

## IMPLICATIONS OF SEX PREFERENCE FOR POPULATION GROWTH AND MATERNAL HEALTH IN OBUDU AND OBANLIKU, CROSS RIVER STATE, NIGERIA

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### ABSTRACT

*A lot has been noted about children sex preference in the Nigerian and African societies, but nothing has been done to tie this to the problem of population growth and the health of women. The paper examined the effects of child sex preference on population growth and maternal health. Respondents were drawn from the rural areas of Obudu and Obanliku local government areas in Cross River State using the survey method with questionnaire as the instrument of data collection. Findings revealed that sex preference has an encouraging effect on population growth and exposes women to a prolong period of childbearing which has significant health implications for the health of not just the mother but also the infants. This problem cannot be legislated; sustain period of reorientation and emancipation of women has the strongest hope of addressing the problem.*

**Keywords:** Sex preference, fertility, maternal health, population growth

### INTRODUCTION

In spite of the significant campaign for the equality and desirability of both sexes of children, empirical evidence and reality indicate that the practice of child-sex preference is still rampant in Nigeria (Eguavoen, et al. 2007), especially in the rural areas. Data available from the Nigerian National Demographic and Health Surveys are silent on the issue of sex preference; attention is paid mainly to family size and not to the preferred sex composition of the family. The problem with this is that the preferred family size is usually mediated by the actual sex composition of the children. For example, a couple who wishes to have just three or four children may have to alter this preference if the actual fertility outcome does not satisfy their hopes and aspiration with regards to sex composition. According to the Nigerian Demographic Health Survey (NDHS) (2003), rural women want an ideal number of 7.0 while the urban women want 6.0 children with the men preferring 9.8 and 6.6 respectively, for rural and urban areas. However, the actual fertility outcome oftentimes exceeds the expectation of couples. The cause of this has not been adequately explained in previous studies, thus, the need for the present one.

It has been noted that relative to women, Nigerian men want more children and are less likely to approve of family limitation (Isiugo-Abanihe, 2003); the higher male ideal number of children could be attributed to polygyny since they may expect a large family size from two or more wives. Even the practice of polygyny in some cases is brought about by the desire for more male children since this is a patriarchal society with predominant cultural practice.

Although reliable and comprehensive data are still very scanty in most African countries, evidence abound to show that the preference for a particular sex among couples (especially male child) is prevalent and has been found to have contributed immensely to large family size being experienced in most developing countries. The value traditionally placed on a

particular sex is higher for one sex than the other. This, according to Ahmed (1984), was the reason for the low status accorded to the females relative to the males in many African societies.

It has been observed among Africans, Asians, the Middle East, Indians, among other peoples, a strong preference for sons over daughters (Arnold, 1996; Cleland, et al., 1997; Mutharayappa, et al., 1997). A number of studies have demonstrated that some cultural, social and economic factors influence the relative benefits of sons over daughters and ultimately gender preference (Arnold et al., 1975; Espenshade, 1977; Vlasoff, 1990; Friedman et al., 1994; Bulatao, 1981). Some studies conducted by Bardman (1988), Blatia (1978) and Miller (1981), among others, have reported at least three major reasons underlying son preference among the Indians. One is said to be the economic utility of sons, for 'sons are more likely than daughters to provide family business, earn wages and support their family during old age' (Mutharayappa, et al., 1997).

Moreover, upon marriage a son brings a daughter in-law into the family and she brings additional help in both the household and as an economic source from the dowry paid by her parents. It must be pointed out that in Nigeria; at least, it is obvious that except in few cases where the parents of the bride are very rich, the idea of dowry payment is far fetched.

Another important advantage of sons over daughters is their socio-cultural utility; especially in patrilineal and patriarchal family systems where being a son is important for the continuation of the family line. Having many sons, therefore, becomes an added advantage to the status of 'the family' (Karve, 1965; Kapadia, 1966; Dyson & Moore, 1983; Caldwell, et al., 1989). Similarly, in many Africa societies, certain, if not all religious rites are performed by males, thus the need to have sons to handle the funeral rite of deceased parents and consult the gods.

In societies where the parents of a daughter have to pay dowry to her husband, having many daughters is considered a liability to the parents (Kinshor, 1995). On the other hand, Dharnalingam (1994) found that daughters are considered to provide more emotional satisfaction than sons to their parents. On the whole, the net benefit of having daughters, especially in a society with a lot of bias against females and myths about the desirability of sons, is placed higher against daughters in favour of sons.

What then are the implication of an obviously widespread son or sex preference to the overall population situation, as well as the health of mothers and possibly that of the infants? This paper addresses that question, with empirical data from selected rural areas in Obudu and Obanliku of Cross River State, Nigeria.

