

Chapter 23

Literacy and Decision Making on Health Issues among Married Women in Southwest Nigeria

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ABSTRACT

It has been observed that women lag behind in participating in decision making in Nigeria as the number of women in key positions is nothing to write home about. The study is set to determine the level of women participation in health related decision making and investigate the effect of literacy on women's participation in health related decision making. A random sampling method was used to select three states; and from the three states three Local Government Areas (LGAs) and from the 3 (LGAs) 64 to 68 eligible respondents were selected by purposive sampling technique, making a total number of 600 respondents. Questionnaire was used to elicit information from the respondents.

PRELIMINARIES

It has been observed that women lag behind in participation in decision making in Nigeria as the number of women in political and governmental positions is nothing to write home about. From the Declaration of the Summit of all women politicians held in Abuja on the 28th June 2002, it was observed that the marginalisation of women in Nigeria's patriarchal political system was not a new phenomenon. In fact, it dates back to the Colonial era where women were not even allowed to vote in Northern Nigeria until 1976, and it has continued into the Forth Republic. For instance, out of a total of 11,881 electable positions available during 1999 elections, only 631 women contested. Those that managed to win were a mere 1.62% (181 of the total positions) (Ibrahim and Salihu, 2004). Mejiuni (2012) citing I-IDEA (2000) stated that despite a comparatively large pool of well trained and able women, their absence in major institution of power and decision making processes is particularly striking. UNDP (2006) asserts that:

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... women have long been under-represented at all levels of governance – as voters, candidates, party leaders, and elected officials, and illiteracy, twice as common among women than men, has impeded women's participation in the political process. Women still hold only 16 per cent of parliamentary seats worldwide. (p.7)

As can be deduced from the quotation above, another factor identified as a hindrance to women's participation in decision making is low level of educational attainment among women. Tsikata and Brown (2001) cited in Kwapong, (2006) stated that the level of education was a major influencing factor in women's level of participation in decision-making. According to UNESCO (2008), total youth literacy rate is 84%, total adult literacy rate is 69% while male is 78% and female 60%. In an online publication, Huebler (2008) while reporting Demographic and Health Survey (DHS) stated that in Nigeria, 55% of the population aged 15 years and older could read and write. According to him, more men (67%) than women (44%) are literate, and the literacy rate is higher in urban (71%) than in rural areas (47%).

The importance of literacy to the health of people especially women cannot be over-emphasised. Given the common recognition of the key roles that women play in fertility planning, infant care/nutrition and health education, female illiteracy can be seen as a major obstacle to health and social development. When a woman is literate, it is expected that it will affect the lives of her entire household. She is able to care for children and husband effectively, prepare for them good and nutritious meals and care for them when they are sick. (LeVine et al., 2000 cited in Wagner 2000).

There have been many studies that demonstrated that there are relationships between women literacy and health by many authors in different countries. Kagitcibasi, Goksen and Gulgoz (2005) examined the effects of the Functional Adult Literacy Programme (FALP) of the Mother-Child Education Foundation in Turkey on the cognitive, personal, familial and social spheres of the lives of women participants. The study revealed that literacy enables women to be self-sufficient in their daily activities. Programme participation contributed to improving women's mobility in the public and provided them opportunities for interactions. The study concluded that functional literacy was a powerful process of transformation, extending from cognitive to non-cognitive gains and from each participant to her immediate environment, and enhancing self-concept and capabilities to function outside the boundary of the community.

Another is the Women's Empowerment Programme organised for women in Nepal through basic literacy, legal literacy, and economic participation activities. It was designed to increase women's literacy, improve the legal environment for females, and encourage women's economic participation in the market. The programmes were based on the notion that women's education and empowerment allow them to become effective agents of change in their households and communities, which in turn enhances the well-being of their families and society at large. Women who had participated in the programmes reported an increase in self-confidence and greater autonomy within their daily lives, and they showed greater involvement in the care of children, reproductive management, and how family income was spent (76% of women surveyed reported using income to alleviate economic hardship in their households). Increases were found in women's involvement in collective community activities and social issues. Participants surveyed, ten years after taking the literacy classes, were found to be still engaged in social actions and income-generating activities, even more than those who had only recently begun attending literacy classes (USAID 1998 as cited in Wagner 2000).

Sandiford et al. (1995) cited in Robinson-Pant (undated) analysed the effects of adult basic education in Nicaragua over a period of ten years, and found a statistically significant drop in infant mortality amongst mothers who had participated in the literacy campaign as compared to those who had not. They

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