

# African Research Review

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An International *Multidisciplinary Journal, Ethiopia*

*Vol. 7 (4), Serial No. 31, September, 2013:138-161*

ISSN 1994-9057 (Print)

ISSN 2070--0083 (Online)

DOI: <http://dx.doi.org/10.4314/afrrv.7i4.9>

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## **Women Empowerment as a Determinant of Investments in Children in Selected Rural Communities in Nigeria**

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### **Abstract**

*The study established the influence of women empowerment on investments in children in selected rural communities in Nigeria. A total of two hundred and fifty rural women from Ile-Ife and its environs constituted the sample for the study. Their ages ranged from 15years to 39years with a mean age of 26.7years and standard deviation of 7.08. The two instruments used were author-constructed interview guide questionnaires with 0.69 and 0.74 reliability coefficient respectively. The data obtained were analyzed using frequency counts, percentages, chi-square, and multiple regression statistics. The results obtained from the study indicated that, a combination of the six independent variables significantly predicted the dependent variable. The result also indicated that, significant relationship existed between each of the variables and children schooling, health and survival. Based on the results of these findings, it was recommended that those in the helping professions should take*

*cognizance of those variables that have been found to influence investing in children schooling, health and survival. The result also recommended intervention strategy to help families, couples and the individuals for modifying attitudes and behaviours on gender issues.*

**Key words:** Decision-making autonomy, Access to economic resources, Freedom from fear and coercion, Schooling, health and survival.

## **Introduction**

### **Background to the study**

Women's status has received considerable attention as a significant factor affecting demographic behaviour and outcomes in sub-Saharan Africa and in Nigeria particularly. The well-developed body of theoretical work and the substantial empirical research on the relationship between women's status and demographic behaviour, largely using women's education as a proxy for status, have been supplemented with the increasing availability of data that directly address different aspects of women's status. Research supports the view that low status of women- characterized by limited mobility; weak decision making autonomy; and restricted access to resources, especially those that equip women to earn an income- significantly influences women's reproductive intentions and behaviours throughout the region ( Balk 2003 and Schuler and Hashemi 2003; and Moore 2001; Malhorta, Vanneman, and Kishor 2003; Jejeebhoy 2002; and Visara 2001; Morgan and Niraula 2001; Sathar 1993; Smith et al. 1995; and Sathar and Kazi 1996). However, most of the empirical research in this area has concentrated on the influences of women's status on fertility. Much less research on women's status has been focused on using direct measures to assess the links between women and their behaviours once their children are born. In other words, the influence of women's status on demographic transitions has concentrated on the quantity of children and has neglected, or taken for granted, investments in the quality of children. While family decisions regarding the quantity and quality of children are often

closely linked, a closer look at the latter offers additional insight into family- building strategies.

Nigeria is widely recognized as a highly patriarchal country that attaches little social value to women and girls and that exhibits high levels of gender inequality in social and economic arenas as well as within households. While this description encompasses most countries in Africa, it is coupled in Nigeria with high fertility levels that have been stubbornly resistant to change until only recently (Sather and Casterline 2004); low levels of schooling, particularly among girls and women in rural areas (Government of Nigeria 1997); World Bank 1998); and alarmingly high levels of infant and maternal mortality (World Bank 1998). For example, the infant mortality rate in Nigeria is 95, compared to 83 in Ghana, 75 in Sierra Leone and 71 in Gambia (World Bank 1998); this is notable particularly given Nigeria's better global economic position relative to other countries in the region. Thus it is surprising that little research has addressed the relationships between women's status in Nigeria and the survival and situations of children.

