



LEARNING BRIEF

2020

Toward gender equity in the household: promoting women's decision-making and empowerment in Ibadan, Nigeria

This report highlights findings from a gender synchronized, couples-based female empowerment program implemented in Ibadan, Nigeria. The program aimed to foster greater female decision-making within the household by intervening in key arenas of their disempowerment — relationship with their partner, and economic and reproductive arenas. Overall, the findings demonstrated positive shifts related to gender related outcomes — including household decision-making, division of labor, and male attitudes — with the gender socialization component of the intervention being the critical piece for achieving improved gender relations.

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Background

NIGERIAN CONTEXT

Nigeria has made measurable gains in human development indicators over the last decade, but it continues to face immense social and economic challenges.¹ Nigeria remains a largely patriarchal society, where structural and gender inequalities ensure that men dominate the private and public spheres and hold positions of power. Women are relegated to the background with diminished agency and decision-making power in all arenas — economic, reproductive and social. The household continues to be a key site of women's disempowerment. Rigid social structures dictate that men take on the role of the breadwinner and decision maker, while women take on domestic work and childcare responsibilities.

Furthermore, these restrictive norms ensure women and girls have limited access to opportunities and resources that can foster their empowerment, leaving them vulnerable, and with limited agency and decision-making within their homes, ultimately creating inequitable relationships within the home (Figure 1). For example, only 44 percent of Nigerian women participate in decisions regarding their own healthcare in contrast to 82 percent of men.² Gender norms also shape Nigerian women's mobility patterns, which in turn impact their access to education and ability to engage in work outside their communities.³ Additionally, in Nigeria, gender-based discriminatory practices such as child marriage and teen pregnancy continue to be prevalent. Due to their association with school drop-out and early childbearing, these issues further compound the situation for girls, limiting their earning potential and life choice options beyond the domestic and reproductive sphere.⁴

However, evidence suggests that change is on the horizon and the status of women is on the rise, particularly in urban areas. Nigeria is slowly making progress towards narrowing gender gaps in education, labor force participation and health outcomes.⁵ More women in Nigeria are entering the workforce, achieving economic freedom and gaining increased control over their lives.⁶ For example, women's employment has been steadily increasing from 57 percent in 2011 to 65 percent in 2018. Delayed marriage and family formation are also contributing positively to women's transition into productive work. The average age at first marriage among women ages 20-49 has gone up slightly from 18.3 years in 2013 to 19.1 years in 2018. Within the same age group, the increase in age at first marriage is more pronounced among urban women versus their rural counterparts. A similar positive trend has been observed regarding childbearing during

