

The Nigerian Journal of
Sociology
and Anthropology

Volume 6, 2008

CONTENTS

- Olayiwola Erinsho
Ifeanyi P. Onyeonoru
Israel Dantata Sule
Akinpelu O. Olutayo
Uche C. Isiugo-Abanihe & Ezebunwa
E. Nwokocha
Abdul-Mumin Sa'ad
Ayokunle O. Omobowale
Chinyere C.P. Nnorom & Michael
O.N. Kunnuji
Smart E. Otu
Onigu Otite
- Social Values in a Reforming Society
Challenges of Doing Sociology in a
Globalizing South: Between Indige-
nization and Emergent Structures
Globalization and the Future of
Sociology in the Third World: A
Critical Commentary
Politics, Received Knowledge and
the Subordination of indigenous
Creativity
Prevalence and Consequences of
Ewu-ukwu Custom in Mbaise, Imo
State, Nigeria
Juvenile Justice in Nigeria
The Political Instrumentalization of
Violence in Nigeria's Fourth Re-
public: The Case of Ibadan
Pronatalism: An Antithetical Value to
Nigeria's Reforms
Political Economy of the Crisis in
Post-Colonial Zimbabwe
Anthropological Responsibility in
Nigeria

Prevalence and Consequences of *Ewu-ukwu* Custom in Mbaise, Imo State, Nigeria¹

Uche C. Isiugo-Abanihe & Ezebunwa E. Nwokocha

Faculty of the Social Sciences
University of Ibadan, Ibadan
uche.abanihe@mail.ui.edu

Vol. 6 Issue 1, 2008

Abstract

Studies have consistently shown that fertility among the Igbo of Southeast Nigeria is high, and particularly higher among the Mbaise people. Multiple socio-economic and cultural factors such as son preference, stigma and discrimination ascribed to childlessness and other relevant practices in different communities bolster frequent child-bearing among Igbo women even without prompting from their husbands and, at times in conditions that threaten their lives. In Mbaise in particular, the ewu-ukwu custom which is celebrated to honour a woman after her tenth child is perceived as an index of accomplishment and self-actualization. The objectives of the study are to examine the prevalence of the ewu-ukwu custom in Mbaise, and to identify the categories of people who are breaking with the tradition by discontinuing the practice and the factors motivating them to do so. Furthermore, the consequences of the custom on maternal and child health as well as on care and welfare of young people was explored. The findings indicate that the custom has waned, but as long as it lasted, the quest for induction into this relatively privileged social group shored up high fertility, and is associated with high maternal and infant mortality and morbidity which are themselves exacerbated by poor health facilities. Also, the ewu-ukwu custom has multi-dimensional implications for the wellbeing and gender roles of relevant individuals and groups which call for urgent interventions and societal re-orientation.

Key words: *ewu-ukwu, onyirima, fertility, patriarchy, parity-ten club, Mbaise.*

Background

Despite considerable social change that has taken place in Igboland over the past four or five decades, high fertility remains a persistent phenomenon. This situation is linked to the relative strength of the pronatalist tradition among groups and individuals (Isiugo-Abanihe, 1994; Nwokocha, 2007), which to a large extent depends on the relative valuation of the cost and benefits of children. Igbo women traditionally achieve status and recognition through children. A woman with many children is admired and respected. Her husband bestows honour and affection on her; her children meet her needs and give her

¹ We acknowledge the Program for Appropriate Technology in Health (PATH) on Culture and Health in Africa for the grant for this study. The effort of our field assistants: Akachi Odoemene, Justin Onuoha, Uche Isiugo (Jnr.), Ihuoma Uduhiri, Amanze Unagha and Paul Isiugo, is highly appreciated.

a great sense of fulfilment in life; younger women revere and role-model her; she is seen as a mother to all. Common Igbo metaphors compare female fertility with soil fertility; a fertile soil is the delight and desire of everybody; so is a fertile woman. They associate high fertility with divine and ancestral blessings, through numerous allegories, names and ceremonies.

In some parts of Igboland, a ceremony of recognition is held for a woman after she has had her tenth pregnancy; she thus becomes a member of the privileged class of women who have accomplished this special honour. The *ewu-ukwu* (literally, goat for the waist) ceremony among the Mbaize Igbo and their neighbours honours a mother that had experienced at least ten pregnancies with a lavish party, given by her husband with the support of the kin group and the woman's relatives. Goats (*ewu*) are slaughtered symbolically to soothe her waist and in recognition of her accomplishment, and in thanksgiving to God for the gift of children. It is a ceremony of great jubilation, and the honoured couples join the privilege *Eze-Chinyere* (literally, kings crowned by God) club (Uhegbu, 1978:41). Uhegbu, an indigenous Mbaize researcher has written:

Mbaize people delight in having large families. Our Eze-Chinyere society has been formed by people who proudly regard themselves as the most fortunate set in the community. This is because what qualifies a couple for membership is the birth of at least 10 children. The tragedy is that the membership of this society is increasing rapidly.

