

Introduction

About 6 to 20% of women who use contraceptives in sub-Saharan Africa do so clandestinely, i.e. without the knowledge of their male partners¹. However, clandestine contraceptive use remains poorly understood and understudied in Africa. Till date, and despite extensive mentions of the phenomenon in the literature on sub-Saharan Africa², only three studies specifically addressing the phenomenon in Africa exist. Biddlecom and Fapohunda's study in urban Zambia found high levels of clandestine contraceptive use among women, and suggested that covert contraceptive use is largely consequent upon the difficulties which women face in broaching the topic of contraceptives with their husbands. The study linked low use of contraceptives in Africa to gendered power inequities. Given the enormous marital power wielded by African men, a wife could easily threaten her husband's sense of control and headship by bringing up the topic of family planning with him².

Castle and colleagues' study of 55 married Malian women first-time contraceptive users ages 18-43; also found that a high proportion (17/55) of them used contraceptives covertly. The women cited their husbands' likely objection to contraceptives as their major reason for using contraceptives clandestinely³. Castle et al. uncovered extensive collusion between sisters-in-law and wives in assisting each other to obtain family planning methods and to hide use from husbands and other older marital relatives. Women using contraceptives clandestinely reported more mobility and available time, which enabled them to enhance the quantity and efficiency of their work and economic activities. A study in Ethiopia also found that about 23 % of women using contraceptives hid them from their husbands⁴. Roughly 64 % and 52% of them respectively reported their husbands as more pronatalist than them and that they had difficulties communicating their family planning needs to their husbands. Similarly, 78% of the covert contraceptive users reported that their husbands were opposed to contraceptives.

A common refrain in the existing research is that men's real or potential objection to contraceptives drives women into covert contraceptive use. These studies have also implied that women intending to control their fertility have only their husbands' oppositional attitudes to wrestle with. Principal focus on men's oppositional attitudes to explain covert contraceptive use however appears very simplistic. It also obfuscates the implications of marital contexts for women's fertility behaviors⁵⁻⁶. In this paper however, we discuss a recent qualitative study of among Northern Nigerian Muslim women which has yielded new evidence on the implications of marital contexts for covert contraception.

In northern Nigeria, polygyny is normative and its prevalence is also among the highest globally. Majority of women participating in the study were therefore in polygynous unions. Twenty-

two of the fifty-two women individually interviewed for the study were currently using contraceptives covertly and 13 of them were in polygynous unions of various sizes. As men's participation in family planning continues to receive attention throughout Africa⁷⁻⁸, the need for information on the dynamics of covert contraceptive use in polygynous unions is urgent. Data generated in the new study show that covert contraceptive use does not merely mediate the risk of opposition by husbands or provide women a tactic for negotiating the difficulties they face in communicating their needs for smaller families to their husbands. The women we studied used contraceptives covertly due largely to concerns that their husbands would latch on to their limited childbearing to marry additional wives. The women insisted that despite their pretensions to the contrary, most Muslim men in northern Nigeria do not actually want many children. Instead they want many wives. Letting husbands know that one was purposely limiting her fertility was to supply them a much needed excuse to marry other wives. Use of contraceptives was also generally kept secret from husbands to avert co-wives' access to the information. A woman's status and access to a husband's wealth in polygynous marriages in Islamic northern Nigeria are linked to her fertility⁹⁻¹⁰. Majority of women in the study area live in purdah (seclusion), have very little or no formal education, and primarily depend on their husbands for livelihood¹¹. Husbands in the region also allot resources to their wives based on the size of their households. A wife with more children would thus receive more resources from her husband. Co-wives in northern Nigerian often compete among themselves to have greater numbers of children, and must therefore not be allowed to know that one is limiting her childbearing. If they do, they would increase theirs and attract more of the family resources to themselves.

Based on the above, we argue that in the specific context of polygyny in northern Nigeria, covert contraceptive use by women is driven largely by the ample benefits that wives derive from having many children and by the particular risks which limited childbearing poses for women in polygynous unions. It is therefore problematic to hinge population, family planning, and reproductive health programs on the supposition that contraceptive use and limited fertility favor women in all manners of marital unions.

