



## Research Article

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# Influence of Household Decisions on the Socio-Economic and Fertility Behaviour of Women in Rural Nigeria

Chidi Slessor Mbah<sup>1</sup>

Uche. C. Isiugo-Abanihe<sup>2</sup>

Ezebunwa. E. Nwokocho<sup>3</sup>

<sup>1</sup>PhD, Department of Sociology, Faculty of the Social Sciences,  
Abia State University, Uturu

<sup>2</sup>Professor Emeritus, Department of Sociology,  
Faculty of the Social Sciences, University of Ibadan, Ibadan

<sup>3</sup>PhD, Department of Sociology,  
Abia state University, Uturu, Nigeria

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## Abstract

Household decisions are a major determinant of socio-economic and fertility behaviour of women in several parts of the world. In Nigeria, women's participation in household decisions is low and accounts for negligible involvement of women in critical decision-making processes at the household level. Women in Nigeria, face discrimination, subordination, exploitation and relegation in several spheres of life. It has been observed that this discrimination against women is more pronounced in the developing African countries, Nigeria inclusive. In Nigeria, the culture of Patriarchy has always set the parameters for unequal relationship between women and men regarding economic and reproductive health. It has been adjudged that women constitute about half of the population of Nigeria, yet there is inherently a pronounced level of discrimination of women's participation in the decision-making process regarding socio-economic and fertility behaviour of women themselves. This paper therefore attempts to x-ray the conceptual clarification of decision-making, overview of women's Participation in decision-making process, factors influencing women's decision-making process, influence of household decisions on socio-economic roles of women, relationship between Household Decisions and Contraceptive use among Women, influence of household decisions on fertility outcomes of women, theoretical underpin of influence of household decisions on socio-economic and fertility behaviour of women, factors that supports significant changes in the influence of men's dominance on women's fertility, conclusion and as well proffer practical solutions to this ugly situation faced by Nigerian women. This paper therefore, argues that if the recommendations proffered in this paper are considered by the government as policy framework it will go a long way in the actualization of the global agenda on reproductive health and women empowerment by 2020.

**Keywords:** Fertility level, contraceptive use, Socio-economic activities, Household decision, women in rural Nigeria

## 1. Introduction

Over the years, women's decision-making powers regarding socio-economic and fertility behaviour are undermined in patriarchal societies with men playing dominant roles in household decision-making process (Umar, and Mashi, 2019; Odok, 2019; Odimegwu, 2020). Although literature is replete with the position that African women are subjugated and relegated in critical household decision-making process, extant studies however shows that it is more prevalent among women in rural areas of Africa than their counterparts in urban settings (Nkala, Baloyi, and Khumalolo, 2018; Umar, and Mashi, 2019). It then means that women are less likely to be empowered to take autonomous or participate in decisions related to socio-economic and fertility issues (Isiugo-Abanihe, 2003; Murshid, 2018) in most rural communities when compared to their urban counterparts.

In Nigeria, the culture of patriarchy has always set the parameters for unequal relationship between women and men regarding economic and reproductive health (Odok, 2019; Adisa, Abdulraheem, and Isiaka, 2019). This seems to rationalize gender differentials in Nigeria where women remain at the margin of critical decision-making power in all spheres of lives in spite of their contributions to social, economic and reproductive health issues to the nation (Federal Ministry of Women Affairs and Social Development; 2006; Adisa, Abdulraheem, and Isiaka, 2019). Isiugo-Abanihe (2010) also observed that the dominant position men play in patriarchy society, especially in all matters relating to sexual and reproductive dynamics is deeply rooted in religion. With the submission of the National Gender Policy, however, the rights of women in the country that have been undermined and undervalued due to patriarchy served as impediments to women's capacities to contribute meaningfully to decision-making process in matters affecting their economy and reproductive behaviour (Federal Ministry of Women Affairs and Social Development, 2006).

Relative to decision-making process on matters related to socio-economic activities in the household, for example, the Nigeria Demographic and Health Survey [NDHS] 2018 shows that only 24 per cent of women signified that they participated in household decision on purchases, visit to family and women's own health care respectively (National Population Commission [NPC], and ICF International, 2019). The NDHS 2018 report further shows that there are variations in the use of contraceptive by decision-making patterns among couples. Among the currently married women who were users of contraceptives, for instance, the report revealed that about 66 per cent of women jointly undertook contraceptive use decision with their spouses, whereas 23 per cent of them stated that they undertook decision on their own (NPC, and ICF International, 2019). This has enormous implications for women empowerment as it remains one of the goals of Sustainable Development Goals (Sustainable Development Goals United Nations, SDGs-UN, 2015).

