

WOMEN'S HEALTH ISSUES: A CASE FOR REPRODUCTIVE HEALTH AND THE SILENT FACTORS

Presented

BY

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ABSTRACT

This paper discusses the significance of women's reproductive health in the light of the burden placed on them in the course of their productive and reproductive roles in the family and community. It argues that programmes meant to enhance women's reproductive health would remain ineffective for as long as gender ideology and the status of women and other factors collectively referred to in this paper as the 'silent factors' continue to undermine women's capacity for independent action and informed decision making in matters affecting them. It calls for a multifarious approach to the problem of reproductive health through collaboration by researchers in various disciplines.

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INTRODUCTION

The health of any society is a reflection of the health of its citizens as projected in different communities and quasi-communities in both urban and rural areas. At the risk of stating the obvious, good health is essential to any society. Its centrality to the survival of the society lies in the fact that it is the gateway to socio-economic development even as its attainment is dependent on efforts from social and economic sectors.

In Africa where wars, religious conflicts, poverty, natural disasters including drought and famine in addition to bad and badly implemented policies threaten the very existence of people, health in its true sense is still an illusion for the majority. The World Health Organization (WHO)'s definition of health confirms this. It defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (Ezeilo 1999:2).

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Apart from the fact that the continent of Africa is still battling with many diseases which have been eradicated in developed countries, and is the worst hit by those without any known cure, a large number of her people cannot lay claim to complete physical, mental or social well-being. The situation becomes more alarming when

considered against the background that just as the right to life, the enjoyment of the highest attainable standard of health is a fundamental right of every human being. Health is in fact an essential condition for the enjoyment of other human rights.

Health problems concern men and women and the young of both sexes although sex and age do influence individual's predisposition to certain ailments. However, women's health should be considered important not only because of the crucial role women play in the family and community but also because of the severe consequences of their inability to attain the highest standard of health.

This paper argues that although reproductive health issues are not the only health concerns of women, they remain primary issues because of the premium placed on women's reproductive role. It observes that the highest standard of health would remain unattainable for women as long as they cannot enjoy the highest standard of reproductive health possible and identifies factors which impede women's attainment of the highest standard of reproductive health as well as challenges for further work.

The paper has three other sections apart from the introduction. The second explains the concern for women's reproductive health while the third identifies those silent factors preventing the attainability of the highest standard of health, especially reproductive health by women. The forth, by way of conclusion, highlights some challenges for researchers in the area of reproductive health.

CONCERNS FOR REPRODUCTIVE HEALTH: ARE THEY MISPLACED?

Women do have special health needs arising from their biologically prescribed role in reproduction and their needs are often the focus of concern. However, it has been argued that a lot of the efforts with the manifest function of improving women's

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health actually have the latent function of gaining greater control over women and their bodies.

Presenting this line of thought, Arigbede (1997:5) argues that much of the concern for the health of women has boiled down to measures and programmes which result in further loss of control by women over their own bodies and health. In his argument, he presented the views of women activists around the world who have protested the so called concern for women's reproductive health via the 1995 Beijing conference

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Women's health rights have been reduced to reproductive rights and reproductive rights have been distorted to imply population control.

- Vandana Shiva

Women are not just wombs and tubes

- Mira Shiva

Sometimes when people highlight reproductive rights they make me feel like a little womb

- Getrude Mongella

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There is no doubt that these are well meaning observations from those who should know, but the fact remains that the role of women in the replacement of societal members is an undeniably important one, which ironically forms the basis of their subordination.

Biological determinists for example have argued that women should concentrate on the performance of their reproductive role rather than seek education which can bring a decline in their reproductive power (George 1990). This argument is far fetched and in spite of abounding evidence of its falsity; such reasoning still forms the basis of

the restriction of women to the domestic sphere and their exclusion from formal education. In other words, women's biological capacity to reproduce has been transformed into the main means of women's oppression through the structure of a patriarchal system (Bleier 1984).

