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UNIVERSITY OF BENIN

WORK AND REPRODUCTIVE BEHAVIOUR AMONG WOMEN IN TWO ESAN COMMUNITIES, EDO STATE, NIGERIA

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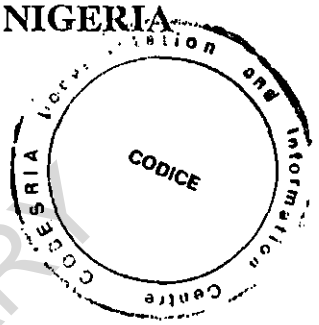

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A DISSERTATION WRITTEN IN THE DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY AND SUBMITTED TO THE SCHOOL OF POST-GRADUATE STUDIES IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF DOCTOR OF PHILOSOPHY OF THE UNIVERSITY OF BENIN, BENIN CITY, NIGERIA

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CERTIFICATION

We certify that this work was carried out by Mrs Francisca Isibhakhome Asowa-Omorodion in the Dapartment of Sociology and Anthropology, University of Benin, Benin City.

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Dr P. Agbonifo (Head of Department)	Signature	15-8-95 Date

DEDICATION

To my Children,

David, Sidney, Franklin, Osaze and my late Dad

in profound gratitude for their love and understanding.

To God be the glory for His infinite compassion and goodness.

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ABSTRACT

The increasing population of most developing countries like Nigeria has been a major concern of government, scholars and international bodies and agencies such as Rockefeller, United Nations and World Health Organizations. There has been tremendous effort to understand the nature and factors contributing to this increasing population. Also, several attempts have been made to provide explanations and recommend strategies towards reducing such population. Prominent among these strategies are programmes and policies designed to improve female education, increase the proportion of women in the formal sector of the labour force and to increase the number of modern contraceptors. Somehow, it has become increasingly clear that population has continued to increase. Thus, showing that other variables could be responsible for such increasing population.

There also appears to be a gap between the sociological, economic and cultural explanations for the relationship between work and reproductive behaviour of women. This study seeks to fill that gap by focusing on the nature of work Esan women do as a possible explanation for their reproductive behaviour. The study adopts the socio-cultural approach which involves generating both qualitative, baseline, ethnographic and quantitative data. The qualitative data are generated using interviews, observation, oral tradition, focus group and group discussions, while the quantitative date are generated using the questionnaire instrument. The questionnaires were administered to women only. These women were chosen from households and were selected by systematic sampling from the listed households in the studied communities. These women are also of reproductive age 15-55 years, with at least one living child. This approach does not

depart from the conventional approach which usually generated information on women and children from their husbands. Women in this study gave information on their husbands, children and family. Thus, their experiences and knowledge became the starting point towards understanding the context in which these women are located.

The results show that Esan women are more into the traditional occupations such as farming and trading. Also, there are variations in the proportion of women from the studied communities, Ekpoma and Ubiaja, in these and other jobs in the formal labour force. For example, the liberalization of the land use policy in Ubiaja, now allows Ubiaja women to own personal farm land. In addition, the involvement of Ubiaja women in long distance trading in the past decade influences their reproductive behaviour which invariably may account for the variation in fertility. Such variations arose because of the changes in cultural values and norms in Ubiaja, as well as the physical and infrastructural developments in Ekpoma. The data further show that fertility measured by number of living children is high in both studied communities, Ubiaja and Ekpoma. The variation in these fertility rates are due to the nature of work, the low rate of modern contraceptors, reliance on extended family networks and adherence to traditional ways of childbearing and child rearing in Ekpoma. Although the sociological and economic explanations partially account for the work-fertility relationship, the emphasis is more on socio-cultural explanations. Finally, generalizations based on such findings can at best be cautious because of the various components that make up such multi-ethnic societies.

Based on the research findings, it is suggested that an understanding of the cultural imperatives that influence the work women do and the reproductive behaviour

of women of both major and minority ethnic groups in Nigeria are essential in the formulation and implementation of population policy and programmes. Designing and implementing programmes and policies that are 'foreign' or 'strange' to the people are bound to fail and escalate the problem of increasing population, as well as lower the standard of living. In essence, cultural demands have extensive influence on the peoples' way of life and their willingness to change.

CHAPTER ONE

INTRODUCTION

1.0 Preamble

Traditionally, the study of fertility of women has remained the prerogative area studied by demographers until the past two decades when demographic explanations became inadequate to explain the increasing population growth in developing societies. For example, earlier demographic studies emphasizing fertility behaviour sought to examine the relationship between work and fertility, particularly with the influx of women into the labour force in industrialized, developed countries after the industrial revolution and the inception of Women Liberation Movement. Such studies provided demographic, sociological and economic explanations for the inverse relationship between work and fertility behaviour among women in developed societies (Freedman et al 1959; Weller, 1964; Whelpton et al 1966; Stycos and Weller, 1967; Ware, 1977; Cramer, 1979; Mason and Palan, 1981). This inverse relationship between work and fertility behaviour in developed societies was conclusive whereas similar studies in developing societies showed positive relationships and were often inconclusive.

However, it was generally argued that as these developing and non-industrialized societies became industrialized, the work-fertility behaviour would be inversely related. But, this situation has been rarely attained in most developing countries that continue to experience increasing population growth. It becomes apparent that social scientists including demographers need to apply

a multi-disciplinary approach towards studying and understanding the work-fertility behaviour among women, particularly in developing societies. Such a need has encouraged anthropologists to study work-fertility behaviour. Most anthropological studies in this area have broadened the scope of fertility study to reproductive behaviour. This situation arises because fertility has underlining processes and structures that influence it. Therefore, it is incorrect to measure fertility simply in demographic terms such as children ever born, crude birth rate, et cetera. Instead, reproduction involves processes of child bearing which include the biological element and the cultural element. The biological element is determined by the gene composition of the woman, and the number of living children while the cultural element determines the whole response women give to sex, child bearing and child care. Examples of these anthropological studies are those of Kaplan, (1976), and Oppong and Abu, (1984). Oppong and Abu (1984) study shows that the relationship between work and fertility is tied to cultural perceptions and norms concerning women both as workers and mothers. It becomes necessary therefore to examine the situation in Nigeria where population has remained high at 6.5 (NFS 1985) irrespective of the existing population control policy and family control programmes and their implementation. Hence this study, from an anthropological approach intends to establish the cultural variables that determine women's reproduction and work, and the relationship between work and reproductive behaviour variables in two Esan communities - Ekpoma and Ubiaja.

1.1 Statement of the Problem

The Esan community is a predominantly agricultural subsistence economy. From the pre-colonial to the early post-independence era, it was only men who were predominantly farmers. Most women engaged in local trading with a few, particularly the unmarried, widowed or divorced, engaged in long distance trading. However, unlike in the pre-colonial or early post-independence era, most Esan women, like other Nigerian women, are now engaged in a number of economic activities including wage labour. A significant number of women are involved in agriculture as they are able to farm collectively or individually because of the incentives such as loans available to them. The traditional loan system called 'osusu' and the new loan incentives have encouraged women to pursue diversified economic activities. The new incentive or loan was made accessible to women during President Babangida's regime (1985-1993) by the effort of his wife who convinced financial institutions to provide non-collateral loans to women. This effort brought into existence the Rural Credit and Agricultural Loan Schemes operated by banks such as United Bank for Africa Plc. and Agricultural Development Banks. These financial institutions waived the conventional collateral for loans (such as fixed asset, life insurance) and replaced them with collective liability by all members of a formal women's group or women's cooperative.

The involvement of women in new economic activities is likely to have some effects on the women themselves, their work and their reproductive

behaviour. It becomes important, therefore, to study and understand the processes through which the social, economic, cultural and demographic factors in Esan society, affect the work and reproductive behaviour of Esan women, particularly of the child-bearing age of 15-50 years. This study which also examines the social and cultural imperatives of work and reproductive behaviour among Esan women intends to provide an indepth understanding of the variables that account for the work and reproductive behaviour of the women. Such exercise will be of immense contribution to scholars and policy makers involved in poviding solution to the increassing population in Nigeria. Hence, this study aims to attain the objectives stated below.

1.2 Objectives

The objectives of this study are as follows:

i. to identify the cultural category called"women" in Esan culture.

ii. to identify the various work activities that women do both in traditional and contemporary Esan society, as well as the social and cultural values attached to them.

iii. to isolate the nature of work activities that promote or discourage reproduction capabilities in both traditional and contemporary settings.

iv. to verify if a new trend has emerged to promote or depress reproductive behaviour among Esan women.

v. to provide a model that would enable one to explain the relationship between work and the reproductive behaviour of women in Esan culture.

1.3 Scope of the Study

The data for this analysis are drawn from two Esan communities, Ubiaja and Ekpoma in Edo State, Nigeria. These communities are the headquarters of Esan South-East and Esan West Local Government Areas, respectively. The inhabitants of these two communities are predominantly Esan speaking people, although there exist other minority ethnic groups amongst them. Ubiaja has been an administrative headquarters since the colonial rule while Ekpoma became an administrative headquarter since the second Republic of 1979 - 1983.

1.4 Significance and Justification of this Study

There are two main reasons for carrying out this study. A number of studies have been undertaken on the relationship between the work women do and their fertility behaviour among the dominant ethnic groups, Yoruba, Igbo, Hausa, in Nigeria (Ohadike, 1968; Olusanya, 1969; Arowolo, 1984). But little or no attention has been given to the issue as it affects minority groups like the Esan people in Nigeria. The researcher holds the view that in a multi-ethnic society like Nigeria, it is imperative to undertake a number of ethnographic studies among the minority ethnic groups to provide an additional dimension to the literature on the relationship between the work women do and their reproductive behaviour in Nigeria. This will enable scholars, population experts, governments and policy makers to have a balanced, and extensive understanding of the issues at stake and the strategies for planning work and reproduction programmes and policies as they affect women.

This study highlights those cultural traits which may be unique to the Esan people and which put together with other social, economic and demographic factors may throw more light on the relationship between work and reproductive behaviour.

1.5 Organization of Report

The thesis consists of ten chapters. Chapter One is the introduction. It highlights the problem, objectives, scope and justification for the study. Chapter Two is the review of the related literature. It provides an insight into what has been studied previously in the area, the various approaches to the study and report the findings. This section also states the hypotheses to be tested. Chapter Three discusses the methodology adopted in collecting and analyzing the data for this study and the problems encountered during the field investigations. Chapter Four describes the area of study, focusing on the geographical, economic, social and demographic characteristics. Chapter Five examines both the background characteristics of the sampled women using the data collected with the questionnaire instrument and the nature of work Esan women engage in. Chapter Six and Seven discuss the reproductive and sexual behaviour of women in the studied communities using both the qualitative and quantitative data collected. Chapter Eight examines the fertility levels and trends among the sampled women. Chapter Nine analyses the objectives and test the hypotheses of this study respectively. Finally, the summary of the findings and conclusions of the study are contained in Chapter Ten.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter examines the empirical studies on the work women engage in and their reproductive behaviour. It highlights the variations in reproductive behaviour cross-culturally. The exercise provides an understanding of what has been done as well as highlight the gap(s) which the present study seeks to fill particularly with the dearth of information in the area of study.

The emphasis in this literature review is on the on-going debate on the relationship between the work women do and their fertility behaviour. This process is to bear credence to the socio-cultural explanation to the work-fertility relationship. The socio-cultural position extends the issue of fertility to reproductive behaviour because of its view that fertility is greatly influenced by other locality-specific characteristics such as social norms, values and beliefs of the people rather than simply the conventional proximate and intermediate variables such as education, income and work status.

Consequently, while fertility per se measures the frequency of child-bearing, reproductive behaviour considers a broad range of processes and behaviours on a given population. In addition to examining the nature and pattern of fertility among Esan women, the study also examines other cultural variables that influence reproduction, such as pre-marital sex, sexual taboos, child-rearing and child bearing practices.

Determinants of Fertility

Emereuwaonu (1992) argued that there is a relationship between determinants of fertility and attitudes towards contraceptive use in Sub-Saharan Nigeria. Therefore, there is need to review some recent literature in these areas with specific reference to Nigeria.

In recent times, Bongaarts (1978) has been able to clarify the inter-relationships between the so-called "proximate determinants" and fertility, but it has not been possible to achieve similar clarity on how the socio-economic and cultural sectors affect fertility. The conclusion we can draw from recent research is that the "demand for children is affected by socio-economic development through its influence on tastes, socio-economic status, women's education, modernity, and the like. It is also influenced by the cultural and social norms that act somewhat independently of economic development factors" (Cornelius et al, 1983, 8.302). Bogue (1969:840) had observed that high fertility motives can result from a combination of factors among which are health, economic conditions, family welfare, marriage adjustment, personality needs, community and national welfare, moral and cultural among others.

Olusanya (1969) effectively summarized the cultural barriers to family planning among the Yoruba, in Nigeria. His analysis is equally applicable to a majority of ethnic groups in Nigeria. He pointed out that the position of children particularly the male child, regarded as one who perpetuates the family name, is very high indeed. A couple with children feels superior to and more blessed than

a wealthy childless couple. The Esan culture captures this by the saying "Omo ni gho" (a child is worth more than money or wealth); the Igbo equivalent is "Nwa ka Ego", the Edo equivalent is "Omosigho" and the Yoruba equivalent is "Omoboriowo", etc. This conception of a child has not changed drastically in spite of a change from subsistence agriculture to diversified economic activities. In Nigeria, where there is virtually no national social security system, parents invest much money in the training of their children not only as a cultural obligation, but also as an investment against old age.

Again, as Olusanya rightly points out, generally men do not encourage their wives to be contraceptors because to do so is seen as an encouragement of sexual infidelity in the family. An indirect reference was made to this in the Nigerian Fertility Survey of 1981/82. The survey observed that the use of the contraceptive method is affected negatively by husband's attitude. Hence, the percentage of women reporting non-use when interviewed in the presence of their husband dropped while the percentage rises when such interviews were held in the absence of their husbands or anybody else.

Also Naghma (1984) study among Hausa women of Northern Nigeria, showed that reasons given for non-support of contraception is shyness, desire for more children, husband's disapproval and religious objection (Naghama, 1984:842). This negative attitude of husbands is one major handicap to the adoption of modern family planning in Nigeria.

Other major hindrances to contraception in Nigeria are religious and cultural values which espouse children as gifts from God and therefore should not be tampered with. Similarly, rumours and fears of negative effects of modern contraceptive devices lead to non-use. In a survey of 530 high school girls in Benin City, Nigeria, more than 70 percent opposed modern contraceptive methods "because they thought that these modern methods would harm their health and future fertility" (Population 1984: 700).

In spite of observable declining infant mortality in Africa, one of every four children still dies before reaching adolescence in Nigeria, compared with one in 40 in developed countries. In Nigeria, the crude death rate which stands at 17 per 1,000, is still very high compared with developed countries. Couples resort to high fertility to compensate for those who may die (National Population Bureau, 1986).

It has been shown that generally Nigerian women are non-contraceptors; and much of this has been attributed to cultural factors. However, the series of contraceptive prevalence studies have shown that the availability and accessibility of safe and effective means of contraception can lead to adoption of family planning and subsequent fertility decline. Analyzing data from World Fertility Survey, Chen et al (1983: 275) observed that the percentage of women who are currently using an effective contraceptive method is higher for women who know where family planning services are located than for those who do not know. Further, Chen et al (1983) said that amongst those who know about service

availability, the proportion using contraceptives decreases as perceived travel tim to the nearest outlet increased. In rural Kenya, this perceived travel time wa calculated to be 5.64 hours, which probably contributed to the non-use c contraceptive devices (Dow et al, 1983: 38). It is therefore argued by (Cornelis et al 1983: 303) that "accessibility of family planning seems to have a positiv effect on contraceptive use even after other key socio-economic variables hav been controlled." Contributing to the argument, Harmalin and Entwisle (198(aver that "perceived availability is not a simple function of actual availability, bu rather a complex product of a couple's need for contraception, their attitude, an the 'density' of community use and discussion as well." Utilizing the recen World Fertility Survey (WFS) data, Chidambaram and Mastropools (1980) foun that women who want no more children are most likely to know a family plannin outlet, desire for additional children is an important component of demand fc contraception ... and in understanding differential use." Therefore "it is th individual perception of accessibility rather than actual accessibility that is a mor salient determinant of motivation of use."

Again, one is not oblivious of the fact that some writers have challenge the view that if contraceptive methods were made easily accessible, unwante pregnancy could be prevented. The case of Europe in the past century was cite as an example. They pointed out that the decline in fertility in industrialize countries of Europe began before the use of modern contraceptives. They pointe out that folk methods of contraception such as coitus interruptus were large

responsible for fertility decline (see UN. ST/ESA/SER.A/85 1984:31).

However, it may equally be true that some women in Nigeria do not know of these folk methods. For example, Caldwell (1970) observed that women did not mention coitus interruptus as a method of family planning. But, child spacing was taken seriously in traditional societies where age - grade system existed. Spacing was imposed using ritual as well as social sanctions.

In determining the decision making patterns of policies in a family, one bears in mind that these are processes that are very complex and this is even more so in fertility decisions. According to Hull (1977:38) the central question to which we should address our minds is "how conscious individual fertility decisions are, and to what degree they are determined by external constraints or habit?" To achieve this, Hull advocated the use of indepth interviewing to uncover the specifics of decision making. He went on to say that "such research ... must aim at understanding the contexts in which decisions are made ... and retrospective reports of fertility behaviour are difficult to interpret without knowledge of their contexts." Another angle to the complexity was referred to by Beckman (1983:415) who pointed out that fertility decisions are first dyadic or group decisions usually involving at least one man and one woman, and where family and social ties are strong, a number of other persons as well. In addition, he said "fertility decision involves a wide range of psychological and interpersonal influences, causing variations in strength, style and specificity." Such decisions may even vary in their degree of explicitness.

A review of research findings supports the contention that the use of contraceptive by a wife will be prevalent and continuous if the husband is in support, particularly among the poor or lower classes. Therefore, in determining the decision making policy in a family particularly as regards contraceptive use and family size, one should note Goldberg's (1975) view that "if we find a family in which the husband makes the decision (power), in which the wife's attitudes reflect perceptions of a highly differentiated set of sex roles (segregation), and in which the husband restricts the wife's activities or the wife fails to participate in roles outside the home (contentment), then we would predict high fertility ...." Generally in many developing countries, "the husband's approval of contraception is critical to the wife's initiation and continuation of use; on the average, the view of the husband's is more important than that of the wife" (Beckman 1983:432).

2.2 Women's Work and Fertility

This section examines the on-going debate on the relationship between the work women engage in and their fertility behaviour. This discussion is to provide the back-ground which informs this study and becomes the starting point towards adopting the socio-cultural approach. This socio-cultural approach provides an alternative explanation to understanding women's work and reproductive behaviour.

2.2.1 Women's Work and Fertility in Industrialized Societies

Studies on industrialized societies show that there is an inverse relationship between women's work and fertility. A number of these studies shows that there

is an inverse relationship between the type of work women do and their fertility since after the second world war, as more women enter into the labour force or began to work outside the home. However, prior to the second world war, women worked mainly in their homes or family owned businesses and this situation allowed them to have as many children as they desired. This situation arose because the conditions of work were conducive to child-bearing and child-rearing practices. With the end of the second world war and the inception of the women's movement more women began working outside their homes. This new trend or pattern of work tends to decrease the number of children women have.

Freedman et al; (1959) and Whelpton et al; (1966) studying the American families shortly after the Second World War, documented the inverse relationship between women's work and fertility. Later studies not only replicated this relationship but provided or sought to explain the reasons for this relationship. Notwithstanding, a number of these studies lay emphasis on the role-incompatibility between working and mothering in industrialized societies. For example, Concepcion (1974) argued that in industrialized societies the working conditions are inflexible that the women are faced with the problem of combining their work with mothering. But Jaffe and Azumi (1960) and Peek (1975) argued that in addition to this inflexible working conditions that the absence of reliable and inexpensive parental surrogates or child care institutions explain this role-incompatibility. Although Jaffe and Azumi's study in 1960 observed that the fertility of working women in cottage industries is similar to those of the

economically inactive, they also found that only women who worked away from home had lower average fertility.

Subsequent studies such as Elsie (1981) show that there are variations in work-fertility relationship using life table. For example, she argued that there is lower fertility among women re-entering the labour force than women who do not intend to work. In addition, working women postpone having children to the future or having babies when not working. In essence, women have babies when they choose to have. This ability to have babies when one chooses to have is attributed by some demographers such as Stycos and Weller (1967) to the availability of birth control technology which make the role-incompatibility arising from working and mothering less of a problem.

Other studies which investigated this relationship slightly differently are those of Groat et al., (1976) and Clifford and Tobin, (1977). The former study which deals with fertility differentials among currently married all-white mothers between the age of 18 and 40 years from a large metropolitan area in North America showed that fertility behaviour is differentiated by variations in the extent, kind and timing of work experience. However, the data showed that desired family size is not influenced by work experience after marriage. On the contrary, the study by Clifford and Tobin (1977) using a predominantly rural low-income county in South America, with black, white and Indian respondents showed that lower fertility, lower desires and expectations and early use of birth control are associated with work before the first birth and with employment of

longest duration. However, the timing of the first birth is not differentiated by variations in work experience. These results tended to hold more for whites than for blacks or Indians. Therefore, it is improper to generalize Groat et al findings to all American currently married women between the ages of 18 and 40 years.

Moreover, Groat et al (1976) in their study established there are differences between various dimensions of work experience after marriage and fertility among Protestant and Catholic women. A number of studies focusing on religious differences in fertility behaviour exist in the past. These studies showed that there are little relationship between religion and fertility rates (Mayer and Marx, 1957) or that the fertility rate for catholic women of child-bearing age in America is not significantly higher than that of married protestant women of the same age group (Glick, 1960; Day, 1964). However, studies from post World War II showed that religious differences still persist in fertility rates, but that Catholics have a higher fertility than protestants (Freedman, Whelpton and Campbell, 1959; Westoff et al; 1964). A number of exceptions to these post World War II findings do exist. For example, Leanski (1961) showed that among Catholics past the child-bearing years, those with a parochial education have an average of 3.5 children while those with public education have an average of only 2.6 children. But, among younger Catholics, those with public education reported larger families (2.6) than those with a Catholic education (2.1). In addition, Westoff and Potvin (1967) established that - "except for Catholics from Catholic high schools now in non-sectarian colleges, higher education exerted

relatively little influence on fertility values. This means that values about family and children are developed long before the college age" (1967:223).

Nonetheless, Harter and Roussel (1968) study in New Orleans, USA showed that "first, on the average, Catholics tend to desire and to have families that are one-half of a child larger than protestant families. Second, on the whole, the fertility indices for parochial-educated Catholics are higher than they are with the fertility indices for Protestants. In fact, the tendency is for the relative difference to be greater between Protestants and secular-educated Catholics than it is between Protestants and parochial educated Catholics..." (1968:80-51).

2.2.2 WOMEN'S WORK AND FERTILITY IN DEVELOPING SOCIETIES

2.2.3 Issues Arising From Empirical Studies Using Aggregate Data

The work-fertility studies based on aggregate national data (Kasarda, 1971; Azzam 1979; Chaudbury, 1983, 1984; Senay, 1987), produce inconclusive findings. Kasarda's (1971) study using data from sixty (60) countries showed that a strong negative correlation exists between the females who are economically active in non-agricultural occupations in a country and the crude birth rate and child/woman ratio. These findings remain constant even after education, urbanization and industrialization are held constant. Kasarda argued that "the government wishing lower fertility rates should make as many opportunities available to women as possible, that would enable them to be employed outside..." (1971:314). In addition, government should "place limits on the economic

contribution that children can make to their families, for example through minimum wage labour laws and compulsory primary and secondary school attendance" (1971:315). Thus, inferring that countries where child labour plays an important role are conducive to high fertility.

Azzam (1979) utilizing aggregate data from eighteen (18) Arab countries showed that the level of female labour-force participation is negatively and significantly related to crude birth-rate, even after controlling for school enrolment, infant mortality, income and level of literacy. The methodology used in that study is based on a model using 2-stage square method and based on the assumption that couples tend to act in their best interests when taking decisions such as that relating to fertility and labour force. Four equations were run simultaneously, namely:

i. a birth rate equation

ii. an infant mortality rate equation

iii. a child education equation, and

iv. a female labour-force participation rate.

A cross-sectional data for 1970 from these Arab countries were fitted to the model. The results support the hypothesis that various socio-economic and demographic factors are responsible for women working outside the home in these Arab countries. A high participation level in the work force lowers fertility and promotes economic growth in the long run. This in turn helps these Arab countries to avoid the social costs of increased migrant labour.

Other studies by Chaudbury (1983 and 1984) on two African countries, Egypt and Morocco, and one Asian country, Japan, found that women in non-traditional areas of economic activity have lower fertility. This lower fertility rate may have been enhanced by other factors such as education and type of residence. The data also suggested that infant/child mortality has a positive relationship with fertility. Chaudbury was quick to note that the latter situation does not necessarily mean that parents experiencing child mortality have more children to replace children they have lost or to avoid childlessness in the future (1983:320).

The study by Senay (1987), using data from the 1977 Lesotho Fertility Survey, examined the relationship between fertility and women's work. The differential impacts of working only before and only after marriage were investigated, and data on contraceptive use and breast feeding practices in relation to work experience were presented. The study found that women who had past work experience have somewhat higher fertility than women with no working experience (1987:439-469).

However, an attempt was made to obtain more information on this work-fertility relationship. Therefore, the survey approach of collecting data was adopted. Below is an examination of the issues arising from empirical studies based on survey data.

2.2.4 Issues Arising From Empirical Studies Using Survey Data

There are some shortcomings in the studies utilizing survey data in examining the case of working and non-working women, as well as the fertility differential resulting from urban-rural residence. In non-African countries, the findings of the studies utilizing the above data are inconclusive. However, a majority of the studies (Hass 1972; Koenning 1981; Okpala 1984; Saghayroun 1985; Feyisetan 1985; Kollelhon 1984, 1986); shows that working and non-working women have differential fertility. But, the study from Turkey by Stycos and Weller (1967) showed no fertility differences between working and non-working women in either rural or urban areas. However, variations which occur in the findings of the studies comparing working and non-working women lie on the categorization or stratification of work.

Hass's (1972) study using all-urban sample in Latin America showed that the fertility of employed women is generally lower than that of non-employed women. On categorizing the work status of women into white collar, full-time, outside home; blue collar, full-time, outside the home; et cetera, he found that women in jobs such as white collar, full-time, outside the home do not have significantly fewer children than other women. Similarly, studies which focus on urban centres such as Weller (1964) using data from women drawn from four types of neighbourhoods, in San Juan, Puerto Rico, namely, middle-class, lower class, low class slum and public housing, found that the highest category of role-incompatibility is among white collar workers. He argued that women's work per

se is not associated with lower fertility. Rather, he saw white collar job as strongly related to latter age at marriage, as well as lower fertility. Therefore, the latter age at marriage may be responsible in lowering fertility and not the type of work per se. He also stressed that this relationship is not constant with all types of female workers. The study by Stycos and Weller (1967) provided an alternative explanation based on the availability of birth control technology and not latter age at marriage to be responsible for the inverse relationship between women's work and fertility. These studies also argued that cultural factors are the variables that affect fertility.

Closely related to these studies is that of Gendell et al (1970) of economically active women, especially domestic servants in Guatemala city. This study found that there are large differences in cumulative fertility among three work categories - domestic servants, other active women and inactive women, as well as among ever married and childless women. But, this study found that live-out domestics have a lower fertility than live-in domestics. Thus, they concluded that this fertility differential is based on the job conditions and on other variables such as availability of birth control technology. Moreso, inactive women have the largest cumulative fertility while the domestic servants have the smallest. This differential fertility between live-in and live-out domestics suggests that the difference is due to a widespread employer preference for single or childless women. However, their conclusion was that educational attainment has a stronger net inverse association with cumulative fertility than did activity status.

The situation in Africa is quite similar to the above, but African-based studies produce inconclusive and conflicting results. One of such study is that by Delvancey in 1981 which collected data from two groups of women between 1975-1976. One group consisted of 175 married women who are wage-earners but work at the Cameroun Development Corporation, at Tole-Tea Estates in Southwest Province of Cameroun. The second group of 53 non-wage earners were married and living with their husbands in the same abode. The study found that wage earners have high fertility which was not significantly different from the fertility rate of non-wage earners. The explanation for the differential fertility rate between wage earners and non-wage earners was the role compatibility between working and mothering arising more from the use of various family members to care for the young ones.

Similarly, Koenning's (1981) study using data on three groups of Cameroonian working women found that there is a variation in the fertility of these women. He stratified these women into three groups, namely, plantation, bank and elite workers. Using systematically collected data based on number of live birth as fertility measure, Koenning found that plantation workers averaged 2.03 living children per woman, bank workers averaged 2.15 and elite workers averaged 2.91. Considering women with children, bank workers, showed the highest number of living children, 3.73 compared with 3.35 among the elites and 2.37 among the plantation labourers. But, there was a high rate of childlessness among the bank workers, which stood at 43% as against 13% among the elites

and 14% among the plantation workers. The low fertility of the plantation workers was due to periods of sterility and/or high child mortality arising from lack of good medical care (1981: 134-153).

Contrary to Koenning's (1981) study is that of Pederson's (1987) study on women working in a single large coconut plantation in Silhouette Island, in Seychelles. This study found that these women have a high fertility for plantation workers. The total marital fertility rate of these women was approximately 8.3 to 9.3, and it is higher than the Seychelles overall rate of 5.4. This high fertility arose primarily because of the proximity of the coconut plantation to their residence, and the short hours of work. More importantly, child labour particularly during women's hours of work encourages child adoption because having children may well be a coping strategy to having more children (1987:51-61). Saghayfroun's (1985) study in Sudan found that women who report no work experience have higher fertility than those who are self-employed; family workers have an intermediate level of fertility, while those who work for others have the lowest level of fertility (1985:46-52).

The situation in Africa is also problematic. The study by Kollelhon (1984:31-45) in Liberia showed that professional or technical women have higher fertility than women in the service occupations. His data also showed greater role compatibility, less contraceptive use, and greater availability of parental surrogates in rural areas.

Similar to this African situation, is that of Nigeria which is also inconclusive on the work-fertility relationship (Okpala, 1984 and Feyisetan, 1985). Okpala's (1984) study based on three categories of workers, namely civil servants, self-employed and housewives in Lagos found a general pattern of a negative and significant relationship between work and fertility. Categorizing women according to the economic activities they perform, work levels by their intensity, some measures of incompatibility became obvious (Okpala 1984:182).

Also, Feyisetan's (1985) study using data collected in 1974 from Lagos, an urban or metropolitan area found that the work women do is inversely related to fertility among women in the formal sector and positively related among women in the informal sector. The explanation was that in the former there existed incompatibility between mothering and working and the reverse in the latter. Hence, the tendency to generally state that working women have lower fertility than non-working women, without including factors of occupation, residence background, educational status, and particularly cultural factors, is bound to be problematic. This problem is exemplified in the studies using long, detailed interview and extended observation of social life in various settings.

2.2.5 Issues Arising From Empirical Studies Based on Ethnographic Data

More light has been thrown into the complexity of the work-fertility relationship in women by the use of long, detailed interviews and extended observation of social life in various settings. Kollelhon's (1984: 31-45) study which is based on the interview with 10% of the non-migrant female population

in the underdeveloped country of Liberia, evaluated fertility rates against the independent variables of work status and occupation with control variables of age, marital status and residence background (rural or urban). He also defined working as paid employee, employer, self-employed or unpaid family worker. These categories of work are weighted against housewives, female students and retired female workers. The overall result shows a slightly lower fertility rate among wage earners by a margin of 20% points in urban women. The opposite trend is seen among rural women. This latter trend suggests greater role compatibility, less contraceptive usage, and a greater availability of parental surrogates in rural areas. On the contrary, Hull's (1977) study in Central Java found that women who are working have fewer children on the average, than women who did not work. This differential fertility is not due to role incompatibility between working and mothering but a class-based difference. He observed that poor women were more likely to work than other women because of economic necessity. Also, these poor women are also likely to experience conditions associated with low fertility, such as high incidence of divorce, foetal mortality, long periods of post-partum abstinence and secondary fertility.