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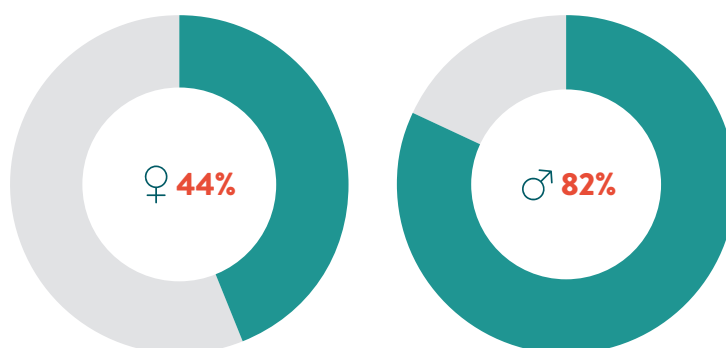
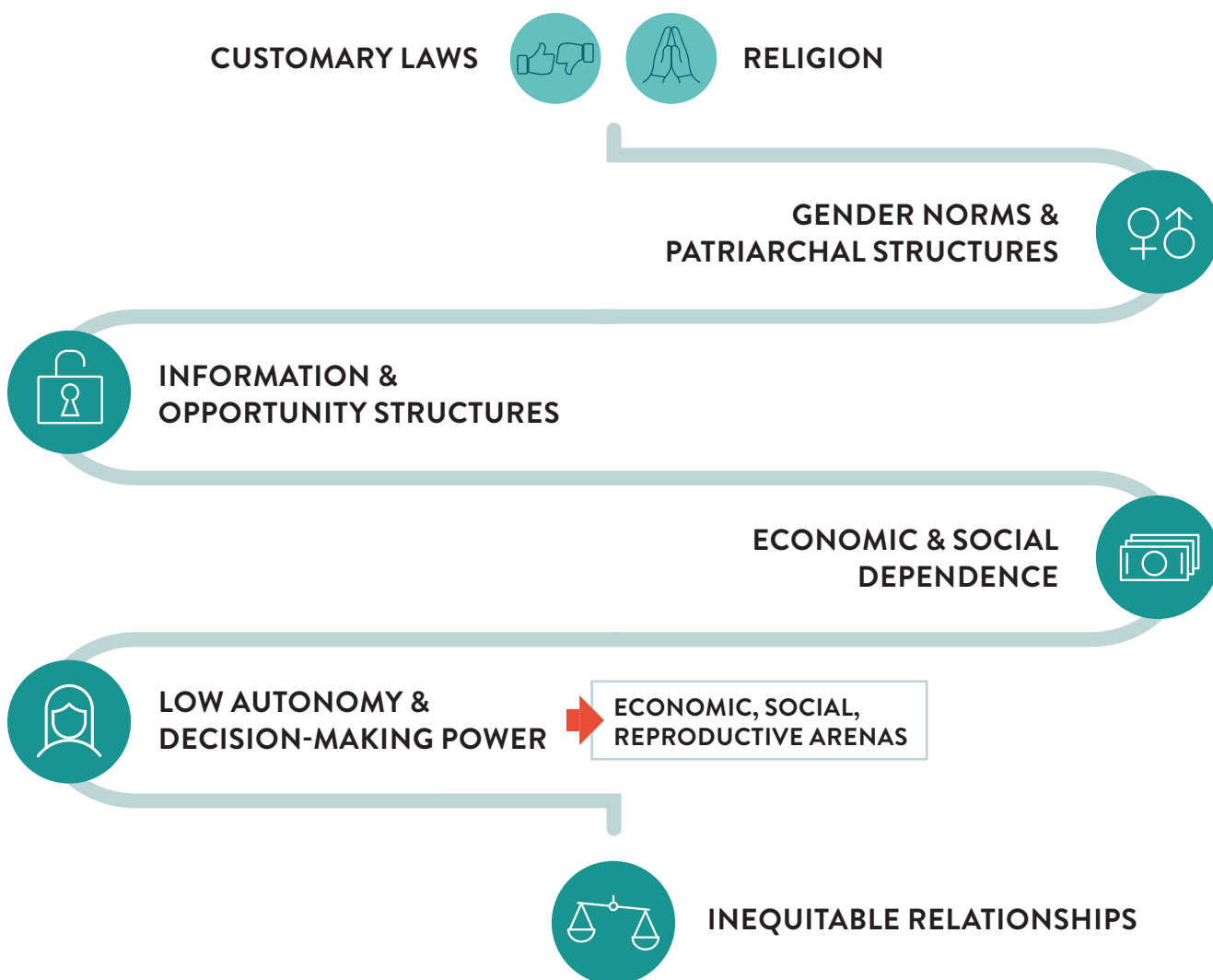


FIGURE 1. Inequitable Gender Relations Within Households — Causal Pathway

adolescence, which has declined from 28 percent in 1990 to 19 percent in 2018, with urban women delaying childbearing later than their peers in rural areas.²

PROGRAM RATIONALE AND DESIGN

Against this backdrop, the need for a holistic intervention that recognizes the multi-dimensional nature of women's empowerment was clear. To this end, the College of Medicine, University of Ibadan in partnership with the International Center for Research on Women implemented the Women Working With Partners (www.partners) intervention in peri-urban Ibadan, Nigeria. The program design was grounded in an understanding of the gendered Nigerian context, while also recognizing and leveraging the ongoing

structural changes in the status of women that could potentially provide a fertile ground for a program that targeted gender equity, and accelerate progress towards greater female empowerment and gender equity. The program recognized the household as a key site of women's disempowerment. The goal of the intervention was to foster greater female decision-making within the household by intervening in key arenas of their disempowerment — relationship with their partner, and economic and reproductive arenas.

