

Abstract

Men have continued to determine and influence decision making in all activities everywhere. Women most of the time depended on them for almost everything. Men have always responded differently how they felt about following their wives to antenatal clinics. Most of them feel that theirs is to provide the resources and it is the women's business to attend clinics. This exploratory and qualitative study was carried out to assess the perception of men on issues relating to maternal health, domestic decision making and child sex preference in Lagos State. This was done with a view to finding out how men felt about following their wives to antenatal clinic, sharing decision making with wife and how child sex preference affected the way they treated their wives. Thirty adults women were interviewed in Badagry area of Lagos State. Results indicated that most men (over 80 percent) feel that they cannot follow their wives to antenatal clinics once they are able to provide the funds needed for that purpose of paying hospital fees. Another 90 percent stated that they cannot occupy the same decision making position with their wives since this will make them look weak. However, only about 20 percent claimed they do not have preference for any child sex and this does not in any way affect the other issues of decision making and antenatal clinic attendance. It is pertinent that there is need to deepen the sensitisation on the need for men to see their wives as partners and not slaves or non equals.

Keywords: Maternal Health, Patriarchy

Introduction

Over the years, the issues of maternal health have been predominantly seen and treated as a purely feminine matter. The hugely disproportionate representation of men, and their resulting dominance, among those responsible for the planning and provision of health care, has had serious consequences for the health status of women and girls, particularly in developing countries (Taiwo and Oluşheyi, 2007). Before the current concern for male involvement began, reproductive health issues and services had become synonymous with women's reproductive health, and men were assumed to have no special role in such matters. However, the lack of men's active involvement in these issues represents a lack of appreciation of the social reality of daily living in most developing societies, particularly in Africa. Indeed, the characteristic lack of male involvement in reproductive initiatives, including family planning, is a major obstacle to a speedy fertility decline in sub-Saharan Africa given the considerable authority and power vested on men as decision makers in the home and society (Drennon, 1998; Isiugo-Abanihe, 2007).

In most African countries, maternal health issues which include family planning, pregnancy and childbirth have long been regarded as exclusively women's affairs (Mullick Kunene and Wanjiru, 2005). Although the health of mothers is determined by many factors including socio-economic status and

environmental factors, one important and crucial factor that has been neglected over the years is the role of men as a determinant of health of mothers (Mullick et al., 2005).

The practice of male dominance is regarded as unwholesome considering its obvious consequences on human development. Patriarchy implies that women have to depend almost entirely on men for every decision in the family (like when to get pregnant, number of babies to have, whether or not to go for antenatal attention etc), even when they are directly affected by such decisions (Nwokocha, 2008).

Okpe (2005), submits that patriarchy is a broad network or system of hierarchical organization that cuts across political, economic, social, religious, cultural, industrial and financial spheres, under which the overwhelming number of upper positions in society are either occupied or controlled and dominated by men. Thus, any system that operationalizes an order that accords men undue advantage over women is considered patriarchal.

As feminist and political theorist Carole Pateman writes, "The patriarchal construction of the difference between masculinity and femininity is the political difference between freedom and subjection." (Carole 1988 in Makama, 2013). This study is undertaken to explore the different perceptions of men about following their wives to antenatal clinics, decision making and child sex preference. Specifically,

the study sought to find out the perception of men in relation to maternal health related activities and how men think about involving their spouses in decision making and preference for a particular child.

In a study conducted in Ekpoma, Edo State, southern Nigeria, 89.5% of women preferred sons to daughters. Some of the reasons given for male preference were the traditional inheritance pattern which had no room for female children coupled with the fact that female children, once married, could not continue to bear their fathers' family names, a value very highly cherished in nearly all African cultures. About 65.1% of the respondents were of the view that men stood out as traditional heads of the home and therefore the sole decision makers including reproductive decisions, compared to only 4.8% who opined that married women were reproductive decision makers. About 94.4% said that the sex of the children was the overriding determinant of parity rather than economic considerations (4.4%)

The penchant of Nigerians for male-child was exemplified in the advert "Mama Na Boy" of MTN, a telecommunications service provider in Nigeria where the mother-in-law in the advert sang in excitement when she was informed that her daughter-in-law had given birth to a boy. The advert was eventually discontinued by MTN following criticisms from some feminist NGOs.