This paper attempts to investigate the influences of women's status on investments in children, focusing specifically on infant survival and children's schooling. Given the low investments in children ( as depicted by the unusually high levels of infant mortality and low levels of school attendance) and the low status of women in Nigeria, identifying the factors that improve the survival and situation of women and children is critical, particularly those factors that are related to women's position in the society. It is observed that Nigerian women who are empowered are likely to be motivated and able to make greater investments in their children, just as they are likely to want smaller families and to use contraception. It is further observed that, women's status has multiple facets, operates at multiple levels, varies by context, not all aspects of women's status will share an equal or identical role in processes that enable women to invest in their children. Different aspects of women's status may be important for different types of investments, and identifying these relationships

offers valuable information on women's empowerment as well as on each investment outcome.

The challenge to this article is to determine which aspects of women's status- and at what levels- are important in explaining positive investments in children in the context of rural Nigeria. While the situation of rural women in South-West Nigeria may not be generalizable across other areas of Nigeria, the context is useful for gaining insight into women's status in patriarchal settings and women's ability to invest in their children.

## **Theoretical framework**

### **Multiple dimensions of women's status**

The theoretical framework for this study is based on extensive theoretical and empirical research that outlines the pathways through which women's autonomy influences demographic behaviour at micro and macro levels ( Mason 2000,2001,Smith 2000; Smith et al. 2001).

First, theoretical and empirical literature supports the view that women's status is multidimensional in nature. A women's status comprises multiple characteristics of the woman and her relationships with others, it is impossible to capture the influence of and understand women's status through a single measure. Dimensions including, but not limited to, freedom of movement, access to financial and non - financial resources, decision making autonomy, gender attitudes, freedom from fear and coercion, and equality in her relationship with her partner are arguably important but distinct aspects of a woman's position in relation to men, other family members, and other women (Fredrici, Mason, and Sogner 2000; Mason 2002). Empirical studies of women's status in Sub- Saharan Africa supports this multidimensionality and demonstrate that various aspects of women's status have different determinants and little correlation with each other (Balk 2003, 2002; Jejeebhoy 2002; Kazi and Sathar 1996; Mason 2003). Moreover, concurrently examining multiple dimensions of

women's status informs us about the pathways through which women's status operates on demographic outcomes (Mason 2003).

Second, the cultural and historical context is important (Frederici, Mason, and Sogner 2002). At the core of the framework is the notion that the gender inequality at the individual level and within the household is related to but distinct from "gender systems of stratification" at the macro level (Mason 2000) and that comprehensive and accurate models of outcomes believed to be affected by gender inequality must incorporate women's status at multiple levels. In other words, behaviour at the individual levels occur within gender norms at the household and community levels, and the multiple layers of women's status, and how they overlap, have important implications for the actions of women. For example, individual mobility in a community where few women can leave the house unescorted has different implications than an individual woman's movement in a community where many women can move freely.

Finally, the relationship between various aspects of women's status and demographic outcomes will differ with the demographic outcome under consideration. Mason (2002) supports this on a general level by using findings from several studies to show that women's status (often measured by women's education and/or employment) appears to have a direct or conditioning influence on the mortality transition but an indirect and more speculative effect on fertility change.

### **Women's status on investment and children**

Although few researchers have addressed the relationship between women's status and investments in children specifically, the idea that women's empowerment has positive consequences on children in terms of improving their health and survival and/or schooling is not new. Many studies- dating back at least to Caldwell's (2004) seminar study on education and mortality- use women's education and employment as proxies for women's status, particularly as related to infant and child mortality. It is observed that search on women's

education and, to a lesser extent; employment provides the basis for many of the current studies that make use of more precise measures of women's status.

### **Women's education**

A large number of studies look at the influence of women's education on infant mortality or children's schooling in Nigeria and other African countries and show consistent results: higher levels of women's education are associated with a higher probability of infant and child survival and with higher levels of school attendance among children ( Ware 2000; Hobcraft 2002; Basu 2001; Caldwell 2001; Jejeebhoy 2002; Strauss and Thomas 2001; Agha 2000 for a review of infant mortality; and Sathar et al. 1988; Stromquist 1989; and Hill and King 1993 for children schooling.

