

Gender Dynamics and Reproduction Decision Making among Rural Families in Orire Local Government Area of Oyo State, Nigeria

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ABSTRACT This study investigated the separate and joint roles of marital partners in reproduction decision-making. It was carried out in Orire Local Government Area of Oyo State, Nigeria. The area is largely rural with most inhabitants engaged in agriculture-related occupations. One hundred and fifty married respondents were randomly selected and data procured from them through the administration of validated interview schedule, 148 of which were processed. About 61% were into monogamous marriage. Most respondents (47.9%) were middle aged (31 – 50 years). About 23% had been married for 6 – 10 years. About 27% had no formal education while majority (48%) were full-time farmers. Factors influencing reproduction decision-making included religious injunctions, family income and health of the mother. Men dominated decision-making in all reproductive issues except on family size and non-use of contraceptives where joint decisions prevailed. It is recommended that couples should be continuously educated on the values of joint decision-making to ensure commitment by both partners. Information on family planning issues should be widely disseminated among the rural dwellers.

INTRODUCTION

Gender dynamics is a sex-role differential, which explains the differences in the roles of men and women. Reproduction decision making within the family is influenced by several social, cultural and economic factors, some of which vary over time and space. However, exactly what roles each marital partner plays should be clearly defined.

Fertility levels in Sub-Saharan Africa have defied not only the explanatory efforts of researchers but also the policy and programme intervention strategies of national government, policy makers, and concerned international organizations. They continue to be high and unchanging for the most part, even in the face of fundamental socio-cultural changes taking place in the region (Frank and McNicoll, 1987). This failure may be due in part to a failure in identifying very precisely who the effective fertility decision maker is in the households and to what level of communication among couples.

It has been reported that in Africa, husband-wife communication in respect of family planning is low. A major reason advanced is the complex web of the status of women in Africa in which the husband is the main decision maker regarding contraceptive use as reported by Isiugo-Abanihe

(1994) about Nigerian men who are dominant decision makers within the family, who gain socially and economically from having large numbers of children (and wives) and whose reproductive preferences and motivation influence their wives' reproductive outcome. Oladepo et al. (1998) found that in Osun State of Nigeria, only 34.3% of the respondents frequently discuss when to get pregnant and 31.8% frequently discuss the use of contraceptives.

Although empirical evidence have supported that the social roles of men and women and the power relation between them have implications for fertility levels (Mason and Taj, 1987), it is not clear through what processes and mechanisms such gender issues affect reproductive and contraceptive decision making especially among them.

Some studies have looked at the roles of the husband and wife in reproductive decision-making separately (Boserup 1985, Caldwell and Caldwell 1987) but such an approach implicitly assumes that one always acts independently of the other. The concept of couple has been ignored or treated at best as non-existent in these studies.

Rural families need to make decisions on reproductive issues like gender composition, family size, child spacing and family planning

methods to use if the need arises. This is important because most rural dwellers are small-scale farmers who would rely on family labour for substantial part of their agricultural production processes. No doubt, the present economic situation has positioned many rural families for smaller family sizes.

This study is designed to investigate the separate and joint roles of couples in reproduction decision-making. The specific objectives of the study are as follows:

- To determine the socio-economic characteristics of the respondents
- To determine the reproduction decision-making issues among rural couples
- To identify the factors that influence decision making on the identified issues
- To determine the extent of participation of each partners in decision-making on reproduction issues.

METHODOLOGY

The study was carried out in Orire Local Government Area of Oyo State in Nigeria. The area is largely rural and most of the residents engage in farming and agro-allied enterprises for their means of livelihood. One hundred and fifty respondents were randomly selected from the seven major mostly rural communities making up the area. Data were collected through the administration of validated interview schedule, 148 of which were found useable. All the respondents were still married at the time of the interview. However, only in about half of the cases were couples interviewed.

FINDINGS AND DISCUSSIONS

1. Socio-economic Characteristics of the Respondents

Gender: Fifty-two percent of the respondents were male while 48% were female.

Religion: About 53% were Christians, 45% Muslims while 2% were adherents of traditional religion.

