of the women

individually. In that way, it is the woman who is making decisions herself. That act of decision making is central to the concept of autonomy. By contrast, interviewees in this study insisted on the idea of responsibility for others, which is also a way of caring for each other. It is however problematic within this “caring” view, that the care concept is asymmetrical. Women care for their husbands by obeying and men care for their wives by making decisions for them.

Findings also show that with regard to women’s autonomy, individual autonomy, respect for personhood, first person informed consent and confidentiality are concepts that contradict with the cultural context if research participants are women. This supports the finding that first person informed consent for women’s participation in research is eroded in an African setting (Lanre-Abass, 2012). The culture promotes an asymmetrical idea that men are ‘keepers’ for other family members. Consequently, it means that for a woman to participate in research, actual consent has to come from the man. Results from the study suggest that Yoruba women are treated like beings that have lost the ability to make informed decisions and not capable of giving first person consent and this puts them in a vulnerable position.

This study raises the question as to how Western concepts of research ethics can be transferred to patriarchic African contexts. Critics of this context come not only from outside, but also from inside African societies (Irabor & Omonjezele, 2009; Omonjezele, 2008). In particular, the way the issue of bride price is perceived and interpreted by culture is a source of concern. In most African traditions, once the bride price is paid, it strips the woman of all her rights (Omonjezele, 2008). In the India and Pakistan culture where dowry is paid (Jeffery & Jeffery 1997), this payment does not strip the man of his rights. Therefore, the diminished autonomy of the African woman goes beyond the issue of bride price. The culture of making women subordinate to men is also enforced by women as reported by participants.

Some women interviewed expressed how they were not allowed to make decisions on their

own simply because they feel there is a social obligation for them not only to be submissive but most importantly to keep the peace of the home. This study also showed that age, education and the possibility to contribute financially to the family purse are means to increasing women's autonomy. This supports findings of some researchers that financially empowered women have more autonomy (Jejeebhoy, 1995; Rahman et al., 2014; Riyami et al., 2004; Sarthar & Mason, 1993).

The Christian and Muslim religion tend to be linked in general to more conservative opinions as responded by interviewees, but religion does not need to have that effect, as both religions strongly insist on God valuing all human beings, not only men, and there are some subforms of protestants that very strongly favour women's rights. Therefore religious leader could induce change if they distinguish more clearly local cultural determination from religious norms and take seriously their duties to teach respect for all human beings based on non-discriminative "love of God."

6.6. Conclusion

The information gathered in this study is an important and unique platform to understanding how the Yoruba women of western Nigeria define autonomy. Without a thorough understanding of their perception of autonomy in a specific context as research participation, we run the risk of homogenising and universalizing women and individual autonomy which will weaken the concept of autonomy in a communitarian cultural setting. . If autonomy requires some form of coercion as is seen in the influence of these factors as responded by the women interviewed, then it is no longer autonomy but heteronomy.

This study provides some explanation as to why the Yoruba tribe despite being the most educated in Nigeria have women who have limited autonomy. Increasing women marriage age, implementation of the existing government's policy on compulsory girl child education and empowering women through income generation will positively impact on their autonomy.

Raising female children from early age as equal to the male children will also impact positively on women's autonomy.

There is a need for further studies to develop culturally appropriate and workable recruitment methods for research participation and a system that would encourage autonomous decisions of women who wish to participate in research. Such strategies may need to address factors such as patriarchy, culture, religious doctrines; increase in female researchers, confidentiality and respect for privacy. Strategies have been successfully developed for other specific contexts and countries, and these may serve as a useful model (Australia, 2003; Canada, 2010; Hudson et al., 2010).

Increasing participation of women in research requires improved understanding of the factors affecting the decision of women's autonomy to participate in research. Factors that undermine the autonomous decision making ability of a woman ultimately reduces her ability to contribute her intellectual potentials to personal and societal development.

6.7. References

- Ayeni, B. (1994). *The Ibadan Metropolitan Area of Ibadan: Its Growth and Structure*. In Filani MO, Akinto FO. and Ikporukpo CO (eds) Ibadan Region. Rex Charles Publication, Ibadan: 77.
- Australian National Health and Medical Research Council. *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research*. Australia 2003.
- Becker, S., Fonseca-Becker, F., & Schenck-Yglesias, C. (2006). Husbands' and Wives' Report of Women's decision-Making Power in Western Guatemala and their Effects on Preventive Health Behavior. *Social Science & Medicine* 2006; 62: 2313–2326.
- Benson, P. (1990). Feminist Second Thought about Free Agency. *Hypatia*, 3; Vol. 5: 47–64.
- Beauchamp, TL, and Childress, JF. 2009. *Principles of Biomedical Ethics*. 6th edition Oxford University press: New York. 79–81 & 99.
- Blench, R. (2012). An Atlas of Nigerian Languages. Cambridge CBI 2AL. <http://www.rogerblench.info/RBOP.htm>. Retrieved 2:11:14 @ 11:00pm.
- Chattopadhyay, S. and De Vries, R. (2013). Respect for cultural diversity in bioethics is an ethical imperative. *Med Health Care and Philos*; 16:639–645.
- Council for International Organization of Medical Science (CIOMS). (2002). International Guideline for Medical Research Involving Human Subjects. Available at: <http://www.cioms.ch/frame>. Accessed 4 August 2009. 50–52.
- Daar, A.S., et al., (2002). Top ten biotechnologies for improving health in developing countries. *Nature Genetics*; 32: 229–232.
- Diaz, V.A., et al., (2008). Factors Affecting Research Participation in African American College Students. *J Fam Med*; 40: 46–51.
- Diekelman, N. Allen, D. and Tanner, C. (1998). *The NLn Criteria for Appraisal of Baccalaureate Programs: A Critical Hermeneutic Analysis*. New York: Natl League for Nursing Press.
- Dillion, R.S. (1992). Towards a Feminist Conception of Self-Respect. *Hypatia*; 7: (1) 52–69.
- Dyson, T and Moore, M. (1983). On Kinship Structure, Female Autonomy, and Demographic Behaviour in India. *Popul Dev Rev*; 9: 35–60.
- Friedman, M (1997). Autonomy and Social Relationship: Rethinking the Feminist Critique 1997, in *Feminist Rethink the Self*, DT Meyers ed. Boulder, CO: Westview, 40–61.
- Glannon W. (2005). *Biomedical Ethics*. New York: Oxford University Press: 29.
- Hudson, M. et al. (2010). *Guidelines for Māori Research Ethics: a Framework for Researchers and Ethics Committee Members: Health Research Council of New Zealand* 2010.

- Irabor, D.O., and Omonjezele, P. (2009). Local attitudes, moral obligation, customary obedience and other cultural practices: their influence on the process of gaining informed consent for surgery in a tertiary institution in a developing country. *Dev World Bioeth.*; 9(1): 34–42.
- Jegede, A.S. (2009). Understanding informed consent for participation in international health research. *Dev World Bioeth.*; 9(2): 81–87.
- Jegede, A.S. (2009). African Ethics, Health Care Research, and Community and Individual Participation. *J Asian Afri Stud*; 44(2), 239–256.
- Jeffery, R. & Jeffery, P. (1997). *Population, Gender and Politics: Demographic Change in Rural North India*. Cambridge/New York: Cambridge University Press: 61–89.
- Jejeebhoy, S.J. (1995). *Women's Education, Autonomy and Reproductive Behaviour: Experience from Developing Countries*. Oxford: Clarendon Press.
- Jejeebhoy S.J., and Sathar, Z.A. (2001). Women's Autonomy in India and Pakistan: The Influence of Religion and Region. *Population and Development Review*; 27: 687–712.
- Kant I. (1785). *Groundwork of the Metaphysic of Morals*. 1948. Translated and Analysed by Paton HJ. New York: Harper and RW: 108.
- Kishor, S. (1995). *Autonomy and Egyptian Women: Findings from 1988 Egypt demographic and Health Survey. Occasional Papers No. 2. Calverton, Maryland: Macro International Inc; i–xiii.*
- Lanre-Abass, B. (2012). Autonomy and Interdependence: Quandaries in Research Ethics. *Health*; 4(4): 173–184.
- Mackenzi, C and Stoljar, N. (2000). *Relational Autonomy: Feminist Perspective on Autonomy, Agency and the Social Self*. New York: Oxford University Press.
- Mastroianni, A.C. (1998). HIV, Women, and Access to Clinical Trials: Tort Liability and Lessons from DES. *Duke J Gend law Policy*; 5: 167–192.
- Merton, V. (1993). The Exclusion of Pregnant, Pregnable, and Once Pregnant People (aka women) from Biomedical Research. *Am J Law Med*; 19: 369–451.
- Noah, B.A. (2014). The Inclusion of Pregnant Women in Clinical Research. *Journal of Health Law & Policy*; Vol. 7, 353–389.
- Nugent, B.R. (2012). Beyond Biases and Barriers: Incorporating Women into International Clinical Research. *Journal of Interdisciplinary Feminist Thought*; 6: 14–1.
- Omonjezele, P.F. (2008). African Women as Clinical Research Subject: Unaddressed Issues in Global Bioethics. *Ethno-Med.*, 2(2), 121–126.
- Oshana, M. 2006. *Personal Autonomy in Society*. Hampshire, UK: Ashgate.
- Pellegrino E.D. and Thomasma D.C. (1988). *For the Patient's Own Good. The Restoration of Beneficence in Health Care*. New York: Oxford University Press: 103.

Rahman, M. et al., (2014). Women's household decision-making autonomy and contraceptive behavior among Bangladesh women. *Sex Reprod Health* 2014; 5: 9–15.

Riyami, A.A et al., (2004). Women's Autonomy, Education and Employment in Oman and their Influence on Contraceptive Use. *Reprod Health Matters*; 12: 144–154.

Sarhar, Z.A. and Mason, K. (1993). How female education affects reproductive behaviour in urban Pakistan. *Asia and Pacific population Forum*; 6: 93–103.