## METHODS

The study adopts survey method to select households for the study as units of analysis. Data were collected from five rural communities each in Obudu and Obanliku local governments of Cross River State at the household level using the cluster and simple random sampling techniques. The sampled respondents consists married couples in the selected communities. The survey instrument was the questionnaire which sought information on respondents' ages, education, choice of family size and composition, maternal health and reasons responsible for their choices. The bias for the rural areas for this study was informed by the fact that large family size is predominant in the rural areas and so any study of the factors encouraging large family size must take such into account. From each of the selected communities, 50 respondents were selected into the sample bringing the total up to 500. However, after

cleaning and editing, some were found unusable; thus, the results are based on a total of 493 questionnaires found usable.

The questionnaire contained, apart from detailed demographic, characteristics, questions such as 'what is the ideal number of children you want to have?', 'do you have a preference for male or female children?', 'why do you have this preference?', 'would you continue childbearing if you attain the required size without meeting your sex target?' These questions helped in the understanding of fertility preferences. Questions on maternal health included the following: 'did you ever felt seriously ill during pregnancy?', 'did you ever have a miscarriage of any pregnancy?' and 'which pregnancy if you ever had a miscarriage?'

Data collected were analyzed using frequency distributions to make a cross-tabulation of variables.

## RESULTS AND DISCUSSION

The sample was made up of equal number for men and women, though after cleaning and editing, one was found unusable for women while 8 questionnaires for the males were invalidated. Consequently, results presented and discussed here are based on 493 considered usable.

Table 1 indicates that the predominant age at marriage in the study area is between 25 to 35 years. Only 3 percent of women aged 45 and above were in the sample. It is surprising that even with the legislation on child marriage, some children are still being given in marriage before they have completed 15 years of age as can be seen from table 1.

**Table 1a. Age Distribution of Women Respondents**

<i>Age</i>	<i>Frequency</i>	<i>Percentage</i>
Less than 15	1	0.4
15 – 19	11	4.4
20-24	33	13.3
25 - 29	59	23.7
30-34	68	27.3
35 - 39	56	22.5
40-44	14	5.6
45+	7	2.8
Total	249	100

The age of men included in the study show that the highest representation was that of age bracket 40 - 49 which had 26.6 percent of the male sample. The lowest age for the men was 2.9 percent for those less than 20 years. Others are: 20 -29, 14.0%; 30 - 39, 24.6%; 50 - 59, 23.0% and 60+, 9.0%

**Table 1b. Age Distribution of Men Respondents**

<i>Age</i>	<i>Frequency</i>	<i>Percentage</i>
Less than 20	7	2.9
20-29	34	14.0
30-39	60	24.6
40 - 49	65	26.6
50- 59	56	23.0
60+	22	9.0
Total	244	100

### **Educational Distribution of Respondents**

Respondents who were completely illiterate made up 7.5 percent of the study population. This portrays a bad situation for the women since education is said to improve the chances of one's health and size of family. The majority of respondents (70.8%) had only primary education. On the other extreme, those with a tertiary qualification made up only 3.2% of the sample. This is understandable since the study population was drawn from the rural areas where there are no suitable jobs for people with a higher qualification.

**Table 2. Percentage Distribution of Respondents by Educational Attainment**

<i>Education</i>	<i>Frequency</i>	<i>Percentage</i>
No school	37	7.5
Primary school	349	70.8
Secondary school	91	18.5
Tertiary school	16	3.2
Total	493	100

### **Sex Preferences and Family Size**

Data show that the most serious factor that determines people's choice of family size is the sex of the children (85.8%). Only about 10% of respondents reported financial consideration as the reason they choose a particular size of family. Both financial consideration and sex preference accounted for only 3.9% of the reason for the choice of family size. The implication of this is that as people continue to reproduce in the hope of getting the required number of children, the health of the woman is constantly at the threat posed by pregnancy related complications, and at the same time, the population growth rate of the country increases constantly.

**Table 3. Determinant of Family Size**

<i>Family Size</i>	<i>Frequency</i>	<i>Percentage</i>
Financial reason	51	10.3
Sex of children	423	85.8
Both equally	19	3.9
Total	493	100

**Table 4. Percentage Distribution of Respondents by Sex Preference**

<i>Sex Preference</i>	<i>Frequency</i>	<i>Percentage</i>
Male preference	409	83.0
Female	47	9.5
No preference	37	7.5
Total	493	100

Results show that majority of the respondents prefer male children to female children. Some 83 percent of the study sample indicated a preference for male children while only 9.5% prefer female children. However, respondents, who had no sex preference accounted for only 7.5 percent of the sample.

