British Journal of Library and Information Management
ISSN: 2997-3163
Volume 4, Issue 1, 2024 (pp. 46-54)
www.abjournals.org

WOMEN AND REPRODUCTIVE HEALTH CHALLENGES IN IGBOLAND: A HISTORICAL STUDY

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Cite this article:

Okechukwu F. N., Ugochukwu A. O. (2024), Women and Reproductive Health Challenges in Igboland: A Historical Study. British Journal of Library and Information Management 4(1), 46-54. DOI: 10.52589/BJLIM-TAMOV1NH

Manuscript History

Received: 26 Jan 2024

Accepted: 17 Apr 2024

Published: 14 May 2024

ABSTRACT: *The objective of the work is women and reproductive health challenges in south east, Nigeria. The research also treats the nature of reproductive health challenges in Igboland before and after 1970, and the official reaction to reproductive health challenges in contemporary Igboland. The research method employed was the qualitative analytical method which involved content analysis of relevant documentary data on the subject. The approach adopted was also thematic. The research findings indicate that reproductive health challenges in Igboland before and after 1970 can be classified into five, namely: genetic reproductive health challenge, witchcraft and curses, labor and accident, harmful socio-cultural practices, as well as infectious and communicable disease. The government response to reproductive health challenges includes the different frameworks for the protection of the reproductive health rights of women. These include the domestic instruments as well as the international instruments ratified by the government. The study observed that a number of factors inhibit the provision and availability of reproductive health rights in south east Nigeria, and it includes the social and economic factors as well as cultural and religious factors. It also argues that in spite of these challenges, some successes have been recorded as a result of the official responses to reproductive health challenges in Igboland. These include the elimination of child marriages, reduction in the violence against women and reduction of the harmful cultural practices, such as female genital mutilation (known as women circumcision) and polygamy.*

KEYWORDS: Women, Reproductive, Health, Rights, Igboland.

Article DOI: 10.52589/BJLIM-TAMOV1NH
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INTRODUCTION

While the Universal Declaration of Human Right (UDHR) in 1948, marks the beginning of the struggle for human rights and, by implication, health rights, it was in 1969 that the UN Fund for Population Activities (now the UN Population Fund) was established essentially to deal with matters concerning to women's sexuality and reproductive health.[1] In 1972, the World Health Organisation (WHO) established the special programme of Research, Development, and Research Training in Human Reproduction (HRP) with the mandate to focus on research into the development of new and improved methods of fertility regulation, issues of safety, and efficacy of existing methods.[2] Between 1984 and 1994, two important milestones were recorded in the struggle for reproductive rights. In 1984, at the 4th International Women and Health meeting, in Amsterdam, the first step in the legitimization of reproductive rights occurred through consensus, rather than at the institutional level.[3] Also, it was in this conference that the term "reproductive rights" was coined.[4] And in 1994, at the International Conference on Population and Development (ICPD) held in Cairo in 1994, the reproductive health rights of women were recognized as part of human rights. According to the ICPD, reproductive rights:

> …embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community.[5]

Nigeria is one of the countries that approved the historic Programme of Action that emanated from the ICPD, thus, she committed herself to the implementation of the Reproductive Health

[1] www.unfpa.org, "Unfinished Business: The pursuit of rights and choices for all". Accessed on February 29, 2023.

[2] Bolanle Oluwakemi Eniola, Cultural Practices And Reproductive Health Rights Of Women: A Comparative Study Of South Africa And Nigeria (Ph.D Thesis, School of Law, College of Law and Management Studies, University of Kwa- Zulu Natal, South Africa 2017), 6.

[3] S. Correa "From reproductive health to sexual rights: Achievements and future challenges" *Reproductive Health Matters* 107, No.5 (1997), 108.

[4] Oluwakemi Amudat Ayanleye, "Women and Reproductive Health Rights in Nigeria." OIDA International Journal of Sustainable Development, Vol. 6(5), (2013): 127-140.

[5] Principle 7.3 of the ICPD PoA.