Male child preference is one of the harmful traditional practices that constitute grave menace to the women, particularly those in developing countries, and more importantly, in Nigeria. This worsens the gender inequality where women are made subordinate to their male counterparts, discriminated against, promote gender-based violence, poses health risk, female infanticide, and denial of inheritance rights and poses a serious challenge to the human security of women's human rights.

The literature has long indicated that when couples have sex preferences, the female partners tend to have higher parities than they would otherwise have had (Seidl, 1995). One logical explanation, which is also known to be the case in societies with strong gender preference, is that women continue to bear children until the couples' desired sex compositions are satisfied

(Dalla and Leone, 2001), typically after the birth of at least a son (Leone *et al.*, 2003). Sometimes, son preference is so strong that selective female abortions are done, as has long been known in Korea and China, despite the low aggregate fertility rates in those countries. The public health literature has drawn attention to the disturbing implications of the selective abortions for population structure, marriage, the labour market and women's status (Leone *et al.*, 2003)

A common phrase among the Hausas, "ba ayi komai ba, macce ta haifi mace" meaning that nothing is gained by a female giving birth to a female, is pointer to the condescension the women folk are subjected to in Nigeria.

According to The Economist (2014), "Women with first-born daughters are 1.2 percentage points more likely to end up in a polygamous union. Some husbands, it turns out, take another wife if their first child is a girl"

Methods

This study was non-experimental and it adopted exploratory designs to investigate the determinants of men's involvement in maternal health in Badagry, Lagos. The design relied on qualitative method of inquiry due to the problem under investigation which required a design that will give room for participation.

Data for this study was gathered through in-depth interview (IDI). This method of data collection was chosen in order to assure effective participation of the research subjects and also for flexibility in the data collection which gave room for probing of respondents because of the exploratory nature of the study.

The researcher conducted in-depth interviews with the aid of a semi-structured interview guide. Data collected covered respondents' demographic details, their orientation about maternal health and involvement in maternal health. The in-depth interview was used to elicit information from married men who have had a child or children. A total of two hundred in-depth interviews were conducted.

The selection of samples was done with the use of stratified random sampling method which is a type of probability sampling technique. Through this sampling method, the researcher was able to stratify the respondents based on type of occupation (formal and informal), religion (Christianity, Islam and African Traditional Religion).

Data acquired from the in-depth interview through the use of recording gadget was transcribed by the researchers. The transcribed recordings were utilized for the purpose of data analysis. The content analysis of the transcribed interviews was manually done.

Results/Discussion of Findings

Results from the study indicated that patriarchy was a major factor that influenced the attitude of men towards maternal health and their involvement in it. The patriarchal tendencies of the respondents were exhibited in the following areas.

Attendance of Antenatal and Postnatal Programmes as Strictly Women's Business

Apart from the fact that most of the decisions are made by husbands on behalf of their wives, most of them do not get actively involved in the maternal health of their wives such as monitoring how regularly their wives go for antenatal care and even

Number of husbands who have attended antenatal with their wives.	1	3.3%
Number of husbands who have never attended antenatal with their wives	29	96.7%
	30	100%
Number of husbands who have no grouse about participating in maternal health related activities	9	30%
Number of husbands who believe maternal health related activities are meant for women only	21	70%
	30	100%
Husbands in support of their wives having equal decision-making rights	4	13.3%
Husbands who aren't in support of their wives having equal decision-making rights with their wives	23	76.7%
Husbands who are indifferent to wives having equal decision-making rights with them	3	10%
	30	100%
Husbands who regard maternal health as women's business	21	70%
Husbands who regard maternal health as a collective business of a couple	9	30%
	30	100%
Husbands who reserved the right to decide on the number of children to have	18	60%
Husbands who discussed and agreed on the number of children to have	7	23.3%
Husbands who left the number of children to have to chance or divine providence	5	16.7%
	30	100%
Husbands whose wives have a say on when to get pregnant	23	77.7%
Husbands whose wives do not have a say on when to get pregnant	7	23.3%
	30	100%
Husbands who have preference for male children	6	20%
Husbands who have no preference for male children	24	80%
	30	100%

Source: Field work (2015)

accompanying them there.