The solution does not lie in avoiding a discussion of reproductive health issues but in addressing those factors whether socio-cultural, economic, political or religious, which use women's biological role as basis for their exploitation and oppression.

The fact that reproductive health and ill health is a major component of women's life experience (Nicolson 1992:26) has been stressed over time and since the 1994 International Conference on Population and Development the issues have attracted more advocates. Reproductive health is defined as a state of complete physical, mental and social well-being, in all matters relating to the reproductive system and to its function and processes (ICPD 1994).

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It includes promotion of safe and responsible sexual behaviour, family planning, prevention of maternal and newborn deaths and disabilities, prevention and management of unsafe abortion and reproductive tract infections, including those which are sexually transmitted, and of harmful practices such as Female Genital Mutilation (FGM) and of violence related to sexuality and reproduction (Ezeilo 1998:3).

In spite of the 'concern' for reproductive health expressed by the state, professional health providers, scholars and non-governmental organizations, many aspects of reproductive health have not experienced changes. Studies show that as many as 10 percent of African women of reproductive age still die from pregnancy related complications. The World Health Organization (WHO) estimates that

approximately 500,000 women of reproductive age die each year from complications of pregnancy, a disproportionate percentage of which occur in sub-Saharan Africa (Rosenfield 1992:5). In Nigeria, maternal mortality remains at an alarming 1,000 per 100,000 births (Harrison 1997:7) while unsafe abortion, harmful traditional practices, sexually transmitted infections and HIV/AIDS continue to make victims of women.

These problems are not insurmountable, but the search for solution must go beyond the physical and medical sciences. It must address those silent factors which would otherwise continue to frustrate whatever advancement is made in these fields.

THE SILENT FACTORS

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The silent factors are factors sustained by the non-material aspect of culture to undermine the health of women. They are silent because they are often unrecognized as the bane of women's health and in spite of improved medical or traditional care they remain covert but powerful influences in the fate of a number of women.

GENDER IDEOLOGY AND THE STATUS OF WOMEN

The subordinate status of women in the family and society is a crucial factor in the determination of their health. Defined by gender ideology, which is the belief about the nature of women and men and their appropriate behaviour, (Renne 1993:343) the status of women through the ages has been that of inferior or second class beings. Women's biological capacity to conceive, give birth and breast feed infants has been translated into a psychological and social prescription, as their lives are defined according to their ability to reproduce.

It has been observed that male domination over female results from the latter's dependence on the former for material provision; a condition brought about by women's

continuous caring for infants (Firestone 1971). This observation seems to describe situation where women solely took care of children or carried out other productive activities within or near the home with other members of the family and without any personal remuneration. More women are getting into wage employment and other income generating activities but male domination has not ceased. Rather than decline with the advancement of women in various fields of endeavour, the ideology of male supremacy manifests in decision making, values, norms and practices in the family and other social institutions with variables such as class, religion, education ethnic identity, status and other socio-economic conditions mediating in women's experience of gender injustice.

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Boroffice (1995:67) noted that in spite of the changing times, the status of women had not changed much. This observation was connected with the fact that in Nigeria, "a woman could be given out as a gift to seal friendship or bundled into a man's house without.... her consent". It is indeed true that the changing times have little or no impact on the status of women in Nigeria as confirmed by happenings. Early this year, an 18- year old girl, Bintu Gambo from Mararrabar Musawa in Katsina State (Northern Nigeria) set herself ablaze in protest of an imposed marriage by her father who refused to approve a separation despite protests by the reluctant bride (The Guardian, April 6, 2000:64).

Underlying practices such as forced or early marriage is the belief that the opinion of a woman does not count in terms of when she gets married or to whom she is married as long as the union pleases her father or any other male who has authority over her. Male authority, especially over family matters can control women's

reproductive behaviour and affect their health as a woman may be forced to start childbearing too early, have children too closely or have too many children. She may also suffer a loss of economic support or denied paternity for a child not wanted by the man.

