FEMINIST ENCOUNTERS
A JOURNAL
OF CRITICAL STUDIES
IN CULTURE AND POLITICS

Feminist Encounters: A Journal of Critical Studies in Culture and Politics, 3(1-2), 16
ISSN: 2542-4920

lectito

The Role of Culture in Negotiating Reproductive Rights of Diaspora Heterosexual Nigerian Women

Ezinne L. Anizoba [1]*, Samantha Davis [1]

Published: September 10, 2019

ABSTRACT

This article analyses how female identity is shaped by patriarchies and manifests differently according to cultural norms. In the United Kingdom (UK), maternal mortality of non-natives is considerably higher than natives. Nigeria has one of the worst maternal indices in the world, hence the imperative to explore the relationship between Nigerian cultural values and reproductive decision-making including uptake of birth control services. This research involves in-depth interviews with five heterosexual women of Nigerian heritage living in the north of England in Leeds, UK. The data collected is analysed using Critical Feminist Theory and manifests a number of nuanced, complex relationships centring on power, culture and gender which together serve to sustain and institutionalise certain cultural practices that impact negatively on the reproductive rights of Nigerian women. This research shows that Nigeria by contrast, has a dynamic web of cultural norms where men have the power to make these decisions which would normally predominantly reside with females in the UK. Thus, despite acculturation to a more liberal and equal society through migration, women of Nigerian origin who are permanent residents in the UK still have to negotiate traditional patriarchal expectations which continue to dominate decision-making processes from choosing a life partner to raising a family. Widespread cultural acceptance of male superiority; male child preference and the custom of paying bride price remain persistent practices which continue to create a strictly gendered hierarchical social order which diminishes the reproductive rights of Nigerian women in the UK.

Keywords: gender and reproductive rights, feminist theory, culture, Nigerian women, birth control

INTRODUCTION

Central to Cultural Studies is the focus on constructions and contestations of various categories of identity, including sexuality, abilities and race (King, 2016). The definition of the term 'culture' is however, heavily debated (Bodley, 2011). While Stein and Rowe (2006) define culture as a learned and systematic behaviour passed down from one generation to the next, Kagawa-Singer and Chung (1994: 198) see culture 'as a tool which defines reality for its members', arguing further that people's perception of reality emerges through the process of socialisation which shapes beliefs, practices, norms, behaviours and values in a given society. The exploration of cultural factors in this article draws from the Kagawa-Singer and Chung's (1994) conceptualisation of culture because it effectively captures the inclusiveness and complexity of culture as a tool that crafts practices and influences decision-making. Historically, culture has always served as a tool which influences how ideas and practices gain hegemony and ultimately become normative (King, 2016). The concept of *culture* plays a significant role in influencing reproductive rights of Nigerian women living in Nigeria and more precisely in the decision making around birth control, where the outcomes of pregnancy shapes a woman's life trajectory (Iyanda and Nwankwo, 2018; Atchison et al., 2019). Some cultural factors achieve this through silencing of female voices, subordination of the female bodies and subjectivities to male ones, and outright devaluation of femininity (King, 2016).

In this article, feminist poststructuralism as both an epistemological and theoretical approach informs the exploration of cultural factors that impact on the reproductive rights of women of Nigerian heritage living in the UK. According to Weedon (1987:40-41), feminist poststructuralism is 'a mode of knowledge production which uses poststructuralist theories of language, subjectivity, social processes and institutions to understand existing power relations and to identify areas and strategies for change'. Feminist poststructuralism offers a dynamic and

[1] *Leeds Beckett University*, UK
***Corresponding Author:** anizobaezinne@gmail.com

nuanced understanding of experiences whilst according attention to both meaning and subjectivities (Boonzaier, 2008).

Currently, Nigeria's Total Fertility Rate (TFR) is approximately 5.5 children per woman (World Bank, 2017). This is presumed to be due to cultural beliefs by Nigerians that having many children is economically advantageous and that a woman's principal role in the family is that of a child-bearer (Sanni, 2016). This pro-natalist belief in Nigerian culture means that a decline in fertility will not solely depend on promotion of birth control measures; it will depend on adjusting relevant incentive structures to make smaller families advantageous (Ogunjuyigbe et al., 2010). In the UK, the combined factors of the high cost of child support, more female participation in the workforce and more recently child benefit capped to the first two children, all seem to work synergistically to shape the norm around the number of children in families to the UK average TFR being 1.8 (Bradshaw et al., 2006; Sefton, 2019). At the same time, Ogunjuyigbe et al. (2005) have argued that although Nigerian women appear not to be using contraceptives - which might suggest they want to have more children, the demand for abortions is rising, indicating an alternative unmet need for birth control. Spousal opposition is identified as a major barrier to the uptake of birth control practices by women in Nigeria (Babalola et al., 2012).

Although many feminist scholars have often questioned the permanence of normative roles reflected in only married, and heterosexual family structures, rather than more inclusive family structures (like same-sex couples) (Allen and Jaramillo-Sierra, 2015), such complex family structures is beyond the scope of this study. A majority of Nigerian women take no part in decisions regarding their fertility and reproductive health, leaving key decisions to their male partners (Okwor and Olaseha, 2010; Austin, 2015; Babalola et al., 2015). Hence, relational dynamics in families negate a woman's reproductive autonomy and this further reiterates that gender is a relational process that is both socially and culturally constructed (Wills and Risman, 2006). In addition, Akindele and Adebimpe (2016) state that this unequal power relationship is due to women being seen as morally and sexually weak; justifying the practice that their body and sexuality are subjected to the control of their husbands. A major consequence of this is that it leads to 'benevolent sexism' - a belief that women are weak and need to be helped, which is disempowering and problematic because women should have the right as citizens to take control of their own health (WHO, 1986; Cislaghi, 2018). In fact, Dewar (2006) is of the opinion that the radical ideas of sexual freedom, rights and women's empowerment associated with birth control movements of the 19th century was downplayed under colonialism to gain acceptance in conservative countries like Nigeria. In these countries, birth control was reframed as 'family planning', a term which promotes the social and health benefits of birth control such as the alleviation of poverty and reduction in maternal mortality without threatening male superiority and dominance (Gupta, 2000). Moreover, the implementation of a rights and sexual freedom framework of birth control in Nigeria is problematic because of disparities between global and local narratives concerning the female body (Izugbara and Undie, 2008; Tamale, 2008). For example, most parts of Nigeria give rights over a woman's body and sexuality to her husband through bride price payments and marriage (Ogunjuyigbe et al., 2005). Thus, globally sanctioned rights may have no bearing for these women.

