CHAPTER VII
SUMMARY AND CONCLUSION

7.0 Summary

The entire work made an analysis on women's empowerment status which was examined through some domains of empowerment common in two populations. The individual and combine effect of the domains on women's reproductive and child health status in two different settings were also observed. Furthermore, women's experience of domestic violence was incorporated in the study to observe its effect on two child health outcomes. To achieve this, two sets of national survey data were used viz, National Family and Health Survey (NFHS-3) and Nigeria Demographic and Health Survey (2008 NDHS) of India and Nigeria respectively. These surveys have similarity in execution and the international agencies responsible for supporting and monitoring the survey are the same.

The specific areas investigated in this thesis work includes;

- women's empowerment which was examined by three domains- decision making autonomy, women's attitudes towards wife beating and their attitudes towards refusing sexual intercourse;
- women's reproductive health outcomes was measured by institutional place of delivery, assistance by skilled birth attendant and use of modern method of contraceptive;
- Women's reproductive preferences were examined through their desire for ideal family size, method of contraceptive use, and desire for more children.
- Child health status was assessed by children's immunization status (full immunization), nutritional status (underweight), and survival status (child is alive)
- women's experience of domestic violence in relation to some socio economic variables – education, spousal education gap, residence, wealth, work status and demographic variables – age, age at marriage, age at first birth, spousal age gap and parity were also examined.

The whole thesis is an empirical study of a multidimensional concept of women's empowerment in relation to women's reproductive health outcomes and child health outcomes. The work was designed towards examining the status of women's empowerment in two populations of two developing nations, and how these status

influences reproductive and child health outcomes. It also contains an aspect that appraised women's decision making autonomy, their experience of domestic violence and its effect on children health status.

This thesis is divided into seven sections were each section is a chapter which addresses different aspects related to women's empowerment.

Chapter I is a section that contain the introduction and review of some related literatures. Here, a brief historical background of Nigeria, India and Uttar Pradesh was given, the objectives of the entire study were stated and some background of the variables used where briefly described in this section. Furthermore, review of some literature related to the areas studied where also presented under this section.

In chapter II, the levels of women's empowerment status in the study areas were examined using some direct measures of empowerment which at the context of this study called "the domains of empowerment". This chapter used three domains to measure women's empowerment levels, these are; decision making, wife beating and refusing sexual intercourse. The three domains were examined on both individual as well as collective basis using a total of twelve indicators. Following this further, the individual effect of some selected women's demographic and socio-economic variables on the three domains as well as empowerment were observed using some statistical tools like bivariate and multivariate analysis. Findings from this chapter revealed that increase in women's age, age at marriage and wealth status tend to increase their decision making autonomy in Nigeria, while in Uttar Pradesh, older age women, women with higher education, with spousal age difference more than 5 years have more decision making autonomy. However, in both study areas, women were more likely empowered as their age, age at marriage and education spousal age gap and wealth status increases in both populations. Furthermore, wealth status and place of residence were found to be the two women's characteristics that have greater impact on three domains of empowerment, where as age at first birth on the other hand seems not to have any significant influence on women's empowerment status in Nigeria and Uttar Pradesh respectively.

Chapter III basically focused on examining the effect of women's empowerment (measured by decision making, wife beating and refusing sexual intercourse) on their reproductive health outcomes (contraceptive method, place of delivery and skilled birth attendant) in the study areas. Finding from this chapter is that women's decision making autonomy and their attitudes towards wife beating where found to be important determinants to women's reproductive health outcomes and health seeking behaviours in

both study areas. In addition to this, it was also revealed that most of the selected socio-economic and demographic variables used in the study have significant influences on women's use of modern contraceptive methods, place of delivery and assistance by a skilled birth attendant during their most recent delivery. Furthermore, it was found that the third domain used (i.e. women's perception on their sexual role) have less significant effect on women's use of modern method of contraceptive, institutional delivery and assisted by skilled birth attendant during their most recent delivery.