As a result of this custom, Mbaize people were reputed to delight in having large families. The Biblical injunction "increase and multiply" finds expression in Mbaize social world in which a large family size is a norm that is highly desirable. Many women, even without the pressure of their husbands, aspired to high fertility so as to be inducted into the privilege society of women (Ezeh, 1985). Although the custom has greatly waned in Mbaize, where the average family size currently is about six children, this study sought to investigate its cultural significance while it was cherished among the people and the factors that are linked to its recent decline. The essence of examining the significance of *ewu-ukwu* custom in retrospect is to demonstrate the dynamism of culture on one hand and the capability of individuals as actors to alter traits that may not be desirable within the context of contemporary reality.

Several factors make understanding of Mbaize demography imperative. For instance, investigating how a densely populated area copes with sparse land resource and the implications for fertility levels are critical for appreciating the decline of the thematic custom. Situated at the heart of Igboland, Mbaize occupies an area of about 404 square kilometres (Agulanna, 1998). Going by the two most recent censuses, the population of Mbaize increased from 304, 338 in 1991 Agulanna (1998; 2004) to 524, 370 in 2006 (FRN 2007). This large population can be explained by relatively high fertility supported by the *ewu-ukwu* custom as well as the *Onyirima* custom which is celebrated for women that have a minimum of twenty grand children, predominance of

Catholicism that discourages artificial family planning methods and declining mortality rate.

Like *ewu-ukwu*, the *Onyirima* custom encourages prolific child bearing in the belief among women that achieving the number of grand children, necessary for the accompanying elaborate ceremony, is easier for women that have many children (Nwokocha, 2007). Although *Onyirima* is not tied to any number of children at the first instance, nonetheless, it predisposes women to strive for a large family size. These two customs are unarguably the most proximate factors that make Mbaise one of the most densely populated areas of Igboland and perhaps Nigeria.

The population of Mbaise is its instrument of power and development on one hand and its weakness on the other (Njoku, 2003; Agulanna, 2004). In the latter sense, having many children has contributed to the people's image problems. As Njoku (2003) observed, many of these children are sent out to serve relations or masters in urban centres where they are used as slaves. This accounts for the negative perception of the Mbaise. A large segment of the miscreant population in East Nigeria cities, labourers and lowly paid traders and workers often claim Mbaise origin; a function of the culture of high fertility. In addition, to these, there is also the societal problem of large population and high population density which is responsible for high migration among Mbaise people. The scarcity of land for farming and the custom of land fragmentation among sons, have reduced the land available for each person, and resulted in massive migration of the people. In what follows, the context of high fertility and the changing status of *ewu-ukwu* custom among the Mbaise are examined theoretically.

Theoretical Perspectives

Talcott Parsons' Voluntary Social Action theory and Symbolic Interactionism of Herbert Mead provide appropriate theoretical explanation of the *ewu-ukwu* among the Mbaise. These interactive perspectives seek to explain the processes through which actions of individuals are defined to reflect collective understanding and approval in a given context at a particular period. The interactiveness of these perspectives relates to the responsibility of attaining a collective approval of what constitutes values, norms, beliefs and practices and the attendant onus on individuals to make necessary adjustments on these cultural traits without dislocating the essence of a given culture and in the understanding that emerging traits are meaningful and make sense to members of that society.

Talcott Parsons' voluntary social action theory, which is a variant of the functionalist perspective, with emphasis on the constraint of individuals within particular customs and values, is adopted for the study in an attempt at explaining human behaviour as it relates to socio-cultural factors and their influence on the *ewu-ukwu* custom. Very much like Weber's social action theory, which asserts the primacy of society over the individual person

(Giddens, 2000), it argues that societies exert social constraint over the actions of individuals.

This perspective focuses on the course of action as determined by the conditions of the physical and social environment; society influences the end, which the actor seeks and the means s/he will use in attaining them. Parsons' theory like that of Weber states that action can be explained in the context of the subjective meaning given to it by the actor and that actions are always directed at the attainment of goals with the choice of the most appropriate methods by the actors. Parsons however, by emphasizing the importance of societal factors in constraining the ends that an individual can pursue and the means of pursuing them departs from or rather extends Weber's position. Parsons' voluntary social action theory has as its basic premise the following:

1. People's actions are directed toward the achievement of end goals. This translates to seeking a large family size directed towards being inducted into the parity-ten club.
2. Courses of action are determined by the conditions of the physical and social environment. One's environment and the structures inherent in it shape as well as dictate individual actor's perception and attitude towards a particular action. With reference to *ewu-ukwu* custom, the prestige associated with it and the motivation to be inducted into the club of prolific child-bearers are high in Mbaise because the social norms and environment support involvement in the custom unlike other communities where such tradition is not known. For instance, Njoku (2003:131) has observed "Mbaise women on marriage did not vow that their target number of children would be ten or twelve. The number was influenced by social environment and cultural factors than aspiration to have ten or more children"
3. Individuals have emotions and make moral judgments, which influence the selection of ends and means and their order of priority. This emphasizes the freedom of individuals to seek whatever approach and activity that appear in their perception necessary in order to achieve set goals.
4. Lastly, actions are to be explained by the subjective meaning given them by the actors, or roughly, by his/her perception and definition of the ends and conditions of the situation. So even though the *ewu-ukwu* may be associated with high maternal and infant mortality, these may not be obvious to an individual who only see its benefits.

