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**Beyond Wifhood: Harnessing Local Gender
Ideologies to Inform Public Health Interventions in
Africa**

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Abstract

Public health discourse surrounding women in Africa has yet to benefit from longstanding, rigorous problematizations and theorizations of gender in African settings. In a word, the African woman, from the public health perspective, is still primarily a 'wife'. Yet, targeting women solely as wives obscures the other important and varied positions which women in Africa occupy and limits the opportunities available for addressing their myriad health issues.

We draw on data emerging from our years of ethnographic work among the Ubang community in Obudu, Cross River State, Southeast Nigeria, examining indigenous/local gender constructions and the attendant implications for women's decision-making and action related to illness. We conclude by advancing a new public health approach to women in African contexts, and by demonstrating that in engaging with women exclusively as wives, public health

interventions have unwittingly overlooked other critical entry points for improving the health status of women in Africa.

Keywords: *Gender Ideologies, Gender Constructions, Wifehood, Reproductive Health, Nigeria, Africa*

Introduction

“The woman in feminist theory is a wife” (Oyéwùní 2000, p. 1094).

Public health discourse surrounding women in Africa has yet to benefit from longstanding, rigorous problematizations and theorizations of gender in African settings. In a word, the African woman, from the public health perspective, is still primarily a ‘wife’. Yet, targeting women solely as wives obscures the other important and varied positions which women in Africa occupy and limits the opportunities available for addressing their myriad health issues. That this approach has continued unquestioned is an indication of the need to merge conversations occurring across disciplines.

For several decades, anthropological studies have highlighted the dichotomy that exists for women in some African contexts between being a ‘wife’ and a ‘daughter,’ and the strikingly different implications that each of these social positions and spaces has for women’s lives. This commentary/think piece aims to bring anthropological data on Nigerian gender ideologies and constructions into conversation with public health as a field of practice, in search of opportunities for productive synergies. We explore here, the spatial/locational orders, domains, and practices provoked by the concepts of ‘wifehood’ and ‘daughterhood’ in Nigeria, and the implications for the well-being of women in particular, and their communities in general.

We draw on data emerging from our ethnographic work among the Ubang community in Obudu, Cross River State, Southeast Nigeria (initiated nearly two decades ago in 2001), examining indigenous/local gender constructions and the attendant implications for women’s decision-making and action related to illness. We conclude by advancing a new public health approach to women in African contexts – one that engages more closely with anthropological and gender insights – and by demonstrating that in engaging with women exclusively as wives, public health interventions have unwittingly overlooked other critical entry points for improving the health status of women in Africa.

Background

Much concern continues to surround the issue of women's health in sub-Saharan Africa – and with good reason. Reproductive health in this setting, for instance, was described as a “continental state of emergency” by Ministers of Health as they moved actions in October 2005 at the 2nd Ordinary Session of the Conference of African Ministers of Health in Gaborone, Botswana, and adopted a “Continental Policy Framework on Sexual and Reproductive Health and Rights” (African Union Commission, 2006). As an antidote to this and other health predicaments on the continent, public health interventionists have suggested and implemented an array of innovative strategies, including the ‘involving men’ or the ‘men as partners’ approaches.

Existing public health approaches to addressing women's health issues certainly have not been without merit; nonetheless, we aim to push the thinking around the handling of these issues further by exploring the concepts that undergird most public health approaches. In so doing, we will draw on a body of knowledge which we contend has been underutilized in the field of public health. The contribution of this think piece, therefore, lies not in presenting new empirical evidence, but rather, in bringing longstanding discussions around indigenous gender ideologies into conversation with public health dialogue.

What, then, undergirds and informs constructions of African women (and, therefore, programs targeting them) in the domain of public health?

In the war against the myriad of public health issues that ravage the continent – from HIV and AIDS, to sexual and gender-based violence, unintended pregnancy, and maternal mortality – gender relations have been noted as a key barrier to women's actualization of optimal health. It is now common knowledge that African women are largely unable to negotiate condom use with their sexual partners. Not being the main household decision-makers, African women are not typically the ones that decide how to space their children, nor how many they will have. African women are usually unable to be proactive about accessing the health services that they need, and, many are likely to experience physical and/or sexual violence at some point in their lives. With the literature accumulating on the disadvantaged position of women in Africa, the simplistic image of the oppressed, powerless African female victim seeps into the public health practitioner's consciousness, with few voices available to redress this imbalance (Arnfred, 2004; Silberschmidt, 2004; Undie and Benaya, 2006).

