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Women's Empowerment in North-Eastern Nigeria and Factors Affecting It

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Asabe Ibrahim
Research Scholar Department of Statistics, Faculty of Science

Jimjel. Zalkuwi
Research Scholar Department of Agricultural Economics,
Institute of Agricultural science,
Banaras Hindu University, Varanasi, India

Abstract: *The present paper is an attempt to examine women empowerment in the north-eastern part of Nigeria making use of two direct indicators based on a secondary data obtained from the 2008 Nigerian Demographic Health Survey. The study reveals that far less than 50% of women in the north-east geopolitical zone of Nigeria have the ability to make decisions on some issues of importance in the households. Regional settings of women (urban/rural) affect the degree of acceptance of wife beating, such fewer percentage of women living in urban region of the north-east Nigeria agree with the notion of wife beating for any other reason, while greater percentage of agreement was seen in the rural women. Women's level of education was seen to be indirectly proportional to the justification of wife beating for the stated reasons. That is, women with no education agree with the concept more than the women having higher education.*

Keywords*: Empowerment, decision making, geo-political zone, north-east.*

1. Introduction:

The full measure of the quality and maturity of a nation's social and economic growth and overall well-being is not measured simply by its rate of economic growth but by the overall socio-economic and political status of women. A country is not 'developed' in the real sense if either systemically or culturally through neglect or tacit approval it deprives a considerable percentage (women) of its population of basic needs, livelihood options, access to knowledge and effective political representation, especially based on gender. Women empowerment affects important developmental outcomes such as health, education, fertility behaviour, income level and so on of any developing nation. Empowerment is instrumentally important for achieving positive development outcomes and well-being of life which lies in the doing and being what one value and have reason to value. Women's empowerment is advocated by the World Bank and the United Nations as a prominent and important channel for improving child health, increasing school enrolment, reducing gender disparity and poverty and thus promoting growth and better governance. Researchers have long been interested in the intra-household decision making process, specially how wife's preferences, if different from her husband, get reflected in the household decision making process and affect the outcome of interest, ranging from child health and education outcomes to expenditure on food and clothing etc.

Recognizing the poor status and roles of women in most societies, the Fourth World Conference on Women in Beijing (1995) raised the agenda of altering gender roles in order to promote women's empowerment. Gender roles are one of the most important factors that determine the reproductive health attitude and behavior of women.

According to Tulika Tripathy (2012), the history of empowerment dates back to the mid-17th century with the legalistic meaning; 'to invest with authority'. Thereafter, it began to be used in an infinitive more general way to mean "to enable or permit." This idea of empowerment is an offshoot of the discourse on human development and it came into prominence after the 1980s. Its linkage with feminist discourse went a long way in shaping the idea of women's empowerment.

Empowerment has been defined in different ways depending on its application; 'to infuse people with power' (Narayana, 2002; World Development Report, 2002; 2000) i.e. access to resources; as expansion in individual's agency (Kishore, 2002),; and as power of decision making i.e. autonomy (Jejeebboy, 1995).

Empowerment is also viewed broadly as increasing poor people‘s freedom of choice and action to shape their own lives (Narayan 2005,). It is the process of enhancing an individual‘s or group‘s capacity to make effective choices, that is, to make choices and then to transform those choices into desired actions and outcomes (Alsop, Bertelsen and Holland, 2006, p.10)

Though the concept of empowerment is not specific to women only, yet it is unique in that and it cuts across all types of class and caste and also within families and households (Malhotra et al, 2002).

Women empowerment therefore is defined as a change in the context of a women's life, which enables her increased capacity for leading a fulfilling human life. It gets reflected both in external qualities (viz. health, mobility, education and awareness, status in the family, participation in decision making, and also at the level of material security) and internal qualities (viz. self awareness and self confidence) [Human Development in South Asia (2000)] as quoted by Mathew(2003).