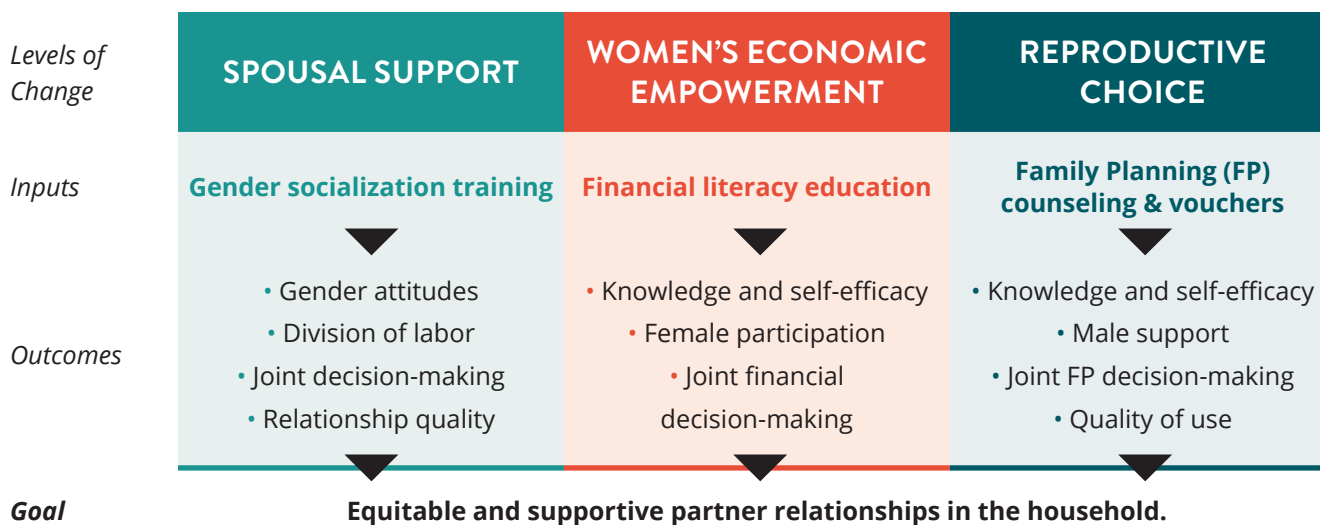
The intervention was a multi-pronged effort that targeted both structural and normative barriers to gender equity within households. Prior studies have highlighted the limitations of approaches that focus only on structural barriers that prevent

greater gender equity, especially in non-western settings, while ignoring the gender norms that play a major role in the household distribution of power.^{7,8} Gender norms can intervene in women's ability to transform resources into outcomes that change or challenge intra-household gender inequities, and are therefore critical to address for any transformation to take place.⁷ Hence, central to this effort was a gender socialization intervention to promote egalitarian spousal relationships within the household by challenging the established gender roles within homes as well as highlighting the benefits of a supportive and egalitarian relationship.

In addition, to address some of the structural barriers that impede female participation in household decision-making, the intervention increased female knowledge on financial concepts through a financial literacy workshop. The couples also participated in a counselling session on contraception and the poorest couples were able to access a voucher system to obtain a method of their choice. Taken together, these interventions provided women and men the synergistic knowledge and tools to share decision-making in these arenas and remove some the barriers that prevent women from fully participating in key decisions that affect their lives (See Figure 2).

FIGURE 2. Theory of Change

Gendered context: Men hold traditional authority, controlling property, finances and other resources.



The program also intentionally adopted a gender synchronized strategy. Gender synchronized approaches engage women and men to “equalize the balance of power between men and women in order to ensure gender equality and transform social norms that lead to gender-related vulnerabilities.”⁹ As opposed to separately targeting women and then engaging men, gender synchronization reflects the premise that gender equality efforts will be most effective when conducted through optimal collaboration and coordination.¹⁰ As the program targeted couples, a gender synchronized approach was considered most strategic and best positioned to avoid any unintended consequences — particularly increased exposure to violence. Existing literature suggests that empowering women

without including men in the process may result in increasing men's feelings of alienation and could be counterproductive.¹¹ Given the gendered realities of women's lives — and because women who gain economic status may be at a greater risk of experiencing intimate partner violence — ensuring that their partners are fully aware of the program's intention and strategically including them in the process are imperative to avoid any backlash and unintended violent consequences. Furthermore, for women's empowerment programs to succeed, both men and women need to understand and debate with each other about gendered inequalities and how notions of masculinity and femininity can be detrimental to the health, wellbeing and wealth of their families.



Program Details

PROGRAM PARTICIPANTS

The program recruited both partners in a young couple who had been living together for at least one year, where the woman was aged between 18-35 years. Women in polygynous marriages, who were co-residing with their husbands also participated in the program. Couples where the woman did not meet the age, marital status and residence criteria were excluded given that the intent of the program was focused on addressing barriers to foster more egalitarian relationships between young couples living in the same households. A total of 1,236 couples took part in the program.