Against this backdrop, it is essential that the social realities that have predisposed

rural women to more subjugation in matters related to decision-making at household levels are examined from theoretical and empirical viewpoints. This is important for the formulation of implementable population policy and the promotion of gender equality in Nigeria where about 50 per cent of the people still reside in rural areas (Population Reference Bureau, 2019), with differences in total fertility rates (TFRs) by rural-urban dichotomy as well as low participation in household decision-making process. This study was, therefore, designed to assess the influence of household decisions on socio-economic and fertility behaviour among women in rural Abia State, Nigeria.

## **2. Conceptualizing Decision Making**

Decision-making from the perspective of scholars in Psychology, defined it as the cognitive process that result in the selection of a course of action or a particular belief among other possible alternatives, which could be rational or irrational. It also involves a reasoning process that is based on the assumptions of preferences, values and the beliefs of individuals making the decision (Brockmann and Anthony, 2016). In other words, decision-making process produces a final choice, which may or may not call for action.

In sociological parlance, decision-making can be regarded as a problem-solving activity that yields a solution deemed to satisfactory or at optimal. It could be either rational or irrational depending on the explicit or tacit knowledge and cultural beliefs of the actor. Tacit knowledge is often used to fill the gaps in complex decision making processes. Usually both of these types of knowledge, tacit and explicit, are used together in the decision-making process. However, the performances of humans relative to decision-making has been subject of research from different perspectives. For example, in Psychology, individual decisions may be examined in the context of a set of preferences, needs or values s/he seeks; cognitively, it is regarded as a continuous process integrated in the interaction with the environment; and normatively, it is seen as the analysis of individual decisions that are concerned with the logic of decision-making, or communicative rationality, and the invariant choice it leads to (Anderson, Reynolds and Gugerty, 2017).

Most often than not, the actor plays major part of decision-making process, which involves the analysis of several possible alternatives based on the evaluative criteria of individual actor. In this process, actors might rank these alternatives based on certain criteria and when all the criteria are evaluated simultaneously, the best alternative option is undertaken and executed by the actor. More so, an actor may also find the best alternative option as solving some problems after several possible options have been considered (Brockmann and Anthony, 2016). For example, in making medical decisions, scientific procedures called diagnosis has to be undertaken before the selection of appropriate treatment option.

However, in naturalistic decision-making process such as reproductive health decisions, studies have indicated that there are possibilities for higher stakes, increased

ambiguities and cultural environmental factors rather than structured approaches. In that, actors may follow different forms of decision-making process that fits their experiences, and still arrive at a course of action without necessarily weighing alternative options. This suggests that the cultural environment of the actors plays important roles in the decision-making process. Take for instance, studies have revealed that in-laws and friends influence the use of modern contraceptives among married women, while other studies showed that husbands' influences are a critical factor in the determination of family size and sex preferences for the household (Char, Saavala, and Kulmala, 2010; Ganle, Obeng, Segbefia, Mwinyuri, Yeboah, and Baatiema, 2015).

Anderson, Reynolds and Gugerty (2017) noted that decision-making involves rational process of selecting an appropriate option from a variety of options. It then means that decision-making revolves around all aspects of human life where the processes are carried out diligently and efficiently so as to forego consequences that are not desired by humans. These processes may be fundamentally simple, especially when the outcomes affects only one individual, but in a situation where the outcomes and consequences affect more than one individual, the decision-making process can be a serious task. The reason for it becoming a herculean task could be that differences in opinions and resistance to changes may arise from actors involved in the decisions made.

### **3. Influence of Household Decisions on Socio-Economic Roles of Women**

Relative to women's socio-economic decision-making power in the household, Van Biljon et al. (2018) argued that of all socio-economic activities in the household, women's financial inclusion is the most potent factor that improves their decision-making power, which suggests that the empowerment of women through greater participation in the labour force increase women's decision-making power in the household. As Amjad (2018) added, female with higher education as well as the extent to which she contributes to the welfare of the household enhance their bargaining power in critical decision-making within household. This is by implication suggesting that women who do not contribute substantially to the welfare of the household may stand the chance of being subordinated and subjugated when critical socio-economic decisions are being undertaken within the household.

### **4. Relationship between Household Decisions and Contraceptive use among Women**

In attempt to explain women's decision-making power on contraceptive use, Lai and Tey (2020) studied the relationship between women's decision-making power and contraceptive use in Cambodia using secondary datasets from second wave (2005), third wave (2010) and fourth wave (2014) with total samples of 10,309, 11,536 and 11,668 who were married women. A logit regression was used to determine the predictive

influence of women's decision-making power as pertained to contraceptive use. The results revealed that women's work status and the educational level of both men and women impacted more significantly on contraceptive use than women's decision-making on other matters in the households. It was concluded that efforts to empower women so as to reduce socio-economic differentials in contraceptive use should be advocated (Lai, and Tey, 2020). This explains that women empowerment in all aspects of lives can improve their decision-making power in the household relative to the use of contraceptive and fertility outcomes at large.