Smith, Y.R. et al., (2007). Perceptions of Clinical Research Participation Among African American Women. NIH Public Access. *J womens health (Larchmt)*; 16(3): 423–428.

Tangwa GB, (2004). Bioethics: an African perspective. *Bioethics* 2004; 10,1:183–200.

Thapa, D.K. Niehof, A. (2013). Women's autonomy and husbands' involvement in maternal health care in Nepal. *Social Science and Medicine*; 93: 1-10.

The Sub-Saharan African medical school Study (SAMSS, 2014). Available at: www.samss.org. Accessed 11 April 2014.

Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, Ottawa Canada, December 2010. Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada.

World Medical Association of Helsinki, (2013). Ethical Principles for Medical Research Involving Human Subject. 64 WMA General Assembly, Fortaleza, Brazil. *Journal of American Medical Association*. 310(20): 2194. Doi:10.1001/jama.2003.281053. 1–5.

Zion D, Community without communitarianism: HIV/AIDS research, prevention and treatment in Australia and the developing world, *Monash Bioeth Rev*. 2005; 24(2): 20–31.

Chapter 7

General Discussion

7.1. Discussion

The main strength of this study is that it looked at not just an aspect of their reproductive autonomy but holistically examined their reproductive rights and identified factors that hinder the exercise of their reproductive autonomy in a patriarchal setting like Nigeria. This study extends research on the effect of monogamy and polygyny marriages on the exercise of women's reproductive rights. For our empirical papers, purposive exploratory research method using in-depth interviews and focus group discussions were employed for data collection so as to get detailed narrative experiences from the women.

We were able to show that most of the women (except very few educated women who work in the health sector) lacked knowledge and understanding of reproductive rights even though it exists in the constitution of Rivers State and there is also a handbook in Rivers State on women's reproductive rights. Nearly all the women defined autonomy as the right to govern oneself but were quick to add that this may be difficult to achieve in Ikwerre land because of the patriarchal nature of the environment they find themselves. The failure of the River State government to implement existing policies that protect women was one issue that has perpetually hindered women's reproductive autonomy. In line with the literature, the patriarchal nature of the Ikwerre ethnic group is a major factor perceived to hinder the exercise of women's reproductive autonomy in marital setting (Okeke, 2013; Chibug et al, 2013; Doodoo et al, 2014). This is so because in the Ikwerre culture, a good and responsible wife is expected by tradition to respect and obey her husband in all things.

The women in the in-depth interviews and focus group discussion responded that the Ikwerre culture of absolute respect for the men needs to be addressed. This culture appears to treat women as agents with diminished autonomy, thereby reducing the women to the level of children who are incapable of making decisions for themselves. This in turn erodes their

autonomy and dignity and undermines their personal identity. This corroborates the conclusion by Okeke, (2013) that women in Nigeria are treated like children who are incapable of making decisions that concern them. We suggested that this culture of absolute respect for men that militates against women's reproductive autonomy and promote gender discrimination should be addressed. According to participants in the study, a good and obedient Ikwerre wife is not expected to discuss the issue of when and when not to have sex with her husband or the number of children to have and when to have them, this is entirely left for the husband (Fahmida & Doney, 2013; Orisaremi & Alubo, 2012). This should not be so because pregnancy and child bearing take place in the body of the woman. Therefore, the woman should be allowed the freedom of deciding when to get pregnant and how many children she would want to have, as well as when to have sex.

Our unique interesting finding was the issue of bride price payment during marriage process. This misconception of the payment of bride price during the marriage process as buying the woman instead of for marriage validation is one that has put the wives in an inferior position with their husbands in marriage (Omonzejele, 2008; Shenje-Peyton, 1996). Interviews and focus group discussions with women revealed that bride price payment was for marriage validation and societal respect (Heeren et al., 2011; Isiugo-Abanihe, 1995) because marriage is the only recognized form of union in the Ikwerre culture where a man and a woman are allowed to live together to bear children. Our finding is contrary to those of earlier researchers who attributed the diminished reproductive autonomy experienced by married women to the payment of bride price (Dodoo et al., 2014; Mwamwenda & Monyooe, 1997). Marriage is also seen in the Ikwerre culture as a necessity for every woman and so it is regarded as taboo for a woman not to be married (Baloyi, 2013; Ilika, 2005). Any matured woman who is not married, separated or divorced faces intense social pressure from the community. For this

reason, most Ikwerre women will want to get married and remain in marriage no matter the consequences (Alabi, et al., 2014). In Nigeria, and in the Ikwerre culture, the payment of bride price is vital to give a woman dignified status in the society (Omozejele, 2008). We observed from our study that the payment of bride price is not the real reason for diminished women's reproductive autonomy in marriage because single women also face the same diminished reproductive autonomy in their families. They have to obey the male authority in the family (Faneye, 2011; Jegede, 2009).

A third empirical finding is the effect of education on the exercise of Ikwerre women's reproductive autonomy in the marital setting. Although education does seem to help Ikwerre women exercise their reproductive autonomy at home, the culture still demands that they inform their husbands of whatever decision they make before carrying out those decisions; however they said that education has helped to enlighten and sensitize them on the importance of their reproductive autonomy (Harrison, 1997; Okemini & Adekola, 2012). According to the study participants, education has somehow helped to weaken traditional holds on the women; such as not being allowed to work in the past, not being allowed to access healthcare without husband's consent or even to move about freely. Education has also helped to increase women's earning capacity such that they are able to contribute to the family purse without having to be solely dependent on their husbands (Dodoo, 1998). In line with past literature, education has proven to be a useful tool in helping women cope with a lot of challenges in the family: such as accessing family planning, ante/post natal, adequate care for themselves and their children, access to healthcare services and attainment of social status. They said that education has helped to greatly reduce maternal/child mortality and morbidity (Dodoo, 1998; Jejeebhoy, 1998; Kishor, 2000). Therefore, education has helped women to take advantage of opportunities that could benefit them and their families. The processes of achieving full

reproductive autonomy according to women lie in the education of the men (Harrison, 1997) as well and a reform in the Ikwerre culture that promotes gender discrimination and the subordination of women (Okemini & Adekola, 2012). According to our study participants, education without empowerment will cause complete dependence of women on their husbands and this will militate against their reproductive autonomy.

7.2. Importance of Research Project

This project attempted to address some research gaps concerning women's autonomy and their reproductive rights with particular focus on married Ikwerre women of Rivers State, Nigeria. It covers a range of issues which hinder women's autonomy in the exercise of their reproductive rights in marital setting.

This study to the best of our knowledge is the first empirical study to understand how education helps married Ikwerre women exercise their reproductive rights in marital setting, as well as factors that promote and inhibit women's exercise of their reproductive autonomy. This project was unique, well planned. It has provided much lacking data in the field from a vulnerable women population in Nigeria due to the patriarchal society which is characteristic of the Nigerian society. It has also provided the basis for further studies which will enhance international collaboration between Switzerland and Nigeria. This project has clearly illuminated our understanding of the interaction of socio-cultural factors and ethical challenges related to this particularly vulnerable population of women in Nigeria with respect to their reproductive autonomy.

7.3. Discussion of Major Findings

Women's understanding of the terms autonomy and reproductive rights

Nearly all the women in the study had a fair understanding of what autonomy means. Some defined autonomy as the ability to control one's life, while others defined it as the freedom to do as one pleases (Beauchamp & Childress, 2009). All the uneducated and semi-educated women had no idea of what reproductive rights meant. It was interesting to note that when the term was explained to them, nearly all the uneducated and semi-educated women kicked back against it. To them, a wife had no right to decide when to and not to have children, nor does she have the right to decide when and when not to have sex with her husband. As far as they were concerned, it was disrespectful for a married woman to decide for herself without the husband. This reaction could be due to the fact that this is how they were brought up to view themselves as subordinate to their husbands. Because they were either uneducated or semi-educated, they didn't know any better. But the educated women had knowledge of what reproductive rights meant and knew how to go about exercising their reproductive rights in the family. Most of the educated women defined reproductive rights as the timing of and spacing between having one's children as well as knowing how to adequately access healthcare for themselves and their families (ICPD, 1994). The educated women however added that after they had acted on their decisions, they still informed their husbands.

Culture of absolute respect to men

The Nigerian society is patriarchal in its leadership as explained earlier. This form of leadership of male dominance encourages and promotes female discrimination and subordination. As described in *chapter three*, society views a woman who exercises her reproductive autonomy without the consent of her husband as a disrespectful and

uncontrollable woman (Alabi, et al., 2014; Chigbu, et al, 2013; Isiugo-Abanihe, 1995; Okemini & Adekola, 2012; Shenje-Peyton, 1996). Women in marriage therefore tolerate whatever they see in marriage whether good or bad so as to remain in marriage because the society stigmatizes unmarried, divorced or separated women (Isiugo-Abanihe, 1995; Kingah & Kingah, 2010; Sai & Nassim, 1989). Women are often blamed for not being able to give birth to male children. The culture makes it appear like the power to determine the sex of a child lies in the hands of the woman. Therefore, from birth, coming into the world as a female is life threatening to the women (Alabi et al., 2014; Sai and Nassim, 1989; Wing, 1997).

Contrary to the widespread belief that the payment of bride price was responsible for diminished women's reproductive autonomy in marital setting, this project identified the culture of absolute respect to men as the major hindrance to the exercise of women's reproductive autonomy in marital setting. This is described in detail in *chapter four*. Other identified factors which hinder women's exercise of their reproductive autonomy in marital setting are religion, poverty, and lack of education.

