

Study: Education and urbanisation boost sub-Saharan African women's control over health

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Women's ability to make decisions about their own health increased in most sub-Saharan African (SSA) countries in the early years of the 21st century, but the picture varied greatly across the region, according to

new research from Oxford published today.

The study, from the Leverhulme Centre for Demographic Science, states, "Around the world, many women lack the autonomy to participate in these crucial decisions, often because of [social norms](#) that grant other (usually male) family members decision-making authority.

"In sub-Saharan Africa—the setting of this study—women's participation in [health](#) decision-making is among the lowest in the world, and women commonly report that their husbands make decisions about their own health without their participation."

The research reveals there is substantial variation in the extent of husbands' decision-making dominance within SSA. The paper states, "Country-level estimates suggest that Western African countries have a higher prevalence of husbands' decision-making dominance...than Eastern and Southern countries (with a few important exceptions), which could be related to many things, including differences in sociocultural factors or underlying health conditions."

Researchers found the situation to vary greatly over time, from country to country. Husbands' decision-making dominance mostly decreased in the first two decades of the century. But, in some areas—notably Mali, Senegal, Central and Western Guinea, Eastern Burkina Faso and Zimbabwe, Northern Nigeria and Uganda, and Southern Cameroon—husbands' dominance 'actually increased over time.'

Professor Francis Dadoo, British Academy Global Professor at Oxford, comments, "Really fascinating work linking what might be considered the primary determinant of many demographic outcomes in sub-Saharan Africa—women's autonomy—with the encumbering influence that is husbands' decision making dominance!"

According to the study, more education for women and urbanization are associated with greater control over health decision-making. The paper states, "Changes in education, urbanization, media, and communication in recent decades might correspond with declines in husbands' decision-making dominance [in some countries]."

The study concludes, "New ideas and norms [about the acceptability of women's autonomy in decision-making] diffuse through...a combination of social learning, social interactions, and social influence that can emanate from a variety of sources, including peer and kinship networks, schools, media, NGOs, markets, [medical facilities](#), religious facilities, and other sites of public interaction."

Lead author of the paper Dr. Liliana Andriano says, "This research has important policy implications. It can help policy-makers identify and target policy interventions to [geographic areas](#) where women's participation in health decision-making is particularly low and better design context-specific policies, even within the same country,"

She adds, "In areas where women have less autonomy in health [decision-making](#) (such as Northern Nigeria), women's and maternal health interventions may be effective only if they are targeted to both the woman and her partner. On the other hand, in areas where women have more autonomy in making these decisions (such as Southern Nigeria), it may be more appropriate to target women directly."

More information: Liliana Andriano et al, Husbands' Dominance in Decision-Making About Women's Health: A Spatial Diffusion Perspective in Sub-Saharan Africa, *Demography* (2021). [DOI: 10.1215/00703370-9429489](https://doi.org/10.1215/00703370-9429489)

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