Another dimension was the study by Ware (1977) on five African countries - Gabon, Upper Volta, Ghana, Tanzania and Cameroun. She found that comparing working and non-working women in most parts of Africa is unrealistic as most women, if not all, do some sort of work. Based on occupation, she found that women working in white collar or professional occupations have fewer

birth than other categories of women workers. Also, she found that most married women in Africa with full-time work have high fertility. Seven percent (7%) of the women using contraceptive acknowledge that their use of birth control arose because of the incompatibility between working and mothering. Another eighteen percent (18%) reported that their work will be affected in a way if they have a child within the next year. Furthermore, she found that both fertility levels and rates of female work force participation are among the highest in the world. The data showed that Upper Volta has a birth rate of 50, an average completed family size of six (6) children and fifty-three percent (53%) of the total female population of all ages are in the work force. Gabon, in contrast, has a birth rate of twenty-seven (27), average completed family size of 3.5 children, and only forty-four percent (44%) of the women are in the work force. Ware also found no evidence that women in Tropical Africa leave the work force in order to bear or rear children. Considering age at working in paid employment, the fertility rate rises constantly in Cameroun, Upper Volta and Gabon, peaking in the 45-56 age group. In some traditional African societies, women are the breadwinners. They dig the fields, plant and harvest the crops. In many areas of Africa where women are traders, the birth of the first child is the time when a woman gains from trade. She however noted that women who are engaged in white collar or professional occupations have an average of five births. Such combination of very high fertility and full-time work for most married women is the norm among the majority of women in Tropical Africa. In addition, only two percent (2%)

of those women using contraceptive linked their use of contraceptives to incompatibility between work and childbearing. Only eighteen per cent (18%) of working women reported that their work would be affected in any way by having a child within the next year (UN, 1985: 10; Kupinisky, 1987: 1-34).

A divergent explanation for the relationship between work and fertility was provided by the work of Oppong and Abu (1984). Using biographies collected from sixty (60) Ghanaian women, the study showed that the relationship between work and fertility in developing countries is tied to cultural perspective and norm concerning women as workers and mothers. Most Ghanaian women perceived their maternal role as their primary source of personal satisfaction and economic status. They also noted that kin groups act as parental surrogates, but this situation is dwindling. This latter situation arises as more migrants and women employed in the formal sectors obtain little or no child care assistance from family members. They observed that there is some role strain or conflict between the child bearing, child rearing and the work women engage in (1984:190). These findings discredit Caldwell's expectation (1969) that fertility will begin to decrease as one moves from the traditional to the modern sector. It becomes important, therefore, to examine this traditional - modern fertility differential which may be properly seen as a rural-urban dichotomy in reproductive behaviour.

2.3 Rural-Urban Fertility in Africa

This section briefly examines the emergence of rural-urban fertility differentials in some part of Africa, basically to show the need to investigate what the picture is in Edo State, Nigeria.

Caldwell (1967, 1969, 1971) and Gaisie (1969) have shown in these studies that urban areas have lower fertility than rural areas. Caldwell's (1967) study based on the 1960 census report of Ghana concluded on the basis of child-woman ratio that women resident in urban areas show lower fertility than their rural counterparts. More credence is given to this conclusion by his subsequent studies (1969, 1971) which showed similar findings. Caldwell however expressed that this rural-urban fertility differential arises owing to differences in age at marriage, availability and access to contraceptive technology, marital instability, survival chances and education. Similarly, Gaisie's (1969) study in Ghana showed that urban places in Ghana had a level of fertility that is 10 percent lower than that of the rural population (Arowolo 1984:36).

Further evidence about this rural-urban fertility differential is shown by Dow and Benjamine's (1975) study of Sierra Leone. This study based on rural and urban sections of Sierra Leone showed that rural women have higher average number of live births than women in towns and in metropolitan Freetown. Cohen (1971) classified Mali, Guinea and Togo as countries with lower urban fertility than rural fertility; Chad and Senegal as countries with highly comparable urban and rural fertility; while Congo, Gabon and, to an extent, Upper Volta are

countries with higher urban than rural fertility. Another report on Niger, Dankousrou et al's (1975) study showed that the fertility of urban Niamey women is lower than that of their rural counterparts especially at older ages, but younger urban women have the same fertility as younger rural women (Arowolo, 1984:36).

Kollelhon's (1986) study in Liberia found that a slightly lower fertility rate is observed among urban wage earners than their rural counterparts. This situation shows greater role compatibility, less contraceptive use and greater availability of parental surrogates in rural areas. When occupationally stratified, the highest rates of fertility were found for professional and technical women while service workers had their lowest. Ohadike (1968) study in Lagos, Nigeria argued that fertility is likely to decline owing to rising age of marriage, increasing demand for education, increases in contraceptive use and a movement to a nuclear family structure. Ekanem's (1974) study in some communities in Imo State, Nigeria portrayed a similar picture of lower urban fertility than rural population especially at younger ages, 15-39 years. However, this same study showed that women with completed fertility report higher fertility in the urban setting than in rural communities. This controversial picture of fertility differences was also shown by Olusanya's (1975) study based on migrant women in Ibadan and Ibadan-based women. The study reported higher fertility for migrant Ibadan women than Ibadan-born women. This picture Olusanya explained may have arisen because reproduction is deeply rooted in traditional customs and attitudes,

and these usually changed gradually over a long period of time, as response of fertility to factors that influence it is slow. In fact, Arowolo's (1984) study in Ibadan City based on Yoruba women, 15-49 years of age showed that older women (35-54 years) have higher fertility of 4.79 while the younger women of completed fertility (40-49 years) in occupations which require some skill through formal training are associated with below average family size.

The foregoing discussion has highlighted the important relevant issues that have to be considered in an analysis of work and reproductive behaviour among women in Nigeria, particularly in Edo State, Nigeria. The relationship is a complex network. However, certain general observations arise from the review of research findings. One important observation is that the location of work within or outside the household, place of residence (rural or urban), work status and type of work make an impact on reproductive behaviour. A divergent explanation for the relationship between work and fertility was provided by the work of Oppong and Abu (1984). Using biographies collected from 60 Ghanaian women, the study found that the relationship between work and fertility in developing countries is tied to cultural perception and norm concerning women as workers and mothers. The fact is that societies where women's work is culturally acceptable can also be an element in the nature and link of the work-fertility relationship. The non-conformity in the findings may have arisen from the variations in the definition and measurement of women's work (UN, 1985:10). Consequently, this study sets out to address the questions raised earlier

with the aim of providing an understanding of the work women do, their reproductive behaviour and the relationship between work and reproductive behaviour in order to provide probable explanations of models to understanding fertility in Edo State, Nigeria. Therefore, the study aims at examining the following hypotheses.

2.4 Hypotheses

The seven hypotheses presented in this study are based on the empirical observation that Esan women have found favourable conditions to increase their participation in the economic and social life of the society. This economic participation has influenced the roles of women both in the family and in the society and has brought about changes in the reproductive behaviour of Esan women. Hence, the hypotheses investigated in this study are as follows:

(a) Women's engagement in traditional and modern economic activities influence their reproductive behaviour.

(b) The influences of traditional and modern economic activities on reproductive behaviour differ in form and content.

(c) Modern education modifies reproductive behaviour.

(d) The proportion of contraceptive users in the two communities is positively related to the type of work, the work status of these women and the health care facilities they utilize.

(e) The proportion of modern contraceptive users is negatively related to women's fertility level.

(f) Traditional birth control methods exist in the studied communities and these affect the reproductive behaviour of the women.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

Existing studies on women's work and fertility had remained the prerogative area of demographers and a few sociologists. These disciplines adopted methodological approaches such as survey methods and secondary data sources that suited their interests. They obtained results and provided explanations that were not universally applicable as already indicated in literature survey.

This situation prompted some disciplines such as anthropology in the social sciences to investigate women's work and reproductive behaviour. Anthropologists central desire was to adopt different techniques and/or elaborate techniques to provide indepth understanding of the cultural variations that underlie the work women engage in, their reproductive behaviour and the relationship between both. The anthropologists' main thrust is to provide more background information to enhance an understanding of the variables relevant to work and reproductive behaviour. Such endeavour has led to a significant acceptance that 'culture' is an important variable in this research interest. Since the entry of anthropologists into an area of research interest dominated by demographers, an increasing number of social scientists have moved towards the use of multi-disciplinary approaches to studying women's work and fertility. This study which adopts a social-anthropological perspective is intended to contribute to the existing

information in this area of research particularly in Nigeria.

Consequently, this chapter deals with the steps taken in collecting the relevant data for the analysis of the research problem and hypotheses. It provides detailed steps taken to initiate and execute the fieldwork, and the problems encountered which in one way or another influences the outcome of the study.

3.1 The Choice of Communities

The choice of the two communities studied, Ekpoma and Ubiaja, is based on two main reasons, namely, the dearth in the literature on the work women do and the reproductive behaviour of minority groups in Nigeria. Another reason is the fact that while Ubiaja has remained a centre of administrative activities from the colonial era to the present era, Ekpoma joined the mainstream of centre of administrative activities in 1976 by becoming the headquarters of Okpebho Local Government Area. This new status of a local government headquarters vested on Ekpoma was closely followed with the establishment of a tertiary institution, Bendel (now Edo) State University, Ekpoma in 1981.

Despite the administrative position of Ubiaja community (See Okojie, 1960; Bradbury 1957), a cursory look at the town shows that there has been no significant development in terms of presence of industries, good roads, portable water supply and other modern social and physical amenities. For these reasons, the Ubiaja community can be regarded as a rural community while on the contrary, Ekpoma has shown significant development, portrayed by the good motorable roads; good supply of electricity; increasing population arising from

increasing immigration due to the presence of a tertiary institution (Edo State University, Ekpoma) and the establishment of small and medium scale industries. Also, Ekpoma has several financial and insurance institutions; increasing health care services, primarily by private health care system and growing commercial activities tied to the popularization of "Ekpoma rice." Ekpoma can therefore be regarded as possessing developing urban characteristics. The two communities have similar cultural backgrounds, but there have arisen salient changes mainly in their political and economic structures that are likely to produce significant differences in the work women engage in and its influence on their reproductive behaviour.

3.2 The Choice of Research Methods

This study uses a multi-dimensional approach to data collection. The approach involves the use of a number of related data collection techniques to collect both qualitative and quantitative data.

The qualitative data were collected using village group meetings, focus group discussion strategy, observation and interviews with key informants including female elders in their non-reproductive age (51 years and above). The qualitative data generated provide background and ethnographic data necessary in interpreting and providing indepth understanding of the quantitative data. In addition, the qualitative data give an insight on how questions can be asked correctly in the indigenous dialect to generate accurate responses. The quantitative data were generated from the administration of questionnaires to

selected women, mainly of reproductive age 15-50 years in the studied communities.

3.3 Research Clearance

The first stage in the fieldwork was to obtain clearance from the traditional rulers of the two communities and the Chairmen of the two Local government Area Councils. Appointment dates to meet these groups of people were arranged by the researcher. On the appointed dates, it was explained to them the nature of the fieldwork, its purpose and goals. The areas on which information were required were also conveyed to them.

Such meetings created avenues to generate more background information on the communities, such as the population size, number of villages or quarters within the communities and the system of governance. The information on the system of governance was to show the type and nature of pressure groups and the sources from which information relevant to the study can be generated. More importantly, such information shows the person(s) within the communities that it will be of valuable assistance towards ensuring a favourable fieldwork. Also, it creates an awareness of the sensitive issues and areas within the communities that one should guide against to avoid unnecessary sentiments or aggression from the people.

The meetings with the traditional rulers provided the opportunities to make future appointments to meet the village council, whose membership was primarily male elders with representatives of the age grade associations.

3.4 Qualitative Data

3.4.1 Meeting with the Village Council Members

The meetings with the village council members, in the two communities, Ekpoma and Ubiaja were primarily to form a rapport with the elders in the villages within the communities; and also, to obtain clearance, support and co-operation from the elders. Such rapport is essential in facilitating the data collection processes in the villages within each studied community.

Nonetheless, the meetings with the traditional rulers and the village councils in the studied community served at least seven functions, namely:

i. To get their authority to conduct the research in the communities and within the villages. The traditional rulers are the custodians of their communities and their approval was essential for a successful fieldwork or data collection.

ii. To solicit the co-operation of the traditional rulers, chiefs and village elders. The Esan people respect and deal openly and co-operatively when researches are conducted with the approval of their traditional rulers and village councils. Therefore, the co-operation of all the members of the village councils, of which the traditional rulers are the heads is essential for a successful research.

iii. To request for assistance from the people in the studied communities, particularly to ensure their participation and willingness to provide honest and reliable information.

iv. To identify the sub-groups within the communities and identify the leaders of such sub-groups.

v. To assist in the identification of female participants in the focus group sessions.

vi. To help in the identification and recruitment of key informants who are important sources of information.

vii. To provide information of potential problems or areas of conflict in the communities so that deliberate attempts be made to circumvent them as much as possible.

These meetings generally began with the presentation of kolanuts, alligator pepper and gin to the traditional rulers and their council of elders. The presentation of these gifts was followed by explaining the purpose of the visit and to make a plea and solicit for their approval, blessings and co-operation during the fieldwork. A detailed account of the stages in the data collection was also given to the people. On their acceptance of the goals of the research, these gifts are shared, prayers given for a successful study. The researcher was then allowed to proceed into the community to gather data. In addition, these meetings provided venues to obtain background information on the communities, such as some aspects of their social structure.

3.4.2 Focus Group Discussions

Focus group discussions were held with women in the studied communities. These discussions were useful in obtaining a consensus of opinions

from a group of socially similar respondents or a homogenous group based on age, level of literacy and marital status. The discussions were guided by a Focus group discussion guide (See Appendix A). These focus group discussions were used to generate ethnographic data as related to women's work and reproductive behaviour.

A total of twenty-six focus group sessions were held in the studied communities. Each session was made up of 8 to 12 participants. Deliberate attempts were made to hold one session in each village within the studied communities. However, villages with similar characteristics such as origin were grouped together to reduce the number of villages. This practice was adopted more at Ubiaja where approximately twenty-two (22) villages were identified.

The village heads and women leaders in the villages assisted in selection of the participants, based on the selection criteria provided by the researcher. Such assistance was necessary to ensure that willing participants, ready to provide honest and reliable information, were selected. These participants once selected kept the appointment dates, since they were delegated by their village elders. This approach was the only feasible way of getting the women to set a work-free day, from farming or trading to achieve the research work.

All the focus group discussions were held in public places such as schools, village town halls and church compounds, rather than in private residences. These places were chosen to control interference from other members of the studied communities. Such public places created a relaxed atmosphere for

discussions. In addition, the researcher served drinks and snacks and recent issues or incidence in the studied communities were discussed. These discussions were also held in Esan dialect or pidgin English to allow freedom of expression, honest discussions, right choice of words and concepts, as well as provide indepth understanding of the issues being discussed. These sessions were tape-recorded to allow for recall and retrieval of data. These recorded tapes were subsequently transcribed using the focus group discussion guide. Such transcription was more of a content analysis of the recorded data, primarily to save time and cost.

3.4.3 Observation

Direct and participant observations were also used in collecting those salient characteristics in the studied communities to enrich the data obtained using group discussions and interviews.

Direct observation in search of information relevant to the interest of study spanned over the twelve months of fieldwork. This data collection process was enhanced by the local residency and fluency of the language by the researcher in the studied communities. In addition, data were collected during the focus group discussion by merely observing the reactions and expressions of the participants to issues discussed such as pre-marital sex, contraception, sexual and work taboos.

Participant observation was also employed during the visits to the farms of selected female farmers and women engaged in rice processing activities in Ekpoma who were willing to be questioned or interviewed with them. These

visits involved participating in some of the economic activities, such as planting, clearing and drying of par-boiled rice. This participatory approach to data collection provided the opportunity to form a better rapport with these women and thereby obtain indepth information on issues that would not be openly discussed such as abortion, adultery, circumcision, time spent at work, sexual behaviour and cultural practices. Consequently, observation and group discussions enriched to a large extent the ethnographic data essential in discussing the quantitative findings of this study.

3.4.4 Interviews with Key Informants

Interviews were held with selected key informants from the studied communities. Such interviews focused on the customs, norms, taboos and other traditions which affect the work women do and their reproductive behaviour. These key informants assisted in generating indepth information on issues such as time spent at work, pre-marital sexual behaviour, child bearing and child rearing practices.

The issues discussed in the interviews centred around the research interest, work, reproductive behaviour and other ethnographic data related to work and reproductive behaviour of women. The interview was unstructured but focussed.

The key informants were selected by the assistance of the village elders and from the focus group discussions. During the focus group discussions, as a facilitator one was able to identify those women who had information to give but were often subdued by other participants. Deliberate attempts were made not to

select primarily group leaders as key informants.

Finally, these key informants tended to be literate and vast in knowledge on the culture and traditions of the studied communities. These key informants were needed to give important insights into the information given by the traditional rulers, the village council members and the participants in the focus group discussions. The knowledge and information obtained from these key informants assisted in filtering the correct information out of those given by the elders and the women. A total of ten (10) key informants equally distributed among the studied communities were contacted during the course of this study.

3.5 Quantitative Data

3.5.1 Selection of Respondents

A comprehensive list of the households in the studied communities was obtained from the two local government area councils, Esan West and Esan South East. From these lists, systematic cluster sampling was adopted to select the number of households to participate in the questionnaire survey. Therefore, deliberate attempts were made to exclude non-residential houses, as well as ensuring that the selected households were not concentrated in particular quarters or villages. Therefore, households selected spread over the major quarters and villages in the studied communities.

Finally, from the selected households, 350 and 300 female respondents were selected in Ekpoma and Ubiaja respectively to ensure that the error arising from cluster sampling is reduced. These women were the first women of

reproductive age 15-50 years met at home at the time the questionnaires were administered. The data generated by these questionnaires were subsequently coded and analysed using the SPSS Programming.

3.5.2 Questionnaires

The study utilised the interview technique in administering the questionnaire for the collection of quantitative data. The questionnaires were administered to women of reproductive age in the households selected.

The questionnaire content was based on the objectives and hypotheses set out in the study. A deliberate attempt was made to make them as comparable to the Demographic and Health Survey (DHS) of 1986 core questionnaire, in the relevant sections. While most of the questions were structured, some were open-ended to allow the respondents opportunity to provide a lot of information.

The questionnaire was divided into five main sections (See Appendix B for details) namely:

i. Background Information.

ii. Work history.

iii. Marriage and Family size.

iv. Reproductive Behaviour.

v. Value of Children.

vi. Contraception.

The questionnaire was translated into Esan, the local dialect when necessary due to language problem. However, the emphasis was on the use of pidgin English

which was generally spoken and understood by a majority irrespective of their level of literacy. The use of Esan and pidgin English as means of communication enhanced the atmosphere during the administration of the questionnaires by creating a good rapport for discussion. More importantly, deliberate attempt was made to ensure that the questions were asked correctly in order to obtain correct responses. This latter process was facilitated by the qualitative data which highlighted the cultural way of asking certain questions. For example, the qualitative data highlights that one does not ask an Esan person, "How many children do you have"? Also, it is not customary to answer such a question because it is a taboo to count one's children. Such a question asked simply in this form generates incorrect answer. To obtain correct answers, 'number of children' is equated to 'number of seeds of pepper'. Therefore, "How many children do you have"?, is translated in Esan as "How many seeds of pepper do you have?"

In addition, the questionnaires were administered to women only. Information on their husbands or family was obtained from the women. This approach deviates from the common practice of generating information on women and their family from their husbands.

3.6 Data Processing and Analysis

The processing and analysis of the data generated were in two stages. The first stage involved the processing and analysis of the qualitative data that were mainly descriptive. Recorded tapes were transcribed and a content analysis of

them undertaken using the focus group discussion.

The second stage involved the coding of the administered questionnaires and the use of statistical package for social scientists (SPSS) programme to produce cross tabulation results. Such tables allowed the researcher to carry out both bivariate and multivariate analysis.

3.7 Problems Encountered During Fieldwork

A wide range of problems were encountered during field work. The major problem was getting the people to spare their time with the researcher either as key informants, participants in the focus group discussion or respondents selected for the administration of the questionnaires. This problem was more pronounced at Ubiaja than Ekpoma. At Ubiaja, the traditional ruler and village council had no strong control or influence on the people. It became difficult to request them to be participants or not to attend their economic activity on a particular day. Whereas, in Ekpoma, there existed strong control and authority of traditional governance. The instructions of the traditional ruler, his elders and chiefs were strongly upheld.

Poor transportation network in Ubiaja also created some logistic problems. Long distances had to be walked to keep appointment dates. Often, the researcher was near the point of exhaustion before commencement of interview or focus group discussions.

CHAPTER FOUR

THE AREA OF STUDY: GEOGRAPHICAL, SOCIAL ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS

4.0 Introduction

This chapter deals with the historical, geographical, social, economic and demographic characteristics which differentiate the two studied communities. This is to provide the background information to enhance an indepth interpretation and understanding of the data generated in this study.

4.1 Origin of the Studied Communities

From the interviews with the elders in the two studied communities, it was stated that the name "Esan" was coined from a term "Esan fua" given by Oba Eware to his subjects who absconded. During the reign of Oba Eware in 1463 A.D., he caused great calamity in Benin, owing to the death of his two sons, Ezuwarha and Kuoboyuwa. Their deaths made Oba Eware to pass stringent laws that were inhumane, selfish and of a wicked nature. Such laws sanctioned against dancing, drumming, washing or sweeping of compounds or houses, sexual intercourse and cooking. It was mandatory that all his subjects abided by such laws. The inability of most subjects to abide by these laws after a long period led to a good number of the subjects migrating from the Benin Kingdom to neighbouring communities and places. The exodus of the Oba's subjects was finally brought to his attention. Promptly, he sent his messengers to seek for the truth. The enquiries by his messengers got the response "Esan fua" meaning the subjects have fled or jumped away. It is however believed that these subjects

who fled away because of the inhumane laws enacted by Oba Eware founded the present day Esan groups.

Another view of the origin of Esan people is that given by Egharevba (1949). He stated that the early inhabitants of Esan were Benin migrants who migrated from Benin during the first and second periods of the Benin empire. The name Esan he argues is the name of the first man who migrated from the city of Benin. This man called Esan was the founder and progenitor of the Esan people. It is however believed that this common descent makes the social, cultural, economic and political systems of Esan people to be the same or similar to that of the Benin people.

The first tradition of origin tends to imply that Esan people were not in existence until Oba Eware passed his obnoxious laws in 1463 A.D. The second tradition of origin of Esan people tends to link the dynasty of the Esan groups with that of Benin. There is a tendency therefore, to substitute dynasty for the origin of the people. Further credence is given to the inadequacy of the first tradition of origin from the discussion held with traditional rulers and elders who stated that the present geographical area occupied by Esan people was inhabited before 1463 A.D.

Historical facts of common origin created some form of cultural affiliations between the Benin and Esan people. Their dialects are of the same kwa group of languages. The traditional political system of governance in Esan communities owe allegiance to the Oba of Benin. More specifically, ascension

to the throne of traditional ruler referred as 'Onogie' is purely by primogeniture. This pattern is similar to that of the Benin monarchy in its strict adherence to primogeniture in the devolution of the property of a deceased man in Esan and Benin. The high value also placed on marriage, family and children signify the family group as an important social unit in the social structure of both the Esan[1] and the Benin people.

4.2 Geographical Characteristics

Figure 1 pages 245, shows the geographical location of the two studied communities, Ekpoma and Ubiaja in Esan West and Esan South-East local government areas of Edo State, Nigeria.

The areas have three marked seasons, dry, rainy and harmattan in a year. According to Udo (1970), the dry season lasts up to five months while the rainfall is less than fifty inches in the Ishan[2] plateau. The August break in the rains is longer in the studied areas than other parts of the State. Generally, the rainfall is intense and shorter. This shorter period of rainfall has adversely affected their farming season and productivity. The climatic variations make the soil drier, induce lower soil fertility, as well as make water supply in the area a scarce commodity (Udo 1970: 38). This water problem is difficult to understand noting that Ishan plateau is the source of many streams.

Notes:

1. Esan is the indigenous way of referring to the ethnic group studied. But, the Colonial administrators referred to them as 'Ishan'.

2. 'Ishan', therefore is an adulterated version of the name. Both are used interchangeably.

These streams are the primary sources of obtaining water to most households (70%) in the studied communities. But, the children and women have to walk long distances to fetch water from these streams that are located in far places away from the settlement units or areas. A few (30%) of the population, can purchase water from water tankers at exorbitant rate of ₦2000 per 1000 gallons of water. Some of these streams are presently drying up as a result of the long dry season and the geological conditions of the Ishan area.

This scarce water demands higher labour, which in these studied communities, children contribute immensely. Therefore, the researcher expects the increasing demand for child labour to increase the desire for women to have more children. Thus, scarcity of water in the area is likely to produce a situation that tends to support the microeconomic theory of fertility portrayed by Easterline's (1975) study. The low rainfall has also somehow worsened the harmattan season, which is now characterized with severe cold, dust and high incidence of illnesses such as fever and cold.

The studied communities are located in the highest elevation in Ishan plateau. It rises steeply from the Niger valley and is bordered on the northern edge by a steep slope overlooking the low valley which separates the Benin lowlands from the hills of Etsako division.

The vegetation is primary rain forest although most of the forests have been over-exploited without any deliberate attempt to regenerate or protect such forest in the past three decades. It was gathered during fieldwork, that the

studied communities were centres of intensive forestry activities in the colonial, and upto the early post-independence (early sixties) era. These forestry activities prevailed because the areas where richly endowed with forests and well matured tress. The elimination of forests in the areas, is a result of unsystematic exploitation of the forests by both the indigenes and strangers. Today, there is rarely any primary forest in the areas.

Consequently, the available secondary forests have poor soil fertility which has adversely influenced the farm productivity evidenced in the low yields from yams and cassava. This low yield puts further pressure on the women to sought for ways of improving the family income. Therefore, the women during this slack periods engage in buying and selling of farm crops from other distant, neighbouring and local markets. This practice is more prominent among Ubiaja women because Ekpoma women would rather focus on buying and selling rice in their locality. This condition that now increases the involvement of Ubiaja women in long distant and extensive trading is more likely do reduce their chances of conception while the restricted trading activities of Ekpoma women within their locality is likely to increase conception rate among the women.

4.3 Traditional System of Governance

The two studied communities still operate a traditional political system with a traditional ruler, called 'Onogie' as the head. These traditional rulers are assisted by the community chiefs, elders and youths in the governance of the people. Ekpoma and Ubiaja have a rulership system that is hereditary in one

ruling family. The hereditary systems have remained unchanged, as ascension to throne is strictly by primogeniture.

The youths mainly males play significant roles in the ruling of these communities by acting as checks and balances to the excesses of their elders and council of chiefs. However, these youths are more functional in providing security for the communities and keeping the communities clean. There exist today recognized and formally established youth associations which grew out of the traditional age grades. The new youth associations have greater influence on the traditional rulers, their council of chiefs and elders than the traditional age grades which instil the subordination of a younger age grade to an older one. This traditional arrangement restricted the limit to which young age grades can influence older age grade.

The communities operate both the council of chief and the village council as organs of governance. The highest ruling body in Ekpoma and Ubiaja is the Council of Chiefs.

This system of governance where decisions affecting the totality of the communities are taken has fewer women as members. Female membership is nominal and restricted to specific women's issues. Rather, the system may wish to exploit women to their maximum, like insisting on having twelve children. The system also deters women from using their free will individually or collectively in matters related to number of children. This condition may influence the women to have many children who consequently will provide labour

to their parents in farming or other economic activities, if other characteristics remain constant.

4.4 Population Characteristics

The dominant inhabitants of the two studied communities are of Esan origin. Other minority groups who have settled permanently in the area are the Igbo, Yoruba, Hausa-Fulani and Urhobo. Ekpoma is a more populous community than Ubiaja, with a population density of over 5000 inhabitants per square kilometer compared to less than 3000 inhabitants per square kilometer in Ubiaja.

This picture is contrary to the description of Udo (1970:39-40), which stated that the "bulk of the Edo-speaking population live in rural areas or villages which rarely have more than 2000 inhabitants. The largest city and oldest urban settlement is the historical capital of Benin City, but in recent years a few of the larger villages have grown into administrative and market towns. Such towns include Uromi and Urhonigbe. Today, Ekpoma and Ubiaja are administrative towns but Ekpoma is more urbanized due to the establishment of a tertiary institution, Edo State University and other commercial enterprises such as banks, insurance houses and both medium and small scale enterprises or companies to support the tertiary institution community.

The two studied communities have the family as the smallest social unit. These family units are organized into lineages which form villages. Villages are further grouped together to form 'Idumuhu' or 'Ogbe' (quarter). Table 4.4 shows

the villages that make up the two communities. Ubiaja community has a total of approximately twenty-two villages while Ekpoma has a total of twelve villages. Idumuhu/Ogbe.

Table 4.4: **Village Composition of the Studied Communities**

Ekpoma	Ubiaja
Eguare	Eguare
Emando	Oyomon
Iruekpen	Ugbenin
Ihomundumu	Idumohwemen
Idumebo	Uokha
Ujoelen	Oruen
Ukpenu	Iguisi
Uhiele	Ogbegor
Ujemen	Idumosodin
Illeh	Uhe
Emuhi	Idumebor
Igor	Idumehan
	Ebhuru
	Idoalen
	Idumoje
	Ukpaja
	Ahia
	Ukwalen
	Idumogo
	Idumoso
	Udakpa
	Eko Ogheyen

Each village has a head who is often the oldest man, called 'odionwele'. The 'odionwele', is the spokesman of his village in community meetings and deliberations. The villages also have village councils comprising the 'odionwele' and other elders in the villages. In Ubiaja, villages that make up a Idumuhu/Ogbe are ranked in order of superiority. In social gatherings, the

village representatives are accorded recognition on the basis of the superiority of their villages. Village superiority is based on the origin and relationship of the villages to one another. Such ranking is based on historical status and not on the wealth status of its inhabitants.

4.5 Economy

Nigeria is predominantly rural as most communities lack the basic social amenities such as water, electricity, good road and effective communication system. A considerable number of these rural dwellers engage in farming not as a full-time occupation because some individuals are also engaged in trading, craft work and in the service sector. There is a tendency to engage in two or more economic activities simultaneously to increase or supplement their income particularly, during the slack periods of agricultural activities. The main agricultural activity, which is farming tends to overshadow other economic activities, such as handicrafts, petty trading and cottage industries. According to Udo (1970: 44), farming, hunting and collection of forest products were the commonest economic activities in the studied areas. He acknowledged that "although farmland is not a limiting factor in food farming in this region, farm sizes are not larger than in other parts of Southern Nigeria." The farm sizes are dependent on the peoples' capability to clear the forest, weed the farms and can provide enough yam seedlings for the farms. This situation he noted is further worsened with the emphasis on primitive farming techniques. He also acknowledged that "yam is the first crop of the rotation, the man's crop and the

main staple food."

The data gathered show that farmland is not as abundant in the past because of the increasing population and increasing demand for farmland by both men and women. The above pattern is more pronounced in Ubiaja than Ekpoma because Ubiaja women are allowed to own personal farm plots separate from their husbands or heads of households. On the contrary in Ekpoma, women farm jointly with their husbands, although certain crops such as vegetables, pepper, cassava and rice are solely women's crops while yams remain men's crops. In Ubiaja, both men and women own whatever crops they grow on their farms. Women use hired labour to plant and harvest their yams. Such practice, whereby women cannot plant and harvest yams in the studied communities hinges on the existing taboo. This taboo holds that "unclean women either due to their menstrual cycle or postpartum discharge are unfit to touch the yams in the farm and barn. If she does, the yams will either not grow well or get rotten in the ground or on the yam barns. The farm deity prohibits women from engaging in such male tasks.

Another important observation made is that in Ekpoma, rice is widely grown and is a female crop. As such, women and daughters are more engaged in harvesting, processing and marketing of the rice which yields plenty of money. Men provide assistance in harvesting rice. Although the women assist the men in selling their yams, such proceeds are given to the men while they keep the proceeds from rice for household and personal needs. In Ubiaja, the women are

responsible in harvesting and marketing the crops on their farms, and the proceeds used for personal and household needs. Unlike the Ekpoma men, Ubiaja men tend to market their farm produce either to strangers or to their wives for cash. Such wives subsequently market the commodities in the markets and use the proceeds for her personal needs. Ubiaja women rarely give an account of their proceeds to their husbands while it is mandatory that Ekpoma women give such amount to the men who in turn give them the permission to use such money. The difference between the Ubiaja and Ekpoma women can be understood in light of the fact that both men and their wives farm jointly in Ekpoma while in Ubiaja segregated farming is the practice.