In a community-based survey among women in Dinsho Wodera (South East, Ehopia), Dadi et al. (2020) studied women's decision-making power on contraceptive use and their associated factors using a total sample of 373 married women randomly selected in the study area. Multivariable logistic regression was used to determine the association between women's decision-making power and family planning use. The study revealed that more than half of the respondents had good decision-making power on modern family planning use, while women who were still young in age, participated in household decision-making and had positive disposition towards family planning with better knowledge of contraceptive were more likely to exercise greater decision-making power on contraceptive use than those with who were older in age, did not participate in household decision-making and had no positive attitude towards family planning use. It was therefore concluded that women's participation in household decision-making and knowledge towards family planning influence decision-making power on the use of family planning.

In a cross-sectional survey conducted among married and cohabiting women in Indonesia, Mahendra, Wilopo, Sukamdi and Putra (2019) examined the relationship between decision-making pattern in the household and the use of long-acting and permanent methods of contraception (LAPMs), while controlling for the covariates. With a secondary data from Performance Monitoring and Accountability 2020 (PMA2020) and 4,724 respondents, bivariate and multilevel logistic regression were performed to identify factors associated with the use of LAPMs. The result showed that a large majority of respondents (63.8%) made independent decision on contraceptive use, 30.1% had a joint decision with partners or health care provider, and 6.1% did not involve in any decision-making process. The multivariate analysis revealed that women who independently made their own decision on the use of modern contraception were 2.3 times more likely to use LAPM than those who those who did not involve in any decision-making process. This is indicative that independent decision-making as well as involving in a joint decision-making process strongly influence the use of any method of contraception among married or cohabiting women of reproductive age.

Earlier study had shown that mothers-in-law play key roles in the family decision making. In a study conducted by Char, Saavala, Kulmala (2010) on the influence of mothers-in-law on young couples' family planning decisions in rural Madhya Pradesh (India) with 180 participants comprising 60 mothers-in-law, 60 sons and 60 daughters-in-

law within the same families. It was found that mothers-in-law were not only influential in family decisions but also influence the number of sons their daughters-in-law would have and the timing of their daughters-in-law would adopt reversible contraceptive methods or the use of sterilization as a method of family planning considering the fact that their daughters-in-law and sons-in-law were young couples themselves. This findings suggests that most of the intra-family decision-making process pertaining to reproductive behaviour in India accommodate external influences though gradually changing because there are reports of increasingly contraceptive decision choices being made by the young couples themselves in the study area. This is by implication suggesting that women in such household may not have the capacity to participate actively in critical household decision-making process.

From the perspectives of Tadesse et al. (2019), who studied women's autonomy decision-making on modern contraceptive use but among postpartum women (n=415) who did not want pregnancy within 24 months after childbirth in Sekota town and its environs in the North West Ethiopia, there were evidences to show that majority of the women whose decision-making power on modern contraceptive use was high (77.3%) compared to those who had low decision-making power. Among other factors that significantly influenced postpartum women decision-making power on modern contraceptive use included being counseled on postpartum family planning (AOR = 2.29,  $p < 0.05$ ), joint discussion on postpartum family planning with partners (AOR = 14.62,  $p < 0.05$ ), and those with the index of child within one year after previous birth (AOR = 7.98,  $p < 0.05$ ). This result implies that women's autonomous decision-making power after childbirth are associated with discussion with spouse on the use of contraception as well as counseling immediately after childbirth.

Conversely, while several studies have explored women's decision-making power on contraceptive use, Fogarty (2018) in his research investigated the impacts of contraceptive use on women's decision-making power. Having conducted the study in Indonesia using the country's Family Life Survey (FLS) dataset with 30,000 respondents, and analysed by the use of regression including fixed effects controls for variables, it was found that the use of modern contraception has a causal effect on the empowerment of Indonesian women. As a matter of fact, when all variables were included in the analysis at all regression models to determine the relationship between contraceptive uses on women's decision-making power in the household, it was revealed that women who used modern method of contraception were more likely than those who did not to have greater decision-making agency (power).

The finding from this study suggests that women who participate in contraceptive use decision do not only have influence in controlling her fertility levels but have the capacity to exercise some degree of decision-making power in other critical matters in the household. This is because when a woman does not have high number of children, there is possibility for her to decrease her spending on children rearing, while the quality of her health and that of the children including children's education and family income

are improved upon.