Religion also plays a central role in influencing the cultural acceptability (or unacceptability) of the uptake of birth control or family planning services in Nigeria (Izugbara et al., 2010; Izugbara and Ezeh, 2010; Obasohan, 2015). In addition, religion shapes ideology and provides people with teachings that legitimise morality, social norms and cultural values (Pinter et al., 2016). Historically, first wave feminism strongly criticised institutionalised religion for promoting the submission of women both on symbolic and practical terms (Woodhead, 2001). Paradoxically, the movement for women's rights owes some of its origin to Christian denominations such as *Catholique société des féministes chrétiens* and the Protestant's *Mouvement jeunes femmes* (Forcades, 2015). Therefore, the relationship between women's reproductive rights, feminism and religion could be said to be complex and ambivalent (Giorgi, 2016). Furthermore, with the advent of the second wave of feminism, many left Christianity and joined other forms of religiosity which either subverted the hierarchy between genders or thrived on theories based on primal matriarchy (Woodhead, 2001). This led Giorgi (2016: 58) to assert that the relationship between religion and women's rights including reproductive rights is best understood as 'a historical contingency than an irreconcilable difference'.

However, according to Schenker (2000) and Bakibinga et al. (2016), monotheist religions like Roman Catholicism and conservative Protestantism prohibit all forms of modern means of contraception, citing procreation as the principal reason for marriage. Interestingly, both denominations support traditional means of birth regulation, for example the rhythm method and periodic abstinence within marriages (Orji and Onwudiegwu, 2002; Ujuju et al., 2011). Among other Protestants, birth control is seen as a means of exercising responsible parenthood; hence, all forms of birth control are allowed only within marriage (LoPresti, 2005). For Muslims, despite Poston (2005) maintaining that Islam abhors all forms of birth control on the basis that it violates God's law of procreation, a study by Audu et al. (2008) found that most Nigerian Muslim women were more accepting of their husbands using contraceptives than using them themselves. Arguably, some religious principles place

supremacy on males and reject that women own the right to their bodies and fertility (Iyer, 2002; Pinter et al., 2016).

Beyond religion, traditional beliefs that support lineage continuity place a high premium on fertility as most women are compelled to continue reproducing until a male child who, according to the patriarchal Nigerian system, is believed to exclusively ensure the continuity of a family's lineage (Ibisomi and Mudege, 2014). A male child is described as the link that ensures the continuation of the family (Obiyo, 2016). Childlessness (whether voluntary or involuntary) thus becomes socially unacceptable and leads to women's deprivation, violence, isolation and abandonment (Waziri-Erameh and Omoti, 2006; Ibisomi and Mudege, 2014).

Additionally, postcolonial approaches argue that discourses used to rationalise and advocate birth control especially in African populations are shaped by racist philosophies, in addition to political and economic interests (Gupta, 2000). For instance, the Malthusian-inspired assumptions of population growth present a racialised discourse that constructs African women as hyper-fecund who lack the moral and financial progeny to raise children and are concomitantly to blame for their poverty and underdevelopment (Malthus, 1976). This assumption suggests birth control is a 'cure' for Africa's economic misery (Jones, 2013). For some, teachings on birth control targeting Africans and blacks generally are viewed as a form of Western colonisation and ethnocentrism – tendencies which see western ideals as the standard and the imperative to judge others by those standards (Ferguson and Brown, 1991). For others, it is considered an invasion of Africans' historical sensitivity to life and families (Ekeocha, 2018).

METHODOLOGY

In our project, we wanted to ask two primary questions:

1. Are there specific cultural norms, expectations, practices and beliefs that influence the reproductive rights of UK-based Nigerian women?
2. How does religion interact with culture to affect reproductive decision-making of Nigerian heritage women living in the UK?

The research employed a single phase, cross-sectional, qualitative study design using face-to-face semi-structured interviews of UK-based Nigerian women. The qualitative design allows exploration of people's emic perspectives which can accommodate diverse interpretations. The semi-structured interview approach offers a logical guide for in-depth discussions required to address research questions (Longhurst, 2003). The study population was defined as 18-35 years old women of Nigerian heritage who had lived in the UK for at least five years. The 18-35 age range depicts maturity and high fertility, potentially prompting women to consider marriage, motherhood and birth control services (Dunson et al., 2004). The length of time participants were resident in the UK was expected to be related to any influence a new socio-cultural context might have on their perceptions of reproductive rights and change in their behaviours such as with the uptake of contraceptives. Leeds was chosen for easy access to women of Nigerian heritage because the city has one of the most culturally and ethnically diverse populations in the UK (World Population Review, 2019). For sampling and recruitment, participants were selected from the Nigerian community in Leeds. The recruitment process adopted a snowball pattern (Browne, 2005) which was repeated by each interviewed person until five women were interviewed. All participants spoke in English.[1]

The women who volunteered to participate in this research were categorised as lower-middle and middle-middle class. Psuedonyms were used to show ethical compliance.

Ozioma is a 29 year old Engineer who has been living in Leeds, UK for six years. She has a Masters degree from the UK and works in an engineering firm at the city centre. At the time of this study, she had been married for five months and had no children.

Ola is a 33 year old married woman with a Criminology degree from a university in Leeds. She works as a lawyer and has two children.

Yinka aged 34, was a nurse in Nigeria before migrating to the UK twelve years ago. She presently holds a Masters degree from a UK university and works as a Nurse with the British National Health Service (NHS). She is married with two children.

Koko works as an interior decorator and holds a BSc degree in Environmental health. She is 28 years old and has been living in Leeds for seven years.

Adesuwa is 30 years old, married with a child and has been living in Leeds for eight years. She works as a pharmacist in Wakefield, West Yorkshire.

[1] This study received ethics approval from Leeds Beckett Ethics Committee. Informed consent was obtained from all potential study participants prior to data collection. Participants were informed of their rights to withdraw from the research within the withdrawal window (from the beginning of the interview and elapses after data analysis). Confidentiality was enhanced by ascribing pseudonyms to participants to maintain their anonymity (Moore, 2012).

All participants were interviewed independently. We engaged them in an informal conversation which was aimed at building rapport (Morrow, 2005). This was to put them at ease and to build trust, which improves the credibility of the study's findings (ibid). Being an "insider", in that one of the researchers was born and raised in Nigeria and further as a woman, it was hoped that she was perceived as being more able to understand and empathise with experiences of Nigerian women in a socio-cultural setting that largely subjugates them. For the researcher, Anizoba, it was occasionally difficult to separate intellectual from emotional considerations, because of the effect of identification that occurred between researcher and participant.

In our critical framework, two methods of theoretical analyses were used: critical feminist approach as described by Dominelli (2002) and thematic analysis (Braun and Clarke, 2006). These methods of analyses were also influenced by Smith's (1987) Feminist Standpoint Theory. Such perspectives offer an alternative way of viewing the world, away from the androcentric nature of research which distorts women's experiences to one which generates knowledge rooted in women's lived experiences (Punch, 2014). Horizonalising (locating significant statements) of data was done according to the three frameworks of Critical Feminism: binary thinking, unpacking universalist standards and gendered power relations (Dominelli, 2002). Critical feminism offers an analytical framework that aims to identify and challenge the pathologising discourses of women's oppression (Alcázar-Campos, 2013). These frameworks of critical feminism offer a lens for identifying the nature of the inequalities towards women and their impact on reproductive decision-making of the study's participants. The findings from this study are organised into four categories: (a) construction of voluntary childlessness as 'deviancy' (b) unpacking universalist standards: a case of religion (c) binary thinking (d) gendered power relations: an issue of women's rights, which we will now summarise.