Hunting and collection of forest products such as snails, fuelwood, wild fruits have remained important occupations in the studied areas. These occupations are still prevalent today. Like in the past as noted by Udo (1970:44), most of the hunters are essentially male farmers who take to hunting during the slack period in the farming season or as a means of protecting their crops from wildlife such as grass-cutter, African giant rat, monkeys et cetera. Traps, dane guns and dogs are still being used in hunting. Hunted animals are sold either unprocessed or processed in the local markets by both men and women. Such hunted animals like antelope (Thagelaphus scriptus), cutting grass (Thryonomys swinderians), porcupine (Antherurus africanus) and African giant rat (Cricetomyces gambianus) are main sources of animal protein for the people because livestock such as goats, sheep and fowls are few and killed only on

ceremonials and festivities or sold to solve pressing financial problems.

Collection of forest products such as bush mango (Irvingia gabonensis) known as 'ohiele' among the Esan people, locust beans (Parkia biglobosa), African pear (Dacroydes edulis), snails (Arcchachantina marginata), land tortoise (Kinixyx belliana), fuelwood (many species) and variety of vegetables, for example bitter leaves (Vernania amygaalina) is the primary task for women and children in the two studied communities. Collection of such forest products is primarily for domestic consumption with the surplus sold to local buyers for cash. This collection of forest products has remained both a source of additional income and food during hunger season when farm produce are less abundant or not available.

Craft occupations in the studied communities are few. In most Esan communities, "weaving is an important occupation amongst the women folk, who use both local and European threads on simple upright broad looms" (Udo, 1970:41). At the time of this study, weaving by Ubiaja women is near extinct. According to a well known weaver in Ubiaja:

> The government and Esan people in particular are not making deliberate attempt to preserve this craft. I am getting old and sooner or later I will be dead and that will be the end of such craft in Ubiaja. In fact, I get only recognized when I am expected to display my expertise in government functions, particularly during the Better Life Programmes either in Abuja, Lagos or Benin City. After the shows, there is nothing concrete that follows.

The study also gathered that modern crafts such as tailoring is popular. Most of the tailors in the studied communities are women. They work at the

requests of customers. There is often no production of ready-made dresses for direct sale to customers. The women engaged in tailoring do so as a primary occupation with a few engaged in petty trading by their shops. Apprenticeship of younger girls is highly encouraged and this may reduce the cost of production since such assistance is at a low cost.

Farm land appears to be parcelled out between villages and between lineages within each village. Extended families associated with descent groups of three to four generations in depth generally farm a piece of land during the 1-3 years cycle of farm cultivation. Boundaries between these farming areas are marked by natural features such as streams, trees, long ridges and trenches. In both communities, male members of the family units have right to land for farming from their patrilineages only. In Ekpoma, women only farm under their husbands, fathers or brothers by cultivating part of such farm land while in Ubiaja, women can acquire personal farm land from their lineages or family of procreation.

This privilege given to women in Ubiaja to obtain personal farm land has not significantly increased the total proportion of area of land farmed by women. Rather, it has allowed the women to cultivate most food crops including yams traditionally categorized as male crops. It was noted, that cultivation of yams was by hired male labour because of the traditional taboo barring Esan women from planting yam seedlings and harvesting yams. The use of hired labour, which attracts ₦50.00 per day per person, restricts the number of yam seedlings

planted. Hence, women plant more cassava than other crops. Also, cassava is primarily for garri processing or it is sold in the unprocessed form. The married women also plant other food crops such as pepper, beans, vegetables on their husband's farm plots. Such crops belong to the women, while the men own the other crops planted personally by them. This segregated ownership of crops between husbands and wives, enables the husbands to sell their crops to their wives or to other buyers. A portion of their crops is left for domestic consumption. On the contrary, Ekpoma women who cannot own personal farms, are engaged in joint farming with their husbands. As such, most major farm crops in the area, yams and cassava are jointly owned. This variation in the level of participation in farming and other economic activities, coupled with the Ubiaja women access to farm land are likely to reduce the number of children among Ubiaja women while increasing that of Ekpoma women.

4.6 Kinship

The kinship organizations of the two studied communities like that of the other Esan communities have a strong patrilineal bias associated with virilocal residence after marriage. The larger villages have deeper lineage group while smaller villages comprise single descent groups.

Villages that make up a village group are linked by patrilineal kinship ties among their founders. There also exist one dominant descent village while others are secondary. Most villages in Ekpoma are of very heterogenous descent in origin while most of the villages in Ubiaja have a common descent.

According to Bradbury (1957), "Kinship relations are traced between the founders of various chieftains, though there are often different versions of the nature of the relationships. Most of these putative links are patrilineal. The Ubiaja people extend this story to include the Onogie of Udo, Ugboha and Ubiaja. These three communities are believed to be found by three brothers.

Villages and sub-villages studied in Ubiaja are exogamous whereas those in Ekpoma are both endogamous and exogamous units. Information collected show that villages related through their founders tend to retain their ritual ties even if they are allowed to inter-marry.

The kinship terminology is mainly classificatory in its attempt to put forward a unifying relationship, which does not discriminate between individuals. For example, children of the same father but different mothers see themselves as brothers and sisters, thus using similar kinship terms "Obhio" to address each other. This classificatory kinship terminology dominant in the studied communities perpetuates to a large extent the feeling of belonging in the extended family. This feeling of belonging and being accepted by the members of the family underline the distribution and access to farmland,as well as providing support to members working outside the home and at old age. For example, at the beginning of a farming season, male members of an extended family make their interest to farm known to the head, who subsequently with other elders allocate farm lands.

4.7 Inheritance

In the two studied communities, the property of a deceased man is inherited within his patrilineage. The eldest surviving son is the principal heir, but he must validate his claim by properly carrying out his father's funeral ceremonies. If he fails to do this, he still retains the property until his death, but his immediate brother might step in, perform the burial rites and take over the property of their dead father. During a man's lifetime, the heart of any animal sacrificed in his house is eaten by his senior son to signify his status as principal heir" (Bradbury, 1957:77).

In Ekpoma, all the property go to the senior son,who may make gifts to all his brothers or to the senior sons of his father's other wives. These senior sons of his father's other wives are in turn expected to give shares to their own full brothers. On the contrary in Ubiaja, the senior son inherits all the property of his deceased father except the property he may have given out as gifts to some of his children and relations. In turn, the senior son is expected to bear the responsibility of rearing the children of his father. Such inheritance remains uncontested only when such senior son has carried out the second burial of his deceased father. Failure to meet his obligation qualifies the second senior son to inherit the property of his father that was to be inherited by the senior son. He too must validate permanent claim by performing the burial rites and taking the title of an elder. Once recognized as an elder, the property remains in his line and this entitles his first son to inherit thee family property on his death.

The inheritance system in Ubiaja that does not give rights to all the children, particularly sons claim on the property of their deceased father has motivated the women to struggle for economic independence and autonomy in order to accumulate their own wealth. Property belonging to Ubiaja women is not subject to inheritance by the senior son of their husband. Hence, Bradbury (1957:77) reported that "a woman's property which may include trees, house, cattle as well as household utensils is normally inherited by her eldest son. However, in cases where the women had no sons, her daughters may inherit the household objects. It was gathered that there are however situations where the widower inherits the wife's property."

The inheritance system creates a competitive atmosphere amongst wives to have the oldest son. It creates unhealthy rivalry. In the past, it was gathered that unhealthy rivalry contributed to the high child mortality rates in the studied communities. This high incidence of child mortality was linked to witchcraft that brought illnesses and subsequently death on infants and grown up children due to rivalry. This low child-survival rate led to increased number of pregnancies designed to increase the chances of having and protecting a wife's position to produce the eldest son. More importantly, increased number of children ever born guarantees future child labour to both parents, which it is an important factor in the attainment of economic autonomy by the women. Such economic autonomy arises from the ability of the children to provide assistance in household tasks and farming activities, mainly to their mothers who also readily use hired

labour were available in their farms. Thus, there is likely to be increasing reproduction if other factors remain constant.

4.8 Birth and Circumcision

In the two studied communities, a pregnant woman obtains traditional medicines from traditional birth attendant or traditional healers from the time of conception to her delivery. This traditional medication vary with the stages of conception that are usually differentiated on a three monthly basis. In addition, women also seek modern health care. It was gathered that while Ekpoma women rely on both traditional and modern health care, Ubiaja women rely mainly on western modern health care.

Delivery is still prominently in the house of the husband or the wife's mother in Ekpoma than Ubiaja where delivery is mostly in maternity centres or hospitals. This variation in the health care sought by the women of the two communities may account for the higher desire to reproduce or have more children in Ekpoma than Ubiaja that rely more on a more effective and reliable approach to health care and child birth.

Circumcision of both males and females are practised in Ekpoma and Ubiaja. Males and females are now circumcised at infancy. Traditionally, girls were circumcised after puberty and males between three months and ten years of age. The circumcision of females after puberty was to ensure they did not lose their virginity before marriage, since traditional norms do not permit premarital sex, and prove of virginity at circumcision attracted gifts from both the family of

orientation and the family of the future spouse/suitor. Today, circumcision is not highly prevalent and is carried out at infancy among male and female. Therefore, there is no more pressure on girls to maintain their virginity in order to attract higher bride price and gifts.

These data portray the likelihood of increasing birth rate among the Ekpoma women than Ubiaja women because of their reliance on traditional method of delivery which is ineffective and increases child mortality. The desire to have more children due to low child survival rate is further enhanced by the breakdown in the traditional norm of girls aspiring to keep their virginity at circumcision, as circumcision is now being done at infancy. Therefore, girls are more likely to be exposed to premarital sex which will increase their number of conception and consequently increase their total reproduction.

4.9 Summary

This chapter describes the social organisation of the Esan people, highlighting its influence on the work and reproductive behaviour of the women. Highlights of this section show that Esan women engage in multiple economic activities. Often, these activities are segregated on the basis of sex. More importantly, there exist a liberalization of the land use policy in Ubiaja which now allows women to obtain personal land for farming rather than farm under their husbands, father or sons. This new trend allows Ubiaja women to obtain economic autonomy from their husbands unlike their Ekpoma counterparts who

are engaged in joint economic activities with their husbands. Furthermore, both the inheritance system and the preponderance of the traditional health care system encourage higher reproduction in Ekpoma women than Ubiaja women.

CHAPTER FIVE

CHARACTERISTICS OF THE SAMPLED WOMEN IN THE STUDIED COMMUNITIES

5.0. Introduction

This chapter examines the characteristics of the sampled women in the studied communities. These characteristics are reduced into specific variables and how these variables are related to each other are considered. The characteristics are teased from the responses and information obtained from these women to the questions contained in the questionnaire (see Appendix B). In addition, such information gives further credence to the qualitative data generated from the focus group discussions, observation and interviews with key informants. The data generated are examined across these characteristics of age structure; religion; conjugal status; family type, composition and residence pattern; level of western education; membership in local associations and occupational distribution. This approach is intended to highlight the variations and understand their relationship.

5.1 Age Structure

Age is the most primary and basic demographic data of any community and/or group of individuals. This quality is based on the fact that it gives a demographic picture of the past and present which can be related to prevailing social and economic conditions. Table 5.1 shows that the highest proportion of the sampled women are between the ages of 35 and 54 years. A further breakdown shows that the highest proportion of the sampled women are between

the ages of 35 and 44 years. Of these data, the highest proportion of 49.33% Ubiaja women and 46% of Ekpoma women are in this age group. Next to this age group is 25-34 years, which has an approximate equal representation of both Ekpoma and Ubiaja women, 35.14% and 33.64% respectively. Following this is the 45-54 years age group that is 12.29% in Ekpoma and 12.33% in Ubiaja. Fewer women in Ubiaja 2% than Ekpoma women 5.14% are in the highest age range of 55 years and above while fewer women in Ekpoma 1.43% than Ubiaja women 2.67% are in the lowest age range of 15-24 years.

Table 5.1: **Distribution of Sampled Women According to Age and Location**

Age Range (Years)	Ekpoma		Ubiaja		Total	
	N	%	N	%	N	%
15-24	5	1.43	8	2.67	13	2.00
25.34	123	35.14	101	33.67	224	34.46
35-44	161	46.00	148	49.33	309	47.54
45-54	43	12.29	37	12.33	80	12.31
55 and above	18	5.14	6	2.00	24	3.69
Total	350	100	300	100	650	100

Source: Fieldwork.

However, a majority of the sampled women in both Ekpoma (58.2%) and Ubiaja (66%) have attained the peak of their reproductive age of 35-54 years. Thus, depicting a partial representation of the completed fertility of these women. Furthermore, the age structure shows that the age group of the sampled women will strongly influence the reproductive behaviour and nature of work of both

categories of women in the early and peak reproductive cycle because it is the age of active reproduction and work for women as observed by the researcher in the field. This influence will be more in Ubiaja than Ekpoma all other variables being equal.

5.2 Religion

Religion and religiosity are important factors in understanding human behaviour because they impose certain controls based on faith and codes of behaviour on human activities such as work and reproduction. In terms of this study, religion is expected to have a remarkable relationship on the reproductive behaviour including contraceptive information and abortion by the women studied.

Table 5.2: **Distribution of Women Survey According to Religion**

Religious Denomination	EKPOMA		UBIAJA		TOTAL	
	N	%	N	%	N	%
Roman Catholic	106	30.29	100	33.33	206	31.69
Protestant	97	27.71	61	20.33	158	24.31
Spiritual Churches	34	9.71	28	9.34	62	9.54
Islam	40	11.43	30	10.00	70	10.77
Traditionalist	67	19.14	74	24.67	141	21.69
No Religion	6	1.72	7	2.33	13	2.00
Total	350	100	300	100	650	100

Source: Fieldwork.

Table 5.2 indicates that of the surveyed women 67.71% of women in Ekpoma and 63% of Ubiaja women are christians, while 11.43% Ekpoma and 10% Ubiaja women are of Islamic faith, and 19.14% Ekpoma and 24.67% Ubiaja

women are traditionalists. Finally, another 1.72% Ekpoma and 2.33% Ubiaja women are of no religion. Consequently, a good percentage of Ubiaja women 24.67% and Ekpoma women 19.14% who are of the traditional religion have no strong disapproval of contraception, premarital sex and abortion. This observation is more likely to determine to an extent the women's level of acceptance of various modes of contraceptive as well as their attitude to abortion. The high rate of christianity and traditionalism amongst the surveyed women shows that they can engage in most economic activities outside their homes. While Christian and traditional faiths encourage women to work outside their homes, they also strongly condemn prostitution or commercial sex work as an acceptable occupation or economic activity. Moreso, those of Islamic faith are encouraged to practise partial seclusion and not total seclusion. This position also allows women in partial seclusion and unmarried women to work outside their homes. So, there is a high rate of women likely to work outside their homes in both Ekpoma and Ubiaja.

However, on the issue of reproduction, all the religious groups have a point of convergence because all stresses on individuals using their ability to reproduce as 'God determines through nature'. Hence, 'children are the gift of God' and it is important for women to have as many children as God gives them. Such belief and value of children tend to influence their attitude and utilization of family planning. Irrespective of their religion, there is at least one or two acceptable technique(s) of family control. Christians, particularly catholics accept

billings method which is believed to be natural compared to other modern or traditional techniques. All the women accept child spacing except that the taboos that enforces spacing have greatly suffered relaxation. Women of Islamic faith accept and use the prescribed koranic technique of family planning, which prescribes "using a special ink or indigo to scribble certain citations on the koranic tableau, wash it off the tableau and drink". Finally, the traditionalists use" amulets, charms and herbs to prevent pregnancy." Consequently, irrespective of one's religious background there is an acceptance of the need to prevent pregnancy but the method varies from one religious group to another. In addition, the methods acceptable to these religious groups are often unreliable and ineffective. This implies therefore that reliance only on such techniques or methods is bound to create large family size in the two studied communities. Since both communities are religiously similar there is likely going to be no significant change among the women on the basis of religion. Religion though an important factor in influencing the reproductive attitude of women in the two studied communities, is yet not an effective way of controlling the reproductive behaviour of women.

5.3 Conjugal Status

Women in the two studied communities enter into conjugal relations, which include both marriage and consensual union at different ages. Economic, cultural and educational factors also play an important part in bringing about these relationships. The average age at which women enter their first conjugal

relationship in Ekpoma and Ubiaja are approximately 16 and 18 years respectively. Women in Ekpoma tend to enter conjugal relationship younger than Ubiaja women. However, the ideal conjugal age is more than three year older than the actual age in each community 19 and 22 years.

Table 5.3: **Distribution of Women According to Conjugal Status and Studied Communities**

CONJUGAL STATUS	EKPOMA		UBIAJA		TOTAL	
	N	%	N	%	N	%
Married	313	89.43	283	94.33	596	91.69
Divorced	10	2.86	4	1.33	14	2.15
Separated	27	7.71	13	4.33	40	6.15
Total	350	100	300	100	650	100

Source: Fieldwork.

Table 5.3 analyses the survey data with regard to the conjugal status of the women. It can be seen that there are more currently married women in the two communities, a result which is linked with the high premium placed on marriage and child birth. In Ekpoma, currently married women is 89.43% while in Ubiaja the figure is 94.33%. The women in Ekpoma enter into conjugal relations younger than the Ubiaja women yet Ekpoma women do not go through the legal marriage ceremony as they do among the Ubiaja people.

The highest percentage of the divorced and separated women is among the Ekpoma women than the women from Ubiaja, a result which is linked with other factors including the Ekpoma peoples' strict adherence to tradition. In Ekpoma,

divorced and separated women are 10.57% of the total, while in Ubiaja it is 5.6%.

The new arrangement to liberalise bank loan to women may also intensify rate of divorce and separation. These two phenomenon affect work and reproduction. Divorce and separation change the status of women in their husbands patrilineage and these changes alter the work pattern negatively and this affects reproductive behaviour either negatively or positively. There is therefore, a strong relationship between work and reproduction as conditioned by he conjugal status of women. This relationship is stronger in Ekpoma than in Ubiaja.

5.4 Family Type, Composition and Residence Pattern

Esan Society is based upon patrilineal descent and so a child belongs to his father's descent group. The child bears the name of the group which subsequently moulds much of his social behaviour. However, there exist a variation to this rule among the Ubiaja people where marriage and child-bearing are restricted and not allowed between specific villages and groups of villages. Consequently, any child from such relationship, which is forbidden customarily cannot be claimed by the biological father. Rather, the child remains with the mother's patrilineal descent. Traditionally, such child could be adopted by the mother's future husband, whom he then bears his name as his social father. This acceptance of the child into the kindred of his social father gives him equal access and claim with the other biological children in the devolution of his property on

his death.

However, in modern Ubiaja community, the above custom has received some criticism and there is a strong pressure on the traditional ruling council to effect a change. Such change is far from coming as there remains continued adherence to the traditional value, that taboos against sexual and marital relationship amongst groups and individuals because they are descendants from a common ancestor, irrespective of the genealogical position. The effect of the taboo is further worsened if the woman's new husband refuses to accept the child. The new trend is to stigmatise the child as illegal. Also, differences in family type and patterns of residence affect the status of children and composition of the patrilineage. Rules of exogamy differ in the two communities and traditional taboos regulating fatherhood also differ. It is more in Ubiaja than in Ekpoma.

Table 5.4: **Distribution of Women According to Family Type, Composition and residence Pattern in the Studied Communities**

CHARACTERISTIC	EKPOMA		UBIAJA		TOTAL	
	No	%	No	%	No	%
(A) Respondent's Principal Residence to Age 20						
Study Area	200	57.14	190	63.33	390	60.00
Neighboring Village	130	37.14	100	33.33	230	35.38
Other	20	5.71	10	3.33	30	4.62
(B) Early Postmartial Residence						
Viri local	210	60.00	65	22.41	275	42.31
Neo local	130	37.14	195	61.24	325	50.00
Other	10	2.86	30	10.35	40	6.16
(C) Family Type						
Polygamous	280	80.00	205	68.33	485	74.62
Monogamous	69	19.71	90	30.00	159	24.46
Other	1	0.29	5	1.67	6	0.92
(D) Family Composition						
M + W + C	20	5.71	45	15.00	65	10.00
M + W + C + R	150	42.85	205	69.33	355	54.52
M + W + C + R + H	175	50.00	50	16.67	225	34.62
M + W + C + R + F + H	5	1.43	-	-	5	0.77

Notes:

M = Man
W = Woman
C = Children
R = Relations
H = Helper (Stranger/Non Relation)
F = Friends

Source: Fieldwork.

Table 5.4 shows however that a majority of the women surveyed 80% and 68.33% in Ekpoma and Ubiaja respectively are in a polygynous relationship, while 19.71% and 30% are in a monogamous relationship. Closely tied to this pattern is the family composition which is mainly of extended family network. The variation between the two communities is that households are larger in Ekpoma which include house-helps and at time friends than in Ubiaja where the use of house-help is relatively low and having friends as permanent family members is non-existent.

Residence after marriage is mainly virilocal (60%) among Ekpoma people and neolocal (67.24%) among the Ubiaja people. It was observed however in the field that there is a break down of the extended family system in Ubiaja because, the extended family system is gradually shedding its responsibilities of providing social, economic and psychological support for both the aged and the infant. The large households and the strong extended family networks in Ekpoma are strongly tied with the pursuit of farm work and where patrilineal system is strongly entrenched.

5.5 Western Education

Western education is an important tool in contemporary development. It basically distinguishes the literate and non-literate population at any given period. It has been observed that generally, the level of literacy is lower in rural communities than urban communities in Nigeria. Using the categorization of communities into urban and rural in Nigeria and by their administrative position

which is based on the availability of basic social amenities, the two studied communities can be classified as follows: Ekpoma (urban) and Ubiaja (rural). The level of literacy is expected to be higher in Ekpoma than Ubiaja. However, the results show that the level of literacy is generally lower for the women than for their husbands. Table 5.5 shows that although the proportion of women that are non-literate are nearly the same in Ekpoma and Ubiaja, 10.20% and 10.67% respectively, Ekpoma women are still more non-literate. Their level of literacy also differ because at the post secondary education level there are 7.14% Ekpoma women to 10.67% Ubiaja women. However, this picture changes again at the university level where there are 2.29% and 2% Ekpoma and Ubiaja women respectively. More Ubiaja women than Ekpoma women acquire more education after their secondary education. A number of factors such as rate of school drop outs due to teenage pregnancy, preference for male education to female education may have contributed to this variation.

Table 5.5: **Educational Distribution of Sampled Women and their Husbands in the Studied Communities.**

Education Attained	EKPOMA				UBIAJA		TOTAL					
	Women		Husband		Women		Husband		Women		Husband	
	N	%	N	%	N	%	N	%	N	%	N	%
Non Formal Education	36	10.29	15	4.29	32	10.67	10	3.33	68	10.46	25	3.85
Primary Education	125	35.71	105	30.0	108	36.00	35	18.33	233	35.85	160	24.62
Secondary Education	154	44.00	75	21.43	121	40.33	97	32.33	210	32.31	172	26.46
Post Secondary Education [Excluding Degree awarding Institutions]	25	7.14	124	35.43	32	10.67	92	30.67	122	18.77	216	33.23
University Education	8	2.29	30	8.57	6	2.00	46	15.33	14	2.15	76	11.69
No Response	2	0.57	1	0.29	1	0.33	-	-	3	0.46	1	0.15
Total	350	100	350	100	300	100	280	100	650	100	650	100

Source: Fieldwork.

Table 5.5 also shows that the proportion of the non-literate husbands of Ekpoma women 4.29% differed significantly from that of the husbands of Ubiaja women 3.33%. However, at level of literacy, the husbands were proportionally similar from primary education level to post secondary education level (excluding Degree awarding institutions). At the University education level, where 8.57% and 15.33% of Ekpoma and Ubiaja husbands of the sampled women hold a university degree respectively a different picture emerges. The data also shows that the men are generally more literate than their wives, because approximately 44% Ekpoma husbands to 12.67% of their wives have attained post-secondary education including university. This significant variation in the level of literacy of husbands and wives in the two communities are likely to influence their reproductive attitude and behaviour. Husbands will likely hold more liberal views than their wives in both communities and this is expected to have a more positive effect on their wives reproductive behaviour than the level of education of the women. This study did not attempt to quantify these factors. But,t the qualitative data gathered show that traditionally Ubiaja people tolerate pre-marital sexual behaviour more than Ekpoma people. Of importance however, is the observation that Ekpoma men tend to prefer educated women than Ubiaja men who see educated women as a threat than an asset. It follows therefore, that the husbands' education have a more positive influence on the work and reproductive behaviour of the women than the women's education.

5.6 Membership in Local Associations

The role of local associations as agents of socio-political and economic mobilization especially at the grassroots level has been recognized and increasing attention has also been given. Such role was shown in their contribution to the emancipation of rural women through rural credit schemes for women and in the mobilization of the Nigerian populace for both the National census of 1991 and in the attempt to establish democracy, through the electoral processes of 1991 to 1993. It is against this background that this study attempted to examine the involvement of the sampled women in various local associations which are valuable agents of change in the areas and particularly among women. Table 5.6 indicates that the vast majority of the women in the studied communities are members of more than one association at any given period. It shows that only 2.29% of Ekpoma women and 2% of Ubiaja women are not members of any association at the period of survey. As indicated on the same table, 51.14% of Ekpoma women and 51% of Ubiaja women are members of both traditional and modern associations, while 35.71% of Ekpoma and 38% of Ubiaja women are members of modern associations only. However, membership in traditional associations has 10.86% and 9% in Ekpoma and Ubiaja respectively. The data show clearly that the women are actively involved in various associations which in future can be used as channels for educating and distributing modern contraceptive techniques among the women. To sustain membership, one has to

Table 5.6 **Membership in Local Associations by the Women Surveyed by Location**

Categories of Associations	EKPOMA		UBIAJA		TOTAL	
	N	%	N	%	N	%
Traditional Association only	38	10.86	27	9	65	10.00
Modern Association only	125	35.71	114	38	239	36.77
Both Traditional and Modern Associations	179	51.14	153	51	332	51.08
Non-Membership	8	2.29	6	2	14	2. 15
Total	350	100	300	100	650	100

Source: Fieldwork.

pay dues and attend association activities. These generate great incentives for women to work hard to earn more money to pay dues and buy association uniform. Hard work consumes time and energy which are required for reproductive activities.

5.7 Occupational Distribution

The proportion of the labour force in an economy that is engaged in various occupation is an indication of the effect of economic development prevailing in that society. Also, the proportion of women engaged in higher occupational categories such as professionals and skilled labour determines their contribution to national development. These two factors influence reproduction as will be demonstrated later in chapter eight.

Table 5.7a: **Occupational Distribution of Women in the Areas Studied**

Occupational Category	Ekpoma		Ubiaja		TOTAL	
	N	%	N	%	N	%
Farming (I)	116	33.14	98	32.67	214	32.92
Trading (II)	72	20.57	52	17.33	124	19.08
*Professional (III)	34	9.71	41	13.67	75	11.54
Teachers (IV)	38	10.86	53	17.67	91	14
Clerical (V)	50	14.29	26	8.66	76	11.69
*Others (VI)	40	11.43	30	10.00	70	10.77
Total	350	100	300	100	650	100

*Professional category includes technicians and Executive Officers;
*Other include seamstress and jobs not categorized already.

Source: Fieldwork.

Table 5.7a indicates that all the women of the studied communities are engaged in more than one economic activity at a time. A majority of all the women, 32.92% are engaged in farming as primary work. Of this figure, 33.14% and 32.67% are for Ekpoma and Ubiaja women farmers respectively. farmers. The next occupational category is trading, of which 20.57% and 17.33% are Ekpoma and Ubiaja women respectively. However, the data on the proportion of women in the formal labour force sectors, show that a higher proportion of Ubiaja women 13.67% are in the professional category than Ekpoma women 9.71%.

Similarly, more Ubiaja women 17.67% than Ekpoma women 10.86% are categorized as teachers. It follows therefore, that a higher proportion of Ubiaja

women 31.34% are in higher group(s) of occupational category than Ekpoma women 20.57%. However, more of the Ekpoma women, 14.29% than Ubiaja women, 8.66% are in the clerical job category. This latter pattern of occupational distribution in the formal sector of the labour force shows that although Ekpoma is more developed and is classified as more urban then Ubiaja, yet most of Ekpoma women are in the service sector of the labour force.

Consequently, there is a greater tendency for these women, irrespective of the community to have high fertility because a majority of them are in the informal sector of the labour force that makes working and mothering compatible.

Further attempt was made to analyse the occupational distribution of the husbands of the sampled women. This was necessary because of the influence of these men on their wives in a patrilineal society, that encourages male dominance. It was expected that the husbands' occupational category will influence the women's reproductive behaviour more than the women's occupational category.

Table 5.7b shows the occupational categories of the husbands of the sampled women and indicates that farming, as amongst the women is their primary economic activity, 35.66%. More importantly, the men are more in the skilled and formal sector of the labour force than their wives. For example in the category of professional occupation the table shows 26.67% Ubiaja men to 13.67% of their wives, and 22% Ekpoma men to 9.71% of their wives. Next is the teaching occupational category, 21.67% Ubiaja men to 17.67% of their wives

and 27.14% Ekpoma men to 10.86% of their wives. Finally, in the clerical occupational category, we have 3.66% Ubiaja men to 8.66% of their wives and 8% of Ekpoma men to 14.29% of their wives. Furthermore, the table 5.7b shows that 2.86% Ekpoma husbands to none of the Ubiaja husbands were in the trading occupational category.

The data show that the economic activities performed in the studied communities are specialized and segregated more on the basis of sex. However, the economic activities of the women among the studied communities is a reflection of their educational attainment which shows that Ubiaja women are more literate than the Ekpoma women.

Table 5.7b: **Occupational Distribution of Husbands of Women Sampled in the Studied Communities**

Occupational Category	UBIAJA		EKPOMA		TOTAL	
	N	%	N	%	N	%
Farming	114	38.00	118	33.71	232	35.66
Trading	-	-	10	2.86	10	1.54
*Professional	80	26.67	77	22.00	157	24.15
Teachers	65	21.67	95	27.14	160	24.62
Clerical	11	3.66	28	8.00	39	6.00
*Others	30	10.00	22	6.29	52	8.0
Total	300	100	350	100	650	100

Source: Fieldwork.

The data on the occupational distribution reflect that more Ubiaja women (50%) are in the formal sector of the occupational category than Ekpoma women (46.29%). Therefore, Ubiaja women are likely to have a more liberal attitude towards women's reproductive behaviour than their Ekpoma counterparts. This view is further supported by the fact that more Ubiaja women (12.67%) than Ekpoma women (9.43%) attained post secondary education including university education (see Table 5.5). This pattern is bound to have a positive effect on the reproductive behaviour of Ekpoma women who are more likely to be subordinate to their husbands as a result of the patrilineal system in both communities and their husbands are far more educated as shown in section 5.5. Since the women are involved in more than one economic activity at any point in time, one will examine the quantitative data against the qualitative data generated from the focus group discussion, interviews and observation and see what emerges from them.

5.7.1 Women as Farmers, Producers and Traders

In chapter 4, general statements were made about the economy, land and work. Here the involvement of women in farming, production and trading activities and how they affect reproduction in Ekpoma and Ubiaja is examined in detail. It must be noted that the economic activities which women in Ekpoma and Ubiaja are involved, do not represent all the types of work undertaken by Esan women. The reasons are that, there are significant variations in the economic activities of women in the two communities, Ekpoma and Ubiaja. These variations are reflected below in my analysis of the data collected.

Women as Farmers

A very high percentage of all the women in the two communities are engaged in farming. However, the extent of their involvement is influenced by two main factors, namely land and capital.

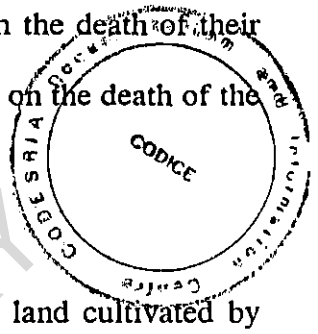
(a) **Land**

Among the Esan people land is controlled by the patrilineages. Only men are allocated land and can inherit land in their patrilineages. But, women can obtain land from their husbands, sons, brothers, fathers or male relations. There is seldom total transfer of land from men to the women. They mainly gain rights and privilege to put such land into temporary use, such as farming and not for building or commercial purposes or for cultivating permanent crops such as rubber, cocoa, timber, et cetera.

