

Linkages Between Women's Political Participation and Reproductive Health: The Male Influence Case Study of Plateau State, Nigeria

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The Centre for Development
and Population Activities

Background Information

⑩ CEDPA programming:

- **Democracy and Governance**
 - Grassroots mobilization for women's participation in political processes
 - Coalitions and networks formed by women-focused organizations
 - Advocacy visits to the opinion leaders on women's issues
 - Women's leadership training
- **Reproductive Health**
 - Training of community and clinical health workers
 - Distribution of family planning commodities and IEC materials

Entry Point

- Church of Christ in Nigeria (COCIN) participated in DG activities, and then decided to implement an RH program.
- This provided an opportunity to explore linkages between DG and RH.



Research Objective

To determine if there is a relationship between reproductive health behaviors and participation in D & G activities, and what types of influence husbands have

Hypothesis

- Women exposed to both D&G and RH activities will have more favorable reproductive health practices than those who are not exposed to both, particularly those women whose spouses are supportive of women's empowerment

DG/RH Linkages: Conceptual Framework

Exposure → **Empowerment** → **Outcomes**

Community Context	Economic	Family Planning (KAP)
DG and RH Program participation	Household	Other RH/HIV
Household: Women's/spouse's background, Spouse's attitude	Sexual	DG (woman's rights, party membership, participation in protest, registration to vote)

Five Empowerment Scales

- ✿ Mobility (freedom to go to 4 places)
- ✿ Household decision-making (in 5 situations)
- ✿ Household SES (ownership, use of 8 items)
- ✿ Sexual (refusal of sex in 4 situations)
- ✿ Husband-justified beating (in 6 situations)

Husband's Influence in Women's Empowerment Scales

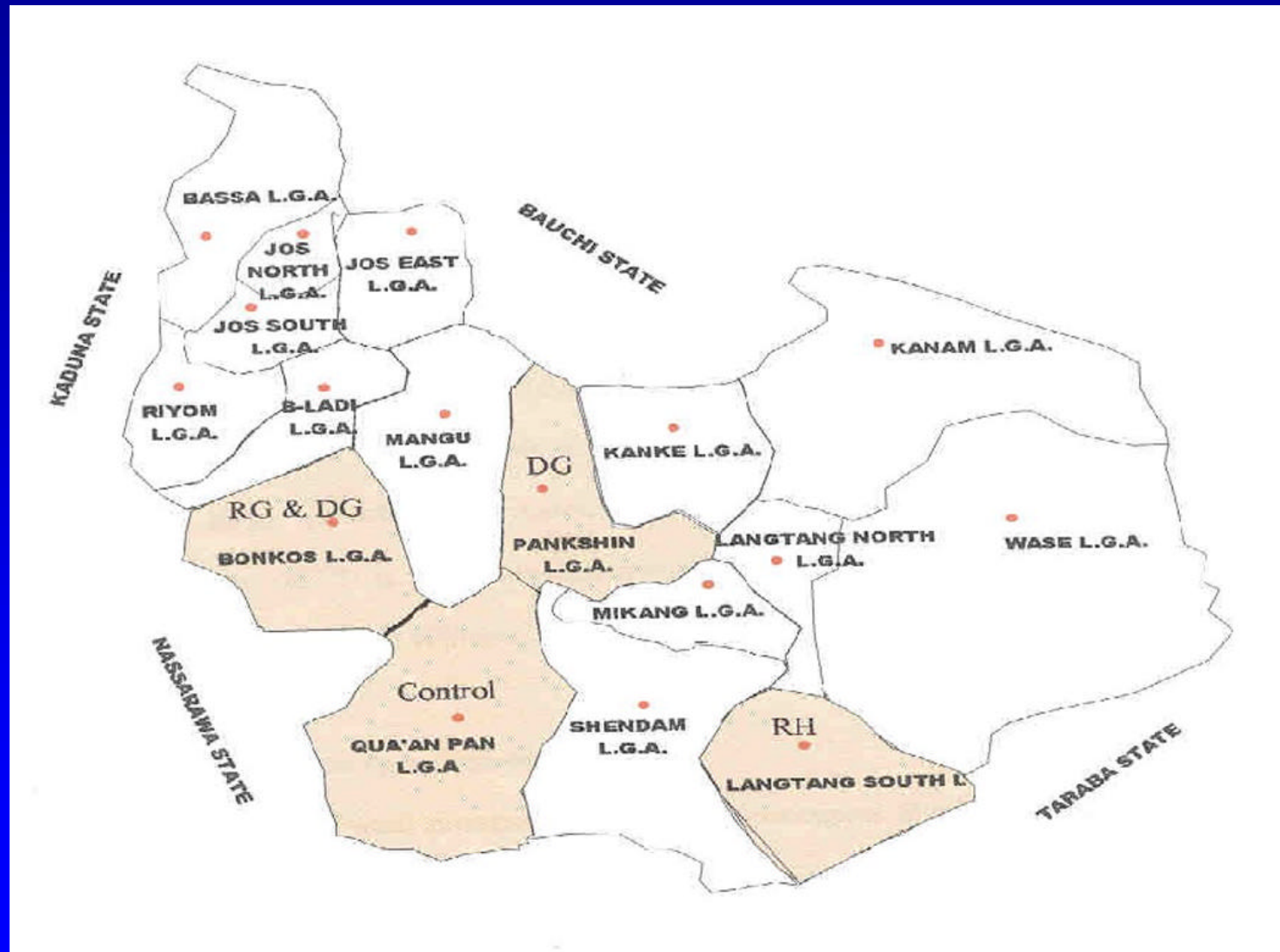
- Mobility: husband's giving permission to go places (market, clinic, friends, church)
- Household decision-making: final say
- SES: his income contributes to final say on purchase of HH items
- Sexual: communication and perception of right to refuse sex
- Wife-beating: his justification by situation