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Results from the study in the table following shows that only one out of the two hundred respondents had ever attended antenatal programme with his wife. He agreed to the fact that he had only attended it just once. The others maintained that they have never attended any maternal health related activities since they were meant for women only. They therefore did not see any reason why they should partake in them. This was further buttressed by the reaction of a respondent who said:

All through the period my wife was pregnant, I never accompanied her to any hospital appointments apart from the fact that I provide her with money and

then when she eventually puts to bed, I go to the hospital to take her home.

It's not my work. I do not know anything about medicine so, of what importance and relevance will my presence there be? All the questions that will be asked will be directed at her and not me, she's the one who can explain how she's feeling. If it warrants that I take her there, I'll do that but that doesn't mean I'll then sit down there with her because I have my own job to look after.

Another respondent simply said:

I believe it's a woman's business. All I do is provide funds.

(Driver, father of four, IDI, Badagry)

These acts of stratification of roles based on gender is an act of subjugation which women are subjected to and as earlier mentioned, the traditional system spelt out roles which both men and women should play in the family as well as in the community. Boys were to grow up knowing that they were expected to be strong and hardworking, so as to be able to take care of their wives. While girls, on the other hand, were to be concerned with domestic activities and to be submissive so as to find good husbands. More or less, it was up to the husbands they were to marry, not to the women themselves, to make their lives successful and happy. Thus, they were robbed of every initiative and resourcefulness which could enable them make decisions affecting them and the family generally.

This is in agreement with the submission of Carole Pateman (1988) when she opined that the patriarchal construction of the difference between masculinity and femininity is the political difference between freedom and subjection.

Decision Making

Results from the study revealed that majority of the respondents reserved the right to take decisions for themselves regardless of what their wives have to say even when it relates to their maternal health. This is in accordance with the conjecture of Nwokocha (2008) who identified the practice of male dominance as unwholesome considering the obvious consequences of human development. Patriarchy implies that women have to depend almost entirely on men for every decision in the family such as when to get pregnant, number of children to have, whether or not to go for antenatal attention etc. even when they are directly affected by such decisions.

The few respondents who were in support of

equal decision rights with their wives were of the belief that the subjugation of women by their husbands ought to be eradicated since marriage ideally involves a couple and not an individual. This also is what is being preached by liberal feminists who, while agreeing to the superiority of men, advocate for the opportunity for women's voices to be heard.

Liberal feminism accepts and works within the gendered social order with the goal of purging it of its discriminatory effects on women (Lorber, 2009; Olurode 2013)

Olurode (2013) further explained that "liberal feminism advocates for shared parenting, shared domestic work, and liberal abortion policies, among other concerns. Most African feminists can be categorized under liberal feminism. Patriarchy is not only tolerated but it is regarded as inevitable."

Respondents who antagonised the sharing of decision-making rights with their spouses and who were also in the majority, explained that sharing such rights with women will be counter-productive in the sense that women will begin to see themselves as equals with their husbands as explained by one of the respondents:

Well, in my place, traditionally, a woman doesn't have any single right to contribute not to talk of decision making. Traditionally, women were made to mind their kitchen and their household chores. Men have 100% decision making power. If a woman suggests, if a man likes it, he takes it but if he doesn't like it, he throws it inside dustbin. Men have decision making power and I like it like that. Women are there to just help us. If you take decision together then you are no longer in control. (Trader, father of five, IDI, Badagry)

They further mentioned the fact that they are the ones who meet the financial needs of the family, therefore, they reserve the right to determine family size, when and when not to get pregnant.