The observation made was that the husbands acquire land(s) and either jointly cultivate such land(s) with their wives or apportion equal areas of land to their wives for cultivation of cassava, vegetables, beans and spices. At the same time, the women also work on their husbands' farms or plots.

While Ekpoma women and men are also jointly engaged in rice cultivation, harvesting and processing, Ubiaja women do not cultivate rice. This pattern is primarily due to the nature of soil in Ubiaja, which is unsuitable for rice cultivation. It was observed that there is a higher tendency for Ubiaja women to independently obtain/purchase, control and cultivate more personal land then their Ekpoma counterparts. Such autonomy may mean increased or accrued

monetary benefits for Ubiaja women. Rather, the monetary benefits are inadequate because individually they produced less, which meant lesser income. On the contrary, a joint venture guaranteed higher productivity which meant higher income. The advantage of such joint venture to Ekpoma women is that the women can continue farming on such land in Ekpoma on the death of their husbands. Whereas, segregated farming in Ubiaja means that on the death of the man his farm land reverts to his patrilineage.



(b) **Capital**

Access to capital was cited as restricting the area of land cultivated by both men and women. The situation of the women is generally worst as recounted by many women interviewed. According to these women, they cultivate a piece of land based on the support given by their husband in terms of seedlings and/or cash, as well as the amount of loan they can obtain from voluntary organisations in which they are members or from community-based money lenders. Such limited capital make it difficult if not impossible for them to cultivate large areas of land.

However, the provision of rural credit schemes and agricultural loans provided by banks in the last decade, such as United Bank for Africa (PLC) and Agricultural Co-Operative Banks, coupled with the Better Life Programme policy allowed the banks to waive the conventional collaterals for loans. This condition enabled the women to obtain loans for agriculture, trading or for food processing and marketing. Women formed groups of tens to obtain such loans with the

members acting as collaterals for each other. These loans assisted women to collectively acquire land from the communities or purchase personal land for cultivation or increase their trading resources or commodities in terms of quantities or variety.

Women as Producers

The production of palm oil, food condiments and spices (locust beans) and garri is carried out by women in the two communities. The women sell these products in their local markets to other women who resell in the community or in neighbouring local markets, and at times in urban markets such as those in Benin City.

The average work day of a woman begins with going to the farm. At the farms breakfast is prepared and the family fed. Work in the farm then begins with clearing and weeding. Cassava is harvested, peeled and bagged or loaded into bowls. This cassava is then conveyed home, by the women and children on their heads. The cassava is left with the grinder. The children at times are left behind to oversee and ensure that the cassava get processed. Meanwhile, the woman returns home to prepare the family's meal and carry out other household needs. Thereafter, she returns to the grinder to assist the children in conveying the grated cassava home. At home, she leaves the cassava overnight for frying the next morning. Otherwise, where the cassava was not dried mechanically, they are dried locally for 2 - 3 days before it's fried. This latter allows the cassava to ferment properly. At the same time, the woman sells other

commodities, such as fuelwood, wild fruits, kerosene and assorted provisions. Below are photographs depicting stages in cassava processing.

Women as Traders

The women who participated in the focus groups discussions were willing to discuss the financial part of their trading activities. In order to obtain a fairly accurate report, the women were informed repeatedly that the discussion was purely for academic purposes not for tax purposes. The information generated from the key informants interviewed and the focus group discussions contributed immensely to an understanding of the intricacies of trading.

Generally, trading is on two levels; trading by barter, and cash purchases and sales. It is particularly a common phenomenon in Ubiaja than Ekpoma for the women to exchange their farm produce. For example, a woman can exchange a bunch of plantain for a small bowl (izokpo) of garri. Such exchange of commodities reduces the agony of not having enough cash to purchase the produce in an open market. Trade by barter assists the women to meet their domestic and household consumption without subjecting themselves to ridicule from other women. The situation arises because Ubiaja women have control over produce from their personal farms.

Otherwise, commodities are taken to the market(s) and sold to the highest bidder. The revenue generated is subsequently used to purchase other household or domestic needs while the surplus goes for personal needs or is saved.

The Ekpoma women have a higher individual working capital of ₦5000 to ₦8000 more than Ubiaja women who have ₦3000 to ₦5000. However, while trading on a large scale was carried out individually in Ekpoma, the Ubiaja women traded collectively on a large scale. Collective trading is primarily to raise a higher capital while cutting down on expenditures such as labour transportation and time. Individual trading involves one person marketing while collective trading involves a group of two or more individuals putting their capital together and sending one or two persons to sell and purchase the commodities for marketing. In individual trading, purchases and sales are personally determined and owned while in collective trading purchases are determined, owned, and sold by a group of individuals. More importantly, individual trading is highly localized while collective trading spans through a wider geographical area such as Ubiaja women traders going to the northern part of Nigeria such as Kano to purchase commodities for sale in Ubiaja markets and its environs.

The local traders seem to accumulate more liquid capital than the long-distance traders. It was noticeable that women who engaged in long distance trading conveyed garri and palm oil from these communities to the northern markets where they are paid cash with which they purchase yams, beans, tomatoes and 'tatashe' (pepper) which they transport to the south to sell. Long distance trading involves long absence from husband's home and this affects reproduction in all its ramifications. Women thereby break traditional taboos which prevent certain contacts with other men. In addition, long absence from

their homes and husbands tends to disturb the reproductive cycle of the women. This is more prevalent in Ubiaja than in Ekpoma.

5.7.2 Division of Labour

A crude classification of the division of labour by sex in the two studied communities will most likely classify women as traders and men as farmers. This crude classification is inaccurate because the data generated in this study show that women are equally engaged in farming as the men. Infact, the women either own their personal farms or are engaged in farming beside their husbands. The earlier crude division of labour may be based on the cultural taboo that restricts women from planting, harvesting and putting the yams in barns or taking yams from the barns. In addition, traditional farming activity was synonymous with planting and harvesting of yams. The reason given was that yam is the staple food of the people and the main crop that is traditionally farmed. However, this pattern has changed as there is now emphasis on both cassava and yam cultivation. According to the women, "we cannot produce enough yams to cater for the household as well as provide additional income. Therefore, we now raise large cassava plantation for 'garri' and 'akpu' to supplement our domestic consumption of pounded yam, as well as raise additional income. Often these cassava plantation are owned and controlled by us." The women further acknowledged, that their husbands particularly in Ubiaja own their cassava plantation which they sell to strangers and at times to their wives. Occasionally, the women are permitted by their husbands to harvest from their cassava

plantations for domestic consumption rather than provide the wife with cash to supplement household feeding and maintenance. It can however be said that while men are mainly farmers, the women are both farmers and traders in the studied communities and these two occupations are likely to disturb the reproductive cycle of the women.

It was pointed out in the course of this study that in pre-colonial era to the past decade, Esan women did not engage in large scale, long distance and lucrative trading. To some extent, their trading involved local trading and to an extent, it involves both cash purchase and barter sales. Although long distance trading was known to be lucrative, it was seen by the men as unhealthy to a marriage because it exposes the women to temptations through constant and close interactions with men. Therefore, to ensure the fidelity of their wives as well as the paternity of their children, such economic activity was strongly discouraged until the woman is a widow, or has reached menopausal age when she is equated or seen as a 'man'.

Markets which are held every four days in the respective community, Ekpoma and Ubiaja are dominated by women both as sellers and buyers. These markets attract people from neighbouring villages as buyers and sellers. The Ekpoma market is highly commercial and well known for its rice, popularly known as 'Ekpoma rice'. This attribute of trading on Ekpoma rice on a commercial scale attracts buyers from within and outside the state. Ekpoma market is also observed to provide the link between the town and other frontiers

that serve as trade links.

5.7.3 Sex Segregation in Farming Activities

At the beginning of a farming season men acquire land from their patrilineage or from government. The land is cleared, trees felled and burnt by men and boys. The women provide assistance in the other farming exercises. The women are involved in parking and weeding, while both the men and women raise the mounds for planting. The men plant mainly yams while the women mainly cultivate cassava.

Throughout the farming season, the women weed the farms as well as plant and harvest other crops such as melon, pepper, beans, vegetables, et cetera. In addition, while the men harvest yams and other crops, the women engage in harvesting cassava and other crops excluding yams. In fact, women are strongly tabooed against planting and harvesting of yams. So they use hired labour to plant and harvest yams in Ubiaja.

5.7.4 Taboos Surrounding Work

Information gathered show that certain customs which exist continue to guide the nature of work, the time to work and certain acts that are prohibited in certain workplace.

Traditionally, Esan married women were encouraged to work within the vicinity of their husbands. As such, they rarely engaged in long distance trading. The reason given was that the practice was to ensure the fidelity and paternity of the children through reducing extra marital affairs that may arise from excessive

exposure of their wives to other men.

It was customary therefore for husbands to subject their wives to oath taking primarily to ensure their fidelity. Infidelity such as adultery is believed to attract illnesses such as madness, death of the woman's children and ill-health to the husband. The frequency of such oaths is to strengthen the trust of the man on his wives, thus giving him confidence that he is still in control of them.

Another taboo was that women during their menstrual period were prohibited from entering the farms. It was strongly believed that menstruation causes damage to farmed crops particularly yams. Often, failure to abide to such taboo results to the cropped yams getting rotten before harvesting. Closely related to this custom, is another taboo that prohibits newly delivered women from visiting the farm until their post-partum discharge stops. During these periods in a woman's reproductive cycle, the women are allowed to get to the boundary of the farm where they are given fuel wood and other items from the farm for household use.

Women are also not allowed to resume any form of hard work until three months after delivery. She is not expected to pound yam, fetch water or fuel wood and break logs of fuelwood. Rather, she is cared for and pampered to ensure good health and avoid complications. Also, Ubiaja women no longer strictly adhere to the taboo that prohibits women in their menstrual period and during postpartum haemorrhage from entering the farms. These customs were strictly adhered to in the era of strong extended family networks that provided the

needed labour. With the breakdown in the extended family network, women today rarely abide by such cultural restrictions. For example, it is more difficult today than in the past for Ubiaja women to obtain household assistance from extended family members. More importantly, the orthodox religions have partially rescued the women from the stringent demands of these taboos.

Another striking revelation during the fieldwork is the prohibition of sex in the farm. Sex in the farm is an abomination and an offence to the farm deities. It is believed that such act causes the farm deities to cause low productivity or damage to the planted crops. It also puts a curse or bodily harm on the offenders. Therefore, such offence attracts specified abolition rites as prescribed from oracle consultation(s). Similarly, a non-culprit, who witnessed or mistakenly saw such act is expected to report to the elders. Failure to do so by such witness attracts similar curse or bodily harm as that of the culprits from the farm deity.

Finally, a man is not allowed to beat his wife in the farm because it is a taboo for a woman to cry in the farm. Such behaviour is believed to affect farm productivity unless a ritual is performed.

5.7.5 Time Spent Working

Table 5.7.5 **Distribution of Time women were actively Engaged per Day (Hours)**

HOURS	EKPOMA				UBIAJA				TOTAL			
	WOMAN		HUSBAND		WOMAN		HUSBAND		WOMAN		HUSBAND	
	N	%	N	%	N	%	N	%	N	%	N	%
1 - 4	34	9.71	44	12.57	26	8.67	70	23.33	60	9.23	114	17.54
5 - 8	108	30.86	96	27.43	99	33	76	25.33	207	31.85	172	26.46
9 - 12	188	53.72	158	45.14	160	53.33	114	38	348	53.54	272	41.85
Over 12	20	5.71	52	14.86	15	5	40	13.34	35	5.38	92	14.15
Total	350	100	350	100	300	100	300	100	650	100	650	100

Source: Fieldwork.

A deliberate attempt was made to estimate the time women and their husbands were actively engaged working daily in the two Esan Communities. From observations during field work, the researcher arrived at the data shown in Table 5.7.5. Table 5.7.5 shows that a higher proportion of Ekpoma women 53.72% and Ubiaja women 53.33% were actively engaged in working in the range of 9 to 12 hours daily, as against 45.14% and 38% of their husbands for the same hours. Another 30.86% and 33% of the women

as against 27.43% and 25.33 of the men in Ekpoma and Ubiaja communities respectively spent 5-8 hours daily engaged in working. Next, 9.71% and 8.67% of the women as against 12.57% and 23.33% of the men work actively on the average of 1-4 hours daily in Ekpoma and Ubiaja respectively. However, it was observed that more of the men than the women worked over 12 hours daily, 14.86% and 13.34% of the men as against 5.71% and 5% of the women in Ekpoma and Ubiaja respectively.

Caution is needed in interpreting these data because the researcher did not take into cognisance the period spent by the women in caring for the children and spouse after working outside the home. In fact, the time duration discussed is based on the researcher's observable period of work when the women and men were engaged in income generating activities such as farming, trading, food processing, non-timber forest products extraction or collection, But, examining the total time spent working in both communities, it was observed that in terms of ranking, men and women worked in the same range: 9-12 hours, 53.54% women and 41.85% men; 5-8 hours, 31.85% women and 26.46% men; 1-4 hours, 9.23% women and 17.54% men; over 12 hours 5.38% women and 14.15% men in the studied communities. In conclusion, the women and men studied worked actively daily for sustenance and to generate extra income to meet their daily household demands but women tended to spend more hours working daily.

Another important observation in the course of this study was that while the men were actively engaged in one economic activity, the women were involved in multiple economic activities. For example, a man who was primarily a farmer kept to it religiously while a woman who farmed, was at the same time a trader and food

processor. Typically, a woman would cultivate an acre or two acres of cassava. She sold part of the harvested cassava and processes another part into garri (cassava farine) or 'Akpu' popularly referred in these communities as "santana." The processed cassava is sold and a portion kept for household consumption. More importantly, as household needs arise, such as payment of school fees, health bills, and clothing, cassava is harvested, sold whole or processed for sale to obtain needed cash.

There is no doubt that women in Ekpoma and Ubiaja work very hard daily and this affects their sexual habit by reducing the time devoted to active sexual act. Reproductive capability is thus negatively affected.

Table 5.8: **Summary of the Influence of Social, cultural and Economic Characteristics on Work and Reproduction in the Studied Communities**

CHARACTERISTICS	EKPOMA		UBIAJA	
	Influence on Work	Influence on Reproduction	Influence on Work	Influence on Reproduction
5.1 Age Structure	Very Strong	Strong	Very Strong	Very Strong
5.2. Religion	Strong	Strong	Strong	Strong
5.3 Conjugal Status	Strong	Strong	Strong	Strong
5.4 Family type, Composition and Residence pattern				
a Family type	Very Strong	Very Strong	Strong	Strong
b Family composition	Indirectly Very Strong	Indirectly Very Strong	Indirectly Strong	Indirectly Strong
c Postmarital residence	Strong	Strong	Indifferent	Indifferent
5.5 Education	Indirectly Strong	Indirectly Strong	Indirectly Strong	Indirectly Strong
5.6 Membership in local associations	Very Strong	Indirectly Strong	Very Strong	Indirectly Strong
5.7 Occupational distribution				
Farming	-	Very Strong	-	Very Strong
Trading	-	Strong	-	Very Strong

5.8 Summary

The discussions above show that the characteristics as shown in table 5.8 have some level of influence on the work and reproductive behaviour of the sampled women. The study shows that while age structure has very strong influence on the work and reproduction of Ubiaja women; family type has very strong influence among Ekpoma women. Other characteristics such as religion,

conjugal status and post-marital residence have a strong influence on the work and reproduction of both sampled Ekpoma and Ubiaja women. Conjugal status and family type have similar influence on the work and reproductive behaviour of Ubiaja women.

Generally, education and family composition either indirectly or directly have very strong influence on the work and reproduction of women in the studied communities. This pattern arises because the husbands' education and the heterogenous composition of the family which are indirectly related to the women influence other variables of reproductive behaviour.

CHAPTER SIX

THE REPRODUCTIVE BEHAVIOUR OF WOMEN IN THE STUDIED COMMUNITIES

6.0 Introduction

In chapter four, the nature of work and its relationship with the environment and the economy were examined while in chapter five an attempt was made to analyze the characteristics of the sampled women in terms of other variables that may affect both their work ability and reproductive behaviour.

This chapter however examines the nature and pattern of the reproductive behaviour of the women in the studied communities. The primary motive is to identify and highlight the variables that affect this behaviour and to what degree they affect work and reproduction. The variables examined cover a wide range namely: premarital sexual behaviour; marriage and its expectations; preference for male children; pregnancy and its complications; child bearing practices; child rearing practices; value of children, knowledge of sexual behaviour and use of contraception and finally child mortality.

6.1 Premarital Sexual Behaviour

Traditionally, Esan men are permissive in their premarital relationships with women. This condition meant that it is acceptable in Esan culture for a male to engage in premarital intercourse before he marries, and may pursue such activity with many partners. Such behaviour is not limited either to the woman he intends to marry. In fact, he is expected to confirm his interest and commitment through constant visits and intimate relationship with this expected

future wife. It was however gathered during field work that traditionally among the Ubiaja people, the two future bride and bridegroom are provided with a mat, specially assigned for various use including sex in the hut of the girl's mother. This customary practice in Ubiaja that allowed the mother of a courted girl to provide a special mat which both the future suitor and the daughter sat, interacted, and played when necessary had sexual intercourse, allowed such mother to know who was courting her daughter and if she got pregnant, the father of the unborn child was easily ascertained. Conception from such act, therefore legalized the relationship between the boy and girl by the final solemnization of their marriage.More importantly, it was a practice designed to ensure that the girl became pregnant before marriage thus guaranteeing her fertility prowess and as a source of pride to both the girl and her family. On the contrary, it was gathered in Ekpoma that a man was expected not to have premarital intercourse with a woman he intended to marry. Her virginity must be protected to attract more respect and bridewealth.

Data from the group discussions with the women however show that there is moral laxity amongst the adolescents of today than when the participants were of their age. It has now become a common occurrence for adolescents particularly girls to engage in premarital sex. This premarital sex tends to be encouraged by the late age at marriage arising from formal western education that keeps most children (girls) at school to the age of 18-20 years. Such formal education also exposes them to peer influence and pressure, as well as economic

deprivations that lead the girls to engage in premarital sex. According to the women, premarital sex increases the chances of teenage pregnancies which are often aborted unknowingly to parents, except when such girls run into complications. The desire to abort such teenage pregnancies among adolescents is primarily to ensure the completion of their education.

On the other hand, women in the two communities, Ekpoma and Ubiaja were not expected to be promiscuous by engaging in premarital sex, or have sex with more than one partner. An Ekpoma woman was expected to remain a virgin until marriage while an Ubiaja woman may have regulated sexual relation with a suitor before marriage. This situation depicts a double standard of sexual morality in these two communities because of its logical inconsistency that permits the men to have premarital sexual intercourse while the women cannot. If this code is rigidly obeyed in these communities, there would be no woman with whom the men could have sexual intercourse. To a large extent, this double standard of sexual morality creates two classes of women: the 'bad' women often described as wayward and promiscuous, because men could have premarital sex with them and yet do not marry them; and the 'good' women, who are disciplined, respected and pure because men refrain from having sexual intercourse with them except when they have expressed intention to marry or have married them.

Furthermore, the study shows that the women view teenage pregnancy as a major social problem, particularly with the increasing adolescent motherhood,

occurring in the studied communities. A picture of this social problem was given by Ekpoma women who generally held this view similar to the one given below.

> Our young girls have got wiser than us today, that they openly engage in premarital sex, particularly with older men. They rarely listen to us as mothers because they can claim independence from home due to the financial reward given them by such men. When they get pregnant, they resort to unsafe abortions that have claimed the lives of some and left some with damaged uterus. Unfortunately, as mothers we hardly get to know when our daughters get pregnant until trouble arises in their abortion bid. Efforts on our part, to imbibe sexual morality through advise and punishment such as denial of needs and at times school fees have failed.

The women also added that this 'waywardness' in their girls has not attracted serious condemnation from the male population. Rather, men seeking for future brides lay more emphasis on sophistication, and more importantly on the brides' ability to procreate than their virginity. This need to ensure that a girl can procreate continues to perpetuate pre-marital pregnancy. However, both women and men noted that subsequent failure by the newly wedded women to get pregnant after their first delivery creates dissatisfaction and marital conflict. It is then that the previous life style of the girl becomes questionable and the problem is blamed ~~falls back~~ on the mothers, who bear the condemnation of not bringing up their daughters properly.

On the contrary, the unmarried girls informally interviewed showed that their perception of their sexual morality was different from that of the women.

The girls stated generally that their peers approved their behaviour while older men and close friends disapproved them. More importantly, these girls were less committed to virginity than their mothers. According to the girls interviewed, they were not committed to the idea of remaining a virgin until marriage because premarital sex provided them sexual experience that gave them an advantage in marriage, and dampened marital dissatisfaction arising from husbands who engaged in extra-marital affairs. In fact, a majority of the surveyed women (72%) were either virgins on marriage or their present husband was their first sexual partner. Although the girls and men were no longer committed to virginity, quite a few of those interviewed (25%) claimed they were still virgins. Such figure must not be fully accepted because the study was not designed to measure or prove the girls' virginity. However, the girls who claimed to be virgins tended to come from families that have been well known for their sexual morality over generations. Their fertility prowess also remained guaranteed over the years. What is however problematic is the girls rationale and motives for engaging in pre-marital sex. While the women claimed that the nature and the rationale behind the girls involvement in pre-marital sex was purely materialistic, the girls on the contrary argued that such perception was wrong. The girls stated that at the time their mothers were of their age, marrital age was low (approximately 14-16 years). At that age, they had little or no education. They knew nothing of what is called love or how to be loved. The emphasis was purely on procreation. Below is a picture of a dialogue between the girls (R) of 15-20

years of age with some education, and the research/interviewer(I).

I: Do you think a girl should be a virgin on marriage?

R: It should not be compulsory or be a pre-requisite to marriage because she should not be expected to remain a virgin at the age of 25 years.

I: Do you mean that early marriages can guarantee a girl's virginity while marriages at older age such as 25 years does not?

R: Yes, because it will be an embarrassment to be a virgin at an old age (from 21 years upwards). At this age you are likely to be in a higher institution of learning and be eligible for marriage.

I: What age do you think a girl should have first coitus?

R: Somewhere between the ages of 18 and 20 years, I think a girl should lose her virginity.

I: How old are you?

R: Nineteen years of age

I: Are you still a virgin?

R: Definitely no, after my West African School Certificate examination (WASC) at the age of 17 years, or more, it was ripe for me to have some sexual experience as most girls in our school and at home begin to fall in love at this age. Sex is a climax of such feelings.

I: Did you engage in sex because of love?

R: It was part of our growing up. We are a bit clear about what we want now, who to have sex with and why we engage in such act.

I: Please explain in some details what you mean by your statement.

R: Right now, no man can take any girl for a ride or have casual sex with her. He must establish his feelings. Show he cares by caring for the girl emotionally and materially, as well as ensuring that she is happy. Such men must also be in the positions that they can bear the responsibility of what results from such sexual encounters. More importantly, our fulfillment and contentment with them must be well grounded. To some extent, we should feel from our relationship that they are desirous of not only having sex with us but also have the ambition to marry us.

I: Do you wonder what your parents, particularly your mother feels about your behaviour?

R: See, most mothers are troubled when the man is not responsible enough to shoulder the responsibilities of the outcome of such relationship. If this is guaranteed, most mothers encourage their daughters but pretend in the presence of the men, their husbands and relative.

I: Do you mean mothers encourage premarital sex among the girls than their fathers?

R: Yes, men rarely have time to monitor their daughters while the mothers who are saddled with such tasks are not firm and effective. In fact, their ambition is to have their daughters get married to a well-to-do man and not whether they are in love.

Such a discussion which occurred again and again shows that there is contradictions in the perception of both women and girls as regards pre-marital sex, the rationale and motives behind it. The issue is more complex than one thinks, but changes that have occurred in all dimensions, physical, social and economic, are reflected in the variation between mothers and daughters perception and attitude to premarital sex.

Consequently, such changes in pre-marital sexual behaviour is more likely to increase adolescent motherhood. Adolescents motherhood increases the reproductive age of the women while other variables are constant. There are however, other multiple factors, namely, education, use of abortion as a family planning control method, early exposure to modern ideas such as using abortion to remove unwanted pregnancies that may likely decrease the children ever born. These younger girls therefore will likely have fewer children ever born considering their exposure to abortion and effective family planning techniques than their mothers who lived in generation where adolescent motherhood was controlled, the use of abortion to remove unwanted pregnancy was regulated and the use of effective family planning techniques were not prevalent.

6.2 Marriage and Its Expectations

Marriage in the two communities studied is seen as the union between two lineages who do not have a common ancestor. The Esan culture allows men to have more than one wife while women are prohibited and tabooed from having any sexual relationship with another man after marriage. More importantly,

women are expected to bear children within 1-2 years after marriage. In fact, the Esan people prefer a man to marry a woman that is already pregnant and likely to put to birth soon after marriage. According to the elders, such practice assures the man of the procreative prowess of the woman. This procreative capability ensures marital satisfaction and happiness within the first few years of marriage. Otherwise, problem with child birth creates resentment, antagonism from in-laws, stereotyping and marital conflict.

The men in the two studied communities stressed that it is advantageous for a man to take a wife from a family known for their procreative capability and without any history of infertility. Marriage by betrothal or arranged marriage still prevails but were widely practised two decades ago. The Esan people stress the responsibilities of married woman in choruses during marriage. An example of such chorus is shown below:

Esan	**English Literary Translation**
Ime rio wia ha	I have taken a new Wife
Ime rio wia ha	I have taken a new Wife
Owiaha ne ivie	Wife of beads
Owiaha ne khan	Wife of precious stone
Owia ha no mwe ekpen me	Wife that gives me respect and pride.

This chorus is to admonish the new bride and enjoins her to sleep well with the husband in order to portray their reproductive prowess. Consequently, an early conception and delivery by the woman within the first year of marriage

is joyfully acknowledged with songs of joy and thanksgiving to the woman. An example of such chorus is also shown below:

Esan	**English Literary Translation**
Ọmo no whe kpen me	The child that has given me respect
0mo no whe kpen me	The child that has given me respect
Inan limi ye	Our ancestors have spoken
Inan limi ye etc.	Motherhood has been fulfilled.

But, when a newly wedded woman fails to fulfil her procreative role, there is always a strong pressure on the man to marry an additional wife. The primary goal of such pressure according to the women and elders is to establish that their son is virile, not impotent but is a man.

Thus, childbirth by the newly wedded second wife creates stereotyping. Choruses to show their joy as well as their resentment for the "infertile" woman are sung. An example of such chorus is:

Esan	**English Literary Translation**
"Owia no whe kpen me	My wife that has taken shame off me
No whe kpen me	A wife that has not made my son to sweat
Orio khle wa me gbe re	in his genitals for nothing
Owia no wa re afoya	You are a wife of good and coral beads.
gbe oriinien epah."	

According to the women and men in the studied communities this chorus is meant to adorn the man and proclaim his potency. The emphasis of the chorus

is that sex between the newly wedded couple has been blessed with a child, rather than allow the "genitals of the man to labour in vain."

These action and reaction to an infertile and fertile woman tend to portray that the Esan culture has no sympathy for infertile woman. Efforts are often made by both families to provide solution to cases of infertility in women. Various types of treatment, ranging from traditional and orthodox medicine are used. It is often a result of such infertility in marriage that the man is encouraged to marry another woman. The first wife has a choice to leave or stay in the marriage.

It was also observed that, after a woman gets pregnant, she rarely sleeps with her husband in the first five months. This practice is to prevent premature abortion. After five months, the woman can then sleep with her husband. It was also noted, that a man and a woman are tabooed from engaging in sex in the afternoon. Such sex taboo is strongly adhered to in Ekpoma than Ubiaja. In Ekpoma, the women argued that non-adherence to such sexual taboo has resulted in a number of maternal deaths among both resident and non-resident female indigenes.

Moreover, female participation in economic activities begins to diminish in the early months of pregnancy. Towards the end, as from the eighth month, the women do more work in order to ease labour pains. In this period, the woman goes to the farm, cut down wood in the bush and collect it with the assistance of her children and relative living with her for fuel wood.

Towards the time of delivery, the woman is taken on long walks, chased by co-wives, peer and relations. Such practices are to make the child uncomfortable. Such discomfort puts pressure on the child who makes rigorous movement in the womb as signs to his/her delivery. In fact, it was stated that women are also given castor oil as enema to compound the distress and discomfort to the unborn child. Mother-in-laws in the two studied communities also play an important role in this labour process. She escorts the woman to the place for delivery, either at home or in a maternity or hospital unit.

After delivery, the mother-in-law and the woman's mother assist in catering for the newly born baby and the mother. The newly put-to-birth mother is often fed on "pepper soup" made from spices such as ginger, alligator pepper, "oziza" et cetera. Such spices are meant to cleanse the uterus of any remaining blood cloths or unwanted body. In addition, the husband buys her 'gin' and/or stout to be taken with codeine to stimulate bleeding. Such bleeding according to the women is necessary to ensure thorough cleansing of the womb or uterus. The man buys these drinks while the mother-in-law and biological mother buys the items for the soup and prepare it on a daily basis to be eaten with pounded yam. All these actions are expected to quicken the cleansing of the uterus and to make future conception easier.

However, complications may arise at certain periods. Examples of such complications are: haemorrhage, obstructed labour, retention of the placenta and others. Often, such complications are linked to abominable acts committed by the

woman. For example, she may be accused of stealing her husband's money or for having committed adultery. Immediate confession of such acts by the woman is believed to facilitate the traditional healing processes. It was also acknowledged by most of the women interviewed that they often take traditional medicine with them to the hospitals/maternity at the time of delivery. Such medicine which is black and powdery is blown into the cervix/vagina of the woman experiencing hemorrhage or other complications. Often such medication stops bleeding or ease difficult delivery process.

6.3 Preference for Male Children

In the two studied Esan communities, preference is given to a male child than a female child. This preference is exhibited on the delivery of the child. A male child attracts greater love, care and willingness to spend money particularly to ensure his survival. A male child is the father's treasure and asset. He is believed to be the inheritor of his father's property when he dies. This belief creates a special bond between the son and his father. However, the data show that there is a variation to the above with the traditional ruler. The first son is tabooed from living with his father. In fact, father and son rarely tolerate or care for each other. According to a key informant, "the truth is that the reigning king feels threatened by his heir apparent". Such rivalry between father and son, coupled with that between the son and other brothers is still strongly believed by the women to lead to premature deaths of most heir-apparent in the studied communities.

On the contrary, a baby girl creates less controversy. She is never a threat to her brothers, sisters, or mother's co-wives because in Esan culture, she has no right to inheritance in the devolution of her father's property. Infact, she is seen as an asset and a property on whom bride price will be collected and the husband remains indebted to his in-laws.

Traditionally, whether the child is male or female, the mother feeds them primarily on breast milk and the use of artificial milk as supplement was rare. The male child now gets circumcised eight days after delivery. However, it was reiterated during the fieldwork that traditionally, from pre-colonial era to early post independence, sons and daughters were circumcised at an older age. The boys were circumcised at puberty while the girls were circumcised during marriage preparation.

More importantly, the newly born child is bathed with water consisting of diverse herbs, spices, animal skulls and condiments to drive evil spirits and give the child prolonged life.

At infancy, the child is expected to sleep with the mother. However, once the male child is no longer an infant, he sleeps in his father's hut while the female child remains with her mother in her hut.

The naming of a child is on the eighth day after delivery. The naming ceremony involves the use of salt, palm oil, water, coconut and alligator pepper. The deeper taste of the salt portrays the difficult part of life. Palm oil is meant to soothe the child's life while water is the 'juice' of life. Coconut and alligator

pepper drive evils from the life of the child. The naming ceremony is performed by the paternal kinsmen and kinswomen. Often, names given are synonymous with important events in the life of both parents, particularly if the child is a reincarnate of a deceased person.

6.4 Pregnancy and its Complications

Despite the use of contraception by the women in the two studied communities, a substantial number of them reported that they got pregnant while using modern contraceptives. According to some of these women, at times these modern contraceptives fail. For example, one woman stated that she got pregnant, did not know she was pregnant until she began feeling some form of movement(s) in her womb. Her visit to the maternity confirmed her fears that she was pregnant.