Studies have consistently revealed that women's autonomy influence modern contraceptive use. For example, Patel and Singh (2019) studied women's autonomy and socio-demographic determinants of modern contraceptive use in India using data generated from the fourth round of the National Family Health Survey 2015-16 (NFHS-4). With a sample of 26,511 women (age 15–49) drawn from 29 States and 7 Union Territories in the country, and measuring autonomy by women's decision on health care, household purchases, visit to family/relatives and husband's earned money, a bi-variant and binary logistic regression analysis were performed. It was found that as the respondents get older, the use of modern contraceptive decreases. However, women who undertook decision on their own healthcare (34.1%), large household purchases (34.6%), visit to family/relative (34.5%) and husband earned money (34.5) used modern contraception. Also, the odds of contraceptive use among those who undertook decision on their own health care (UOR = 1.26), decision on large household purchases (UOR = 1.34), decision on visit to family or relative (UOR = 1.31) and decision on husband earned money (1.26) were significantly higher than those who did not. It was therefore concluded that women's autonomy and some socio-demographic characteristics influence modern contraceptive use among women in India.

Commenting on external factors that shaped the decision making process and women's autonomy on the use of contraceptives, Connolly, Jah, Barker, Ryerson, Okon, DeSarno, Bunn, Kyari, Haliru and Alli-Balogun (2019) studied the effects of the use of a Hausa Language drama on promoting spousal communication in contraceptive uptake in the Northwest Nigeria. The post-test survey sampled 649 respondents with the use of multivariate analysis. The results suggested that regular listeners to the radio programme were 2.4 times more likely to use a method of contraception to delay or avoid pregnancy than non-listeners. This implies that a woman who also have access to information on the use of contraception are more likely to have negotiating bargaining power in such decision in the household than those who were non-listeners to the radio programme. It further suggests that due to the access to information and mastery of use of a method by a woman (external factors), there is a high likelihood that such a woman wield more power such decision in the household than the husbands who do not have such information.

In a survey of gender-informed family planning perceptions and decision-making process in rural Chiapas (Mexico), Truong, de Onis, Lindley, Bazúa, Reyes, Montaña, Marcotrigiano and Molina (2020) conducted a convergent mixed-methods among 625 reproductive-age women with qualitative data gathered from 27 women, 24 men and five physicians who completed their *Compañeros En Salud* (CES) works from 2016 to 2017 in the study area. The authors adopted inductive approach as analytical strategy. Findings demonstrated that apart from adverse effects reported by the physicians as barriers to contraceptive use among women of reproductive age, the dominant roles played by the male partners as to making the final decision about contraceptive use,



while the women chose what method to be adopted affected women's autonomy on contraceptive use. Based on the dominant role played by the men over contraceptive decision, it was recommended that effective counseling and equitable gender dynamics on family planning programming in rural Chiapas should be advocated. This suggests that men dominance over contraceptive use decision including the method of contraception to be adopted largely affected women' autonomous decision on contraceptive use.

## **5. Influence of Household Decisions on Fertility Outcomes of Women**

The influence of household decisions on fertility outcomes of women have been acknowledged by several scholars both in the developed world and in the developing countries. For example, Banjo et al. (2018) examined the relationship between women autonomy and fertility behaviour in Nigeria using 2013 NDHS dataset to determine the characteristics of currently married women (n=27,829) associated with fertility behaviour. The results revealed that more than half of the respondents that participated in the survey (60%) had low decision-making autonomy. The poisson and logit regressions analysis that were performed to determine the degree of association between women decision-making autonomy and fertility behaviour revealed that women with high autonomy were more likely to use modern method of contraception than those with low autonomy. The results further showed that women with younger age, formal education and with partners whose ages were between 40-49 years were more likely than those who were older and with higher education to use modern method of contraception. There was also positive statistical association between women who were Christians and resided in urban centres were more likely to use contraception than those who were Muslims or resided in rural areas.

Banjo and colleagues (2018) further found that there is significant relationship between women decision-making autonomy and number of living children. While their study revealed that women with high autonomy were more likely than those with low autonomy to have fewer number of living children; age at marriage, age of a woman, educational level, residence, among other socio-demographic variables were statistically significantly associated with the number of living children born to a woman. This result suggests that women's decision autonomy (power) does not only determine the use of modern contraceptive among couples but also have a strong relationship with the fertility level of a woman. This is sufficed to state that women who have the ability to decide her own health, purchase any contraceptive method for her use as well as possessing power to negotiate when and how proceptivity could take place, stand a chance to control her fertility compared to those who cannot.