Marriage Type: About 61% were into monogamous marriage while 39% were polygamous.

Age: About 8.7% of the respondents were less than 31 years old and 40% less than 41 years old. Most of the respondents were therefore middle-aged (Table 1).

Table 1: Socio-economic characteristics of respondents. n=148

Characteristics	Frequency	Percentage
<i>Age</i>		
Less than 31 yrs	59	39.9
31 – 40	40	27
41 – 50	31	20.9
51 – 60	13	8.8
More than 60 yrs	5	3.4
<i>Duration of Marriage</i>		
Less than 6 yrs	38	25.7
6 – 10	34	23
11 – 15	28	18.9
16 – 20	33	22.3
More than 20 yrs	15	10.1
<i>Primary Occupation</i>		
Farming	71	48
Trading	53	35.8
Civil service	13	8.8
Driving	7	4.7
Carpentry	4	2.7
<i>Level of Income</i>		
No record	30	20.3
Less than ₦10,000	10	6.7
₦ 10,001 – ₦ 20,000	21	14.2
₦ 20,001 – ₦ 50,000	25	16.9
More than ₦ 50,000	62	41.9
<i>Level of Education</i>		
No formal education	40	27
Primary education	51	34.5
Secondary education	41	27.7
Post secondary educ	10	6.7
Adult literacy educ.	6	4.1
<i>Career Choice for Children</i>		
Civil service	15	10.1
Doctor	52	35.1
Nurse	18	12.2
Engineer	9	6.1
Lawyer	18	12.2
Teacher	24	16.2
Religious leader	15	10.1
Trader	9	6.1
Artisan	10	6.8

Source: Field Survey, 2003.

Duration of Marriage: One quarter of the respondents have been married for less than six years while 10% have been married for more than 20 years. The majority (23%) were 6 – 10 years old in their marriage.

Primary Occupation: About 48% were full-time farmers while 35.8% were traders in both consumer items and agricultural products; 12.8% were part-time farmers.

Level of Income: About 20% of the respondents had no records of their earnings while 21% earned less than ₦ 20,000 per annum. Majority (41.9%) earned over ₦ 50,000 per annum.

Level of Education: About 27% had no formal education while majority (34.5%) had primary education.

Membership of Social Groups: About 17% did not belong to any formal social organization while majority (45.9%) belonged to cooperative societies.

Career Choice for Children: None of the respondents wanted their children to be farmers. Careers such as Medicine, Nursing, Teaching and Civil Service featured prominently.

2. Reproduction Decision-Making Issues: Major reproduction issues considered important enough to be discussed by couples as mentioned by the respondents included family (88.5%), sex composition of children (69.6%) and spacing between children (56.1%). About 80% of the respondents also mentioned sexual intercourse as worthy of dialogue while 72.3% mentioned family planning issues (Table 2).

3. Discussion Among Couples on Family Issues: Data from the study revealed that only 16.2% of the respondents claimed the occurrence of 'frequent' discussions with their spouses about family issues, 43.9% did so 'often' while about 40% 'rarely' did so. This emphasizes the poor state of communication among couples about issues bordering on family welfare.

4. Factors Influencing Decision Making on Reproduction Issues: Table 3 contains data indicating that 52% of the respondents would take their religious injunction into consideration before taking decision on reproduction issues. Majority (62.2%) would consider family income

alongside all reproduction issues because this factor is most important to the family well-being. Twenty-seven percent would consider the wife's health especially when making decisions about number and spacing of children. However, about 5% would not consciously consider any factor but left everything in the "hand of God".

5. Who Makes the Decision?: Table 4 analyses the party responsible for making the decisions on various reproduction issues. The men dominated decision-making on all issues, namely, family size (48%), child spacing (52.7%), sex composition especially if the family was yet to produce a male child (62.8%). Decision on family size was based mainly on the ability to train the children to become successful in life. This was expressed by the type of careers the respondents wanted their children to adopt (Table 1) On family planning issues, 64.2% of the respondents would consider family planning, while (20.3%) would not. However, 42% used contraceptives to control family size. Incidentally, 37.8% indicated that husbands refused contraceptives while 54.1% indicated that use of contraceptive was jointly refused by both spouses.