CONSTRUCTION OF VOLUNTARY CHILDLESSNESS AS 'DEVIANCY'

A commonly reported perspective among participants related to the normalcy in ascribing women the principal role of child-bearers. Participants' understanding of contraception and various means of contraception available to women did not recognise the desire of a woman to actively choose to be childless. Ola said:

> "Family planning is taking precautions when building a family and trying to space your babies. It is basically planning your family and how you want to raise your kids."

This reflects an understanding of contraception as providing an opportunity to control the number of births throughout a woman's reproductive life. Although Yinka had a more radical view of family planning as one of the ways women can take control of their lives and be more productive in the society, she conveyed similar sentiments of contraception being conceptualised along the lines of controlling childbirth. According to her:

> "…as far as I understand, it is spacing your children in such a way that you can afford to look after them and give them a good life. It also means that you will have a good life yourself and function better as a woman…"

From both perspectives, having children remains an important aspect of women's lives and adds to the multidimensional nature of women's status within households and their communities. For these women, marriage and procreation are inseparable and the idea of not having children at all was not countenanced. When probed further on the function of sexuality especially in marriage as primarily geared towards procreation and begetting a progeny, Ozioma said:

> "…I find it strange that a woman should not get married and have children of her own or at least aspire to have children. Having children is what makes me a real woman. That is how things should be. The number of children and spacing can be different for everybody but unless you are a nun, I see no reason why a woman should not have children."

UNPACKING UNIVERSALIST STANDARDS: A CASE OF RELIGION

Participants identified religion - especially Islam - as an ideological structure that espouses universalist standards or principles which function to constrain the reproductive rights of women of Nigerian heritage, and consequently undervalue their roles in society. Although the participants did not have any personal religious convictions, they commented on the experiences of other women. According to Yinka:

> "…I know of some Nigerian Muslim women in the UK who don't use any form of contraception because of their belief that it is God who gives children. They are being taught in their places of worship

> that they are beneath a man whose role is to direct and lead, while they follow. To them, taking up any form of contraception is akin to interfering with God's work and unfortunately, they bear the consequences of this type of teaching."

On the other hand, some participants believed that Nigerian women in the UK are not influenced by these laws as they would be in Nigeria because of a more liberal UK culture including women having access to contraceptives. They posit that the high cost of child maintenance in the UK and the expectation of female participation in the workforce discouraged having large numbers of children. For example, Adesuwa stated:

> "Some say that Islamic beliefs permit Nigerian women to have many children, but I think this is an archaic way of thinking because here (UK), women from Nigeria who are Muslims do not want to have many children because of the high cost of child care. Don't forget that these women work and have their careers ahead of them. Religion may have influenced their reproductive choices in Nigeria, but not here (UK)."

BINARY THINKING

Binary thinking views gender as opposites rather than as an identity which is fluid and can be understood as a continuum of behaviours and attitudes (Christensen and Wright, 2018). This study reveals the impact of binary thinking in participants' constructing socially and culturally acceptable roles for men and women, with such constructions influencing their reproductive choices. The perception of male children as culturally more preferred to females to ensure continuity of lineage is largely accepted. Their reluctance to see female children as people with the necessary will and attitude to carry on a family's name reveals binary thinking about what constitutes 'masculinity' and 'femininity'. Ola explained:

> "Nigerians have a culture which places the responsibility on male children to ensure lineage continuity. Men retain their fathers' name and pass it onto their children. This is something a woman cannot do. So, for us, this is a culture that cannot die in Nigerian families living in both UK and Nigeria…there has to be a man in a family to make it a complete unit. That is what a typical African man wants. Women do not have much say on this."

Additionally, our findings show that relatives influence the reproductive choices that couples make. Relatives, especially mothers-in-law, can put pressure on their sons to have more male children. This can have a major implication on a woman's mental health, leading to psychological and psychosomatic effects including distress, anxiety and depression (Van Balen and Bos, 2009). Preference for male children is aggressive, in that most women are compelled to have more children than they initially planned to save their relationships: For instance, Yinka said:

> "…. we are not immune to interferences from our mothers-in-law here. Whenever they visit, they clearly prefer their male grandchildren and for those families with no male child, it is a nightmare for them. To be honest, if I did not already have a male child, I will try harder to have one at least. This does not imply that I dislike my female children, I just want to be happy and save my marriage from issues."

Some of the participants offered more nuanced or ambivalent views on male child preference. Although their thinking sometimes moved beyond binary opposites of gender, the strong preference for male children remained fundamental. Koko put it in this way:

> "…I could have many girls and there may be one with masculine traits. She is as good as having a male child. Girls are beginning to carry on the family name in some cases. But for a traditional Nigerian family, this is not welcome. Our culture is quite strong and the need to have a male child is something that may never go away."

GENDERED POWER RELATIONS: AN ISSUE OF WOMEN'S RIGHTS

Our research highlights the gendered nature of social relations in decision-making regarding women's reproductive choices. Women of Nigerian heritage in the UK do not have full control over their bodies and come second place in issues concerning their fertility. Yinka elaborated:

> "…. I suppose wherever you are, men will always be men and they will control a lot of things. But I think what the UK involves is that you also have women who work and contribute to the family unlike back home where the man is mostly the sole breadwinner. Therefore, these men are not as powerful here as they would be in Nigeria. We do not make exclusive decisions on reproduction and family planning, but we have an opinion and contribute. A lot of men don't like that we even have a say."

In addition, some participants cited the bride price custom - a cultural requirement that gives a Nigerian man the exclusive rights over a woman's body, as one obstacle to achieving women's autonomy. Some participants alluded to the patriarchal overtones of bride price payment but see themselves helpless. Ozioma said:

> "…I share same views as people who say that a woman should be able to fully make decisions about her body but for us, our husbands own our bodies because he paid a bride price. It may seem patriarchal, but this is our culture. We are not like the white folks. It is our identity and way of life as a people. Wives are under husbands so they should respect and submit to them."

Here, bride price indicates that a woman is owned by a man, which reduces her only to household decision-making roles. The Nigerian custom of bride price tends to limit a woman's independence and perpetuates an unequal gender power relation, especially regarding reproductive health-seeking choices of women.

THE ROLE OF CULTURE IN NEGOTIATING REPRODUCTIVE RIGHTS

Within discourses of feminine identity and reproduction, the gendered expectations of women to bear children are pervasive (Makama, 2013). The perspectives of participants in this study further reinforce this. This finding is consistent with other studies amongst Nigerian women that report childlessness to be met with disapproval and incredulity (Olu, 1999; Ibisomi and Mudege, 2014). Meyers (2001) has noted that these perspectives negatively position both voluntary and involuntary childless women in the society. The desire of a woman to be childless is perceived as challenging the 'normal' trajectory where traditional visions of reproductive heterosexuality are normative steps in adult life (Elder, 2008; Giddens and Sutton, 2009).