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The subordinate status of women manifests in power disparity between men and women. This power disparity is evident in women's lack of control over men's sexual access to their bodies and the conditions under which sexual encounters take place (Dixon Muetter 1993:269). Many women cannot negotiate safe sex with their partners or refuse their husbands' entreaties for sex even when they want to do so, because of traditional beliefs that such acts may be sanctioned. Usman (1997:35) cited a belief in Hausa land that if a woman denies her husband sexual intercourse at anytime, God and all the angels will curse her. This lack of control over their sex lives could lead to early sexual initiation by women and greater exposure to sexually transmitted diseases (Ford Foundation 1991:10).

Various traditional beliefs and attitudes help to sustain the ideology of male superiority even as they impede women's reproductive health. Access to health care services is very important but a woman with obstetrics complications could be prevented from receiving medical attention if the complications are believed to have been brought about by the woman's disregard for her husband or elders or by her infidelity. Even if she would still be taken to the hospital, the woman whose insubordination has been confirmed by the oracle must first apologize and perform some cleansing rites. (Prevention of Maternal Mortality Network, PMMN 1992:283).

The investment of absolute power in husbands, including the power to allow or disallow their wives from seeking and obtaining medical attention, can affect women's reproductive health. In spite of the severity of complications, Usman (1997:84) observed that among the Hausa, the woman cannot be taken to hospital without her husband's permission. All cultural constraints which require women to seek permission before seeking help or taking emergency steps, cause delay which can lead to further complications, thereby infringing on the women's reproductive rights (Olukoya 1996:17) and further leading to mortality or morbidity.

As long as the perception of women as inferior beings does not change and women cannot take informed decisions in matters relating to their health and welfare, very little success will be recorded in the area of reproductive health.

EARLY MARRIAGE

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As stated earlier, the status of women is a critical factor in the practice of early marriage. The lower the status of women in a society the more they are likely to be given out in early marriage with severe consequences for their reproductive health. According to NDHS (1990), by the age of fifteen, thirteen percent of girls in Nigeria are already with children. Sixteen percent of all births are by teenage girls who are under the age of 18 and five to eight times more likely to die in pregnancy and childbirth than women in the low risk age group of 20-24.

There's no doubt that early marriage impinges on the reproductive rights of girls. In the predominantly Muslim North and some Muslim communities in the South, young girls may be betrothed as early as the age of 11 and begin childbearing by the time they are 13 or 14 years old. These girls experience physical and physiological trauma and

the problem of vesico-vaginal fistulae (VVF) from prolonged labour remains critical in this situation (Olukoya 1996, Usman 1997). The early marriage in the North is also responsible for its high maternal mortality rate of 21 per 1000 (Pearce 1992:16).

The rationale for early marriage in the North is the prevention of promiscuity. In addition, the Maliki Law observed in the North allows a father to give his daughter in marriage against her will (Usman 1997:82). Usman presents a typical scenario of a young girl between the ages of 10 and 15 being married off to a man old enough to be her father or grandfather and who already has many wives. The man is allowed to use force when consummating the marriage, doing both physical and psychological harm on the bride. Documentary evidence also shows that premature sexual intercourse is responsible for the high rate of carcinoma (cancer) of the cervix common among Hausa women. (Usman 1997:83).

