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# Implications of Gender Inequity for Achieving the Millennium Development Goals by 2015: Is Nigeria really Making Progress?

Ezebunwa E. Nwokocha

Department of Sociology

University of Ibadan, Ibadan, Nigeria

miczeze@yahoo.com; ee.nwokocha@mail.ui.edu.ng

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## Abstract

*As the year of reckoning beckons, many countries are beginning to undertake a critical assessment of activities related to the Millennium Development Goals (MDGs) and the feasibility of attainment. For a country like Nigeria, it is now certain that these goals cannot be achieved in the next two years, due mainly to issues related to gender inequity. Realizing these goals even several years after 2015 will require reversal in gender relations that place males ahead of their female counterparts in virtually all spheres of life. By situating gender within the framework of the MDG-discourse, the ingredients of underdevelopment such as poverty, hunger, illiteracy, powerlessness, increasing incidence of diseases, among others, which disproportionately affect females are discussed. The paper indicates that although the MDGs have universal relevance, eliminating gender based disparities and subjugation in Nigeria should be exercised within prescribed socio-cultural norms and values given the country's multi-ethnic and diverse status.*

**Keywords:** female powerlessness, poverty, underdevelopment, gender disparity, Socio-cultural norms

## Introduction

As the magical year-2015 approaches, the question about the feasibility of achieving the Millennium Development Goals (MDGs) by Nigeria and most countries in sub-Saharan Africa becomes more pertinent. This is particularly so considering that several societies have not shown readiness in adapting the road map towards realizing these goals set in the year 2000 as the global economic blueprint (*The MDG Performance Tracking Survey Report*, 2012). Indeed, the literature is replete with issues pertaining to gender inequity and feminization of poverty not only due to inherent controversies but also the difficulty in convincing communities about the effects on development. Until very recently, male domination and subjugation of females were conceived as normal in most African societies as a result of socialization that emphasized the sacrosanctity of Patriarchy and Patriliney (Nwokocha, 2012; 2007; Aderinto *et al.*, 2005).

The implication of exclusion of females from socio-religious, economic and political affairs is that activities and development are lopsided especially in communities where they constitute about 50% of the entire population (Nwokocha, 2005). For centuries, policy makers and agencies failed to

recognize the retrogressive effects of female exclusion on growth. Instead, models that located underdevelopment of societies in modernization, dependency, westernization, colonialism and neo-colonialism were emphasized and implicated in the failure of most African communities to develop. Although these phenomena could have impacted on development in a variety of ways, the paper argues that gender inequity has enormous links with underdevelopment or intergenerational stagnation.

Clearly, the MDGs were designed primarily to bridge gaps that undermine sustainable development characteristic of less developed societies. Yet, the micro-activities that could bolster realization of these goals particularly those related to feminization of powerlessness were not at the same time engaged. As such, the MDG structure was designed largely on the macro-society level framework with little emphasis on the nitty-gritty and core-achievement values that embed in individuals and sub-groups. A closer look at these goals shows the need to focus on ways of empowering women to realize their inherent potentials without unnecessary inhibitions that find expression in society-constructed female inferiority complex.

These issues suggest that campaigns against gender inequity should be vigorous and sustained in order to achieve and consolidate on MDGs as the duration to the target year 2015 tick away. The paper argues that quickening the process of realizing these goals would require dismantling elements of gender disparities in societies where these are still very evident. This paper is therefore an attempt at analyzing the relationship between gender relations and attainment of the MDGs. Its main aim is threefold; tracking progress, identifying gaps and suggesting ways of adjustments even beyond the thematic year. Specifically, analysis of each goal was undertaken in order to clearly streamline specific issues that are essential in understanding strategies towards relativizing MDGs to specific community norms and values.

### **Review: Gender gaps and barriers to success**

Gender inequity gaps are evident in virtually all patriarchal societies. Institutionalization of male-ideology and domination is hinged on cultural beliefs and practices that transcend all aspects of human activities (Isiugo-Abanihe, 2005). In most parts of Africa including Nigeria, women and girls are marginalized in economic, political, religious, educational and familial issues on the erroneous premise that they are inferior to men and boys. Isiugo-Abanihe (2003; 2005) argues that the Nigerian family system by restricting women from access and control over the means of production and reproduction perpetuates female subordination. This society-constructed female inferiority status and attendant poverty are strongly associated with the underdevelopment of relevant societies. Poverty is here viewed in holistic term far beyond the economic connotation alone. It is thus argued that the concept suffices when an individual/group is unable to realize inherent potentials or when those potentials are realized within the definition of the more powerful group leaving the less privileged to accept it as inviolable (Nwokocha, 2004).

However, the aspect of poverty that affects people directly and for which significant attention has been directed is economic. The latter limitation is a function of several interacting factors. For instance, cultural and/or religious injunctions can restrict people's participation in some economic activities that could raise their financial status and by implication their economic independence. Partial or absolute dependence on males is closely linked to vulnerability of females to marginalization at homes, workplaces and socio-physical environments. A study by the United Nations (2000) revealed that the socio-economic status of women in terms of education, involvement in reproductive health decisions, nutrition and work contributes significantly to poor maternal outcomes.