The interpretations of these relationships and the specified pathways through which the researchers argue that education improves a mother's ability to invest in her children's health and schooling are far from consistent, however. Most researchers follow Caldwell's (2004) and Ware's (2000) arguments that maternal education benefits children's survival probabilities through reducing fatalism, increasing a mother's ability to manipulate the world ( i.e., improving her ability to seek and secure treatment), and changing the balance of power in family relationships. Improvements in women's status are thus considered to be connected to, and represented by, women's education. However, many of the empirical tests aimed at understanding the pathways through which maternal education affects child health and survival have highlighted the importance of better use of health facilities (Bicego and Boerma 2001; Caldwell and Caldwell 2000); better processing of health information attributed to basic education skills learned in school (Caldwell 2004; Glewwe 2003); and changes in mother's behaviour associated with better health practices, such as seeking treatment and providing better child- care (Cleland 1990; Caldwell and Caldwell 2000). While these studies suggest better performance by educated mothers, the empirical evidence is far

from conclusive (Desai and Alva 2004), and the results do not necessarily speak to a relationship between women's status per se and child survival.

On the other hand, the link between maternal education and children's schooling in Sub-Saharan Africa, which has received considerably less systematic research attention, is explained as operating through an increased real or perceived value of women and girls that disrupts substantial male preference: a greater value attached to education (i.e., more positive attitudes toward schooling); exposures to modern ideas, particularly in the case of daughters' schooling (Sathar et al. 2001). The emphasis is placed more on the increase in the abilities and potential economic freedom attributed to educated women and changes in perceptions of the value of educated girls in general as opposed to specific behaviours or events that are associated with it (such as in the case of children's health). Again, while researchers argue that maternal education increases children's schooling, particularly that of girls, because of an improved status of women and girls, the majority of research in the area fails to incorporate measures of women's status in the models (Stash and Morgan 2003 provide an exception). Confounding women's status with women's education in this way makes it difficult to determine the relationship of either with investments in children in the form of schooling.

Questions about what women's education indicates in these models are not limited to those regarding women's status. Additional questions have been raised about whether mother's schooling has an independent influence on investments in children or whether it serves merely as a proxy for a household or community's socioeconomic status (United Nations 1993). In analyses of both infant mortality and children's schooling in South-West Nigeria, the household's economic position and father's education are also often significant predictors of investments in children, although, particularly in the case of children's schooling, maternal education generally has a stronger effect (Sathar 1993; Sathar and Llyod 2000; Durrant 2001; Agha 2000). Most studies support an independent (although often reduced)

effect of maternal education on infant and child health and survival after controlling for a household's socioeconomic status (Strauss and Thomas 2001 for a review; but Das Gupta 1997 for an exception), although others question on the casual nature of the relationship and even suggest that the relationship may be spurious (Desai and Alva 2004). A close link between women's education and women's status is also questioned by Jeffery and Basu (2000) in a review of the relationship between the two and fertility in Africa south of the Sahara; the researchers point out that the education context may be conservative and may reinforce gender attitudes. Again, the informational and behavioural factors most closely associated with maternal education in these studies could occur independently of women's status. Thus, despite widespread agreement that maternal education improves investments in children, the primary limitation of women's education as a proxy for women's status is its inability to explain pathways of influence.

### **Women's employment**

Women's employment is more equivocal than women's education when used as an indicator of women's status in studies of investments in children. This is because women's employment and investments in children are endogenous- both are outcomes of and contributors to household economic and social status and decision making processes- and thus are more theoretically complex than maternal education. Given this, the empirical evidence suggests an ambiguous and nuanced relationship, particularly in the realm of child survival. In most studies there is either no association or a negative association between women's work and infant and child survival after controlling for the socioeconomic status of the household (United Nations 1985), even in areas where it is predominantly poor women who work (Bas and Basu 2000; Kishor and Parasuraman 2003). The negative association is also upheld with macro-level data (Kishor 1993).