Article DOI: 10.52589/BJLIM-TAMOV1NH
DOI URL: https://doi.org/10.52589/BJLIM-TAMOV1NH

concept and the achievement of the ICPD targets in the interest of the health and development of her citizenry.[6]

In Igboland, especially before 1970, the people grappled with a range of reproductive health issues, including genetic challenges, beliefs in witchcraft and curses impacting reproductive outcomes, instances of over labor and accidents during childbirth, harmful socio-cultural practices, and the prevalence of infectious and communicable diseases affecting women's health. The period after 1970 witnessed a continuation and evolution of these challenges, albeit with some changes in their nature and intensity. Despite advancements in healthcare and technology, issues such as genetic predispositions, cultural beliefs and practices, labor-related risks, and infectious diseases continued to impact women's reproductive health in Igboland.

The official response to these challenges by the government and other stakeholders has been multifaceted. Various frameworks have been developed to protect and promote women's reproductive health rights. These frameworks encompass both domestic policies and international agreements ratified by the government, reflecting a commitment to addressing these critical issues on multiple levels. However, several factors have hindered the effective provision and availability of reproductive health rights in South East Nigeria. Social and economic factors, including poverty and limited access to healthcare services, alongside deeply rooted cultural and religious beliefs, have contributed to the persistence of reproductive health challenges in the region.

Despite these challenges, there have been notable successes resulting from official responses and interventions. These include achievements such as the reduction of child marriages, decreased instances of violence against women, and efforts to eliminate harmful cultural practices like female genital mutilation and polygamy, highlighting progress in addressing women's reproductive health challenges in Igboland.

Igboland and its people

The Igbo are people principally located in Southeastern Nigeria. They also extend to parts of the south-south regions of Nigeria. They are the occupants of the present Abia, Anambra, Ebonyi, Enugu, Imo state, part of the Delta State (portion called West Igbo –Anioma) and part of River State (portion called Ikwerre and Etchie). It lies between latitude 5 to 6 degrees north and longitude 6.1 to 8.5 degrees east; covering an area of approximately 16,000 square miles.[7] It has a tropical climate with average annual temperature of about 80 F and annual range between 5 and 10 degrees. There are two principal and distinct seasonal variations: the rainy and the dry seasons. April is the beginning of the former and lasts till October when the dry season begins and lasts till March. The average rainfall is 70 inches yearly with fewer amounts further from the south.[8] It has common boundaries with the Igala of Kogi State and the Idoma of Benue State in the North, the Edo and Urhobo in the West, the Ogoja in the East, the Efik

[6] Oluwakemi Amudat Ayanleye, "Women and Reproductive Health Rights in Nigeria." OIDA International Journal of Sustainable Development, Vol. 6(5), (2013): 127-140.

[7] E. M. P. Edeh, Towards Igbo Metaphysics (Enugu; Our Savior Press Ltd, 1999), 8-9.

[8] A. S. O. Okwu, Igbo Culture and the Christian Missions 1857-1957 (Lanham: University Of America, 2010), 1.

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and the Ibibio in the South-east and the Ijaw in the South. Igbo nation lies in the north of the Delta swampland, east of the Niger River and west of the Cross River. The mystical River Niger divided Igbo land into two unequal parts: the Western Igbo and the Eastern Igbo. The Western Igbo are only one-tenth of the total, whereas the Eastern Igbo constitute the balance of the population. There are Igbo scattered all over the world today.

The Igbo are one of the three largest ethnic groups in Nigeria with an estimated population of thirty million, and Igbo land is generally recognized as the most densely populated land area in the whole of Africa, comparable only to the Nile Valley. For instance, an aerial survey (1989) gives the population density of Imo State at 700 people per square kilometer compared to 276 and 59 people per square kilometer for Niger and Borno State respectively.[9] Igbo people speak the Igbo language with dialectical variations. Following colonialism and the pluralistic nature of Nigeria, the English language was adopted as official language in governance. The Igbo are of average height, mostly dark in complexion, thickly built with broad nose, curly black hair and moderately thick lips. They are a dynamic people, democratic, freedom-loving and achievement oriented. They are ever open to new ideas and initiatives and are also adaptable, hospitable and egalitarian. They abhor injustice; and they always possess a desire for excellence, and make attempts to attain it, or excel in what is praise worthy, without a desire of depressing others.