Marriage and family in contemporary Islamic northern Nigeria

Solivetti's research in northern Nigeria¹² shows that marriage is typically early and nearly obligatory among Muslims in northern Nigeria. Institutionalized single-person positions, such as nuns and bachelors are rare. Persons who refuse to marry in the region inhabit the fringes of social tolerability. Only about 1% of Hausas never marry¹³. Fertile widows and divorcees are expected to

marry as soon as possible, or they would be regarded as prostitutes¹². Men also marry very early, though later than women, suggesting the near unavoidability, for both sexes, of the family management of marriage. Women hardly make their own nuptial choice. Child marriage is the rule in the region, and results in very early childbearing¹⁴. A northern Nigerian Muslim father has the exclusive authority to choose a husband for all his pre-puberty daughters and usually for all daughters entering their first marriages. Girls resisting a forced marriage have few options. They can commit suicide or desert their husbands' house soon after marriage. Largely because they marry later, when they have attained more social maturity, sons are comparatively freer to choose their wives¹².

The disparity in age between men and women at the time of first marriage creates an excess of women in the marriage market¹². After their first marriages, men often take a second wife and more wives once they are of mature years or have more resources. However, women are often married off when they are very young and in quick succession such that most times, all the many wives of a husband would be aged below 30 years¹⁵. In Islamic northern Nigeria, the number of wives is a measure of a compound head's success, prosperity, and prestige¹⁶. Solivetti notes that while the additional marriage expenses are a considerable burden, the fact that such expenditure is oriented towards a practice which sets men apart as accomplished, indicates the pressures exerted in this direction.

Marital interactions among the Muslim Hausa husbands and their wives are structured by an imperative of severance rather than togetherness. Husbands and wives minimize their display of open fondness towards each other¹². Conjugal relationships thus often lack warmth. Couples treat each other with reserve and avoid any form of intimacy in public. Wives, for instance, do not usually call husbands by name; their daily interaction is limited and they do not eat together. But then, the Islamic juridical and cultural system supports fairness in how husbands treat their wives. A rule of impartiality-stressing economic, sexual, and social fairness to wives- thus organizes the interaction of husbands and their wives. Based on this rule, the resources that wives receive from their husbands often depend on the number of children they have¹².

Muslim husbands in northern Nigeria are also often under intense cultural pressure to publicly prove themselves as able to control their wives and keep them in check¹⁷. They also have extensive marital powers and can terminate a marriage by telling a wife 'I divorce you', three times before a witness. Research also shows that Hausa men could initiate divorce simply because they want to marry a new wife. Divorce is thus uncommonly rampant in northern Nigeria. About 30 to 50 percent of all marriages in the region end in divorce and that the average northern Nigerian woman will be

divorced 2.19 times during her lifetime¹². Women in the region can easily also initiate divorce. Social and emotional mistreatment, including not receiving adequate love, not being adequately catered for, and being denied sexual attention are the key reasons Muslim Northern Nigeria women seek divorce¹².

Recent expansions in the number of girls and women enrolling in schools, adult education programs, and universities notwithstanding, most uneducated and western-educated Muslim women in the region still base their lives on traditional and cultural role models and gender norms. Werthmann shows that a common belief among both educated and uneducated women in the region is that they should not earn their own living. They all stressed that it is the duty of the husband to provide for them and that women are not under any obligation to make their incomes available to their families. Both the educated and uneducated women that Werthmann studied agreed that Islam demands that husbands should feed, clothe, and accommodate and be fair and impartial to their wives and children. Neglect of this obligation was, for all categories of Muslim women in her study, a legitimate reason to abandoning a marriage¹⁸.

Generally, northern Nigeria is characterized by high fertility and very low use of modern contraceptives relative to the rest of the country. Women in the region bear about seven children, most of whom are reportedly wanted, compared to only four children which the average women from southern Nigeria will bear. Further, only 16%-22% of women in the North currently express a demand for contraception. In southern Nigeria, this stands at 50%. Research shows that the few women who use contraceptives in Northern Nigeria are diverse in their characteristics: their ages could range from 15 to above 45; they could have between 1 and 9 children, come from an assortment of educational and employment backgrounds and be either monogamously or polygynously married¹⁴.