FORMATIVE RESEARCH

Prior to the start of the program, formative research was conducted with women, men and couples residing in the local government areas that were selected for the study to assess the feasibility of the intervention approach as well as discuss main programmatic components. To this end, five focus group discussions were held (one among women; two among men; two among couples) to explore their perception and understanding of concepts of gender roles, financial literacy and family planning. The formative phase also included an activity on conducting an inventory of family planning services available in public and private health facilities in the local government areas selected for the study in Ibadan. The purpose of this activity was for the

findings to serve as a guide to select high quality and comparable facilities to refer study participants.

TRAINING OF FACILITATORS

The program sessions were led by trained facilitators. The facilitators received rigorous trainings on group facilitation techniques, the material presented in the curriculum and ways to effectively communicate and convey key concepts while considering cultural sensitivities around topics covered in the program. The single-sex sessions were facilitated by a facilitator of the same sex as the participants, while the couples sessions were led by one female and one male facilitator.

PROGRAM IMPLEMENTATION AND EVALUATION

Program Implementation

The gender socialization and financial literacy workshops were initially gender-specific and held in single-sex groups to avoid any potential gender conflicts from arising, and give individuals time to process the information and critically reflect on their own behavior and actions. Subsequently, the female and male participants were brought together for the couple sessions, which were focused on skills building and providing couples with tools to work collaboratively as a team. The gender socialization and financial literacy sessions workshops consisted of four and three weekly sessions, respectively, each



Photo credit, left to right: Omololu Olonimoyo; Muhammadtaha Ibrahim Ma'aji/Pexels; Fabian Godwin/Pixabay; Omololu Olonimoyo

lasting 1.5-2 hours in duration, over a six-week period. During the gender socialization sessions, participants were encouraged to reflect on rigid gender norms, to examine their personal attitudes and beliefs, and to question traditional ideas about household decision making and division of labor, caring for children and sharing household tasks. The workshops also included skill-building sessions on effective communication and negotiation. The financial literacy intervention aimed to impart knowledge by promoting knowledge and skills in budgeting, financial planning, accessing and using financial services, and income generating activities to increase women's participation in financial decision-making within the household. The family planning intervention consisted of one training session to discuss contraceptive methods, followed by counseling sessions for those who chose to visit the designated health facilities.

The workshops were designed to be interactive and organized around lectures, exercises, role-play and group activities. The curriculum was adapted from existing curricula that have been used in similar gendered settings.

Knowledge sharing and sustainability

Couples were provided with study materials for their own review and to facilitate their subsequent peer-teaching activities. Peer learning constituted a critical aspect of the skill acquisition process as each couple

was expected to teach another couple what they learned during the trainings.

Evaluation

A four arm, cluster randomized control trial was utilized to evaluate the effect of the intervention. In arm 1, the couples participated in a structured group education program on gender socialization. In arm 2, the couples participated in a structured financial literacy education program, in addition to the program on gender socialization. In arm 3, the study couples received the complete package of interventions (gender socialization education, family planning counseling and financial literacy). Arm 4 served as the control group. The primary goal of the evaluation was to assess the impact of the gender socialization arm, and the added improvements likely to occur in female empowerment and spousal support measures when family planning or financial literacy interventions were incorporated. Baseline data were collected from couples before the start of the program via a quantitative survey. Then, couples in all four study arms were re-contacted six months post intervention for end line data collection. Qualitative interviews were conducted with selected couples to gain a more in-depth understanding of their perceptions of the program and potential impacts.

Program Successes and Challenges

SUCCESSES

Implementation

One of the main successes of utilizing a gender synchronized approach was that it provided the program participants an opportunity to internalize the concepts in the midst of other women and men before they had to discuss gender and finance-related issues with their partners in the couples' sessions. Another key element to the success of the program, as reported by the participants, was that the team activities aided group dynamics and peer learning. Participants also noted that the transportation reimbursement incentivized them to attend the program sessions since they did not have to incur any financial cost. From the program facilitators' perspectives, the weekly reviews in preparation for the next training session were critical to helping them build their confidence and level of preparedness. Laminated hand-outs provided to study participants for self-learning as well as sharing with other couples in the community were very well received. Many participants stuck them in prominent places in their houses as a reminder of what they had learnt during the training sessions.

Impact

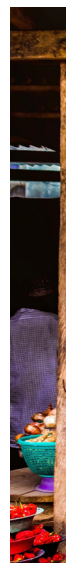
Overall, the quantitative and qualitative findings signaled positive shifts in gender-related outcomes, including household decision-making, division of labor and male attitudes. More specifically, an in-

depth analysis revealed that the gender socialization component of the intervention was the critical piece for achieving improved gender relations and equitable attitudes, while the other interventions had limited benefits.

