

## Household Decision Making of Women in Public Service in Nigeria

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### Abstract

This study examines the impact of women decision making in the household especially among the public servants in Nigeria. The study used a sample of 350 public servant women, and applied a Logistic regression model. The result shows that women decision making on family health care is positive and significant, while household repairs and constructions are negative and significantly related to household status. The study therefore recommends a sensitization program to educate men on the importance or role of women in decision making especially in the household and also for economic development.

Keywords: *women, decision, public, house.*

### 1. Introduction

The issue of gender equity has dominated the research sphere in recent time (Singh et al., 2015; Kumar, & Quisumbing 2015; Wang, 2016). Various countries and government have centred their attention on gender equality, especially in the public service (WDR 2012). Public service in most cases are regarded as participation of few individuals towards societal role; it ensured a state to be operational and functional (Fakir, 2007; Dassiou, 2016). The public service in most countries are uneven represented, ones it comes to gender issue (Mandel, & Semyonov, 2005; Marmot, 2008; Haberkern et al 2015). A public service that is well represented (gender unbiased) tend to have a well improved and effective government system (Ndletyana, 2008). Women representation is generally low in public service especially in developing countries of Africa (Adenikinju, 2008; Fapohunda, 2012). Evidence in South Africa shows that in 2003, women occupied 25.3% of managerial positions, while their male counterparts occupied 74.7% of such positions. These statistics suggest that, between 1996 and 2000, women were appointed to an additional 14.9% of managerial positions only. In Nigeria, statistics shows that Nigeria is ranked 118 out of 134 countries in the world in terms of Gender Equality Index, with 15% of women having a bank account. Nigeria's progress and national development will be constrained if women and girls continue to be disadvantaged and gender equity is ignored. If Nigeria is to maximise its "demographic dividend" as the population of

working age increases and fertility declines, it must prioritise investment in women and girls to ensure that the next generation of all young adults are healthier, better educated and more able to contribute to economic growth and development. In terms of political office holding, Women are politically under represented. Their upper and lower house representation fell from 7% in 2007 to 4% in the 2011 election (the African average is 19%). Only 7 of 109 Senators and 19 of 360 Representatives are women (GDR 2012). Women in Nigeria still form an underclass and lack equality of opportunity, both in the contributions they make to development and the benefits they receive from it (UNECA 2009). Also, NBS data (2010) confirm that in 2007 only 32.5% of women were employed in the (non-agricultural) private sector.

However, several studies (Endut, 2011; Bertocchi et al., 2014; Singh et al., 2015;) have emphasize on household decision and gender issues, other studies (Williams & Chen, 2013; Antman 2014; Majlesi, 2016) decide to look at role of men and women especially working and non-working women's in labour market opportunities and also on nutritional and healthcare status (Boateng et al., 2014; Brauw et al., 2014; Cunningham et al., 2014), while other studies tend to look at household decision from the use of contraceptives and fertility (OlaOlorun & Hindin, 2014; Rahman et al., 2014; Upadhyay et al., 2014).

## 2. Literature Review

Bertocchi et al., (2014) studied the determinants of intra-house decision-making responsibility over economic and financial choices in Italy, through household wealth and income survey from 1989-2010 the study found out that the probability of the wife to be responsible for decisions increases as the wife's characteristics either in terms of education, age, or income increases. In the study of Singh et al., (2015) they examined whether measures of household decision making, attitudes toward gender-based violence and gender equality are associated with maternal and child health outcomes in Africa. Data Survey from eight African countries was employed with the use of logistic regression, the study found gender equality to be a prospective strategy to improve maternal and child health in Africa.

The study of Williams and Chen (2013), showed that power over household decisions reduced women's interest in achieving power in the workplace in their study on representation of women's traditional role as signifying a form of power. Antman (2014), studied the association between decision-making power of the husband and his wife with work status in

Mexico. Household fixed effects models was used to address the possibility that spousal work status may be correlated with unobserved factors. The study found that the wife of the head of household is more likely to be involved in making decisions in the household when she has work. Most recent by Majlesi, (2016) to identify the effects of relative changes in labour market opportunities for men and women on both working and non-working women's decision making power in Mexico. The result shows that increases in labour market opportunities improve women's decision-making power as well as children's health.

Boateng et al., (2012) examined the relationship between healthcare, wealth, mobility, daily, large house hold purchases, and women's involvement in household decision-making in Ghana. A survey data of 1,876 married women aged 15–49 years. Binary logistic regression was employed, findings show that wealthier married women were more likely to be involved in decision-making on their own healthcare. While, age, tertiary education and employment increases the involvement of married women in household decision-making. Also Brauw et al., (2014) studied the impact of Bolsa familia on women's decision making. The study found out that Bolsa familia significantly increases women's decision making power regarding, contraceptives, health expenses, children's school attendance and household purchases by employing a propensity score weighting method. The study of Cunningham et al., (2014) synthesising the evidence linking women's empowerment and child nutritional status in South Asia. Data were extracted and synthesised from 12 studies. The results showed that child anthropometry to be associated with women's empowerment.