The Christian Religion

Christianity, the widely practiced religion in Rivers State to which the Ikwerres belong, has not helped in the exercise of women's reproductive autonomy. The religious norms and teachings enforce the culture of male dominance over women (Llika, 2005). Religious leaders usually quote passages in the Bible that promote female subordination and ignore the passages that dwell on the equality of all humans before God. The story of how the woman was created from the rib of a man in Genesis 2 verse 22 and how the woman was created to sooth the emotional needs of the man is always repeatedly preached in churches to buttress the fact that man is superior to woman (Alabi et al., 2014; Mizinga, 2000). Some other aspects of the Bible used by the religious leaders and the male gender to emphasize man's superiority over the

woman can be seen in the following Bible passages: Ephesians 5 verses 22 and 23 which say that wives should submit themselves to their husbands but they neglect verse 21 which says, “Submit yourselves one to another.” Another popular quote by the religious leaders and men is 1st Timothy 2 Verses 11 to 14 which says that a woman should be silent and not speak in public without the permission of her husbands. All these verses in the Bible are used to perpetually keep women under the authority of men. This type of conservative family model preaching by the religious leaders where a wife has to always obey her husband in all things does not support women’s reproductive autonomy. Rather, it makes a wife a docile part of the family and the society. Since humans are influenced by what they hear and the Ikwerrres are very religious people who respect and reverence these religious leaders, they take these teachings seriously. While the men see their superiority over women as a God-given right, the women see it as a way of life laid out by God which therefore must be obeyed without questions.

Poverty

According to Orisaremi & Alubo (2012) and Okemini & Adekola (2012), poverty is seen as a barrier to the exercise of women’s reproductive autonomy. Poverty sometimes is connected to low educational attainment. A married woman who is poor will have no choice but to depend on her husband for her entire well-being. To ensure her daily livelihood and that of her children, she will have to obey her husband’s commands at her own detriment. An uneducated married woman is blind to information, because she is unable to interact and understand what it means to have reproductive autonomy (Okemini & Adekola, 2012). And even if she is told, she may not have the knowledge about how to achieve her reproductive autonomy in a patriarchal setting like Nigeria. Empowerment of women will help eradicate poverty and

improve women's reproductive autonomy because they can contribute to family finance and also have access to health care (Harrison, 1997; Okemini & Adekola, 2012).

Lack of education

From the study, education is perceived to be a useful tool in curbing gender inequality. It helps to enlighten women, increase gender egalitarianism, and reduce some aspects of culture that promote female subordination and female discrimination (Dodoo et al., 2014; Kingah & Kingah, 2010). Education also increases female earning by empowering women, thereby enabling them to exercise some form of reproductive autonomy in the family (Ghimre et al., 2015; Riyami et al., 2004). Lack of education jeopardizes the health of women and their children (Emina et al., 2014; Riyami et al., 2004; Saleem & Bobak, 2005). An uneducated woman will attribute ill-health to evil spirits and consult an uneducated medicine man instead of consulting an educated qualified healthcare provider. An uneducated woman who is financially handicapped will be forced to depend solely on her husband for her every need and so may not be able to exercise her reproductive autonomy (Orisaremi & Adekola, 2012). Therefore lack of education negatively affects the exercise of women's reproductive autonomy and in turn the health of her children as well as her health. ***Chapter five*** of this thesis deals extensively with this issue.

The different marriage types and women's reproductive autonomy

In line with earlier findings by previous researchers, it was perceived in our study that there was more understanding and unity in the monogamous families than in the polygynous families which were characterized with quarreling, lack of love and affection for wives and children (Bove et al., 2014; Smith-Greenaway & Trinitapli, 2014; Tabi, et al., 2010; Ukwuani, et al., 2002). Women in monogamous families responded that they and their spouses usually

discussed family issues together. The women in the study also said that, although the culture expects that they inform their husbands about everything they do, they sometimes go ahead and make decisions for themselves and the family and then later inform their husbands. According to the women in the study, exercising one's reproductive autonomy in the family was easier with an educated husband (Harrison, 1997; Okemini & Adekola, 2012). It was also observed that women in monogamous marriages had better sexual lifestyle and the chances of sexually transmitted diseases were minimal compared to polygynous marriage. This observation is consistent with the findings of previous researchers who concluded that the spread of sexually transmitted diseases is more common in polygynous marriage than in monogamous marriage (Baloyi, 2013; Bovi & Valeggia, 2008; Brahmabhatt, et al., 2002; Gyimah, 2005). It was also observed in this study that women in monogamous marriages were able to access healthcare more with the support of their husbands than the women in polygynous marriage. This could be due to the fact that polygynous marriages produced more children than the men could adequately cater for. So women in polygynous marriages had to make do with the scarce resources available at their disposal. This often led to most women in polygynous marriages resulting to local and uneducated medicine men and untrained local midwives for child delivering in the house. These unhealthy practices thus jeopardize the health of mothers and their children (Harrison, 1997). Participants reported that women in polygynous marriages exercised their reproductive autonomy more because often times, they are neglected and abandoned by their husbands to fend for themselves and their children (Dodoo, 1998). But women in monogamous marriages had to discuss most of their decisions with their husbands before they could carry on with the decisions made, or they informed their husbands of decisions taken afterwards just for his knowledge. This is because they feel that with the existing love between them, it is necessary for their spouses to be aware of their decisions (Dodoo, 1998).

The details of discussions of the major findings can be seen in chapters three, four and five.

7.4. Current developments

In-depth interviews and focus group discussions carried out with participating women provided us with unique and important data from a traditional ethnic culture in Nigeria. The data are helpful to understand factors that promote/militate against women's reproductive autonomy in marriage as well as how education helps women in exercising their reproductive autonomy. The results of this study could also have relevance for other regions where patriarchal culture predominates in order to promote change towards women worldwide and children's health through an increase in respect for women's reproductive autonomy. It also provides information on how the Ikwerre culture of absolute respect for men limits women's reproductive autonomy in marriage, and not the payment of bride price. It provides data on a range of conceptions on why education is important for the exercise of Ikwerre women's reproductive autonomy. It not only adds to the existing literature but also showcases how the Ikwerre women of Nigeria exercise their reproductive autonomy in a highly patriarchal society.

After the data collection, many women who participated in the in-depth interviews and focus group discussions have called to express their appreciation for the awareness the study has created in Rivers State. Women in positions of authority in Nigeria have repeatedly made phone calls to discuss the possibility of a workshop and seminar on how to create awareness on the importance of letting women exercise their reproductive autonomy. Some women who participated in the research called to say that they have collected the handbook on women's reproductive autonomy from the Ministry of women's affairs and from the office of the International Federation of Women Lawyers and have distributed the handbooks to women in their various local government areas. In this way, awareness creation on the

importance of women's reproductive autonomy has begun in Rivers State. Women also called to say that they speak to women in small groups in their locality, churches and work places on the importance of women's reproductive autonomy. The most interesting aspect was the phone calls from spouses of some of the women participants to express their gratitude for the study on women's reproductive autonomy. Some of the women also reported that there is a difference in how their matrimonial issues are being handled by the traditional rulers whom they hold in high esteem.

This study has created awareness through data collection which may be regarded as informal education on the importance of women's reproductive autonomy as goodwill messages in form of phone calls also came from women who are not of Ikwerre descent. Though the study was targeted at Ikwerre communities of Rivers State; the impact is gradually spreading to other communities in Rivers State and indeed Nigeria. There has been news of mass campaigns on allowing women in Nigeria exercise their reproductive autonomy. A national program aired weekly on the Nigerian national television station put up by the Nigerian film industry is ongoing on, on the importance of women reproductive rights and women's autonomy. This we think is a very good positive outcome of this project considering the fact that all these developments started after the data collection of this project in Nigeria. This study may not be a causative effect of these outcomes but there certainly is a correlation.

7.5. Limitations of the Study

Our qualitative empirical data was drawn from a small number of women in Ikwerre ethnic communities in Rivers State. This may not be a correct representation of all the married women in the Ikwerre ethnic group. But nevertheless, given that our study participants came from different Ikwerre local government areas and had no contact with each other, and the local government areas are not close to each other, yet responses from participants were

similar. This similarity in their responses indicates that even if we had a bigger sample size, we would also have got similar responses.

One perceived limitation was that the participants were greatly worried about the issue of confidentiality given the sensitivity of the topic. They feared that their spouses and the kings may get to hear what they discussed with the researcher. But they were assured of confidentiality. First they were told that every discussions and interviews will remain in the confidence of all who participated, second, they were given the permission to contact any of the contacts listed in the informed consent documents if they suspected that confidentiality had been breached by the researcher.

A final limitation was the fact that only married women were represented in our study. The inclusion of husbands and single women in the study would have provided a more balanced view of the research topic. But since the goal of the research was to understand factors that negatively affect married women's reproductive autonomy and how education has helped them in the exercise of their reproductive autonomy, we feel that the goal of the research was well achieved.

7.6. Implications for Further Research

This research has opened a whole new dimension in the study of how education helps women exercise their reproductive autonomy in marital setting. This research will also serve as a reference point for future research in this area of women's reproductive autonomy.

Further research, probably of a quantitative nature is very much needed to explore the intricacies of societal norms and structures to throw more light on the research topic. Research involving married and unmarried men as well as single women will help to give a broader and

more balanced view on the impact of education on the reproductive autonomy of women and factors that limit the exercise of women's reproductive autonomy.

Denying women the ability to exercise of their reproductive rights could be emotionally traumatizing and could affect their health and that of their children. A study on the health effects of denying women the exercise of their reproductive autonomy need to be done.

7.7. Recommendation

For women to effectively exercise their reproductive autonomy there is a need for awareness creation from the grassroots on the importance of women's autonomy and reproductive rights. Incorporating women's reproductive autonomy in the educational curriculum in Nigerian schools could go a long way in creating awareness on this issue.

Since men act as gate keepers to traditions and cultures of the people, there is a need to educate men on the importance of giving women the freedom to exercise their reproductive autonomy. The government should also hold men responsible for their negative actions against women, such as rape, and domestic abuse.

The 6-3-3-4 system of the 2004 Universal Basic Educational Act of the Nigerian educational system should be implemented and the government should live up to its responsibility of providing compulsory nine year free education for everyone that is eligible.

Women should be financially empowered by giving them equal opportunity in the work force or by helping them set up businesses so as to enable them contribute to the family purse, and adequately take care of themselves and their children.

