DETERMINANTS OF WOMEN'S PARTICIPATION IN THE IMPLEMENTATION OF SOME MILLENNIUM DEVELOPMENT GOALS IN EKITI STATE, NIGERIA

BY

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ABSTRACT

The 2015 Millennium Development Goals (MDGs) end-point report in Nigeria revealed that despite the commitment of resources to MDGs' implementation, the attainment of the goals, particularly goals 3, 4 and 5, was below expectations. This has been attributed, particularly in Ekiti State, to low participation of women, who were targets of these goals. Thus, raising concern about the implementation of Sustainable Development Goals (SDG) in the State. Previous studies have focused on country-wide implementation and factors that hindered MDGs success without emphasis on goals-specific state-based assessment, and more particularly women's participation. This study was, therefore, designed to assess the determinants of women's participation in MDGs 3, 4 and 5, with a view to strengthening the implementation of the SDGs in Ekiti State.

Olson's Participation Theory provided the framework, while survey design was adopted. Three Local Government Areas (LGAs) from each of the three senatorial districts and two communities across the LGA where women's participation in the MDGs was low were purposively selected. Stratified random and quota sampling techniques were adopted in selecting female community leaders (7), market women (33), female community health extension workers (11), female artisans (21), nursing mothers (25) and pregnant women (17) across the communities. Instruments used were Women's Participatory Roles Questionnaire (r=0.62) with four sub-scales and MDGs' Participation Determinants Questionnaire (r=0.78) with 12 sub-scales. Three sessions each of focus group discussion and key informant interviews were held with selected women and MDGs' desk officers, respectively. Quantitative data were analysed using percentages, Pearson's product moment correlation and Multiple regression at 0.05 level of significance, while qualitative data were content analysed.

Respondents were mostly married (93.8%) from monogamous family (90.3%) and had lived in the communities for at least 10 years. Respondents had secondary school education (34.8%), first degree (32.9%), Nigeria Certificate in Education (19.7%), primary education (8.8%) and postgraduate education (2.3%), while those with no formal education were (1.6%). Women's participation in MDGs programmes was reportedly low (34.8%). Traditional practices (r=0.64), media exposure (r=-0.45), women's leadership (r=0.33), women's organisation (r=0.22), multiple responsibilities (r=-0.17), educational level (r=0.14), policy climate (r=0.13), husbands' attitude (r=-0.11), support system (r=-0.10), economic status (r=0.10), value attachment (r=-0.07) and religion (r=0.003) had positive significant relationship with women's participation. The determinant factors had a joint significant prediction on women's participation in MDGs ($F_{(12; 994)}$=48.22; Adj. R^2=0.37); accounting for 36.8% of its variance. Media exposure (β=-0.48), women's leadership (β=0.23), policy climate (β=0.17), educational level (β=0.16), support system (β=-0.13), traditional practices (β=0.09.), economic status (β=0.05), husband's attitude (β=-0.04), multiple responsibilities (β=-0.03), religion (β=0.02), value attachment (β=0.01) and women's organisation (β=0.01) contributed significantly to women's participation in MDGs implementation. Partisan politics, neglect, non-immediate financial rewards, low economic status, low education, government insincerity and inadequate funding hindered women's participation in MDGs programmes.

Effective women's leadership, positive media exposure and policy climate, high educational level and favourable support system influenced women's participation in Millennium Development Goals implementation in Ekiti State. Therefore, these factors should be taken into consideration during the implementation of the Sustainable Development Goals.

Keywords: Millennium Development Goals, Women in development, Women in Ekiti State.
Word count: 496

CERTIFICATION

I certify that this thesis was undertaken by Emmanuel Idowu OJOBANIKAN (Matric. No. 153064) in the Department of Adult Education, University of Ibadan, Ibadan, Nigeria, under my supervision.

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DEDICATION

This thesis is dedicated to Jah Jehova - the God Almighty

and

my parents – Mr. Joseph Oluwadare Ojobanikan and Mrs. Comfort Aina Ojobanikan.

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E. I. Ojobanikan

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LIST OF ACRONYMS

Acronyms	-	Meaning
AIDS	-	Acquired Immunodeficiency Syndrome
ADB	-	Asian Development Bank
AFDB	-	African Development Bank
AMISOM	-	African Mission in Somalia
AREU	-	Afghanistan Research and Evaluation Unit
ANOVA	-	Analysis of Variance
BLRW	-	Better life for Rural Women
CHEW	-	Community Health Extension Workers
CHS	-	Child Health Scale
COWARD	-	Community Women Association for Rural Development
CPR	-	Common Pool Resources
EKS-MDGs	-	Ekiti State Millennium Development Goals Office
FGD	-	Focus Group Discussion
GENDERNET	-	DAC Network on Gender Equality
HIV	-	Human immunodeficiency Virus
HIPC	-	Heavily Indebted Poor Countries
HOD	-	Head of Department
IDGs	-	International Development Goals
KII	-	Key Informant Interview
LEEDS	-	Local Economic Empowerment and Development Strategy
MDGs	-	Millennium Development Goals
MDGsPDS	-	MDGs Participation Determinant Scale
MDGsPQ	-	MDGs' Participation Questionnaire
MHS	-	Maternal Health Scale
NCES	-	National Centre for Education Statistics
NEEDS	-	National Economic and Empowerment Development Strategy
NGOs	-	Non-governmental Organisations
NPC	-	National Population Census
NV20:2020	-	Nigeria Vision 20:2020