In a sense, history has repeated itself. The image of the utterly passive, oppressed African woman that gender scholars have collectively spent decades problematizing in the field of feminist and gender studies (see, for example, Amadiume, 1987; Oyewumi, 1997, 2016; Nzegwu, 2001; Achebe, 2011, 2020; Achebe and Robertson, 2019) has been transposed onto the public health domain. Yet, this conceptualization of gender as a “set of polarized binary oppositions” (Weedon, 1999, p. 6), in which the privileged male is the normative standard against which the non-privileged female is measured, has been vigorously contested by the aforementioned scholars and by many others, far too many to mention here. Describing gender relations among the Igbo of southeast Nigeria, for instance, Nzegwu explains:

Everyone is hierarchically subordinate to someone else at some time or the other in everyday activities[.] [...] Every social role and social interaction comes with both a subordinate and superordinate pole that is never constant. Not only are there no fixed or permanent locations of subordination, the subordinate/superordinate feature of roles ensures that no sex group or age group is collectively and permanently privileged or subordinate (Nzegwu, 2000, p. 15).

This interpretation of gender has influenced our thinking in this commentary. We will start off by examining the concept of ‘woman’ in Ubang society, demonstrating the bifurcation in this context between ‘women-as-wives’ and ‘women-as-daughters.’ The implications of this distinction for women’s status and the roles that they are assigned will then be discussed.

Daughters and Wives: Re-visiting Indigenous Gender Ideologies in Africa

An important interpretation of the position of women in traditional African societies has been offered by several authors who suggest that wifehood is the phenomenon that bestows a subordinate status upon women (Ogbomo, 1997; Oyéwùní, 1997; Nzegwu, 2000). They go further to reveal that a wife’s subordinate status derives not from being female as is commonly thought, but rather from being a “stranger” in her marital home, only truly belonging to her natal home, which is subordinate to the marital family at several different levels. In her description of the traditional Igbo context, Nzegwu describes marriage as “a process of extending the resources of the natal family, ultimately

creating a community of interlinked, interdependent families, bound together by obligatory ties” (Nzegwu, 2000, p. 19). As lineage members that are required to leave their natal villages for marriage, women, in contrast to men, eventually acquire much indirect economic control in their marital homes via their children. The fear of a non-indigene assuming such a powerful position, coupled with the fact that a wife is an outsider brought in through an exogamous marriage, causes a wife’s marital family to relegate her to a subordinate position.

This perspective has informed our interpretation of indigenous African gender ideologies within this commentary. The positionalities of Ubang women may be distinctly categorized into that of “wife” and that of “daughter.” Although custom demands that women marry outside their lineages, thereby becoming wives, their location as daughters remains preeminent. This is evident, for example, from the very term for “lineage daughter” in Ubang – *mwang abe* – which literally means “unmarried [female] child,” or “bachelorette/spinster,” and refers to all the women born into a lineage, whether unmarried, married, widowed, or divorced. Like sons born into a lineage, daughters born into a lineage are considered bona fide community-members and, therefore, occupy a superior position vis-à-vis their wife counterparts. This superior status results in a variety of entitlements which could potentially serve as entry-points for public health interventions.

What informs dominant constructions of African women in the public health domain? In a word, the African woman, in the public health imaginary ... is *a wife*.

What kinds of opportunities for public health interventions are we missing by constructing African women solely as wives? What might this fixation with wifehood be costing us? To begin to respond to these questions, in subsequent sections, we briefly examine some of the realities of ‘daughterhood’, including socially-ascribed roles and entitlements of daughters in indigenous Ubang society. Specifically, we will restrict our discussion roles and entitlements around four key public health-related domains, namely: sexual rights, births, deaths, and conflict resolution.

Sexual entitlements

The *utin* institution in Ubang is one which has historically allowed women to have paramours based in their natal villages. In more recent times, however, many Ubang women are said to opt for a purely platonic

relationship with their *utin*. The institution is still recognized by present-day Ubang society, nonetheless.

Ever before marriage, Ubang women were expected to have an *utin*, or paramour. This relationship was not sexual prior to an Ubang woman's marriage, but the fact that the *utin* was ultimately interested in her affections was understood. A particularly attractive woman might have as many as 10 or 15 such paramours, all from her natal village, though not from within her lineage. An *utin* is not in a social category to marry the woman in question, but the two may have legitimate sexual relations.

Each paramour pays visits to the unmarried woman's home to assist her parents with various arduous tasks, such as farming. The assistance is rendered competitively, as each paramour's goal is to win the favor of the woman's parents and hopefully become her official *utin*. The girl would traditionally select her official paramour during an elaborate post-circumcision ceremony in the presence of her husband. A husband has no say concerning his wife's *utin*, and wisely maintains a good rapport with the latter. Should the two run into each other in the marketplace, for example, it is not uncommon for the *utin* to buy a present for the woman, which her husband would proceed to deliver.