There is a need for Christian religious leaders to preach the equal love of God their congregation. Highlighting the importance of allowing women the freedom to exercise their reproductive autonomy in the family will go a long way towards promoting women's reproductive autonomy. The Christian religious leaders ought to realize that the times of the

Bible are different from the present times because some aspects of the Bible were written in accordance with the cultural practices at those times.

7.8. Conclusion

Denying women the freedom to exercise their reproductive autonomy affects their personhood. It undermines women's personal identity and self-identification as persons. It diminishes their autonomy and gives room for women to be manipulated, controlled and treated as agents incapable of making decisions for themselves. The Ikwerre culture of having men make decisions for women can be seen as being against the principles of justice.

The factors that militate against Ikwerre women's exercise of their reproductive autonomy in the marital setting have been discussed in this thesis. They can be classified into four broad categories: Culture of absolute respect to men which translates to patriarchy, religion, poverty and lack of education. We suggested that the Ikwerre culture of absolute respect for men should be addressed so as to discourage gender discrimination and female subordination. We also suggested that female education and empowerment should be encouraged and women should be educated in both formal and informal ways. This would help prevent women from perpetuating the blind respect which tends to undermine women's reproductive autonomy and in turn bring about the empowerment of women by helping individual women to understand the advantages that reproductive autonomy offers not only to the individual woman but to the entire family. Education would also enable women to be more proactive in engaging their culture in moving forward and embracing new development for the collective good. Furthermore, we suggested that there should be steps taken to implement government policies and existing laws on women's reproductive rights and autonomy which have only been on paper. This could be done by making women's reproductive autonomy a part of the school curriculum. The importance of the role of women in the society and in the homes cannot be

over emphasized, yet they are made to remain docile by the patriarchal society which they find themselves. Finally, for women to freely exercise their reproductive autonomy, women have to learn to protect each other and train their children right from the home as equals, teaching them to respect one another irrespective of their gender.

7.9. References

- Alabi, T., Bahah, M., & Alabi, S.O. (2014). The girl-child: A sociological view on the problems of girl-child education in Nigeria, *European Scientific Journal*, 10. 1857-7881. eujournal.org/index.php/esj/article/download/2601/246.
- Baloyi, E.M. 2013. Critical reflection on polygamy in the African Christian context. *Southern African Journal of Missiology*. Missionalia 41, 164-181. doi: <http://dx.doi.org/10.7832/41-2-12>.
- Beauchamp, T.L., & J.F Childress. 2009. *Principles of Biomedical Ethics*. 6th edition Oxford University press: New York.
- Bovi, R.M., Vala-Haynes, E., Vallenggia, C. (2014). Polygyny and women's health in rural Mali. *Journal of BioBiosoc Sci* 46(1). 1-24. Doi. 10.1017/S0021932013000059.
- Bovi, R., and Vallenggia, C. (2009). Polygyny and women's health in sub-Saharan Africa. *Social science and Medicine*, 68:21-29. Doi:10.1016/j.socscimed.2008.09.045.
- Brahmbhatt et al. (2002). Polygyny, maternal HIV status and child survival: Rakai, Uganda. *Social Science & Medicine* 55: 585-592.
- Chigbu, C.O., Onyebuchi, A.K., Onwudiwe, E.N., & Iwuji, S.E. (2013). Denial of women's right to contraception in Southern Nigeria. *International Journal of Gynecology and Obstetrics*, 121, 154-156.
- Compulsory, Free Universal Basic Education Act 2004, A115. Enacted by the National Assembly of the Federal Republic of Nigeria. <http://www.lawyard.ng/wp-content/uploads/2016/01/COMPULSORY-FREE-UNIVERSAL-BASIC-EDUCATION-ACT2004.pdf>. Retrieved 30 November, 2016 @ 10:45am.
- Dodoo, F.N., Horne, C., & Biney, A. (2014). Does education mitigate the adverse impact of bridewealth on women's reproductive autonomy? *Genus, Journal of Population Sciences*, 70:77-97. doi: 10.4402/genus-597.
- Dodoo, F.N.A. (1998). Men matter: Additive and interactive gendered preference and reproductive behavior in Kenya. *Demography*, 35(2): 229-242.
- Emina, J.B.O., Chirwa, T., & Kandala, N.B. (2014). Trend in the use of modern contraception in sub-Saharan Africa: does women's education matter? *Contraception* doi:10.1016/j.contraception154-161.
- Faney B. 2011. Vers Une Ethiquè Biomédicale Africane. *Ethique et Société* 7(2-3). *La politique économique de l'intégration Régionale*. 7 :2-3. <http://res.bi/fr/content/vers-une-%C3%A9thique-biom%C3%A9dicale-africaine>. Accessed 22 July, 2016.

- Fahmida, R., and Doneys, P. (2013). Sexual coercion within marriage in Bangladesh. *Women's Studies International Forum* 38: 117-124. doi :10.1016/j.wsif.2013.03.002. Accessed 11 December, 2015
- Ghimire, D.J., Axinn, W.G., & Smith-Greenaway, E. (2015). Impact of the spread of mass education on married women's experience with domestic violence. *Social Science Research*, 54. DOI: 10.1016/j.ssresearch.2015.08.004. 319-331.
- Gyimah, S.O., Takyi, B.K., & Addai, I. (2006). Challenges to the reproductive-health needs of African women: On religion and maternal health utilization in Ghana. *Social Science & Medicine*, 62: 2930-2944.
- Harrison, K.A. (1997). The importance of the educated healthy woman in Africa. *The Lancet*.349(9052), 644-647.
- Heeren, G.A. et al. (2011). Cattle for wives and extramarital trysts for husbands? Lobola, Men and HIV/STD risk behaviour in Southern Africa Publication frequency. *Journal of Human Behaviour in the Social Environment* 8(21): 73-81.
- Ilika, A.L. (2005). Women's perception of partner violence in rural Igbo community. *African Journal of Reproductive Health*, 9: 77- 88. doi: 10.2307/3583414.
- Jegade, A.S. (2009). Understanding informed consent for participation in international health research. *Dev World Bioeth.* ISSN 1471-8731(print): 1471-8847 (online). 9(2): 81-87. doi:10.1111/j.1471-8847.2008.00238.x. Accessed 22 July, 2016.
- Jejeebhoy S.J. (1995). *Women's Education, Autonomy and Reproductive Behaviour. Experience from Developing Countries.* Oxford: Clarendon Press Publication.
- Isiugo-Abanihe, U.C. (1995). Bridewealth, marriage and fertility in the East-Central states of Nigeria. *Genus*, 51: 151-178. URL: <http://www.jstor.org/stable/29789205>.
- Kingah, P., and Kingah, S. (2010). African traditions and the modern human rights mechanisms: The case for women in Cameroon and Africa. *Cameroon Journal on democracy and Human Rights*, 4(2): 81-105. URL: <http://www.cjdh.org/2010-12/Petronilla-Kingah&Stephen-Kingah.pdf>. Accessed 12 January, 2016.
- Kishor, S. *Autonomy and Egyptian Women: Findings from 1988 Egypt demographic and Health Survey. Occasional Papers No. 2. Calverton, Maryland: Macro International Inc 1995; i-xiii.*
- Mizinga, F.M. (2000). Marriage and Bridewealth in a Matrilineal Society: The case of the Tonga of Southern Zambia. *African Economic History* 28. 53-87.
- Mwamwenda, T.S., & Monyooe, L.A. (1997). Status of bridewealth in an African culture. *The Journal of Social Psychology*. 137(2): 269-271. Doi: 10:1080/00224549709595438.
- Okeke, A. 2013. The Nigerian Woman and Reproductive Autonomy: A View of Autonomy as Empowerment. Available at SSRN: <http://ssrn.com/abstract=2267239> or <http://dx.doi.org/10.2139/ssrn.2267239>. Accessed 11December11, 2015.

Okemini, E. and G. Adekola. (2012). Violence against Women in Ikwerre Ethnic Nationality of Nigeria: Challenges for Gender Equity and Development. CSC Canada. *Studies in Sociology of Science* 3(2): 6-12. doi:10.3968/j.sss.1923018420120302.1445. Accessed 2 October, 2014.

Omozejele, P.F. 2008. African Women as Clinical Research Subjects: Unaddressed Issue in Global Bioethics. *Ethno-Med.*, 2, 121-126.

Orisaremi, T.C. and Alubo, O. (2012). Gender and the Reproductive Rights of Tarok Women in Central Nigeria. *African Journal of reproductive Health* 16(1): 83-96.
<http://www.bioline.org.br/pdf?rh12010>. Accessed 2 October, 2014.

Riyami, A. A., Afifi, M. & Marby, R.M. (2004). Women's autonomy, education and employment in Oman and their influence on contraceptive use. *Reproductive Health Matters* 12: 144-154. URL: <http://www.jstor.org/stable/3775984>.

Sai, F.T. & Nassim, J. (1989). The need for a reproductive health approach. *Int J Gynecol Obstet*, 3:103-13. doi: 10.1016/0020-7292(89)90109-4.

Saleem, S., & Bobak, M. (2005). Women's autonomy, education and contraception use in Pakistan: a national study. *Reproductive Health* 2(8). DOI: 10.1186/1742-4755-2-8, 1-8.

Shenje-Peyton, A. (1996). Balancing gender, Equality, and Cultural identity: Marriage Payments in Post-Colonial Zimbabwe. *Havard Human Rights Journal*, 9, 105-144.

Smith-Greenaway, E. (2014). Polygynous context, family structure, and infant mortality. *Demography* 51(29): 341-366. doi: 10.1007/s13524-013-0262-9.

Tabi, M.M., Dacoster, C., & Cheney, T. (2010). A qualitative study of women in polygynous marriages. *International Nursing Review* 57: 121-127.

Ukwuani, F.A. et al. (2002). Polygyny and child survival in Nigeria. Age-dependent effects. *Journal of Population Research*, 19, 155-171.

United Nations, Report of the International Conference on Population and Development. Cairo, Egypt, 5-13 September 1994 (New York: UN, 1994), para7.2.
https://www.unfpa.org/sites/default/files/event-pdf/PoA_en.pdf. Accessed 2 October, 2014.