Gillespie (2001) reported that white British women who are voluntarily childless are also considered selfish, unnatural, deviant, maladjusted and immature. However, Berrington (2017) observes that there are an increasing number of UK women who are making the choice to be childless, a trend which is very rare in Nigeria regardless of marital status. In a qualitative study with UK childless women, participants prioritised their careers over motherhood and deliberately remained childless (Hakim, 2000). Even so, it is projected that 22% of women in the UK who reach the age of 40 will be childless by 2020. By contrast, in Nigeria, high levels of resentment for childlessness and very low uptake of more permanent means of birth control linger (Abiodun et al., 2012).

In our study, participants still conformed to childbearing as an ultimate signifier of their feminine identity despite living in a more progressive, liberal and secular environment in the UK. Our research reveals the hegemonic gendered obligations to which only women are forced to conform. Such obligations label women who decide to be childless, or rather child-free as 'deviating from the norm', consequently marginalising them, making them prone to misogynistic expectations, stigma and social isolation (Mogobe, 2005; Hollos and Larsen, 2008; Ibisomi and Mudege, 2014). Social definitions of womanhood in relation to childbearing alienates those women who do not wish to associate their femininity with a desire to birth children.

For many Nigerian women, religion guides their way of life and serve as a means for meeting practical, psychological and spiritual needs (Para-Mallam, 2006). Many scholars have argued that religion, directly and indirectly, espouses a negative force for gender equality and serves to sustain female oppression (Rossano, 2008; Rwafa, 2016; Risman et al., 2018). Our research found that participants believe that Islamic laws do not promote equality among men and women and view any attempts to regulate reproduction as interfering with God's work. Similar negative influences of Islamic laws on reproductive rights of Nigerian women were reported in a study by Para-Mallam (2006), where participants contended that Islam gives husbands exclusive rights to determine family size. This consequently renders their wives' bodies as sites of male domination. In addition, Schmidt et al. (2012) found that religion opposed the uptake of modern family planning services among the black African Community in the UK. This group shares similar characteristics with this study's participants because they were all migrants who were born outside of the UK. However, a comparative study of British Muslim attitudes to contraceptives from women who were born here may disaggregate these assumptions as most British middle class Muslim women do practice restrictive birth control.

Bakibinga et al. (2016) have argued that religion has no impact on the reproductive rights of women. He argues that through the process of secularisation (Shiner, 1967), many communities have become integrated beyond religious boundaries which allow other socio-economic determinants besides religion to impede the uptake of birth control services. Secularisation in the West proposes that as a society advances in modernity and scientific

developments, spiritual ideas on which religion relies on for its legitimacy become undermined and in extreme cases are forced into obscurity (Shiner, 1967). This assertion is inconsistent with findings on migrant women, where religious beliefs continue to be strong (Munt, 2012). The effects of secularisation cannot be assumed to be the same across all demographics (Norris and Inglehart, 2011; Peri-Rotem, 2016). The impact of religion in shaping norms and values may be diminishing in some countries but is unchanged or even amplified in others (Greeley, 2017), especially in relation to the process of migration where religion provides a link to cultures of home and also a bridge or bond between women refugees and migrants (Munt, 2012).

Feminists have strongly objected to the use of religion as a tool to sustain the domination of males over women (Mojab, 2001). Forman-Rabinovici and Sommer (2018) state that one of the ways religion may reinforce gender inequality within the context of reproductive rights and as reported by participants in this study is through its laws, principles and customs. Since religion is often central to native Nigerian women's identity, they are profoundly affected by it (Ugwu and de Kok, 2015).

We have shown how the preference for a male child is culturally influenced and is born out of dualist/binary thinking (Dominelli, 2002). Fundamental to this type of thinking is that only one gender is privileged and required to carry out specific roles (Schiwy, 2007). Nigerian cultures frame male and female children as having different identities and capabilities, making male superiority over females clear to both boys and girls early on in life (Raji et al., 2016). Participants from this study, despite living in the UK, espoused a home culture that ascribes the role of lineage continuity to only males. This is similar with findings in a study by Igbolo and Ejue (2016) which reports that negative attitudes towards girls was influenced by desires for male children to continue lines of descent. This preference acts as a mechanism that sustains the patriarchal status quo within migrant communities (Izugbara, 2004).

Placing such a high premium upon sons reveals the hegemonic practice with which Nigerian women are forced to conform to, or are complicit in (Nnadi, 2013). Male children are perceived as symbols of strength and longevity as they grow to become 'men' (Nwokocha, 2007). This puts pressure on women to deliver sons which more generally has implications for female reproductive rights and maternal health and forcefully positions women where they perpetuate the lower status of girls (Raji et al., 2016). As Dustin (2016) argues, such productions of dominant masculinity need to problematised which should allow for accountability and contestation. Culture plays a huge role in shaping health decision-making and behaviour (Warwick-Booth et al., 2012), and in the case of migration, there are significant factors why 'home' culture, or cultural practices from the country of origin, become held onto even when arguably they are detrimental to the woman's current experience.

According to Mosha and Kakoko (2013), until gender roles that shape spousal communication and reproductive decision making are changed, full reproductive rights for Nigerian women will not be achieved. The decision-making process about the uptake of birth control services among participants remained heavily influenced by Nigeria's patriarchal system. This system privileges the male voice, considering men alone to be the Head of the Household, as well as owners of women's bodies due to the bride price system (Makama, 2013). However, many authors have shown the bride price payment in a different light. They argue that the payment does not necessarily imply the loss of a woman's autonomy, rather it authenticates marriages and symbolises the beginning of a new relationship between both families (Asen, 2017; Princewill et al., 2018). In the south-eastern part of Nigeria, bride price is heavily commercialised and any man marrying from this region is seen as a real man -because the high bride price would have substantially depleted his financial resources (Adefi, 2009). To reciprocate, the woman is obligated to bear as many children as possible and refusal can end the marriage (Oluwakemi, 2017). This limited control by women over their fertility means that despite the global second-wave feminist movement that heralded birth control as a woman's human right - and which significantly altered women's sexuality - Nigerian women remain largely defined within the confines of a religious and patriarchal culture which mandates submission to men. The western liberal, secular rights of women may not have very significant bearing for native-born Nigerian women despite living in more progressive countries like the UK, and this is despite a growth of feminism and feminist scholarship which comes out of Nigerian experience.[2]

Many African women living outside their place of nativity are more inclined to protect their cultural practices even if these are sexist and oppressive to them (Mansbridge and Tate, 1992). For example, a study by Femi-Ajao (2016) revealed that women of Nigerian heritage living in the UK barely disclose intimate partner violence to authorities because they hold onto the Nigerian cultural norm which encourages women to endure abuse from their husbands as reporting such incidents is perceived as an act of disloyalty. The women in our study are not oblivious to the marginalisation of women within marriage but seem to have accepted such. Smith's (1987) idea of