In summary, this Parsonian position emphasizes the effects of socio-cultural factors on *ewu-ukwu* custom. Erinoshio (1978) and Oke (1982; 1996), in their model of socio-cultural variables following this same view, posited that one's social and cultural environments are dictated by norms which in turn

define his/her actions in a given social context. The theory sees behaviours related to attaining the parity-ten status like embracing prolific child-bearing, short-birth intervals, non-use of contraceptives, rejection of abortion among others as determined within the context of social and cultural norms and values of a people. Oke (1996), for instance, observed that there is an inextricable association between socio-cultural factors and the use and non-use of health services. The emphasis on the existence of *ewu-ukwu* and the factors that sustained it on one hand, and failure of this perspective to explain the changes that the custom has gone through on the other necessitated the inclusion of the interactionist perspective.

Symbolic Interactionism adopted as the second perspective for the study emphasizes pragmatism, which Ritzer (2008:347-348) has noted is decomposable into the following ideas:

1. Both actors and the world are dynamic processes and not static structures. As such, individuals have the capacity to modify their social and physical environments to reflect changes in society at different times. By implication, given that individuals are rational, an assessment may reveal the point that alteration of values, attitude and behaviour is most necessary. For instance, individuals in the study area, as in other societies, may decide to modify or jettison aspects of culture that become dysfunctional and or obsolete *vis-a-vis* contemporary reality. In the context of high maternal mortality rate, repeated, and often short-interval, child bearing driven by the quest for induction into the *ewu-ukwu* group may be dysfunctional to the extent of necessitating modification or outright abandonment.
2. True reality does not exist “out there” in the real world; it is actively created as individuals act in and toward the world. This supposes that individuals in a given context create and recreate their societies in attempt to maximize the benefits that such recreation confers. As Haralambos and Holborn (2004:961) had noted, symbols are human-made and not only refer to the intrinsic nature of objects and events but to the ways in which people perceive and interact with them. The implication is that community members may decide to alter events and activities that confer high status, such as *ewu-ukwu*, on its individuals on the basis of inconsistency with social reality. Implicit in this view is the ability of members of a group to change what no longer works.
3. People remember and base their knowledge of the world on what has proven useful to them and are likely to alter what no longer functions. In the case of *ewu-ukwu*, the custom hitherto conferred high social status among couples and in particular women. As such, the custom to a large extent necessitated bridging of gap between the haves and the have-nots. The contemporary reality, however, is that such custom that encourages large family size is not only less desirable in a poverty-stricken society like

most parts of Igboland but also a means of amplifying an already high maternal and infant mortality situation and worsening the wellbeing of families with large numbers of children.

Notwithstanding the functional aspects of *ewu-ukwu* custom, and in particular its links with high status among women who achieved relatively high fertility, bolstering of communal unity among others, its dysfunctional aspect relates to its association with inherent high maternal mortality rate. The situation is worse in Igboland as most other parts of Nigeria where a combination of son preference, which, as Arkutu (1995) had noted exposes women to repeated child-bearing, and inadequate maternal health care facilities contribute disproportionately to high maternal mortality statistics.

Conceptual Framework

This diagrammatical representation of the issues examined in the theoretical perspectives and objectives of the study synthesizes relevant aspects that relate with understanding of the *ewu-ukwu* custom in patriarchal Mbaise society. The framework indicates that patriarchy which finds expression in male-superiority syndrome thrives in the subordination of women concretized through differential socialization process between males and females. This gender based dichotomy in socialization may have given impetus to the assertion of Sen *et al.* (1994) that male ideology and domination have been carefully sustained through ages. For instance, studies have shown that socialization into gender roles begins early in the family and community and are reinforced through the interplay of familial, social, economic and cultural forces, which are subsumed in patriarchy (Isiugo-Abanihe, 2003; 2005; Moore and Helzner, 1996; Sen *et al.*, 1994; Obura, 1991).

Figure 1 shows that the quest for high status among women may result from “true consciousness” which even though might be at sublime level would translate to an awareness of low status with its psychological implications. In the present analysis, such quest as claimed in some quarters, is shared by men as husbands to the extent they encourage their wives to attain the prized fertility level. The line showing the relationship between patriarchy and the quest for women’s high status is broken to demonstrate suspicion in that association. Such scepticism is relatively genuine in view of the fact that achieving high status through some activity that exposes women to avoidable death unwittingly extends their subjugation. It is argued here that the claim to patriarchal support for high status of women, in the context of *ewu-ukwu* custom, is dislocated given the consequences of prolific childbearing characterized by uncertainty, exacerbated by inadequate maternal health facilities, poverty, and illiteracy among others.