On the use of contraceptives, Rahman et al., (2014) explored women decision making self-sufficiency as a potential indicator of the use of contraception in Bangladesh. A cross sectional data was used on 15-40 years of 8456 married and non-pregnant women. The result signifies that household decision making autonomy is significantly associated with current use modern contraception. Similarly, Upadhyay et al., (2014) conducted a study on women empowerment and review literatures on household decision-making and fertility on 60 studies in South Asia. The study found some positive association between longer birth interval, lower fertility, lower rate of unintended pregnancy and women's empowerment. Study of Nigerian by OlaOlorun and Hindin (2014) determine the association between the use of contraceptives and household decision-making power among women of 35–49 years. Multivariate logistic regression was performed to determine whether the women's household decision-making power score was independently associated with modern contraceptive use. The result showed

that women's decision-making power was statistically significantly associated with the use of modern contraceptive.

In light of the above literature, this study therefore emphasize on household decision making of public service women.

### 3. Research Methodology

The cross-sectional dataset used in this study comes from a survey conducted in Bida Local Government Area of Niger State. A total of 350 samples were obtained through written structural questionnaire was used were information regarding their personal and household details was obtained. The sampling frame consists of public service women through availability sampling technique.

Women empowerment dimension emphasized in this study is on household decision making of public service as dependent variable, having women participation in public service as one and zero otherwise. Independent variables consist of Age (Age) measured by years; education (Edu) measured by number of years spent schooling; family size (Fmem) is expressed in number of persons in the same household; annual income (Ai); Ability to decide on education of children (educ); Ability to decide on family health care (fhc); Ability to decide on food to be cooked each day (fcd); Ability to decide on house repair about construction (hrc); Ability to take the family planning method (fpm); Ability to decide about celebration of social and religion event (csre). This study used logistic regression to estimate household decision making of women in public service in Nigeria as employed by Boateng et al., (2012), Rahman et al., (2014) and Singh et al., (2015). The model is specified as;

For the logistic regression

$$Pr (PS_i = 1/0)_i = \alpha_0 + \alpha_1 EDUC + \alpha_2 FHC + \alpha_3 FCD + \alpha_4 HRC + \alpha_5 FPM + \alpha_6 SRE + \varepsilon_1 \dots\dots\dots(1)$$

while the second model consist of other explanatory variables

$$Pr (PS_i = 1/0)_i = \alpha_0 + \alpha_1 AGE + \alpha_2 EDU + \alpha_3 FME + \alpha_4 AI = \alpha_5 EDUC + \alpha_6 FHC + \alpha_7 FCD + \alpha_8 HRC + \alpha_9 FPM + \alpha_{10} SRE + \varepsilon_1 \dots\dots\dots (2)$$

Where, PS refers to household decision of public service women; Age=Age, Edu=Education, FME= Family size, AI=Annual income, EDUC=Ability to decide on children education, FHC= Ability to decide on family health care, FCD= Ability to decide on food to be cooked each day, HRC= Ability to decide on house repairs and construction, fpm= Ability to take family

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planning method, CSRE= Ability to decide about celebration of social and religion events and  $\varepsilon$  is the error term.

#### 4. Findings and Discussion

The result on table 4.1 shows that with a sample size of 350 public service women in Bida, Niger state. 262 women were among the active group of 18-35 years, with evidence of 81 women with tertiary certificate which 214 of the household has 6-15 members with 244 having annual income below ₦5,000.

86 public service women had the full ability to decide on children education with 85 of them having no ability, 42 women had full ability to decide on family healthcare with 84 of the wome having no ability. Out of 350 public service women, 96 of them had the ability to decide on the food to be cooked while 36 had no ability. For the household repairs and constructions, 37 had full ability while 119 of the women had no ability. 61 women had the ability to decide fully on family planning method with 67 having no ability, but in the case of celebrations and social evevnts, 83 had full ability while 79 had no ability.