[2] See for example Simidele Dosekun's forthcoming *Fashioning Postfeminism: Spectacular Femininity and Transnational Culture in Nigeria* Also available as a PhD thesis at: https://ethos.bl.uk/OrderDetails.do?uin=uk.bl.ethos.680161; Jacob Crystal's *Supernatural Bodies: The intersection of Nigerian Feminism and Body Autonomy* Available as a Masters thesis at: https://search.proquest.com/openview/814dd142892d7fb2f7e59c54b710ebd9/1?pq-origsite=gscholar&cbl=18750&diss=y and Adebukunola Babalola's Overlooking Misogyny: A Critical Examination of Fela Anikulapokuti's Music, Lifestyle and Legacy Available at: https://tamucc-ir.tdl.org/handle/1969.6/31358

bifurcation of consciousness offers a useful lens to view how subjugation and a dominant consciousness are fostered, nurtured and ultimately inhabited by these participants. Bifurcation of consciousness starts from the premise that two modes of consciousness exist within a woman: the world as she would want to experience it and the reality she must adapt to (Harding, 2004). The adapted consciousness conditions women to construct their realities from the perspective of a dominant and 'powerful' group (men) and this perspective is deeply ingrained and practised in most institutions of the world including families and marriages (Phillips, 2014). Thus, the routine and taken-for-granted everyday situations in which women experience themselves include reproductive health decision making which becomes deeply embedded in issues of dominance, power and subjugation from dominant masculinity (Uddin, 2014).

This has significant implications vis-à-vis this ethnic group because health promotion is committed to fighting social injustice and addressing structural inequalities that hinder people from attaining their full possible health (Naidoo and Wills, 2016). Health promotion has the potential to address the existential concerns that negatively shape the lives of Nigerian women because at its core it operates from the belief that all humans have the capacity and agency to acquire really useful knowledge and act on it. Health promotion emphasises the need for empowerment education, a type of learning that fosters critical consciousness (*conscientization*) (Friere, 1972) which will hopefully lead to a better understanding and challenge to the oppressive practices that impact negatively on women's health. Empowerment here is used in the context of community/group empowerment, rather than individual empowerment because from a feminist perspective; there is a sense of belonging to a group that arises from women's everyday experiences with gender oppression (Simien, 2004), and also because migrant women do usually make strong connections to the local ethnic communities of which they are part. Moreover, it is the shared experiences with systems of domination and structures of oppression that drive groups and supporters into political activism to bring about radical social changes (Wilcox, 1990). Through consciousness-raising, women can begin to deconstruct dominant ideologies of gender superiority and find the collective action as a necessary form of resistance (Simien, 2004; Cannon, 2016). Although this study only involves a very small sample, its findings do suggest that much work is still to be done in empowering middle class, heterosexual Nigerian-born mothers living in the UK. More research on how these women can and do resist patriarchal expectations would constitute the next step in this project.

CONCLUSION

This study highlights the interplay of various social, religious and cultural factors such as gender obligations, marriage, dowry payment, lineage continuity and the social standing of women (childless or not) that constrain the reproductive rights of women of Nigerian heritage living in the UK. Collins and Bilge (2016) note the ways in which these factors interact intersectionally - and posit that they must be dealt with together as they interrelate to reveal multiple layers of subjugation for such women. Activists and health promoters who champion the cause of birth control need to take better account of the specific cultural discourses of migrant women, taking into account variations in regional and national identity. It is incumbent on health educators to reach out to such communities and develop careful dialogue with them, especially around axes of cultural difference.

REFERENCES

Abiodun, O. M., Esuga, S. A., Balogun, O. R., Fawole, A. A. and Jimoh, A. G. (2012). Trends in the use of female sterilisation through minilaparotomy for contraception at a teaching hospital in north central Nigeria. *West African journal of medicine*, *31*(1), 34-38.

Adefi, O. M. (2009). Cultural practices and traditional beliefs as impediments to the enjoyment of women's rights in Nigeria. *Journal of Contemporary Legal Issues, 1*(1), 117-131.

Akindele, R. A. and Adebimpe, W. O. (2016). Encouraging male involvement in sexual and reproductive health: family planning service providers' perspectives. *International Journal of Reproduction, Contraception, Obstetrics and Gynaecology, 2*(2), 119-123. https://doi.org/10.5455/2320-1770.ijrcog20130602

Alcázar-Campos, A. (2013). Social work with female victims of gender violence: Analysis of an experience in Southern Spain from a feminist perspective. *Affilia*, *28*(4), 366-378. https://doi.org/10.1177/0886109913504722

Allen, K. R. and Jaramillo-Sierra, A. L. (2015). Feminist theory and research on family relationships: Pluralism and complexity. *Sex Roles*, *73*(3-4), 93-99. https://doi.org/10.1007/s11199-015-0527-4

Asen, R. (2017). A Feminist Analysis of the Themes of Bride Price Practice in Sutherland's Marriage of Anasewa and Sofola's Wedlock of The Gods. *International Journal of Art and Art History*, *5*(1), 32-44. https://doi.org/10.15640/ijaah.v5n1a4

Atchison, C. J., Cresswell, J. A., Kapiga, S., Nsanya, M. K., Crawford, E. E., Mussa, M. and Doyle, A. M. (2019). Sexuality, fertility and family planning characteristics of married women aged 15 to 19 years in Ethiopia, Nigeria and Tanzania: a comparative analysis of cross-sectional data. *Reproductive health*, *16*(1), 1-14. https://doi.org/10.1186/s12978-019-0666-0

Audu, B. M., El-Nafaty, A. U., Bako, B. G., Melah, G. S., Mairiga, A. G. and Kullima, A. A. (2008). Attitude of Nigerian women to contraceptive use by men. *Journal of Obstetrics and Gynaecology*, *28*(6), 621-625. https://doi.org/10.1080/01443610802283530

Austin, A. (2015). Unmet contraceptive need among married Nigerian women: an examination of trends and drivers. *Contraception*, *91*(1), 31-38. https://doi.org/10.1016/j.contraception.2014.10.002

Babalola, A. O. (2018). *Overlooking Misogyny: A Critical Examination of Fela Anikulapokuti's Music, Lifestyle and Legacy*. Texas A and M, University, ProQuest Dissertations Publishing.

