

## **Does Patriarchy Rule Impede Contraception Use In Most African Communities?**

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Date of Submission: 30-04-2021

Date of Acceptance: 14-05-2021

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### **I. INTRODUCTION:**

Patriarchal rule over households in African traditions is a norm that has been around for quite some time, this is to say that most African were born into it by virtue of cultural systems or belief. In Nigeria for instance, Man is revered as the head of the family irrespective of his educational and financial status and assumes the responsibility of heading his family not just in the matters of welfare but in all forms of decision-making. This is the norm that most or all Nigerians were raised into. This mentality is evident in Nigerian cultures, societies and customs. The responsibility of heading the family can be seen in the relationship of husband and wife or a father to his household. It is no wonder that the birth of a male child in Nigerian communities is heralded with great joy as the boy is seen as the one that will lead the family's lineage and master over the family's responsibilities and decisions. This leads to an outpour of emotional and social investment on the male child (Izugbara, 2004).

It is rather worrisome that this norm has eaten so deeply into the mentality of African traditions, customs, cultures and way of life that it affects the modern trends of development. This system of giving the man so much power of dominance over his household dates back to ancient tradition that is referred to as patriarchal system. In the sub-Saharan African communities, Patriarchy is universal as it dates back to many generations thereby making it historic and has a unique characteristic of unconstrained power (Waters, 1989). Nigerian communities are traditionally patriarchal in nature and it dates back to time immemorial. (Asiyanbola, 2005) cite Aina 1998). It is no wonder then will that so much power is invested on the male in terms of ultimate control over his household, then in Patriarchal ideas are strong in Nigerian communities that it often takes away the ability of the women under that rule to have the freedom to change uncomfortable circumstances affecting them. It is envisaged as a means of total control by the head of the family which is the man in all the affairs that concerns the wife. Izugbara (2004) noted that 'men's control and rulership of women as natural, divine, cultural and or normal, these discourses make it difficult to promote rights to choices, sexual freedom, positive, healthy and respectful sexuality. This type of control gradually takes from the woman the joy of socialization and the confidence she needs to give back to her society. It is unfortunate that most women live in rural communities in Nigeria and are usually the most affected in terms of patriarchal dominance and often do not have any voice over all forms of decisions (Oheneba-Sakyi and Takyi, 1997).

Patriarchal rule over households in most African communities has taken a toll in the areas that ought to give women freedom from reproductive concerns and give them a leverage over developmental initiatives that ought to empower them. 'Some studies have suggested that family planning programme in many African societies were unsuccessful because they failed to take into account the power relations between couples (OHENEBA-SAKYI & Takyi, 1997 cite Ezeh 1993). The patriarchal nature of most African communities are forces that should not be taken lightly especially in matters relating to high fertility. In a patriarchy Hausa community in Nigeria ,for example, 78% of the males interviewed argued that the wives has no say at all in Decision-making concerning family size (Duzé and Mohammed, 2006). This is rather worrisome as it implies that wives in those communities cannot have any method of contraception to check family size unless the head of the family permits it, which often never happens, hence the high number of children women bear in those societies.

The advocacy on women empowerment is strong especially in sub-Saharan African countries but this can only be achieved when factors such as reproductive lives of couples does not jeopardise the opportunities of the woman to be healthy, educated to take certain decisions, be well informed and mingle freely in the societal circle of life . The Clamour by women to attain socioeconomic empowerment by having an input over their reproductive health e.g. Contraceptive use is beginning to militate against the powers of patriarchy. 'evidence

from many cultures suggest that men's resistance to women's use of contraception is common' (Frye Helzner, 1996). Another worrisome trend in most African communities is that Men use their patriarchal power to leverage on polygyny which is a traditional norm in most communities which negatively affects contraception use and its hinges on the view that African social settings influence the demand for children (Council, 1993).

This study will seek to discuss how patriarchal rule in African communities, using Nigeria as a case-study has affected the implementation of contraception use and its aftermath effects on the level of empowerment of its women. The study will further draw a comparative analysis with a community in another African community (South-Africa) where contraception use was not hampered by patriarchal dominance and the significant benefits to the women in terms of empowerment. The indices of empowerment that will be discussed in relation to high or low contraception use is education, health, decision power and availability to mass media.