Nature of Reproductive Health Challenges in Igboland before 1970

In traditional Igbo society, reproductive health goes beyond the ability to conceive and bear children. It includes the whole issues involved in sustaining one's ability to function as a woman. Thus, women identity and main function centered on healthy reproductive life.[10] It must be noted that there are no modern medical facilities or centers in pre-colonial Igboland. It was the colonial government and missionaries that started the modern health care system in Igbo society. And by 1970, ten years after colonialism, hospitals, health centers and modern medicines were still few in Igboland. There are many located at urban centers, and the cost of accessing it is still high then. The reproductive health challenges facing Igbo women before 1970 can be classified into three, namely:

i. Genetic reproductive health challenges: These are reproductive health issues inherited from the mother, or runs through the family lineage. For instance, difficulty in conception, placenta retention and painful labor are among the reproductive health challenges believed to be hereditary in Igbo society.[11] .

ii. Witchcraft and curses: Most Igbo believed (and some still believe) that some reproductive health problems are caused by the activities of the witchcrafts, as well as of course one may have been attracted by the atrocities one committed or one's parents. For instance, it is widely

[9] Ohanaeze Ndigbo, The Violations of Human and Civil Rights of Ndigbo in the Federation of Nigeria (1966-1999) A Petition to Human Rights Violations Investigating Committee (Enugu: Snap Press Ltd, 1999), 2.
[10] Chimaroke O. Izugbara, "Women's understanding of factors affecting their reproductive health in a rural Ngwa community" *African Journal of Reproductive Health* (Online version): https://www.ajol.info>article>view. Accessed on February 21, 2023.
[11] Interview with Ejitu Ota, professor of history, 61 years, Umuahia, Abia State, 22/3/2023.

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believed among the Igbo especially before 1970 that witches or evil people can use magical power and stop one from conceiving or even eat up the fetus in one's womb.[12]

iii. Labor and accidents: The Igbo believe that over labor, restlessness, and accidents can also affect the women's reproductive health system. This is why most Igbo men do not allow their wife to do hard work or go to farm when they are pregnant. Again, the Igbo believe that accidents, such as violence against women can also cause miscarriages.[13]

In all, most Igbo believe that many reproductive health challenges during this period have some religious undertone. Thus, they usually seek religious solutions. According to Elizabeth Isichei:

> Pre-colonial Igboland had only religious-magical remedies for abnormal and difficult births. These caused an incalculable amount of suffering, and usually resulted in the death of both mother and child.[14]

Types of Reproductive Health Challenges in Igboland since 1970

The reproductive health challenges in Igboland since 1970 can be classified into three broad groups, namely:

i. Genetic reproductive health challenges
ii. Harmful socio-cultural practices
iii. Infectious and communicable diseases

The genetic reproductive health challenges have been discussed in the early subheading. The harmful socio-cultural practices include widowhood practices, early marriage, polygamy, and female to female marriages, among others. Some of these practices that infringe on women's reproductive health rights are culturally acceptable. For instance, the Female Genital Mutilation (FGM), also known as female circumcision, is a practice that is culturally engraved in the society. Even the victims of FGM would rather suffer the pain than face societal disapproval and or ostracism. Many believed (and still believe) that FGM helps to check female promiscuity, and enhances fertility. Polygamy is also acceptable in society, though many people still practice it now. This is as a result of the effect of Christian religious belief, poverty and globalization (as people earned the beauty of one man one wife culture from the Western cultures).

Some of the infectious and communicable diseases are new to the society, such asexual transmitted diseases (including HIV/AIDS, gonorrhea and other reproductive tract infections).

[12] Interview with Ejitu Ota, professor of history, 61 years, Umuahia, Abia State, 22/3/2023.; see also G. T. Basden, *Among the Ibos of Nigeria* (London, first published 1921; reprint Frank Casss, 1966), 23.