Methods

The current study is based on data collected as part of the Reproductive Norms and Behavior Project (RNBP), implemented between December, 2007 and August, 2008 in Jigawa and Kano states, northern Nigeria. Overall, the study's goal was to generate qualitative information on the factors motivating and de-motivating women to space or limit childbearing. Three purposively-selected communities (one rural, one urban, and one semi-urban) were sampled in each state. In each community, 9 focus group discussions and 13 in-depth individual interviews were held with women of different marital backgrounds and from a variety of reproductive ages and experiences recruited with the aid of key informants. However, the current paper only relies on data from in-depth interviews with 13 polygynously married women who admitted to covert contraceptive use. To analyze the data, an

inductive approach involving thematic examination of their narratives is adopted¹⁹. This involved the continual investigation of the themes emerging from the data for categories, linkages, and properties. In many instances, verbatim quotations are used to illustrate responses on pertinent issues and themes.

The respondents

Wives	A	B	C	D	E	F	G	H	I	K	L	M	N
Current Age	23	34	20	23	32	30	30	19	28	29	40	43	38
Age at marriage	13	15	14	13	16	18	16	14	16	16	13	13	16
Education level	Non-formal	Non-formal	Som. Pri	Pri.	Som. Sec.	Sec	Some Sec	Non-Formal	Some Sec	Pri.	Non-formal	Non-Formal	Non-Formal
Size of Union	3	4	2	3	2	3	2	2	3	3	3	3	3
Position in Union	3 rd	2 nd	4 th	2 nd	3 rd	2 nd	1 st	2 nd	4 th rd	3 rd	1 st	2 nd	1 st
No of Children	4	6	4	7	7	5	5	3	5	6	6	6	5
Duration Of Union	10	16*	6	10	10	12	10*	5	12	12*	27	18	22
Residence	Rur.	Urb.	Urb	Rur	Rur	Rur	Urb	Urb	Urb	Rur	Rur	Urb	Urb

Table 1: Some Characteristics of the Respondents

- Formerly in another union.

Table I presents some of the basic socio-demographic characteristic of the respondents. The ages of the respondents ranged from 19 to 40 and their ages at marriage averaged 15. Majority of the respondents had only Koranic education. Respondents were also in unions of different sizes, and occupied varying positions in these unions. They had an average of 5 children and their current unions had lasted an average of 12 years.

Fertility-related beliefs

Responding women's narratives unmistakably alluded to the assorted socio-political and economic significance of fertility. Fertility sustained the relevance of groups, regions, ethnic groups, and religions in society. A large population also implied a significant electorate, greater political influence, and more representation in key national positions. Fertility ensures the survival of family names, as exemplified in the Hausa proverb-*Haflwa maganin mutuwa*: Only birth cures death. Intentionally abstaining from bearing children is a disservice to one's name and memory. It was tantamount to killing one's name and memory. Children offer parents a sense of achievement and ensure the continuity of their lineages. Narratives of the critical role of children in the economic lives of women were also elicited. Reportedly, women with several children could save money by keeping part of what their husbands give them for their children's upkeep. They would use such monies to start their own businesses. Women also relied on the labors of their children for economic benefits. Musliat has 3 grown-up children who hawk goods for her in the community. She noted; 'I make lots of money from what they sell for me. Most women in this area rely on their children to have an income. They hawk your goods'. Laila's children also bring her a profit of about 3000 thousand Naira (about \$25) every fortnight. They hawk her wares which include local foods, perfumes, and assorted household utensils.