Chapter IV was concerned with finding out whether two aspects of women's empowerment (decision autonomy on purchases/visits to family and attitude towards wife beating) and some proxy variables (background characteristics) influences women's reproductive preferences (fertility desire for more children, desire for ideal family size and use of modern contraceptive method). In this chapter, decision making and wife beating were regarded as direct measures of empowerment, while women's background characteristics were regarded in this chapter as proxy measures of empowerment. Findings in this chapter indicated that most of the selected proxy indicators (background variables) have a significant influence on the measures of women's autonomy in the study, where women having secondary or higher education, living in urban residence rich in wealth status and are currently employed have higher levels of decision-making autonomy and than other category of women. These findings were consistent with other findings by Healton e*t al*., (2005) in a study carried out on some developing countries, which main focus was on the influence of women's socio-economic status on their autonomy. Furthermore, the logistic regression models used provided important finding in the existing relationship between women's autonomy indicators, fertility preferences and use of contraception in Nigeria and Uttar Pradesh (India). Moreover, despite the multi-dimensional nature of the measures of women's autonomy, the reproductive preferences and use of modern contraception in Nigeria and Uttar Pradesh (India) have a strong connection with most of the autonomy indicators considered in the study. Finally, one important finding in this chapter is that women's autonomy in decision making on purchases and visits to families/relatives is very relevant in determining women's reproductive preference and fertility regulation in Nigeria and Uttar Pradesh.

Chapter V scrutinized the contributions women's decision making autonomy and attitudes towards wife beating on measures of child health outcomes (immunization status, survival status and nutritional status). It was discovered in this chapter that there is generally low percentage of children immunization, high percentage survival, and low percentage

underweight among the sampled under five children and that relationship exists between the indicators of women's empowerment and child health outcomes in both study areas. It was further found that the children's health outcomes considered in this section are greatly influenced by background variables such age, educational status of parent, wealth status, place of residence, work status. In addition, women's empowerment domains based on the context of this chapter has significant effect on the child health outcomes in Nigeria, but no significant effect on child survival status in Uttar Pradesh. However, the major finding of this chapter is that women's empowerment through decision making and wife beating is highly associated with child health status in both study areas, but these relationships varies across the each domain of women's empowerment and also across the two populations.

Chapter VI dealt with exploring the inter relationship that exist between women's decision making autonomy and their experience of domestic violence to see whether these affect child health outcomes (like child's immunization and nutritional status). Findings from the study revealed that there is strong and significant link between the variables used in the study (women's autonomy, domestic violence and child health status). Decision making in four areas (women's own health care, major purchase, daily purchases and visits to family/relatives) where examined in relation to women's experience of domestic violence and then the effect of both were assessed on child health outcomes. Empirical relationship between child health outcomes (dependent variable) and decision making, domestic violence and the proxy variables (explanatory variables) were examined and found that a significant relationship exists between all the variables and child's full immunization and nutritional status except for domestic violence (Nigeria) and work status and parity (Uttar Pradesh). Furthermore, findings revealed that domestic violence is influenced by some socio-economic and demographic characteristics of women and also have effect on child health status in both populations. However, results from logistic regression analysis which was used to predict child health status using women's autonomy and their experience of domestic violence revealed that women's in decision on large household purchases and visits to family/relatives, domestic violence and residence are not significant predictors of child's health status in Nigeria, while in Uttar Pradesh (India), women's in decisions on (health care, large and daily household purchases), age of women, parity, residence and work status are not significant determinant of child's health status (immunization and underweight).

Consequently, some important findings in the context of this study revealed that women's experience of domestic violence showed no significant association with the two child's

health outcomes in Nigeria, indicating that the experience and non experience of domestic violence has no or less influence on child's immunization and nutritional status as revealed.

Furthermore, a highly significant association between domestic violence and child health status is observed in Uttar Pradesh sample, though, women who experience domestic violence were less likely to have fully immunized children but more likely to have underweight children. Finally, background variables such as age of child, parent's education and wealth status were found to be the most important determinants of child's immunization and nutritional status in both study areas.