Another woman stated that she took the injectable contraceptive and for the next five months she had no menstrual period. The midwife initially claimed that it is normal for some women to have such effect, but a pregnancy test was positive and confirmed her pregnant. As much as the women desire and currently use modern contraceptives, they are not totally confident as regards their reliability and efficiency. They reported that most modern contraceptives have accompanied complications such as infections, heavy bleeding and severe menstrual pains. These complications often result to a discontinuation of such contraceptives. The worst complication reported by the women in the two communities is delay experienced in getting pregnant after discontinuing the use

of modern contraceptives. Therefore, these women are strongly of the view that modern contraceptives should be used only when a woman has a high child surival rate. Preferably, they suggested the use of both traditional and modern methods of birth control by women of reproductive age.

It was also reported by 58% of the Ubiaja women as against 34% of Ekpoma women that women may elect to terminate their pregnancy by induced abortion. Such option is often chosen not to the knowledge of their husbands but to that of very intimate friends who often accompanied them to places where such services were rendered. It was however surprising when the women in Ubiaja reported of the possibility of terminating a pregnancy in the government hospital, under the guise that "the pregnancy is harmful to the health of the woman." This trend according to these Ubiaja women is designed to put the doctor(s) on a clean slate or exonerate them from any misdeed when death occurs. These women who resorted to terminating pregnancies through abortion rather than use modern contraceptives are mainly those women whose husbands strongly object to the use of contraceptives. Both men and women of all the religious groups in the studied communities claim that "children are the gift of God. It is improper therefore to use foreign objects or chemicals to prevent or terminate any pregnancy."

On a more positive side, pregnancy is the aspiration of all married women. It is a major indicator that a female has attained womanhood. Pregnancy attracts special care from both the families of the husband and that of the wife. Several steps are taken to ensure that a woman retains any pregnancy.

Hence, at the inception of any pregnancy 88% of the women in both communities, Ekpoma and Ubiaja use traditional medicine. They are expected also to carry out less strenuous work in the early part of the pregnancy, particularly at the first trimester. Thereafter, they gradually begin to carry out strenuous economic activities. In the last trimester of their pregnancy, they are allowed to engage in more strenuous work because according to these women it accelerates labour, thus making delivery easy.

A successful child birth is anticipated when a woman becomes pregnant. It is, however, realized that in some pregnancies and deliveries women encounter a range of problems.. It is in an attempt to prevent any problem in pregnancy and delivery that women are given treatment from the onset of any pregnancy. The women argued that from the month of conception there is a specific traditional herbal drug dispensed to the woman on a monthly basis. The treatment administered in the early part of pregnancy is to prevent miscarriage and to ensure the proper growth of the foetus and the stability of the woman's health. In contrast, the treatment in the later part of pregnancy (i.e. from 6 months) is to ensure safe delivery and no complications after the delivery. These precautions, notwithstanding, some women develop problems such as fever, early morning vomiting and bleeding which the women fear may lead to the termination of pregnancy. In the focus group sessions, it was reported that most miscarriages begin with bleeding which progresses to an unmanageable state when the foetus is then expelled. At times, the woman is sent to the hospital for a D & C to

ensure that the womb is properly cleansed, or alternatively, "native herbs and gin are taken to ensure proper bleeding which guarantees the proper cleansing of the womb." Where the pregnancy progresses, other complications may be encountered either during or after delivery.

A number of complications were identified by the women during the focus group discussions. The most frequently identified complication were "una" (spontaneous abortion), "abhai" (separation of the placenta), "uduogili" (obstructed labour), "anegbode" or "akeh" (retained placenta) and "unawede" (haemorrhage),

Spontaneous abortion is the least complicated and rarely causes maternal mortality except where other complications such as infection follows. Other identified complications are harmful to both the foetus and the woman, such that, in the absence of adequate and effective control, such complication may result in the woman either loosing the pregnancy only or she may die with the pregnancy.

The women informed the researcher that they resort to the use of both traditional and modern medication to arrest such complications. From the data collected, it is clear that both men and women still strongly believe in the efficiency of traditional treatment. In fact, with the complications associated with pregnancy and delivery, traditional treatment is seen by most as the best because it is easier to obtain and believed to be more effective than modern medicine.

Traditional treatment is administered in various forms such as burnt herbs, herbs boiled for bathing, and those taken orally on monthly basis. The herbs

taken on monthly basis are to prevent a number of complications such as hemorrhage, obstructed labour and the retention of the placenta. The burnt herbs are blown into the cervix and some taken orally when the women have hemorrhage. It is widely acceptable among men and women that once this herb is administered the bleeding stops.

However, the respondents pointed out that the bleeding may continue in cases where the cause of the bleeding is unnatural because it is a punishment for abominable behaviour. In such instances, an oracle is consulted to determine the abomination committed by the woman. Such abomination may include "the theft of money or property belonging to her husband or that of her parents. Once the offended party forgives the woman, the bleeding will stop with minimal treatment. However, the women further reiterated that if the abomination is not identified or the forgiveness is delayed, the woman may die."

The preferred use of traditional treatment by the Esan people is encouraged because such practitioners are readily available in the neighbourhood. Also, less bureaucracy surrounds the provision and process of obtaining such treatment. There is however a growing tendency to take complications arising in pregnancy or delivery to a specialist gynaecologist/obstetrician, particularly in cases of severe complications such as haemorrhage, obstructed labour, retention of the placenta, et cetera. Nonetheless, most women use traditional treatment because it is less time consuming and travelling costs to the provider of such treatment is minimal. The women further reiterated that "a traditional birth

attendant is fully equipped with the necessary medicine to administer at any time of emergency. But that at times, many of these women are also prepared to resort to modern treatment when all traditional medication(s) have failed."

From the group discussions held with the women, a number of strategies to reduce maternal mortality were promulgated. They represent the views of the women themselves, a constituency whose views are conventionally often hidden or not recognised.

These strategies include the followings:

i. provision of health facilities

ii. provision of drugs in hospitals and maternity /health centres.

iii. allowing traditional birth attendants to work in hospital or health/maternity centres.

iv. provision of ambulances

v. liberalizing the present practice of payment before treatment in modern health care institutions.

vi improving the status of Esan women in order to enhance their decision making.

Generally, these strategies aim at improving access to treatment in hospitals and health/maternity centres, as well as ensuring the availability of drugs.

6.5 Child-bearing Practices

Pregnancy and child birth are two experiences that most Esan women look forward to in marriage. These experiences are highly significant parts of their

lives when women during pregnancy and delivery have little or no problem.

According to the women, "children are the gifts of God and a blessing to a marital or other sexual union". This belief enhances the peoples' desire to have as many children as God sends to them on earth. Consequently, they argue that any attempt to prevent such children from coming to the world inevitably has its repercussions. The women supplied many examples to buttress their beliefs. For example, a woman narrated her experience in the use of Intra Uterine Device (IUD).

> "I got pregnant and never knew or expected to be pregnant. My period stopped and I thought it may be irregular period or 'menopause'. After sometimes, I began to feel some movements. Further hospital visits confirmed my pregnancy. The delivery of the baby, was the worst experience I ever had in eight deliveries. The baby was delivered with the IUD loop tightly held in his fist. The difficult labour I experienced was attributed by my relations to my desire to limit the number of children God has earmarked for me."

The general belief in the studied communities is that a woman attempting to control pregnancy may find her relatives and herself plagued with an epidemic which may cause the death of one or more members. Or, in a subsequent reincarnation, the women may be cursed with infertility.' Such repercussions are seen as severe considering the status of children in the communities.

Children are the future social security for their parents. Most parents believe that the greater the number of children a woman has, the greater the chances that both father and mother will be properly taken care of in their old age. There is, moreover, a specific desire among Esan people, to have both sons

and daughters because daughters take more care of their parents than sons do. Parents are sure to obtain monetary support from their sons where possible, but these same sons are likely to be working elsewhere, far away from home and will rarely have the time and patience to visit their parents for any length of time. On the contrary, daughters visit their parents regularly providing them with care, company and emotional support at their old age. Nonetheless, parents have a strong desire to have sons. The people therefore have a strong desire to have at least two daughters because of the important role they play at their old age.

More importantly, a fertile woman connotes both one who has successfully fulfilled her role of bearing children and keeping the children alive. The society makes little distinction between the ability to bear and rear children effectively. Women with children are usually respected and protected by their husband's families, or, when not married, the families of the children's father. In contrast, a woman with a history of infertility is often 'ridiculed and accused of being a witch. The status of a woman to a large extent is positively related to the number of children she has. Hence, women with higher number of surviving children have a higher status in the home and the society at large. The researcher gathered that most men purchase new clothes for their wives after any successful birth. Accordingly, the higher the number of surviving deliveries, the higher the number of times the husband is likely to purchase new clothes for his wife. Whereas, the woman who fail to bear children rarely or never receives any new clothes from her husband. Such a woman is allowed to fend for herself while the

man looks after his other wife and her children. The common concession made to an infertile woman is that she gets yams from her husband for cooking. She is however not extremely miserable because of the support she gets from her lineage.

It is important to note that the birth of a surviving child signals a period of jubilation, reconciliation and merriment. The new-born baby is bathed with water in which different types of herbs have been added and boiled. This exercise is to ensure that the child is protected from all types of evil spirits that may be harmful to the baby. The woman is also given special care to ensure she maintains good health after delivery. This care involves special feeding, having enough rest, as well as seeing that someone else undertakes her hard or difficult tasks after delivery for up to six months.

Successful child bearing increases hope for more children and increases the potential work force of the family. This bears credence to the desire by the women particularly in Ekpoma to have more children.

6.6 Child Rearing Practices

The data collected show that most women in the two studied communities are engaged in one form of economic activity at any point in time or a combination of more than one economic activity. This supports Fadeyomi et al (1977) and Sardarkassa (1973) findings that women are frequently combining motherhood, working and child rearing. This situation may involve women not taking jobs far away from their residential area or home, in order to make

mothering and working compatibility. According to the women surveyed, the major reason for working is to generate income which gives some financial autonomy.

The majority of the women surveyed, 88.9% irrespective of the studied community, cited financial obligation and economic necessity as major reasons for working. These reasons are based on the demand on them to support their families of procreation and orientation, particularly in the absence of any social service package for the elderly or the less privileged in the state and the country in particular.

Table 6 .6 a shows that of the total women surveyed in the two communities, a majority, 42.92% are personally involved in caring and rearing their children, because it is compatible with the type of work they do, which is mainly agricultural. Another 36.15% women use relations to oversee their children, 3.85% use friends, 9.23% use institutional care, 7.39% use their neighbours and 0.46% gave no response as regards type of child care

Table 6.6a **Type of Child Care Arrangement**

TYPE OF CARE	EKPOMA		UBIAJA		TOTAL	
	N	%	N	%	N	%
SELF	130	37.14	149	49.67	279	42.92
Relations	115	32.86	120	40.00	235	36.15
Friends	20	5.71	5	1.67	25	3.85
Institutional care	50	14.29	10	3.33	60	9.23
Neighbours	33	9.43	15	5.00	48	7.39
No Response	2	0.57	1	0.33	3	0.46
Total	350	100	300	100	650	100

Source: Fieldwork.

arrangement. This overall pattern to an extent shows what prevails in the two communities. In addition, 37.14% as against 49.67% of Ekpoma and Ubiaja women respectively provide personal care for their children, while 32.86% as against 40% have relations assist in child care arrangement. The variations in child care arrangement become noticeable when 14.29% of Ekpoma women as against 3.33% Ubiaja women use institutional care. Also, 9.43% Ekpoma women as against 5% of Ubiaja women use their neighbour, while child care provided by friends ranked lowest, 5.71% and 1.67% for both Ekpoma and Ubiaja women respectively. The choice of institutional care adopted more by Ekpoma women arises from the availability of such care while the Ubiaja women have to take their children about 7-9 km to obtain such care. This long distance needed to be covered to obtain institutional child care discourages its use among Ubiaja women, particularly when an alternative child care arrangement is available.

Table 6.6 **Mode of Child Rearing**

CHILD REARING APPROACH	EKPOMA		UBIAJA		TOTAL	
	N	%	N	%	N	%
Traditional	87	24.86	55	18.33	142	21.85
Modern	75	21.43	93	31.00	168	25.85
Both Traditional & Modern	185	52.85	150	50.00	335	51.54
No response	3	0.86	0.67	0.67	5	0.76
Total	350	100	300	100	650	100

Source: Fieldwork.

Finally, table 6.6b shows the women's approach to child rearing. A majority of the women surveyed 52.85% and 50% of Ekpoma and Ubiaja communities respectively use a combination of traditional and modern approaches to child rearing. However, more Ubiaja women, 31% adopts the modern approach while 24.86% of Ekpoma women use the traditional approach. This variation arises from the fact that Ubiaja women are more educated in Western methods than Ekpoma women. Moreso, Ubiaja women have an earlier exposure and opportunity to higher education because of the early establishment of Sacred Hearts College, a Teacher's Training College at Ubiaja by the Catholic Missionary in the early forties.

6.7. Summary

This chapter discussed and analysed the reproductive behaviour of the women in the studied communities. Generally, the chapter documents the reproductive behaviour practices in the communities such as premarital sexual behaviour, marriage and its expectations, sex preferences for male children, child bearing and rearing practices ad their influence on reproduction. For instance, the data show that the high prevalence of premarital sexual behaviour strongly influences their reproduction as the girls bear children over a longer period. However, such longer period of child bearing does not adversely influence the work of women in Ekpoma while it does in Ubiaja because joint economic activity such as farming is practiced in Ekpoma while segregated farming is the norm in Ubiaja.

Marriage is universal in the two communities. It is consummated primarily to encourage women to have more children. But, there is a preference for male children as the communities are patrilineal and inheritance is strictly by primogeniture. This condition precipitates rivalry among co-wives, making witchcraft prevalent. The prevalence of witchcraft which results, influences child mortality which in turn encourages the women to have more children. More importantly, in Ekpoma, children are strong asset in providing family labour whereas in Ubiaja there is greater reliance on hired labour. These variations, are culturally determined and points to the fact that the two studied communities belong to different sub-culture in the same culture area.

CHAPTER SEVEN

SEXUAL BEHAVIOUR AND CULTURAL PRACTICES IN THE STUDIED COMMUNITIES

7.0 Introduction

The preceding chapter examined the reproductive behaviour practices in the studied communities and its influence on work and reproduction. This chapter analyses and documents the cultural practices that influence the sexual behaviour, reproduction and work of Esan women. These cultural practices are well known to affect their reproductive behaviour including fertility in Africa (Van de Walle, 1968; Caldwell, 1977; Ilori, 1981; Lesthaeghe, 1989' Oppong, 1987; Garenne and Van de Walle,1989). Examples of such practices are sexual abstinence during lactation, prohibition of sex both in the afternoon and at the farm, senior son's rights over step-mother, et cetera.

7.1 Sexual abstinence

In the two studied Esan communities, there is a cultural norm which demands that couples abstain from sexual intercourse after delivery and during lactation for one to three years. This finding supports that of Caldwell, et al, 1977 which found that sexual abstinence during lactation can be up to 33 months among the Yoruba people of Nigeria.

The data collected show that most of the women support the custom of sexual abstinence during lactation. However, very few women abide by this norm because they have shortened their lactation period to 12 months or less. In addition, the women support breast feeding with bottle-feeding on artificial milk.

The use of artificial milk to supplement breast feeding allows the couple to resume sexual intercourse earlier than proscribed by custom.

The implication of this custom of abstinence from sex on fertility is that it encourages long period of birth spacing as well as full recovery and readiness of the uterus for another conception. A shift away from such practice means that the women are likely to get pregnant within a shorter period after childbirth, thus encouraging increasing number of child birth. Some of the reasons given for this custom included ensuring the survival of the child by long period of breast feeding; creating closeness between mother and child to ensure care for mother at old age; perpetuating polygamy by allowing the men to have control over the sexuality of their wives, thus reducing jealousy among co-wives;, to allow for total healing of uterus in its preparation for easy conception and finally, to control the sexual desire of the women who are made to believe that sex during lactation causes infant mortality.

7.2 Prohibition of Sexual Relations

The information generated show that there are occasions when men and women are prohibited from having sex. According to the women, it is a general taboo not to have sex in the afternoon because it is a period for working and not for leisure. To ensure that people keep to his custom, they are further made to believe that acts contrary to this prohibition cause maternal death. However, this taboo is not strictly adhered to particularly among the Ubiaja community. Also, the Ekpoma women stressed that most of their children away from home do not

abide by this custom and according to women from Ekpoma, this may have been responsible for the high maternal deaths of Ekpoma women indigenes resident outside Ekpoma.

Secondly, women in the two Esan communities are prohibited from having sex in the farm. This custom is based on the belief that the farm deities are defiled by such act. This defilement will cause poor soil cultivation as crops planted will fail to produce. In fact, a person who witnesses such act and fails to bring the culprits for discipline, is also believed punishable by the farm deities. However, specific rituals of cleansing and appeasement to the deities remove any repercussions.

Sexual relation is also not allowed during menstruation as it is believed to be dangerous to the health of the men. Therefore, both men and women are advised to avoid sex during this period. It is believed to destroy any protective medicine in a man's body.

7.3 Obligations to have sexual relations with Spouses

The women generally reiterated that their spouses are by custom required to satisfy the sexual desire of their wives primarily to avoid extra-marital affairs. More importantly, the Ekpoma women stated that sex must take place soon after menstrual period. According to the women this period has a greater likelihood of guaranteeing conception. No attempt however was made to establish the credibility of this belief. But, the women from Ubiaja do not hold similar view rather they argue that the greatest possibility for conception is 10 to 15 days from

the day the menstrual cycle of a woman begins.

In a polygamous setting, the man is expected to have sex with all his wives. Similarly, a wife has the sexual right and privilege during her turn to cook for her husband. In this period, the man is not expected to sleep with the other wives. It was reported by the women that very often the men secretly indulge in sex with their favorite wives referred to as "ameb."

Also, co-wives can swop their dates for two main reasons. First, if the wife who is supposed to have sexual rights is in her menstrual period. Secondly, if the period falls on the "ovulating" period of another wife that is anxious to be pregnant.

7.4 Sexual Relations with Brother's Wives

Table 7.4: **Percentage of Women who are Aware and Have Knowledge of the Custom of their Husband's Brother or Next of Kin Inheriting and Having Sexual Relations with them.**

Age	Awareness				Knowledge					
	Aware of the custom		Not Aware of the Custom		Agree Custom exists		Disagree Custom exists		Do not know custom exists	
	E	U	E	U	E	U	E	U	E	U
15-24	0.86	1.67	0.57	1.00	0.28	0.33	1.14	2.00	-	0.33
25-34	31.43	31.00	3.71	2.67	20.00	28.33	2.86	6.00	12.29	6.67
35-44	40.00	43.33	6.00	6.00	27.14	40.00	4.29	1.67	10.00	9.33
45-54	11.43	10.00	0.86	2.33	10.86	11.67	0.57	0.33	0.86	0.33
55-60	4.86	1.67	0.29	0.33	4.57	1.67	0.28	-	0.29	0.33
Total	88.58	82.67	11.43	12.33	62.85	82.00	9.14	10.00	23.43	16.99

Source: Fieldwork.

Another custom revealed in this study is that a man was allowed to inherit and have sexual access to the wife/wives of his younger brother or next of kin on his death. It was clearly shown in Table 7.4 that there is an overwhelming knowledge of this custom 88.58% and 87.67% among Ekpoma and Ubiaja women respectively. Irrespective of the age range, all the women were significantly aware of the existence of such custom. However, there was no significant difference in the two communities between the women in the 15-24 years age range in Ekpoma and Ubiaja. The data show that older women are more aware of the custom than the younger ones.

More importantly, 62.85% and 82% of Ekpoma and Ubiaja women agreed that the custom exists, 9.14% and 10% disagreed with the existence of the custom while 23.43% and 17.01% did not know about the existence of the custom among the Ekpoma and Ubiaja women respectively. It is also clear that older women agreed with the custom than the younger ones. This pattern is not an assertion of a genuine practice of the custom, but a reflection of the knowledge and an acceptance of the custom. The implication of this custom is that it ascertains the likelihood that women are likely to accept having sexual relations with their husbands' brothers, on their death.

7.5 Sexual obligations with Fathers' Wife after His death

Another custom in Esan community which was investigated is that of a first son inheriting his father's younger wives, still of reproductive age and is allowed sexual access to such wife or wives.

Information generated show that there is overwhelming knowledge to this custom 65% and 72.29% among the older women in Ubiaja and Ekpoma while there is more awareness among the younger women below the age of 25 years in Ubiaja, 55% than Ekpoma 26.76% respectively. These data supports the prevailing practice in Ubiaja where it was widely reported and observed during fieldwork that the practice is still in practise among the non-literate in the society.

7.6: Value of Children

A number of studies have shown that the value of children in most societies influence their reproductive behaviour (Arnold et al 1975; Bulatao, 1975; Kabweqyere and Mbula, 1979; Caldwell, 1982; and Ntozi et al, 1991). For example, Arnold et al (1975), Bulatao, (1975), Ntozi et al, (1991) identified three categories of values for children. First, the instrumental assistance which includes help in the housework; old age insurance; providing financial and practical help; continuing the family name and line; for religious and social obligations and proving one to be an adult. Second, children are also valued for rewarding interactions. This covers companionship, love, happiness, play, fun, distraction from problems and the marital bond. Third, psychological appreciation includes living through children, feeling a sense of achievement and power, being responsible for bringing up someone with a certain character and giving you the incentives to succeed and a sense of fulfillment (Ntozi et al 1991: 62).

However, the data from this study support the first and third values for children in the studied communities. The primary value for children is the instrumental assistance provided by them particularly continuing the family name and line, proving one to be an adult (a sign of manhood and womanhood) and social security at old age in a society where social services are not clearly defined and effective. The surveyed women in the studied communities noted that the present economic recession in the country, has affected the ability of parents from meeting their parental obligations of ensuring adequate upbringing, training, educating and caring for their children. As such, the children have tended to become independent at an early age than their parents would have permitted. Such early economic independence may erode the children's commitment to their parents at old age. This fear is more among the Ubiaja women than Ekpoma women, because the former tended to spend more time away from home engaging in long distance trading and personal farming than the Ekpoma women. Thus, these Ubiaja women end up having little or no time to provide motherly care for the children particularly in the context of the changing extended family system.

Another important finding in this study is that in both communities there is more interest to have both sexes than sons only because daughters tended to provide better care for parents at old age than sons. According to the surveyed women, the daughters-in-law have greater influence on how their husbands cared for their parents than son-in-law. In fact, sons-in-law tended to care more for their parents-in-law than daughters-in-law. According to the women, the wife

brings happiness or sadness in any home. Therefore, men generally behaved more to please their wives in order to have happiness. As such, their attitude to their parents-in-law adversely influence the extent of care their husbands give to their parents at old age. Otherwise, contrary behaviour of husbands to that expected by their wives attracts marital conflict except in homes where the man has established strong control and influence on the wife.

7.7 Knowledge of Contraception

In this study, the different methods of modern and traditional contraception were explained to the women in the two studied communities. Then, they were asked if they knew of any of them or not, and their attitudes towards them.

As shown in Table 7.7 most of the women have a knowledge of both the modern and traditional methods of contraception. The figures are slightly the same in the studied communities. In these communities, the condom is the contraceptive method most widely known amongst the women, 91.14% and 96% in Ekpoma and Ubiaja respectively. Closely following their knowledge of condom is the pills and intra-uterine device (IUD) which are 86% and 83.33 and 82.29% and 78.33% in Ekpoma and Ubiaja respectively. The pattern is a considerable achievement in the campaign to promote modern contraceptives. It is observed that female and male sterilization are still generally unknown in the studied communities.

Table 7.7: **Proportion of Women with knowledge of Various Contraceptives according to Studied Communities**

METHOD	EKPOMA		UBIAJA		TOTAL	
	N	%	N	%	N	%
MODERN						
Pills	301	86.00	250	83.33	551	84.77
Intra-Uterine Device (IUD) (UID)	288	82.29	235	78.33	523	80.46
Diaphragm	214	61.14	231	77.00	445	68.46
Condom	319	91.14	288	96.00	607	93.38
Injection	190	54.49	186	62.00	377	58.00
Douche	109	31.14	101	33.67	210	32.31
Billing Methods	106	30.29	100	33.33	206	31.69
Abortion	193	55.14	225	75.00	418	64.31
TRADITIONAL						
Herbs	344	98.29	290	96.67	634	97.54
Amulets, Charms	265	75.71	175	58.33	440	67.69
Abstinence	346	98.86	285	95.00	631	97.08
Prolonged Breast feeding	340	97.14	299	99.67	639	98.31
Rhythm	134	38.29	152	50.67	286	44.00
Withdrawal	250	71.43	201	67.00	451	69.38

Source: Fieldwork.

Similarly, the data also show that the traditional techniques of contraception are well known in the two communities. Among the Ekpoma women, the two best-known traditional techniques are abstinence 98,86% and herbs 98.29% while among the Ubiaja women, we have prolonged breast feeding 99.67% and herbs, 96.67%. In ranking the other traditional techniques, we have among the Ekpoma women prolonged breast feeding, (97,14%), amulets (75,71% withdrawal (71.43%) and rhythm (38.29%) whereas among the Ubiaja women, we have abstinence (95%), withdrawal (67%), amulets (58.33%) and rhythm

(50.67%). The data show that the rhythm method is the least known in the studied communities.

7.8 Sources of Contraception

Table 7.8: **Sources of Modern Contraception in the Studied Communities**

Sources of Contraception	EKPOMA		UBIAJA		TOTAL	
	N	%	N	%	N	%
Government Hospital & Health Centres	186	53.14	167	55.67	353	54.31
Private Doctors/Clinic	96	27.43	42	14.00	138	21.23
Private Pharmacy/Stores	10	2.86	6	2.00	16	2.46
Friends	10	2.86	14	4.67	24	3.69
Relations	2	0.57	3	1.00	5	77
Others*	46	13.14	68	22.66	114	17.54
	350	100	300	100	650	100

*Others Include husbands providing condoms and the church teaching the Billings Method.

Source: Fieldwork.

Table 7.8 shows that government hospitals and health centres are the primary sources of modern contraceptives, 53.14% and 55.67% in Ekpoma and Ubiaja respectively. Other principal suppliers of modern contraceptives for the women in Ekpoma in order of importance are private doctors (27.43%) others (including husbands providing condoms and supporting the Billings (13.14%),

private pharmacy stores and friends (2.86%) and Relations (0.57%). While for the Ubiaja people the other principal suppliers are others (including husbands providing condoms and billings method) 22.66%, private doctors, 14% friends, 4.67%, private pharmacy stores, 2%, and relation, 1%. These data show that women in the two communities rely less on relations as providers of contraceptives. But, the women in Ekpoma have private doctor/clinics as secondary source of contraceptives while Ubiaja women depend on their spouse and Billings method. This pattern may have arisen because there are more existing private doctors/Clinics in Ekpoma than Ubiaja. The availability of health services outlet in Ekpoma may increase their accessibility and less dependence on other methods. However, private doctors/clinics were the third source of contraceptives 14% to the Ubiaja women while others (husbands and Billings method) 13.14% are to the Ekpoma women.

According to the women in the studied communities, their first knowledge and exposure to modern contraceptives is after their first delivery in an orthodox health centre. "The midwives and nurses simply tell us the available techniques, how they are used and advised us to return for one of the contraceptive techniques after the first post-pactum visit to the clinic and /or when we start our normal menstrual cycle. In the past decade, we could not be given such contraceptive except with the consent of our husbands."

This requirement no longer exist because individually and on personal request and consultation, we are given specific modern contraceptive. Often, our

husbands are unaware. When they complain about us not being pregnant, we often reply that "pregnancy comes from God and not by the power of women and men. We need to try harder and pray to God."

It follows from the above general view of these women in the two Esan communities that greater exposure and knowledge of modern contraception will enhance the drive to reduce the increasing population of family size in most areas in Esan-speaking communities.

7.9 Use of Contraception

Table 7.9a: **Proportion of Women Ever used and Currently using Traditional Methods of Birth Control in the Studied Communities**

Traditional Techniques	EKPOMA				UBIAJA			
	Ever Used		Currently Using		Ever Used		Currently Using	
	N	%	N	%	N	%	N	%
Drinking herbs	95	27.14	50	14.29	64	21	24	8
Amulets, Charms, etc.	45	12.86	35	10.00	10	3	2	1
Withdrawal	185	52.86	175	50.00	150	50	147	49
Abstinence	150	42.86	130	37.14	165	55	159	53
Prolonged Breastfeeding	110	31.43	45	12.86	75	25	24	8
Rythm (Safe Period)	20	5.71	5	1.43	40	13	9	3

Source: Fieldwork.

Table 7.9b: **Proportion of Women Ever Used and Currently using modern contraceptives in the studies communities**

Modern Contraceptive Techniques	EKPOMA				UBIAJA			
	Ever Used		Currently Using		Ever Used		Currently Using	
	N	%	N	%	N	%	N	%
Pills	39	23.93	36	26.09	53	34.42	57	27.80
Billings	42	25.77	46	33.34	28	18.18	30	14.64
Method	17	10.43	15	10.87	20	12.99	45	21.95
IUD	55	33.74	35	25.36	35	22.73	38	18.54
Condom	2	1.23	1	0.72	3	1.94	5	2.44
Diaphragm	4	2.45	2	1.45	8	5.19	15	7.32
Injection	1	0.61	1	0.72	5	3.25	12	5.85
Abortion	3	1.84	2	1.45	2	3	3	1.46
Douche								
Total	163	100	138	100	154	100	205	100

Source: Fieldwork.

Tables 7.9a and 7.9b show the proportion using traditional and modern contraceptive techniques respectively. The data show that a higher proportion of Ekpoma women have ever used some traditional methods of contraception than modern method of contraception. More of the surveyed Ekpoma women have ever used traditional birth control techniques, than Ubiaja women, while more Ubiaja women have ever used and currently using modern contraception. This pattern contradicts the picture from the focus group discussions where Ekpoma expressed their accessibility to modern contraception, arising from its availability measured by the increasing number of orthodox health service providers.

This contradictory pattern confirms the findings of previous studies that the availability and accessibility to family planning techniques do not necessarily equate the use of such technique. The emphasis lies more on the attitude of the clients which is partially supported by the Ekpoma women's lack of confidence on the effectiveness of such modern contraceptives.

The data on current use of contraception presented in Table 7.9a and 7.9b also show that one cause of high reproduction in Ekpoma women may be the low use of effective modern contraceptive techniques such as IUD, Pills and injection and a high use of traditional contraception which are often classified as unreliable and ineffective. It is observed that there is a higher use of modern contraceptives among the Ubiaja women (IUD, 21.95%; injection, 7.32%; abortion 5.85%) than their Ekpoma counterparts. Such increasing use of modern contraception results in decreasing use of traditional techniques among Ubiaja women. This pattern again account for the low reproduction among Ubiaja women. It was also observed that the Pill is more in use among the Ubiaja women who are more educated or literate than the Ekpoma women. The data indicate that a higher proportion of Ubiaja women use abortion as a means of controlling reproduction than the Ekpoma women.

7.10: Age and Modern Contraceptive Use

7.10: Proportion of Women who Currently Use Any Modern Contraception According to Age Group

Age Group	EKPOMA		UBIAJA		TOTAL	
	N	%	N	%	N	%
15-24	5	1.43	8	2.67	12	2.00
25-34	123	35.14	101	33.67	224	34.96
35-44	161	46.00	148	49.33	309	47.54
45-54	43	12.29	37	12.33	80	12.31
55 & above	18	5.14	6	2.00	24	3.69
Total	350	100	300	100	650	100

Source: Fieldwork.

Table 7.10 presents data on modern contraceptive use according to age in the studied communities. The proportion of modern contraceptive users is higher among the women in the 25-44 years age group in the two communities. More women in this age grade use more contraceptives than both the younger women in the 15-24 years age group and the older women in the 45 years above age group. Therefore, it is valuable to note that the small proportion of modern contraceptive users are in their prime reproductive age.