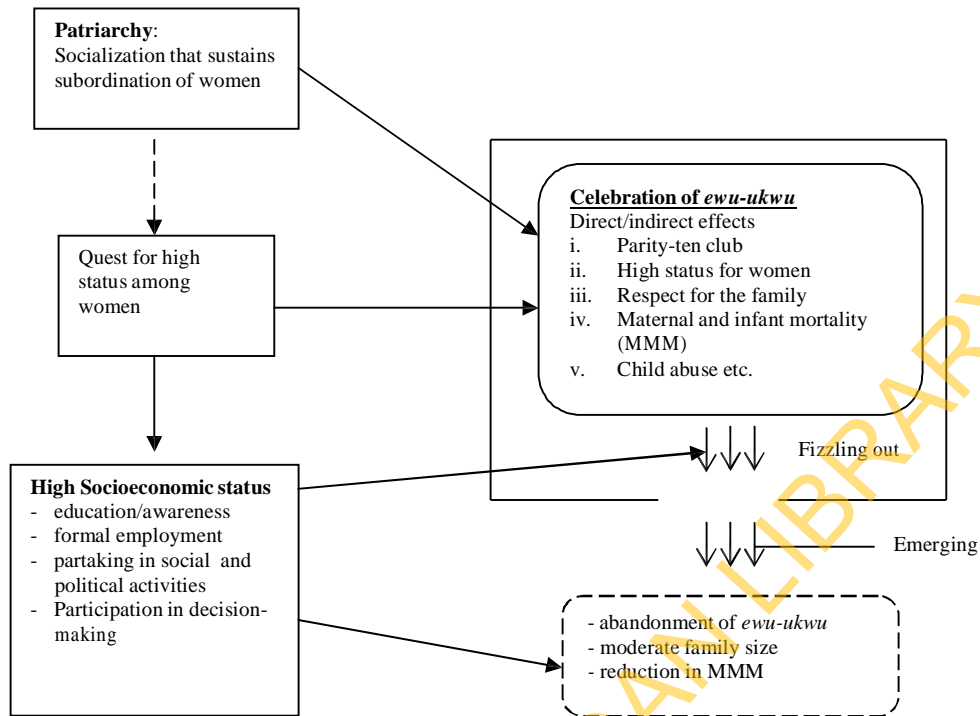


Fig. 1: Understanding the origin and dynamics of Ewu-ukwu

Studies indicate that the environment in which women live influences maternal health; maternal deaths are thus strongly associated with sub-standard health services and the lack of medical supplies at the time of labour, delivery and immediately after birth (Berg *et al.*, 2001; UNICEF, 2000; Population Reference Bureau, 2000; United Nations, 2000).

The conceptual framework reveals that in the short-run as it were, women struggled to have ewu-ukwu celebrated for them without due consideration for its concomitant consequences such as high likelihood of maternal mortality and child abuse. The immediate benefits, such as membership of the parity-ten club, high status, and respect for the entire family on attaining the enviable goal, served as incentives for such aspiration. Figure 1 also shows that a transition from high to low fertility is well underway in Mbaise which explains the reason for significant dwindling of ewu-ukwu among the people. According to the framework, high status among women is achievable through education, formal employment, participation in politics and involvement in family decision making processes. These will create the necessary conditions for the eventual dislocation of the thematic phenomenon and the institutionalization of moderate family size which itself has implications for maternal and child health.

Methodology

Fieldwork for the study began with reconnaissance visit meant to find out the prevalence of *ewu-ukwu* ceremony in different communities that make up Mbaise in order to identify the most appropriate location for the study. On the basis of this, as well as accessibility, Onicha-Mbaise was chosen for the study. The community which comprises ten villages grouped into four autonomous communities has the highest population in Ezinihitte Mbaise Local Government Area. The instruments for the study, which included questionnaire, In-depth Interview (IDI) and Focus Group Discussion (FGD), were constructed based on information gathered during the reconnaissance visit and review of literature. In particular, the questionnaires were pre-tested among 25 Mbaise indigenes in Ibadan identified through a snow-balling technique. Consequently, the necessary re-wording, inclusions and exclusions were undertaken before the final questionnaires were produced.

Prior to data collection, training was provided for the interviewers and facilitators to familiarize them with the necessary data collection skills. The training contents included: understanding the purpose of the study, the objectives and why the information was needed, how to approach the community, principles of confidentiality, how to form groups and identify persons to be interviewed, completing questionnaires and maintaining quality, facilitating and note-taking skills, etc. Data collection for the study was undertaken in six days.

As the study involved a triangulation of questionnaire survey, FGDs and IDIs in the four communities that make up Onicha, different research teams worked simultaneously in different communities. During the period 16 IDIs and 6 FGDs were conducted. Focus group discussions were organized among women who had celebrated *ewu-ukwu*; husbands of women who have celebrated *ewu-ukwu*; female teachers who have not undergone the practice; and community leaders. In-depth interviews were conducted among men and women who have celebrated *ewu-ukwu*, middle-aged and young men and women who have not, religious leaders, medical practitioners, chiefs and male and female community leaders, and the social welfare personnel of the local government.

For the quantitative data, 436 questionnaires were administered and retrieved against the estimated sample size of 500 men and women; a high level of absenteeism was experienced due to the correspondence of the fieldwork with the farming season. The survey design comprised a systematic random selection of houses in each of the villages. A man or woman in each of the selected houses was chosen as a respondent; in situations where more than one eligible respondent was identified in a house, balloting was used to determine who was eventually chosen as respondent. In the end, the questionnaires, which included both close and open-ended questions, were edited and codes worked out for the open-ended questions. The data were then machine-imputed using the SPSS data entry software.

Data analysis procedure involved descriptive analysis relating the incidence of *ewu-ukwu* to a number of socio-demographic characteristics, and a number of health and gender role variables. The qualitative data analysis involved translation and transcription of tape-recorded discussions and interviews. Both machine and manual analysis were undertaken with generated results complementing quantitative findings. In what follows, findings from both qualitative and quantitative data are presented jointly.