The gender socialization component created a space for women and men to critically reflect and challenge the norms that perpetuate inequalities between women and men. Further, these sessions enabled participants to internalize a new way of perceiving women and men's roles in the household and applying them in their own lives, resulting in a significant decline in time women spent on household chores. As articulated by a male participant:

“Through this training we have seen that house chores are not something that is entirely left to the women, we learnt from this program that we need to help our wife.”

This shift in beliefs around socially constructed ideologies about gender norms and roles also facilitated collaborative decision-making pertaining to household matters. Women in all three intervention arms reported feeling empowered and having increased participation in discussions around major



household purchases and husband's earnings. One male participant expressed his satisfaction in consulting with his wife in important decisions by stating that:

“Involving her [wife] in most of the things now is now working out perfectly more than what it used to be before.”

CHALLENGES

Implementation

Logistical issues posed several challenges during project implementation. Recruiting qualified facilitators to deliver the programming to couples proved to be more difficult than originally anticipated. The program sessions were originally designed to be led by community health volunteers (CHV) who were to serve as group facilitators. The impetus for selecting community volunteers was to assist in community entry and long-term sustainability and community ownership of the program. This was also critical to ensure trust and ownership of the program. However, challenges around recruiting CHV's who were well suited to deliver the programming and had the requisite qualifications such as completion of secondary education, key soft skills and proficiency in both English and Yoruba emerged prior to the

start of implementation. As a result, recruitment of facilitators who had previous experience working in community-based programs and possessed the required knowledge and skills was warranted. Additionally, male participants' busy schedules and limited availability on weekdays made it challenging to find time to conduct the trainings and interviews. Consequently, to overcome this hurdle, most sessions and data collection ended up taking place on weekends.

Research

Although the evaluation findings demonstrate positive outcomes related to the intervention, a few limitations must be noted. A major drawback to the program was that it was delivered for a brief duration; hence, it was difficult to determine whether the shifts in behaviors and attitudes observed at the end of the program will hold. The short timeframe also meant that the couples were introduced to various new concepts related to gender socialization and financial literacy over just a span of a few weeks, thereby hindering transfer of in-depth knowledge and skills and adequate time to fully digest the material and then apply it to their lives. This may be one of the reasons why the gender socialization materials appeared to be more effectively understood by study participants as they were presented in the beginning and less likely to have been impacted by participant fatigue.



Recommendations

CONTINUE TO UTILIZE gender synchronized approaches in women's empowerment interventions.

In recent years, the number of programs using gender synchronized strategies have been increasing globally. Nonetheless, most of these programs are often small in scale and short term. Continuing to implement gender synchronized, couple-based programming will contribute to generate new evidence and fill knowledge gaps on effective strategies to attain women's empowerment in gendered contexts.

CARRY OUT MORE PRIMARY RESEARCH to understand appropriateness and implementation of gender synchronized, couples-based approaches.

It is important to have a baseline of formative research to better understand underlying harmful norms and contextual factors as well as help clearly define the problem in the community. More quantitative and qualitative research will provide insights around the need for such programs as well as potential program delivery modes, and when and where it will be appropriate to employ couples-based approaches to achieve women's empowerment.

INCORPORATE GENDER TRAININGS and capacity strengthening elements for program implementers.

Providing in-depth trainings for program facilitators to equip them with relevant knowledge and facilitation skills is essential to a program's success. More specifically, group facilitators leading the delivery of gender synchronized programming should receive in-depth trainings to orient them to an intervention's components and ensure that they can clearly and objectively transfer the information to the participants. It is also important to employ gender sensitivity and values clarification trainings for program facilitators to enable them to reflect on their possible gender biases and how this might impact how they communicate the program content and interact with program participants.

CONSIDER LONGER PROGRAM implementation timelines.

Increasing the dose and duration of interventions such

as www.partners may yield greater project impact. As noted above, the www.partners program was implemented over a course of six weeks with only four sessions dedicated to the gender socialization component, three sessions on financial literacy and one session on family planning. Because the time allotted to the different programmatic components was limited, the program materials had to be compressed to accommodate the short timeframes thereby limiting the depth of content presented in the sessions. Consequently, it is likely that program participants did not have sufficient time to fully grasp and reflect on the concepts. Expanded timelines and increased frequency of program delivery could allow for deeper engagement of intervention materials as well as retention and application of learnings in program beneficiaries daily lives.