Since these women in the 25-44 years age group are in the prime of their reproductive age, it follows that their use of modern contraceptives will have a negative influence on the family size or number of children, whereas the low use of modern contraception by women in their sexually active age of 15 - 24 years will positively influence the number of conception and invariably the total number

of children ever born. Moreso, the use of modern contraceptives by the 25-44 years age group will positively influence the compatibility between mothering and working, as child spacing will be ensured and unwanted pregnancy prevented among these women.

7.11 Child Mortality

Earlier studies indicate that high child mortality accounts for the high average number of births in women in developing countries. This reproductive behaviour is to ensure that at the end of a woman's reproductive cycle she has enough children to support her husband and herself age and husband at old age, as well as provide them assistance in household chores and economic activities. Therefore, in this section, an attempt is made to investigate the rate of child mortality by age group and occupational category.

Table 7.11a **Average Number of child mortality per woman according to Age group**

Age Group	Ekpoma	Ubiaja	Total
15-24	5.0	1.25	2.69
24-34	0.41	0.30	0.36
35-44	0.50	0.34	0.42
45-54	3.84	1.62	2.81
55 & above	10.00	8.33	9.58

Source: Fieldwork.

Table 7.11a indicates that the average number of child mortality among the women is higher in the 55 years and above age group and lower in the 25-34 years age group. There is high rate of child mortality in the 55 years and above age group for a number of reasons. First, these women have completed their

fertility cycle. Secondly, they have easy access and patronize traditional health services that were inadequate and ineffective to compensate for the poor environmental and socio-economic conditions they were exposed to during their reproductive cycle. On the contrary, the high rate of child mortality in the 15 - 24 years age group is related to their inexperience, inadequate and ineffective child rearing practices. The data also show that a good proportion of the women rely on relations (36.15%) and themselves (42.92%) for child care services (see section 6.6). A significant variation in the average child mortality in the studied communities is shown in the 55 years and above age range with 10 and 8.33 and in the 45-54 years age range with 3.84 and 1.62 in Ekpoma and Ubiaja respectively.

Table 7.11b: **Average number of child mortality per woman according to occupational category**

Occupational Category	Ekpoma		Ubiaja		Total	
	N	Mean	N	Mean	N	Mean
Farming	238	2.05	80	0.82	318	1.49
Trading	145	2.01	71	1.37	216	1.74
Professional	30	0.88	9	0.22	34	0.52
Teaching	48	1.26	27	0.51	75	0.82
Clerical	20	0.40	8	0.31	28	0.37
Others	19	0.48	5	0.17	24	0.34

Source: Fieldwork.

An analysis of the incidence of child mortality according to occupations of the surveyed women is shown in Table 7.11b. Table 7.11b shows that the average child mortality is higher among women in the informal sector of the labour force than the formal sector. This pattern is also reflected in examining the communities separately. Noticeable differences are found both in the informal and formal sector of the labour force in both communities. In the informal sector, the farming category has a higher average number of child mortality (2.05) in Ekpoma while the trading category has a higher rate (1.37) in Ubiaja. Also, in the formal sector, the teaching category has the highest average child mortality of 1.26 and 0.51 in Ekpoma and Ubiaja respectively. This is followed by the professional category in Ekpoma with 0.88 and the clerical category in Ubiaja with 0.31 . The lowest average child mortality in Ekpoma is 0.40 for the clerical category and 0.17 in Ubiaja for the other occupational category which includes seamstress.

The high average child mortality in the trading than farming category for Ubiaja women may have arisen because of the involvement of Ubiaja women in long distance trading. Such economic activity or work demands some restrain from frequent pregnancies and deliveries which may retard their trade. In addition, it may put unnecessary stress on the mother and the foetus which itself is harmful to the health of both mother and child. On the contrary, the close the average child mortality for the farming and trading occupational categories in Ekpoma may have resulted from the strong reliance on the labour of these women

in farming and trading whereas in Ubiaja, the women use hired labour in farming as the emphasis is on segregated farming between husbands and wives, while trading is done collectively.

7.12 Summary

This chapter examines the cultural practices that influence sexual behaviour and reproduction of women in the studied communities. Notable among these practices are sexual abstinence during lactation, restrictions on sexual partners, obligation to have sexual relation with spouse brother's and father's wives after their death; value of children; knowledge, sources and use of contraception to regulate reproduction and child mortality. The data collected show that there are areas of similarities and differences in these identified practices. Such variations again lie more on the peoples' willingness to change giving the prevailing physical and infrastructural characteristics in the communities. A general conclusion reached is that though Ekpoma is more physically and infrastructurally developed than Ubiaja, the women and the people of Ubiaja are more likely to embrace change in their sexual behaviour practices. Such change is therefore reflected in their shift towards modern sexual behaviour practices which invariably accounts for their lower reproduction in comparison to their Ekpoma counterparts.

CHAPTER EIGHT

FERTILITY LEVELS AND TRENDS

8.0 Introduction

This chapter examines the fertility levels and trends in the studied communities. For the purpose of this analysis, the number of children ever born (CEB), desired and actual number of children are used as measures of the fertility of the sampled women. These indicators are likely to present some difficulties bearing in mind the cultural inhibitions of the people in giving accurate figures on family size and number of children. Deliberate attempt is made to repress these cultural inhibitions by asking questions in the cultural context, so that the correct meaning is conveyed in order to obtain the correct response. In addition, the attitudes of the women toward a number of variables that influence fertility such as marriage, child bearing, are investigated and documented . This approach is to provide further explanations and understanding of the nature of work and reproduction.

8.1 Age and living Children

Table 8.1: **Estimated average number of living children per woman according to age group and studied community**

Age Group *(Years)*	Ekpoma		Ubiaja		Total	
	N	Mean	N	Mean	N	Mean
15 - 24	9	1.8	6	0.75	15	1.15
25 - 34	627	5.1	435	4.31	1062	4.54
35 - 44	1208	7.5	918	6.2	2126	6.88
45 - 54	348	8.1	270	7.3	618	7.73
55 and above	153	8.5	45	7.5	198	8.25
TOTAL	2345	6.7	1674	5.58	4019	6.18

Source: Fieldwork.

Table 8.1 shows the estimated average number of children born alive per woman by age group. The analysis of the age specific fertility rates given in this table shows that the fertility rate increases as the ages of the women increase. However, the fertility is higher among the surveyed Ekpoma women than Ubiaja woman irrespective of the age group. The most significant finding is that the fertility is highest amongst women who have attained the peak age of fertility (45 years and above) when reproduction becomes curtailed. As such, at the age range of 55 years and above, Ekpoma and Ubiaja women have an average number of children born alive of 8.5 and 7.5 respectively. Similarly, the lowest fertility of 1.8 and 0.75 are recorded for 15 -24 years age range among Ekpoma and Ubiaja women respectively. It can be affirmed that although fertility has noticeably increased in all age groups, women within the 25-34 years age group

have a disproportionate contribution to the overall increase. In Ekpoma, these women have an estimated mean children born alive of 5.1 and Ubiaja women have 4.31. But, the most significant finding is that Ekpoma women have a higher average number of children ever born, 6.7 than the Ubiaja women who have 5.6. This finding is supported by the information generated from the focus group discussions and interviews which show that Ekpoma women do not deliberately control their fertility like the Ubiaja women. In addition, most Ekpoma women are engaged in joint economic activities with their husbands such as farming and local trading which make mothering and working compatible. Whereas, on the contrary, most Ubiaja women are engaged in segregated economic activities which make mothering and working incompatible. Consequently, Ekpoma women have more children than Ubiaja women. In fact, the variation in the fertility of these two groups of women would have been more significant if not because of the high child mortality in Ekpoma than Ubiaja (see section 7.11).

8.2 Education and Children Born Alive

In Chapter five, section 5.5, we documented the level of western educational attainment among the surveyed women. Generally, the data depicted in Table 5.5 show that a majority of the women were literate as only 10.29 per cent and 10.67 per cent of Ekpoma and Ubiaja women respectively had no formal education. A majority of the Ekpoma and Ubiaja women 79.71 per cent and 76.33 per cent respectively have obtained primary and secondary education. Therefore, in this section, we attempt to determine the extent to which education

may have influenced the fertility of the surveyed women.

Table 8.2: **Estimated average number of living children per woman according to education attainment and studied community.**

Age Group (*Years*)	Ekpoma N	Ekpoma Mean	Ubiaja N	Ubiaja Mean	Total N	Total Mean
Non Formal Education	296	8.22	202	6.31	498	7.32
Primary	996	7.97	680	6.3	1676	7.19
Secondary	908	5.9	629	5.20	1537	5.59
Post Secondary education (excluding degree awarding institution)	98	4.32	133	4.15	231	4.05
University Education	34	4.25	25	4.16	59	4.21
No Response	13	6.5	5	5	18	6.0
TOTAL	2345	6.7	1674	5.58	4019	6.18

Source: Fieldwork.

In Table 8.2, the two studied communities, Ekpoma and Ubiaja reflect that the mean children born alive was relatively high irrespective of their level of education. Women with no formal education have a mean fertility of 8.22 and 6.31 in Ekpoma and Ubiaja respectively. Closely following this high fertility are the fertility of the women with primary education 7.97 and 6.3 and secondary education having 5.9 and 5.20 in Ekpoma and Ubiaja respectively. However, this fertility pattern tended to decrease with higher education. As such, women with post - secondary education (excluding degree awarding institution) have 4.32 and 4.15, and those with University education have 4.25 and 4.16 for Ekpoma and Ubiaja women respectively. Thus, it would appear that the overall fertility decline is due to higher educational levels where fertility tends to be less.

However, there should be some caution in interpreting this fertility patterns because of the relatively fewer women in the higher educational level.

8.3 Women's Participation in Economic Activity and number of living Children

As shown in section 5.7, the pattern and level of female economic participation have been changing in both Ekpoma and Ubiaja. Many studies such as Ohadike, 1968, Olusanya, 1975 in Nigeria have produced inconclusive result or findings on the relationship between women's economic participation and fertility levels. These inconclusive findings which show inverse relation in some groups, positive relation in others and no relation in other women have been theoretically supported. This pattern of inconclusive findings on the relation between women's economic participation and fertility has been reviewed earlier in chapter two.

In this section however, we attempt to examine this relationship primarily to contribute to the on-going debate on work - fertility relationship among women. More importantly, to establish the need for caution in promulgating programmes and policies on population control in a multi-ethnic and culturally diverse society like Nigeria. The analysis is also important because while women's economic participation has been part of the social organization of most African countries, such as Nigeria, and while this participation has become fairly diversified with the entry of more women into the informal sector of the labour force than the formal sector (Okojie, 1989). This condition has kept fertility high.

In order to provide a deeper understanding of this relationship between women's economic participation and fertility, the occupational categories of all the surveyed women are used as variables in ascertaining their mean number of children born alive, as well as their desired number of children.

This study however did not attempt to classify the women surveyed into working and non-working groups because it was noted during the collection of the ethnographic or baseline data that the women engage in more than one economic activity at any point of time, particularly as work has been defined to include both wage labour and non-wage labour.

Table 8.3: **Estimated average number of living children per woman according to occupational category and the studied communities.**

Occupational Category	Ekpoma		Ubiaja		Total	
	N	Mean	N	Mean	N	Mean
Farming	1102	9.5	650	6.6	1752	8.2
Trading	590	8.2	320	6.2	910	7.3
Professional	170	5.0	190	4.6	360	4.8
Teachers	250	6.6	274	5.2	524	5.8
Clerical	150	3.0	160	6.2	310	4.1
Others	83	2.1	80	2.7	163	2.3
TOTAL	2345	6.7	1674	5.6	4019	6.2

Source: Fieldwork

This decision is supported by the works of Boserup (1975) and Pittin (1988) that strongly argued that women in Africa and Nigeria in particular are engaged in one form of economic activity either outside or within their homes. Therefore, the analysis in this section focuses on the occupational category of the surveyed women rather than their working status.

The women surveyed were grouped into six broad occupational categories: farming, trading, professional, teaching, clerical and others which include seamstress and jobs not already categorized. Also the professional category includes technicians and executive officers. Table 8.3 shows the average number of children born alive per woman in each occupational category.

In Ubiaja, the fertility levels were higher for four occupational categories: farming (6.6), trading and clerical (6.2), teachers (5.2), and professional, (4.63) compared to Ekpoma with a higher fertility in these categories, farmers 9.5, trading, 8.2, Teaching, professional, 5.0 while clerical is 3.0. However, in the last two occupational categories, clerical and others, Ubiaja women have a higher fertility of 6.2 and 2.7 to that of Ekpoma which is 3.0 and 2.1.

The fertility pattern based on occupational categories shows that although the fertility were highest in the farming and trading occupational categories, there exist a significant difference in these two categories in the studied communities. This marked variation again supports the qualitative data that showed Ekpoma women engaging in joint ventures and complimentary roles with their husbands while Ubiaja women maintained separate farms and were involved in collective,

long distance trading. These conditions are bound to affect the number of children born alive because there is a closer network of family relationship and support in Ekpoma than in Ubiaja. In fact, Ubiaja community is portrayed as a competitive community where husbands and wives work independently for their economic autonomy. Such competition, rivalry and struggle for economic freedom hinder mutual support and invariably make mothering and working incompatible. This explanation is further supported by the findings that in some occupational categories such as clerical and others, where the women are more likely to be at home or spend more hours with their husbands, children and family, Ubiaja women have a higher fertility of 6.2 and 2.7 to that of Ekpoma which stands at 3.0 and 2.1.

Another important observation is that in the more formal sector of the labour force, the professional and teaching occupational categories, there are significant variations in the fertility of the women. However, the general pattern shown in this relationship between occupational category and fertility and the previously discussed relations show that the fertility of these women is quite higher than that recommended in the 1988 National population policy of four children per woman.

8.4 Desired and Actual Family Size

This study further examined the desired and actual family size of the surveyed women primarily to broaden our knowledge concerning the reproductive behaviour of these women. The aim is to ascertain the number of children the

women wanted, and compare this with their actual family size.

Table 8.4a: **Percentage Distribution of Women According to Desired and Actual Family Size and the studied communities.**

Number of Children	Ekpoma		Ubiaja		Total	
	Desired	Actual	Desired	Actual	Desired	Actual
1 - 2	0.86	0.28	1.67	1.33	1.23	0.76
3 - 4	2.85	1.14	5.00	6.33	3.85	3.54
5 - 6	8.57	24.29	23.33	45	15.38	33.85
7 - 8	57.15	64.29	65	46	60.77	55.85
9 - 10	24.86	8.57	3.33	1	14.92	5.08
Above 10	5.71	1.43	1.67	0.33	3.85	0.92

Source: Fieldwork

Table 8.4a indicates that 60.77 per cent wanted a family size of 7 - 8 and 55.85 per cent have actually reached this family size. Differences however exist between the communities because 57.15 per cent to 65 per cent of Ekpoma and Ubiaja women wanted a family size of 7 - 8. But, the proportion that have actually attained such family size are 64.29 per cent and 46 per cent in Ekpoma and Ubiaja respectively. Further examination shows that a higher proportion of Ekpoma women (24.86 per cent) desired a family size of 9-10 compared to 3.33 per cent of Ubiaja women. And at the time of this survey, 8.57 per cent to 1 per cent of Ekpoma and Ubiaja women have already attained such family size.

This pattern is well supported by our discussions in the previous chapters which show that Ekpoma women are in joint economic activities with their husband. This situation tended to make working and mothering compatible whereas Ubiaja women who are more into segregated economic activities experience more role - incompatibility than their Ekpoma counterparts. There is a deliberate attempt by Ubiaja women to obtain economic autonomy, primarily to ensure security for their children and themselves in both polygynous and monogamous settings.

Table 8.4b. **Percentage distribution of Women's desired number of living children by occupational category and studied communities.**

Area and Occupational Category	1 - 2	3 - 4	5 - 6	7 - 8	9 - 10	Above 10
Ekpoma						
Farming	-	2.59	8.62	65.51	19.83	3.45
Trading	-	0.03	0.08	0.42	0.39	0.08
Professional	2.94	26.47	58.82	8.82	2.94	-
Teachers	2.63	5.26	73.68	13.16	2.63	2.63
Clerical	-	2.0	20.0	62.0	12.0	40
Others	-	5.0	12.5	50.00	30	2.5
Ubiaja						
Farming	-	2.04	30.61	59.18	8.16	-
Trading	1.92	19.23	48.08	23.08	7.69	-
Professional	4.88	36.59	0.44	24.39	21.95	2.44
Teachers	1.89	22.64	58.49	13.21	3.77	-
Clerical	-	11.54	57.69	19.23	7.69	3.85
Others	-	10.00	30.00	43.33	16.67	-

Source: Fieldwork.

This informed the attempt to examine the pattern between desired number of children and occupational category. Table 8.4b shows that 65.51 per cent to 59.18 per cent of Ekpoma and Ubiaja female farmers desired a family size of between 7 - 8. Also, a higher proportion of professional 58.82 per cent and Teachers 73.68 per cent desired a family size of 5 - 6 in Ekpoma compared to 58.49 per cent of teachers, 57.69 per cent of clerical and 48.08 per cent of the trading occupational categories in Ubiaja who desired similar family size. The table further indicates that more occupational categories in Ubiaja desired 1 - 2 family size than in Ekpoma. These occupational categories are 4.88 per cent professionals, 1.92 per cent trading and 1.89 per cent teachers in Ubiaja compared to 2.94 per cent professionals and 2.63 per cent teachers in Ekpoma. However, the general pattern, is that more Ekpoma women (71.43 per cent) desired a family size of 7 and above compared to 67 per cent of Ubiaja women. But, 47.14 per cent Ekpoma women desired 7-8 children compare to 38 per cent Ubiaja women who desired 5 - 6 children. This is closely followed by 22.57 per cent Ekpoma women desiring 5 - 6 and 35 per cent Ubiaja women desiring 7-8.

8.5 Reproductive Desires and Preferences

This section examines the attitude of the women and men in Ekpoma and Ubiaja towards marriage, child bearing, family size (desired and actual), child spacing and abortion. The aim is to provide an insight to the factors, particularly the socio-cultural factors that influence work and reproductive behaviour in the studied communities. Generally, the variables examined here are essential in

determining the nature and pattern of the relation between work and reproductive behaviour.

8.5.1 Attitude towards Marriage

In the two studied Esan communities, marriage is regarded as important and essential in the attainment of adulthood, as well as in gaining individual and wealth status. Marriage therefore is the greatest ambition of most women and the ultimate desire and expectation of parents for their sons and daughters.

But, the emphasis is more on the daughters getting married early rather than becoming redundant and unmarriageable at old age. This expectation is best understood, in light of the saying of the women in the focus group discussions and interviews that "a daughter's marriage brings pride and wealth to the family."

Similarly, the marriage of sons are also quite as important but they are not expected to get married early. According to the data, "marriage of a son is primarily to maintain the father's line in the patrilineage through the birth of a son, as well as to ensure that the family property including those acquired by his father do not pass to the father's brother or next of kin." Consequently, marriage is a cultural ideal and is the ultimate goal of all men and women in the studied communities.

A further attempt was however made to examine whether there is any variation in the ideal age at marriage for females. The data generated are compared to the actual age at first marriage for the surveyed women. The aim was to identify any variation(s) that may have arisen and proffer explanation(s)

where possible.

Table 8.5.1: **Percentage Distribution of ideal age of marriage for female and the Actual Age at first marriage by the sampled women**

Age Range	Ekpoma		Ubiaja		Total	
	Ideal Age for female	Actual Age of 1st Marriage	Ideal Age for Female	Actual	Ideal	Actual
Less than 16yrs	31.43	55.71	13.33	48.33	23.08	52.31
16 - 20	47.14	31.14	33.33	28.34	40.77	29.85
21 - 25	20.57	11.43	41.68	20.00	30.31	15.38
26 - 30	0.57	1.43	8.33	2.00	4.15	1.69
31 - 35	0.29	0.29	3.33	1.00	1.69	0.62
Above 35	-	-	-	0.33	-	0.15

Source: Fieldwork

Table 8.5.1 indicates that a high proportion of the surveyed women 40.77 per cent in both communities studied stated that the ideal age for a girl to marry should be at the age range of 16 - 20 years; 30.31 per cent puts the ideal age at 21 - 25 years; 23.08 per cent state less than 16 years; 4.15 per cent gave 26 - 30 years and 1.69 per cent gave 31 - 35 years. When these data were compared to the actual age at first marriage of the surveyed women, the pattern shows that 52.31 per cent married when they were less than 16 years; 29.85 per cent married at the age range of 16 - 20 years; 15.38 per cent at the age range of 21 - 25 years; 1.69 per cent at the 26 - 30 years age range; 0.62 per cent at the 31 - 35 years and only 0.15 per cent married at about 35 years.

However, further examination of the data in table 8.5 shows that there is a more remarkable difference on the expected ideal age at marriage for females in Ekpoma and Ubiaja than the actual age at first marriage for the surveyed women in both communities. The data also show that while 47.14 per cent of Ekpoma women recommend that the ideal age at marriage for females should be the age range of 16-20 years, 41.68 per cent of Ubiaja women recommend 21-25 years. The next recommended ideal age at marriage was less than 16 years (31.43 per cent) and 16-20 years (33.33 per cent) by Ekpoma and Ubiaja women respectively. Another significant variation in the ideal age at marriage is the percentage that recommended 21-25 years (20.57 per cent) and less than 16 years (13.33 per cent) in Ekpoma and Ubiaja women respectively.

These data indicate considerable change among Ubiaja women than Ekpoma women when comparing their actual age at first marriage and their ideal age at marriage for females. This variation may have arisen from the present emphasis of Ubiaja women on their economic autonomy and independence compared to the emphasis of Ekpoma women on joint complimentary and dependent economic status for females. Education is however not taken as an important factor here because there is no significant disparity in the educational attainment of the surveyed Ekpoma and Ubiaja women.

It was also noted during fieldwork that males were expected to marry much later than females in both Ekpoma and Ubiaja. This condition is primarily based on the need for males to obtain economic independence that will put them

in a better position to bear the responsibility of a man and head of household. In addition, economic autonomy in males, is expected by the surveyed women to reduce their economic burden at old age by the financial assistance expected from their such sons.

Generally, it was observed that education do not increase the age at first marriage for both boys and girls. The women held this position when they stated that "today it is a common practice to attend post secondary education after marriage. In fact, it removes the burden from parents educating their daughters. Thus, leaving the husband who has more to benefit from her education to bear the responsibility of educating her". The men and women strongly opposed the idea of postponing the age at marriage for girls because of education. In fact, more men than women strongly argued that educating women in Esan attracts no benefit. Once a daughter gets married she becomes the property of her husband and his patrilineage until her death, when her corpse must be returned to her father's patrilineage. Worst still, Esan traditionally and at the time of this study collects nominal bride price of ₦20 irrespective of the level of education, occupation or status of the future bride. Therefore, the men queried the wisdom of investing the limited financial and material resources on educating a daughter. However, "whether educated by her husband, she still assist her family of orientation, particularly if there exist mutual agreement, cooperation and understanding between the husband and wife."

8.5.2 Attitude Towards Child Bearing

The men and women stressed that the ultimate expectation of marriage is child bearing. In fact, the ethnographic data collected show that a girl only becomes a woman on given birth to a child. Failure to fulfil this role of child bearing by any married woman attracts stringent and negative stigmatization ranging from witchcraft, punishment for waywardness, categorizing the female as a man, to "a female who has simply allowed the genitals of her husband to sweat for no result". All these stigma and stereotyping were earlier discussed in chapter six in choruses that women of the family of procreation sing to ridicule a childless woman or when a new wife is taken because of the infertility in the first wife. It is in the context of the importance of child bearing in marriage that the surveyed women were asked of the advantages and disadvantages of a woman not having any children.

Table 8.5.2. **Women's Attitude Towards Childbearing In The Studied Communities**

Attitude to women not having children	Ekpoma N	Ekpoma %	Ubiaja N	Ubiaja %	Total N	Total %
Nothing good	245	70	194	64.67	439	67.54
Destiny of the women	81	23.14	60	20.00	141	21.69
Premarital waywardness	24	6.86	46	15.33	70	10.77
Advantage of having Children						
Individual and Wealth Status	186	53.14	142	47.33	328	50.46
Economic, Psychological and Social Support at old age	98	28.00	63	21.00	161	24.77
Assistance with household chores and economic activities	66	18.86	95	31.67	16	2.46
Disadvantages of not having children						
Marital Instability	148	42.29	126	42.00	274	42.15
Less Respect for women	84	24.00	110	36.67	194	29.85
No care at old Age	98	28.00	24	8.00	122	18.77
No claim to Inheritance	20	5.71	40	13.33	60	9.23

Source: fieldwork.

Table 8.5.2 shows that the majority of the women in Ekpoma and Ubiaja see nothing good in a woman not having children. Infact, 70 per cent and 64.67 per cent of Ekpoma and Ubiaja women strongly hold this view respectively. Another significant proportion, 23.14 per cent and 20 per cent think it is destiny

and there is nothing that can be done. Finally 6.86 per cent and 15.33 per cent of Ekpoma and Ubiaja women think is a result of their pre-marital waywardness that prevents them from not having children.

Deliberate attempt was also made in this study to ascertain the advantages of having children and disadvantages of not having children. Table 8.5.2 shows that 53.14 per cent and 47.33 per cent claim that children give individual and wealth status in the society because of their economic contribution to the family income and well being, and this invariably attracts greater respect and prestige. The data also show that 28 per cent and 21 per cent of Ekpoma and Ubiaja women respectively cite that children provide economic, psychological and social support at old age in a society where there is no functional and well defined social security system; 18.86 per cent and 31.67 per cent claim that children provide assistance in household chores and economic activities for both parents, particularly in this era where there is a breakdown of the extended family systems which in the past reduced the workload in the families. But today, lack of help from relatives has increased the wage for hired labour which has risen from N10 to N100 daily for casual farm work.

On the disadvantages of not having children, 42.29 per cent and 42 per cent of Ekpoma and Ubiaja women respectively claim it causes marital instability; 24 per cent and 36.67 per cent cite less respect for women; 28 per cent and 8 per cent state it does not allow for care at old age for parents particularly women, and finally 5.71 per cent and 13.33 per cent claim it prevents access to the

inheritance of the property of both parents.

The above data portray variations in the attitudes of women in both communities. However, in order of ranking there seems to be some correlation in their attitude to women not having children. This bears credence to the ethnographic data that places high value on children in the studied communities. On the advantage of having children both Ekpoma and Ubiaja women ranked individual and wealth status highest 53.14 per cent and 47.33 per cent respectively; economic, psychological and social support 28 per cent and assistance with household chores and economic activities ranked 28 per cent to 31.67 per cent for Ekpoma and Ubiaja women respectively. Finally, while assistance for household chores and economic activities (18.86%), come third for Ekpoma women; economic, psychological and social support (21.1%) is third for Ubiaja women.

Similarly, on the disadvantages of not having children, both communities ranked marital instability highest, with 42.29 per cent and 42 per cent by Ekpoma and Ubiaja women respectively. However, Ekpoma women ranked no care at old age (28%) second while for Ubiaja women it is less respect for women (36.67%). The third position is less respect for women (24%) in Ekpoma and no claim to inheritance (13.33%) for Ubiaja women. Finally, the least ranked in Ekpoma and Ubiaja are no claim to inheritance 5.71 per cent and no care at old age 8 per cent respectively.

These findings show the rationale underlying the pronatalist attitudes of women in the studied communities. In fact, the ethnograhpic data show that "the women prefer to have as many children as ordained by God." This position shows that the women perceive that the costs of childbearing are outweighed by its economic, psychological and social benefits that can be derived from having many children.

8.5.3 Attitude towards child spacing

This study also investigated the time between marrying and having the first child and the time between the birth of one child and the next birth. Deliberate attempt was therefore made to establish the ideal intervals between births and the actual child spacing prevailing amongst the surveyed women because they are closely related to ideal number of children. Table 8.5.3a and 8.5.3b indicate the findings of this survey.

Table 8.5.3a: **Estimated Mean Ideal at Actual Birth intervals to First Birth in Studied Communities.**

Occupational Category	Ekpoma		Ubiaja		Total	
	N	μ	N	μ	N	μ
0 - 1	0.20	0.31	0.33	0.25	0.26	0.28
1 - 1.5	0.27	0.34	0.45	0.48	0.35	0.41
1.5 - 2.0	0.39	0.23	0.14	0.11	0.27	0.18
2.0 - 2.5	0.07	0.06	0.07	0.09	0.07	0.08
2.5 - 3.0	0.05	0.04	0.01	0.06	0.03	0.05
3.0 and above	0.01	0.01	0.003	0.01	0.01	0.01

Source: Fieldwork.

Table 8.5.3a indicates that both communities preferred to have their first birth in the first two years of marriage, preferably within the first year. Similarly, their actual first birth after marriage is also within this ideal period. This closeness may have arisen from the traditional practice of being pregnant before the wife is finally taken to the husband in Ubiaja and the high probability that a virgin may soon get pregnant after marriage in Ekpoma. However, noticeable variations occur between Ekpoma and Ubiaja women. While a higher proportion of Ekpoma women ($\mu = 0.39$) have an ideal birth interval for first birth as 1.5 - 2 years, while 0.45 Ubiaja women have on ideal first birth interval as 1 - 1.5 years; 0.27 and 0.33 Ekpoma and Ubiaja women also prefer 1 - 1.5 years and 0 - 1 year respectively. Finally, 0.20 and 0.14 Ekpoma and Ubiaja women prefer 0.1 and 1.5 - 2.0 years respectively. However, while Ubiaja women tended to keep to their ideal birth interval for first birth, with more women 0.48 having 1 - 1.5 year interval, the pattern in Ekpoma changed. In Ekpoma, 0.34 have an actual birth interval for first birth as 1 - 1.5 years; 0.31 have 0 - 1 year interval and 0.23 have 1.5 - 2 years interval. It can be concluded therefore that the women in both communities had their first birth soon after marriage, within the first two years.

Table 8.5.3b: **Estimated Mean Ideal between Births in studied Communities.**

Birth Intervals (Yrs)	Ekpoma		Ubiaja		Total	
	N	μ	N	μ	N	μ
0 - 1	0.03	0.06	0.17	0.1	0.07	0.08
1 - 1.5	0.06	0.05	0.1	0.08	0.08	0.06
1.5 - 2.0	0.22	0.33	0.19	0.23	0.2	0.28
2.0 - 2.5	0.23	0.28	0.29	0.24	0.26	0.26
2.5 - 3.0	0.36	0.26	0.25	0.27	0.31	0.27
3.0 and above	0.1	0.013	0.05	0.07	0.08	0.05

Source: Fieldwork.

Table 8.5.3b shows that unlike the interval between marriage and the first birth, the ideal interval between the first and subsequent births increases. Although the women generally suggest that the ideal birth space should be 2.5 - 3 years; their actual birth spacing is less at 1.5 - 2 years. There are differences when data from both communities are compared. While a high proportion of Ekpoma women 0.36 suggest that the ideal birth spacing is 2.5 - 3 years; 0.33 have an actual birth spacing of 1.5 - 2 years. On the contrary, a higher proportion of 0.29 suggest 2 - 2.5 years ideal birth spacing, but 0.27 has an actual birth spacing of 2.5 - 3 years. The general pattern however is that with subsequent births after the first, the women waited longer period for the next

birth. This pattern may have arisen because of the prevalence of polygyny in the studied communities as well as the belief system that babies needed to be breast-fed and sex during breastfeeding was tabooed. The surveyed women strongly believe that "sex turns the breast milk sour and any act contrary to this norm can bring about the death of the child."

8.6 Abortion

Data have shown that a high proportion of 55.14 per cent and 75 per cent Ekpoma and Ubiaja women are aware that abortion can be used to control pregnancy. However, it was also shown that only 1.43 per cent and 12 per cent of Ekpoma and Ubiaja women have ever used abortion as birth control. More importantly, section 6.2 also showed that the women experienced some sort of health problem during pregnancy and delivery, but more of them patronized traditional treatment than orthodox because of its proximity, lower cost and more suitable mode of payment.

Table 8.6: **Average number of abortions per woman by occupational category and studied community.**

Occupational Category	Ekpoma N	Ekpoma μ_E	Ubiaja N	Ubiaja μ_U	Total N	Total μ_T
Farming	205	1.77	73	0.74	278	1.30
Trading	150	2.08	68	1.17	218	1.76
Professional	18	0.53	10	0.24	28	0.37
Teachers	60	1.58	30	0.57	90	0.99
Clerical	20	0.40	11	0.42	31	0.41
Others	7	0.18	9	0.30	16	0.23

Source: Fieldwork.