It has been observed that reproductive behaviour, use of contraceptives, children's health and hygiene habits are related to the level of education of household members especially mothers (NPC, 2004; 2009). Unfortunately, however, 35.8 percent of Nigerian women have no education at all, another 19.7 percent have primary school education only (NPC, 2009). These figures indicate clearly that primary school education in Nigeria is far from universal, a situation that has basis in culture, poor economy and ignorance. Extending the position on women's education and family wellbeing, Bates and colleagues (2007) noted that more educated women are more likely to support and have the capacity to encourage the education of their daughters than their less educated counterparts. Yet universal education is only achievable when girls from all categories of mothers have unhindered access to formal education.

Studies show that the majority of women in Nigeria either do not have or exercise very weak bargaining power to make critical decisions (Adedokun, 2000; Bruce *et al.*, 1995). As Allendorf (2007) observed, women who partake in decision making, resource control among others have higher capacities at using health care and family planning services, taking care of their children and engaging in healthier practices generally. In reality and in most situations, women's decision-making powers in relation to matters of sexuality and reproduction are extremely limited (UN, 2000). Thus, although women are the main point of contact for reproductive health programmes, decisions that lead them to make use of such services are taken within a wider social, cultural and economic context (Beegle *et al.*, 2001; Luke, 2003). This subordinate status has both direct and indirect implications for maternal and child mortality, HIV/AIDS, malaria and other diseases. It has also been argued that women's subordinate roles underlie high fertility (Kritz *et al.*, 2000) especially where male child preference is still a norm (Nwokocha, 2007).

Gender gaps and the barriers to overcoming these differences are located in culture and socialization which according to Sen and colleagues (1994) have been carefully sustained through ages. This sustenance has been achieved by two categories of people: conservative men and women that are strongly opposed to change no matter how relevant. It is easy to understand the

chauvinistic position of these men due to the immediate advantages of male-domination. It is however contradictory for females to oppose the struggle against gender inequity. We would rather blame such opposition on false-consciousness and long years of subjugation and acceptance. The expectation in the present era of realism and efforts towards bridging the gender gaps is for females to strive for internal consensus to unify their challenge against inequity. This clarion call has become expedient in view of the observation somewhere that most attempts failed to realize needed objectives either due to inability to adopt feasible techniques or a disjuncture between goals and strategies for attainment (Nwokocha, 2004). Intra-gender dissensus and its impingement on efforts to achieve gender equity was carefully examined by Omololu (1997: 71):

*...there are many women's groups, associations and organizations in Nigeria today. Not all of them have categorically or publicly declared their commitment to women's development in general. In fairness to these groups, not all were established to promote the collective interests of women, some were formed for certain narrow, and often parochial interests. Similarly, not all are structured and operated to endure, or even survive from one generation to another... the purpose of these groups may not be adequately articulated, the plan of action not well known, the leadership structure rather fluid, while individual roles may be transient.*

The inconsistency and complexity of the above situation may not be visible to women themselves but has implications for poverty in its several manifestations, educational attainment, gender relations, maternal and child mortality and morbidity, HIV/AIDS and other diseases, social and physical environment and globalization. It is thus necessary to bridge this yawning gap in order to achieve the MDGs. We now examine each of these goals and their intertwining posture in a bid to understand their separate and combined effects on attempts at attaining gender equity.

### **Discussion on the MDGs Score Cards**

Bridging the gender inequity gaps is the surest way of achieving the MDGs especially in less developed countries where multiple socio-cultural factors bolster female subjugation. These gaps apart from being products of differential socialization processes between males and females also exist due to restrictions in religious, economic and political spheres of life. Accepting that and prioritizing relationships based on justice will open an array of potentials and opportunities for sustainable development. It is within this understanding that enduring MDGs can be achieved. In what follows, we present a systematic discourse on the MDGs which policy makers in less developed societies should possibly buy into for effective policy formulation.



### **Eradicate Extreme Poverty**

Poverty is understood to be a condition where people are deprived of the freedom to decide over their own lives and shape their future. Lack of power and choice and lack of material resources form the essence of poverty. Given that poverty is dynamic, multidimensional and context specific, a holistic analytical approach is advocated (SIDA, 2002: 1).

This critical view may be limited to moderate poverty which although anti-developmental does not have as much consequence on societies as when it is further amplified. Extreme poverty is a condition in which the components highlighted by SIDA above have reached their elastic limits individually and collectively – a level of elasticity that stretches underdevelopment to a point where its boundaries with undevelopment are vague. Eradicating the type of poverty that depicts maximum deprivation, powerlessness and voicelessness is central to achieving lasting development. Doing this will require that stakeholders participate effectively, on equal terms, in the political economy of their various groups in order to engender socioeconomic growth.