### **Background:**

A study carried out by Duze, M.C & Mohammed, I.Z (2006) about the attitude of male as patriarchy head of families to family planning and use of contraceptives. The study area was the Hausa communities in northern Nigeria where patriarchal system is dominant and where the decisions in household and communities largely lies with the men. It is worth mentioning that women in Hausa communities cannot access family planning services in government owned hospitals without the men's consent. The respondents were all males and combined both men from the rural and urban Hausa communities. The sampling method was multistage combining random, cluster and systemic sampling and the main instrument of data collection was the questionnaire. The result showed that 84.7% of respondents are not willing to allow their wives to use any family planning or contraceptives. 94% respondents wanted additional children, with 66% wanting 5 children and above. 63.6% have some knowledge on contraceptives and yet are still not willing to allow spouses. This study has given an idea on the intricacies surrounding patriarchy in some African communities, Nigeria in particular.

### **Hypothesis:**

The Traditional system of patriarchal rule in most African communities affects contraception use and impacts on women empowerment. High prevalence of contraception use promotes high empowerment and vice versa.

## **II. METHODOLOGY:**

The study is a combination of both qualitative and quantitative method; the data employed in this study is mainly secondary. It was derived from 2003-2016 Demographic health survey of Nigeria and South Africa, literature reviews, journals and reports of similar studies.

## **III. DISCUSSION:**

In addition to patriarchal rule in Nigerian communities, Nigeria as a developing country is challenged with enormous developmental issues thereby neglecting the rate at which fertility is soaring, this is as a result of very low contraceptive prevalence. This glaring reality has dawned on women to take charge of the issues that will improve their lives and that of their children. This is necessary because an average Nigerian woman is expected to have more and more babies without putting a pause to check how she will contribute in building a better life for herself and the children. This can be better done through use of contraception to either space the birth of the children or reduce the fertility rate of producing the babies. However, the patriarchal input to contraception implementation in most Nigerian communities is a huge challenge. Although contraceptive use, methods and services are mostly targeted towards women, but is necessary to mention that in most Nigerian communities, men are the primary decision-makers on the use, method and the family size. Women are often considered as just the implementers of what the men have decided, and often do so without further probing the men's decisions (Adelekan et al., 2014). The Nigeria Demographic health surveys of 2008 and 2013 found out that only 10% and 12% respectively of women that are of reproductive age and married, use contraceptives. This worrisome as it is lower than the current sub-Saharan Africa average of 17%. Even though there are different variations between communities within Nigeria, with the lowest of 0.3% in Jigawa state and 41.6% in Lagos state but generally all the figures on state levels are low and inadequate. This could account for the high fertility rate in Nigeria with about 6.0 children/woman in 1990 and a little lower than that, 5.7% in 2008 (NDHS, 2003 & 2013). South Africa, on the other side of the African continent, despite its struggles in the days of the apartheid era, has been on top of the game in terms of the reproductive health of its populace. It is not surprising then that it has a high contraceptive prevalent rate, higher than most sub-Saharan African countries. It is worth mentioning that ¾ of South African women have made use of one contraceptive method or the other and 61% sexually active women currently use a contraception method. About 49% of the women in south-Africa use the progestogen-only injectable contraceptive method.

The high level of contraception use might have contributed to the decline in total fertility rate from 3.3 in 1991 to 2.9 in 1999 (Cooper et al., 2004).

The importance of policy enactments that will check patriarchal power is necessary to increase contraceptive prevalence in African communities. In most cases, the women might have the desire to take control and have a say in issues concerning their reproductive lives but the society does not confer such powers on them and often makes it worse when the government of the day is cumbered with other sectoral matters other than being vocal in the policies that will help women achieve their reproductive desire. 'In patriarchal societies, the relationship between men and women is based on inequalities which subsequently affect wife's contraceptive behaviour'(Oheneba-Sakyi and Takyi, 1997). Nigerian communities wallow in high fertility rate because the policies and involvement of governments to check and balance the traditional systems of patriarchy have lingered for too long. Whereas South African governments have enacted reproductive health policies to check what hinders the holistic implementation of reproductive health including contraceptive use and one of the areas it is targeting is the involvement of men 'the national contraception policy (2002) and service delivery guidelines (2004) developed by expert consensus using both local and international evidence {} with the aim to identify and modify problems associated with contraception services such as exclusion of men, limited method choice and overly restrictive approaches to contraception initiation (Cooper et al., 2004). Cooper et al (2004) opined that the south African government shortly after the ICPD OF 1994 and FWCW OF 1995, realised the need to involve men in drawing up frameworks that has to do with sexual and reproductive health, particularly in the areas of contraception's and HIV with the sole aim of making the men feel involved and disregarding the notions that power has been taken away from them in terms of making input in their women's contraception methods decisions. This a positive step towards the right direction that South African reproductive policies are actively involving men and training them to make positive decisions together with their spouses.