Table 8.6 shows the rate of abortion among the surveyed woman according to their occupational categories. Generally, the data show that the average number of abortion among Ekpoma women is higher compared to that of Ubiaja women. This pattern suggests that the fertility or estimated average number of children born alive by Ekpoma women would have been much higher than that of the Ubiaja women with a lower average number of abortion. The table also indicates that the average number of abortion is lower among women in the formal sector of the labour force than the informal sector. While the average number of abortion for the farming category in Ekpoma has 1.77 in Ekpoma women and 0.74 in Ubiaja women; trading category, Ekpoma women with 2.08 and Ubiaja women with 1.17; professional category has Ekpoma 0.53 and Ubiaja 0.24; teaching category has Ekpoma 1.58 and Ubiaja 0.57; clerical category, Ekpoma 0.40 and Ubiaja 0.42 and finally for the other category which includes seamstress, Ekpoma has 0.18 and Ubiaja 0.30.

Table 8.7: **Average Proportion of Women by Type of Treatment Sought for Reproductive Related illness, Occupational Category and Studied Community.**

Occupational Category	Traditional		Orthodox		Traditional & Orthodox		Others		No Response	
	E	U	E	U	E	U	E	U	E	U
Farming	0.56	0.37	0.17	0.41	0.26	0.20	0.01	0.02	-	-
Trading	0.57	0.38	0.18	0.29	0.25	0.25	-0.03	0.08	-	-
Professional	0.41	0.24	0.18	0.51	0.35	0.15	0.05	0.07	0.03	0.02
Teachers	0.32	0.25	0.21	0.47	0.39	0.19	-	0.09	0.03	-
Clerical	0.4	0.23	0.24	0.38	0.36	0.31	-	0.08	-	-
Others	0.38	0.27	0.13	0.4	0.25	0.23		0.1	-	0.03

Source: Fieldwork.

Key

E = Ekpoma

U = Ubiaja

This high rate of abortion among Ekpoma women is better explained in the treatment sought by these same group of women in reproductive related illness. Table 8.7 indicates that generally, Ekpoma women sought traditional treatment than Ubiaja women. However, a breakdown of this data by occupational categories provide some noticeable variations.

In the farming category for Ekpoma and Ubiaja, 0.56 to 0.37 sought traditional treatment, 0.17 to 0.14 sought orthodox treatment and 0.26 to 0.20 sought both traditional and orthodox treatment. In the trading category, 0.57 to 0.18 sought traditional treatment, 0.18 to 0.29 sought orthodox while similar proportion sought both traditional and orthodox treatment in Ekpoma and Ubiaja respectively. In the professional category, 0.41 to 0.24 sought traditional treatment, 0.18 to 0.51 sought orthodox treatment while 0.35 to 0.15 sought both traditional and orthodox treatment. The pattern in the other occupational categories is similar to the above. This pattern further provides explanations for the high rate of abortion among Ekpoma women than Ubiaja women. This high rate of abortion in Ekpoma women results because they rely more on traditional treatment for reproductive illness than Ubiaja women who rely more on orthodox treatment. This reproductive behaviour may be a reflection of the level of the women's education which is fairly higher among Ubiaja women than Ekpoma women. More importantly, table 8.7 indicates that a higher rate of women in the informal sector of the labour force, farming and trading sought traditional treatment than those in the formal sector, professional, teaching and clerical.

Summary

In this chapter, estimates of the average children ever born, desired and actual number of children used as measures of fertility were obtained. The relation of these estimates to a number of socio-economic variables such as age and occupational categories were also examined. The estimates reveal that the average children ever born (CEB) are 6.7 and 5.6 for Ekpoma and Ubiaja respectively. The difference between the fertility of the sampled women from the studied communities reflects their work pattern. The work pattern shows that Ubiaja women's involvement in independent, segregated and more time consuming economic activities than Ekpoma women influences their reproduction. More importantly, their fertility is a reflection of their desired family size which is higher than the four prescribed by the National Population Policy of 1988.

Their childbearing and rearing practices are more towards the traditional approach which reflects their cultural environment. This behaviour pattern is again reflected in the type of treatment sought for reproduction related illnesses. Nonetheless, there exist variations between the studied communities which depict their unique features that make each a subculture of the studied area.

CHAPTER NINE

ANALYSIS OF THE RELATIONSHIP BETWEEN WORK AND REPRODUCTIVE BEHAVIOUR

9.0 Introduction

In the proceeding chapters, the emphasis has been on discussing and analysing the data collected on work and the reproductive behaviour of Esan women in the studied communities. The variables influencing the work the women engage in, the nature and pattern of their reproductive and sexual behaviour were highlighted and discussed.

However, in this chapter an attempt is made to examine to what extent the objectives of the study were fulfilled, as well as testing the hypotheses of the study set out earlier in chapter Two. Finally this is followed by a brief summary and conclusion.

9.1 Identification of the Cultural Category called "Woman" in Esan Culture

There is a common tendency in most studies involving women to consider women in the reproductive age of 15-50 years as a demographic variable made up of homogeneous units. In other words, women of this reproductive age are also considered to be socially similar. However, the results of this study found that this is not an accurate picture. In the studied communities, women of reproductive age can be categorized as a homogeneous unit only after fulfilling their procreative role. Failure by any woman to fulfil her procreative role through child bearing attract stereotyping and stigmatisation ranging from being a witch, a 'male' and of inferior or low status in the society. Also, a childless

woman is often accorded an inferior burial and ridiculed through choruses, particularly when a new wife is taken as well as when she puts to birth. A female therefore attains womanhood on bearing a child. Consequently, this study shows that it is a female who has proved her reproductive prowess that is identified as "woman" in Esan culture.

9.2 **Identification of the various economic activities or work women do in both traditional and contemporary Esan Society, as well as the social and cultural values attached to them.**

This study shows that the women in the studied communities engage in a number of economic activities at any point in time. Section 5.7 which shows the occupational categories of the sampled women, portrayed that a higher proportion of Ekpoma women are in the informal sector of the labour force than the Ubiaja women, while the qualitative study in addition shows the women as producers, traders and food processors. More importantly, these economic activities are specialized and segregated more on the basis of sex.

Traditionally, women were generally engaged in farming, food production, processing and trading. In Ekpoma, joint farming between husbands and wives prevails because women have no direct access to land, whereas Ubiaja women practise segregated farming because of their access to land and capital. This trend has developed in Ubiaja because of the desire of the men to give the women economic autonomy in order to maximize their contribution to both the family income and the household responsibilities. Nonetheless, cultural impediments such as the inheritance and patrilineal systems perpetuate to a varied

extent, the nature and pattern of work that Ekpoma and Ubiaja women engage in.

In both traditional and contemporary Esan societies, women are engaged in farming with their husbands and in food production such as palm oil, "Owo/Ogili" (soup and condiments and garri, by themselves. The women are also engaged in the trading of these farm and processed products, in local markets. For instance, in contemporary Ubiaja society, women are involved in long distance trading which was traditionally prohibited. Traditionally, the Esan culture restricted married women from engaging in long distance trading as the men saw it as unhealthy to a marriage because it exposes them to temptations such as marital infidelity. This study noted that Ubiaja women are involved in long distance trading for a number of reasons. First, the farm productivity is low due to the poor soil fertility and adherence to traditional farming techniques. Secondly, there are no major alternative income generating activity such as the rice production and trading in Ekpoma. Thirdly, the low family income from farming in midst of these economic deprivations raises the desire by the women to augment such income. This long distance trading is carried out in small groups by women, who raise capital to purchase their goods, particularly garri and assign other women to convey these goods to the northern markets, such as Kano market.

Traditionally, there was strict adherence to the taboos surrounding work in the studied communities. But, in contemporary Ubiaja society, where women own their personal farms, such taboos like prohibition from the farms during

menstrual and early post-natal periods are not strictly adhered to. Furthermore, a breakdown in the extended family networks has contributed to the use of hired labour by Ubiaja women; and this further enhances the liberalization of such taboos. Nonetheless, sex in the farm is still strongly tabooed in both Ekpoma and Ubiaja communities.

9.3 Isolation of the nature of work activities that promote or discourage reproduction in the studied communities

This study examined reproduction in the studied communities in terms of children ever born, desired and actual family size, and abortion.

In this section however, we attempt to isolate the nature of women's work activities and how they promote or discourage reproduction among women. More importantly, we stress the need for caution in promulgating programmes and policies on population control in a multi-ethnic and culturally diverse society like Nigeria.

In order to provide a deeper understanding of this relationship between women's economic activities and reproduction, the occupational categories of all the surveyed women are used as variables in ascertaining their mean number of children born alive, and average number of abortions; as well as their desired and actual number of children.

This study however did not attempt to classify the women surveyed into working and non-working groups because it was noted during the collection of ethnographic data that the women are engaged in different types of economic activity at any point of time, as work has been defined to include both wage

Table 9.3: **Relationship between occupational category and average number of living Children by Location**

Occupational Category	Ekpoma		Ubiaja	
	N	μ	N	μ
Farming	116	9.5	98	6.6
Trading	72	8.2	52	5.2
Professional	34	5.0	41	4.6
Teachers	38	6.6	53	5.2
Clerical	50	3.0	26	6.2
Others	40	2.1	30	2.7

Source: Fieldwork.

Standard Deviation (Ekpoma) σ_{x1} = 7.72 Pulled Variance = $\sigma x_1 x_2$ = 0.42

Standard Deviation (Ubiaja) σx_2 (Ubiaja) = 1.42 = Score - 2.62.

labour and non-wage labour.

The test of two means is used to find out whether the occupational categories cause a significant difference in the average number of living children and spontaneous abortions between Ekpoma and Ubiaja women.

The study shows that the mean number of living children by sampled Ekpoma women is 6.7 with a standard deviation of 7.72 and sample size of 350, whereas, the mean number of living children by Ubiaja women is 5.6, with standard deviation of 1.42 and sample size of 300. From these data, the pulled variance of the two communities is 0.42. Thus, the calculated Z score of the difference of the two means is 2.62. Therefore, using a standard test of 95%

confidence limit, the Z score is 1.96. Since 2.62 greater than 1.96, it could be inferred that there is a significant difference between average number of living children among Ekpoma and Ubiaja women.

This significant difference in average number of living children has a number of probable reasons. First, the joint farming system and trading in local markets in Ekpoma allow compatibility between working and mothering, whereas segregated farming and long distance trading means longer hours of work and away from home. These two factors may adversely affect reproduction as ovulation period may occur when both husband and wife are apart and cannot have sex. In fact the occupational structure shows that at least 50% of the women are into farming and trading. Also, other occupational categories do not significantly influence reproduction because of the value of children and the high importance of procreation.

Similarly, the statistical analysis shows that the mean spontaneous abortion rate in Ekpoma is 1.31, with standard deviation of 0.78 and sample size of 350. The mean spontaneous abortion rate in Ubiaja is 0.67, with standard deviation of 0.30 and sample size of 300. The pulled variance therefore of the two communities is 0.045. The calculated Z score is 13.91. Using a similar confidence limit of 95%, the Z score is 1.96. It follows that there is a significant difference between spontaneous abortion rate in Ekpoma and Ubiaja (see Appendix C).

This difference in abortion rate arises more because of their level of literacy and the treatment sought during pregnancy and health complications and not by the women's occupation.

In addition, using Chi square test, the study examined the difference between desired and actual number of children. The value of the Chi square shows that there is a significant difference between the desired and the actual number of living children in both Ekpoma and Ubiaja. The probable explanation is that in the desire to survive in the competitive and rivalry conditions created by polygyny, the inheritance system and low child survival rate, Esan culture which places high premium on procreation encourages higher reproduction than may be desired.

9.4 Emergence of a new trend to promote or depress reproductive behaviour

The data show that Ekpoma community tends to maintain the traditional Esan culture to a greater extent than the Ubiaja community. In all the variables examined in the proceeding chapters, Ekpoma women portray a conservative position although some of the women have moved into non-traditional jobs such as professionals, teaching, clerical and tailoring jobs. This involvement in non-traditional jobs, arises from the development in the community due to the establishment of Edo University, the presence of banks, insurance and other business ventures has not significantly influenced the reproductive behaviour of the women. Rather, there is strong reliance and utilization of the conventional and traditional way of life among the people. For example, women farm jointly

with their husbands because they do not have access to land for farming.

On the contrary, this study shows that a new trend has emerged among the Ubiaja women. In the field, the data show that Ubiaja women can now acquire land for farming as well as, engage in long distance trading to the northern region of Nigeria. Traditionally, this trend was unacceptable to the people. This liberal policy has resulted in segregated farming and a strong drive for economic autonomy among Ubiaja women. This new trend is reflected in the liberalization of their reproductive behaviour. Consequently, there is high proportion of Ubiaja women patronizing the most effective technique of modern contraception, as well as modern health care facilities. Also, they have a more liberal attitude to child-bearing and rearing practices (see chapter 6). These changes existing among Ubiaja women are not dependent on their educational level, because the study shows that the husband's education has a more positive influence on the work and reproductive behaviour than the women's education.

Although, Ubiaja is the headquarter of Esan South-East Local Government Area Council, and has remained an administrative centre since the colonial era, there is no significant development in the area to adversely bring about this new trend. It follows therefore, that this new trend seen in the work and reproductive behaviour of Ubiaja women results from the liberalization of the cultural imperatives that dictate the way of life of the people.

9.5 Model Explaining the Relationship between work and Reproductive Behaviour

This study partially supports the maternal role-incompatibility and economic utility of children explanations for the relationship between work and fertility. The data show that the joint farming and the strong extended family networks in Ekpoma permit the men and women to rely extensively on child labour to provide them assistance in farming and household activities. However, there exist a higher average number of living children and actual family size, as well as lower use of modern contraceptors among the sampled Ekpoma women. The involvement of 53.7% of these women in farming and trading primarily within the local markets, also makes working and mothering compatible. This situation allows the women to either take the children to their work place or obtain alternative cheap child care from extended family members and friends. These conditions tend to make mothering and working compatible. These sampled Ubiaja women do not fit into these models. The sampled Ubiaja women are equally represented in both formal and informal sectors of the labour force. These women also engage in segregated farming and long distance trading beyond the neighbouring market. These conditions are reflected in the low average number of living children and actual family size, as well as their high dependency on modern contraception as means to controlling family size. This situation is enhanced by the breakdown in the extended family networks, such that traditional child care services are not readily available nor reliable.

But, there exists significant difference between the mean children ever born by Ekpoma and Ubiaja women. This, suggests that there is a greater importance in the understanding of the socio-cultural milieux in which these women are located and its effect on work and reproduction. In fact, the culture and the variations within the sub-cultures, such as the changing perception of the type and nature of work women can engage in, value of children and need to procreate, coupled with the utilization pattern of family planning and health care services also account for the relationship between work and reproductive behaviour.

9.6 Test of Hypothesis: Women's Engagement in traditional and modern economic activities influence their reproductive behaviour and this influence differ in form and content.

The research data show that Esan women in the studied communities engage in more than one activity at any given point. As such, a woman who farms, can be a trader, selling her farm produce as well as selling fuelwood or collecting forest products such as 'Ogbono' (Irvingia gaboneneses) and locust beans (Paikia). The primary economic activities of these women were identified and extensively discussed in section 5.7.

The study further highlighted that Ekpoma women rely more on child labour in pursuing their traditional jobs such as farming, trading and processing of rice primarily due to the joint farming between their husbands and themselves as well as the strong cultural influence on the people. On the contrary, Ubiaja women who are more into segregated farming and long distance trading than

Ekpoma women. In addition, the study shows that, although both groups of women see children 'as the gift of God', reproduction is higher among Ekpoma women than Ubiaja. This variation represents the desire by Ekpoma women to have more children to assist their parents in farming and other traditional economic activities. This invariably accounts for the low proportion of Ekpoma women currently using the more reliable and effective modern contraceptives. Similarly, the liberation policy that allows Ubiaja women to engage in segregated farming, use more effective and reliable modern contraceptives give them no other option but to rely on hired labour. These factors negatively influence the reproduction of Ubiaja women, which may account for their low reproduction. Hence, to be able to put sufficient time into farming, and long distance trading, it is important that the women regulate their reproduction. This situation is reflected in both the high proportions of Ubiaja women currently using modern contraception and accepting abortion as a means of controlling and terminating pregnancy by married women. Thus, supporting to an extent the role - incompatibility explanation of the relationship between work and fertility that holds that the incompatibility between working and mothering decreases reproduction in women. Nonetheless, this study has shown that not all cases of work in the informal sector such as farming can be conducive to child bearing and rearing. The case of Ubiaja women has shown that segregated farming is not absolutely compatible with child bearing and rearing. Hence, these Ubiaja women rely on the use of both modern and traditional child care arrangement than

their Ekpoma women.

The study also shows that irrespective of the occupational group, the influence of working in the formal sector of the labour force on the use of modern contraceptives and their attitude to abortion is weaker and less significant among the Ekpoma women than Ubiaja women. In fact, this was noted earlier in the preceding sections which also highlighted the decrease from those who ever used to currently using modern contraceptives compared to an increase among those who ever used to those currently using traditional contraceptives that are ineffective and unreliable in Ekpoma.

Therefore, we can conclude in this study that although economic activities irrespective of whether traditional or modern have to some extent influence on the reproductive behaviour of Esan women, significant variations between the two studied communities, Ekpoma and Ubiaja were observed. Of greater importance to these variations is the social-cultural context in which the two variables work and reproductive behaviour interplay.

9.7 Hypothesis d: Western Education modifies Reproductive behaviour.

Results of the study show that western education modifies mainly five variables used in discussing reproductive behaviour in the studied communities. These reproductive behaviour variables are: premarital sexual bahaviour, health care sought in pregnancy and its complications, value of children, child care arrangement, sexual practices and number of living children.

The data highlight the trend among young girls in schools not to regard their indulgence in premarital sex in an amoral act. In fact, these girls see being a virgin at 17 years of age or after secondary school unacceptable and at 21 years and above as an embarrassment. Therefore, their pursuit of western education exposes them to advanced knowledge on sexuality from peers, books and films. Such early exposure without proper control of the right information getting to the girls is likely to lead to teenage pregnancy. Also, it is shown that Ubiaja women with higher level of western education support a more latter age at marriage than Ekpoma women (see section 7). Therefore, the data above support the likelihood that a higher proportion of Ekpoma girls may have early conception and childbirth. This situation leads to a longer period of reproduction in Ekpoma women and thus ensuring higher number of children ever born.

Type of health care sought in pregnancy and its complication is related to the level of literacy among the women. Results show that Ubiaja women with higher western education preferred modern health care during pregnancy and in its complication than the surveyed Ekpoma women (see section 6.4). This behaviour guarantees successful childbearing due to a more effective health care services, thus manifesting in low child mortality among the Ubiaja women. Invariably, this situation places less pressure on Ubiaja women to have more children. In addition, these Ubiaja women patronize effective modern contraceptive techniques for child spacing.

The study also documents and discusses the sexual behaviour and cultural practices that were culturally acceptable to the Esan people (see chapter 7). The data show that there is a high acceptance of such sexual behaviour like sexual obligation with husband's brother who inherits the wife of his deceased brother among the non-literate in both Ekpoma and Ubiaja.

The extent to which western education modifies the average number of living children is discussed in section 8.2. The variations between Ekpoma and Ubiaja are highlighted in Table 9.7 using the Z score to establish the significance between western education and number of living children. The data shows hat the standard deviation is 1.23 for Ekpoma women and 0.56 for Ubiaja women. From these data the pulled variance of the two communities is .071. The z score of the difference of the two means of the average number of living children in Ekpoma and Ubiaja is 15.49. Using 95% confidence level, it could be inferred that western education significantly influences the average number of living children in the studied communities.

Table 9.7: **Correlation between Western education and average number of living Children by the Studied Communities**

Educational Level	Ekpoma	Ubiaja
No formal Education	8.22	6.31
Primary	7.97	6.30
Secondary	5.90	5.20
Post Secondary Education (excluding degree)	4.32	4.16
University Education	4.25	4.15
No Response	6.50	5.00

Source: Fieldwork.
Standard Deviation (Ekpoma) $\sigma_{x1} = 1.23$ = Pulled Variance $\sigma x_1 x_2 = 0.71$.
Standard Deviation (Ubiaja) $\sigma x_2 = 0.56$. Z Score = 15.49.

9.8 **Hypothesis e: The proportion of modern contraceptive users is positively related to the type of work, the work status of the women and the health care facilities utilized**

Table 6.11b shows the distribution of women ever used and currently using modern contraceptives in the studied communities. The data depict a higher proportion of ever used and currently using modern contraceptives among women in the formal sector of the labour force than the informal sector in both Ekpoma and Ubiaja. However, more Ekpoma women (41.14%) than Ubiaja women (40.33%) in the formal sector have ever used modern contraception, compared to 29.71% Ekpoma women and 43% Ubiaja women who are currently using modern contraceptives. This shows a significant reduction among the Ekpoma women using modern contraception. The situation may have arisen from a number of causes, such as their weak belief in the effectiveness of modern contraception and the complications they believe may arise from its use; as well as the dependency of these Ekpoma women on their husbands who strongly hold the conservative, pronatalist view that children are valuable in providing family labour and ensuring adequate care at old age. Hence, there is a tendency for these Ekpoma women to have more children than the Ubiaja women who rely more on hired labour to work their farms, and who also engage in economic activities such as trading that are incompatible with mothering. At the same time, these women strive to attain financial autonomy from their husbands. Hence, Ubiaja women were found to spend more time in intensive work that negatively influences their number of living children.

Similarly there is a decrease in the proportion of Ekpoma women in the informal sector of the labour force (farming and trading) ever used and currently using contraceptive as shown in the 8.57% to 1.14% and 12% to 5.57% of Ekpoma women in the farming and trading occupational categories. On the contrary, there is an increase from ever used to currently using modern contraceptives among Ubiaja women in the farming and trading occupational categories as, shown by 8.33% ever used to 8.67% currently using among the women in farming and 10.67% to 16.6% women in trading. Conclusively, there is a general tendency to have more Ubiaja women (68.33%) than Ekpoma women (39.43%) currently using modern contraception irrespective of their occupational category, whereas more Ekpoma women ever used more modern contraceptives than Ubiaja women, 61.71% to 59.33%. These results on the use of modern contraceptives and health care facilities are in Table 7.9b. This table indicates that generally, Ekpoma women sought traditional treatment than Ubiaja women. However, a breakdown of this data by occupational categories provide some noticeable variations.

In the farming category, 18.57% Ekpoma and 12% Ubiaja, women sought traditional treatment only, 5.71% and 13.33% sought orthodox treatment only and only 8.57% and 6.67% sought both traditional and orthodox treatment among Ekpoma and Ubiaja women respectively. In the trading category, 11.71% and 5.71% sought traditional treatment only, 3.71% and 5% sought orthodox treatment only while 5.14% and 4.31% sought both traditional and orthodox

treatment among Ekpoma and Ubiaja women respectively. In the professional category, 4% and 3.33% sought traditional treatment only, 1.71% and 7% sought orthodox treatment while 3.43% and 2% sought both traditional and orthodox treatment. But, more Ubiaja women teachers (4.33%) sought traditional treatment only than Ekpoma women teachers (3.43%); while more Ubiaja clerical workers sought both traditional and orthodox treatment only. This pattern further explains the high rate of spontaneous abortion among Ekpoma than Ubiaja women who rely more on orthodox treatment. This reproductive behaviour may be a reflection of the level of education which is fairly higher in Ubiaja women than that of Ekpoma women. More importantly, table 9.8 indicates that a more higher rate of women in the informal sector of the labour force, farming and trading occupational categories sought traditional treatment than those in the formal sector, professional, teaching and clerical.

Table 9.8: **Cross Tabulation of Type of Treatment Sought for Reproductive Related illness, Occupational Category and by Studied Community.**

Occupational Category	Traditional		Orthodox		Traditional & Orthodox		Others		No Response	
	E	U	E	U	E	U	E	U	E	U
Farming	18.57	12	5.71	13.33	8.57	6.67	0.29	0.67	-	-
Trading	11.71	6.67	3.71	5	5.14	4.33	-	1.33	-	-
Professional	4	3.33	1.71	7	3.43	2	0.29	1	0.29	0.33
Teachers	3.43	4.33	2.29	8.33	4.29	3.33	0.57	0.67	0.29	-
Clerical	5.71	2	3.43	3.33	5.14	6	-	0.67	-	-
Others	4.29	2.67	4.29	4	2.86	2.33	-	1	-	0.33

Source: Fieldwork.

Key

E => Ekpoma

U => Ubiaja

Table 9.9 **Proportion of Current modern Contraceptive users to the Average number of living children by the Studied Communities**

Modern Contraceptive Techniques	Ekpoma (X_2)		Ubiaja (X_2)	
	CEB	μCEB	CEB	μCEB
Pills	167	4.64	183	3.21
Billings Method	168	3.65	120	4.00
IUD	100	6.67	139	3.09
Condom	167	4.77	212	5.58
Diaphragm	7	7.00	17	3.40
Injection	13	6.50	56	3.73
Abortion	13	6.50	43	3/58
Douche	7	7.00	17	5.67
Total	642	4.65	787	3.84

Source: Fieldwork.

$\mu_1 = 4.65$ $\sigma X_1 = 0.615$ Pulled variance = 0.055
$\mu_2 = 3.84$ $\sigma X_2 - 0.76$ Z = 1.47

9.9 **Hypothesis f: Proportion of modern contraceptive users is negatively related to women's fertility level.**

Results show that a higher proportion of Ubiaja women (68.33%) are currently using modern contraceptives than Ekpoma women 39.43% (see Table 6.11b). However, on examining the proportion of women currently using modern contraception to average number of living children. Table 9.9 shows that the average of living children by Ubiaja women is less than that of Ekpoma women (3.84:4.65) and standard deviations for Ekpoma and Ubiaja are 0.615 and 0.76 respectively. From these data, the pulled variance of the two communities is 0.055. The Z score of the difference of the two means of the current users of modern contraceptives and average number of living children is 1.47. Using 95%

confidence level, it could be inferred that the use of modern contraceptives influences the average number of living children. However, use of modern contraceptives does not significantly influence average number of living children like the other variables such as type of work, work status and modern education.

9.10 Hypothesis g: Traditional birth control techniques exist in the studied communities and this affects reproductive behaviour and average number of living children

The research results tend to provide support for this hypothesis on traditional birth control techniques, its influence on reproductive behaviour and average number of living children. Several questions were asked, and discussions focused on generating information on the knowledge of traditional birth control techniques and their use. Also, an attempt is made to establish the proportion of ever used and currently using traditional birth control techniques, and their opinion and evaluation of these techniques. These investigations also noted the influence of traditional birth control techniques on reproductive behaviour and average number of living children.

The data show that more than 50% of the surveyed women have knowledge of most of the various traditional birth control techniques (see Table 7.9). Although the proportion is higher among Ekpoma women than Ubiaja women, there is a variation in the use of the rhythm technique which show that 50.67% of Ubiaja women know of the rhythm technique compared to 38.29% of Ekpoma women. The data also show that there is greater use of traditional contraceptive techniques among Ekpoma women than Ubiaja women (see Table

7.9a). In order to establish the extent of variation in the data, table 9.10 clearly shows that there is positive and significant variation in the women ever used and currently using amulets, charms, et cetera while there is a negative and significant variation in those who have ever used and currently using abstinence and withdrawal in the two studied communities. It can therefore be inferred that the high proportion of traditional contraceptive users among Ekpoma women accounts for the high average number of living children. Similarly, this situation further bears credence on their reliance and use of traditional techniques of bearing children, child rearing and treatment during conception to delivery. Hence, there is greater desire among Ekpoma women to patronize traditional mode of treatment in pregnancy and in the treatment of complications arising from pregnancy and delivery. There is therefore a higher agitation for a health care system which concerns both traditional and modern health care systems in order to provide support for each other (see chapter 6).

9.10: **Correlation in the Proportion of Women Ever used and Currently using Traditional Techniques of Birth Control in the Studied Communities**

Traditional Techniques	Ever Used (%)			Currently Using (%)		
	Ekpoma (E)	Ubiaja (U)	Ratio E/U	Ekpoma (E)	Ubiaja(U)	Ratio E/U
Drinking Herbs	27.14	21.33	0.56:0.44	14.29	8.00	0.64:0.36
Amulets	12.86	3.33	0.79:0.21	10.00	1.00	0.94:0.09
Withdrawal	52.86	50.00	0.51:0.49	50.00	49.00	0.51:0.49
Abstinence	42.86	55.00	0.44:0.59	37.14	53.00	0.41:0.59
Prolonged	31.43	25.00	0.56:0.44	12.86	8.00	0.62:0.39
Breastfeeding	5.71	13.34	0.30:0.70	1.43	3.00	0.32:0.68

Source: Fieldwork.

CHAPTER TEN

SUMMARY AND CONCLUSION

10.0. Introduction

This research set out to attain a number of objectives. First, it hoped to identify the cultural category called "women" in Esan culture. Secondly, the study intended to establish the various economic or work activities that women do both in traditional and contemporary Esan societies, as well as the social and cultural values attached to them. Thirdly, the study aimed at isolating the nature of work activities that promote or discourage reproduction capabilities in both traditional and contemporary settings. Fourthly, the study intended to verify if a new trend has emerged to promote or depress reproductive behaviour among Esan women. Finally, the results of the investigation are intended to assist one in explaining the relationship between work and the reproductive behaviour of women in Esan culture. The findings of this study therefore are expected to have some implications for both the literature on work-fertility relationship and for policies and programmes geared towards population control in Nigeria. Perhaps, other developing and developed nations may also have a good deal to learn from the findings of the study. Consequently, the study attained the followings.

10.1 Summary

Chapter one difines the researched problem, the objectives and justification for engaging in such research.

Chapter two contains a review of the literature and the hypothesis flowing therefrom. The literature review was in four main sections. The first part looked at the determinants of fertility. Here, the focus was on those factors that influence the reproduction of women. It was argued that certain factors cause increasing reproduction while others have a decreasing effect. Generally, the social-economic development of any locality through its influence on tastes, socio-economic status, women's education, modernity, as well as social and cultural norms influence the demand for children. Nonetheless, to a large extent, the decision making pattern in an household establishes the decision pattern on whether to be contraceptors or not to be and this invariably influences reproduction. The general discourse is that in households where decisions are taken by the husbands, the decision also to be contraceptors or non-contraceptors lies with such husbands. Generally, such husbands do not support the use of contraception as female reproductive prowess is a measure of not only their manlihood but their ability to dominate their wives. Moreover, encouraging women to be contraceptors tend to be seen as an encouragement of sexual infidelity in the family.

The second part examined the literature on work-fertility relationship with emphasis on developing countries. The review of the literature was based on the data used in the studies. Three main data, namely aggregate, survey and ethnographic data - based studies were reviewed. These studies irrespective of the data used found that work has an influence on fertility. This influence could

be positive or negative depending on the nature of work. However, any traditional work that is compatible with reproduction was found to have positive or no effect on fertility whereas, modern, contemporary jobs that were incompatible with reproduction have negative or inverse effect on fertility. But, there are instances where demand for child labour encouraged high fertility irrespective of whether the work was traditional or modern.

The third part reviewed the studies showing the rural-urban dichotomy in fertility in Africa, particularly Nigeria. The review showed that urban women tended to have lower fertility than rural women because work in urban localities are often not compatible with reproduction. But, in places such as Liberia, Kollehlon's (1986) study found that there is only a slight differential in urban - rural fertility. This condition arose because of greater role incompatibility, less contraceptive use and greater availability of parental surrogates. Nonetheless, fertility is higher among the highly skilled workers such as professional and technicians than service workers and those in traditional occupations such as farming and trading.

In these three parts looked at the theoretical approaches to the issue of work and fertility relationship were discussed. The discussions paid attention to the maternal role-incompatibility hypothesis and the economic utility of children. These approaches allow us to better understand the dynamics of work-fertility relationship in differential contexts. The maternal role-incompatible hypothesis which is a sociological explanation to work-fertility relationship emphasizes

incompatibility between working and mothering as the main influence on women's fertility. Therefore, incompatibility between working and mothering causes lower fertility whereas compatibility between working and mothering implies higher fertility. On the other hand, the economic utility of children holds that in societies where child labour is vital and contributory to development, the demand for children is higher than in societies where child labour is not encouraged. These two theoretical explanations to work-fertility have been found not to hold in all circumstances. There were societies where fertility remained high irrespective of whether those prevailing factors mitigating against high fertility exist. It was found that socio-cultural factors also have significant influence in understanding and interpreting the work-fertility approach. Thus, it was asserted that only by studying work-fertility relationship from a socio-cultural approach, can we pinpoint the real variables influencing the work women engage in and their reproduction. This was the approach we adopted.