Study Design

- A Quasi-experimental Design
(Interventions by LGA)

RH only	DG & RH
DG only	Control (none)

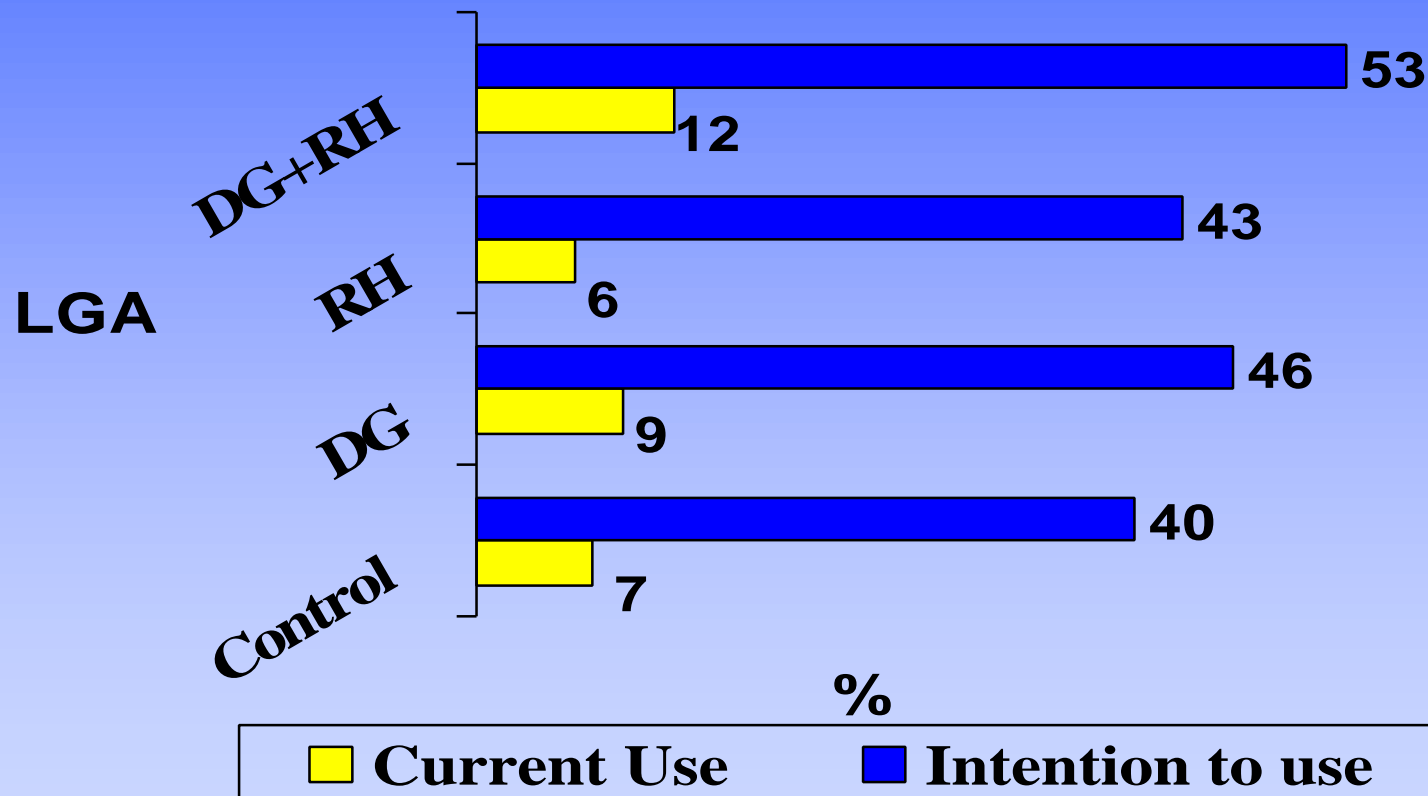
Study Sites



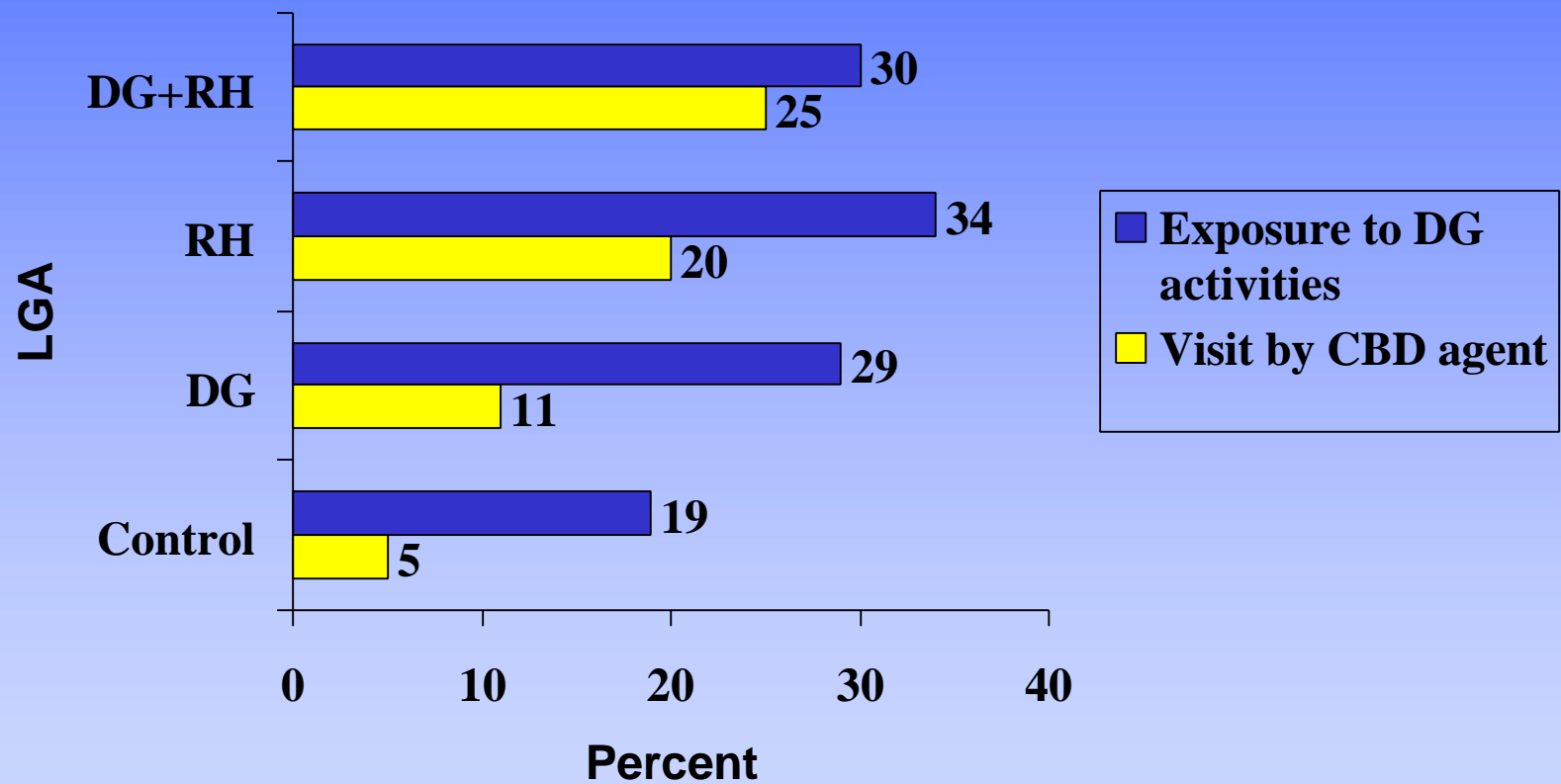
Sampling

- Representative sampling of 2000 ever-married women age 15 – 49
- Sampling frame from COCIN's local Church Council (LCC) and government's enumeration areas (EA)
- 500 women per LGA randomly selected
- 50 women from 10 EAs interviewed

Current Use and Intention to Use Modern Contraceptives



Linked RH and DG Outcomes



Key Factors Affecting Women's Program Participation

CBD HOME VISIT

- Older (30+) age
- Higher education
- Protestant religion
- Radio listening
- Higher mobility
- Current use of FP

D&G ACTIVITIES

- Higher education
- COCIN affiliation
- Radio listening
- High Soc-econ status
- Higher mobility
- Current use of FP

Key Linkage Results

- Holding background variables constant (via logistic regression):