The fact that five of the eight Millennium Development Goals (MDGs) concern health and education signals the importance of welfare in development. When women have more control over resources, household expenditure patterns are geared relatively more towards human development inputs, such as food, health and education (Gustav et al, 2000). Hence, improving women's access to resources is one route through which the MDGs on human development can be achieved. The empowerment of women becomes a powerful agency to improve welfare and human development. It is argued that empowering women improves the well-being of the household and leads to better outcomes for children (Kabeer, 2003). In other words, the inter-generational transmission of poverty can be arrested, if women are empowered. In addition to this, women's empowerment also results in reduction in gender disparities in human development (Rustagi, 2004). Therefore empowerment of women stands as a crucial pathway for reducing gender disparities and achieving human development.

In short, empowerment is the process that allows one to gain the knowledge, skill- sets and attitude needed to cope with the changing world and circumstances in which one lives. The most fundamental prerequisite for empowering women in all spheres of society is education and women without education lose the opportunity to improve their lives (APHDR, 2007).

2. Nigeria Demography:

With an estimated population of about 150 million, Nigeria is easily the most populous country in sub-Saharan Africa and the 8th largest country in the world by population. One in every four people in sub-Saharan Africa lives in Nigeria. It is the 32nd largest country by area with 923,768 square kilometers (Census, 2006).

Made up of 389 ethnic groups distributed among 36 states and a federal capital territory, Nigeria has a very diverse ethnic mix. Three groups – the Hausa/Fulani, Igbo and Yoruba – are regarded as the major ethnic groups; they dominated the three regions into which the country was divided before 1967. Population movements and migrations have resulted in ethnic diversity within many States.

According to the last census conducted in 2006, Nigerian women were reported to represent about 49.7% of the population. Despite being almost half of the population, this numerical strength of the Nigerian women (most especially women in the north- eastern part) has not affected the age-long inferior status the society bestows on women. Several factors have been adduced for the degrading position of women in the Nigerian society most of which can be traced to the patriarchal system being operated and the gender insensitivity of not only the male folk but the entire society including the women who have been socialized to accept the inferior status.

Over the years, Nigeria and has adopted National policies for the empowerment of women, and the goal of these policies is to bring about the advancement, development and empowerment of women in the country.

Several studies has been conducted by several people on women empowerment, measuring women empowerment, level of women empowerment, sources of women empowerment, constraints of women empowerment and so on, but only few attempts has been made so far to focus on women empowerment in the north-eastern Nigeria and factors affecting it. This study intends to focus on some of the direct indicator of women's empowerment in north-eastern part of Nigeria and some of the factors affecting it. The study will make use of the data recorded in the 2008 Nigerian Demographic Health Survey obtained from measures DHS.

3. Methodology:

The study will make use of secondary data obtained from the Nigerian Demographic Health Survey (NDHS-2008) in which a scientific probability sampling design called the equal probability of selection method (EPSEM) was used to obtained the sample. A nationally representative sample of more than 34,000 households was interviewed, including 33,385 women age 15–49 and in half of the households, 15,486 men age 15–59. This represents a response rate of 98% for households, 97% for women, and 93% for men. This sample provides estimates for Nigeria as a whole, for urban and rural areas for the 6 geo-political zones and the 36 states plus the Federal Capital Territory, Abuja. The study will therefore focus on the north-east geopolitical zone consisting of six states viz; Adamawa(1018), Bauchi(1008), Borno(990), Gombe(1005), Taraba(1217) and Yobe(979), a total of 6217 women where interviewed in this zone.

Data obtained from the Nigerian Demographic Health Survey on the women's ability to make decision on some household matters and her attitude towards wife beating will be used to examine the empowerment of women.

Studies have shown that gender and generation determine the course of household decision making in many societies. Most women do not feel free to take a sick child to a doctor without the approval of their husband or parent-in-law, and can hardly make decisions regarding the purchase of their own or their children's clothing. Similar findings have been obtained for many other parts of the world (Kishor, 2000; Kritz et al., 2000)

Constraints on women's physical mobility in many parts of the world further restrict their ability to make independent decisions (Desai and Johnson 2005). Women in countries such as India, Egypt, Nigeria and Bangladesh are governed by social norms that restrict their physical mobility, referred to in the literature as female seclusion. This seclusion involves the veiling of head and face in some instances, as well as restrictions on unaccompanied travel to such places as shops, pharmacies, or hospitals, and limits on direct contact with unrelated males (Bruce, Lloyd, and Leonard, 1995). Therefore, even in the cases where the women need to make decisions in relation to household consumption, expenditures, or health care, they will have to seek the consents, help and agreement from either the husband or mother-in-law before taking action or conducting such transactions.