Such intervention is more crucial in Africa where men have almost absolute power over women and the household in general; where in some situations, poverty is ascribed along sex lines especially in communities where cultural values impose restrictions on how far women can participate in certain activities such as apportioning land to younger family members, engaging in long distant trade (Nwokocho, 2004). Discriminatory poverty regimes, in some African countries, explain sectionalized hunger, disease, premature death, insecurity and ignorance with women and girls represented disproportionately in the dilemma. Hence, programs that attempt to eradicate extreme poverty must target females as the primary beneficiaries. The surest way of empowering women is to invest in their education to be able to recognize and appreciate the implications of non-participation and indifference for development. It then means that efforts should be targeted at various points of inhibition and in particular those aspects of culture that limit women and girls from realizing their inherent potentials in society only on the basis of their sex.

In present day Nigeria, poverty level is not only generally high, as a large majority of the people live on less than two US dollars per day (Osain, 2011), but also unwittingly institutionalized by the ruling class through corruption and appropriation of surplus value that further marginalize the poor. The above situation is a pointer to the likely further polarization of the Nigerian society, by 2015, wherein several people on the fringes of powerlessness will sink deeper into the realm of extreme poverty. This position is derived from the fact that rather than addressing critical poverty issues such as education and mass literacy, job creation and discipline, the ruling class amasses wealth through deception, massive exploitation, alienation and recklessness.

Erinosho (2012), for instance, has revealed that law makers in Nigeria (with particular reference to Senators and members of House of Representatives) earn far more than their counterparts in any other part of the world including the most industrial nations even when the monthly minimum wage of the Nigerian worker is among the least in the world. Yet, legislative outputs and other aspects of governance have not resituated the country in the development-index and rankings. Nigeria rather scores very high in despicable activities that undermine growth and development, such as corruption, poverty, illiteracy, maternal and infant mortality and low life-expectancy among others.

### **Achieve Universal Primary Education**

Education is the most crucial factor in the struggle for human liberation and emancipation in whatever form. It not only ensures that individuals have a balanced view of reality but also equips them with essential negotiation skills to deal with inadequacies without necessarily engaging in restiveness. This paper argues that the first step at genuine attempt to achieve the MDGs is in the ability to universalize formal education right from the primary school level. In making this assertion, we are aware that beyond religious and cultural restrictions of females is the issue of very low standards in primary school education in Nigeria and some other less developed countries (Nwokocho & Taiwo, 2012). It is, therefore, important to also emphasize universalization of qualitative primary education for two important reasons. In quality is built an internal mechanism that invigorates the urge and thirst for further education. Added to this is that universal enlightenment no matter the extent improves human relations and consensus building in relevant contexts.

Education is the denominator among other MDGs. It is, in fact, at the apex of these goals and efforts at sustainable development. The role of governments in ensuring education for all cannot be over mentioned. First, it is the agency that can sufficiently provide the facilitating environmental conditions for universal primary education through making resources available for research, teaching and learning. Second, it can institute legislation that specifies appropriate punishments for parents that deny their children, especially females, access to primary education. The effectiveness of such legislation will depend largely on how far the socioeconomic situation discourages parents and guardians from child abuse and neglect exemplified mainly in engaging children in laborious activities such as bus-conducting, hawking, house help-ship among others.

To be sure, public primary and secondary schools in Nigeria are mere playgrounds that lack facilities that make for conducive learning environment. As a result, an average Nigeria prefers private schools to the former even though they are far more expensive than these public schools. Yet, only a few individuals could afford the cost of private-school education especially within the context of high fertility (Nwokocho, 2012). Our position therefore is that even in few instances where universal education is preached and designed as a



policy framework, in reality what obtains in most public schools in Nigeria equates with pseudo-education. Therefore, universal primary education is far from being achieved in a country where a large number of children and adolescents, for economic, cultural, religious and health reasons are still out-of-school (ISERT, 2013) just two years to the thematic benchmark.

### **Promote Gender Equality & Empower Women**

The task of promoting gender equality (this paper prefers focusing on equity than equality, the latter connoting a process through which the former could be achieved) as a way of empowering women is a necessary step towards concretizing other millennium goals, particularly in a society like Nigeria where poverty is largely feminized (Nwokocha, 2004). Without reversing this inherently defective perceptual, attitudinal and behavioural relational system, attempts at eliminating extreme poverty, reducing child and maternal mortality among others will amount to efforts in futility. The DFID (2002: 7) citing the United Nations Development Fund for women (UNIFEM) which in defining women's empowerment noted:

*Women should be able to acquire understanding of gender relations and the ways in which these relations can be changed; develop a sense of self worth, a belief in one's ability to secure desired changes and the right to control one's own life; gain the ability to generate choices and exercise bargaining power and develop the ability to organize and influence the direction of social change to create a more just social and economic order, nationally and internationally.*

This request to men in particular would mean recognition of women's right to freedom of genuine contribution to the development objectives of society, devoid of mental manipulations and orientational deceptions consistent with patriarchy. This paper conceives male-domination and gender inequity as among the main retrogressive factors of underdevelopment in most parts of the world which should be discouraged and discarded in its various forms. However, the need to be realistic in attaining this change cannot be overstated given the long history of gender inequity and the pervasive alignment to male ideology among men and a large number of women. It was argued somewhere, as we also contend here, that a gradual but sustained approach is the most feasible strategy to achieving women empowerment in all spheres. Hence, men should sufficiently and genuinely accept that gender equity allows for comparative advantage and holistic exploitation of society's potentials and resources (Nwokocha, 2004).