Furthermore, extant literature have also shown that women who had a son(s) have a say in household decision-making process. For example, in a nationally representative survey conducted in Pakistan, Javed and Mughal (2019) analysed over 13,000



households using Pakistan Demographic Health Survey (PDHS 2012-13) to investigate the effects of preference for sons on women participation in intra-household decision-making. While considering decisions regarding healthcare, family visits, household purchases and expenditure on the consumables and social events as measures for decision-making in the household, Probit and Ordered Probit that were used for the analysis suggests that women who had at least one son had more say in household decisions than those without a son. Given that son preference is positively related to women's decision-making power in the household, it is suggestive that the number of sons a woman has in the household determines the degree of influence in household decision-making power.

From the perspective of Mbaye and Wagner (2017), women fertility decisions are determined by the amount of bride price payment. In a household survey conducted among couples of rural areas across seven regions in Senegal, Mbaye and colleague employed a dataset that consisted of 2,241 couples while making repeated observations for about 58.2% of the sample in order to examine the relationship between bride wealth payment and fertility decisions. The results showed that there was negative relationship between bride price payment and fertility decisions among women. Put differently, when a woman is being paid with higher bride wealth, the pressure (decision-making power) of the husbands reduces for high fertility. Despite this, it was found that the result was more enhanced with the inclusion of socio-economic factors, where it was discovered that the fertility-reducing impact was greater with women who were economically dependent on their partners compared to those who were not. The duo also found that lower bride wealth payment increases fertility pressure on women. It was therefore concluded that the practice of bride wealth payment in most sub-Saharan African societies has substantial implications for women's bargaining power and status in the household.

Atake and Ali (2019) studied women's empowerment and fertility preferences among women aged 35 years and above in high fertility such as Burkina Faso, Chad, Mali and Niger. The most recent DHS dataset were used and the ideal number of children and their ability to have the desired number of children during this period were used to measure fertility preferences. The multidimensional empowerment index was estimated using negative binomial and logistic regression models to determine the association the two variables. It was found that the more empowered a woman is the less she desires fewer number of children compared to those who are less empowered. Those elements such as the educational level of a woman, her skills development capacity, decision-making power and control over household resources influenced fertility preferences of women in both countries. It was, therefore, concluded that paid employment and access to and control over resources should be improved upon for women in both countries in order to reduce their potentials for high fertility.

Sattar, Usman and Saleem (2019), on the other hand, examined socio-reproductive and demographic factors affecting ever-married women towards wanting of another

child in the future in Mutan (Pakistan) using a sample of 2,505 respondents. The results of the study revealed that elderly women in their late reproductive age span (35 years and above), formal or highly educated, those in urban residential areas, had educated partner and being non-occupational were the predictors of females attitude towards less want of another child in the future. It was also found that having no children be it sons or daughters including no birth in the past five years and never used contraceptives predicted the direct high fertility preferences of the married females in the future. It was therefore concluded that encouraging higher female education and ideological transformation through the media could help in altering fertility intensions and future birth rate of married women in the area.

From the perspective of maternal and newborn child care decisions, Rahman et al. (2020) explored women's preferences for men's involvement in maternal and newborn health care in rural Bangladesh through the lens of decision making process among others. The cross-sectional household survey drew a sample of 1367 women with focus on the outcomes of childbirth, supporting self-care during pregnancy, presence during antenatal care, participation in birth planning, participation in newborn care and postnatal care. A binary logistic regressions were performed. The results demonstrated that about three-quarters of the sampled population reported being the primary decision makers. Those who also reported that there was a higher likelihood when a woman desired that their husbands actively involved in their care and the care for the newborn in 3 – 4 aspects of decision-making on care. The study therefore suggested that women in rural Bangladesh preferred their husbands involved in their care during pregnancy, birth and following birth but largely based on their decisions to do so. It was therefore recommended that programmes of action and initiatives should acknowledge this in the care of women during pregnancy, childbirth and postnatal care.

## **6. Theoretical Underpin of Influence of Household Decisions on Socio-Economic and Fertility Behaviour of Women**

The theoretical underpin for this study shall be anchored on the Theory of Gender Stratification as propounded by Rae Lesser Blumberg (1984). The theory proposes that gender equality varies in all human societies based on human evolutionary history at any place on the planet; and among any ethnic, class, or other subgroup, or even stage of the life course (Blumberg, 1984). As a result, the theory encompasses the complete spectrum of conditions and processes that extend from micro to macro viewpoints in a broad range of historical assessments.

