

〈研究ノート〉

What Is behind A New Type of Infant Trafficking, the “baby factory” in Nigeria?

ナイジェリアにおける「出産工場」事件から見た新生児売買の背景

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Introduction

The purpose of this paper is to unveil the relationship between a new type of infant trafficking which occurred in Nigeria in 2011 and the state of infertility.

The incident in question was revealed through web media to the world under the caption “baby factory.”¹ On June 2nd 2011 a doctor at The Cross Foundation in Aba in the southeast state of Abia, Nigeria was arrested along with 32 pregnant teenage girls found in his clinic. The girls, aged between 15 and 17, told police they were offered about 25,000 naira (about US\$160) and infants are assumed to be sold for as much as 340,000 naira (about US\$2,200) to people who are desperate for babies. The owner of this clinic, Dr Hyacinth Orikara, insisted that the hospital was a foundation to help teenagers with unwanted pregnancies. (Igboeroteonwu, 2011)

Child trafficking is not new at all. *Historically it has taken many forms, but in the context of globalization, has acquired shocking new dimensions.* (UNESCO, 2006, p.11). Trafficked children are to be forced into house and agriculture labor, street hawking commercial sex work and even into war fields to slaughter people against their will.

However, this latest development, the “baby factory”, is a novel type of infant trafficking and suggests us that new born babies are an attractive enough prospect for middlemen to “sell” to childless couples. For the players there is strong demand for infants and economic rationality in packing many young pregnant girls together in a compound.

In this paper I firstly show the new aspects of this infant trafficking which have not been seen in past trafficking incidents, secondly argue what the problem of not having children is in Nigeria, thirdly inspect the current state of infertility within the country and finally unveil the relation between the infant trafficking and the trend of infertility.

1 “Baby factory” is used as a general term quoted from the media and it doesn’t mean that the author approve the state of “baby factory”.

1. What Is New about Infant Trafficking?

There are three peculiar aspects of the infant trafficking which distinguish it from conventional child trafficking in the past. They are 1. the purpose of trafficking, 2. how infants are trafficked, 3. players involved in trafficking.

The purpose of trafficking is to “sell” babies to childless couples who are to adopt them. The pregnant girls were said to have been holed up in the hospital pending their delivery, after which they would be paid off by the doctor who retains the babies for sale and the Commissioner accused the doctor of selling the babies to people at very high prices. (Okoli, 2011)

The packing of young fertile girls together in a compound is a very new way to recruit babies. In order to have a baby exactly when requested, the baby must be newly born. The Cross Foundation, a “maternity home” owned by Dr Hyacinth Oriakara is a “baby factory” where children are “manufactured” and transacted.

The player involved in this trafficking is allegedly no other than a medical doctor and the owner of the foundation. *Although statistics on how prevalent baby breeding is are unavailable, NGOs against human trafficking believe that it is a thriving crime run by well-organized syndicates.* (Nigeria’s Thriving baby factories, 2011) The pregnant girls take varying forms. One is where desperate teenagers with unplanned pregnancies, fearing ostracism by society, get lured to a clinic and are forced to turn over their babies. Another category of young women, driven by deep poverty, lease out their wombs and volunteer themselves, as regularly as is biologically possible, to produce babies for sale.

(Kalu, 2011)

2. What Is the Problem of Not Having Children in Nigeria?

For many married couples having children is a great concern. Traditional norms in Nigeria and Africa generally accord a domineering place to the men folk. They determine the cultural and traditional ethos which often is skewed in their favor. They reserve the family’s economic and decision-making power. (Umeora et al., 2009) Omorodion (2011) in his research of gendering work in the delta region of Nigeria shows that the male head of households dominates in company of their young children and other male members. In contrary females are overworked by participating more in economic and other household duties. This practice further highlights the issue of patriarchy and its dehumanizing effects on females. Patriarchal and gender-based values, beliefs and practices give preference to male education and employment while categorizing females as objects to be sold or exchanged at marriage through exchange of bride-wealth.

Another documentation was made through in-depth ethnographic interviews with Nigerian

reproductively challenged women by Hollos et al. (2009). They found that reproductively challenged women cannot attain full womanhood and join appropriate age associations. Even if a wife had female offspring she has no residence rights in her husband's house after his death, except through her son. Not having a son means not having a rightful place as an older person. Many childless widows return to their paternal compound, but live in marginal conditions. The infertility stigma even extends to a woman's death. In earlier days, woman who has not had FGM could not be buried within the town; their corpses were disposed in a forest. Therefore, infertility could be a major life-altering problem for many women in Africa. Community mechanisms and family structures can go a long way toward mitigating its effects. (Hollos et al., 2009)

Infertility leads enormously to physical, social and emotional abuse for women in Nigeria. Women receive the major blame for not having children and they suffer personal grief and frustration, social stigma, ostracism and serious economic deprivations. A common consequence of a couples' infertility is the expulsion of the woman from the husband's house, with or without divorce. Once the woman becomes an outcast, she is often excluded from inheriting property, from decision-making in the family and from any type of financial or social security. (Okonofua, 1997) The woman's place in marriage remains precarious till confirmed through child bearing. In the society, a woman is under high pressure to prove her womanhood through motherhood.