Reportedly, fertility could be controlled by both God and humans. God, the ultimate giver of fertility, allows humans to exercise control over it. However, unless God granted it, human efforts to maneuver fertility would fail. Human control of fertility was not considered negative. People could limit their fertility in order to preserve their health and avoid illness, suffering, and misery. Unregulated childbearing was also generally not supported by the respondents. While having many children could act as insurance in old age, ensure a wider social network for siblings, guarantee the continuity of the religion, provide cheap domestic and economic labor, improve one's social standing, ensure against child mortality, and serve a political end for the region; it could also expose households to poverty shocks, lead to parental inability to care effectively for one's children, reduce the life-chances of children, and put them at risk for abandonment, delinquency, and anti-social behavior. Instances where high fertility has caused ill-health for women or resulted in their death were common knowledge among the women. Memuna's friend, Farah, was abandoned by her husband for giving birth to 7 children. The man, an itinerant kola nut seller hardly made enough money to sustain a large family. He fled the marriage. Three years on, nobody has heard from him.

Motivations for using contraceptives

Respondents' expressed sentiments indicate their high-level of knowledge about family planning and modern contraceptives. They knew about male condoms, injectables, and pills as well as implants, spermicidal jellies, vasectomy, tubal ligation, the diaphragm, and cervical caps. Some respondents also knew about the female condom. Family planning and contraceptives were reported as regular features of radio and TV talk shows and campaigns sponsored by government in the region. Responding women generally supported family planning and maintained that a long, rich history of birth regulation exists in the region. They frequently condemned short birth intervals, *Kwanika*, and reported that Islam supports family planning.

Awareness of traditional family planning and fertility control methods was also high, with some respondents admitting to using them before switching to modern ones. The popularity of traditional fertility regulation methods in the region, according to participants, derived from their perceived safety, affordability, reversibility, naturalness, local origin, and the credibility of their providers who, reportedly, were also mainly Muslims. Traditional birth attendants (*unguzoma*), Islamic scholars, traditional healers, and elderly, often menopausal women were the commonly mentioned providers of traditional family planning services. Traditional fertility regulation methods reportedly took the forms of concoctions, amulets, and charms (*Laya*, sing. *layaoyi*, plural), commonly a mixture of Arabic texts, local herbs, earth materials, and sometimes, animal parts. These could be eaten, drunk, or rubbed on the body, sprinkled on the bed and body, worn as beads and amulets, or simply hung in the bedroom. Women and men can also receive special underwear which can limit their childbearing. Pregnancy can also be prevented by reciting certain Arabic passages from the Koran or other critical Islamic texts before or after intercourse as prescribed by a particular provider. The efficacy of traditional methods of contraception was however contested among the respondents.

Data also revealed rich awareness of the providers and service outlets of modern contraceptives. Frequently-mentioned providers of contraceptives were drugstore keepers (called chemists in local parlance), hospital-based providers (especially nurses and doctors), itinerant medicine sellers, and family planning services providers. The women we studied were using implants, pills, or injectables. These were reportedly easy to conceal from other people as well as affordable. They were also easily obtainable and did not have to be used everyday. The women procured their contraceptives from two major sources: Formal health centers (including family planning clinics) and patent medicine retailers (chemist shops). These sources were reportedly preferred because they guaranteed confidentiality. Further, the women generally sought providers based outside their immediate communities. Providers

based in the community could leak their secrets. Community members including co-wives could also accidentally spot them asking for contraceptives in local facilities. Only one woman admitted to using a provider within her community. The provider was however her own sister who worked as a nurse in a nearby community clinic. On the other hand, one rural-based woman travels to Kano town every other month to buy her pills from a drugstore. There was also a rural woman who relied on her sister-a teacher in Duste town- to obtain her pills. And yet another urban-based woman reported traveling to another part of the city to receive her injections once every three months.

The women use contraceptives for diverse reasons: To match family size with resources, desire to give one's children a better life, poor health, contentment with number of children, feeling that family was large enough, hardship, personal preferences, and professional demands, etc. For example, both Amina and Saratu, respectively a 29 -year old mother of 6 and a 32- year old mother of 7, began using contraceptives because their households had become very large. However for Salma, mother of three children, the decision was motivated by professional demands. She was a primary teacher with her eyes set on higher education. She did not want any more children; they would interfere with her work and future aspiration. She first used contraceptives to space her childbearing, but now uses them to prevent further childbearing. There was also Mainatu a rural old mother of 5 children, who has been surreptitiously using injectables for five years. Her motivation was two-pronged: Her health was increasingly failing with every pregnancy and her husband also increasingly unable to adequately cater for a rising number of children in the polygynous family.