Results

(i) *Socio-demographic Characteristics of the Respondents*

Table 1 shows the percent distribution of the respondents by selected socio-demographic characteristics. The Table indicates that not all the respondents answered questions related to all the variables presented in the questionnaire. Some of the questions were conceived as sensitive and impinging on respondents' privacy and, therefore, were deliberately skipped by some individuals. The implication is that although a total of 437 respondents were involved in the quantitative study, less than that number responded to each of the variables.

Table 1 indicates that 43 percent of the respondents are males, while the remaining 57 percent are females. Nearly all the respondents (99.3 percent) categorized themselves as Christians, and an overwhelming majority of them (65.3 percent) are of the Roman Catholic faith. The marital status of the respondents is indicative of the predominance of currently married respondents (77 percent) relative to those who were previously married (12.2 percent) and single (10.8 percent). Close to 60 percent of the respondents are farmers or traders; the rest comprise teachers, civil servants, artisans and other occupational groups. About one respondent in four had no formal schooling; 35.2 percent had primary education, 20.7 had secondary education and the remaining 19.2 percent had some tertiary education. The latter figure is far above the national average of 5.3% (NPC, 2003), which indicates that the area is a highly literate population.

On the number of children that respondents have had, only 15.9 percent have less than four children. Those who have between 4 and 9 children constitute 63.5 percent of the total, while respondents with 10 children or above constitute 20.6 percent of the sample. This does not however suggest that only those within the latter category are legible for membership of the parity-ten club. On the contrary, since the number of pregnancies rather than children determines one's qualification for the club, a couple that have only one child but had experienced ten pregnancies, as a result of either miscarriage or infant mortality, are fit for such membership. Consequently, Table 1 cannot reveal respondents that belong to the parity-ten club in Onicha-Mbaise by mere number of children that a couple presently have. However, that some couple indeed continued child bearing even after the tenth child indicates the centrality of children or large family size in the social world of the Mbaise.

Table 1: Percent distribution of respondents by selected socio-demographic characteristics

Characteristics	Categories	Frequency	Percent
Age	18-24	22	5.1
	26-31	37	8.6
	33-38	38	8.8
	39-45	67	15.6
	46-52	75	17.5
	53-59	61	14.1
	60+	130	30.3
	Total	430	100.0
Sex	Male	188	43.0
	Female	249	57.0
	Total	437	100.0
Marital Status	Single	47	10.8
	Married	334	77.0
	Widowed	50	11.5
	Divorced/Separated	3	0.7
	Total	434	100
Family Type	Monogamy	333	90.4
	Polygamy	35	9.6
	Total	368	100
Religion	Roman Catholic	282	65.2
	Anglican	65	15.0
	Pentecostal	62	14.4
	Other protestants	20	4.6
	Other	3	0.7
	Total	432	100
Education	No schooling	106	24.9
	Primary	150	35.2
	Secondary	88	20.7
	Tertiary	82	19.2
	Total	426	100.0
Major Occupation	Professional/Managerial	8	1.9
	Civil servant/Teacher	63	14.9
	Pastor/Priest	6	1.4
	Business/Trader	111	26.2
	Other skilled work/artisan	60	14.2
	Farmer	140	33.0
	Other	36	8.5
	Total	424	100.0
Number of children	1-3	61	15.9
	4-6	121	31.6
	7-9	122	31.9
	10-12	67	17.5
	13+	12	3.1
	Total	383	100.0

(ii) *Ewu-ukwu in Context*

Table 2 displays data on respondents' perception of *ewu-ukwu* in the recent past. About 10 percent said the ceremony takes place very often or often; about 30 percent claim that it takes place sometimes; about 53 percent said it rarely takes place; and the rest (6.3 percent) said they have not witnessed the practice.

Table 2: Percent distribution of respondents by their perception of occurrence of *Ewu-ukwu* in their community

Occurrence of <i>ewu-ukwu</i>	Frequency	Percent
Very often	5	1.2
Often	36	8.4
Sometimes	135	31.3
Rarely	228	52.9
Never	27	6.3
Total	431	100.0

These figures suggest that the practice of *ewu-ukwu* has drastically reduced, with more than one-half of the respondents saying it rarely take place nowadays. This contrasts the situation prevalent in the past when the practice was commonplace (Uhegbu, 1978). Explaining the factors that gave rise to this change is one of the issues interrogated in this paper. On the importance of the *ewu-ukwu* practice, Table 3 shows that the four most important reasons are, to thank God for keeping the woman through repeated pregnancies (29 percent), to gain prestige and recognition in the society (19.8 percent), to avoid waist pain and save the life of the woman (13.9 percent) and to maintain the society's high value for children (12.7 percent).