6. Extent of Women's Participation in Decision-Making: Looking through the data in

Table 2: Major reproduction issues

<i>Reproduction issues*</i>	<i>Frequency</i>	<i>Percentage</i>
Family size	131	88.5
Child spacing	83	56.1
Sex composition	103	69.6
Sexual intercourse	118	79.7
Family planning & methods	107	72.3

· Multiple responses

· Source: Field Survey, 2003

Table 3: Factors influencing decision-making on reproduction issues

<i>Factors*</i>	<i>Frequency</i>	<i>Percentage</i>
Income	92	62.2
Type of occupation	22	14.9
Health of the mother	22	14.9
Age of last child	40	27
Don't consider any factor	7	4.7
Don't know	36	24.3

Table 4: Who makes the decision on which reproduction issues? n=148

<i>Reproductive Issues</i>	<i>Frequency</i>	<i>Percentage</i>
<i>Family Size</i>		
Husband	71	48.0
Wife	12	8.1
Joint	65	43.9
<i>Child Spacing</i>		
Husband	78	52.7
Wife	10	6.8
Joint	60	40.5
<i>Sex Composition</i>		
Husband	88	59.5
Wife	22	14.9
Joint	38	25.6
<i>Sexual Intercourse</i>		
Husband	93	62.8
Wife	4	2.7
Joint	54	34.5
<i>Family Planning</i>		
Acceptable	95	64.2
Unacceptable	30	20.3
Undecided	23	15.5
<i>Refusal of Contraceptive</i>		
Husband	32	38.1
Wife	7	8.3
Joint	45	53.6
Total	84	100.0

Table 5: Participation of wives in decision-making.

<i>Reproduction issues</i>	<i>Wife only (%)</i>	<i>Joint (%)</i>	<i>Total (%)</i>
Family size	8.1	43.1	52.0
Child spacing	6.8	40.5	47.3
Sex composition	14.9	25.6	40.5
Sexual intercourse	2.7	34.5	37.2
Non-use of contraceptive	8.1	54.1	62.2

Table 5 the level of participation in decision making by women is still low. Of all the reproduction issues, it is only in sex composition of the family that 15% agreed that women take the lead. On the matter of sexual intercourse, only 2.7% posited that women took the lead in decision-making. Most women think that taking lead in such matters would portray them as promiscuous. About 21% of the respondents linked frequency of sexual intercourse with likelihood of pregnancy, hence the few women who took the lead in demanding for sexual intercourse. However, 40% did not attribute occurrence of pregnancy to frequency of sexual intercourse. In total, it is only in two aspects that more than 50% of the respondents agreed that women took decisions either singly or jointly with their husbands; these were family size (52%) and non-use of contraceptives. All other issues were dominated by men.

7. Summary of Major Findings: There was a fairly low level of discussion among couples especially in matters relating to reproductive issues. About 16% related frequently with their spouse while 44% and 40% related often and rarely, respectively.

Women's contribution to decision making on reproductive issues was very low. Less than 10% made sole decision on all reproductive issues except on sex composition (15%), which, in any case was largely left to nature. Only on two issues did more than 50% agreed that women took decisions jointly with their husbands. These were family size (52%) and rejection of contraceptive use (62.2%). Factors influencing couples reproduction decision making included religion, culture income, type of occupation and health status of the wife.

CONCLUSIONS

The following conclusions are drawn based on the findings of the study.

1. Cooperative decision making among couples was found to be very low in all aspects of reproduction issues.
2. Men dominated decision-making in almost all aspects of reproduction.
3. Acceptance of family planning methods, especially the use of contraceptives was very low among the respondents.
4. Contribution of women to reproduction decision-making was low, even in the aspect concerning them directly such as number of children and sexual intercourse.

RECOMMENDATIONS

1. Couples should be educated on the values of joint decision-making in respect of reproduction issues. Since this can be done through adult literacy classes and/or incorporated into agricultural/home economics extension services.
2. Information on family planning issues should be widely disseminated among rural residents so that all obstacles occasioned by ignorance would be surmounted.

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