Bridging the Gender Inequality Gap: Concretizing the Millennium Development Goals

Ezebunwa Ethelbert Nwokocha, PhD
Department of Sociology
University of Ibadan, Nigeria

Gender inequality remains one of the most facilitating factors of poverty; the latter phenomenon feminized in most societies. Discrimination against females in access to formal education, credit facilities, and decision making processes have led to over-arching consequences on development especially in societies where women constitute about 50% of the entire population. This paper argues that development can only be meaningful when gender inequality and inequity are eliminated at all levels of relationships. By situating the Millennium Development Goals (MDGs) within this framework, the components of underdevelopment such as poverty and hunger; illiteracy; female powerlessness; high rate of maternal and infant mortality and morbidity; high incidence of disease; environmental depletion among others which affect females more, are understood and genuinely tackled. The present analysis indicates that although MDGs have universal relevance, eliminating gender based disparities and subjugation should be undertaken within prescribed socio-cultural norms and values of any community.

Keywords: female powerlessness, poverty, underdevelopment, gender disparity and MDGs.

Background

Gender inequality and inequity issues have consistently engaged the attention of scholars due to inherent controversies. Until very recently, male domination and subjugation of females were conceived as normal in virtually all African societies as a result of socialization that emphasized inviolability of Patriarchy and Patriliny (Aderinto et al 2005). The implication of exclusion of females from socio-religious and political issues is that activities and development are lopsided especially in communities where they constitute about 50% of the entire population (Nwokocha, 2005). Hence, ignoring the latter implies that affected groups run on half capacity. This has accounted for intergenerational stagnation and underdevelopment of societies.

Interestingly, policy makers and agencies, for centuries, have failed to or pretended not to recognize the retrogressive effects of female exclusion. Instead, models that located underdevelopment of societies in modernization, dependency, westernization and colonialism were emphasized and implicated in the failure of most communities to develop. Although these phenomena could have impacted on development in a variety of ways, the present paper argues that gender inequality has greater links with underdevelopment in relevant contexts.

The MDGs are designed primarily to bridge gaps that undermine sustainable development. A closer look at these goals shows clearly the need to focus on ways of empowering women to realize their inherent potentials without unnecessary inhibitions that derive from society-constructed female inferiority complex. The present analysis engages each of these goals as a way to bolstering understanding on strategies towards relativizing MDGs to specific community norms and values. For instance, "eradicating extreme poverty and hunger" would translate to improving the lots of females given that they bear the greater burden of poverty due to their powerlessness, voicelessness and robotization in some cultures.

The paper also engages issues related to universal primary education and how effective campaigns and sensitization impinge on the attitude of parents towards realizing the necessity of giving both sexes equal opportunities in education at all levels. Moreover, empowering females to engage in activities on the same footing with males in all issues would contribute to concretizing the MDGs. Reducing child mortality would not only ensure that women are not involved in repeated child bearing to replace dead children but will also improve their health. Yet, marital union in most parts of Africa is legitimized by

the ability of the woman to bear children especially males (Nwokocha, 2007; Owumi, 2002). This orientation explains both high fertility and mortality in relevant communities. Arkutu (1995) had painfully noted that the quest for such legitimacy pushes women into child bearing even in life-threatening conditions.

The implication of short-interval childbearing is that women hardly have time to recover from the stress of pregnancy and delivery and hardly engage in activities that contribute to development (Nwokocha 2006). Similarly, when maternal health is improved, related mortality is reduced. This paper argues that maternal health will improve to appreciable degree when women are economically empowered to the extent they could take unilateral decisions as and when necessary. The direct implication of timely decisions is that unnecessary delays, in seeking emergency obstetric care, that result in maternal deaths are avoided. Absolute dependence on men has accounted for avoidable time-wasting in seeking maternal care most times to a dangerous dimension. Study shows that when women die due to causes related to pregnancy, most men quickly remarry thereby widening the gender gap (Isiugo-Abanihe, 2003).