Table 3: Percent distribution of respondents by perceived importance of *ewu-ukwu*

Importance of <i>ewu-ukwu</i>	Frequency	Percent
To maintain high value for children	52	12.7
Prestige among parents	81	19.8
It is customary	26	6.3
To avoid waist pain/save the woman	57	13.9
To thank God for the prolific woman	119	29.0
Don't know why	21	5.1
It is not important	54	13.2
Total	410	100.0

Only 13 percent of the respondents said that the *ewu-ukwu* custom is not important and should be discontinued, while another 5 percent claimed not to

know the reason for the practice. According to the oldest man (about 130 years) in Onicha-Mbaise, who could not trace the origin of the custom, the ceremony was celebrated as a way of honouring women who have performed the feat of undergoing ten pregnancies. The Patriarch noted that the ceremony was held in the highest esteem until recently when the younger generation started discrediting it. There is a consensus that thanking God for His mercies in fertility is the main reason for *ewu-ukwu*. A woman with 17 children proudly stated:

Ewu-ukwu has continued because of the belief that there is need to thank God for His provision and protection in childbirth. When a woman has one, two, three ... and ten pregnancies or deliveries, she knows that it is God who made it possible. Nobody will tell her that the ceremony is important. Of course, if she does not have the ceremony her waist will never cease paining her. The ewu-ukwu ceremony is an instant cure for waist pain to women who have completed their childbearing at the delivery of the tenth child.

The consensus among participants in the FGD involving female primary school teachers is that *ewu-ukwu* ceremony has persisted because it is part of the culture of the people, and that since culture does not go into extinction easily, the practice has continued for some people. Asked whether they would have ten children so as to receive the honour of *ewu-ukwu*, all of them declined. In the FGD of men whose wives had celebrated *ewu-ukwu*, it was unanimously held that the practice does not have any negative health consequences. The view is captured by the following submission by a participant:

Giving birth according to God's wish or completing birth does not cause any form of sickness or death. Rather, it is people who are unable to complete childbirth that fall sick more frequently because their blood is still in their bodies and after some time they experience fibroid, tumour and so on as a result of clothed blood from not having all the births God implanted in their wombs.

The idea of 'completing childbirth' is a common one, which implies that a woman who has not had 10 children is yet to complete her birth; God has put these ten potential children in her womb, and not having them causes pain and some sickness to the woman. The FGD conducted among women who belong to the *Eze-Chinyere* club threw more light:

A woman completed her birth when she has 10 or more children. It is a woman who has completed her childbearing that performs ewu-ukwu. It is not having the required number that causes sickness; once a

woman performs the ceremony all illnesses would disappear. It is real. It is only old age that causes sickness to us rather than having had 10 or more children. The God who put the children there in a woman's womb would not allow her to be sick in the process of having children, which in effect is obeying God.

However, these views seem popular only among those who have performed *ewu-ukwu* or those who are sympathetic to it, as the custom has waned drastically among the people.

(iii) On the decline of ewu-ukwu custom

Several reasons were adduced by the respondents for the declining status of *ewu-ukwu* among Mbaise people. Table 4 shows that the most important factor is Christianity (41.0%), which ranks above hardship or high cost of living that is associated with bearing many children (29.7%); and influence of western culture or modernization (19.1%).

Table 4: Percent distribution of respondents by perceived reasons for the dwindling popularity of *ewu-ukwu*

Reasons for decline in <i>ewu-ukwu</i>	Frequency	Percent
Hardship/high cost of living/bad economy	128	29.7
Western culture/modernization/education	81	19.1
Spread of Christianity	174	41.0
Large no of children no longer fashionable	27	6.4
It has not changed/same as in the past	6	1.4
Don't know	10	2.4
Total	424	100.0

Table 4 implies that in all, an overwhelming majority of the respondents (96.2%) agreed that the custom has dwindled in popularity, while only 3.8% of the sample either stated that the status of the custom has not changed or do not know. However, the Pastor of an Anglican Church disagrees with the view that the practice is waning. He argues that people are not discontinuing with the practice, but that the emphasis is now shifting to churches, where the ceremony is given different names. In other words, the name may have changed, but the practise of having a large family remains and has been incorporated into various Christian activities, such as motherhood celebration, thanksgiving and mothers' union programmes. Members of a female FGD group agreed that the people who break with the tradition are those who have witnessed the idolatry or fetish part of the ceremony, which they regard as contrary to the Christian belief. One participant described the fetish part of the practice:

A goat is killed, and after they take the blood and touch the woman's body saying some incantations like: may your body not pain you due to childbirth; may you not die out of childbearing; let childbirth not be difficult for you, etc. They thereafter touch the woman in certain parts of her body, especially the waist ... So ewu-ukwu is both a ceremony and a sacrifice.

The male FGD conducted among men whose wives have performed the ceremony derided people who do not want the custom to continue as those who did not "complete childbearing" and the 'Bible-carrying' Christians who are misinformed about the practice. The controversy is ongoing between the generation of people that partook fully in the custom and the present generation who have broken with tradition. What this portends is that *ewu-ukwu* will fizzle out when aged members of the community completely pass on without passing it onto their children. Apart from the fact that awareness about the inherent dangers of repeated childbearing amidst inadequate medical facilities are well known, the economic reality of contemporary Mbaise society is unarguably a disincentive for large family size. As such, *ewu-ukwu* which was functional for the past generations of the people is now embedded in wholesome dysfunctionality in the context of present day Mbaise, which has embraced Christianity, western education and culture as well as experienced hardship and high cost of living in caring for a large family size.