[13] Interview with Ugochukwu Ndubuisi, senior lecturer, Department of History, 54 years, Umuahia, Abia State, 24/3/2023.

[14] Elizabeth Isichei, *A history of the Igbo people* (London: The Macmillan Press Ltd, 1976), 224.

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Some of the sexually transmitted virus, though non-sexual transmission can occur from an infected mother to her infant either during pregnancy, childbirth or through breast milk.[15]

Official Reaction to Reproductive Health Challenges in Contemporary Igboland: 1999-2023

The official response to reproductive health challenges includes the different frameworks for the protection of the reproductive health rights of women. These include the domestic mechanism as well as the international instruments ratified by the government. The domestic instruments include some provisions of the 1999 Constitution of the Federal Republic of Nigeria. Specifically, chapters two and four of the 1999 Constitution contains some provisions that are relevant to the reproductive health rights of women. For instance, the State, according to the contents of this chapters, is expected to direct its policy towards ensuring that there are adequate medical and health facilities for all persons; and that children, young persons and the aged are protected against any exploitation, and against moral and material neglect; as well as the encouragement of the evolution and promotion of family life.[16]

The Marriage Act is also one of the domestic instruments for the protection of the reproductive health rights of women. One of the provisions of the Act that is relevant to reproductive health is in relation to age at marriage. The Act stipulates that the marriageable age is 21 years. Thus, any marriage before this age shall be regarded as null and void. However, section 18 provides that anybody that has not attained the age of 21 years can still contract a valid marriage under the Act – with parental consent. In Nigeria, there was conflict on the question of marriageable age until recently, when the National Assembly adopted the Child Rights Act which sets the age of marriage at 18 years.

More so, the Child Rights Act is significant especially in terms of the reproductive health rights of a girl child. The Act provides that "A child shall not be used for the purpose of begging for alms, guiding beggars, prostitution, domestic or sexual labor …"[17] Also, Section 31 (1) of the Act states that "No person shall have sexual intercourse with a child."[18] Again, the Act provides that any person, who abuses or exploits a child sexually, is guilty of an offense.[19]

Other domestic instruments include the Matrimonial Causes Act, the Criminal Code, the National Health Policy, and the National Strategic Framework for the Elimination of Obstetric Fistula in Nigeria 2011-2015, as well as state legislation on the prohibition of all forms of discrimination against women and the girl child. Some of the policies in the National Health Policy deal with reproductive health issues. These, according to Oluwakemi Ayanleye[20], include:

[15] https://en.wikipedia.org>AIDS. Accessed on March 25, 2023.
[16] Constitution of the Republic of Nigeria, 1999.
[17] The Child Rights Act, 2003.
[18] The Child Rights Act, 2003.
[19] The Child Rights Act, 2003.
[20] Oluwakemi Ayanleye, "Women and reproductive health rights in Nigeria". *OIDA International Journal of Sustainable Development*, Vol. 6(5), (2013): 127-140.

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1. Protection of reproductive rights through the creation of an enabling legal environment by, the amendment and repeal of all laws contradicting reproductive rights principles and the enactment of appropriate legislation;
2. Protection of the rights of all people to make and act on decisions about their own reproductive health free from coercion or violence, and based on full information within the framework of acceptable ethical standards;
3. Formulation and enforcement of legal instruments to support activities aimed at eliminating the practice of female genital mutilation and other forms of harmful practices such as gender-based violence especially sexual violence and rape, through intensified focus on public education and involvement of health care providers in the recognition and management of the problems;
4. Ensuring access of the public to scientifically proven preventive and curative reproductive health conditions including HIV/AIDS and protecting them from unproven claims;
5. Removal of all forms of barriers that limit access to comprehensive, integrated and qualitative reproductive health care;
6. Adaptation of health facilities to the new concept of reproductive health as part of primary, health care through expansion and strengthening of outreach efforts at community level; and
7. Establishment of appropriate mechanisms for the review of relevant curricula and training manuals of schools of medicine, nursing and health technology in order to incorporate reproductive health concepts, principles, strategies and methodologies.