3. The Current State of Infertility

According to the WHO, the condition of infertility is the inability to conceive a child. A couple may be considered infertile if, after one year of regular sexual intercourse, without contraception, the woman has not become pregnant. Primary infertility is infertility in a couple who have never had a child. Secondary infertility is failure to conceive following a previous pregnancy.

Worldwide, an estimated 580 million people experience infertility at some point in their reproductive lives and of these, nearly 372 million persons reside in low-and middle-income countries. (WHO, 2012b) Africa shares by far the largest burden of infertility. Estimates indicate up to one-third of women may be childless at the end of their reproductive lives. Community based data suggests that up to 30 percent of couples in some parts of Nigeria may have proven difficulties in achieving a desired conception. (Okonofua et al., 1997)

There are two major physical causes of infertility: one is genital tract infection such as sexually transmitted diseases, post-abortion infections and puerperal infection. (Okonofua, 2005) These infections may produce extensive damage to the fallopian tubes. The WHO Task Force for the Diagnosis and Treatment of Infertility instituted a standardized approach to studies of infertility which was adopted in 33 countries including Nigeria. (WHO, 2012a) The results showed that about 85 percent

of women in Africa experienced tubal factor infertility compared to about 33 percent worldwide. The study concluded that infertility in men and women in Africa was largely due to genital tract infections, much more so than in other regions.

The other physical cause is female genital mutilation, FGM. FGM is procedures that involve partial or total removal of the external genitalia, or other injury to the female genital organs for non-medical reasons and it often results in obstetrical fistula. In women's pregnancy most fistulas lead to the death of the baby and secondary infertility if there are delays in reaching a health facility and receiving proper care. (US Department of State, 2008)

What matters in Nigeria is that no systematic study has yet been undertaken in many African communities to discern the basis of the social or cultural practices that surround infertility. (Okonofua et al., 1997) This is in contrast to the substantial information available on the socio-cultural determinants of fertility in many African communities. Nigeria, with a population of over 150 million people, has a high population growth rate and also a high rate of fertility: 5.5 births per woman in 2012. (World Bank, 2012) Ironically, fertility is considered as a greater concern to be overcome than infertility because of population explosion in this region.

4. Why Infertility Accelerates Infant Trafficking

Given that health care facilities are limited in Nigeria, infertility is difficult and costly to treat. (Larsen, 1995) *While there are numerous options and procedures to help couples overcome infertility and help them build a family of their own, fertility experts confess that most available procedures are expensive and therefore beyond the reach of most couples.* (Ayo-Aderele, 2012)

Reproductively challenged women go to varying lengths, visiting orthodox medical practitioners, herbalists, traditionalists and spiritualists in search of needed reprieve and solution. One survey describes a woman who had a humiliating statement from a local traditionalist as follows, "The fibroid you have is as a result of old and dirty blood you got when you were meeting various men in the past. This has now blocked your fallopian tube and you cannot get pregnant unless I remove it". Another statement offered by a spiritualist is "This problem is not your fault, but your mother annoyed some people before she delivered you and those people are now attacking you through witchcraft to make your mother unhappy". (Umeora, et al., 2009)

Even the diagnoses and treatment from orthodox practitioners are accusatory toward the female. No medical history, physical examination nor investigations are carried out on the men. Reproductively challenged women are sometimes forced to have inadequate treatment and one-sided stigma when they eagerly long for offspring. The lack of knowledge or deceit perpetrated by some traditional healers and spiritualists are evident in their summation of the causations of infertility and their claims to provide

unorthodox remedy. (Umeora, 2009) As infertility is considered to be a very sensitive issue in the community, people often seek out practitioners who will be able to keep their infertile status a secret. (Okonofua, 1997) With no modern technical care and the social stigma of being childless, this can make some of the reproductively challenged women want to adopt a baby secretly and as a result accelerates the confidential and illegal obtainment of babies who are to be successors of the family.

Conclusion

In spite of high population growth in Nigeria, up to 30 percent of married couples have difficulties in having children. The causes of infertility are inadequate health services which offer technical gynecological treatment and improper knowledge of reproductive health to prevent genital tract diseases. Infertility leads women to be exceedingly physically, socially and emotionally abused in the male-dominant society. This accelerates the obtaining of newborn babies through illegal infant trafficking in confidence.

Although the suspect was arrested it is far from sufficient to punish the player who was involved in the incident: to disclose the mechanism of trafficking is essential. Public awareness of infertility matters for both reproductively challenged men and women should be spread widely. The eradication of stigma toward women for being childless and the impoverished situation of the girls who sacrificed their wombs to offer babies should also be taken action urgently.

Suppose this new type of infant trafficking increases within and outside Nigeria; it could become more intricate to examine the root cause of conventional child trafficking. Closer attention should be paid to resolve the problem of infant and child trafficking.

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