According to Desai and Johnson (2005) women's decision making power can to be associated with improved child health outcomes in several ways such as in the day-to-day health enhancing behaviour, intra household resource allocation and in access to emergency care. They emphasise that many actions that lead to better health outcomes emerge from day-to-day health enhancing behaviours, such as better personal hygiene, regular access to preventive treatments such as timely vaccination, and devotion of time to slowly spoon feeding toddlers instead of leaving them chewing on a biscuit or bread. Many of these actions occur unconsciously and are often related to fundamental rules that households live by, rather than conscious decisions regarding allocation of time and money. While many factors besides female empowerment affect these behaviours, most importantly household wealth. In situations where women have control over time and money they can be able to make more efficient decisions leading to better health outcomes for children than when decisions are controlled by men who then delegate these tasks to women.

In a similar vein, when children are seriously ill, the family members (men and women) will see the need to obtain medical care and will do so if they can afford it and if care is available. However, if the primary caregiver (mostly mother) needs to consult with husbands and family elders before taking the child to a health care, it is possible that the child may not receive immediate care. For example, if a northern Nigerian woman must wait for her husband to return home before she can take a child suffering from a high fever/convulsion to a doctor, the chance of the survival of the child will be lower than if she can independently make decisions regarding health care and immediately take the child to a doctor.

Desai and Johnson(2005) stated that women who have significant input in household decisions such as major household purchases, their own health care, purchase of household daily needs, and visits to family and friends have access to resources and the power to use them.

The study have considered only two measures of women empowerment viz, social and cultural measures as well as familial/interpersonal measures, having respective direct indicators as women's decision making ability and women's attitudes towards wife beating by husband/partner.

4. Indicators Of Women's Empowerment:

The following direct indicators of women's empowerment will be used in this study in other measure women's empowerment in the north-eastern Nigeria.

4.1. Decision Making Ability:

Decision-making can be a complex process that needs a serious attention. The ability of women to make decisions that affect their personal circumstances is essential for their empowerment. To assess women's decision making autonomy, the 2008 Nigerian Demographic Health Survey collected information's on women's participation in four types of household decisions: women's own health care, making major household purchases, making household purchases for daily needs, and visits to family or relatives. Women are considered to participate in decision-making if they make decisions alone or jointly with their husband, partner or someone else. Decision making power of women in households is one of the important indicators of women empowerment. The table below gives the percentages of women's ability to make decisions over four household decision indices.

Decision on/Decision by	Mainly Wife	Mainly Husband	Husband and wife jointly	Someone else	other
Urban					
Own Heal Care	2.3	72	25.3	0.4	0.1
Major household purchases	2.8	75.3	20.9	0.7	0.4
Purchases of daily household needs	6.7	70	22.4	0.8	0.1
Visit to her family and relatives	5.9	60.9	33	0.4	0
Rural					
Own Heal Care	4.1	71	23.9	0.7	0.2
Major household purchases	3	75.5	20.8	0.5	0.2
Purchases of daily household needs	6	69.8	23.5	0.5	0.1
Visit to her family and relatives	6.5	60	33	0.4	0.1
Total					
Own Heal Care	3.7	71.2	24.2	0.6	0.2
Major household purchases	3	75.4	20.8	0.5	0.2
Purchases of daily household needs	6.2	69.9	23.2	0.6	0.1
Visit to her family and relatives	6.4	60.1	33	0.4	0.1

Table 1: Women's Participation in Decision making NDHS 2008 (all figures are in percentages

It is found that only 30 percent of currently married women participated in making decisions either alone or jointly with their husband on their health care, large household purchases, purchases for daily household needs and on visiting their family members and relatives (Table 1), 21 per cent do not participate in any of the decision. Only 29 percent cases of the decision regarding the purchase of daily household needs is taken mainly by the respondents and jointly whereas the decisions like visit to her relatives are in most cases taken alone by husbands or jointly. Decision like major household purchases is taken by the husband or partner in most of the cases. A very less number of women alone take this type of decision. About 27 percent of total respondents take their own health care decision alone. Women's participation rate on household decision making not only varies from rural to urban areas but also gets affected by their background characteristics like age, educational status, husband's education, employment status.