The methods employed in the collection of data and the statistical analysis performed were presented in chapter Three. Apart from describing the steps taken in collecting both qualitative and quantitative data, the units of analysis and sampling techniques were also described. In addition, the chapter described the major problems encountered during the fieldwork and the solutions found for them (if any). Changes had to be effected in the administration of the questionnaire in one of the communities, and the researcher had to be contented with the information given in the questionnaires she could not personally

administer. Chapter Four presents the geographical, social, economic and demographic settings of the studied communities. The geographical setting revealed that although the conditions are favourable to the cultivation of yam, cassava and rice (in Ekpoma only), the poor soil fertility and uncertainty of the rains have adversely affected productivity. In the section on social settings, a brief account of the population composition was presented. It was stressed that a number of factors such as level of development and the diversity in job opportunities determined the people who settled in a particular community. Therefore, the presence of a University in Ekpoma has attracted other commercial interests such as banks and small scale enterprises. Thus, Ekpoma is more likely to have diversified job opportunities and attract a vast and differential population than Ubiaja. The economic settings also reveal that although the traditional work was primarily farming, today there exist diversified job opportunities ranging from agricultural to non-agricultural activities such as service occupation, teaching, professional and other craft work.

Finally, the demographic settings revealed that the patrilineal nature of the Esan society and the rule of primogeniture guiding inheritance strongly underline the value of children in the society. Therefore, there is a strong attention given to pregnancy and delivery in order to ensure successful childbirth. More importantly, the value of children is supported by the Esan phrase that "Omo ni gho" meaning "child is greater than wealth."

Chapters five to seven contain the presentation and analyses of data collected during the field work. In chapter five, the emphasis is on the characteristics of the sampled women from the studied communities. These sampled women are mainly of reproductive age of 15 to 55 years, and primarily christians although a few are moslems and traditionalists. These women also entered their first conjugal relationship at an average age of 16 and 18 years in Ekpoma and Ubiaja respectively. Most of the women are in polygynous relationship and residence after marriage is mainly virilocal. It was noted that there is a breakdown in the extended family system in Ubiaja. A high proportion of the women are literate and actively belong to various local associations that provide them economic and emotional support to exploit their positive traits. Also, the involvement of these women in various economic activities is also established. The data reveal that although the women are involved in more than one economic activity, these economic activities are specialized and segregated more on the basis of sex. However, women are generally farmers, producers and traders. There are variations between Ekpoma and Ubiaja women. Ekpoma women are engaged in joint farming while Ubiaja women are into segregated farming. The latter is possible because of the liberalization in land use that allows Ubiaja women to own land apart from their husbands, sons and fathers. More Ekpoma women on the other hand are into rice cultivation and production while more Ubiaja women are into cassava processing. This rice processing enhances Ekpoma women's involvement in local trading on

rice whereas Ubiaja women are into long distance trading. Such long distance trading is through collective buying and selling. Furthermore, the long distance trading gives economic autonomy to these Ubiaja women than the local trading gives to Ekpoma women.

Specifically, chapter five also highlights the taboos surrounding the work women do. Prominent among these taboos are the prohibition of sex in the farm and from entering the farm during menstrual period or soon after birth while the post partum haemorrhage has not stopped. Strikingly, the chapter reveals that women are working most of the time because a woman who farms, may at the same time be engaged in food production and trading. Typically, the women's day may start at 6 a.m. and ends when she goes to bed between 9 p.m. and 10 p.m.

Chapter six examines the reproductive behaviour of women in the studied communities and reveals that there are salient variations. Traditionally, premarital sex was prohibited in Ekpoma whereas in Ubiaja it was restricted to a suitor. But, in contemporary Esan culture, premarital sex is now prevalent and becoming problematic as it has resulted in teenage pregnancy or impaired the health of teenagers in their attempt to abort unwanted pregnancies resulting from such premarital sex. Childbearing and childrearing practices are shown to be significant processes in the life of any woman because of the high value of children in Esan culture. The data reveal that there is a greater change towards modernization in childbearing and child rearing in Ubiaja women than Ekpoma

women. This differential approach in childbearing and childrearing is also depicted in the care sought by the women in pregnancy, delivery and after birth. The data show that Ekpoma women seek for traditional treatment while Ubiaja women patronize modern or orthodox care. Also, Ekpoma women patronize more of traditional birth control techniques while Ubiaja women use modern contraception. Invariably, this differential reproductive behaviour is reflected in the high reproduction in Ekpoma women (6.7) than Ubiaja women (5.8).

Chapter seven, looks at the fertility levels and trends. The focus here is on the effect of a number of socio-economic variables on the average number of living children, desired and actual family size. Again, the variation between the two communities are examined. Thus, showing that although the two communities belong to the same Esan culture, one is a subculture with its peculiar characteristics that are reflected in both the work and reproductive behaviour of women.

Chapter eight focusses on the following objectives and hypotheses of the study.

i. **Identification of the cultural category called 'woman' in Esan culture.**

A woman in Esan culture is found to refer to a female who has proved her fertility prowess through childbearing. Otherwise, a female may get married but fail to reproduce and therefore cannot be classified or identified as having attained womanhood.

ii. **Work Activities that promote or discourage reproduction**

The study shows that Ekpoma women who are involved in joint economic activities with their husbands have higher fertility, (6.7) compared to that of Ubiaja women, (5.6) who are involved in segregated economic activities that are competitive rather than complimentary to that of their husbands. More importantly, Ubiaja women also engage in long distance trading while Ekpoma women are more into local trading. Such economic ventures by Ubiaja women tended to make mothering and working incompatible, and worse still, the extended family that once provided social, psychological support is fast eroding.

iii. **Emergence of a new trend to promote or depress reproductive behaviour**

The liberalization of the traditional land use system now allows Ubiaja women to acquire land separately as individuals from their husbands, sons and father. In addition, the willingness of the men to allow their wives to engage in long distance trading, which traditionally would have been seen as exposing the women to marital infidelity are all new trends toward economic autonomy for Ubiaja women. Such trends imply hard work and more time spent outside the home. Also, such responsibility puts greater pressure on these women to excel and this invariably depresses their reproduction and at the same time influences their traditional values exemplified in childbearing and child rearing practices, methods of contraception, treatment sought in pregnancy and delivery, the desired and actual family size (see chapters 6 and 7). On the contrary, Ekpoma women hold on to their traditional values and norms which define their nature of

work and encourage joint and complimentary economic activities. Such economic activities promote reproduction and tend to propagate their utilization and belief in the use of traditional modes of contraception, treatment in pregnancy and delivery, and childbearing practices.

iv. Model Explaining the Relationship between work and Reproductive behaviour

The study bears more credence to the socio-cultural explanation of work-fertility relationship than the maternal-role incompatible hypothesis and economic utility of children. Data generated show that although both Ekpoma and Ubiaja women are engaged in traditional and contemporary economic activities, there exist variation in their reproductive behaviour. Reproduction is higher in Ekpoma women than Ubiaja women whoare involved in farming, trading and professional activities. Nonetheless, reproduction still remains high for both groups of women at (6.7: 5.6) respectively. This pattern shows that role incompatibility alone cannot explain the level of fertility. Rather, there exists cultural imperatives that directly or indirectly influence the reproductive behaviour of women. Such socio-cultural variables include perception and attitude to modern health care, contraception, childbearing and childrearing practices which encourage high reproduction in Ekpoma women and lower reproduction in Ubiaja women. In addition, value of children in Esan culture and the importance of reproduction, also bear credence to the socio-cultural explanation of the relationship between work and reproductive behaviour.

v. **Hypotheses a, b, c: Traditional and modern economic activities of women influence their reproductive behaviour and such influence differ in form and content.**

Research findings indicate that women in the studied communities engage in varied economic activities. Such economic activities have varied influence on reproductive behaviour. Traditional economic activity by women such as farming demand more child labour in Ekpoma than in Ubiaja where women depend on the use of hired labour in their farms. On the contrary, Ekpoma women in the professional and teaching occupational categories have higher reproduction than their Ubiaja counter part. The variation depend more an the strong extended family networks still prevalent in Ekpoma but fast eroding in Ubiaja. Also, the involvement of Ubiaja women in non-traditional economic activity such as long distance trading also decreases their reproduction considering the time and distance involved. The variations in the nature and extent of involvement in the various economic activities by both Ekpoma and Ubiaja women is partially a reflection of their level of education and that of their husbands, as well as the changing conditions in which they live. Consequently, variations in these social, economic and cultural processes are reflected in their reproductive behaviour.

vi. **Hypothesis d: Western Education modifies reproductive behaviour including average number of living children.**

Research findings reveal that variations in the level of education among Ekpoma and Ubiaja women are reflected in their age at marriage, perception of premarital sex; modes of contraception, childbearing and childrearing practices. Also, the average number of living children is higher among the non-liberate than

the literate women. However, since men tended to take decisions for the women, both the education of the women and their husbands are responsible for the variation in the average number of living children than other socio-economic variables.

vii **Hypothesis e: The proportion of contraceptive users is positively related to the type of work, work status and the health care facilities utilized**

Data show that women in the studied communities use both the traditional and modern contraceptives. Also, variations occur between these two communities on the extent to which these two modes of contraception are used (see section 7.9). This pattern prevails to a large extent that in the examination of the relationship between the use of modern and traditional contraceptives to type of work, work status and health care sought by the women. Data show that the high utilization of traditional contraception is tied more to the strong reliance on tradition and weak faith and trust on modern contraception in Ekpoma women. Irrespective of their occupations, Ekpoma women patronized traditional contraception more than modern contraception. Consequently, significant variations worth examining emerged from the relationship between occupational categories and modern contraception. Occupational categories are used to show the type of work and work status of the women, because all Esan women are engaged in more than one economic activity at any point of time. Results thus show that women in the highly skilled jobs particularly in the formal sector of the labour force use more modern contraception than other groups of workers. Also,

fewer women in farming and trading use modern contraception. More importantly, more Ubiaja women in both formal and informal sectors use more modern contraception. However, higher proportion of Ekpoma women in the service sector are currently using modern contraception. These variations in the use of modern contraception relate to the social, cultural and economic contexts in which these women live, that promote or depress the use of contraception.

vix. **Hypothesis:Proportion of Modern contraceptive users are negatively related to women's fertility level.**

The study has also shown that more women who are currently modern contraceptors have fewer children than those currently using traditional contraceptive techniques. Similarly, Ubiaja women tend to use the most effective modern contraceptives and this may account for the fewer children by this group of women when compared to their Ekpoma counterparts who use the less effective traditional techniques and hence the high fertility in this women. Therefore, we can conclude that there is an inverse or negative relationship between modern contraceptive users and fertility level.

10.2 Conclusion

From the forgoing discussions, it is clear that Esan women tend to engage in economic activities that do not attract high income. More of the women are still in the informal sector of the labour force, and those in the formal sector of the labor force are in the lower occupational categories such as clerical and teaching jobs. Very few of the women have entered the professional group. These work characteristics of these women may be explained by their level of

education because fewer women have attained university education compared to their husbands.

Also, it is evident that generally women do not have control over their reproductive behaviour. Both the work women engage in and their reproductive behaviour are adversely controlled by the cultural context in which they operate than other socio-economic and demographic variables.

Cultural factors play significant roles in the work women do and their reproductive behaviour. A preference for sons and concern for their education is perpetuated by patriarchy. Patriarchy allows only sons to inherit the property and status of their father. This ensures that the family name is maintained through the father's patrilineage. In addition, parents derive both economic and socio-cultural benefits from their sons, although daughters often provide emotional and psychological support to parents at old age. Girls become the property of their husbands until death, therefore it is unwise to educate a daughter whose gain goes more to her husband. Hence, under financial constraints, the education of sons is given preference, thus accounting for the low education of the surveyed women which consequently dictate the economic activities and the extent of their economic autonomy.

Culture also prohibits women from generally having personal claim to land. This practice which is highly prevalent in Ekpoma encourages joint economic activities that place the women under the control of the men. Such joint economic ventures imply pooling of resources together which does not give

such women economic autonomy and thus strongly affects her power to take decisions about her reproduction. Hence, we can conclude that this is responsible for the higher fertility in Ekpoma women compared to the Ubiaja women who have to some extent some economic autonomy and independence.

Moreso, the practice and prevalence of early marriage amongst the surveyed women are also responsible for the high average number of living children. The fertility would have been higher if not for the high rate of spontaneous abortion that may have resulted from the hard labour in farming and trading. If all the women had the resources to hire labour and minimize the work they do, they would probably have fewer pregnancies, maintain such pregnancies and children, thereby, increasing the surviving rate of both child and mother. It is the failure to ensure high child survival rate that encourages women to have more children to replace the dead ones. This behaviour can be well understood in a culture where children are of high value. In Esan culture, children are symbol of status, wealth and essence of both womanhood and manhood. As such, failure to have children brings stigma and stereotyping on women in particular, because infertility is seen as a woman's problem because men are believed to be generally potent."

Finally, this study also demonstrates the absolute power that traditional health beliefs and values exert, particularly among the Ekpoma women. Traditional health beliefs and values are inseparable from traditional explanations of the work and reproductive behaviour of women. For example, women are

usually blamed for illnesses which occur not only themselves but also to their children and husbands. In that way, the health belief system becomes a system of social control in a patrilineal, patriarchal and even geroncratic system. The traditional system prescribes herbs, amulets, charms as a means of controlling a woman's reproduction. This is a system that modern medicine has by no means overthrown. The two system of health care are thought of as different and complimentary facets of the same basic health treatment.

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Appendix A

Focus Group Discussion Guide

Women's Work and Reproductive Behaviour Among Esan Women

1. Introduction

   - Welcome to this meeting.
   - Explain reasons for being here.
   - We should like your help.
   - Open expression of opinions welcomed.
   - Tape - recorder will be used to allow retrieval of information.
   - Introduce topic of discussion or research.

2. The Family

   - Age at which respondents married.
   - Children? Ages?
   - Length of time married before children.
   - Did everyone have children immediately why/why not.
   - Do they intend to have more children? why/why not?
   - What is the best family size? why?
   - Is there any preference for sex of children?
   - Why do people have large families?
   - Why do some have small families?
   - What are the economic aspects of having children (food, clothing, housing, medical care, eduction)?

- What are the social aspects of having children (support at old age etc)?
- Do you ever consider these economic burden and social gains of having children?
- How do additional children affect the living standards of parents?

3. **Value of Children**

- How important are the children for economic and social security at old age?
- What are your attitudes towards childlessness?
- How do you view the concept of small and large families?
- What are the pereiwed advantage and disadvantages of small and large families?

4. **Premarital Sex**

- How do people perceive sex in Esan today and in olden days?
- Are there practices in the community that encourage such behaviours now and in the past?
- What is the relationship between virginity and premarital sex?
- Does attitude to premarital sex varies according to sex?
- How will you describe sexual behaviour of adolescent in your community?
- What would you say about the adolescents of today and those of your time?

Pregnancy and its Outcome

- What is the importance of pregnancy? Unwanted/Wanted pregnancy?

- What special care is given to pregnant women in Esan?
- Identify complications that may arise from a problem pregnancy?
- What treatment is given to such complications?
- State reasons for the choice of treatment chosen?

Work and Sex Taboos

- Identify the existing taboos at work places?
- Have these taboos changed overtime?
- What have endangered such like taboos in Esan culture?
- Please lets also talk about cultural restnctions and obligations on sex in the community?
- Are there also cultural practices in the community that affect sexual behaviour including fertility.
- Do you support such practices? Discuss?

Family Planning/Contraception

- Awareness of different techniques used in controlling family size. (Also ask about husband's attitude).
- Perceived advantages/disadvantages of each method/technique.
- Sources of information on methods of population control: Contraception.
- Attitudes towards these sources. How adequate are they? How could they be improved.
- Assessment of information received.

APPENDIX B

DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY
UNIVERSITY OF BENIN
BENIN CITY, NIGERIA

QUESTIONNAIRE PROJECT ON WOMEN, WORK AND REPRODUCTIVE BEHAVIOUR

IDENTIFICATION

Village: . . . . . .

Cluster Number: . . . . . .

Household Number: . . . . . .

	INTERVIEW VISITS		
	1	2	3
Date:	. . . . .	. . . . .	. . . . .
Interviewer's Name:	. . . . .	. . . . .	. . . . .
Supervisor's Name:	. . . . .	. . . . .	. . . . .
Language of Interview:	. . . . .	. . . . .	. . . . .
Result:	. . . . .	. . . . .	. . . . .
Next Visit: Date: Time:	. . . . .	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	

** RESULT CODES:
1. Completed
2. No. competent Respondent at home
3. Refused
4. Dwelling not found
5. Other . . . . . (specify)

. . . . . .

. . . . . .

Total No. of Visits: ☐

Final Visit:

Month: ☐☐

Year: ☐☐

Section 1: Background Information

GB1: Age at Last birthday?_____(years).

GB2: What is your Religion?

- ☐ Roman Catholic
- ☐ Protestant (Anglican, Baptist, Methodist, etc.)
- ☐ Spiritual churches
- ☐ Islam
- ☐ Traditional
- ☐ No Religion
- ☐ Other (specify)

GB3: Level of Education

- ☐ No formal Education
- ☐ Primary
- ☐ Secondary
- ☐ Post Secondary (Excluding University)
- ☐ University Education (B.Sc., B.A., HND, MD, B.Ed., etc).
- ☐ Post University Education.
- ☐ Other (Specify _____).

GB3b In all, how many years did you spend in School?

B4 What is your monthly income?

Below ₦200

200 - 339

400 - 599

600 - 799

800 - 999

1000 and above

01 ☐

02 ☐

03 ☐

04 ☐

05 ☐

GB5: Are you a member of any voluntary organization(s)?

Yes ☐ No ☐

GB5b: If yes, state the type of organization(s) you belong.

☐ Traditional Association only

☐ Modern Association only

☐ Traditional and Modern Associations

☐ No Association

☐ Others (specify)

GB6: Where have you been resident since the age of 18 years.

Present village (town) ☐

Neighbouring village ☐

Other (Specify) ☐

GB7: What type of family are you a member?

☐ Polygynous ☐ Monogamous

☐ Other.

GB8: What is the composition of your family?

☐ Husband, Wife, (Wives), Children

☐ Husband, Wife/Wives, Children, Relatives

☐ Husband, Wife/Wives, children, Relatives and househelp(s).

☐ Husband, Wife/Wives children, Relatives, Friends and househelps

☐ Other (specify).

GB9: After marriage who did you live with?

Parents-in-law ☐

Husband ☐

Others (specify) ☐

GB10: What is your marital/Conjugal status?

Married ☐ Separated ☐

Divorced ☐ Others (specify)_____

Section 2: **Work History**

WH11a: Do you work? Yes ☐ No ☐

WH11b: If yes, how many types of work or economic activities do you engage in.

☐ one ☐ more than 1

WH12: Identify the type of work you do below

☐ Farming

- ☐ Trading
- ☐ Administrative
- ☐ Teaching
- ☐ Services
- ☐ Other (specify).

WH13: If you are farming, is it on

- ☐ Personal farm
- ☐ Joint farm with husband
- ☐ Husband apportioned farm land to you
- ☐ Other (specify).

WH14: What do you earn monthly?

WH14b: What do you earn above your cost of production or purchases every market day?

WH15: How do you spend your income?

- ☐ Keep all to myself.
- ☐ Give Husband some
- ☐ Use all for the household
- ☐ Use some for the household
- ☐ Put some way in 'Osusu'
- ☐ Other (specify)

WH16: How many hours do you think you spend on your major economic activity/work

☐ 1-4 hrs

☐ 5-8 hrs

☐ 9-12 hrs

☐ Over 12 hrs

WH17a: Do you think that work done is based on whether you are male or female?

☐ Yes ☐ No

WH17b: If yes, state who does what task in farming?

WH18a: Do you think it is good for women to work outside the home

☐ Yes ☐ No

WH18b: Give reasons----------

Section 3: **Fertility History of Respondents (FH)**

FH1: How old were you when you had your first menstrual period?

----------years ☐

FH2: How old were you when you had your first pregnancy?

----------years ☐

FH3: How many years after your marriage did you have your first child?

----------years ☐

FH4: How many years interval did you have between

1st and 2nd child ☐ Subsequent births ☐

2nd and 3rd child ☐

FH5: How many children do you have on the whole?

☐ Sons ☐ daughters

FH6: How many of your children live with you?

☐ Sons ☐ daughters

FH7: How many of your children do not live with you?

☐ Sons ☐ daughters

FH8: Have you ever given birth to a child who later died, even if the child lived for a very short time?

☐ Yes (1) ☐ No (2)

FH9: If yes, How many of children have died?

☐ Boys ☐ Girls

FH10: Please give us information about each of your births (alive or lived for a short time after birth) starting with the first.

Birth Order	Name	Sex male = 1 female = 2	Year of birth/ Age	Is child still Living? Yes = 1 No = 2	Date of Death/ Age	Cause of death
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

FH11: How many times have you been pregnant?---------- ☐

FH12a: Has any of your pregnancies aborted?

☐ Yes (1) ☐ No (2) ☐

FH12b: If yes, how many Spontaneous abortions did you have

How many were induced----------

FH13a: Do you intend to have more children?

☐ Yes (1) ☐ No (2) ☐ Undecided (3)

FH13b: If yes, how many more children do you want to have?

Sons ☐ Daughters ☐

FH14: How many children did you want to have?

Sons ☐ Daughters ☐

FH15: In what proportion is it better for a woman to have her children

☐ More sons than daughters

☐ More daughters than sons

☐ Equal number of sons and daughters

☐ The proportion of the sexes is irrelevant

☐ All sons

☐ All daughters

☐ Other (specify)

FH16: Now, I want you to give us information about the pregnancies you have had.

Order of Pregnancy	When did you have the pregnancy	How many months did pregnancy last?	If more than 7 months the baby show signs of life Yes = 1 No = 2	If yes, sex of baby boy = 1, girl = 2	If no, was it still birth = 1 Don't know = 2
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

FH17: How do you care for your children when you are working?

☐ Self

☐ Relations

☐ Friends

☐ Institutional Care

☐ Neighbours

☐ No Response

FH18: How do you feel about women not having children?

- ☐ Nothing good about it
- ☐ Destiny of the women
- ☐ Results of premarital waywardness
- ☐ Other (specify)

FH19: Identify the advantages of having children in your community

- ☐ Individual and Wealth Status
- ☐ Economic, Psychological and Social Support at old age.
- ☐ Assistance with household chores and economic activities
- ☐ Other (Specify)

FH20: Identify the disadvantages of not having children

- ☐ Marital Instability
- ☐ Less respect for women
- ☐ No care at old Age
- ☐ No claim to inheritance
- ☐ Other (specify)

FH21: What type of treatment do you seek for reproductive related illness?

- ☐ Traditional only
- ☐ Orthodox only
- ☐ Traditional and Orthodox
- ☐ No Response
- ☐ Other (specify)

FH22: What is your approach to child rearing practices?

- ☐ Traditional only
- ☐ Modern only
- ☐ Traditional and Modern
- ☐ No Response
- ☐ Other (Specify)

Section 4: **Contraception**

CK1: Do you know of any method of controlling preganacy?

☐ Yes ☐ No

CK2: If yes, identify the techniques/methods that your know, ever used and currently using

Modern Methods	Know	Ever Used	Currently Using
Pill Intra-Uterine Device (IUD) Diaphragm Condom Injection Douche Abortion Billings, Method Traditional Methods			
Herbs Amulets, Charms etc. Abstinence Prologed breastfeeding Rhythm Withdrawal			

CK3: State the source(s) from, which you heard of any contraception

- ☐ Government Hospital and Health centres
- ☐ Private Poctors/Clinic
- ☐ Private Pharmacy/Medicine stores

☐ Friends

☐ Relations

☐ Other (specify)

CK4: What is your opinion about the use of abortion as method of contraception

CK5: Did you inform your husband before using any modern contraception?

☐ Yes ☐ No

CK6a: If yes, who takes the decision

☐ Husband only

☐ Wife only

☐ Husband and Wife

☐ Other (specify)

CK6b: If no, who took the decision not to use contraception?

☐ Husband only

☐ Wife only

☐ Husband and Wife

☐ Other (specify)

CK7: What is the ideal age for

a girl to marry ---------- yrs

a boy to marry---------- yrs

CK8: What was your age at your first marriage?----------

CK9: Are there anything that you have not said that you wish to tell me

---

CK10: Is there anything you wish to ask me? ----------

Appendix C: Computation of Z Scores to test the Difference Between two means

Table 8.2: Computation of Z score for Western Education Mean Children Born

Educational Level	No. of women in each education level (F)	mean children born by three women (X_i	Ekpoma		Ubiaja			
			$(X'_1 - U^1)_1$	$(X'_1 - U_1)^2$	F_2	(X'_2)	$(X'_2 - U_{x2})^2$	$F(X'X_2 - U_{x2})^2$
No Formal	36	8.22	2.3104	83.1744	32	6.31	0.5041	16.1312
Education	125	7.97	1.6129	201.6125	108	6.30	0.4900	52.9200
Primary	154	5.90	0.6400	98.5600	121	5.20	0.1600	19.3600
Secondary								
Post Secondary (Excluding degree awarding institution	25	4.32	5.6644	141.6100	32	4.16	2.0736	66.3552
University Education	8	4.25	6.0025	48.0200	6	4.15	2.1025	12.6150
No Response	2	6.50	0.0400	0.0800	1	5.00	0.3600	0.3600
Total	350			573.0369	300		5.6902	167.744

Source: Fieldwork Standard devication $6_{x1} = 1.23$ Pulled variance $6_{x1x2} = 0.71$

$6_{x2} = 0.56$ Z score = 15.49

5a.

$$\sigma_{x1} = \sqrt{\frac{\sum f(\overline{x_i} - \mu_{x_1})^2}{n}}$$

$$= \sqrt{\frac{573.0569}{350}} = 1.23$$

$$\sigma x_2 = \sqrt{\frac{5.6902}{300}} = 0.5591$$

b. *Pulled Variance* $\sigma X_1 X_2 = \sqrt{\left(\frac{\sigma_1^2}{n_1} + \frac{\sigma_2^2}{n_2}\right)}$

$$= \sqrt{\frac{(1.23)^2}{350} + \frac{(0.5591)^2}{300}}$$

$$= \sqrt{\frac{(1.5129}{350} + \frac{0.3126}{300}}$$

$$= \sqrt{.004+.001}$$

$$= \sqrt{.005}$$
$$= .071$$

Table 8.3 Computation of Z score for occupational category and average children ever born in studied communities

Occupational Category	F	Ekpoma				Ubiaja		
		$(X^1$	$(X'_e - U_1)^2$	$f(X'_1 - U^1)^2$	F	X'_1	$(X'_2 - U_2)^2$	$f(X'_2 - U_2)^2$
Farming	116	1.77	0.2116	24.55	98	0.74	0.0049	0.48
Trading	72	2.08	0.5929	42.69	52	1.17	0.2500	13.00
Professional	34	0.53	1.5600	53.04	41	0.24	0.1849	7.58
Teachers	38	1.58	0.0729	2.77	53	0.57	0.0100	0.53
Clerical	50	0.40	0.8281	41.41	J26	0.42	0.0625	1.625
Other	40	0.18	1.2769	51.08	30	0.30	0.1369	4.107
				215.54				27.33

a.

$$\sigma X_1 = \sqrt{\frac{\sum (\bar{X}_1 - \mu X_1)^2}{n}}$$

$$= \sqrt{\frac{215.54}{350}}$$
$$= 0.785$$

$$\textit{Pulled Variance } \sigma x_1 x_2 = \sqrt{\frac{\sigma x_1^2}{n_1} - \frac{\sigma x_2^2}{n_2}}$$

$$Standard\ deviation\ \sigma x_2 = \sqrt{\frac{\sum f(\bar{x}_2 - \mu x_2)^2}{n}}$$

$$\sqrt{\frac{27.32}{300}}$$
$$= 0.302$$

$$=\sqrt{0.0018+0003}$$
$$=0.046$$

$$Z = \frac{1.31-0.67}{0.46}$$
$$=13.913$$

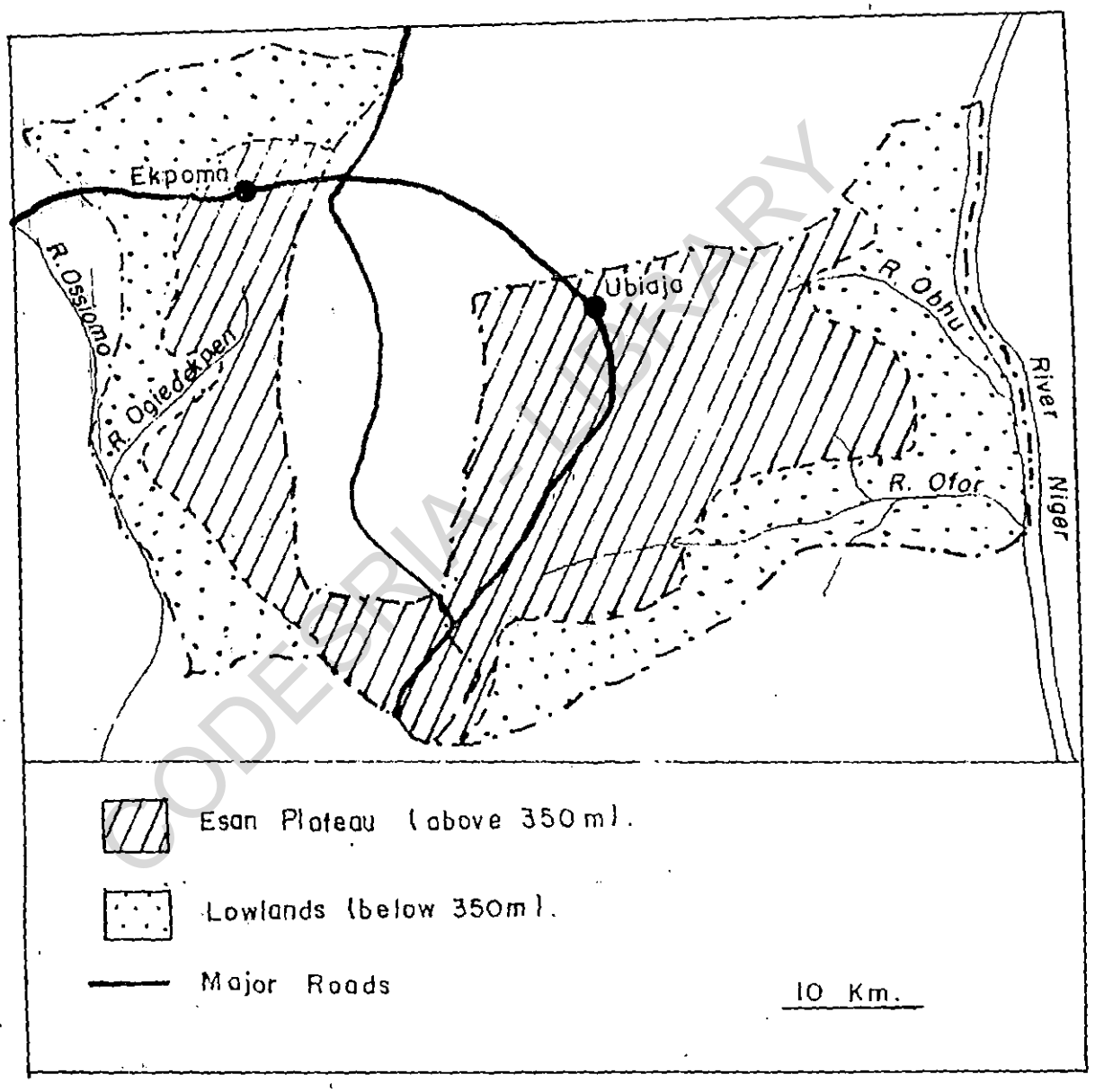

Fig. 2: Relief and Drainage of the study area