Commonly reported side effects of contraceptives were spotting, stomach ache, and nausea. Other expressed concerns were cycle irregularities, fever, heavy sweating, painful and sometimes longer menses, increased appetite, weight changes, and frequent headache. Many of the respondents have also heard that contraceptives cause cancer, weaken the bone, dilute the blood, and cause exhaustion. One woman said she sometimes forgets to take her pills and yet another reported difficulties concealing her pills from her husband.

Reasons for covert contraceptive use

The women we studied rarely mentioned opposition from husbands as a reason for using contraceptives covertly. Instead, they generally suggested that their husbands would be happy to see them use contraceptives. 'I know that if I told him that I want to begin family planning, he will support me. The house is already filled with children and my co-wives are still giving birth to children. He does not have all the money to spend again...' offered one respondent. Data suggest that the women used contraceptives

covertly primarily out of a concern that their husbands could decide to marry additional wives. They also kept their use of contraceptives secret to prevent the information from leaking to co-wives.

Overall, narratives highlighted high parity as key to the stability of marriages. Women could rely on many children to prevent husbands from marrying additional wives and to sustain their attention and investment even when they do. A husband who knows that a wife was limiting her fertility could take advantage of it to marry other wives. Men in the region reportedly use the excuse of wanting many children to marry many wives. They would thus be glad if their women lowered their childbearing. Limiting or spacing one's childbearing would jeopardize a woman's marriage because a husband may easily marry another wife if the existing wife has few children or does not want many children. Maimuna told us that her husband is considerably wealthy and that limited or spaced childbearing on her and her co-wife's part would easily provide him an excuse to seek additional wives. She asserts: If 'we had four children each, it will be easy for him to marry a third or even fourth wife. He can even decide to throw you out of his house and then redistribute your children to the other wives...' A popular opinion was that most men would accept the idea of family planning if a wife brought it up largely because it would enable them marry more wives. Having many children and in quick succession thus offered an effective strategy for dealing with these vicissitudes and helped women checkmate their husbands. Women who tell their husbands about their intentions to limit their childbearing thus risk a major backlash. They would wreck their own socio-economic and marital security. Kadijatu told us: 'There is no need letting him know that you want few children; you will only end up helping him to marry another wife...' There was also respondent who said; 'For our men here, once a woman gives them the impression that she wants to have few children, they use it as an excuse to marry another wife or even divorce you'

Responding women noted that showing men love, being faithful to them, and even adoring them will not save a woman's marriage or guarantee the devotion of husbands. No matter the amount of love a wife shows a husband, he could still mistreat her, divorce her, or marry new wives. Islam permits a man to marry up to four wives and to also divorce his wives unilaterally. By simply uttering an Arabic formula three times in front of witnesses and to the hearing of the woman, men secure a divorce. Informants noted that having many children is the one thing that can guarantee the continued flow of a man's resource and attention. Besides ensuring that a wife receives more of a man's resources, it also reduces a wife's chances of being mistreated by a husband. A mistreated wife may decide to flee a marriage and leave him with many children. Divorcing a wife with many children puts husbands in a tight spot. Divorced women in northern Nigeria do not move with their children; they leave them for

their husbands. Further, given the importance of childbearing, a new wife would also want to have her own children, rather than look after children from a husband's former marriage.

Hadijaia's situation clearly demonstrates the interaction between covert contraceptive use and women's concern that husbands will latch on to their limited childbearing to marry additional wives. She grew up in large polygynous family of about 30 children and lost her father at 16, forcing her to abandon her dream of attending secondary school. Hadijaia got married at 18 as a second wife and currently has four children. She told us that her husband wants to marry another wife. But rather than tell her and her co-wife directly, he tells them that he likes and wants more children. Hadijaia is however not ready to have more children and she does not want her husband to know. She secretly uses pills which she procures with the help of her sister who is a nurse. Hadijaia is certain that if her husband knows that she is using contraceptives, he would not object to it. 'He would simply go on to marry another wife'. The men here are like that; if they had their way they will tell all their wives to have only three kids, which will permit them to marry four wives".