Wing, A.K. (1996). A Critical Race feminist Conceptualization of Violence: South African and Palestinian Women. *Albany Law Review* 60: 943-976.

8.1. Appendices

8.2. Invitation to in-depth interview participants in English language

Before we got started with data collections, I sent out invitation letter to participants.

Dear (name)

Invitation to participate in in-depth interview

My name is Chitu Womehoma Princewill. I am a PhD student at the Institute for Biomedical Ethics, University of Basel, Switzerland. I am carrying out a study on “Education and its effect on the autonomy of women’s reproductive rights“. This study is necessary for the completion of my PhD program at the University of Basel, Switzerland. This information is being given to you because I wish to invite you to participate in this study. You do not have to decide immediately as to whether or not you wish to participate. You may take this document with you to read and understand. I would be highly thankful if you would inform me about your decision in a week’s time.

The goal of this study is to understand the role of education on the autonomy of women’s reproductive rights. The study seeks to explore whether education or lack of it affects women’s ability to make decisions concerning their reproductive rights and to understand what autonomy means to the women.

I would like to invite you to participate in this study in-depth interview (IDI). The IDI will involve one woman and me. You would be asked questions and you are expected to answer the questions as best as you can. You may be asked sensitive questions that you consider personal to you. You do not have to answer any question that you do not feel comfortable with. The IDI would last for one hour.

Please note that your participation in this study is entirely voluntary. It is your choice to decide whether you wish to participate or not. The choice that you make will have no bearing on your job or on any work-related evaluations or reports. Your decision will not affect your relationship with

your community or any association you may belong to. If you decide to participate now but change your mind later, you have the right to stop at any time.

Some of you who participate in the IDI may be requested to participate in Focus Group Discussion (FGD). A letter shall be sent to you if you are requested to participate in the FGD. Your participation is voluntary for both of these sessions and you may choose to take part in one and not the other.

You would be required to write your name and sign a consent form to show that you have agreed to participate in this study. You also have the right to leave the study after signing the consent form.

Yours faithfully,

Chitu Womehoma Princewill

8.3. Invitation to focus group discussion participants in English language

Dear (name)

Invitation to participate in focus group discussion (FGD).

My name is Chitu Womehoma Princewill. I am a PhD student at the Institute for Biomedical Ethics, University of Basel, Switzerland. I am carrying out a study on “the effect of education on the autonomy of women’s reproductive rights“. This study is necessary for the completion of my PhD program at the University of Basel, Switzerland. This information is being given to you because I wish to invite you to participate in this study. You do not have to decide immediately as to whether or not you wish to participate. You may take this document with you to read and understand. I would be highly thankful if you would inform me about your decision in a week’s time.

The goal of this study is to understand the role of education on the autonomy of women’s reproductive rights. The study seeks to explore whether education or lack of it affects women’s ability to make decisions concerning their reproductive rights and to understand what autonomy means to the women.

I would like to invite you to participate in this study for the focus group discussion (FGD). The FGD will involve a group of four to six women who would be asked questions. You will be expected to answer the questions as best as you can. The FGD would last for one and the half hour. You may be asked sensitive questions that you consider personal to you. You do not have to answer any question that you do not feel comfortable with.

Please note that your participation in this research is entirely voluntary. It is your choice to decide whether you wish to participate or not. The choice that you make will have no bearing on your job or on any work-related evaluations or reports. Your decision will not affect your relationship with your community or any association you may belong to. If you decide to participate now but change your mind later, you have the right to stop at any time.

You would be required to write your name and sign a consent form to show that you have agreed to participate in this study. You also have the right to stop participating in the study after signing the consent form.

Please feel free to contact me if you have any question. I can be reached by mail at chitu.princewill@unibas.ch or by phone: 08037236069.

Yours faithfully,

Chitu Womehoma Princewill

8.4. Informed consent document in English language

Project Information and Informed Consent Document in English Language

Title: Education and its effect on the autonomy of women's reproductive rights

Dear Participants,

My name is Chitu Womehoma Princewill. I am a PhD student at the Institute for Biomedical Ethics, University of Basel, Switzerland. I am doing a research on the effect of education on the autonomy of women's reproductive rights. This research is necessary for the completion of my PhD program at the University of Basel. This information is being given to you because I wish to invite you to participate in this study. You do not have to decide immediately as to whether or not you wish to participate. You may take this document with you to read and understand. I would be highly thankful if you would inform me about your decision in a week's time.

Below is information about this study that will inform you as to what I am doing, study purpose, and your rights as research participant. Please feel free to stop me as we go through the information, if anything is unclear to you.

Purpose of research

The goal of this study is to understand the role of education on the autonomy (free to make your choice) of women's reproductive rights. The study seeks to explore whether education or lack of it affects women's ability to make decisions concerning their reproductive rights.

Voluntary participation

Your participation in this research is entirely voluntary. It is your choice to decide whether you wish to participate or not. The choice that you make will have no bearing on your job or on any work-related evaluations or reports. Your decision will not affect your relationship with your community or any association you may belong to. If you decide to participate now but change your mind later, you have the right to leave at any time.

Study participants

For this study, participants will be married women of child-bearing age (25 years and older) belonging to the following categories:

- 1) Educated (with formal education) women living in monogamous (a man married to one wife) or polygamous (a man married to more than one wife) marriage.
- 2) Uneducated (without formal education) women living in monogamous or polygamous marriage.

Reason for participating

You are being requested to take part in this research because you belong to either of the two categories mentioned above and are thus qualified to participate in this research. I also believe that by taking part in this research, you are contributing to my PhD project by sharing your opinion and experiences on it.

Research Procedure

This research includes four group discussions (FGDs), two at the beginning of the data collection and another two at the end of the data collection. There would also be a one-on-one in-depth interview (IDI). The group discussion will take about one and a half hours while the in-depth interview will take about one hour. You may be requested to take part in only for a FGDs or an interview. Some of you who will take part in the IDI may be requested to participate in the second FGD. Your participation is voluntary for both of these sessions and you may choose to take part in one and not the other.

The FGDs will be with a group of four (4) to six (6) women. This discussion will be guided by me. I can also answer questions about the research that you might have before we start these discussions. I will ask you questions about the research topic and give you time to share your knowledge. I shall not ask you anything that would reveal your identity.

The FGDs and the IDIs will take place in a private and comfortable setting of your choice. If it is better for you, the interview can take place at your home or a friend's home.

Risk

There is a possibility that you may share some personal or confidential information by chance, or that you may feel uncomfortable talking about some of the topics. However, if you consider any question very personal and uncomfortable and you do not feel like answering, feel free to decline to do so and we will move to the next question.

Benefit

There will be no direct benefit to you, but your participation may help us find out more about how education affects the autonomy of women and their reproductive rights.

Incentive/compensation

Money would not be given for taking part in this study. However, you will be provided with light refreshment during the course of the discussion/interview. Transport cost would be given back to those who spent money getting to the study site.

Confidentiality

All information obtained from you will remain secret, and no one else except my supervisors and I will have access to the information documented during the interviews and discussions. The entire discussion and interview will be tape-recorded upon your consent, but no one will be identified by name in the tape. During the discussion and interview no one else but the people, who take part in the discussion and interview, will be present. You have the right to request for the destruction of your recorded interview tape if you do not want to continue in the study.

We will not share your information with anyone outside of the research team. All information that will reveal who you are will be coded. Only the research team will know your code, which will be kept separately in a locked cabinet at the office of my supervisor Prof. Ayodele Samuel Jegede in Nigeria during the data collection phase and will be transferred to Basel and kept in a locked

cabinet at the Institute for Biomedical Ethics, University of Basel, Switzerland. The tapes will be destroyed after the completion of my program at a specified time by the Institute for Biomedical Ethics, University of Base, Switzerland.

Other information such as your age, marital status, and family background will be grouped with those of other participants and thus will be made non-identifiable when the results are presented at conferences and eventually published.

Project Financing: This study is funded by the Rivers State Government of Nigeria through the Rivers State Sustainable Development Agency (RSSDA), 1 Igbodo Street, Old GRA, PMB 7098, Port Harcourt, Rivers State, Nigeria.

Who to Contact

If you have any questions, you can ask us now or later. If you wish to ask questions later, you may contact any of the following:

1. Chitu Womehoma Princewill
Institute for Biomedical Ethics
Bernoullistrasse 28, CH 4056,
University of Basel, Switzerland.
Phone: +2348037236069 or +41 (0)61 267 17 85
E-mail address: chitu.princewill@unibas.ch
2. Prof. Bernice Simone Elger
Head of Department/ Supervisor
Institute for Biomedical Ethic,
Bernoullistrasse 28, CH 4056,
University of Basel, Switzerland.
Phone number: +41 (0)61 267 17 78
E-Mail: b.elger@unibas.ch
3. Dr. Tenzin Wangmo
Institute for Biomedical Ethics
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Tel: +41 (0) 612671787
Tenzin.Wangmo@unibas.ch
4. Prof. Dr. Anita Riecher-Rössler
Center for Gender Research and Early Detection
University of Basel Psychiatric Clinics

Kornhausgasse 7, CH 4051 Basel, Switzerland
+41 61 325 81 61
Anita.Riecher@upkbs.ch

5. Prof. Ayodele Samuel Jegede
Head of Department/ Nigerian Supervisor
Department of Sociology,
University of Ibadan, Oyo State.
Phone number: +2348126908354
E-mail: sayjegede@gmail.com

Participant's consent to participate

I confirm that the researcher has done the following:

- Informed me orally and in writing of the purpose and structure of the study.
- Answered all my questions about participating in the research to my satisfaction.
- Stated that I can keep the written participation information and my declaration of consent.

Based on the study information provided above, I state that:

- I am participating in the study of my own free will.
- I understand that I can withdraw my consent to take part at any time without explaining my reason for doing so, and without being put at a disadvantage of any form.
- I have been given sufficient time to reach a decision.
- I therefore consent to take part in this study.