The implication of this paradigm shift would be far-reaching in introducing sustainable development. On the one hand, it would eliminate gender disparity in relation to education of boys and girls which in the long run will guarantee

wage-employment for women in the formal sector and active participation in political activities. On the other, and following from the former, by contributing significantly in various activities in society, women would be free from subjugation and alienation, from victimization, abuse, violence and intimidation. The main issue then is how to effectively sensitize individuals and groups in relevant societies to perceive the progressiveness in equity and operate within that realization. Such sensitization by communities, governments, agencies and other stakeholders, will emphasize de-differentiation in socialization content, between girls and boys, beginning from the micro-family level. That way, comprehensiveness, merit and objectivity that characterize integrity and sustainable development will evolve in societies where these virtues have for long been elusive.

Although awareness about the essence of promoting gender equity is gradually increasing, inheritance, succession, custody of symbols of family authority (what the Igbo refer to as *ofor*) and traditional titles among others are still exclusively reserved for males (Nwokocha, 2007). Hence, perceptually, individuals and groups emphasize approval for gender equality and equity but attitudinal and behavioural dispositions in families and communities still depict inequity in favour of males. This situation is not likely to change in the nearest future given that campaigns against male dominance and preference have not achieved the desired goals in few communities where such advocacy has been undertaken. Thus, by the end of 2015, it would be difficult to identify Nigerian groups among whom attitudinal change leans towards female empowerment.

### **Reduce Child Mortality**

Reducing child mortality is the surest way of securing the future of communities. The stark reality of this assertion notwithstanding, the incidence of childhood mortality and morbidity is very high in less developed countries and sub-Saharan Africa in particular (Population Reference Bureau, 2008). Multiple factors are responsible for this situation which requires insightful intervention. For instance, maternal conditions and care which include issues related to food in-take and dieting; alcohol and other drugs; vitamins, medicines, workload and hygiene, as they impinge upon prenatal care and nutrition in mothers have also been identified as having links with low birth weight, hearing problems, learning difficulties, spina bifida and brain damage in children (Olowonyo, Oshin & Obasanjo-Bello, 2006; Hesperian Foundation, 2001; Odebiyi and Aina, 1998; Sen *et al.*, 1994). In addition to low birth weight, anaemia causes premature delivery; both seriously increase the chances of babies dying before age one, and also account for severe maternal-related illnesses (Zhang, Ananth, Li & Smulian, 2009; Panos Institute, 2001).

Research shows that one in six African infants is dangerously underweight – less than 2,500 grams or a little over 5 pounds (Arkutu, 1995). According to the UNICEF, between year 2000 and 2007, 29 percent of Nigerian children were underweight with 9 percent of these cases as very severe (Osafu-Kwako & Apampa, 2009). These infants are 10 times more likely to die than babies of



normal weight. In addition, underweight babies are 5 times more likely to die during their first year of life (Arkutu, 1995). The above inadequacies mostly result and or are sustained when mothers are poor to the extent that their supposed contributions to successful pregnancy outcomes are undermined. Studies have identified vitamin A deficiency as a major contributor to child mortality (West, 2003; UN, 2000). It further reveals that going by the United Nations Children's Fund (1998) estimates, about 100 million children under age 5 in 78 countries have vitamin A deficiency and that many needlessly die or go blind. Nigeria contributes substantially to these statistics (Nwokocha, 2006).

In order to achieve the targets set for child-mortality reduction under the United Nations Millennium Development Goals, neonatal mortality will have to be reduced (Mercer *et al.*, 2006) by improving the health, psychology and socioeconomic status of mothers whose conditions are inextricably linked with those of infants and children. Perhaps, failure to make noticeable progress in childhood mortality reduction in Nigeria relates to sustained gender inequity and female powerlessness. Population Reference Bureau (PRB) data on infant mortality rate in Nigeria for three successive years not only suggest inconsistencies but also lack of progress. For instance, the rates were 75, 89 and 77 for 2010, 2011 and 2012 respectively (PRB, 2010; 2011 & 2012). These undulating statistics are indicative of a bleak future particularly as it relates to achieving the MDG-4 which although difficult to measure due to paucity of genuine data could be compared to different times and places.

Indeed, it is only when accurate figures on child mortality prior to 1990 could be ascertained that measuring reduction by two-thirds by 2015 could be achieved. We observe that just like other areas of human activities in Nigeria, reliable statistics and documentation have been very difficult to achieve due to factors such as ignorance, apathy and corruption among others (Nwokocha, 2012). Appreciable reduction in childhood mortality will also depend on the extent that women and mothers understand the implication of balanced diet for survival. As such, there is need for extension and social workers to enlighten families especially rural inhabitants on how such balance can be achieved through the Local Content Initiative (LCI). In addition, empowering women whose husbands are for some reason not available to take independent decisions on critical health matters during emergencies will ensure that unnecessary delays that lead to worsening health conditions are eliminated.