The burden of diseases is borne by females than males for a number of reasons which range from economic dependence to socio-cultural beliefs and practices. Polygyny explains the higher incidence of HIV/AIDS among women than men. These issues suggest that campaigns against gender inequality should be vigorous and sustained in order to consolidate MDGs. The paper concludes that the thematic goals would be realized when gender disparities are dismantled in societies in which these are still evidently visible.

Locating the Gender Gaps and Barriers to Success

The gender inequality gaps are visible virtually in 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 related to underdevelopment of relevant societies. Poverty is viewed here in holistic terms, far beyond 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 powerful to accept it as sacrosanct (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 make them less dependent. Partial or absolute dependence on males is closely linked to vulnerability of females at homes, workplaces and social and physical environments. A study by the United Nations (2000) revealed that the socioeconomic status of women in terms of education, involvement in reproductive health decisions, nutrition and work

contributes significantly to poor pregnancy 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 (NDHS, 2003). Unfortunately, however, 40.5 percent of Nigerian women do not have formal education, while another 22.8 percent have primary school education only (NDHS, 1999; 2003). 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 of 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 is

also 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 inequality. 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 at consensus that activate significant challenge against inequality. This clarion 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 equality was carefully examined by Omololu (1997:71):

> Undoubtedly, 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 has therefore become necessary to bridge this yarning gap in order to concretize MDGs. We now examine each of these goals and their intertwining posture in a bid to understanding their separate and holistic effects on gender inequality and inequity in relevant societies.

Bridging the Gaps: concretizing MDGs

Bridging the gender inequality gaps is the surest way of concretizing MDGs especially in less developed countries where multiple factors bolster female domination and subjugation. These gaps apart from being products of differential socialization processes also exist due to restrictions in religious, economic and political spheres of life. Accepting that and prioritizing relationships based on equality 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 of MDGs which policy makers in less developed societies should possibly buy into for the goals to activate the necessary effects in these countries.

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 un-development 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, on the political economy of their various groups in order to bolster 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 with automatic definition especially in communities where cultural values impose restrictions on how far women can participate in certain activities (Nwokocha, 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 on the basis of sex.

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 quite forcefully that achieving MDGs depends largely on the extent that formal education is universalized at primary level as the first step. In making this suggestion, we are aware that beyond religious and cultural restrictions of females is the issue of very low standards in primary school education in some less developed countries. It is therefore important to emphasize universalization of qualitative primary school 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 how minimal 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 teaching and learning. Second, it can institute legislation that will specify appropriate punishment 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.

Promote Gender Equality & Empower Women

The task of promoting gender equality as a way to empowering women is a necessary step towards concretizing other millennium goals. Without reversing this inherently defective perceptual, attitudinal and behavioral relational system based on inequality, attempts at eliminating extreme poverty, reducing child and mortality among others will amount to efforts in futility. DFID (2002) 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 (DFID, 2002:7).

This request to men in particular translates to the 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 inequality 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 inequality and the pervasive alignment to male ideology among a large number of men and women. It was argued somewhere as I also contend here that a gradual but sustained approach is the most feasible strategy to achieving women empowerment at all fronts and that men should sufficiently and genuinely accept

that gender equality and equity allow 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, 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. Consequently, women will be sufficiently equipped to contribute meaningfully to household decisions including those related to their reproductive health and rights. Realizing these in themselves indicates concretization of the thematic goals. The main issue then is how to effectively sensitize individuals and groups in relevant societies to perceive the progressiveness of equality and live within that realization. Such sensitization will emphasize de-differentiation in the content of socialization, of girls and boys, beginning from the micro-family level in all activities. In that way, comprehensiveness, merit and objectivity that characterize integrity and sustainable development will evolve in societies where these virtues have for long not been feasible.