The most common argument for why women who work experience higher infant and child mortality (controlling for socioeconomic



status) is the reduced time that mothers can spend with their infants, possibly confounded by the difficulty of arranging for child care (Basu and Basu 2000; Leslie and Buvinić 2000). Rather than challenging the notion that women's status improves the ability of women to invest in their children, Basu and Basu (2000) argue that this finding shows that working women have additional challenges that detract from or counteract the potential positive effects of their work. In their words, "In the case of actual employment, there appears to be a crucial trade-off between such autonomy and other factors detrimental to child survival" (Basu and Basu 2000:87). Nevertheless, the conflicting nature of women's employment as it relates to child survival undermines its value as an indicator of women's status. This holds true even when looking at different types of work (i.e., formal- vs. informal- sector work and paid vs. unpaid employment) a strategy that addresses the endogeneity by incorporating women's employment opportunities as opposed to decisions about whether or not to work. Specifically, Kishor and Parasuraman (2003) fail to support their hypothesis that women working outside the home for pay (the most likely to experience increased status through income and exposure to the public sphere) have lower levels of child mortality than women working in other capacities.

Further investigation of sex-specific mortality rates in children provides additional support that the negative association between women's employment outside the home and child survival may be unrelated to the improvement in women's status that may or may not occur with it. Specifically, while studies demonstrate that women's employment is associated with a decrease in excess female mortality or male-biased sex differentials in mortality (Dyson and Moore 2000; Basu and Basu 2000; Kishor 1993; Kishor and Parasuraman 2003), the more equal sex ratios in mortality among children of women working outside the home are largely attributed to higher mortality among sons rather than lower mortality among daughters (Kishor and Parasuraman 2003). Thus, rather than supporting the statement that, higher-status working women (i.e., those who work for pay outside

the home) have lower infant and child mortality rates because they invest more care in their daughters, the empirical results suggests that the sex differential is reduced because women working outside the home are less able to favour their sons (Kishor and Parasuraman 2003).

Although the above examples speak directly to infant child mortality, it is probable that women's employment also fails to provide a robust indicator of women's status in terms of its effects of work (through exposure to opportunities, modern values, and income) are potentially counteracted by a demand for child work in and outside the home that may accompany a mother's work. In societies such as Nigeria where women's work is disproportionately seen in rural areas and among the poor, the fact that a mother is working may reflect a relatively high demand for labour in the area (i.e., during sowing and harvesting seasons) and poverty in the family rather than a positive independent influence on children.

Most studies on women empowerment has been focused on concepts. It is therefore, not to the knowledge of the researcher that studies linking women empowerment and children investments have ever been conducted. It is against this background that, this study becomes relevant in filling such gaps in our knowledge in the issue of women empowerment and children investments in selected rural communities in Osun state, Nigeria.

### **Purpose of study**

This study explored the degree to which women empowerment influence children investments in public life. Varying dimensions of woman empowerment were examined, including decision-making autonomy, participation in various household tasks, women's education, access to economic resources, freedom from fear and coercion, women position in relation to men and other family members, mobility, and domestic violence.

To achieve these objectives, the following research questions were answered:

1. To what extent would women empowerment factors influence children investments?
2. What is the relative contribution of each of the factors to the prediction of children investments?
3. What is the significant relationship between women empowerment factors and children investments?

## **Methodology**

### **Research design**

This study is an ex-post facto research design. It is an after-fact study which does not involve the manipulation of any variable. The paramount thing was to ascertain the relationship of the independent variable (women education, access to economic resources, decision-making autonomy, participation in various household tasks, freedom from fear and coercion, and position in relation to men and other family members) on the dependent variable (children investments) without manipulating either of them.

### **Participants**

Ten villages within Ile-Ife and its environs with women were surveyed. Within the selected villages, households were randomly selected. Using household rosters, all women in the household who met the sample criteria were identified; from these, one was randomly selected to complete the full interview. The sample consists of 250 currently married between the ages of 15 and 39 years who live in rural Ile-Ife and its environs. Guided Interviews Questions were conducted in the local language by trained interpreters and interviewers. Efforts were made to conduct the interviews in privacy away from others in the household. It took the researcher seven weeks including weekends to complete the interview.