### **Improve Maternal Health**

Improving maternal health can be achieved by understanding issues that undermine positive maternal outcomes, as the first step towards suggesting context-specific interventions. For instance, socio-cultural and individual factors underlie early marriage (Babalola *et al.*, 2008). Reporting UNICEF and Population Council estimates, Tai and Peterman (2009) stated that one in seven

girls marries before the age of 15 in developing countries. The United Nations report indicates that Nigeria, particularly northern Nigeria has some of the highest rates of early marriage in the world, 20 percent of girls were married by age 15, and 40 percent were married by age 18 (UNFPA <http://nigeria.unfpa.org/nigeirachild.html>). The likely implication of such early marriage is poor knowledge of Family Planning (FP) and pregnancy which bolsters high fertility occasioned by short birth intervals. Maternal health is closely linked to the extent that pregnancies occur by choice. Research shows that the demand for family planning services in Nigeria is associated with gender norms, limited contraceptive knowledge, low level of education, pronatalism, son preference, urban residence, among others (Babalola *et al.*, 2008; Nwokocha, 2007). Pointing out that family planning programmes in sub-Saharan Africa are fragile, Jacbstein *et al.* (2009) maintained that robust and functioning FP programmes are still necessary for equity, poverty-alleviation and economic development.

Nutrition, access and facilities available for maternal services are critical to pregnancy outcomes in the context they occur. Women's nutrition in less developed countries is perceived not only from a lack of resource with which to obtain a balanced diet, but also a result of fatigue and lack of time to feed themselves properly (Mbugua, 1997). Poor nutritional intake is linked with anaemia; mothers who are anaemic are unable to withstand even a moderate loss of blood (WHO, 1999). It has been highlighted that anaemia, often related to iron deficiency, is very common among pregnant women (Perry *et al.*, 1994). Research shows that a diet that has sufficient calories and micronutrients is essential for a pregnancy to be successfully carried to term (WHO, 1999; 2000a). Many factors, however, affect the nutritional status of pregnant women in various societies.

According to Dibley and Jeacocke (2001), in Vitamin-A-deficient populations, doses of vitamin-A less than 10,000 IU per day or 25,000 IU per week are considered beneficial to pregnant women without risk to the fetus. Similarly, the WHO (1999) and West *et al.* (2003) noted that severe Vitamin A deficiency (VAD) might make women more vulnerable to obstetric complications and to maternal deaths. But, Nwokocha (2007) and Ashford (2001) contended that women represent a disproportionate share of the poor and are largely unable to independently provide for themselves with necessary maternal requirements, a condition that has implications for their nutrition and pregnancy outcomes.

The most important proximate determinant of maternal health is the extent to which women access and utilize high quality maternal health services. Ample evidence shows clearly that sub-Saharan Africa ranks lowest of all regions in terms of access to health services (Nwokocha, 2006). For instance, in many less developed countries including Nigeria, there is a shortage of well-trained health care personnel to take care of pregnant women. In addition, late presentation of pregnant women in the event of complications contributes to



high level of maternal and perinatal mortality and morbidity (Killewo *et al.*, 2006; Hulton *et al.*, 2000).

Inaccessibility to skilled medical personnel who can effectively manage obstetric complications for pregnant women, especially among those living in rural areas, and/or delays as a result of impassibility of roads or the non-existence of a transport system or poverty or a combination of these variables have also been identified as affecting pregnancy outcomes (Abouzahr and Royston, 1991; Population Reference Bureau, 1997; Ransom and Yinger, 2002; Zlidar *et al.*, 2003). Record shows that only 43.3 percent of the Nigerian population has access to the modern health care system, while the majority employs the services of traditional healers (Osain, 2011). The NDHS 2008 data indicate that only 39 percent of women are attended at delivery by skilled personnel (NPC, 2009; see also Osafo-Kwako & Apampa, 2009; PRB, 2011). The implication of this scenario is that impact assessment of programmes related to maternal health is based just on this percentage, while the rest 61 percent is unaccounted for.

Therefore, any claim to improvement is dependent on the few women that access facilities with skilled attendants, for whom records are generated. While we note that maternal health has improved marginally among a cohort of women that have access to malaria prevention and treatment options, use prescribed medication and predispose themselves to timely and regular antenatal care services among others, a large majority of unreported cases are still vulnerable and actually die from maternal related causes (Nwokocho, 2012). For instance, despite interventions from governments and agencies, the lifetime chance of Nigerian women dying from maternal causes is 1 in 23. Compared to African countries such as Mauritius (1 in 1,600), Tunisia (1 in 860), Libya (1 in 540), Egypt (1 in 380), Cape Verde (1 in 350) among others (Population Reference Bureau 2011), the country has made very slow progress in maternal health outcomes. We conclude that assessment on improvement and particularly reduction in maternal mortality ratio by three-quarters between 1990 and 2015 is being based on selected minority, most of them residing in urban centres.