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In a study conducted in Zaria, a predominantly Muslim Hausa-Fulani community, the prevalence of early marriage was confirmed. It was found that 83.4 percent of the girls were married before the age of 14 years and 98.5 percent before the age of 20 years (Ejembi et al 1986). The young girls are neither fully physically nor psychologically developed to carry pregnancy or deliver vaginally, hence do they suffer obstructed labour which could last as long as two weeks. In the absence of surgical intervention, the result is the death of the baby and or vesico-vagina fistulae (VVF), recto-vagina fistulae (RVF) or both for the mother (Tahzib 1989:75). The incidence of VVF does not appear to be on the decline. Early this year, 80,000 VVF patients were said to be in danger because they had no hope of treatment (The Guardian April 6, 2000:6)

SOCIO-ECONOMIC FACTORS

Women's economic dependence on men affects their reproductive health, especially those of childbearing age who are not allowed to engage in any form of commerce. They would be dependent on their husbands for financial assistance in case of emergency (PMMN 1992). Economic factors are important determinants of women's non-delivery at hospitals. In a study by Kisekka et al (1992:56), it was found that economic factors were the greatest determinants in terms of women not delivering at the hospital. This included: cost of health care, transportation and distance, cultural reasons including husband's disapproval, avoidance of male attendants, religion and purdah were next in order of hierarchy.

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In Nigeria, delay in seeking medical care, usually by women in the lower socio-economic class, has consistently been cited by hospital-based investigations as the most important intermediate risk factor in maternal mortality. However, it is important to know whether the delay is due to the patient, the health care system or to difficulties with transportation (Okonofua et al 1992:322).

In their study, Okonofua et al (1992) reported more maternal deaths among young mothers than older mothers. The young mothers are more likely to be from the lower socio-economic class and more likely to be unmarried and therefore, more likely to delay seeking care when there is a complication in pregnancy.

Delay which could be caused by poor transportation and inadequacies in health care delivery system, often contribute to maternal mortality in Nigeria but these could be exacerbated by the poor socio-economic status of the women. Women's educational level may also affect their reproductive health by determining how promptly they seek

medical intervention if they do at all. As shown by Okonofua et al, the strongest socio-economic differential between the cases and the control was in educational level, with the maternal death cases showing less educational advancement and a higher proportion of illiteracy than the controls.

It can therefore be inferred that the woman's improved socio-economic status will affect maternal mortality indirectly, mediated by the interplay of such factors as improved access to health services as well as by various other unknown mechanisms (Harrison 1985).

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VALUE OF CHILDREN, SON PREFERENCE AND INFERTILITY

The importance of children among the various ethnic groups in Nigeria, like the rest of Africa cannot be over-emphasized. Children ensure a continuity of the lineage and enhance the status of their parents. Among the Yoruba, "children represent a looking glass through which others see a parent especially after his death and particularly if the children have achieved success in life (Olusanya 1989:88). Motherhood defines a woman and the premium placed on having children is so high that women consider it as a matter of life and death to bear children especially as women are most often blamed for infertility problem. This may be connected with the erroneous belief that fertility and potency are synonymous and a man cannot be infertile. Based on this belief, it is common for a man to be advised to marry another wife or have children outside marriage if his wife could not conceive.

Apart from consequences of infertility such as divorce, forceful ejection, abandonment or isolation, it is also possible that a woman's ability to make decisions

within the family and to inherit her husband's property is almost exclusively dependent upon fertility (Okonofua et al 1997:215).

To avoid the social consequences of infertility, women who suspect that their men may be infertile, but want to continue to stay with them may become pregnant by other men and pretend it was from their husbands (Koster-Oyekan 1999:23). The concoctions infertile women are made to drink and other practices in which they engage in order to have children may worsen the infertility or further endanger the well-being of the women.

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Preference for boy children which is typical of most Africa community can also affect the reproductive health of women: Among the Ishan, Yoruba and Igbo, male progeny are desired to ensure the continuity of the lineage or family name. Renne (1993:344) found in her study of Ekiti that both men and women prefer having sons to daughters. Olusanya (1989) also noted the same among illiterate and educated couples. The desire for boy children leads to high fertility and high risk.

POLYGyny

Polygyny affects women's reproductive health as it encourages rivalry among co-wives who try to have as many children as possible to strengthen their own positions and enhance their husbands' status and accord prestige to their lineage (Isiugo-Abanihe 1994:150). Co-wives may also seek boy children to consolidate their position

in the marriage, a process which also encourages high fertility with its attendant consequences on the woman's health.