## **Research instruments**

Two instruments were used in the data collection:

1. Woman Empowerment Inventory (WEI)
2. Children Investment Self- Report (CIS)

Women Empowerment Inventory: These are structured and interview guided questions that contain 30 items response format anchored Strongly Agree, Agree, Disagree and Strongly Disagree. The internal consistency and revalidation reliability of the inventory is put at 0.74 and 0.79 respectively.

The Inventory centred on decision- making autonomy, access to economic resources, participation in various household tasks, women's education, freedom from fear and coercion and women's position in relation to men and other family members.

Children Investment Self Report: This is a 25 item structured interview guide questions that is anchored True and Untrue. The structured interview questions were centred on children's Education, their health status, and survival. The test- retest reliability of the self-report was found to be 0.69 and 0.74 respectively. The two instruments were author- constructed.

## **Procedure for data collection**

The participants for the study were interviewed in their local languages by experts. The interview was done on household bases and individually and moderated by the researcher. The interview of the participants took the researcher seven weeks including weekend to complete. On the whole, 250 participants were interviewed.

## **Data analysis**

The collected were analysed using Regression Analysis Statistics and Chi- square( $X^2$ ) statistics to establish the influence of women empowerment factors and children investments. Also, frequency

counts and percentages were used to determine the characteristics of the participants.

## **Results**

**Table I:** Frequency & Percent Distribution of the characteristics of the sample involved in the study.

<b>S/N</b>	<b>Variables</b>	<b>Frequency</b>	<b>%</b>
1.	<b>Marital status</b>		
	Married	191	76.4
	Divorce/ Separated	34	13.6
	Widow/ Widower	25	10.0
	Total	250	100.0
2.	<b>Age Range</b>		
	15 – 19	09	3.6
	20 – 24	32	12.8
	25 – 29	88	35.2
	30 – 34	101	40.4
	35 – 39	20	08.0
	Total	250	100
3.	<b>Educational Background</b>		
	No Formal Education	08	03.2
	Primary Education	104	41.6
	School Cert. / Trs. College	86	34.4
	OND/NCE	43	17.2
	HND/University Degree	09	03.6
	Total	250	100
4.	<b>Number of Children</b>		
	One	52	20.8
	Two	103	41.2
	Three	61	24.4
	Four & Above	34	13.6
	Total	250	100
5.	<b>Duration in Marriage</b>		
	1 – 4	49	19.6
	5-9	63	25.2
	10-14	116	46.4
	15 and Above	22	08.8
	Total	250	100

Source: Field Survey 2009

The result on Table 1 revealed the demographic characteristics of the sample involved in the study. These characteristics include marital status, age, educational background, number of children, and duration in marriage. The result on marital status revealed that majority are married representing 76.4%, while divorce\separated and widow representing 13.6% and 10.0% respectively. This implies that, majority of the participants are married with their husbands living with them.

The age range of the participants showed that, those between 25 years and 34 years were more involved in the study representing 75.6%, while those between 15-19 years, 20-24 years and 35-39 years representing 3.6%, 2.8% and 8.0% respectively had low representation. The result revealed that those whose ages fall between 25-34 years were mainly involved in the study. The educational background of the participants showed that, they are all literates except eight participants representing 3.2% who never had formal education. This therefore implies that, 96.8% of the participants could read, write, and respond to the guided interview questions.

On the number of children per participants, the result revealed that, those with two and three children representing 41.2% and 24.4% were ranked highest while 22 participants (15 years and above) representing 8.8% was ranked lowest.