Babalola, D. A., Babalola, Y. T. and Oladimeji, A. A. (2012). Assessing the use of family planning information among farming households in Nigeria: Evidence from Ogun State. *Asian Journal of Rural Development*, *2*(2), 40-46. https://doi.org/10.3923/ajrd.2012.40.46

Babalola, S., Kusemiju, B., Calhoun, L., Corroon, M. and Ajao, B. (2015). Factors associated with contraceptive ideation among urban men in Nigeria. *International Journal of Gynaecology and Obstetrics*, *130*, 42-46. https://doi.org/10.1016/j.ijgo.2015.05.006

Bakibinga, P., Mutombo, N., Mukiira, C., Kamande, E., Ezeh, A. and Muga, R. (2016). The influence of religion and ethnicity on family planning approval: a case for women in rural Western Kenya. *Journal of religion and health*, *55*(1), 192-205. https://doi.org/10.1007/s10943-015-0030-9

Berrington, A. (2017). Childlessness in the UK, In M. Kreyenfeld and D. Konietzka (eds), *Childlessness in Europe: Contexts, Causes, and Consequences. Demographic Research Monographs (A series of the Max Planck Institute for Demographic Research)*. Springer, Cham. https://doi.org/10.1007/978-3-319-44667-7_3

Bodley, J. H. (2011). *Cultural anthropology: Tribes, states, and the global system*. 5th ed, New York: Rowman and Littlefield.

Boonzaier, F. (2008). If the man says you must sit, then you must sit': The relational construction of woman abuse: Gender, subjectivity and violence. *Feminism & Psychology*, *18*(2), 183-206. https://doi.org/10.1177/0959353507088266

Bradshaw, J., Finch, N., Mayhew, E., Ritakallio, V. and Skinner, C. (2006). *Child poverty in large families*.

Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Browne, K. (2005). Snowball sampling: using social networks to research non-heterosexual women. *International journal of social research methodology*, *8*(1), 47-60. https://doi.org/10.1080/1364557032000081663

Cannon, J. A. (2016). *Bifurcated Consciousness*. The Wiley Blackwell Encyclopaedia of Gender and Sexuality. https://doi.org/10.1002/9781118663219.wbegss696

Christensen, M. C. and Wright, R. L. (2018). "I didn't raise ad#@ k!" how parents perceive and address gendered bullying with children. *Journal of Human Behaviour in the Social Environment,* 509-507. https://doi.org/10.1080/10911359.2018.1430648

Cislaghi, B. (2018). The story of the "now-women": changing gender norms in rural West Africa. *Development in practice*, *28*(2), 257-268. https://doi.org/10.1080/09614524.2018.1420139

Collins, P. H. and Bilge, S. (2016). *Intersectionality*. Cambridge: Polity.

Cottrell, R. R. and McKenzie, J. F. (2010). *Health promotion and education research methods: Using the five-chapter thesis/dissertation model*. Burlington: Jones and Bartlett.

Crystal, J. A. (2019). *Supernatural Bodies: The intersection of Nigerian Feminism and Body Autonomy*. University of Central Oklahoma, ProQuest Dissertations Publishing.

Dewar, F. S. (2006). *Empowering women? Family planning and development in post-colonial Fiji*. New Zealand: University of Canterbury.

Dominelli, L. (2002). *Feminist social work theory and practice*. Basingstoke: Palgrave. https://doi.org/10.1007/978-0-230-62820-5

Dosekun, S. O. (2020 forthcoming) *Fashioning Postfeminism: Spectacular Femininity and Transnational Culture in Nigeria*. University of Illinois Press.

Dunson, D. B., Baird, D. D. and Colombo, B. (2004). Increased infertility with age in men and women. *Obstetrics and Gynaecology*, *103*(1), 51-56. https://doi.org/10.1097/01.AOG.0000100153.24061.45

Dustin, M. (2016). Culture or masculinity? Understanding gender-based violence in the UK. *Journal of Poverty and Social Justice*, *24*(1), 51-62. https://doi.org/10.1332/175982716X14525979706964

Ekeocha, O. (2018). *Target Africa: Ideological Neocolonialism of the Twenty-first Century*. San Francisco: Ignatius Press.

Elder, G. H. (2008). The Life Course of developmental Theory. *Child Development, 69*(1), 1-12. https://doi.org/10.2307/1132065

Femi-Ajao, O. I. (2016). *Factors influencing disclosure and help-seeking practices of Nigerian women resident in England with lived experience of domestic violence and abuse* (Doctoral dissertation, University of Manchester).

Ferguson, B. and Browne, E. (Eds.) (1991). *Health care and immigrants: A guide for the helping professions*. Sydney: McLennan and Petty.

Forcades, T. (2015). *La teologia femminista nella storia. Il ruolo delle donne e il diritto all'autodeterminazione femminile*. Roma: Nutrimenti.

Forman-Rabinovici, A. and Sommer, U. (2018). An impediment to gender Equality? Religion's influence on development and reproductive policy. *World Development*, *105*, 48-58. https://doi.org/10.1016/j.worlddev.2017.12.024

Friere, P. (1972). *Pedagogy of the oppressed*. London: Penguin.

Giddens, A. and Sutton, P. (2009). *Sociology*. 6th ed. Cambridge: Polity.

Gillespie, R. (2001). Contextualizing voluntary childlessness within a postmodern model of reproduction: Implications for health and social needs. *Critical Social Policy, 21*(2), 139-159. https://doi.org/10.1177/026101830102100201

Giorgi, A. (2016). Gender, religion, and political agency: mapping the field. *Revista Crítica de Ciências Sociais*, (110), 51-72. https://doi.org/10.4000/rccs.6371

Greeley, A. M. (2017). *Religion in Europe at the end of the second millenium: A sociological profile*. London: Routledge. https://doi.org/10.4324/9781315128399

Gupta, J. (2000). *New Reproductive Technologies Women's Health and Autonomy: Freedom or Dependency? Indo-Dutch Studies on Development Alternatives*. Thousand Oaks: Sage.

Hakim, C. (2000). *Work-lifestyle choices in the 21st century: Preference theory*. Oxford: Oxford University Press.

Harding, S. G. ed. (2004). *The feminist standpoint theory reader: Intellectual and political controversies*. London: Routledge.

Hollos, M. and Larsen, U. (2008). Motherhood in sub-Saharan Africa: The social consequences of infertility in an urban population in northern Tanzania. *Culture, Health and Sexuality, 10*(2), 159-173. https://doi.org/10.1080/13691050701656789

Ibisomi, L. and Mudege, N. N. (2014). Childlessness in Nigeria: perceptions and acceptability. *Culture, health and sexuality, 16*(1), 61-75. https://doi.org/10.1080/13691058.2013.839828

Igbolo, M. A. and Ejue, F. U. (2016). Socio-cultural Factors and Practices Affecting the Girl Child among the Annang People of Akwa Ibom State. *Studies in Media and Communication*, *4*(2), 125-143. https://doi.org/10.11114/smc.v4i2.2007

Iyanda, C. C. and Nwankwo, I. U. (2018). Effects of Level of Knowledge of socio-cultural factors on contraceptive use among female adolescents in Enugu East Council Area of Enugu State, Nigeria. *International Journal of Social Sciences and Humanities Review*, *8*(1), 1-10.