Another interesting case is Fatilla, a 32 year mother of 4 children, and second wife in a marriage involving two other wives. She insisted that Muslim men in northern Nigeria would support rather than object to their wives' use of contraceptives, because 'it would give them the opportunity to marry more wives'. Fatilla confirmed that her husband could comfortably marry another wife and feels he has only been deterred by the 16 children whom he already has from his existing three wives. She says 'men here are like that... to prevent them from marrying many wives give them several children'. If you don't do it, they will tell you the religion supports it and they marry four wives... it is only children and the burden they bring that make them marry few'. Fatilla's co-wives have 14 children between them, but as she says, this hardly bothers her. She is satisfied with the number she has and Like Hadijaia, she knows that her husband will not mind her using contraceptives. 'He will even be pleased, because he can then bring in a fourth wife. But I am not going to help him bring her in. There are currently enough children in the house and they need to be taken care of, to be trained. He should give good attention to the ones here'. Miriam also affirmed the views of Hadijaia and Fatilla. She too has not let her husband know that she is using contraceptives. Currently, a mother of five children, Miriam hides her use of contraceptives from her husband because of the likelihood that he will marry an additional wife if he knows that she wants to stop childbearing. She says: 'I would have liked him to know that I only want five children. But I am scared that that he would seize the opportunity and bring in a third wife. He often

says he likes children. So I figured that telling him about my intention to stop at five children will only hurt me. I have seen it happen to other women in this community’

Available data also indicate that women concealed their use of contraceptives from their husbands in order to ensure that the information does not leak to co-wives. In the region, women’s status and access to husbands’ wealth often directly depend on the number of children they have. Husbands generally allocate resources to their wives based on the size of their households, and women with large families would attract more supplies from husbands. The Koranic inheritance doctrine stipulates that each male child (*asaba*) of a deceased father is entitled to an equal share of his wealth. Female children each receive half of what their brothers receive: The Koran (4:11) instructs ‘Allah commands you regarding your children. For the male, a share equivalent to that of two females’. Indeed, sons have no specific share; they actually take all the remaining property after the exclusion of the specified allocations and share it equally among themselves. A wife with more children thus attracts more resources from a husband. Co-wives in northern Nigerian also often compete among themselves to have more children, making it imperative for women in polygynous unions to be very discreet about their use of contraceptives. Preventing co-wives from knowing that one was limiting or spacing her fertility is key to ensuring that they do not have considerably more children than oneself.

Interview data linked competition among co-wives to high fertility in the region. ‘It is common here. Anybody who is candid will tell you. Each wife wants to have more children so that she will receive more of the share of what ever you give daily’ offered Nana. Interlocutors admitted that in polygynous marriages, the fewer children a woman has, the fewer resources she attracts from the man. Also when a Muslim husband dies, his wealth is shared per child rather than per household. The more children the woman has, the more of the man’s wealth goes to her kitchen. One respondent reported that her own mother advised her never to allow her co-wives to have more children than her. She would receive less of their husband’s wealth if they do. Another participants said that her sister currently has 8 children because of co-wives’ competition. She noted: ‘If you go there (that is to her sister’s house), you won’t believe it, when one wife gets pregnant, the others follow immediately; nobody wants to be left behind’.

Hantu, currently a mother of 6 children, and second wife in a polygamous family of three wives also provides firsthand experience of the interaction of co-wives’ competition and high fertility. From her narratives, Hantu said she only wanted 5 children before she married. However, owing largely to fierce competition among her co-wives she has overshot her original preference. In the longer narrative, she admits to the commonness of her experience in polygynous marriages in the region, noting that

competition among co-wives often assumes very dramatic dimensions when the husband is wealthy. She says: 'wives in polygynous unions would not want their mates to have more children than them and often creates competition among the wives who try hard to give birth to more number of children'. Hantu does not want any more children and uses contraceptives. She has kept her use of contraceptives secret from her husband not because he will object or punish her for it, but largely because she does not want the information to leak to her co-wives. 'If my co-wives hear about it, it will be their chance to have many more children than me, that's why I have not told him... It is not him that I fear but my co-wives'.