According to Collins, Chafetz, Blumberg, Coltrane and Turner (1993), the focus of theory of gender stratification includes the gender division of labour, reproductive technologies, childcare, kinship organization and cultural ideologies among others. While the theory explores all strands of gender division of labour, it gives more prominence to women's relative power within the household as well as their ability to

participate in decision-making process. This implies that the greater women's relative economic power in the household, the higher their control over all spheres of their lives (Blumberg, 1991).

This is by extension suggesting that the relative economic power in the possession of a woman in the household, determine the degree of her inputs and control over fertility and other life options such as contraceptive use behaviour and socio-economic activities. According to Bradshaw (2013), access of women to income alone may not necessarily improve women's ability in household decision-making, but the inclusion of social norms and self-perception are essential to women's ability to participate in household decision. This implies that the social environment to which a women is located could go a long way at determining the extent to which she can participate in the household decision which can also affect her fertility behaviour.

Blumberg (2004) in his general theory gender stratification, economic resources were prioritized as in determining the degree of influence of couples in household decision-making. It was opined that though economic resource is not the single most important variable affecting the level of gender equality between males and females, yet there have been proven evidences that men who earn higher than their women counterparts made their female ones subjugated and remain subordinated when compared to women who earned higher than their men counterparts. It also means that the participation of women actively in the economy increases their earning potentials as well as economic power.

As Blumberg (1984) observed, there are two factors that has helped women to translate work into economic power: first, the extent to which they have benefited from their kinship through inheritance and their proximity to female kin; second, is their strategic indispensability such as their involvement in labor force especially when a woman is being critical and not replaceable in key economic activities; highly organized; exercise control on technical expertise; and when a woman is being competed over by numerous group. In such participation in economic activities, women are more likely to play key roles in household decisions because they have the economic power to undertake independent decision than when they are not economically empowered. While acknowledging the economic power in decision-making process among couples, the achievement of economic power is seen to be complicated by the structural factors existing in the social system both at macro and micro level of the society referred to "discount factors" (Blumberg, 1991; Blumberg, and Coleman 1989). For example, Blumberg (1991) mentioned that the "discount factors" at the societal level may involve the extent to which the economic, political, religious, ideological and legal systems disadvantage women relative to men (macro-level); while "discount factors" can be seen at the household level as either positive or negative for both partners in marital relationship (micro-level). These factors may include each spouse's relative ideology on gender, degree of commitment to their relationship, attractiveness, dependence on other's income, and bargaining assertiveness.

Given the narratives of “discount factors” in decision-making power relative to economic power of men and women at macro and micro levels, two kinds of asymmetry that affect economic power of men and women were identified by the contributors and proponent of the theory of gender stratification (Blumberg, and Coleman, 1989; Blumberg; 1984; 2004). On one hand, Blumberg (1984) argue that that in the event of surplus in production, there is always more clout from the control of surplus than mere subsistence because there is a possibility that one would exert more degrees of freedom in allocating surplus than the other. In this situation, there is likelihood of the poor women who contribute more of household subsistence get so little leverage from it than those who contribute more than household subsistence.

## **7. An Application of Gender Stratification Theory**

Based on the gender stratification theory propounded by Blumberg, household decision-making power of couples can be said to be determined by the degree of economic power in the possession of each partners in the marital relationship. In other words, the prevailing economic systems in operation whether subsistence or industrial in addition with the societal discount factors (whether the economic, political, religious, ideological and legal systems disadvantage women relative to men).

As a matter of fact, Igbo societies are generally patriarchy in nature, which supports the perpetuation of gender inequality where male domination and female subordination are the order of the day. And because of the culture of patriarchy in such societies and rural Abia women in particular, household decision-making process on critical matters in the family are tilted towards males as the key decision-takers while females are subjugated or in subordinate positions. Similarly, the influence of significant others such as in-laws and other relatives from either spouses affect household decision-making process (Isiugo-Abanihe, 2010; Umar, and Mashi, 2019).

In other words, there are negative consequences of women being in subordinated by their men counterparts. First, women whose fertility roles are more significant than either their partners/spouses or the significant others, are denied of their sexual and reproductive rights. Second, there is a likelihood of women in such society being predisposed to high fertility. Third, there is a tendency that women in such societal arrangement be regarded as ‘second citizens’. Fourth, there is a likelihood of a continuous perpetuation of gender inequality under such societal arrangement especially between men (husbands) and women (wives) in rural setting.

Considering the discount factors as pointed out by Blumberg (1984; 1991; 2004) both at macro and micro level of the society, household decision-making process cannot be fully explained without the influence of the significant others such as the in-laws and other relatives in the family. As presented in Figure 2.1, although the socio-demographic characteristics of women (the wives) and that of men (the husbands) could be strong determining factors in women decision-making power, the dictate of the social system

and the general household characteristics can affect their decision-making power. Thus, the interactions of these variables produce varied outcomes depending on the predictive influence of the independent variables or individual women characteristics.