Iyer, S. (2002). Religion and the decision to use contraception in India. *Journal for the Scientific Study of Religion*, *41*(4), 711-722. https://doi.org/10.1111/1468-5906.00156

Izugbara, C, Ibisomi, L, Ezeh A. C. and Mandara, M. (2010). Gendered interests and poor spousal contraceptive communication in Islamic Northern Nigeria. *Journal of Family Planning and Reproductive Health Care*, *36*, 219-224. https://doi.org/10.1783/147118910793048494

Izugbara, C. and Undie, C. (2008). Who Owns the Body? Indigenous African Discourses of the Body and Contemporary Sexual Rights Rhetoric. *Reproductive Health Matters*, *16*(31), 159–167. https://doi.org/10.1016/S0968-8080(08)31344-5

Izugbara, C. O. (2004). *Patriarchal ideology and discourses of sexuality in Nigeria*. Available at: http://www.arsrc.org/downloads/uhsss/izugbara.pdf (Accessed 20 June 2019).

Izugbara, C. O. and Ezeh, A. C. (2010). Women and high fertility in Islamic northern Nigeria. *Studies in family Planning*, *41*(3), 193-204. https://doi.org/10.1111/j.1728-4465.2010.00243.x

Jones, C. (2013). Human weeds, not fit to breed? African Caribbean women and reproductive disparities in Britain. *Critical Public Health*, *23*(1), 49-61. https://doi.org/10.1080/09581596.2012.761676

Kagawa-Singer, M. and Chung, R. (1994). A paradigm for culturally based care in ethnic minority populations. *Journal of Community Psychology, 22*, 192-208. https://doi.org/10.1002/1520-6629(199404)22:2<192::AID-JCOP2290220213>3.0.CO;2-H

King, C. S. (2016). Critical cultural approaches to gender and sex. *Oxford Research Encyclopedia of Communication*. https://doi.org/10.1093/acrefore/9780190228613.013.74

Longhurst, R. (2003). Semi-structured interviews and focus groups. *Key methods in geography,* 117-132.

LoPresti, A. F. (2005). Christianity. In C. Manning and P. Zuckerman (eds.), *Sex and religion* (pp. 117-141). Toronto: Thomson Wadsworth.

Makama, G. A. (2013). Patriarchy and gender inequality in Nigeria: The way forward. *European Scientific Journal, 9*(17), 115-144.

Malthus, T. (1976). *An Essay on the Principle of Population*. New York: W.W. Norton and Co.

Mansbridge, J. and Tate, K. (1992). Race trumps gender: The Thomas nomination in the Black community. *Political Science & Politics*, *25*(3), 488-492. https://doi.org/10.2307/419439

Meyers, D. T. (2001). The rush to motherhood: Pronatalist discourse and women's autonomy. *Signs: Journal of Women in Culture and Society*, *26*(3), 735-773. https://doi.org/10.1086/495627

Mogobe, D. K. (2005). Denying and preserving self: Batswana women's experiences of infertility. *African journal of reproductive health*, 26-37. https://doi.org/10.2307/3583460

Mojab, S. (2001). Theorizing the politics of 'Islamic feminism'. *Feminist review*, *69*(1), 124-146. https://doi.org/10.1080/01417780110070157

Moore, N. (2012). The politics and ethics of naming: questioning anonymisation in (archival) research. *International Journal of Social Research Methodology, 15*(4), 331–340. https://doi.org/10.1080/13645579.2012.688330

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counselling psychology. *Journal of Counselling Psychology*, *52*(2), 250–260. https://doi.org/10.1037/0022-0167.52.2.250

Mosha, I., Ruben, R. and Kakoko, D. (2013). Family planning decisions, perceptions and gender dynamics among couples in Mwanza, Tanzania: a qualitative study. *BMC public health*, *13*(1), 523. https://doi.org/10.1186/1471-2458-13-523

Munt, S. R. (2012). "Resilient journeys: the emotional geographies of refugee women" (Trans. "Viajes de resiliencia: las geografías emocionales de las mujeres refugiadas" *Gender Place and Culture, 19*(5), 555-577. https://doi.org/10.1080/0966369X.2011.610098

Naidoo, J. and Wills, J. (2016). *Foundations for health promotion*. 4th ed. Edinburgh: Bailliére Tindall Elsevier.

Nnadi, I. (2013). Son Preference-A Violation of Women's Human Rights: A Case Study of Igbo Custom in Nigeria. *Journal of Politics and Law*, *6*, 134. https://doi.org/10.5539/jpl.v6n1p134

Norris, P. and Inglehart, R. (2011). *Sacred and secular: Religion and politics worldwide*. Cambridge: Cambridge University Press. https://doi.org/10.1017/CBO9780511894862

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.

Obasohan, P. E. (2015). Religion, ethnicity and contraceptive use among reproductive age women in Nigeria. *International Journal of MCH and AIDS*, *3*(1), 63. https://doi.org/10.21106/ijma.39

Obiyo, I. D. (2016). Impact of Childlessness on Marriage. (A Study of Married Couples in Lowa Community, Imo State). *International Journal of Religious and Cultural Practice*, *2*(1), 9-17.

Ogunjuyigbe, P. O., Akinlo, A. and Ebigbola, J. A. (2005). Violence against women: an examination of men's attitudes and perceptions about wife beating and contraceptive use. *Journal of Asian and African Studies, 40*(3), 219-230. https://doi.org/10.1177/0021909605055070

Ogunjuyigbe, P. O., Akinlo, A. and Oni, G. O. (2010). Violence against women as a factor in unmet need for contraception in Southwest Nigeria. *Journal of Family Violence*, *25*(2), 123-130. https://doi.org/10.1007/s10896-009-9275-y

Okwor, E. U. and Olaseha, I.O. (2010). Married men's perception about spousal use of modern contraceptives: a qualitative study in Ibadan northwest local government area, southwest Nigeria. *International quarterly of community health education*, *30*(3), 223-238. https://doi.org/10.2190/IQ.30.3.d

Olu, P. T. (1999). She will not be listened to in public: Perceptions among the Yoruba of infertility and childlessness in women. *Reproductive Health Matters*, *7*(13), 69-79. https://doi.org/10.1016/S0968-8080(99)90114-3

Oluwakemi, E. A. (2017). Cultural practices and the reproductive health rights of women in Nigeria. International Journal of Economics, Commerce and Management, *5*(5), 756-776. https://doi.org/10.15640/jswhr.v5n2a1

Orji, E. O. and Onwudiegwu, U. (2002). Prevalence and determinants of contraceptive practice in a defined Nigerian population. *Journal of Obstetrics and Gynaecology*, *22*(5), 540–543. https://doi.org/10.1080/0144361021000003126

Para-Mallam, J. O. (2006). Faith, gender and development agendas in Nigeria: conflicts, challenges, and opportunities. *Gender and Development*, *14*(3), 409-421. https://doi.org/10.1080/13552070600980898

Peri-Rotem, N. (2016). Religion and fertility in Western Europe: Trends across cohorts in Britain, France and the Netherlands. *European Journal of Population, 32*(2), 231-265. https://doi.org/10.1007/s10680-015-9371-z

Phillips, D.C. ed. (2014). *Encyclopedia of educational theory and philosophy*. London: Sage Publications. https://doi.org/10.4135/9781483346229

Pinter, B., Hakim, M., Seidman, D. S., Kubba, A., Kishen, M. and Di Carlo, C. (2016). Religion and family planning. *The European Journal of Contraception and Reproductive Health Care*, *21*(6), 486-495. https://doi.org/10.1080/13625187.2016.1237631

Poston, L. (2005). Islam, In C. Manning and P. Zuckerman (eds), *Sex and religion* (pp. 181-197). Toronto: Thomson Wadsworth.