(iv) Effects of Ewu-ukwu

The dwindling importance of *ewu-ukwu* custom is better understood in the context of its identifiable effects on the health and social life of Mbaise people. Table 5 shows respondents' view on the effects of the custom. The most identified consequence of *ewu-ukwu* is its effects on catering for many children (66.6%) which has led to sending out some of these into slavery (Njoku 2003). In addition, about 55% of the respondents identified the links between the custom and impoverishment of families and households.

Table 5: Percentage of respondents by perceived effects of the *ewu-ukwu* custom

Effects of <i>Ewu-ukwu</i> custom	Percentage of respondents identifying each effect
High incidence of maternal death	36.6
High infant/child mortality	19.9
High maternal and infant death	34.3
Under-nourishment/malnutrition of children	28.6
Disability, ill-health of mothers	52.2
Negative effects of catering for many children	66.6
Renders families/households poor	55.1

On the health implications, Table 5 shows that disability and ill-health of mothers and high incidence of maternal mortality (52.2% and 36.6%) respectively were the most identified. Qualitative data also corroborate some of these identifiable consequences. For instance, FGD among female primary school teachers reached a consensus to the effect that repeated childbearing for up to 10 children has negative consequences for the woman, including body pains, especially around the waist, general illness and premature aging. A woman leader, who herself had 10 children but did not celebrate *ewu-ukwu* argued:

The people who are enlightened and knowledgeable don't go on giving birth to children than necessary, because usually there are complications. Once a woman gives birth to the first child, the second ... and the sixth, trouble starts coming. If you are wise, praying to God and in agreement with your husband, you ought to stop, so that you don't continue bearing children unnecessarily and possibly die in the process, losing all, including the perceived benefits.

A Reverend Father of the Roman Catholic Church in town expressed the same view more figuratively:

Biologically you know that when a woman gives birth to children, she loses some of her tissues. Also, giving birth frequently weakens the walls of the uterus and weakens the woman as well. Having babies causes wear and tear to the body. It is like when one uses a vehicle, there is wear and tear as you drive because there is regular friction – the same thing happens at childbirth.

The midwife in the community maternity was more scientific:

The health implications of ewu-ukwu ceremony are many. In the first place, a woman can die while giving birth, that is having what is called ante-partum haemorrhage, or bleeding before delivery, and may die from it if not properly handled. Again, getting pregnant too frequently can result in the prolapse of the uterus, that is, the collapse of the uterus, due to constant stresses and stretching of the ligaments, so that before the age of 50, the uterus might collapse. Some of the women experience eclampsia and other serious complications. When they are brought here most of them look quite bad, and only very careful handling saves their lives. As a result of these complications and high level of maternal and child deaths the practice of ewu-ukwu is not as popular as it was a few years ago.

These effects are necessary disincentives for the sustenance of *ewu-ukwu* custom among the Mbaise. As such, its dwindling status is a natural transition

necessitated by changing, socio-economic and cultural, times that favour small or moderate family size. Consequently, the symbolism attached to prolific childbearing and value for high fertility among the people has inevitably waned in significance.

Discussion and Conclusion

The *ewu-ukwu* custom among the Mbaise of Imo State ranks among the most crucial traditional ceremonies that have direct implications for fertility and maternal mortality rates in the society. This study revealed that the custom has started to decline into oblivion, yet it is necessary to understand the significance of the custom while it lasted, its processes and the factors that accounted for this decline. Such understanding would not only serve as a tool for appreciating the consequences of prolific and sustained childbearing among community members and other groups but also that cultural traits are not inviolable as is erroneously believed in some quarters. Isiugo-Abanihe (1994) has noted that while many Igbo traditions remain intact, there have been considerable social and structural changes with the spread of mass education, Christianity, urban growth, industrialization among others.

We contend here that although the Igbo society has been embedded in patriarchy, high levels of education, Christianity and changing social aspirations, among others are propelling the dwindling of absolute male-dominance hitherto conceived as sacrosanct. Such demystification also explains improvement in female education to the extent that access to schooling is currently not limited by gender in most families. In the days of *ewu-ukwu*, such limitation was deliberate and meant to encourage early marriage necessary for sustained childbearing without interruption until menopause. The strategy was to discourage late marriage to ensure that childbearing begun early.

Interestingly, women who themselves bore the direct burden of repeated childbearing supported the custom. Such support was sustained not only for the purposes of parity-ten club membership and the flamboyance that characterized the *ewu-ukwu* ceremony but more importantly due to high level of ignorance about maternal health issues. Our qualitative interaction with both female and male interview respondents revealed many medically fallacious reasons why the ceremony is important.

Even in the state of widespread ignorance, we contend here that the body belongs to the woman whose future fertility intentions should largely be dependent on her maternal life experiences rather than on some misguided myth. For instance, some of the IDI respondents stated among others that: giving birth is obeying God; people who do not give birth to many children develop fibroid and tumour as a result of blood clotting; women who did not have *ewu-ukwu* celebrated for their experience waist pain etc. While it lasted, the quest for participation in the custom among couples subsumed most other intentions even those that could ordinarily lead to family disunity. The tolerance level of couples was high in a bid to attain the symbolic feat exemplified

by *ewu-ukwu*. The immediate implication of the foregoing situation was low rate of both divorce and incidence of polygyny.