## **8. Factors Responsible for the Changes in the Influence of Men's Dominance on Women's Fertility**

Researchers have revealed that there has been changes on the influence of men's dominance on women's fertility behaviour but it also shows that there are several factors responsible for the changes witnessed so far. Such factors implicated by this study as responsible for the change in the men's dominance over women's fertility behaviour include:

### *8.1 Economic factor*

This change is not unconnected with the increasing high cost of living and the difficult economic situation in the country. The change in the economic system resulting in many people not engaging in agriculture as their primary occupation has also contributed to decline in the desire of men to have more children. Before now, large family size was seen as asset to a man as the members of the family serve as labour force in the farm. Today, instead of being an agricultural asset to the man, many children are seen as liabilities. The cost of training children these days makes both men and women to be cautious about the family size. It also forces the couples to take time and care for their child to a particular age before another child comes resulting in a calculated child spacing by the couples.

There is no gain saying the fact that nowadays, education is the in thing. The style of rearing and training children has changed and thereby making everything to be costly.

The change in the economic situation in which the man can no longer effectively provide for the family result in the trend that women these days engage in pay jobs and other agricultural works that take them out of the house. The economic activity of women therefore is implicated in the study as a contributing factor to the patriarchal influence on the family size and child spacing and fertility role of women in general. Since the man is no longer the sole provider for the family he also respects the opinion of the working wife as it relates to how many children she should give birth to.

### *8.2 The value of education*

Related to economic factor is the issue of a changing trend in value for children's education. In the society today, most people place emphasis on well trained child who they believe is more beneficial for the parents and the society at large. In other words, the important thing for them is the quality and not how many children a man has. This is

largely due to the fact that education seems to be the conventional thing in the communities. Many instances exist in the communities that make them think that it is more of quality training than how many children a woman gave birth to.

In the words of Igbuzor (2012) Education is the main thing now. The number of children you have in the house as a man does not mean anything again in our society but the important thing is what education have those children acquired. Even if a man has only one son and he is able to train the child to University level and the child gets good job tomorrow he will do for the father what ten children cannot do.

Makama (2013) corroborated the above assertion by saying that is those children who their parent could not train that are causing problem in the community smoking and stealing from people. People now value the education of their children so that the child will profit the parents and also profit the community. And it is no longer how many you can bear but how many you can train. The era now is which school your child is attending. What degrees does your child have? Some people train their children up to Ph.D level, would you compare that child with children with first school leaving certificate.

The change of values for the education of children has also resulted in the change of the social status the society bestows on men and women. Before now, men were given titles based on the size of the family they were able to feed and maintain. Women, on the other hand were revered based on the number of children they had. These things are no longer so, because there is a paradigm shift in the value of the society.

This is why Isiugo-Abanihe and Nwokocha ( 2008) stated that before now a woman with many children will be given title like Ugwu Diya (husband's honour), Nne oha (mother of all) etc, and are respected in the community. Today such is no longer obtainable, rather, a woman is respected if she is called Mama Lawyer, Mama Doctor, mama Prof, mama Engineer, etc. So people want to be respected in the community so they try to give birth to few children and then train them very well in school.

Odimegwu (2020) also noted that another implication of the change in the value of education is that many people in the community are educated now. Most of the young couples are either educated themselves or have a relation who is educated and from whom they get medical advice on the implication of having many children through the woman. Many young mothers who are educated already know what family planning is and the health implication of having too many children. This enlightenment has served as a factor resulting from the value of education to mitigate the influence of patriarchy on the fertility role of women.

### *8.3 Increasing knowledge and use of contraceptives and family planning*

Another important factor is increasing knowledge and use of contraceptives and family planning methods. The influence of patriarchy on the fertility role of women has greatly been mitigated by the knowledge and use of contraceptives among couples. That a man

wants more sex is no longer translated to more children because contraceptives help them to have sex with their wives and not be afraid of getting them pregnant.

Mutunga (2019) supported the above statement when he stated that usually what men actually want is not many or more children but more sexual intercourse. So when there was no effective protection it is always resulting to more pregnancy and more children. But now everyone knows how to protect themselves through family planning methods so that a man cannot say that he got his wife pregnant unplanned.