Participants	
Last name and first name (Please print):	
Place, date	Signature of study participants
Age:	Phone number:

Confirmation by investigator:

I hereby confirm that I have explained the significance and implication of the study to the participant. I affirm that I will fulfil the entire obligation connected with this study in accordance with applicable law. If at any time during the study I am made aware of any aspect that could influence the participant's willingness to take part in the study, I will inform her immediately.

Place, date	Signature of investigator
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8.5. Informed consent document in pidgin English

Project Information and Informed Consent Document in Pidgin English Language

Title: Wetin to go skul dey do for woman power and how woman go look afta herself.

My People,

My name na Chitu Womehoma Princewill, I dey read Bioethics for institute for Biomedical Ethics, University of Basel, for obodo oyibo Switzerland. Di tin wey I dey read go make me dorkinta for bioethics (no be dorkinta for medicine) but before dat wan go happen, I wan do small work wey go helep me pass di exam before di skul go gif me di tin wey go help me get di degree. I dey tell una dis information now becos I wan make una folo for the work. Una fit no gree to folo now but wen una reach house make una read dis paper well well, afta wan week una fit tell me weda una go folo for di work or una no go folo.

I go tell una wetin I dey do wey go make di work correct if una no sabi wetin I dey talk make una tell me I go explain am well well as una go sabi.

Why we wan do this work

Di tin wey make me dey do dis work na make I for know how to go skul dey affect wetin woman dey do and how woman dey look afta her body as e concern to born pikin. We wan see weda pesin wey go skul abi no go skul fit make woman choose beta tin for herself and her family.

Na free participation

No be by force to folo for di work. Na if u like u fit folo, if u no like, u leave am. Di information wey u go give us no go affect u as person or wetin you dey do. Na make e for

beta for our country women naim make we dey do dis work so. Even if u gree before and u wan comot afta, u still fit comot. Problem no dey at all for any choice wey u make.

People wey go folo for this work

For this work, the people wey go follow us do am na people wey don marry and don reach to born pikin and wey don reach twenty (25) years and don pass am: Dis woman go be:

- 1) Woman dem wey go school and marry man wey marry only yam or marry other woman.
- 2) Woman dem wey no go school and marry man wey marry only yam or marry other woman.

Why we want make u folo for this work?

We dey tell you to join us do this work because u follow for the people wey we don describe for people wey go folo do this work. So dat wan comw make qualify for people wey go join. Me I believe say wetin you go tell me go help me well well for this school work wey I wan do bcos I no say u go tell me wetin you sabi concern this work wey I wan do.

How we go do di work

For dis work, we go do wetin dem dey call focus group discussion (FGDs). Dis wan na where me and plenty of una go dey talk. I go ask una questions and una go answer me. For dis discussion, una go dey four (4) to six (6) woman at d same time. We go do two wen we start, then after we go do the other two wen we don finish interview (IDI). E get the wan wey dem dey call in-depth interview (IDI). For dat wan, me and only one person go dey. I go ask d person question and d person go answer me. Person wey no folo for dis work no go join for d

discussion or for d interview. Time for d discussion go be one and half hour but for d interview wey only me and one person go dey, dat wan go take one hour.

For d discussion, wey four to six woman go dey, na me go dey lead d discussion but u fit ask me question wey u no understand and I go take time answer am. D questions wey I go as una na for the discussion and for the interview na questions wey concern this work wey I wan do no be question wey go make another person sabi una.. I go allow una to tell everything wey una sabi wey concer the work wey I wan do.

Some of una go still join for di discussion and for the wan wey only me and wan person go dey wey be the interview. If u no wan join the two, u fit no join but if u wan join, u still fit join. Anyone wey u choose, problem no dey at all.

D discussion and the wan wey me and wan person go do go happen for where u choose or if u like d place wey I choose, e still good.

Yawa

Yawa no go gas for dis work at all at all. E fit be say I fit ask queshun wey u no like. If u no like any queshun, no be by force to answer am. Just tell me say u no wan answer dat wan and I go move to anoda queshun.

Gain

U fit no gain anything for the work now but the work go helep woman well well and wetin u go tell me go helep all woman to dey fit look after im body and wetin concern to born pikin.

Wetin we fit gif una

We no dey gif moni for this work wey u wan do but mineral and wetin to chop go dey for di discussion and interview as we go dey do am. Di people wey pay for moto come, dem go get their moto money back.

Confidentiality

Nobody wey no folo for this work go no wetin we discuss but people wey dey check the work wey I dey do for school go see so dat dem fit give me mark for the work wey we do so dat I go pass. As we dey do di interview and discussion, nobody go dey with us unless u wan make somebody folo u do am. I go hide di information wey u give me well well, only di people wey I tell u go see am. Even as we go record wetin we dey do for cassette, nobody go listen to the tape except me and my supervisors and nobody go no ur name, age and other things wey we fit ask. Una get right to tell me say make I spoil the tape wey I don record wetin una talk if una no wan continue for the study.

Na code we go take dey no wetin each person answer even if I talk about dis work for conference or I publish am. Wen I finish with una, my supervisor for Nigeria wey be Prof. Ayodele Samuel Jegede go take di tape to check weda I do di work well well, afta dat wan, everytin go go di place wey I dey go skul for obodo oyibo for the Institute for Biomedical ethics, University of Basel wey dey for Switzerland.

When I don finish for the school comot, the school go destroy all the information wen d time wey dem dey destroy information reach because every school and country get d time wey dem dey destroy information wey concern people wey join dem work.

People una fit ask qeshun

If u get anytin wey u no understand for wetin we don yarn so or do make una call dis people:

1. Chitu Womehoma Princewill
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2. Prof. Bernice Simone Elger
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5. Prof. Ayodele Samuel Jegede
Head of Department/ Nigerian Supervisor
Department of Sociology,
University of Ibadan, Oyo State.
Phone number: +2348126908354
E-mail: sayjegede@gmail.com

I gree say I go join

I gree say d person wey wan do this work don:

- Tell me for mouth and for paper wetin the work mean and why she wan do am.
- She don answer all d qeshon about d work wey I ask am as I want.
- She tell me say I fit keep d paper wey I sign and d one wey I gree say I go join do d work.

According to wetin she tell me:

- I gree to join for d work by myself, nobody force me.

- I understand say I fit comot anytime from dis study if I no wan do again, I no need to tell am why I no wan do again and nothing go happen to me becos I comot.
- She giv me enough time to go think about dis work wey I wan follow do.
- Therefore, I gree to join for the work..

Participants	
Last name and first name (Please print):	
Place, date	Signature of study participants
Age:	Phone Number:

Confirmation by investigator:

I hereby confirm that I have explained the significance and implication of the study to the participant. I affirm that I will fulfil the entire obligation connected with this study in accordance with applicable law. If at any time during the study I am made aware of any aspect that could influence the participant's willingness to take part in the study, I will inform her immediately.

Place, date	Signature of investigator
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8.6. Interview guide question for In-depth Interviews

Interview guide questions were basically the same for both in-depth interview and focus group discussions. The only different was that questions were modified to suite individuals or groups.

Interview guide for in-depth interview

Title: Education and its effect on the autonomy of women’s reproductive rights.

Study goal: The goal of this study is to examine whether education plays a role in determining women’s autonomy as regards their reproductive rights and to understand what autonomy means to the women.

Interview guide questions.

- 1) Please tell me about yourself.
- 2) Could you explain your educational background to me?

Prompts:

- How was the decision made for you to go to school or not.
- How did the choice of your school come about? (if educated)
- Tell me how you ended up in this discipline.

- 3) Could we talk about your family situation, namely, the people living in your household?

Prompts:

- (If participant mentions that she is in a polygamous family): You are in a polygamous marriage, how did it happen? (If there is no mention of type of marriage): Are you in a polygamous or monogamous marriage?
- Could you describe the circumstances of how you came into this marriage?
- You mentioned “mate”, could you explain what that means? (If mate was

mentioned in her response).

4) Previously you mentioned having XXX children. Please tell me about them?

Prompts:

- In your family, how does the decision of having XXX children come about?
- While you were pregnant with your children, could you describe to me your experiences of ante natal and post natal?

5) What are your thoughts about family planning?

Prompts:

- If you disagree or do not wish to have a child, what do you do?
- You mentioned methods of family planning; please tell me more about the different methods that you use or know.
- How was the decision made to use this family planning method?
- Can you explain to me why you and/or your husband decided not to practice family planning?

6) Based on your family situation now, what do you think reproductive rights* of a woman mean generally?

Prompts:

- What does reproductive right of a woman mean to you personally?

7) *If participant does not have a response, I will describe to her what reproductive rights mean according to the WHO definition and seek her response. In light of your definition of women's reproductive rights, what do you think autonomy means generally?

Prompts:

- What does it mean for a woman to be autonomous in the Nigerian context?

- What does autonomy mean to you personally?
 - Could you describe autonomy and the Ikwerre woman?
 - What could be done to improve the autonomy of women generally?

Before I end our discussion, I would like to ask whether you have anything that you would like to add concerning your marriage, education, and what you think of right to make reproductive choices.

Please feel free to contact me chitu.princewill@unibas.ch or 08037236069 if you have questions and need to discuss the study, this is my university business card for further inquiries.

Thank You.

8.7. Interview guide questions for focus group discussion

Title: Education and its effect on the autonomy of women's reproductive rights.

Study goal: The goal of this study is to examine whether education plays a role in determining women's autonomy as regards their reproductive rights and to understand what autonomy means to the women.

Before I started with the questions, whatever we discuss in this group should be confidential and should not be heard outside the four walls of the building where we are. I informed them that every question I ask is directed to all of them. I informed them that they could do the following:

- Speak one after the other
- Free to interrupt a speaker if they did not agree with the speaker
- Free to express facial language when someone is speaking
- Free to expatiate on what the last speaker said
- Free to agree or disagree with the last speaker

Focus group discussion questions

- 1) Please tell me about yourselves.
- 2) Could you explain your educational backgrounds to me?