**Research Question I:** *To what extent would women empowerment factors influence children Investments?*

**Table 2:** Regression Analysis on Sample Data using a combination of Independent Variables to predict Investment in children

Multiple R	= 0.874
Multiple R-Square	= 0.764
Adjusted R-Square	= 0.761
Standard Error	= 15.8398

### Analysis of Variance

Sources of Variance	Sum of square	Df	Mean square	F-Ratio	P-Value
Regression	240011.27	3	6002.818	239.150	* < 0.05
Residual	74015.673	247	250.150		
Total	31402.695	249			

\* Significant at 0.05 alpha level.

Table 2 above showed that a combination of independent variables (decision- making autonomy, participation in various household tasks, freedom from fear and coercion, women's education, access to economic resources, and women's position in relation to men and other family members) in predicting children investment yielded a coefficient of multiple regression (R) of 0.761 accounting for 76.1% of the variance of investing in children. The table also showed that analysis of variance for multiple regression data produced an F-Ratio of-239.150 significant at 0.05 alpha level. The table further showed that, F-Ratio which is significant implies that R<sup>2</sup> value is not due to chance.

**Research Question II:** What is the relative contribution of each of the factors to the prediction on children investments?

Result on Table 3 indicates the regression coefficients (Standardized and Un-standardized), Standard error estimate, t-value, and the level at which the ratio is significant for each independent variable. The results also indicated that the standardized regression coefficient (B) ranged from -2.027 to 4.329, standard error estimate ranged from 0.759 to 0.866, t-ratio ranged from 2.284 to 10.722 and that, all the six variables were significant at 0.05 alpha level.

**Table 3:** Testing the Significance on Relative Contribution to the Prediction on Children Investments

S/N	Variable Description	Std Reg Wt (B)	SEB	BETA	t-Value	p-Value
1.	Decision-making autonomy	-2.055	0.772	-2.665	8.844	0.05
2.	Participation in various household tasks	-2.027	0.759	-2.670	2.284	0.05
3.	Freedom from fear and coercion	-2.044	0.773	-2.648	8.495	0.05
4.	Women's education	4.239	0.760	5.575	10.633	0.05
5.	Access to economic resources	4.329	0.866	5.755	10.722	0.05
6.	Women's position in relation to men and other family members	4.277	0.769	5.558	6.322	0.05
7.	Constant	52.817	5.184	-	10.189	0.00

**Table 4:** X<sup>2</sup> Summary on Women's Empowerment and Children's Investment

S/N	Variable Description	X <sup>2</sup> cal	Df	X <sup>2</sup> tab	Sig (2 tailed)
1.	Decision-making autonomy	16.986	3	7.81	0.001
2.	Participation in various household tasks	1.268	3	7.81	0.737
3.	Freedom from fear and coercion	12.716	3	7.81	0.005
4.	Women's Education	33.956	3	7.81	0.000
5.	Access to economic resources	5.969	3	7.81	0.113
6.	Women's position in relation to men and other family members	29.762	3	7.81	0.000

\* significant at 0.05 alpha level

The result of the research question on Table 4 showed that, each of the independent variables made significant contributions to the prediction



of investing in children's education, health and survival. This implies that, there is a strong relationship between those factors and children investments. The contributions of each of the variables showed that, women's education ( $X^2$  cal = 33.956) is the most potent factor followed women's position in relation to men and other family members ( $X^2$  cal = 29.762); decision making autonomy ( $X^2$  cal = 16.986); freedom from fear and coercion ( $X^2$  cal = 12.716); access to economic resources ( $X^2$  cal = 5.969); and participation in various household tasks ( $X^2$  cal = 1.268) in that order.

### **Discussion of findings**

The result on Table 1 showed the frequency and percent distribution based on the characteristics of the participants involved in the study. The variables considered includes: marital status, Age range, educational background, number of children, and duration of marriage. The information on the above variables is contained in Table 1.