#### *8.4 Influence of Christian religion*

Apart from the factors discussed above, Bareket & Shnabel (2020) revealed an enormous contribution of the Christian religion in mitigating the influence of patriarchy on the fertility role of women. In the first place, Christianity discourages polygyny and encourages people to accept life as it is, because God is the creator of man and works out good from every situation. These teachings of Christianity have contributed to securing marriages and women are no longer much afraid of losing their marriages because of not having male children or even childlessness especially when the husband is a devoted Christian. Before now women give birth to so many children maybe in search of male child so that they can save their marriage and stop the man from marrying another woman, Christian teaching has now solved this problem since our men are forbidden from marrying more than one woman according to Christian doctrine.

Another important teaching of Christianity that has greatly reduced the influence of patriarchy on the fertility role of women according to the qualitative study is that of self-control. Self-control is one of the virtues expected of every Christian man and this means that a man can wait for the wife if she is not ready for sexual intercourse. The non-readiness of the wife is not seen as a problem by the Christian husband. This has encouraged men to respect the emotions of their wives and not just have sex with them whenever they feel like. The virtue of self-control makes the man to wait for the wife without any problem.

Lastly, Christianity has secured a place for women in decision making in their families. Christian teachings propagate the unity of the couples as the man needs to carry the wife along in every decision so as to promote her submissiveness. This influence of Christianity on the decision making process in the household also extends to the decision in fertility roles. Christian men do not take decisions solely again as regards family size, child spacing and contraceptive usage because they are taught to always seek their wives' opinion while taking any decision.

These findings imply that a number of social change has brought about drastic changes in the household decision making process at the household levels which ranged from education, women's empowerment through engagement in formal to religion.



## 9. Conclusion

This study focused on the influence of household decisions on socio-economic and fertility behaviour of women in rural Africa. It also examined how women's involvement in household decisions influence contraceptive use and fertility level (family size) based on their autonomy. In this study, however, it is evident that most husbands (men) exercised greater influence on socio-economic and fertility (reproductive) decisions than the women, which either influence or affect their fertility behaviour. It is also evident that household decisions making processes were influenced by external forces such that the religious affiliations and the involvement of mothers-in-law and friends in decision process determined women decision making power at household level.

Despite the influences of husbands (men), religious affiliations and the involvement of mothers-in-law including family friends influencing or affecting women's decision making power at household level, there was a high likelihood of women's involvement in household decision making process, especially for those who were economically empowered and highly educated compared to those who were less economically empowered and less educated, particularly in matters related to fertility decisions. This is by implication suggesting that women who are empowered in the rural areas are more likely to undertake autonomous decisions on matters related to socio-economic and fertility issues at the household compared to those who are not empowered.

Evidences further revealed that women who had attained higher educational level are more likely to either engage in joint socio-economic and fertility decisions with their spouses or autonomously undertake socio-economic and fertility decisions than those who did not. This is by implication suggesting that women's education, if encouraged among rural women will enhance their decision-making power at the household towards low effective modern contraceptive use and modern fertility norms. Beyond encouraging women's education, men's education can also be encourage largely because, if encouraged, it will serve as mediating factor for women's socio-economic and fertility behaviour such that men's predispositions and attitudes towards low modern contraceptive use, large family preference and male child preference could be changed through ideological transformation.

## 10. Recommendations

Against the backdrop of the prevailing patriarchal ethos in rural communities which serve as predisposing factor for low involvement of women in household decision making processes, it becomes imperative that the following recommendations are considered by the government as policy framework as well as the policy makers towards the actualization of the global agenda on reproductive health and women empowerment by 2030.

**Community sensitization:** Through the Ministry of Women Affairs at Federal and

State levels should collaborate with the religious and community leaders to sensitize rural communities on the need to orientate all community members on the need to promote egalitarian family system where both men and women would play significant or equal roles in household decision making process.

**Promote women higher education:** Programmes of actions that will enhance rural women higher education should be designed and implemented by the Ministry of Education both at the Federal, State and Local Government Area levels. This may entail granting more women opportunity for scholarships both home and abroad.

**Encourage women empowerment:** Since women economic empowerment is positively related to women's decision-making power at the household level, empowerment of women should be achieved through women employment. This can also be achieved encouraging them to participate actively in both formal informal sector.

**Promote gender equality at the household level:** There is need to promote gender equality at household level through enlightenment campaign and advocacy. By so doing, all women will be encouraged to participate actively in household decision making processes, especially on matters related to socio-economic and fertility behaviour.

**Promote women's reproductive rights:** There should be sensitization for men through campaign and advocacy so as to promote women's reproductive rights. This will in turn promote women's autonomy in the use of family planning methods.

**Improve women's access to family programme services:** Access to family planning programmes should be improved upon by the government through adequate provision of reproductive health facilities across medical facilities in their respective communities. This will in turn promote their use of modern contraceptive and cushion the effects of unmet needs.

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