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VIOLENCE AND THE ABUSE OF WOMEN

Violence against women has severe implications for their health especially against the background that women are likely to conceal their experience of violence for as long as it is possible. Sexual abuse and violation are not often reported because of the stigma associated with them and in many cultures, women have been socialized to accept physical and emotional chastisement as a husband's marital prerogative, and thus limiting the range of behaviour they consider abuse (Heise et al 1994:5).

The World Bank estimates that rape and domestic violence account for five percent of the healthy years of life lost to women of reproductive age in demographically developing countries, with both (rape and domestic violence) emerging as a significant cause of disability and death among women of reproductive age in both industrial and the developing world.

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Physical health consequences of the abuse of women include spontaneous abortion or miscarriage, unwanted pregnancy, pelvic inflammatory diseases, permanent disfigurement... gynecological problems... eating and sleeping disorders among others (Heise et al 1994:18) psychological consequences include fear, anxiety, fatigue, and post-traumatic stress disorder. These psychological consequences are compounded by the various legal, financial and emotional ties which the victim still has to maintain with the perpetrator.

Heise and others have also argued that violence can make it difficult for women to protect themselves from HIV and other sexually transmitted diseases by increasing their risk through nonconsensual sex or by limiting women's ability to get their partners to use condom. This is because suggestion of condom use by a woman could be perceived as an insinuation of her infidelity or a challenge of her partner's right to outside relationships.

CHALLENGES FOR RESEARCH

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The lower status of women in relation to men seems to be the root of their health problems because of the link between it and the various forms of discrimination against women. The ideology of male supremacy gives room for a near reverence of male authority which then facilitates the abuse of women through forced marriages, trafficking in women, gender based violence and other dehumanizing practices.

Women accept their lower status through the process of socialization and help sustain the subordination of generations of females yet unborn through their defense of what they have been taught is culture. Solution to the health problems of women in general and their reproductive health problems in particular does not lie in access to improved health services or efforts geared toward safe motherhood alone.

The task before researchers especially social scientists is to further investigate the persistent low status of women in this part of the world in spite of various international and national programmes and activities meant to effect a change. Education is an important avenue through which women could have their images of themselves deconstructed as they become more empowered to reason and challenge

the status quo. Research should be able to identify areas of needs with regard to women's empowerment through education.

Economic empowerment can also provide a way out of the subordination or women. This should go beyond monetary handout to acquisition of skills and training capable of raising women's income and increasing their decision making power in relation to their partners. A totally economically dependent woman cannot make decisions even in matters which concern her health.

What are the rights of women with regard to the pursuance of a career, the adoption of a family name, the identity of their children, mobilization of their assets and so on? This is a challenge to legal researchers not only to provide answers but to ensure the availability of such information and their accessibility. The mass media also becomes very useful in this regard.

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There is a growing need to move away from the compartmentalization of research and research efforts. There must be more collaboration and team work among researchers from various fields in order to be able to address the reproductive health of women. The fact that interplay of social, cultural, political, legal, economic and physiological facts may affect women's reproductive health makes such collaboration a necessity.

Arigbede, M. O. 1997 'Development and Women's Health in Africa... in search of mutually - reinforcing human centered paradigms'. Third Annual Lecture of the Empowerment and Action Research Centre (EMPARC).

Bleier, R. (1984) **Science and Gender** (Oxford: Pergamon).

Boroffice, O. B. (1995) Women's Attitude to Men's Sexual Behaviour in Orubuloye, I. O.; Caldwell J. C.; Caldwell P. and Jain, S (eds.) **Health Transition Review**. Supplement to Vol. 5 1995.

Ejembi; C. I. et al (1986) Federal Ministry of Health Primary Health Care Pilot Survey, Kaduna State, Zaria LGA Department of Community Medicine, ABU, Zaria.