Table 4.1 Descriptive Statistics: Sample Population for 350

Variable	Frequency	%
<b>Age</b>		
18-35	262	74.86
26-50	67	19.14
51-65	21	6.00
<b>Educational Qualification</b>		
Primary Cert.	27	7.71
Secondary Cert.	242	69.14
Tertiary Cert.	81	23.14
<b>Family Members</b>		
2-5	92	26.29
6-15	214	61.14
16 & above	44	12.57
<b>Annual Income</b>		
Below ₦5000	244	69.71
Above ₦5000	106	30.29
<b>Ability to decide on children education</b>		
1	85	24.29
2	59	16.86
3	62	17.71
4	58	16.57
5	86	24.57
<b>Ability to decide on family health care</b>		
1	84	24.00
2	74	21.14

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3	91	26.86
4	59	16.00
5	42	12.00
Ability to decide on food to be cooked		
1	36	10.29
2	54	15.43
3	76	22.57
4	85	24.29
5	96	27.43
Ability to decide on house repair and construction		
1	119	34.00
2	85	24.29
3	68	19.43
4	41	11.71
5	37	10.57
Ability to decide on family planning method		
1	67	19.14
2	74	21.14
3	91	26.00
4	57	16.29
5	61	17.43
Ability to decide on celebrations of social and religious events		
1	79	22.57
2	54	15.43
3	67	19.14
4	67	19.14
5	83	23.71
N	350	100

#### 4.1 Result

The result in table 4.2 for public service women that control variables were not considered shows that ability to decide on children education and the food to be cooked each day are

Table 4.2: Regression result of household decision making

	LOGIT	P> Z	LOGIT	P> Z
Adeduc	0.2215 (0.1364)	0.090*	0.1955 (0.1388)	0.159
Adfhc	-0.3554 (0.1652)	0.031**	-0.3483 (0.1705)	0.041**
Adfcd	0.4001 (0.1415)	0.005***	0.4413 (0.1461)	0.003***
Adhrc	-0.3915 (0.1191)	0.001***	-0.3979 (0.1221)	0.001***
Atfpm	-0.1169 (0.1057)	0.268	-0.0408 (0.1124)	0.717
Adcsre	0.1633 (0.0994)	0.101	0.1752 (0.1028)	0.088*
Age			-0.2000	0.082*

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			(0.0115)	
Edu			-0.0412 (0.0322)	0.200
Fmem			0.0268 (0.0248)	0.281
Ainco			-0.0001 (0.0001)	0.095*
N			350	
Pseudo R <sup>2</sup>			0.0847	0.000***

Notes: Standard errors are in parentheses, P values: significance \*10%, \*\*5%; \*\*\*1%. Age=Age, Edu=Education, Fmem= Family size, Ainco=Annual income, Adeduc=Ability to decide on children education, Adfhc= Ability to decide on family health care, Adfcd= Ability to decide on food to be cooked each day, Adhrc= Ability to decide on house repairs and construction, Atfpm= Ability to take family planning method, Adcsre= Ability to decide about celebration of social and religion events.

positively related to women’s household decision making at 10% and 1% respectively. Ability to decide about celebration of social and religion events are positively significant, while Ability to decide on family health care and decide on house repair and construction are significant and negatively related at 5% and 1%. And family planning method are negatively related to household decision making of public service women.

Though in the case of public service women that control variable were considered shows that Age and annual income are negatively significant to women’s household decision making of public service women at 10% each, this is contrary to the study of Bertocchi et al., (2014) whose study found out that the probability of the wife to be responsible for decisions increases as the wife’s characteristics in terms of age, and income increases. Education and the ability to take family planning method are negatively related to household decision making of public service women, this is contrary to the study of Bertocchi et al., (2014) who found out that the woman’s responsibility for decisions making in the household increases as the woman’s characteristics in terms of education increases, and also not in accordance with the study of Brauw et al., (2014) who found out that Bolsa familia significantly increases women’s decision making power regarding the use of contraceptives. Family size and ability to decide on children education are positively related this is in support of Brauw et al., (2014), the study found out that Bolsa familia significantly increases women’s decision making power regarding, children’s school attendance. Ability to decide on family health care and ability to decide on house repair and construction are negatively significant at 5% and 1% respectively this study contradicts the study of Brauw et al., (2014), whose study found out that Bolsa familia significantly increases women’s decision making power regarding health expenses and also not in line with a later study by Majlesi, K (2015) that found out that increases in labor market opportunities improve women’s decision-making power as well as children’s health, while

ability to decide on the food to be cooked each day and the ability to decide about celebration of social and religion events are positively significant to women's household decision making at 1% and 10% respectively. Brauw et al., (2014), whose study found out that Bolsa familia significantly increases urban women's decision making power regarding, household purchases.

## 5. Conclusion

In examining the role of public service women in household decision making, a number of factors were found to significantly influence women to household decision making. The study therefore concludes that accessing household decision making enhance public service women empowerment; most women were found to have positively influence decisions on children's education, food to be cooked each day, and also about celebration of social and religion events in the household, for both group of women. Though the size of the family do influence household decision making.

Other factors such as age, education, annual income, of a public service woman was not able to influence a woman's decision on family health care, house repairs and construction and taking family planning method (contraceptives).

The study recommends women participation in household decision and proper awareness of the advantages of public service women needs to be well defined to the male counterpart.

## 6. Acknowledgement

The researcher acknowledges the public service women that were sampled in the study setting of Bida Niger State, Nigeria for their responses towards the success of this research.

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