The respondents who were in support of equal rights were in the minority. They were of the belief that women know their body and how they feel and as such they should be allowed to decide whether or not they are in the right physical and psychological fitness level to carry pregnancies.

Child sex Preference

Results from the study showed that only a few sections of the population were particular about having male children. Their conviction was that a man cannot count himself as a father if he does not have an heir, which is a son. Some of them stated that they will do all that is within their power to have a male child even if it requires them to marry another wife. The proclivity for male children by some men can be inimical to the health of their spouses. This is because due consideration to the physiological status of their spouses may count as nothing to them insofar as they get a male child. Oftentimes when it becomes glaring that their wives can no longer go through the rigours of pregnancy, they resort to marrying another wife or having a concubine. This is as a result of the patriarchal structure of the Nigerian society which emphasizes male dominance and subservience of women. A girl takes her husband's name, dropping that of her own parents. Descent is traced through the father's line. Dependence on the male-child by parents for financial support at old age. This is corroborated by one of the respondents:

A son is the pride of any man, therefore any man who doesn't have one cannot claim to be a man. Daughters will grow up to eventually leave to bear another man's name. It is only male children that will carry on the family's name. So, having a son is very important.
(Teacher, father of three, IDI, Badagry)

Polygyny

Findings from the study revealed that marriage type is a determinant of men's involvement in maternal health. Polygyny refers to the state or practice of having two or more wives at the same time. Men who practised polygyny were found to have, apart from the provision of funds, absolved themselves from all maternal health related matters. Apart from viewing maternal as women's business, political reasons on the home front was cited as reason for their actions. Four of the interviewed respondents claimed they have never attended any maternal health related activity with their wives and this was because they wanted to avoid conflicts in their homes which may arise if they are perceived to have favoured one wife over the other.

A respondent, who is a polygynist, stated that:

I do not attend antenatal programmes with any of my wives. One of the reasons is because if I accompany one today and in future, due to unforeseen circumstances, I do not accompany the other one, she will take it to mean that I value the other wife over her and vice versa and before you know it, I will have crises on my hands.

(Mechanic, father of five, IDI, Badagry)

Apart from the reason given by the above respondent, another respondent, a polygynist as well, had this to say:

I cannot imagine myself following my wives to the hospital for antenatal programmes. Why should I? Am I a woman? And let's say I even want to go with them, who will monitor my business? Does it then mean I will have to close my shop to go for women's meeting? As for me, what I owe them is money for the hospital bills. Other than that, I mind my business.

(Trader, father of seven, polygynist, IDI, Badagry)

Conclusion

The ubiquity of patriarchy echoes in the sentiments of men in Badagry, Lagos. Patriarchy was discovered to have played a dominant role in the involvement of men in maternal health in Badagry. Most of the respondents perceive maternal health to be an item on the exclusive list of women's business.

Furthermore, most of the respondents are the ones who take most decisions at home regardless of their effect on the health of their wives. Decisions such as the number of children to have, when to get pregnant were mostly determined by the husbands. Male child preference was however not dominant among the respondents.

It was also discovered that virtually all the respondents have never attended any maternal health related programme with their wives owing to their belief that such programmes fall outside the jurisdiction of men.

Finally, polygyny was discovered to have also

negatively influenced the involvement of men in maternal health. Respondents who had more than one wife stated that they do not actively get involved in the maternal health of their wives so as to prevent any fracas that may emanate from their perceived favouritism by either of their wives.

Recommendation

Judging from the alarming low level of awareness on maternal health among men in Badagry, there is the need for government and non-governmental organizations to carry out massive sensitization programmes aimed at enlightening men on the importance of them having adequate knowledge of maternal health issues and also educating them on the benefits of them being actively involved in the maternal health of their wives. They need to be made to understand that their role in maternal health does not begin and end with putting their spouses in the family way and just providing money for treatment and being present on the day of delivery. The enlightenment programmes, if properly carried out, will help erode their patriarchal notions about maternal health. Religious organizations should be up and doing in educating their members about maternal health and the role of men in it since religion has been said to be one of the media through which patriarchy is promoted.

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