- Intention to use family planning was 56% ($p < .001$) greater among those exposed to DG activities
- DG participation was 79% ($p < .001$) greater if woman was visited by CBD

Key Male Influence Results on Contraceptive Use

- Current use was 10x higher among poorly educated women whose husbands approved of FP than among those who didn't approve ($p < .001$)
- Among poorly educated women, intention to use FP was almost twice as high for women with husband-permitted high freedom of mobility ($p < .001$)

Conclusion

Women exposed to both RH and D&G activities more likely to use FP services

WHY? An enabling environment for D&G , including male involvement, was created that empowered women with positive attitudes, tools/skills and resources to address some fundamental women's rights issues

Main Influences of Men on Reproductive Health Outcomes

- Permitting greater mobility and exposure to new ideas and other social networks
- Encouraging political participation at both leadership and household levels
- Providing higher income and status for access to modern good and services
- Increasing communication on reproductive issues

Obstacles to Increasing Male Influence on Family Planning

Why is CRP still under 10%?

- Low (30% above primary) female education
- Traditional values and norms: marital selection, sexuality and gender roles
- Economic disadvantage and poverty
- Male-dominated religious leadership
- Low (10 %) women's political involvement

Implications of D&G for Human and Reproductive Rights

In moving gradually from an authoritarian to a more egalitarian society, we can expect:

- Political involvement to lead to greater women's decision-making autonomy for allocation of their time and resources
- Husband's permission for wife's freedom of movement and communication
- This new autonomy can translate into greater reproductive health equity with her spouse

The End



ENABLING CHANGE FOR WOMEN'S REPRODUCTIVE HEALTH