CONSIDER SUSTAINABILITY and scale-up of gender transformative interventions.

Sustainability and scale-up of gender transformative interventions can be challenging. While leveraging existing formal and informal structures appears to be a useful and logical way to scale up most programs, this may not often work for gender transformative interventions given their focus on dismantling entrenched power relations. Our project was unable to utilize the community health workers for this reason. Hence, gender transformative interventions will have to find creative ways to scale up and build community ownership, such as by using our strategies of helping study couples to spread the knowledge and partnering with other social movements and groups ready to shift entrenched power hierarchies.

STRUCTURE AND DESIGN GENDER TRANSFORMATIVE INTERVENTIONS in ways that directly relate to structural change.

Changes in structural factors can create an opportunity for programs to intervene in and accelerate progress towards shifting gender norms. For example, some of the changes in Ibadan as identified by local respondents particularly economic challenges with women increasingly working outside the home, may have provided a fertile ground for a couples intervention fostering discussion on gender equity.

CONCLUSION

Gender synchronized approaches have demonstrated notable successes in achieving desired changes as it relates to interventions focused on women's empowerment.^{9,12} The findings from the *www.partners* program evaluation suggests that while they can be challenging to implement and sustain, multi-faceted, couples-based, gender synchronized interventions hold promise for achieving women's empowerment particularly in similar gendered contexts. Importantly, the findings underscore the need to engage couples in efforts to improve household outcomes by integrating gender sensitization components to dismantle harmful norms and improve spousal relations.

REFERENCES

1. UNDP. (2019). *Inequalities in Human Development in the 21 st Century: Nigeria* (Human Development Report). http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/NGA.pdf
2. National Population Commission [Nigeria] (2019). *Nigeria: Demographic and Health Survey 2018*. National Population Commission (NPC) in collaboration with the National Malaria Elimination Programme (NMEP) of the Federal Ministry of Health, Nigeria. <https://dhsprogram.com/pubs/pdf/FR359/FR359.pdf>
3. British Council Nigeria. (2012). *Gender in Nigeria Report 2012. Improving the lives of girls and women in Nigeria. Issues, Policies, Action*. British Council Nigeria. <https://www.britishcouncil.org/sites/default/files/british-council-gender-nigeria2012.pdf>
4. National Population Commission [Nigeria] and ICF International. *Gender in Nigeria: Data from the 2013 Nigeria Demographic and Health Survey (NDHS)*. Rockville, Maryland, USA; 2014. www.population.gov
5. International Monetary Fund African Department. (2018). *Nigeria: Selected Issues* (Country Report No. 18/64). International Monetary Fund African Department. <https://www.imf.org/en/Publications/CR/Issues/2018/03/07/Nigeria-Selected-Issues-45700>
6. De Silva, S.J. (2016, March 15). *The work of women in Nigeria*. World Bank Blogs. <https://blogs.worldbank.org/african/the-work-of-women-in-nigeria>
7. Kabeer, N. (1997). Women, wages and intra-household power relations in urban Bangladesh. *Development and Change*, 28(2): 261–302. doi:10.1111/1467-7660.00043
8. Malhotra, A and Mather, M. (1997). Do schooling and work empower women in developing countries? Gender and domestic decisions in Sri Lanka. *Sociological Forum*. 12(4): 599–630. doi:10.1023/A:1022126824127
9. Greene, M.E. and Levack, A. for the Interagency Gender Working Group (IGWG). (2010). *Synchronizing Gender Strategies: A Cooperative Model for Improving Reproductive Health and Transforming Gender Relations*. Population Reference Bureau. <https://www.igwg.org/wp-content/uploads/2017/06/synchronizing-gender-strategies.pdf>
10. Glinski, A., Schwenke, C., O'Brien-Milne, L. and Farley, K. (2018). Gender Equity and Male Engagement: It only works when everyone plays. ICRW. <https://www.icrw.org/publications/gender-equity-male-engagement/>
11. Sternberg, P. and Hubley, J. (2004). Evaluating men's involvement as a strategy in sexual and reproductive health promotion. *Health Promotion International*, 19(3): 389–396. <https://academic.oup.com/heapro/article/19/3/389/662438>
12. Bartel, D and Greene, M.E. (2018, September 10). *Involving Everyone in Gender Equality by Synchronizing Gender Strategies*. IGWG. <https://www.igwg.org/2018/09/involving-everyone-in-gender-equality-by-synchronizing-gender-strategies/>



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