Ewu-ukwu made sense in a pronatalist culture experiencing high infant and child mortality. For such a society to replace itself, it needs some children who will survive long enough to be able to produce more children. In effect, *ewu-ukwu* and other social institutions were evolved to encourage childbearing and reward parenthood. Also, individual couples aim at having a large number of children to hedge against high mortality. Correspondingly, the realization by couples of declining infant and child mortality has enabled parents to achieve their preferred family size with fewer children. Perhaps, this explains why many respondents in the study suggested reducing the number of children qualifying a woman for *ewu-ukwu* to 6 or 8 children instead of 10. Mbaise families have begun to show preference for quality rather than quantity of children.

Notwithstanding the deducible merits of *ewu-ukwu*, its negative consequences are by far weightier. Beyond the fact that women who get involved in several pregnancies and childbearing tend to age faster, and could die of maternal related causes in a medically challenging society such as Nigeria, the social costs of having many children are enormous. The cumulative effects of these easily identifiable demerits perhaps explain the consistency with which the thematic custom is waning among Mbaise people.

References

- Agulanna, E.C. 1998. *The Mbaiseness of Mbaise*. Owerri: I.O. Publishers.
- Agulanna, E.C. 2004. "Demographic structure of Mbaise and the implications for economic and political growth". In E. Obasi and O. Anyanwu (eds.), *Ikoru Mbaise*. Lecture series (1):45-64.
- Arkutu, A. A. 1995. *Healthy Woman, Healthy Mothers: An Information Guide*. New York: Family Care International.
- Berg, C., I. Daniel, H. Atrash, S. Zane & L. Bartlett (eds.) 2001. *Strategies To Reduce Pregnancy-Related Deaths: From Identification and Review To Action*. Atlanta: Centers for Disease Control and Prevention.
- Erinosho, O. A. 1978. "Notes on concepts of Disease and Illness: The Case of the Yoruba in Nigeria". *Nigeria Journal of Economic and Social Studies*, 18(3).
- Ezeh, A.C. 1985. "Fertility levels among Mbaise Women". *B.Sc. Research Thesis*; School of Social Sciences, Imo State University, Okigwe.
- Federal Republic of Nigeria (FRN), *Official Gazette*, No. 24, vol. 94, Lagos. Federal Government Printer Lagos, 2007.
- Giddens, A. 2000. *Sociology, 3rd Edition*. U.K.: Polity Press.
- Haralambos and Holborn 2004. *Sociology: Themes and Perspectives, 6th Edition*. London: Collins.
- Isiugo-Abanihe, U. C. 1994. "The Socio-cultural context of high fertility among Igbo women". *International Sociology*, vol. 9(2):237-258.

- Isiugo-Abanihe, U. C. 2003. *Male Role and Responsibility in Fertility and Reproductive Health in Nigeria*. Lagos: Ababa Press.
- Isiugo-Abanihe, U.C. 2005. "Sociocultural aspects of HIV/AIDS infection in Nigeria". *African Journal of Medicine and Medical Sciences*. Vol.34. Supp.: 45-55.
- Moore, K. and J.F. Helzner, 1996. "What's Sex Got to go With it?: Challenges for Incorporating Sexuality into Family Planning Programs". New York: Population Council.
- National Population Commission (NPC) and ORC Macro. 2004. *Nigeria Demographic and Health Survey 2003*. Calverton, Maryland: National Population Commission and ORC Macro, Maryland, USA.
- Njoku, C.A.C. 2003. *History and Culture of Mbaise: From Earliest Times to AD. 2001*. Aba: CELAJU Publisher.
- Njoku, G. 1978. "Mbaise in precolonial and colonial Nigeria". In T.U. Nwala (ed), *Mbaise in Contemporary Nigeria*. New York: Gold and Maestro.
- Nwokocha, E.E. 2007. "Male-child syndrome and the agony of motherhood among the Igbo of Nigeria". *International Journal of Sociology of the Family*, 33(1):219-234.
- Obura, A. 1991. *Changing Images*. Nairobi: English Press.
- Oke, E.A. 1982. "Social Epidemiology". In O.A. Erinosho (ed.) *Nigerian Perspectives on Medical Sociology: Studies in Third World Societies*, (19): 43-57.
- Oke, E.A. 1996. "The Emergence of Medical Sociology". In E.A. Oke & B.E. Owumi (eds.) *Readings in Medical Sociology*. Ibadan: Resource Development and Management Services, pp. 1 – 14.
- Population Reference Bureau. 2000. *A Global Profile of Women's Reproductive Lives: Making Pregnancy and Childbirth Safer*. Washington D.C: PRB.
- Ritzer, G. 2008. *Sociological Theory, 7th Edition*. New York: McGraw-Hill.
- Sen, G., A. Germain. and L.C. Chen (eds.) 1994. *Population Policies Reconsidered: Health Empowerment and Rights*. Boston Massachusetts: Harvard University Press.
- Uhegbu, H.C.O. 1978. "The Land and population problem in Mbaise", in Nwala, T.U. (ed.), *Mbaise in Contemporary Nigeria*. New York: Gold and Maestro.
- UNICEF. 2000. *Safe Motherhood: Current Constraints and Challenges*. Sponsored Survey presented at the Health Sector Development Plan Review in Nigeria.
- United Nations (UN). 2000. *Health and Mortality: Selected Aspects*. World Population Monitoring, 1998. New York: United Nations.