4.2. Attitudes Of Women Towards Wife Beating:

The 2008 Nigerian DHS collected information on the degree of acceptance of wife beating by asking whether a husband is justified in beating his wife in each of five situations: if she burns the food/ doesn't cook properly, if she argues with him, if she goes out without telling him, if she neglects the children, and if she refuses to have sex with him.

Percentage of women 15-49 who agrees that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics.						
Husband is justified in hitting or beating his wife if she						
Background Characteristics		Burns food/doesn't cook properly	Argues with him	Goes out without telling him	Neglect the children	Refuse to have sexual intercourse with him
Age	15-19	28	28.7	36	34.1	32.3
	20-24	29	34.3	43.1	38.9	41.1
	25-29	29.9	29.5	39	36	41.4
	30-34	28.1	31.7	44.1	42.3	43.7
	35-39	25.7	30.6	35.2	35	38.7
	40-44	27.9	28.3	37.2	35.6	35.4
	45-49	25	26.7	35	33.6	36.3
Residence	Urban	26.4	28.8	38.3	35.8	36.4
	Rural	27.9	30.7	39	36.8	39.2
Education	No education	28.9	31.5	40.4	36.9	39.8
	Primary	29.3	33.61	40.6	41.7	42.2
	Secondary	21.4	24.2	33.1	31.8	31.2
	Higher	18.6	17.2	20.1	24.8	26.2
Wealth Index	Poorest	26.8	30.4	37.9	36.1	38
	Poorer	31.4	32.6	42.3	39.2	44.1
	Middle	27.1	30.7	40.8	37.5	38.2
	Richer	24.2	25	34.3	34	32.3
	Richest	23.9	26.9	31.7	29.7	28.8

Table 2: Attitudes of women towards wife beating

Table 2 shows the percentage of women and who agree that a husband would be justified in hitting or beating his wife for these specific reasons. A high proportion of women agreeing that wife beating is acceptable are an indication that women generally accept the right of a man to control his wife's behaviour by means of violence. A low proportion agreeing that wife beating is acceptable indicates that the majority of women reject conduct and beliefs that places them at a low status relative to men. From table 2, only 34 percent of women find wife beating justified in certain circumstances, they agree that at least one of the specified reasons justifies wife beating. The least likely reason women agreed to which justifies wife beating is burning food or if she doesn't cook properly (28 percent). In another vane, about 39 percent of women report that a husband is justified in beating his wife if she goes out without telling him. Women in the urban region of the North-Eastern Nigeria are less likely to agree with the justification of wife beating over all the stated reasons than the women in rural region.

It can also be observed from table 2 that level of education of women is directly proportional to the justification of wife beating for the stated reasons, that is women with no education or primary education were more likely to agree with the concept than women with secondary or higher education.

5. Constraints Of Women Empowerment In North-Eastern Nigeria:

There are several constraints that check the process of women empowerment in Nigeria. For the purpose of this study, only two constraints were considered; Social norms and family structures and poverty. These two constraints, manifests and perpetuate the subordinate status of women especially in the developing countries in which Nigeria is inclusive. One of such norms is the continuing preference for a son over the birth of a girl child, which is present in almost all societies and communities. The hold of this preference has strengthened rather than weakened and its most glaring evidence is in the falling sex ratio (Seth, 2001**).** The society is more biased in favour of male child in respect of education, nutrition and other opportunities. The root cause of this type of attitude lies in the belief that male child inherits the home in most parts of Nigeria. Women often internalize the traditional concept of their role as natural, thus inflicting an injustice upon them.

Poverty is the reality of life for the vast majority of women in north-eastern Nigeria. It is another factor that poses challenge in realizing women's empowerment. In a poor family, girls are the main victims; they are denied the opportunity of better education and other facilities. But if they are financially independent or they have greater control over the resources then they exhibit greater autonomy both in the household and in public sphere and are no longer victims of poverty.