Nigerian communities are yet to openly embrace the concept of terminating an unwanted pregnancy through abortion. In order words, terminating a pregnancy is not legalised in the Nigerian reproductive health context. Men often will want their spouses to keep pregnancies in respective of if she wants it or not as terminating it will depict the woman as wayward. Abortions in most Nigerian communities are not discussed and if done at all, are done under top secrecy. Nigeria has a restrictive law on abortions and anyone found liable is subject to 14 years imprisonment (Omu et al., 1981) Because of this restriction, no household head will want to be meshed in scandals involving termination of pregnancies, hence the decisions of most men to stop their wives. South Africa, on the other hand has legalised abortion policies. Cooper et al (2004) noted that South African government has gone ahead to make abortion accessible through the TOP (Termination of pregnancy) amendment act, 2003. It has conferred power on health facilities with 24 hours maternity service to offer abortion or pregnancy termination to pregnancies in their first trimester, this has increased the rate of pregnancy termination from 29,375 in 1997 to 53,510 in 2010. This is a clear indication that men have keyed into it and have allowed their spouses to use this TOP if need be. It further depict that South African Men are positively getting involved in positive implementation of contraception use thereby reducing the patriarchy norm for developmental progress towards women empowerment. The springing up of clinics and their full capacity to cater for reproductive needs of couples is a sure sign that patriarchal decisions over women contraception use does not hold sway in south Africa, and this indeed is a success story (Kaufman, 1998). Some examples of policies enacted to help Women and encourage their men to support them in choices of Family planning services are:

- i. 1996 – The choice of termination of pregnancy Act
- ii. 1998 – New population policy
- iii. 2002 – national contraception policy guidelines (Cooper et al,2004)

**Men as Partners Programme (MAP)** - Presently, in South Africa, there is a multifaceted ongoing intervention programme that was launched in 1998 mainly designed to incorporate Men/husbands in strategic programmes aimed at women's reproductive and sexual health. This interesting programme is aimed at changing men's behaviour and attitude in matters relating to women's reproductive health especially contraception and HIV. The MAP is holistic in nature and comprises key stakeholders civil societies,NGOs,government,community leaders and the academic institutions all aimed in achieving a sustainable result in women's reproductive health (Peacock and Levack, 2004) These are the kind of systematic programmes that Nigeria ought to imbibe to reduce the influence of patriarchy on family planning.

Communication between couples and the input of women in decision-making concerning their reproductive life is lacking in Nigerian patriarchal settings. The women are quiet over the decisions made over their health both in the home front, in the society and the national level. This has caused an explosive fertility rate especially in the northern communities of Nigeria. The woman is submissive to whatever decision the head of the family makes over the use or not of contraception, and her sexuality in general, often this affects the quality of care she ought to have as a women and have great implications on her health (Frye Helzner, 1996).

From available study findings, it has been discovered that in many developing countries the males often take dominance in decision-making regarding issues of reproduction, family size, and contraception use. Often a wife' is forced to discontinue the method if she starts it without the husband's approval (Pradesh, 1997). Even when evidences prove that men can be concerned about their women's health and will want to select the safest contraceptive method, hence making a choice for her (Frye Helzner, 1996). This might be seen in a positive light but I still suggest that it is still a form of a patriarchy rule since the choice of what contraception is safe or not lies in the power of the man and the woman. Husband - wife communication on contraception and reproductive issues is important but neglected in patricidal households. Some studies also found out that only a small percentage of couples discuss issues that has to do with their sexual lives and contraception use (Pradesh, 1997).

**Effects of Patriarchy on empowerment:**

Decision-making is an important indicator of empowerment in women as it gives them a voice to make an argument and contribute to what affects their unique nature at household levels, societies and at the national levels. In Nigeria, according to the Nigeria demographic health survey of 2003, 46 % of women did not have any say in all forms of decision making in the household, decisions including those involving the woman's reproductive health is dominated by the husband. This could be the factor affecting a holistic implementation in Nigerian communities. The decision-making among South African women is an interesting trend as the proportion of women who make their own decision soared to 71% (SADHS and NDHS, 2003).