An Ubang woman is said to "belong to" her *utin* and to be his responsibility whenever she visits her natal village, supplying her every need. The respect given to an *utin* stems from the significant role he plays in a woman's family of orientation. In families which lack a male child, for instance, an *utin* assists a woman's parents with farm work even after she departs for marriage. Other families might simply have a vast amount of land and need as many farm hands as they can get. The aid of an *utin* is useful in these cases as well. Importantly, encouraging a woman's relationship with her paramour is also a strategy to ensure that she does not become so absorbed with her marital village that she fails to maintain close contact with her natal village.

A woman chooses a particularly close male relative of hers (e.g., a brother or a cousin) to act as a go-between, relaying messages between her and her paramour. Women usually form a close relationship with their go-betweens and the families of the latter. They are also assigned the traditional role of supplying kola nuts for the marriage of their go-between. A woman's husband is also expected to buy presents for both her *utin* and her go-between.

Entitlements in the context of birth

Ideally, an expectant wife's pre- and post-delivery period in Ubang features lineage daughters as prominent actors should they happen to be present.¹ During a wife's pregnancy, daughters are assigned the responsibility of examining the wife's breasts to ensure that they are prepared for breastfeeding. If a problem is detected, a traditional medicine woman is invited to treat the breasts and ensure that the milk flows upon the baby's birth.

Older daughters are known and respected for their midwifery skills and experience. They therefore take charge of a wife's care during labor. After the delivery, the infant is bathed by a lineage daughter for the first couple of weeks. She prepares the meals regarded as appropriate for a new mother (e.g., bitter leaf soup with locust beans). She has the responsibility of attending to the newborn's umbilical cord, massaging it daily with a special leaf, *adidi*, until it falls off.

The death of a wife during labor creates many problems for her marital family, invariably giving rise to scapegoating by lineage daughters or other members of her natal home. Ensuring that proper care is taken of lineage wives during labor is, therefore, a duty which is not taken lightly by daughters.

Entitlements in the context of death

Daughters – even those that happen to be married outside their villages – are invariably called upon to nurse severely ill lineage members despite the presence of capable lineage wives. Should it become apparent that the ailing individual will not recover, the daughter(s) remains in her natal village awaiting the individual's death. As with the case of childbirth, burial ceremonies in Ubang are overseen and controlled by women. Once a death occurs, all men evacuate the compound, returning only to dig the grave and bury the body. The lineage daughters, on the other hand, take charge of everything that occurs between the time a death occurs and the time the corpse is about to be interred. The corpse is bathed, clothed, and laid in state by daughters. Daughters send the lineage wives to various villages to inform other lineage daughters of the death, and to relay instructions (given by daughters) to in-laws regarding

¹ In the absence of daughters, who might understandably be pre-occupied with married life outside their natal villages, lineage wives step in to perform the same functions.

the items that they are expected to provide for the funeral. These items, many of which are used to entertain the daughters and other mourners during the funeral, could range from palm wine to a cock, a goat, a coffin, or the equivalent in cash. The responsibility to provide such items is taken very seriously, for fear that lineage daughters, if offended, might impose a heavy fine on the offender, or refuse to bury the deceased – a stiff penalty, given that they are the only ones authorized to handle the majority of burial issues.

Lineage wives are in charge of the daily feeding of lineage daughters for the duration of their stay during this period. They are also expected to be on call for any errands that lineage daughters might have for them. During the funeral, daughters are entitled to the arm of each cow slaughtered, in addition to some of the ribs. In-laws that come to pay condolence visits to married lineage daughters who have borne children must bear numerous gifts such as palm wine, or money for individual daughters to purchase kola nuts for the mourners. In turn, the daughters use their discretion to distribute some of the gifts among the deceased's children, reserving the rest for themselves.

The contrast between the locations of a woman as a daughter and as a wife is also highlighted in the manner in which both are buried. Unlike wives, daughters are buried in a similar fashion as men: men go to the village square to shoot guns announcing the death of a daughter, just as they would for a son. Her family would have to present goats to the villagers as would be the case for the death of a male child. The number of kola nuts presented to the villagers would also be the same as the amount given at a man's death.² Should she belong to the masquerade society, a daughter's funeral is celebrated with masquerades. This is never the case, however, for a wife.

Daughters and socio-political impasses

As is the case with many societies in southeast Nigeria, Ubang women have their own governing council. Membership in the women's governing council requires daughterhood status. Activities such as returning from their marital homes to their natal homes for funerals are stringently enforced on Ubang women by the women's governing

² The number of kola nuts given must be equal to the number of children the dead lineage son or daughter leaves behind. For lineage wives, however, the kola given is restricted to a certain amount, across the board.

council. The organization imposes fines on its members for absences from important events such as funerals. Records of absences are kept for years, and must be paid as soon as the offender visits home. Stubborn offenders are threatened, “We will get you at your father’s burial!” This results in swift compliance since having any burial at all is dependent upon the cooperation of lineage daughters. In instances where all community members are asked to perform some sort of community service, female absentees are fined by the women’s governing council and the money is given back to the community.