6. Conclusion:

The result obtained from the study shows that far less than 50% of currently married women in the north-eastern Nigeria do participate in making decision either alone or jointly with their husbands or partners on either issues of their health care, large household purchases, purchases for daily household needs or on visit to families or relatives. This means that the

larger percentage (above 50%) of decisions in the above indices in a household is made by the husband/partner or someone else.

Fewer percentage of women living in urban region of the north-east Nigeria agree with the notion of wife beating for any other reason, while greater percentage of agreement was seen in the rural women. This indicates that regional settings of women (urban/rural) affect the degree of acceptance of wife beating.

Women's level of education was seen to be indirectly proportional to the justification of wife beating for the stated reasons. That is, women with no education agree with the concept more than the women having higher education.

References:

1. Centre for study of society and secularism (CSSS). Status of women in India: problems and concerns, internship project. Supported by Heinrich Boll Foundation, Germany, 2010/11
2. Chung. D. B, Kantachote. K, Mallick. A, Polster.R, Roets. K, Indicators of Women's Empowerment in Developing Nations, Workshop in International Public Affairs Spring 2013
3. Desai S, Johnson K, Women's Decision making and Child Health: Familial and Social Hierarchies, 2005.
4. Indian National Policy for the Empowerment of Women 2001
5. Jejeebhoy, S.J. Women's education, autonomy and reproductive behavior; Experience from developing countries. Oxford: Clarendon press, 1995
6. Macassa.G. et al: Inequalities in child mortality in sub-Saharan Africa: A social epidemiologic framework.
7. Malhotra A., Schuler S.R Measuring Women's Empowerment as a Variable in International Development., 2002
8. Monica .D. G. Life course perspectives on women's autonomy and health outcomes: Health Transition Review, Supplement (6, 213-231). Center for Population and Development Studies, Cambridge MA, 1996
9. National Policy for the Empowerment of women 2001
10. Ministry of Women and child Development, Government of India. National Mission for Empowerment of Women.
11. Basu A. M, Koolwal.G B, Two Concepts of Female Empowerment: Some Leads from DHS DATA on Women's Status and Reproductive Health.
12. Vijayamohana.P.N, Asalatha. B.P, Measuring Women Empowerment: Dissecting the Methodological Discourse, Centre for Development Studies, Kerala, India, University of Chennai, India, 2012.
13. Online at http://mpra.ub.uni-muenchen.de/44077/. MPRA Paper No.44077, posted 30th January 2013.
14. Online at http://mpra.ub.uni-muenchen.de/24740/ MPRA Paper No. 24740, posted 3rd September 2010.
15. Nayak P, Mahanta B. Women Empowerment in India, 2009.

16. National Statistics Office- Gender and Development committee (GCOM), Women Empowerment (Excerpts from the 2008 NDHS Final Report), 2010
17. Preet Rustagi . The Significance of Gender-related Development Indicators: An Analysis of Indian State.
18. Salaam. T, A brief analysis on the situation of women in Nigeria today, 2003
19. Saman. E, Santos. M.E, Agency and Empowerment: A review of concepts, indicators and empirical evidence, Human Development Report in Latin America and the Caribbean First Draft, May 18, 2009.
20. Steven R. Brown. Measuring Empowerment: Cross-Disciplinary Perspectives" World Bank, Kent State University, 2003
21. Susmita Das . Increasing Gender Gap and Socio-economic Status of Women in North-East India: Population, Gender and Reproductive Health (Chapter 2, 51-70)
22. Swai. E.V, Beyond Women's Empowerment in Africa, Exploring Dislocation and Agency. Palgrave Macmillan, a division of Macmillan Publishers Limited USA, 2010.
23. The Federal Ministry of Women Affairs and Social Development, Abuja Federal Republic of Nigeria. National Gender Policy, 2006.
24. Tripathi**.** T**,** Women's Empowerment: Concept and Empirical Evidence from India, 2012
25. Wikipedia, the free encyclopedia
26. Women Empowerment Framework, Gender Equity/Implementing Gender-Focused Development.