Nigerian women ensure they get the best possible health care by managing unequal power relations with men

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Nigeria is a patriarchal society. Authority is vested in men, who tend to exert power and control over women in various spheres of life. This has

an impact on women's health and decisions about their health care.

Women's health is affected not only by medical conditions and childbearing, but also by cultural behavior and traditions. Social factors such as gendered access to health care or employment also affect people's capacity to lead healthy lives.

The Nigerian feminist scholar Obioma Nnaemeka has described feminism in an African context as a matter of negotiation and compromise. She calls it "negofeminism." It involves "give and take" instead of confrontational exchanges.

This concept helped me, as a global health researcher, to understand what rural Nigerian women said about seeking health care during and after pregnancy.

For our study, my colleagues and I interviewed women and their spouses in two rural communities in southern Nigeria.

Our findings describe ways in which women negotiate authority by ascribing the role of decision-maker to their men spouses while maintaining influence over their pregnancy health care decisions and actions. Negofeminism's concepts of alliance, community and connectedness were highlighted through men's constructive involvement in maternal health.

We found women were not passive victims. Instead, they navigated patriarchal environments to yield the best possible maternal health outcomes by gaining control of their health care decisions.

Recognizing this form of agency can help in formulating policies and programs that acknowledge how women's wider social environments influence their health.

Maternal health in Nigeria

In Nigeria, limited access to quality health care contributes to 556 pregnancy-related deaths per 100,000 live births.. UNICEF reports that Nigeria contributes 10% of the global pregnancy-related death burden.

Some scholars have argued that women are only able to seek health care if they can make independent decisions. But this approach often ignores women's realities, such as the fact that their social network (mothers, grandmothers, spouses and community members) influences their use of health care services.

Nevertheless, as our study shows, social dimensions don't necessarily impede women's autonomy.

Therefore, I believe that discussions of maternal health in an African context need to consider women's experiences of being "African" and "women."

The study

We studied two predominantly rural communities in Esan South-East and Etsako West, local government areas of Edo State in southern Nigeria. We conducted five women-only focus group discussions with a total of 39 women, and three men-only focus group discussions with 25 men. Participants were chosen from a database of women participating in maternal health interventions.

We asked them who women first consulted for pregnancy care, and who made the decisions about seeking maternal health care. We also asked about their experiences of men's involvement in maternal and child health.

We categorized their responses as negotiation, collaboration and maneuvering.

It appeared that men were considered the decision-makers at the household level. Participants said a woman's spouse should be the first to know of her pregnancy. Both men and women said men should make all the decisions about health care during pregnancy, even though it was clear that women sometimes influenced decisions.

Describing her experience, one woman said, "In the aspect of care, I will tell my husband, so he will decide. After my husband knows, I will go to the hospital to tell the doctor so he can tell me what to do."

Similarly, men noted that women "cannot just go to health care facilities without the husband's decision."

But they also made comments like: "My wife will tell me, 'take me to go and see the nurse.' When I am not around, she can go see the doctor on her own. It is a normal thing in our community."

Both men and women said it was important to get skilled care, especially for complications.

The act of the women telling the men can be thought of as a form of negotiation by women to influence decisions on access to maternal health care. First, she recognizes the patriarchal environment and assigns the decision-making authority to men. But she is also using her agency in that environment.

Notions of men's responsibility and collective action on maternal health were evident in the study. In these communities, men's duties as expectant fathers were mainly of financial support to cover costs associated with pregnancy, including clinic visits, cost of delivery,

essential medicines and feeding.

It can be argued that in ascribing decision-making authority to men, women benefit from men's duty and responsibility to be providers. Women said they could not afford the high cost of maternal health care on their own. There was "give and take."

Some women showed their resistance to men's involvement in their pregnancy. They reported secretly seeking maternal health care without informing their partners. In this they were indicating control over their lives.

Why this matters

Our findings show that it's important to involve women's communities and spouses in maternal health programs.

We show that patriarchy affords men power over decision-making or financial resources. Women are not passive in these situations, they actively find ways around it to ensure they have access to skilled health care during pregnancy.

This study shows that maternal health is not always an individual responsibility—it can be one for the woman's community and the nation. Ignoring this can undermine programs and policies aimed at improving women's health.

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