Constraints to the Resolution of Reproductive Health Challenges

A number of factors inhibit the provision and availability of reproductive health rights in south east Nigeria. These include:
Social and economic factors: The governments at various levels (Federal, State and Local governments) have failed to provide the necessary facilities and infrastructure for the enjoyment of reproductive health rights. The prevalence of systemic corruption, weak infrastructure, ineffective health services, and the lack of access to skilled health-care providers worsened by separation of responsibilities for the provision of health care among the country's three tiers of government are among the factors militating against the enjoyment of reproductive health rights in Igboland.[21] Poverty is also another constraint to the resolution of reproductive health challenges.

Cultural and Religious factors: Religious teachings deeply influence personal conduct, especially in the areas of sexuality, marriage, gender, childbearing, and parental-children relationships. For instance, the issue of abortion has generated the most heated conflict between religion and reproductive health. Under Nigerian law, interfering with pregnancy no matter how early in the course of the pregnancy is criminal unless such interference is undertaken to preserve the mother's life as prescribed by the Criminal and Penal Codes.[22]

[21] S. Ogundipe and C. Obinna, "Maternal Death: Caging the Terror of Nigerian Women"., Vanguard, 2009. (Online version): Retrieved from www.vanguardngr.com. Accessed on 5/3/2023.

[22] Oluwakemi Ayanleye, "Women and reproductive health rights in Nigeria". *OIDA International Journal of Sustainable Development*, Vol. 6(5), (2013): 127-140.

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As earlier stated, some of these practices that infringe on women's reproductive health rights are culturally acceptable, thus it poses an impediment to realization of reproductive health rights. Also, the traditional beliefs of many Igbo affect their attitude to healthcare issues. Many people still believe in witches and evil spirits as the causative agents of most diseases and thus would rather visit the traditional medicine or spiritual home rather than patronize orthodox hospitals and health centers.

Successes of Official and Unofficial Responses to Reproductive Health Challenges in Igboland

There are some successes recorded as a result of the official responses to reproductive health challenges in Igboland. These include:

i. Elimination of child marriages: The eradication of child marriage is one major area the actions of governments to reproductive health challenges in south east is much felt. Traditional institutions, such as the *Umuada* (Daughters of the land), and town unions do not allow underage marriages. The Church also does not perform marriages of underage girls. Even parents do not give out their underage girl for marriage, no matter the circumstances.

ii. Reduction in the violence against women: There is obvious reduction in all violence against women, such as domestic violence, rape and harmful widowhood practices in Igboland. Apart from the fact that some of these violent acts against women are criminal offenses that attract severe punishments, the contemporary Igbo society detest acts of violence against women. In fact, it is also seen as a weakness on the part of the man involved.

iii. There are also reduction on the practice of the female genital mutilation (known as women circumcision) and polygamy in contemporary Igbo society.

CONCLUSION

The work has examined the women reproductive health challenges in South Eastern Nigeria, looking at its past and present problems. It also looks at the nature of reproductive health challenges in Igboland before and after 1970, the official reaction to reproductive health challenges in contemporary Igboland, and the constraints to the resolution of reproductive health challenges, as well as the successes of official and unofficial responses to reproductive health challenges in Igboland.

It found out that reproductive health challenges in Igboland before and after 1970 can be classified into five, namely: genetic reproductive health challenge, witchcraft and curses, over labor and accident, harmful socio-cultural practices, as well as infectious and communicable disease. The government response to reproductive health challenges includes the different frameworks for the protection of the reproductive health rights of women. These include the domestic instruments as well as the international instruments ratified by the government.

However, a number of factors inhibit the provision and availability of reproductive health rights in south east Nigeria, and it include the social and economic factors as well as cultural

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and religious factors. In spite of these challenges, some successes have been recorded as a result of the official responses to reproductive health challenges in Igboland. These include the elimination of child marriages, reduction in the violence against women and reduction of the harmful cultural practices, such as female genital mutilation (known as women circumcision) and polygamy.

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