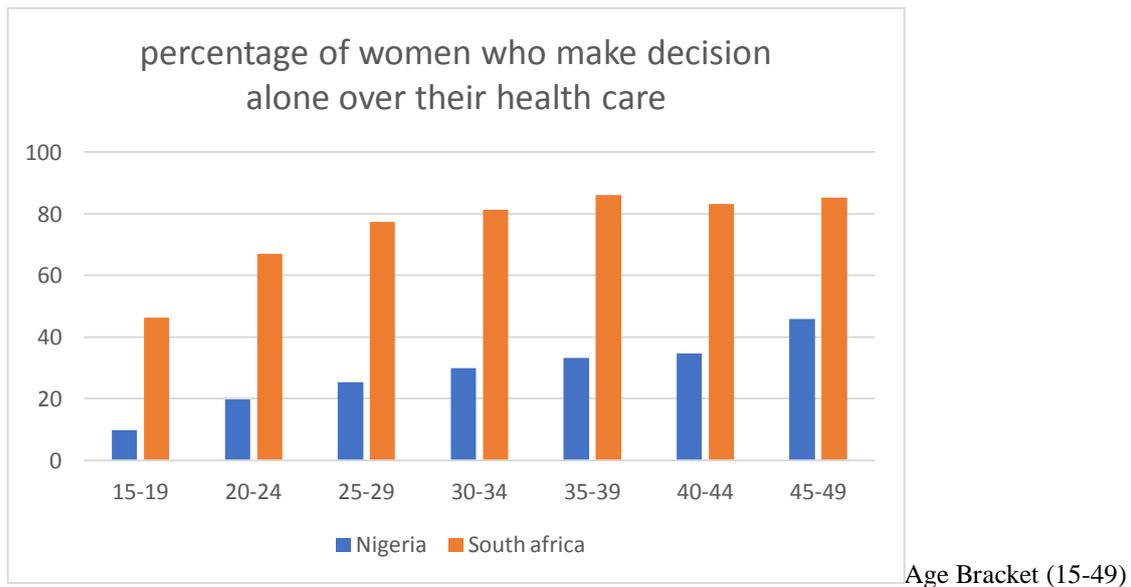


Fig.1 % of Women who make decision alone over their health care.

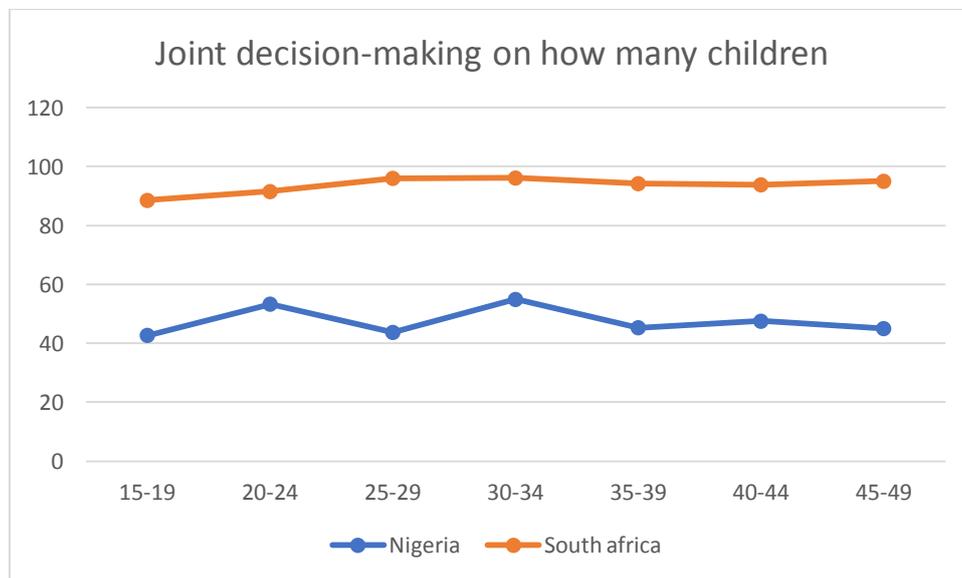


Fig.2 Joint decision-making on the no.of Children to have.

**Recommendation and policy implication:**

It is high time that Nigeria draws on global experiences on the need to reduce fertility rate through contraception usage. It is glaring that patriarchal nature of household settings has taken hold on development strides especially initiatives regarding women reproductive health and empowerment. Nigeria can take a leaf from what her sister country, South Africa is doing in terms of holistic contraception acceptance. The following policy implications could be useful.

1. Initiating systematic programs in collaboration with academic institutions to build the capacity of men especially in the rural areas on simple ways of educating them on the human reproductive systems especially that of women and the medical stressors resulting from unending birth rate.
2. Enacting a legislation on Population growth just as South Africa did to check total fertility rate.
3. Holistic review on educational policies. Education is the bedrock of knowledge, education is the fastest and most effective tool to change the mentality of patriarchy dominance in Nigeria. School curriculum that give precedence on the importance of patriarchy in homes should be reassessed.
4. Implementing gender analysis framework as a developmental tool that will help to analyse the extent of Men's involvement in matters affecting women's social stability and how the women feel about it.
5. Making contraceptive services accessible, this will include information and counselling to couples.
6. Continuous jingles on Radio since most people admit that they have heard a message on contraception at one point or the other.

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Serah Greno. "Does Patriarchy rule impede contraception use in most African communities?." *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 26(05), 2021, pp. 39-43.