The functions of daughters in the wider community are most striking during socio-political impasses. As the Ubang themselves put it, lineage daughters are called in to resolve a matter affecting the entire community “after the men have tried and failed.” Matters of great difficulty are their specialty for a number of reasons. One of them, according to the Ubang, is the cross-cultural skill they gain as women married outside their village – skills men are thought to lack because many live in their natal homes all their lives. As daughters who leave a unique position of power behind for a new marital environment and a new status that is often subordinate, married Ubang daughters have honed the skills of flexibility and adaptability. These skills become invaluable in solving major predicaments such as land disputes or manslaughter. Furthermore, lineage daughters have the advantage of “dual-citizenship,” understanding the ways and witnessing the problem-solving methods of more than one community. They are therefore seen as having a wider conceptual frame of reference which results in reasonableness, diplomacy, and fairness. These attributes are recognized and appreciated by male members of the community; therefore, daughters are summoned from their marital homes, when necessary, and depended upon to assist their natal villages in settlement and confrontation issues with other communities. Decisions made by the women’s governing council are regarded as final and can only be overturned by the court of Ubang’s secret society (*Ikwong*).

Final Thoughts: So, what?

So, what is the connection between these facets of indigenous culture and the issues that this commentary seeks to address?

We began by touching on some of the ways in which the public health literature suggests that women in African settings are anything but empowered. One of our aims has been to adjust this portrait slightly by making a distinction between wifehood and daughterhood statuses. In so

doing, it is apparent that in limiting our engagement with African women to their 'women-as-wives' positions, we overlook other possible openings and alternatives for effectively addressing women's issues on the continent.

In regard to public health in particular, indigenous sexual entitlements of, and expectations for, 'women-as-daughters' illuminate the various ways in which African women may actually be able to exercise sexual agency. This in itself may be an opening for the exploration of effective ways for women to be proactive and confident where the use of condoms and other forms of contraception with sexual partners is concerned. Maternal health interventions are understandably targeted primarily toward wives. But with wifehood often being a woman's weakest location in some African societies, it is possible that mileage would also be gained by thinking about how to target 'women-as-daughters' – daughters who, like Ubang women, may already have culturally-assigned responsibilities related to maternal health care, and who may have the authority to demand that wives access maternal health services, for instance. The authority that Ubang daughters wield during funerals is a fairly widespread phenomenon among daughters in southeast Nigeria. This sort of authority over both men and women (as wives) is further indication of potential opportunities for building public health programming around daughters. Moreover, the existence of a 'women's government' in Ubang (another feature of the culture that is shared by many southeast Nigerian societies), coupled with the cross-cultural skill that Ubang women are noted to have, provides a platform for the exploration of the many forms of women's power that we may have overlooked so far.

Elsewhere (Undie and Izugbara, 2011), we note that several features of Ubang culture (and those of other southeastern Nigerian cultures) persist despite undeniable change in the cultural practices and values that underpin indigenous societies. The examples drawn from indigenous Ubang culture in this commentary are illustrations of such features. Furthermore, important transitions, including births, marriage, and deaths, continue to receive validation from rural homes in contemporary times. Thus, it may be argued that the discussion presented here is relevant information for designing programs and interventions for both rural and urban populations. Accordingly, we recommend that public health interventions in African contexts prioritize formative research to tease out local gender ideologies that would be useful for informing intervention designs. The point of departure for such research should be anchored in flexible notions of gender and power, acknowledging that

there are often covert ways in which women (or other gender categories that are disadvantaged from a public health perspective) may wield power. Qualitative research designs would be critical in this regard, to allow for greater flexibility in eliciting covert information. Deliberate efforts are also needed to make meaningful connections between empowered positionings and actual programs.

In conclusion, local gender ideologies are a potential goldmine which remains insufficiently tapped for the benefit of health interventions in Africa. Public health practitioners would do well to ensure the local groundedness of interventions, with a particular focus on gender ideologies when it comes to women-focused programs. We would like to re-emphasize the potential potency of giving attention to the ‘woman-as-daughters’ approach in some African societies by pointing out that every ‘wife’ is a ‘daughter’ in her natal village. Therefore, virtually every woman in an African society with gender ideologies similar to that of the Ubang has the opportunity to experience empowerment in the current millennium and to achieve optimum health.

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