### **Combat HIV/AIDS, Malaria & other Diseases**

Bridging gender gaps will contribute effectively to combating HIV/AIDS, malaria, vesico-vaginal fistula and other diseases in most parts of the world especially Africa. Isiugo-Abanihe (2005) examined the role of some socio-cultural factors in HIV/AIDS infection in Nigeria and strongly implicated patriarchy and the status of women which explain the latter's restricted access and control over the means of production and reproduction. By exercising unrestricted decision making powers over domestic affairs, men play a dominant role in controlling women's sexuality. Isiugo-Abanihe (2005: 47) observed that:

*Because Nigerian women are less educated than men, and have fewer opportunities to take up jobs outside the home, they have little say in matters of their bodies and sexuality, and they are much more vulnerable to all sorts of ill-health, including HIV. Also, once infected their already low status becomes even lower, thus spiralling them down a circle of deterioration and suffering... Depriving women of the rights to autonomy and control over their bodies also deprives them of their rights to refuse sex and to demand safer sex practices by their husbands, boyfriends or clients. Limited access to economic resources and fear of violence force women to yield control over sexual relations to men, in some places even to relatives of their husbands. To be sure, low female autonomy, in combination with poverty and ignorance plays a primary role in the spread of sexually transmitted infections in general, and HIV/AIDS in particular.*

Practices such as widow inheritance, ghost marriage, Polygyny and levirate heighten the vulnerability of women to sexually transmitted infections. Among the Kambari of Yauri in Kebbi State, Nigeria for instance Wife-stealing is allowed. The custom gives a man the right to steal any woman, of his choice, from the community to become his wife irrespective of whether she is married or single. A woman could be stolen several times. In this way, HIV and other sexually transmitted infections are spread rapidly. Interestingly, it is a thing of pride among women when they are so stolen. In their perception, it is only attractive women that undergo such experience several times (Nwokocha, 2004). Added to this is that in some cultural settings girls are given out in marriage at very young ages when their reproductive capacities, physically and psychologically, are quite low to contend with the pressure related to pregnancy, labor and postnatal periods. Vesico-vaginal fistula which is common in Northern Nigeria has very strong relationship with young age at marriage.

Bridging gender gaps will not only ensure that women's negotiation and assertive skills in matters of sexuality, reproduction and maternal health are sharpened, but will also translate to changing cultural beliefs and practices that expose women and girls to avoidable health risks and negative outcomes. Current figures cast doubts on the feasibility of halting HIV and AIDS by 2015 as well as reversing the spread of the virus. For instance, The 2010 HIV seroprevalence sentinel survey indicated a prevalence rate of 4.1% among the adult population; an estimated 3.1 million people lived with HIV and AIDS in 2010 (Chukwu, 2011). According to NACA and UNIDS (2011) up to 300,000 new infections are recorded annually; women contribute 58 percent (about 1.72 million) to the total number of people living with HIV in Nigeria. Globally, Nigeria ranks second in the number of new infections reported each year (WHO/UNAIDS/UNICEF, 2011). Just like maternal mortality, the country



alone contributes 10 percent to the global HIV statistics (UNAIDS, 2010). This figure could have been higher but for poor access to orthodox health facilities and none reported cases.

**Table 1: The Percentage of Nigerians with AIDS for different years**

S/N	Year	Male	Female	Total in Percent
1	2001			3.8
2	2009			3.6
3	2010	2.5	3.8	3.2
4	2011	2.9	4.4	3.7
4	2012	2.9	4.4	3.7

Sources: PRB, 2010; 2011 & 2012

These data show consistency in higher female HIV prevalence particularly in the three years with segregated data. The import of these figures is incontrovertible; women bear the greater burden of HIV vulnerability than men due to multiple socio-cultural and biological factors such as poverty, beliefs and practices, religion, and low educational status (Nwokocha, 2011). The table also clearly reveals that 2010 has the lowest percentage of People Living with HIV/AIDS (PLWA) while others starting from 2001 had marginal differences. The conclusion derivable from these data is that Nigeria has at best made inconsistent progress in combating HIV and AIDS. However, there is consensus in literature that the Roll Back Malaria (RBM) programme has contributed to significant reduction in the incidence of malaria in a number of states in Nigeria (Adeneye, Jegede, Mafe & Nwokocha, 2007; Onabanjo & Nwokocha, 2012).