Reduce Child Mortality

Reducing child mortality is the surest way of securing the future of mankind. The stack 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. Multiple factors are responsible for this situation which requires insightful intervention. For instance, maternal conditions and care which include issues related to diet and

nutrition; 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 (Hesperian Foundation, 2001; Odebiyi and Aina, 1998; Sen *et al.*, 1994). In addition to low birth weight, anaemia causes babies to be born prematurely; both factors increase their chances of dying before they are a year old, and cause serious maternal illness (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). 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. Equally, the UNO (2000) views vitamin A deficiency as a major contributor to child mortality. 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.

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, socioeconomic status of mothers whose conditions are inextricably linked with those of infants and children. Reducing child 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 local content initiative. In addition, empowering women, whose husbands are for some reason not available, to take sole decisions at critical health moments will ensure that unnecessary delays that lead to worsening 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, nutrition, access and facilities available for maternal services are critical to pregnancy outcomes in the context they occur. Women's nutrition in developing countries has been seen not only as arising 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 findings on the other hand show that a diet that has sufficient calories and micronutrients is essential for a pregnancy to be successfully carried to term (WHO, 1999; 2000). 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) noted that severe Vitamin A deficiency (VAD) might make women more vulnerable to obstetric

complications and to maternal deaths. As Ashford (2001) contended, 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.

However, the UN (2000) noted that the most important proximate determinant of maternal health is the extent to which women access and utilize high quality maternal health services. Records show clearly that sub-Saharan Africa ranks lowest of all regions in terms of access to health services (UNICEF, 1995). For instance, in many less developed countries, 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 (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). Records show that only 35 percent of the Nigerian population has access to the modern health care system while the remaining, majority of them women, employ the services of traditional healers, including Traditional Birth Attendants (Odebiyi and Aina, 1998; Adeyeye, 2001).

Studies confirm that the Nigerian health sector is, for instance, plagued by a number of problems- the mal-distribution of facilities, poor management and referrals,

among others (Odebiyi and Aina, 1998; Okonofua *et al*., 1992). Governments in most less developed countries surprisingly, are indifferent towards maternal health or at best persuaded to view it as the least among problems. It has been observed that the health budget of most African countries is about 5 percent of the total national budget and sometimes a lot less (Njikam, 1994,). Compared with the WHO recommended 10 percent rate of the total national budget, health budgets are grossly inadequate (Njikam, 1994). In Nigeria, only about 1 percent of the annual budget is allocated to health (Jegede, 2002) and the allocation for reproductive health in particular constitutes less than 3 percent of the health budget - which itself is bedeviled - (Adewuyi and Tsui, 2000). Improving maternal health depends on a whole gamut of issues which include education and enlightenment, nutrition, access and use of health facilities, referral system, and male involvement among others which vary in different cultures. Consequently, effective improvement strategies must recognize these differences and emphasize context-specificity.

Combat HIV/AIDS, Malaria & other Diseases

Bridging gender gaps will contribute effectively to combating HIV/AIDS, malaria, vesco-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 spiraling them down a circle of deterioration and suffering… depriving women of the right to autonomy and control over their bodies also deprives them their right 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. Among the Kambari of Yauri in Kebbi State, Nigeria 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. 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 postpartum periods. Vescovaginal fistula which is common in Northern Nigeria has very strong relationship with 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.

Ensure Environmental sustainability

The Swedish International Development Cooperation Agency (SIDA) cautiously noted, in line with bourgeoning 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, in most cases, from meaningful economic enterprises. 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. 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 holistically by altering hitherto relations of power that accounted for their alienation.

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 whole 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 encouraged. Such collaboration introduces 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. This means that sidelining them amounts to existing on incomplete capacity (Nwokocha, 2004) with the men overburdened to a point that the entire system is threatened, and may lead to a collapse. Mutual existence and cooperation is the most viable option for sustainable development and globalization.