Prompts:

- How was the decision made for you all to go to school or not.
- How did the choice of your school come about? (if educated)
- Tell me how you ended up in your discipline.

- 3) Could we all talk about your family situation, namely, the people living in your household?

Prompts:

- (If participant mentions that she is in a polygamous family): You are in a polygamous marriage, how did it happen? (If there is no mention of type of marriage): Are you in a polygamous or monogamous marriage?
- Could you describe the circumstances of how you came into this marriage?
- You mentioned “mate”, could you explain what that means? (If mate was mentioned in her response).
-

4) Previously you mentioned having XXX children. Please tell me about them?

Prompts:

- In your family, how does the decision of having XXX children come about?
- While you were pregnant with your children, could you describe to me your experiences of ante natal and post natal?

5) What are your thoughts about family planning?

Prompts:

- If you disagree or do not wish to have a child, what do you do?
- You mentioned methods of family planning; please tell me more about the different methods that you use or know.
- How was the decision made to use this family planning method?
- Can you explain to me why you and/or your husband decided not to practice family planning?

6) Based on your family situation now, what do you think reproductive rights* of a woman mean generally?

Prompts:

- What does reproductive right of a woman mean to you personally?

7) *If participant does not have a response, I will describe to her what reproductive rights mean according to the WHO definition and seek her response. In light of your definition of women's reproductive rights, what do you think autonomy means generally?

Prompts:

- What does it mean for a woman to be autonomous in the Nigerian context?
- What does autonomy mean to you personally?
- Could you describe autonomy and the Ikwerre woman?
- What could be done to improve the autonomy of women generally?

Before I end our discussion, I would like to ask whether you have anything that you would like to add concerning your marriage, education, and what you think of right to make reproductive choices.

Please feel free to contact me chitu.princewill@unibas.ch or 08037236069 if you have questions and need to discuss the study. Here is my university business card for further inquiries.

Thank You.

8.8. Curriculum Vitae



Personal details

Surname: Princewill (Omodu)

Given names: Chitu Womehoma

Date of Birth: 29 July, 1970

Place of Birth: Itu, Rivers State, Nigeria

Nationality: Nigeria

Home address: 1 Circular Road, Presidential Housing Estate, Port Harcourt,
Rivers State, Nigeria.

Email address: chitu.princewill@unibas.ch or Womehoma@gmail.com

Phone numbers: +2348085146552, +2348037236069

Education

2014- 2017 **Institute for Biomedical Ethics, University of Basel, Switzerland.**

Doctoral Candidate

Doctoral Project: Education and its effect on the autonomy of women's
Reproductive rights.

PhD Committee: Tenzin Wangmo – Institute for Biomedical Ethics.

Prof. Dr. Bernice Elger – Institute for Biomedical Ethics. Prof. Dr. Anita Riecher-Rössler - Center for Gender Research and Early Detection.

Prof. Dr. Samuel Ayodele Jegede – University of Ibadan.

2008-2011 **University of Ibadan, Nigeria**

Masters of Bioethics

Dissertation: Assessment of the autonomy of women who participate in research at the university college hospital, Ibadan, Oyo state, Nigeria.

Supervisors: Prof. Ayodele Samuel Jegede – University of Ibadan Dr.

Bolatito Lanre-Abass – University of Ibadan

Sponsors: Grant Number D43 TW007091 from the United States National Institutes of Health (NIH), Forgy International Center and the National Human Genome Research.

2007-2008 **Institute for Gene Ecology, University of Tromsø**

Master's Level Certificate in Biosafety

Dissertation: Evaluation of the Nigerian Biosafety legal frame work.

Supervisor: Prof. Anne Ingeborg Myhr

Prof. Terje Traavik

Prof. Thomas Bøhn

Sponsors: Partly sponsored by the Norwegian Agency of Development Cooperation (Norad).

1987-1991 **Anambra State University of Technology (Now, Nnamdi Azikiwe University), Awka.**

First Degree in Applied Biochemistry

Dissertation: Medicinal effect of Eupatorium odoratum.

Supervisor: Professor (Mrs.) A.N.C. Okaka – Anambra State University of
Technology, Awka

1981-1986 **Archdeacon Crowther Memorial Girls' School, Elemenwo**

Obio/Akpor, Port Harcourt, Rivers State, Nigeria

West African School Certificate (WASC)

1979-1980 **Army Children School, Rainbow Town, Port Harcourt**

Rivers State, Nigeria

First School Leaving Certificate

1975-1979 **Township School, Moscow Road, Port Harcourt**

Rivers State, Nigeria

1972-1975 **YWCA Nursery School, Bennard Carr Street Port**

Harcourt, Rivers State, Nigeria

Employments

2002 to Date: National Biotechnology Development Agency (NABDA) Umaru

Musa Yar'Adua expressway, Lugbe, Abuja, Nigeria **Position:**

Assistant Director Head/ Head Bioethics Unit **Work Scope:**

Writing and reviewing proposals.

Desk Officer for Nigerians in Diaspora,

Focal Point for UNESCO National Bioethics Commission.

2001-2002: Covenant Grace International Schools Stadium

Road, Elekahia, Port Harcourt Rivers State,

Nigeria.

Position: Teacher

1997-2001: Shell Petroleum Development Corporation (SPDC)

Rumubiakani, Obio, Port Harcourt,

Rivers State, Nigeria.

Position: Waste Management Technologist/Pollution Control Officer.

Work Scope:

Collecting and analyzing samples from rig. (Samples like effluent, drilling waste such as drill cutting, drill mud. Pre drilling sample of virgin land before spudding and after spudding. Environmental Impact Assessment study of site before and after drilling).

Rigs Worked on:

a) Imo-River, Well 58 (SCTO-1) DEUTAG T-6

b) Gbaran 5, (VQTA-1), DEUTAG T-26

c) Gbaran 6, (UZTO-1)

d) NUN River (OYQX-2)

e) NUN River (OYQ-3)

f) Uzuaku

1993-1994: University of Port Teaching Hospital (UPTH)

Hospital Road, Port Harcourt

Rivers State, Nigeria.

Position: Laboratory Technologist

Work Scope: Collecting and analyzing human samples.

1992-1993: General Hospital Potiskum, Yobe State.

Position: National Youth Service Corp

Work Scope: Medical Laboratory Analysis (humans).

1991: Jubilee Insurance Company Limited 28 Aba

Road, Port Harcourt

Rivers State, Nigeria.

Position: Vacation Job

Work Scope: Issuance of Insurance third party and comprehensive certificate.

1990: Pathology Laboratory Service Center 91
Victoria Street, Port Harcourt Rivers State,
Nigeria

Position: Industrial Training (IT)

Work Scope: Laboratory work on human related analysis, such as malaria test, Widal test, Genotype, Blood group, Urinalysis, urine and stool Culture, as well as sensitivity test.

1988: Rivers State Vegetable Oil Company Trans-
Amadi Industrial Layout
Port Harcourt, Rivers State, Nigeria.

Position: Laboratory Technologist

Scope: I was responsible for analyzing the raw palm kernels used for the production of RIVOC Palm oil, bar soap and detergent.

Teaching Experience

- **Institute for Human Virology, Abuja, Nigeria.**
Voluntariness and Vulnerability
- **University of Basel**
Autonomy and women's reproductive rights (Contemporary debates)

Publications

- **Princewill, C.W., Jegede A.S., Wangmo, T ., Riecher-Rössler, A., Elger, B. (2017).**
Autonomy and Reproductive Rights of Married Ikwerre Women in Rivers State, Nigeria.
Journal of Bioethical Inquiry. Vol. 14(1). Doi: 10.1007/s11673-017-9779-8.

- **Princewill, C.W.**, Wangmo, T., Jegede, A.S., Riecher-Rössler, A., Elger, B. (2019). Bride price and women's autonomy in Nigeria: findings from a qualitative study. *Journal of Women and Health*. <https://doi.org/10.1080/03630242.2018.1549645>.
- **Princewill, C.W.**, De Clercq, E., Riecher-Rössler, A., Jegede, A.S., Wangmo, T., Elger, B. (2016). Education and reproductive autonomy: The case of married Nigerian Women. *Journal of Narrative Inquiry in Bioethics*. Vol7(3). Doi: <https://doi.org/10.1353/nib.2017.0071>.
- **Princewill, C.W.**, Jegede A.S., Nordström. K., Lanre-Abass, B., Elger, B.S. (2016). Factors affecting women's autonomous decision making in research participation amongst Yoruba women of western Nigeria. *Developing World Bioethics* ISSN 1471- 8731 (print); 1471-8847 (published online). Vol. 17(1). Doi: 10.1111/dewb.12112
- **Princewill, C.W.**, Faneye, B. Journeying with the Terminally Ill: Decision-making: Issues and Challenges. *Journal of Health Science* 3 (2015) pp 18-23. DOI: 10.17265/2328-7136/2015.01.003

Presentations:

- **Chitu Womehoma Princewill**. Ayodele Samuel Jegede. (2017). Women's Reproductive Autonomy and the Ethics of Making Babies: The Nigerian Case Study. The Annual Bioethics Conference: The Ethics of "Making Babies", Harvard Medical School Center for Bioethics, Boston, USA.
- **Chitu Womehoma Princewill**, Tenzin Wangmo, Ayodele Samuel Jegede, Riecher- Rössler, Anita, Bernice Simone Elger (June, 2016). Bride price and reproductive autonomy of the Ikwerre women of Rivers State, Nigeria. International Association of Bioethics (IAB). 13th World Congress of Bioethics, Edinburg, Scotland. Poster presentation.
- **Chitu Womehoma Princewill**, Eva de Clercq, Bernice Elger, Anita Riecher-Rössler,

Ayodele Samuel Jegede, Tenzin Wangmo (September, 2016). The impact of education on the reproductive autonomy of married Nigerian Women. European Association for Center of Medical Ethics. Leuven, Belgium (Written by Chitu Womehoma Princewill but presented by Bernice Elger).