Another respondent, Jamilla, also admitted to concealing her use of contraceptives from her husband primarily because she does not want her co-wives to know about it. Her health began to fail after her 3rd child, and during the birth of her 5th child, the nurse who attended the delivery advised her against further childbearing. The nurse also introduced her to the pills, which she currently uses. Jamila's narratives suggested that her husband will not take offense if she informed him that she was using contraceptives. But she has decided not to do so. She thinks it is better to keep her use of contraceptives secret. The information could leak from her husband to her co-wives whom she feared will take advantage of the opportunity to increase the number of children they have, thereby widening the gap between them and her.

Discussions and Conclusion

Several women in Africa hide their use of contraceptives from their partners^{1, 4}. Data from the current study show that in the context of polygyny in northern Nigeria, covert contraceptive use by women is driven largely by the ample benefits wives derive from having many children and by the particular risks which limited childbearing poses for women in polygynous unions. These findings are key and refract the realities surrounding polygyny in Islamic northern Nigeria and, especially the particular role of fertility in the ability of women to preserve their marriages, prevent husbands from marrying additional wives, and retain the attention and investment of husbands even when they do²⁰. In Islamic Northern Nigeria, emphasis continues to be placed on large numbers of children¹⁴. There are also ample incentives to keep having children among women as it secures their marriages, guarantees the support and attention of husbands, and offers a strategy for dealing with poor socio-economic and livelihood conditions⁶. The lives of women in northern Nigeria are generally characterized by poverty, hardship, and dependence on men. While some of them engage in petty income-generating activities, a large number of northern Nigerian women currently spend their lives in seclusion (*Purdah*) relying, for

the most part, on their husbands for sustenance. Often, their economic wellbeing and survival in these unions depend on the tactical deployment of their fertility.

Overall, the secrecy surrounding contraceptive use acts as a safeguard against jeopardizing the benefits which women see as likely to accrue to them if they had several children. A woman's status and access to a husband's wealth in polygynous marriages in Islamic northern Nigeria are often determined by the number of children she has. Husbands also allocate resources to their wives based on the size of their households^{15, 18}. A wife with the highest number of children would attract the bulk of a husband's wealth. Stiff competition thus exists among various wives to have greater numbers of children. Within this context, women have very little motivation to accept contraception when their co-wives are pregnant. Those of them who use contraception also have little incentives to be open about it¹⁴.

The important role of fertility in women's economic survival has been noted in different parts of Africa^{5, 21}. Foley writes that in the face of widespread norms and practices of gendered economic relationships which altogether limit women's economic mobility and independence, the basis of contemporary Senegalese women's social and material survival appears to be the strategic deployment of their reproductive prospects. Research^{5, 22-24} has affirmed the potential role of poor women's efforts to stabilize their marriages and ensure their own survival in encouraging high parity and apprehension towards contraceptives. Izugbara et al.²⁵ found that while several women in northern Nigeria consider limited and spaced childbearing to be useful and achievable, they also feel it could endanger a woman's livelihood and marriage. Having many children and in quick succession offered women an effective strategy for dealing with the vicissitudes of marriage, including preventing husbands from marrying more wives, maltreating existing wives, or divorcing them. Women who open up with their husbands or even co-wives about their intentions to limit their childbearing may thus inadvertently destroy the very basis of their own socio-economic and marital security.

Taken together, these findings have important implications for programs and policies aiming to encourage smaller families in polygynous contexts in general and in Islamic northern Nigeria in particular. While they reveal a willingness among women in northern Nigeria to have smaller families, they also expose gender inequities as the primary driver of women's fertility behaviors in the region. Findings also suggest that the assumption that contraceptive use and limited fertility are beneficial to women may not resonate well among women in all types of marital unions. In polygynous contexts where women frequently rely on large childbearing to navigate their status, survival, and wellbeing,

communicating the benefits of small families to women may not be very unproblematic, especially when co-wives are also not using contraceptives. Social and policy actions aiming to improve the uptake of family planning in Northern Nigeria need to be matched by the creation of new social norms of gender relations and economic opportunities⁵.

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