Conceptual Framework

This diagrammatical representation of the interaction between Centriarchy and MDGs aims at highlighting the process of achieving gender equality in societies that have institutionalized male domination and ideology. Nwokocha (2004) had noted that striking a balance between Patriarchy and Matriarchy is the most effective strategy to reaching the goal of gender equality. The assertion following from this view is that Centriarchy as a structure that should 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 inequality in relevant contexts is mounting, male domination is still very evident in most African communities even in exceptionally few matrilineal groups (Ottong, 1993).

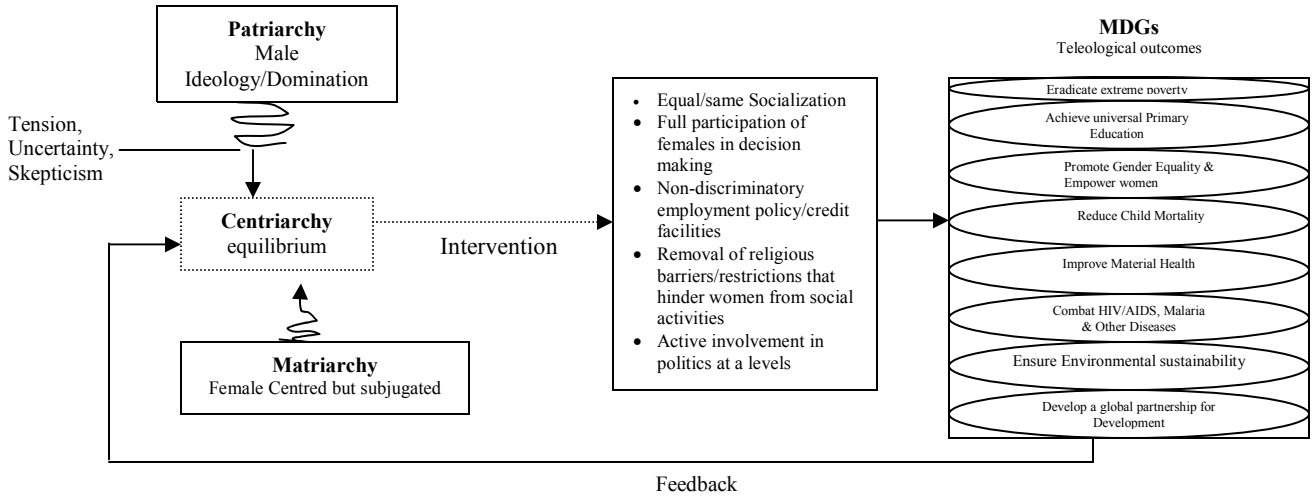

Figure 1. **Conceptual Framework**
Source: **Nwokocha (2007)**

Figure 1. demonstrates the difficulty of both Patriarchal and Matriarchal societies in embracing structural change leading to the enthronement 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 borne out of sustained debriefing and re-sensitization. Centriarchy as an interventionist perspective emphasizes non-differential socialization content, active 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 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. Their universal relevance is in the recognition of variation in cultures, capacities and approaches among groups and the need to localize their application. Yet, realizing these goals is threatened by existing gender inequality and inequity that subjugate women and girls as second-class citizens in some communities, automatically inflicting them with poverty and attendant burden. In this holistic society-inflicted poverty lie powerlessness and its variants like illiteracy, high fertility, maternal and infant mortality and morbidity, diseases and underdevelopment.

Interestingly, most societies are still ambivalent in accepting that gender power differences, that feminize powerlessness, have such retrogressive capacity and instead

locate their lopsided existence and development in models such as modernization, dependency and westernization through slavery and colonization. Granted that these events had significant influence on the lives and development agenda of relevant societies, they are not sufficient factors of sustained underdevelopment in contemporary reality. We contend that implicating these in present day analysis, of Nigeria, is an effort in shifting blames. On the contrary, underdevelopment of most societies, and in particular Nigeria, is linked closely with inability to harness existing potentials which finds expression in gender inequality. Concretizing the millennium goals must be conceived beyond the theoretical; practical demonstration of 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.

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