- **Chitu Womehoma Princewill**, Ayodele Samuel Jegede, Tenzin Wangmo, Riecher- Rössler, Anita, Bernice Simone Elger (September, 2015). *Autonomy and Reproductive Rights among the Rivers State Women of Nigeria*. The European Association of Centers of Medical Ethics (EACME). Cagliari, Italy. Poster presentation.
- **Princewill, C.W.** (2013). Overview of Bioethics. A departmental seminar presented at the Department of Food and Industrial Biotechnology, 2012 and at the Department of Medical Biotechnology of NABDA, Abuja.
- **Princewill, C.W.** (2012). Overview of Biosafety: A departmental seminar presented at the Department of Food and Industrial Biotechnology of NABDA.
- **Omodu, C.W.** (2011). Research Misconduct: A presentation made at the Faculty of Clinical Sciences, University of Ibadan, and Oyo State, Nigeria. November.
- **Omodu, C.W.** (2011). Race and New Reproduction: A presentation made at the Faculty of Clinical Sciences, University of Ibadan, Oyo State, Nigeria. July.
- **Princewill C.W.** (2009). The Nigeria National Biosafety Bill: The journey so far. Presented at the International Workshop on the “Theoretical approaches and their Practical application in Risk Management for the Deliberate release of Genetically Modified plants”. Hermanus, South Africa. October.
- **Princewill, C.W.** (2009). Evaluation of LY038 Maize as Animal Feed. Presented at the International Training Program on “Introduction to GMO Biosafety Risk Assessment. Kabanyolo, Uganda. March.
- **Princewill, C.W.** (2007). Risk Assessment of LY038 Maize. A group representative

presentation at the “Holistic Foundation for the Assessment and Regulation of Genetic Engineering and Genetically Modified Organisms”. University of Tromso, (Group representative).

Conferences Attended

- Post Research Ethics Analysis: International Conference on Humanitarian Research, Ohio State University, Columbus, US. 25th to 26th March, 2019. (In view)
- 12th Global Summit of National Ethics/Bioethics Committees, Dakar, Senegal Committees (NECs) to Dakar, Senegal from 22-24 March 2018.
- The Annual Bioethics Conference: The Ethics of “Making Babies”, Harvard Medical School Center for Bioethics, Boston, USA, 6 and 7th April, 2017.
- European Association for Centre of Medical Ethics (EACME) annual conference. Theme: Clinical Ethics: Past, Present and Future. Cagliari, Italy. 17-19 September, 2015.
- Zurich Intensive Bioethics Conference. 10th IBME Anniversary Symposium. Theme: Clinical Bioethics. Universitätsspital Zürich, Großer Hörsaal Nord, Zürich, Switzerland. 13-15th November, 2015.
- International Association of Bioethics (IAB):13th World Congress of Bioethics 14th-17th June, 2016, Edinburgh, Scotland
- International Bioethics Committee meeting (IBC) and Intergovernmental Bioethics Committee meeting (IGBC) held at UNESCO headquarters, 2010, 2011, 2012 and 2013.

Trainings

- Collaborator Institutional Training Initiative (CITI). Organized by the University of Miami. 22nd September to 6th October, 2017.

➤ Clinical Research

- Conflicts of Interest
 - Essentials of Research Administration
 - Good Clinical Practice
 - Good Laboratory Practice
 - Human Research
 - IRB Administration
 - IRB Chair
 - The Nigerian National Code for Health Research Ethics
 - Public Health Research
 - Responsible Conduct
 - Biomedical Research
 - Basic Biosafety Training
- Biosafety of GM Crops: Emerging Issues and Challenges in Regulatory Decision-Making Organized by the Department of Agriculture, forestry and Fisheries (DAFF), Pretoria, South Africa in Collaboration with ICGEB and Ministerio De Agricultura, Ganaderia Y Pesca, Argentina. 7th-12th March, 2011
 - Theoretical Approaches and their Practical Application in Risk Assessment for the Deliberate Release of Genetically Modified Plants organized by ICGEB and supported by Bill and Melinda Gates Foundation. Hermanus, South Africa, 22nd-26th March, 2010.
 - Introduction to GMO Biosafety Risk Assessment. Organized by Biosafe train Project and ICGEB. Kabanyolo, Makerere University, Kampala, Uganda. 19th-23rd October, 2009.
 - Retrieving the Human Face of Science. Organized by the Uniformed Science University of the Health Science (USUHS), Bethesda, Maryland, USA and the University of Botswana. 6th-10th December, 2009.

- Techniques of Basic Plant Culture and Applications of Micro propagation. Organized by Forestry Research Institute of Nigeria in collaboration with Applied Biotech, USA. Ibadan. 29th June-5th August, 2008.
- Proposal Writing for Grant Training. Organized by NABDA. 21st - 23rd February, 2007.
- Holistic Foundation for the Assessment and Regulation of Genetic Engineering and Genetically Modified Organisms. Organized by the Norwegian government. Norwegian Science Park and the University of Tromso, Norway. 30th July - 10th August, 2007.
- Stem Cell Transplantation as “Medicine of the 21st Century”. Organized by Bio-Cellular Research Organization LLC, USA and NABDA.. 2nd-6th October, 2007.
- Managing Technology Incubation, Concepts, Mechanism and Practice. Organized by National Board for Technology Incubation and Technopol Consulting. Arcade Club Suites, Abuja. 3rd-8th December, 2007.
- Biosafety Clearing House Training Organized by Federal Ministry of Environment, Housing and Urban development in Collaboration with UNEP/GEF. NABDA, Abuja. 15th-18th May, 2006.

Languages

Ikwerre, Igbo, Yoruba, Hausa, English

Educational programs

PhD educational Training at the University of Basel.

S/N	Courses	Course	Semester	ECT
1	Advanced research methods in Bioethics-Specialized topics.	36270	FS2014	2
2	Research round table: review and reflection.	36000	FS 2014	2
3	Bioethics research: Contemporary Debate.	36271	FS 2014	2
4	Bioethics research: Contemporary Debates.	37796	HS 2014	2
5	Ethics and Law-International Aspects.	37899	HS 2014	1
6	Ethics and Health Law in Clinical practice and Medical Research.	37798	HS 2014	2
7	Introduction to Bioethics.	37825	HS 2014	3
8	Advanced research methods.	39425	FS 2015	2
9	Empirical research in bioethics: Qualitative and quantitative methods	31801-01	HS 2015	2
10	Contemporary Debates in Bioethics: Public Health	41621-01	HS 2015	2
11	Contemporary Debates: Ethics of Palliative Care		FS 2016	2
Total				22

PhD educational Training program in other Universities

S/N	Courses	Course	Semester	ECT	University
1	Clinical Ethics Cases Seminar.	OMFS14CE	FS 2014	2	Zurich
2	Seminar Introduction to Philosophy.	OMFS14IP	FS 2014	2	Zurich
3	Empirical Bioethics.	Summe	-	3	Zurich
4	Public Health Policy, Economics and Management.	Summer	-	1	Lugano
5	Zürich Intensive Bioethics Course		13&15 Nov.,	3	Zurich
TOTAL				11	

Continuing educational programs attended during PhD in Basel

S/N	Courses	Date	Duration	ECT
1	Self-branding and Self-promoting.	9&10.10.2014	25hrs	1
2	Intervision-Peer Coaching	28.10.2014	2hrs	-
3	Bringing your Science to the People:		29hrs	
4	Media Strategies and skills for Communicating The messenger is the message: Presentation training	30&31.10.2014 3&4 .11.2014	25hrs	1 1
5	Writing to be Published-Academic writing Conventions and Style.	1-4.12.2014	18hrs	1
6	Career Funding for PhDs and Postdocs - Overview and Services.	30.09.2015	-	-
7	Learning How to Lead and to Build a Successful Work Environment.	19&20.10.2015	15hrs	
8	Academic Career – Plan and Prepare	4.11.2015	10hrs	-
9	Research Integrity-Optimize Your Scientific Pictures faithfully.	17.11.2015	2hrs	-
10	Open Access–New Model for Scientific Publishing	19.11.2015	2hrs	-
11	Walking in the Editors' s shoes	20.11.2015 and 4.12.2015	29hrs	1
12	The Art of Fundraising: An Introductory to philanthropic funding	12.10.2016 and 19.10.2016	12hrs	
13	Good Scientific Practice	3.11.2016 and 4.11.2016	25hrs	1
14	Get your video abstract – Your research in a film	8.12.2016 and 9.12.2016	25hrs	1
TOTAL				7

German courses taken during PhD program

S/N	Courses	Date
1	Deutsch als Fremdsprache: Aussprachetraining Einsteigerstufe	25.08.2015 to 11.09.2015
2	Deutsch als Fremdsprache: EinsteigerInnen I (Kurs 1)	25.08.2015 to 11.09.2015
3	Deutsch als Fremdsprache: Einsteigerstufe	25.08.2015 to 11.09.2015

AWARDS:

1. 2017- Nominated for the Emilie Louise Frey-Preis, Schweizerischer Verband der AkademikerInnen Sektion Basel (AVB).
2. 2015-2017- PhD Scholarship, Röm-Kath Pfarramt St. Clara, Basel, Switzerland.
3. 2014-PhD scholarship, Rivers State Sustainable Development Agency (RSSDA), Rivers State, Nigeria.
4. 2008-2011, Scholarship for Master's in Bioethics, Grant Number D43 TW007091 from the United States National Institutes of Health (NIH), Fogarty International Center and the National Human Genome Research
5. 2008-2011, Scholarship for master's in Bioethics from the West African Bioethics Training Programme.
6. 2007-2008, Scholarship for Master's level certificate programme in Biosafety by the Norwegian Institute of Gene Ecology, University of Tromsø, Norway.

HOBBIES: Reading and Swimming

Skills:

MS office

MAXQDA

Sewing

PROFESSIONAL AFFILIATIONS:

- Biotechnology Society of Nigeria
- Chemical Society of Nigeria
- Biochemistry Society of Nigeria
- Ethics and Genomics Research in Africa (EAGER-Africa)
- West African Bioethics (WAB)
- AUST-IIRB, African University of Science and Technology