Princewill, C. W., Wangmo, T., Jegede, A.S., Riecher-Rössler, A. and Elger, B. S. (2018). Bride price payment and women's autonomy: Findings from qualitative interviews from Nigeria. *Women & health*, *59*(7), 775-788. https://doi.org/10.1080/03630242.2018.1549645

Punch, K. F. (2014). *Introduction to social research: Quantitative and qualitative approaches*. London: Sage.

Raji, A., Muhammed, A.Y., Abdulbaqi, S. Z., Raji, A. A., Sulaiman, L.A. and Joseph, A. O. (2016). Socio-cultural factors and male-child preference among couples in Ilorin-West Local Government Area of Kwara-State, Nigeria. *Ethiopian Journal of Social Sciences and Language Studies, 3*(1), 57-73.

Risman, B. J., Froyum, C. M. and Scarborough, W. J. (2018). *Handbook of the sociology of gender*. Switzerland: Springer, Cham. https://doi.org/10.1007/978-3-319-76333-0

Rossano, M. J. (2008). Morality Faculty: Does Religion Promote Moral Expertise? *International Journal for the Psychology of Religion*, *18*(3), 169-194. https://doi.org/10.1080/10508610802115727

Rwafa, U. (2016). Culture and religion as sources of gender inequality: rethinking challenges women face in contemporary Africa. *Journal of Literary Studies*, *32*(1), 43-52. https://doi.org/10.1080/02564718.2016.1158983

Sanni, S. O. (2016). *Stereotypical Representation of Women: A Case Study of Nigerian Television Advertisements* (Master's thesis, Eastern Mediterranean University (EMU)-Dogu Akdeniz Universitesi (DAU). Available at: http://hdl.handle.net/11129/3597 (Accessed 23 June 2018).

Schenker, J. G. (2000). Women's reproductive health: monotheistic religions perspectives. *International journal of gynaecology and obstetrics, 70*(1), 77-86. https://doi.org/10.1016/S0020-7292(00)00225-3

Schiwy, F. (2007). Decolonization and the question of subjectivity: gender, race, and binary thinking. *Cultural studies*, *21*(2-3), 271-294. https://doi.org/10.1080/09502380601162555

Schmidt, E., Olomo, F. and Corcoran, N. (2012). Sex education targeting African communities in the United Kingdom: is it fit for purpose? *Sex Education*, *12*(1), 65-78. https://doi.org/10.1080/14681811.2011.601164

Sefton, T., Tucker, J. and McCartney, C. (2019). *All Kids Count: The impact of the two-child limit after two years (Summary report)*. Available at: https://cpag.org.uk/policy-and-campaigns/report/all-kids-count-impact-two-child-limit-after-two-years (Accessed 29 July 2019)

Shiner, L. (1967). The concept of secularization in empirical research. *Journal for the scientific study of religion*, 207-220. https://doi.org/10.2307/1384047

Simien, E. M. (2004). Black feminist theory: charting a course for black women's studies in political science. *Women and Politics*, *26*(2), 81-93. https://doi.org/10.1300/J014v26n02_04

Smith, D. E. (1987). *The everyday world as problematic: A feminist sociology*. Boston: Northeastern University Press.

Stein, P. L. and Rowe, B. M. (2006). *Physical anthropology*. New York: McGraw-Hill.

Tamale, S. (2008). The right to culture and the culture of rights: a critical perspective on women's sexual rights in Africa. *Feminist Legal Studies*, *16*(1), 47–69. https://doi.org/10.1007/s10691-007-9078-6

Uddin, J. (2014). *Gendered power dynamics and unmet need for family planning among married women in Bangladesh*. Iowa State University, Graduate Thesis and Dissertations.

Ugwu, N. U. and de Kok, B. (2015). Socio-cultural factors, gender roles and religious ideologies contributing to Caesarian-section refusal in Nigeria. *Reproductive health*, *12*(1), 70. https://doi.org/10.1186/s12978-015-0050-7

Ujuju, C., Anyanti, J., Adebayo, S. B., Muhammad, F., Oluigbo, O. and Gofwan, A. (2011). Religion, culture and male involvement in the use of the Standard Days Method: evidence from Enugu and Katsina states of Nigeria. *International nursing review*, *58*(4), 484-490. https://doi.org/10.1111/j.1466-7657.2011.00900.x

Van Balen, F. and Bos, H. M. (2009). The social and cultural consequences of being childless in poor-resource areas. *Facts, views and vision in ObGyn*, *1*(2), 106.

Warwick-Booth, L., Cross, R. and Lowcock, D. (2012). *Contemporary health studies: An introduction*. London: Polity.

Waziri-Erameh, J. M. and Omoti, A. E. (2006). Infertility and Migraine in Midwest Niger-Delta Region. *African Journal of Reproductive Health, 10*(3), 120-121. https://doi.org/10.2307/30032479

Weedon, C. (1987). Feminist Practice and Poststructuralist Theory. Oxford: Blackwell.

Wilcox, C. (1990). Black Women and Feminism. *Women and Politics*, *1*(10), 65-84. https://doi.org/10.1080/1554477X.1990.9970579

Wills, J. and Risman, B. (2006). The visibility of feminist thought in family studies. *Journal of Marriage and Family, 68*, 690-700. https://doi.org/10.1111/j.1741-3737.2006.00283.x

Woodhead, L. (2001). Feminism and the sociology of Religion: From Gender-blindness to Gendered Difference, In R. Fenn (ed), *The Blackwell Companion to Sociology of Religion* (pp. 67-84). MA: Maldon. https://doi.org/10.1111/b.9780631212416.2001.00007.x

World Bank (2017). *Fertility rate, total (births per woman)*. Available at: https://data.worldbank.org/indicator/sp.dyn.tfrt.in (Accessed 25 July 2019).

World Health Organisation (1986). *The Ottawa Charter for Health Promotion*. Available at: http://www.who.int/about/mission/en/ (Accessed 2 August 2019).

World Population Review (2019). *Leeds Population 2019*. Available at: http://worldpopulationreview.com/world-cities/leeds-population/ (Accessed 12 August 2019).

Citation: Anizoba, E. L. and Davis, S. (2019). The Role of Culture in Negotiating Reproductive Rights of Diaspora Heterosexual Nigerian Women. *Feminist Encounters: A Journal of Critical Studies in Culture and Politics*, 3(1-2), 16. https://doi.org/10.20897/femenc/5922