The major reasons for son preference are shown on table 5. Whereas the highest reason for the men is successor ship, for the women it is for marital stability. Only 20 percent of women reported son preference for successor ship while just 8% of men indicated marital stability as responsible for son preference. On the whole, men want sons on many counts more than women. While about 15 per cent of women want sons for the purpose of inheritance right, 22.3% of men want sons for the same reason. Other reasons indicate the following: manual labour on the farm, men - 19.8% and women - 6.5%; breadwinner: men 20.7% and women - 16.9%. Generally, while both men and women want or prefer son to daughters, they do so with varying degrees of differences in the reasons.

**Table 5. Distribution of Respondents by Multiple Reasons for Son Preference**

<i>Reason for Son Preference</i>	<i>Men</i>		<i>Female</i>	
	<i>F</i>	<i>%</i>	<i>F</i>	<i>%</i>
Manual labour in farm	171	19.8	39	6.5
Successor	237	27.4	123	20.6
Breadwinner	179	20.7	101	16.9
Inheritance right	193	22.3	93	15.6
Safeguard marriage	84	9.7	241	40.4
Total	864	100	597	100

**Table 6. Frequency of Respondents who would keep Bearing Children to get Desired Sex**

<i>Would Continue Childbearing</i>	<i>Frequency</i>	<i>Percentage</i>
Yes	362	73.4
No	131	26.6
Total	493	100

The problem of continued reproduction in the hope of getting the desired child-sex composition is that the longer it takes to produce a child with favoured sex, the more children are born to that family and the more the aggregate national population. Moreover, the more the health of the women is put at risk. Now, data show that up to 70 percent of the respondents would keep trying until they are able to get what they want or until it becomes impossible to do so.

**Table 7. Distribution of Respondents and their Experience of Serious Illness at Pregnancy**

<i>Experience of Illness</i>	<i>Frequency</i>	<i>Percentage</i>
Yes	227	91.2
No	22	8.8
Total	249	100

Table 7 shows that the majority of women respondents (91.2%) had witnessed 'serious illnesses during some of their pregnancies. This is not surprising since pregnancy is a very delicate state that generally induces health problems. Only about 8 percent reported not to have suffered any serious illness during pregnancy. Also, about 39 percent of women respondents reported ever losing their pregnancies, as can be seen from table 8 below.

### Sex Preference and Maternal Health

**Table 8. Distribution of Respondents by Maternal Experiences and Health based on who had lost a pregnancy and the position of the lost pregnancy of those who reported**

<i>Loss of pregnancy</i>	<i>Frequency</i>	<i>Percentage</i>
Yes	98	39.4
No	151	60.6
Total	249	100
<i>Which pregnancy was lost</i>		
First	12	12.2
Second	3	3.1
Third	11	11.2
Fourth	9	9.1
Fifth	24	24.5
Seventh and above	39	39.8
Total	98	100

Sex preference predisposes mothers to continuous trials and struggles to achieve the desired sex. This effort has consequences and places the health of mothers at risk in every attempt; such as miscarriages or loss of pregnancies. Data on table 8 below show that a total of 39.4% had experienced miscarriages, while 60.6% had no such experiences. It however shows that the risk factor is identified.

Similarly, the order of the pregnancies was sought which show that experiences vary at different stages. While a total of 12.2% experienced at first attempt, 11.2% had at third attempt, most alarming is the 39.8% for seventh and above attempts which clearly indicated the danger associated with age and continuous trials.

A pregnancy, about 39 percent indicated that the one they lost was their seventh or more pregnancy while only 3.1% loss their second pregnancies. Some 11.2 percent loosed their third pregnancies while 12.2 lost the first. The implication of these data is that the higher the number of times a woman gets pregnant, the higher the chances that she may lose the pregnancy because of one complication or the other caused by the pregnancy.

### IMPLICATIONS OF RESULTS

In Nigerian, and indeed African culture, almost every one values sons above daughters. However, a family with at least one boy in the midst of many girls is considered not too bad. There is also a situation whereby if all the children are boys, the women would keep trying for girls and men marry second, third or even fourth wives just to get a male child. Yet, it is difficult to find a man who takes a second wife because the first wife could not have a baby girl. It is often said that no matter the number of children one has, there is no satisfaction if he/she does not have a boy. Generally, since majority of men have the conception that women are responsible for the sex of children they born, they are usually at the receiving end when a family has no male child - they have to keep trying until they either have one or are finally unable to do so. In the process of doing this, they often open themselves to all manners of health hazards resulting from pregnancy complications. Moreover, the women have to endure long childbearing periods in search of a male child to secure their marriages as there are other women very ready to take one's place in the marital home. While the women are usually worried about their, marriage security and stability, the men is more concern about issues such as successor to continue bearing the family name in a male dominated society, breadwinner, and .and social respect among others.