**Ensure Environmental sustainability**

The Swedish International Development Cooperation Agency (SIDA) cautiously noted, in line with burgeoning environmental alterations and depletions, that:

*Poor people are particularly – and indirectly – dependent on natural resources for their survival because of limited assets and greater dependence on commonly held resources for their livelihoods ... overuse of natural resources and environmental degradation not only reinforce today’s poverty, but also put the sustainable livelihoods of future generations in peril. (SIDA, 2002: 36)*

This observation is instructive in view of the number of people and especially rural inhabitants that engage in activities that contribute to environmental degradation. Women are among the worlds’ poorest poor as a

result of their insulation and exclusion, in most cases, from meaningful economic enterprises (Nwokocha, 2009). They represent a disproportionate population of rural dwellers that thrive on subsistence farming; the burden of sanitation rests squarely on the shoulders of women in addition to engaging in food preparation and cooking using raw fuel (Nwokocha, 2005). This paper argues that the most concrete strategy to achieving environmental sustainability is ensuring that women who have the most contact with the environment be empowered extensively to recognize the effects of poor sanitary behaviour and degradation of the physical space. The UNDP observed the enormity of environmental challenges facing the country when it noted:

*Nigeria's natural resources, some of its most valuable national assets, are still seriously threatened. For example, between 2000 and 2010 the area of forest shrank by a third, from 14.4 percent to 9.9 percent of the land area. In sanitation, efforts are falling short of the target... it is doubtful that town planning authorities have made adequate preparations for sustainable housing and sanitation. (UNDP, 2011: 7).*

To be sure, the shrinking of Nigeria's forest area will continue even beyond 2015 considering the characteristic deforestation among citizens without a corresponding reforestation. While, the PRB (2010) revealed that only 36 and 28 percent of urban and rural dwellers in Nigeria respectively use improved sanitation mechanisms, about 59 percent of the entire population have access to improved water supply (PRB, 2011). Data show a non-communicable disease rate of 818 and 793 among males and females respectively per 100,000 population (PRB, 2012). The persistent pollution of Niger Delta communities is an antithesis to any claim to environmental protection and sustainability by Nigeria. The Civil Liberties Organization stated:

*...ever since shell struck oil and drilled its first well in Ogoniland in the 60s Ogoni lands, forests, rivers, creeks and lakes have continued to be degraded and polluted from massive spills and leaks. Gas flaring has totally banished the night and acid rains have corroded buildings and metals. In many instances in Ogoniland, and other areas, Shell flares gas horizontally, directly on to the shoulders of the community, causing a rise in temperature, discomfort, dehydration and posing serious health hazards. (CLO, 1996: xiii)*

These and other events clearly suggest that by 2015 the Nigerian environment particularly the rural areas and oil producing communities will further be depleted.

### **Develop a Global Partnership for Development**

Such partnership operates at different levels beginning from the micro-family since development is the cumulative effects of a catalogue of efforts and

activities. The position following from this assertion is that summation of efforts is not feasible in contexts where exclusionary tendencies are operative. By making females equal partners in social issues, necessary interdependence and inter-gender relations that impinge on positive development are more likely to be achieved. Such collaboration will make for comparative advantage and specialization.

Imbibing the culture of mutual cooperation and respect, at global level, should derive from its prioritization in families in different places. This clarion call is even more critical in places that women constitute about a half of the entire population (Nwokocha, 2004). Mutual existence and cooperation is the most viable option for sustainable development and globalization. Moreover, as the UNDP (2011) noted, improving the human and capital resources is central to attracting foreign direct investment needed to contribute to meaningful development. Since the partnerships are expected to be symbiotic rather than parasitic, the quality of the citizenry to contribute to development processes is expected to be high in order to meet global standards in trade and investments. Such is not achievable in countries with disoriented individuals particularly women majority of whom are more affect than men (Nwokocha, 2004).

In addition, it has been pointed out that while over 42 percent of Nigerians have access to mobile telephones, only about 16 percent of the population is using the internet (UNDP, 2011). Although, internet usage among the people would likely improve by 2015, high rate of unemployment, poverty and beliefs and practices that particularly seclude women threaten to hold back appreciable progress.

### **Conceptual Framework**

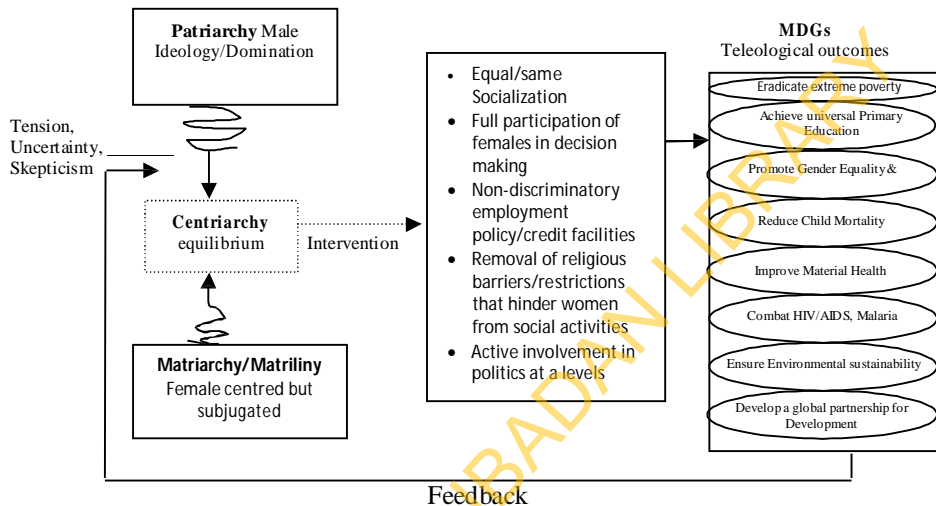
This diagrammatical representation of the interaction between Centriarchy and MDGs aims at highlighting the process of achieving gender equity in societies that had institutionalized male domination and ideology. Nwokocha (2004) had noted that striking a balance between Patriarchy and Matriarchy is the most effective strategy to attaining gender equity. The assertion following from this view is that Centriarchy as a structure that should be introduced to operate at the centre of both systems of relationships can activate the necessary convergence. The implications of the proposed paradigm shift include:

*...it would eliminate gender disparity in relation to education of boys and girls. This will in the long run guarantee wage-employment for women in the formal sector and also their active participation in the political sphere of life...by contributing significantly in various activities in society, women would be free from the shackles of subjugation and alienation, from victimization, abuse, violence and intimidation. More importantly, they*



would be able to contribute meaningfully to household decisions, including on their reproductive health. (Nwokocha, 2004: 41)

Although the above insight is compelling and notwithstanding that vigorous campaigns against gender inequity in relevant contexts are mounting, male domination is still very evident in most African communities even in exceptionally few matrilineal groups (Ottong, 1993).



**Figure 1: Conceptual Framework**

Source: Nwokocha, 2013

Figure 1 demonstrates the difficulty for both Patriarchal and Matriarchal societies in embracing structural changes that can lead to the introduction of Centriarchy. The difficulty is indicated by the waves that represent tension, uncertainty and skepticism on both sides. There is no doubt that sacrifices will be made especially on the part of Patriarchy and its protagonists and as such requires significant courage that will be borne out of sustained debriefing and re-sensitization. Centriarchy as an interventionist perspective emphasizes non-differential socialization content, full participation of females in family and household decisions, non-discriminatory employment policy and credit facilities, removal of religious/cultural barriers that hinder women from social activities including active involvement in politics at all levels.

Achieving these will automatically pave way for the realization of MDGs which then become the “effect” (the teleological outcomes) of Centriarchy. These goals, which could be interpreted as sub-systems, are closely linked to the extent that each has significant influence on others. For instance, eradicating extreme poverty will have an indirect effect on education, child and maternal mortality, environment and diseases and participation in global activities. The framework also shows the essence of feedback in an attempt to

reappraise the “cause” which is necessary for societies to adjust in line with relevant socio-cultural norms and values.

### **Conclusion**

This analysis has shown that the MDGs are a compact set of targets that have the capacity of transforming societies as separate entities and the entire world as a collective phenomenon if pursued genuinely. Their universal relevance is in the recognition of variation in cultures, capacities and approaches among groups and the feasibility of localizing their application. Yet, realizing these goals is threatened by gender inequity that subjugates women and girls as second-class citizens in some communities, automatically inflicting them with poverty and the attendant burden. In this society-inflicted poverty lies powerlessness and its variants including illiteracy, high fertility, maternal and infant mortality and morbidity, diseases and underdevelopment.

Most societies are still ambivalent in accepting that gender power differences that feminize poverty have retrogressive capacity, but instead locate their lopsided existence and development in models such as modernization, dependency and westernization, slavery and colonization. While it is compelling to accept that these events had significant influence on the lives and development agenda of relevant societies, they are not sufficient reasons for sustained underdevelopment of African societies, even after several decades of political independence. We would rather think that implicating these in present day analysis, of Nigeria, is an effort at shifting blames for sustained self-inflicted harm. On the contrary, underdevelopment of most societies, and in particular Nigeria, is linked closely to the inability to harness existing potentials which finds expression in gender inequity. Achieving the millennium goals, even after 2015, must be conceived beyond the theoretical; practical demonstration of sustained gender-balance and centriarchy will not only strengthen the path to sustainable development but will also make the essence of globalization visible in all human societies.

One of the major challenges confronting Nigeria with regard to assessing the level of progress on MDGs is the phenomenal poor documentation culture whereby most data are generated haphazardly to meet an immediate need after which the system relapses. Therefore, even though information elicited on various human endeavors are incomplete as a result of low coverage due to recourse to traditional systems and apathy, these limited data are further marred by inaccuracy. Hence, a holistic stock taking is not feasible. A genuine attempt at evaluating the MDGs will translate to putting in place a system that will encourage citizens to utilize formal services characterized by record keeping and that way generate elaborate data for a comprehensive analysis. Without that, the assessment remains a charade and should be left for countries that have shown encouraging commitment to reliable data gathering.

Indeed 2015 is not a Nigerian thing; putting everything together and achieving attitudinal and behavioural shift on the part of government and the citizenry is strongly recommended as the first step at MDG appraisal. Therefore, we suggest a waiver and the granting of special dispensation of one more decade to Nigeria (year, 2025) to enable it galvanize commitment occasioned by the political will to advocate, sensitize and provide the necessary enabling environment for growth and development. It will indeed be premature to undertake the MDG evaluation in the proclaimed year considering the level of inconsistencies confronting the country. Incidentally, more serious minded countries would not wait, for a crawling giant that has almost singularly diffused the MDG progress made in other locations due to its huge population, to strive for the next level of development.

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