Chapter VII forms the last section of the thesis consists of the summary and conclusion of the entire work.

7.1 Conclusion

The work was carried out based on two populations – Nigeria and Uttar Pradesh (India) from developing countries in Africa and Asia having similarities in women characteristics. In general, the study found that women's empowerment through participation in household decision, their acceptance/non acceptance of gender and sexual roles is greatly influenced by some of their socio economic and demographic variables. Further, an examination of the three domains of empowerment shows that it has great impact on women's reproductive health status, child's health status, fertility preference and their experience of domestic violence in both study areas. The study revealed some important findings based on the variables used:

- In Nigeria, wealth status has significant effect on all the three domains of empowerment and hence influences women's empowerment status.
- In Uttar Pradesh, place of residence have more significant effect on the three domains of empowerment; therefore have a great influence on women's empowerment status.
- Women's experience and non-experience of domestic violence has less or no influence on child's immunization and nutritional status in Nigeria.
- Women who experienced domestic violence were less likely to have fully immunized children but more likely to have underweight children in Uttar Pradesh. However, experience of domestic violence was found to have great influence on child's immunization and nutritional status.
- Institutional place of delivery and use of modern contraceptive is highly significant with women's empowerment in both study areas.

- Women who have decision making autonomy and disagree wife beating were less likely to desire more children
- There is a strong significant link between two women's empowerment measures (decision making and wife beating) with child's immunization status in Nigeria and Uttar Pradesh. Women having decision making autonomy and those who disagree wife beating were more likely to have fully immunized children.

The results obtained in the whole study provided insight into the development and implementation of women's empowerment interventions in the two areas of study. Therefore, it is suggested based on this study that since women's involvement in household decision making was found to be essential for their empowerment, and hence important for growth, development and progress of every nation, participation in decision making both at the household, community and societal levels should be promoted.

7.2 Strength and Limitations

The strength of this study is that it provides an extension of previous research studies on the link between women's empowerment and reproductive and child health outcomes using multiple measures of women's empowerment.

Another area of strength is in the ability to study two diverse populations with a large sample size, which allows the application of rather sophisticated statistical analyses and increases the statistical power of the results.

However, the study has some limitations as a result of its inability to make use of all the information recorded most especially on all women.

Firstly, the study considered and analysed data based on sample of only women that were currently married and were at their reproductive age (15 – 49) years as recorded at the time of the surveys, as such is limited in its inability to consider all categories of women (currently married, women below and above reproductive age, widows and divorcees) in the recorded households of both study areas, as findings from the study are used to generalize to all women in the populations.

Secondly, the three domains of women's empowerment used in the study were chosen strictly based on the availability of information and its commonality to both study populations. There may be other domains more relevant to measure women's empowerments that are not considered, as such pose a limitation to the work.

Consequently, the study has the following limitations:

Firstly, for child immunization, the study considered only information on last under-five year children who received full immunization (i.e. who received BCG, 3doses DPT, 3 doses of Polio and Measles vaccines) based on mother's reports. The sample of children used in the analysis may not be the actual number of children in the entire sample in the selected study areas; this is because of the fact that children whose mothers have died as well as those whose mothers are younger than 15 or older than 49 years at the time of the survey were excluded. Furthermore, underweight in children was examined as outcome of children's nutritional status without giving regards to hereditary cases from both or either of the parents.

Secondly, the study examined the effect of only two domains of women's empowerment i.e. women's decision making autonomy and their attitudes towards acceptance/non-acceptance of wife beating because of availability of information and its commonality to the populations considered in the study.

Lastly, women's empowerment was assessed based on each domain and not combined because of their varying contribution and influence on the health of a child.

However, there is need for further study using consistent concepts and domains for women's empowerment and child health outcomes, using other sophisticated methods for analysis and evaluation of the relationship of women's empowerment with child health outcome.