It has been argued that the reason why parents prefer sons to daughters is that they are typically supported in their old age by son(s), whereas girls usually move away from their families. Hence, a son is more desirable as an investment and "the traditional idea that a boy belongs to us and a daughter to someone else" has become wide spread (Odimegu, et al., 2001; Eguavoen, et al., 2007). The other explanation is that sons are needed to maintain the family line. This definitely has implication for fertility. If families desire one or more sons, then they may have larger families than would otherwise have been the case, and this would create, according to Rahman and Davanzo (1993), "a significant barriers to further fertility decline" in many countries.

This study is also of the view that the desire of parents to have any particular sex of a child has serious implication for fertility and the health of the mothers. Even though the traditional value attached in" many African societies to male children as a source of old age security is being brought to question as Isiugo-Abanihe (2003) found that though among the Igbos of eastern Nigeria males are preferred, it is daughters who actually fetch parents heavy wealth by way of bride-wealth. No matter the level of awareness created and legislation on the



desirability and equality of the sexes, findings in this study and elsewhere reveal that sons are still preferred. No doubt, the process of attempting to realize the ideal family composition has serious fertility and health implication for the society, especially women who must pass through the harrowing experiences of pregnancy and childbirth.

In an earlier study, Arnold and Kuo (1984) observed that cultural traditions and random biological process, rather than the general levels of development determine sex preferences. Oreland (1983) observed the effect of sex preference in fertility behaviour and found that preference for a particular sex sustains higher level of childbearing than would be the case if parents were indifferent to the sex of their children. He also observed that couples continue to bear children beyond their overall desired family size in order to achieve some favoured sex.

According to Isiugo-Abanihe (2003) the reasons for son preference range "from concern over successor ship which is influenced by exogamous and virilocal patterns of marriage, to the persistent belief in the breadwinner system, inheritance rights, and the coarse utilitarian needs for manual labour on the farms". This is confirmed in this study as data presented above show. Isiugo-Abanihe found that participants (males and females) in the study agreed that both male and female children are important in their own right because of the different roles they perform, yet the participants emphasized the need for a balance between sons and daughters, the necessity of having somebody to carry on the family name compel parents to prefer sons to daughters. The seriousness of having a son is stressed as results and literatures from this study have revealed, but found to be very strong in the study areas where a male child is held in very high esteem. It is not surprising therefore that parent invest more in male children than female ones, so that in many households, male children attend school while the female are given in marriage.

Many people are usually of the opinion that investment on a daughter is lost once she marries but investment on a son is permanent in the family. The "Preference for sons on grounds of their economic role indicates that the current generation of spouses is poised to perpetuating the bread winner system and to recycle sexual inequality, their level of education and enlightenment notwithstanding" (Eguavoen, et al., 2007). This means that there is not going to be any significant difference between the old generation and the new one in terms of fertility. It follows therefore that sex preference holds important implication not only for fertility and maternal health, but also for female equality and liberation struggles. This attitude also has very serious implications for women empowerment programmes of action, especially when women are the vessels used during socialization process to perpetuate this ideology of inequality of the sexes.

Findings reveal that sex of children is the highest determinant of family size. Normally, families may decide to have a particular number of children, say 2 or 3, however, the reality may present all together different results as unmet needs in the sex composition of the children places more demands on couples to satisfy their desires. The continued fertility activity has the potential to encourage population growth and undermine the health and safety of women. This has the capacity to impact negatively on the quality of the population; as the fertility increases the tendency is that amenities are not going to be enough for the teeming population, such as hospitals, schools etc.

## CONCLUSION

The health of mothers is always placed last in terms of searching for the preferred sex in the family. It is obvious that most societies especially the communities under study placed more emphasis and preference on the sex of children (male). This study investigates the issues presented and clearly pointed out that respondents advanced several reasons for the value



placed on male child over the girl to include; family continuity, security at old age, inheritance etc.

The study also revealed the nature of risk mothers go through in the course of this search. Therefore, it could be said that sex preference accounts for the quest to search for the preferred sex irrespective of the dangers before mothers.

Even when it can be seen from many households that women are the heads of the family and acquit themselves better than men in some cases, the bias is still in favour of the males. For any policy of government aimed at addressing the problem of fertility and population growth and maternal and child health to be successful, a lot of sustained attention must be paid to eliminating the barrier against women.

For there to be favourable attitudes to female children and thus reduce the level of bias against them, the whole society has to change its attitudes towards women generally. When women and men begin to be seen as equals in the society; as people who can contribute to the family just as well as their male counterparts, then, female children would be viewed in better light. A serious reorientation and education on the fact that when given the equal opportunities, women are as good and can contribute to family issues or course as the men; only then would the birth of female children be viewed as something to be welcome.

Men must also become seriously involved in fertility training and, orientation since they are the major decision-makers of the households. If they are left out, much success would not be attained.

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