Ezeilo Joy (1998) "Legal Constraints to Adolescents' Sexual and Reproductive Health Rights in Nigeria". Occasional working paper series June 1998. Benin: Women's Health and Action Research Centre (WHARC).

Firestone, S. (1971) **The Dialectic of Sex** (London: Paladin)

Ford Foundation (1991) 'Reproductive Health: A Strategy for the 1990s. A Programme Paper of the Ford Foundation.

George, F. U. (1990) 'Theoretical positions on Gender Roles in Society' in Olurode Lai (ed.) **Women and Social Change in Nigeria** (Lagos: UPRECOL)

Harrison, K. A. (1997) 'Maternal Mortality in Nigeria: The real issues' in Okonofua, E. E. and Snow, R. C. (eds.) **African Journal of Reproductive Health** Vol. 1 No.1, March 1997.

Harrison, K. (1985) "Survey of 22, 774 Consecutive Hospital Births in Zaria, Northern Nigeria". British Journal of Obstetrics and Gynecology 5 (supplement) 3-18

Heise, Lori; Pitanguy, Jacqueline and Adrienne Germain (1994) **Violence Against Women: The Hidden Health Burden**. (The World Bank: Washington D. C.)

International Conference on Population and Development (ICPD) chapter VII. Reproduction Rights and Reproductive Health in Owasanoye, B. (ed.) **Reproductive Rights of Women in Nigeria: the Legal, Economic and Cultural Dimensions** (Lagos: HDI).

Isiugo-Abanike U. C. 'Reproductive Motivation and Family Size Preference among Nigerian men'. Studies in Family Planning 1994, 25, 3:149-161

Kisekka, mete Naka Feregga (ed.) 1992 Women's Health Issues in Nigeria (Zaria: Tamaza Publishing Company).

Koster-Oyekan, W. Infertility among Yoruba Women: Perception on causes, treatment and consequences in Okonofua, F. E and Snow, R. C. (eds.) African Journal of Reproductive Health Vol. 3, No.1, May 1999.

Nicolson Paula 1992 'Towards a Psychology of Women's Health and Health care in Nicolson, P. and Ussher, J. (eds.) *The Psychology of Women's Health and Health Care* (London: The Macmillan Press).

Okonofua, F. E., Harris, D., Odebiyi, A., Kane, T. and Snow, R. C. 'The Social meaning of Infertility in South West Nigeria in Health Transition Review Vol. 7, No.2, October 1997.

Olukoya, A. A. (1996) Sectoral Report on Reproductive Health, Maternal and Child Health including Family Planning Sector. Prepared for the UNFPA Programme Review and Strategy Development Mission for the 1997-2000) Programme cycle.

Olusanya, P. O. (1989) 'Human Reproduction in Africa: Fact, Myth and The Martyr Syndrome in *Research for Development* Vol. 6. No. 1 January 1989.

Pearce, Tola (1992) Country Strategy for the Population Program in Nigeria; A report prepared for the John, D and Catherine, T Mac Arthur Foundation Workshop on the Country Strategy for the Population Programme, Ijebu-Ode.

Prevention of Maternal Mortality Network (PMMN) 1992. 'Barriers to Treatment of Obstetric Emergenciess in Rural Communities of West Africa Studies in Family Planning 91992;23, 5: 279-291).

Renne, E. P. 'Gender Ideology and Fertility Strategies in an Ekiti Yoruba Village. Studies in Family Planning 1993; 24, 6:343:353

Rosenfeld, A. (1997) Reproductive Health Issues in Africa' in Okonofua, E. F. and Snow, R. C. (eds.) African Journal of Reproductive Health. Vol. 1 No. 1, March 1997.

Usman, H. 919970 "Reproductive Health and Rights: The Case of the Northern Nigerian Hausa Women." African Development, Vol. XXII, No. 1.

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