

ORIE Research Summary

Nutrition Research in Northern Nigeria

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Gender inequality and maternal and child nutrition in Northern Nigeria

This summary provides an overview of how gender inequality impacts maternal and child nutrition in Northern Nigeria. The research had two main purposes: (1) to increase understanding of the pathways by which gender inequality is linked with poor maternal and child nutritional outcomes and (2) to formulate a set of gender-related questions which ORIE research will address in order to provide information on how to address gender-related issues that influence maternal and child nutrition and the uptake of health and nutrition services.

Approach

This briefing is based on a desk review of evidence found online in peer-reviewed journals and 'grey literature'. We focused on evidence describing the majority Hausa and Fulani ethnic groups in the Muslim Northwest and Northeast where the five WINNN states are located. Almost all the data is from the last 20 years. The quantitative data cited is from the 2008 Nigeria Demographic and Health Survey (NDHS).

Key findings

Nigeria has a good policy framework in place to prevent gender discrimination, but the government fails to enforce its own laws. Consequently Nigeria ranks 118 of 134 countries on the Gender Equality Index. Gender inequality is greater in the North where many of the states have not domesticated federal legislation. A 2012 report found that 'women and girls suffer systematic disadvantage that is magnified for those in the poorest states (the Northern states) and sectors of society.' The manifestations and consequences of gender inequality differ among girls and women according to such factors as religion and ethnicity, social class, age, marital status, and education.

1 Manifestations of gender inequality in Northern Nigeria

Domestic gender roles and relations

The prevalence of child marriage is high among girls in Northern Nigeria, with many married before

they reach the legal age of 18 years. Married Muslim girls and women are usually subject to *purdah*, dictating the seclusion of women. Most require the permission of their husband to leave the compound and many have limited decision-making power in their homes. Married girls and women are expected to bear children early. In 2008 45% of 15-19 year olds in the Northwest and 39% of 15-19 year olds in the Northeast had at least one child. Gender-based violence, including domestic violence, is not uncommon.

Access to education and income-earning activities

Northern girls lag behind their male counterparts in school attendance and completion rates, and more women than men have no formal education. This limits women's access to waged employment, along with the cultural norms that limit their mobility. Many women in *purdah* engage in informal sector economic activity and belong to women's groups organised for collective economic activities. Hausa women usually retain control over their income, but many have no say in the use of their husband's income. Female incomes tend to be low, rendering them largely dependent on their husbands or other male kin.

Maternal health services and maternal mortality

Maternal health care is particularly poor in Northern Nigeria. In 2008 only 31% of women in the Northwest and 43% of women in the Northeast had received ante-natal care during their last pregnancy, and only approximately 10% of births occurred in a health facility. The poor uptake of services is →

ORIE Research Summary

due to factors such as distance to health facility, a lack of female health workers, the lack of money to pay for transport, or lack of husbands' permission to go to the health centre.

The inadequacy and poor uptake of services, high levels of fertility, and the high prevalence of teenage pregnancy, conspire to produce one of the highest maternal mortality rates in the world.

Women's political representation and participation

Women's role in public life is very limited in Northern Nigeria. Men occupy traditional political and religious leadership roles, and women's participation in community associations is very low. Women are excluded from decision-making in all spheres, from national policymaking to community life, and have little say in the way that health and nutrition services are provided.

2 The consequences of gender inequality for maternal and child nutrition

The biological consequences of poor maternal nutrition on children's health

Evidence from a number of contexts has shown the importance of maternal nutrition for child health and nutrition. A stunted (short stature) woman is more likely to give birth to a low birth-weight or premature infant, who has a greater risk of death. Children who do survive are more likely to themselves become stunted, perform less well at school, and be less productive adults than the children of

healthy mothers. The cycle is repeated when stunted girls become mothers, demonstrating the critical importance of good nutrition for women and girls throughout the life cycle.

The social effects of gender inequality and low female status on children's health

Children's survival, health and nutrition tend to be better when their mothers are more educated. Girls and women with more education are likely to marry later, bear fewer children, and use health and nutrition services. Women's decision-making power and control over income in the home are also important. Evidence from various countries suggests that women are more likely than men to make decisions and spend money in ways that benefit the welfare of household members.

Implications for ORIE research and the WINNN programme

On the basis of the above findings, we developed a set of core gender-related research questions which ORIE will address. The questions examine the relationship between gender inequality, health-related behaviour, and maternal and child nutrition in the Northern Nigeria context, and explore the gender-related demand-and supply-side barriers to the uptake of nutrition services and how they may be modified. Answers to these questions will provide WINNN, policymakers and service providers with information to understand how to address gender-related issues that influence maternal and child nutrition and act as barriers to the uptake of health and nutrition services.

ORIE and WINNN

ORIE is an independent component of the UK Government's Department for International Development (DFID) funded Working to Improve Nutrition in Northern Nigeria (WINNN) programme. WINNN is working to improve the nutritional status of 6.2 million children under five years of age in five states of northern Nigeria. ORIE is carrying out research to determine the impact of WINNN and generate important research on key evidence gaps regarding solutions to undernutrition in northern Nigeria.

Credits

This ORIE research summary was written by Katherine Pittore. It is based on the report Gender Inequality and Maternal and Child Nutrition in Northern Nigeria by Frances Hansford and Olufolakemi Anjorim. Readers are encouraged to quote and reproduce material from ORIE Research Summaries in their own publication. In return, ORIE requests due acknowledgement and quotes to be referenced as above.

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