The result obtained in Table 2 showed that, a combination of decision-making autonomy, women's education, participation in various household tasks, freedom from fear and coercion, access to economic resources and women's position in relation to men and other family members when taken together significantly predicted investing in children. The observed F-ratio of 239.150, significant at 0.05 level is an evidence that, the effectiveness of a combination of the independent variables in the prediction of investing in children's education, health and survival- could not have occurred by chance. Furthermore, the coefficient of multiple correlation of 0.874 and, a multiple R-square Of 0.761 showed the magnitude of the relationship between children's investment and the combination of the independent variables. The result indicated that, a positive relationship of the independent variables accounted for 76.1% of the total variance in children's investment.

The results on Tables 3 and 4 revealed the contributions made by each independent variable to the prediction of children's investments. The

t-ratio values associated with each of the independent variable showed significantly to the prediction of children investments in the areas of children schooling, health status and survival in the provision of immunization, ante and post-natal clinics.

The results on research questions on tables 2, 3, and 4 showed the significant position of the results were in agreement with studies conducted by Balk, (2000) and Schuler and Hashemi (2003); Dyson and Moore (2001); Malhotra, Vanneman, and Kishor (1995); Jejeebhoy (2002); and Visaria, (2001); Morgan and Niraula (2001); Sathar (1993); Smith et al. (1995); and Sathar and Kazi (1996).

The extent to which the second research question on table 3 predicted children's investment was however supported by Federici, Mason, and Sogner (2003); Mason (1993). The result was also in agreement with Cleland, (1990); Caldwell and Caldwell, (1993).

### **Conclusion and recommendations**

The findings presented support the conclusion that empowered women, or those with higher status, are better able to make positive investments in their children through increasing their chances of survival during infancy and increasing their likelihood of ever attending school. Overall, the data support our research questions that improvements in women's status at the individual level, particularly in terms of improvement of women's position in the household, will enhance child survival and the school attendance of their sons, whereas improvements in women's status at the community level are more important for improving the schooling chances of children: Specifically, lower levels of women's status at the individual level, particularly in terms of decision-making autonomy, limited access to financial resources, and women's education, increase the likelihood of infant mortality. On the other hand, higher mean levels of women's mobility and a lower percentage of women who fear to disagree with their husbands in a community are associated with a higher likelihood that children will ever attend school in rural communities in Nigeria.

This study thus contributes to the literature on the relationship between women's status and demographic outcomes in three main ways. First, it informs us of potential factors that might improve the situation of children in regard to their health and education in an area where change is greatly needed. Not only is enhancing women's status important in its own right, it has measurable benefits for the health and education of children. Further, the results point to specific aspects of women's status on which efforts should be focused. Individual-level indicators of status, such as fear of husbands, decision-making autonomy, and women's access to financial resources, appear to be more important than those related to decision making on the part of women. These findings are certainly important in terms of emphasizing routes to women's empowerment, such as addressing fear of coercion and the isolation of women. The results place issues of increasing participation in decision making and mobility of individual women in perspective.

Second, this study provides an empirical test of the theoretical framework of women's status on demographic outcomes, advancing the importance of capturing various dimensions of women's status on multiple levels to fully understand the relationship between women's status and specific demographic outcomes. Our results clearly point to the multidimensionality of women's status and demonstrate that different indicators of women's status are associated with different demographic outcomes for women as well as for their sons and daughters.

It is in the combination of the results from our models that we find the most informative insight into the multidimensional nature of women's status and its influence on child wellbeing and demographic outcomes. The status of women is important for both infant survival and child schooling, but in very different ways. Infant mortality, more in the domain of the woman and her household, is influenced by the status of mothers in the household as reflected by the significance of women's education, access to financial resources, and freedom from fear and coercion. On the other hand, children's schooling—a decision

with more long-term and public consequences in terms of employment and marriage opportunities—may be less subject to the influence of a single agent, including the mother. A rise in women’s status—or in the value of women and girls in the larger community—will shape decisions that individual families make about such activities as schooling for their children.

Ultimately this study reinforces the point that while raising the status of women is a well-intended and positive end in itself, the benefits extend to investments in the next generation. In turn, improvements in children’s schooling and in their chances of survival closely influence the quality of lives of women and families in a much broader sense.

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