OECD	-	Organisation for Economic Cooperation and Development
SDGs	-	Sustainable Development Goals
SEEDS	-	State Economic Empowerment and Development Strategy
UN	-	United Nations
UNCTAD	-	United Nations Conference on Trade and Development
UNDP	-	United Nations Development Programme
UNESCO	-	United Nations Education, Scientific and Cultural Organisation
UNICEF	-	United Nations International Children Education Fund
UNIDO	-	United Nations Industrial Development Organization
UNPFA	-	United Nations Population Fund
UNRCHCO	-	United Nations Resident and Humanitarian Coordinator's Office
WES	-	Women Empowerment Scale
WF	-	Women Forum
WTO	-	World Trade Organisation
YWCA	-	Young Women Christian Association

CHAPTER ONE
INTRODUCTION

1.1 Background to the study

Millennium Development Goals (MDGs) were adopted in the year 2000 by the United Nations member states (Nigeria inclusive) at the United Nations Millennium Summit held in United States of America. The MDGs were eight in number and were purposely adopted to end problems like gender inequalities, child death, maternal mortality, poverty and hunger as well as to improve the health of people living in developing countries. These were to be achieved through debt relief, environmental protection, supply of drugs and health equipments among others by the developed nations. Strategic implementation policy and finance were left to the developing nations. The MDGs were a 15-year development plan meant to be achieved by the end of the year 2015. Nigeria started implementing the MDGs in 2004 by launching a policy framework named National Economic and Empowerment Development Strategy (NEEDS) to guide MDGs implementation at all levels of government. The Ekiti State government started the implementation of the MDGs in 2007, while the local government areas in the state joined the implementation in 2011.

Ekiti State Government specifically developed and embarked on a financial empowerment programme called Conditional Cash Transfer Scheme (CCTS) financed by the State government from the MDGs' fund, to achieve MDG 3 within the period of the implementation of the MDGs. Through the MDGs office in the state, women who are traders and artisans were selected to be beneficiaries of the programme targeted at achieving women financial empowerment, with about four hundred million naira expended on the scheme, thereby reducing poverty among women and inability to support girl' child education. This programme was designed to empower women towards gender equality. In the same vein, to achieve MDGs 4 and 5, the Ekiti State Government built health centres in some communities where there were none (for instance, health centres were built at Oke Eria, Okebedo, Ilawe Ekiti, Oko Oyo, Ise Ekiti, Araromi, Efon Alaaye among others), and operated free health programmes for both pregnant women and children less than age of five years at designated health facilities. Vaccines were given to immune both the mother and the child against diseases and infections such as polio, measles, yellow fever and tetanus. Health education and information on genital mutilation

and the need to patronise skill/trained birth attendants, among others, were also embarked upon. The Ekiti State Government embarked on these programmes to achieve safe delivery, reduction in child death and maternal mortality as well as to improve maternal health. The government received support from international organisations, particularly UNICEF, which supplied health equipment, such as solar-powered freezers to some health facilities for preservation of vaccines.

However, in spite of the efforts and commitment put in by the Ekiti State Government towards the achievement of these goals (Goals 3, 4 and 5), there were evidences to show that the MDGs did not achieved their intended objectives. According to MDGs End-point Report, while less than 38% success was recorded on women empowerment, 89 deaths per 1000 live births and infant mortality of 58 deaths per 1000 live births were still recorded. Equally, maternal mortality ratio was 88.6%, while ante-natal coverage and birth attended to by skilled personal were below 45% (Federal Government of Nigeria (FGN), 2015)

Although, the MDGs had been concluded in 2015 as planned, there are evidences which showed that the targets of the MDGs were not achieved in Ekiti State. The non-attainment of the MDGs and non-achievement of its targets in Ekiti State were due to the fact that women who were supposed to be at the centre point of these goals (3, 4 and 5) did not participate as expected in the programmes (Fayemi, Adanikin, Fola-Ritchie, Ajayi, Olowojobi, Oso and Fasubaa, 2013). Women's participation was attested to be very low in the implementation of the MDGs in Ekiti State despite the emphasis laid on it by the FGN in the implementation policy framework. Women's participation was particularly low in health, empowerment, employment, education and social participation aspects (Coady, Dai and Wang, 2001). Adisa (2013) mentions poor women's participation in development programmes (MDGs inclusive) generally, in Nigeria, especially in the rural communities, which jeopardised the achievement of the MDGs, thus resulting in waste of human and material resources.

Problems like high rate of birth, female genital mutilation and high patronage of unskilled/untrained birth attendants by women keep increasing. Poverty among the women especially in the rural area of the state persists and gives room for inequalities between men and women in terms of financial strength (Effah-Attoe, 2013). Women's participation in programmes initiated by the state government to achieve the MDGs (child health, maternal health and empowerment programmes) were reportedly poor owing to poverty among women and men

taking major decisions for women who were mostly concerned and affected by the programmes (Fapohunda, 2012). Consequent upon the poor participation of the women in the MDGs programmes, child and maternal mortality and unreported cases of delivery complications persist in the state. In 2016, United Nations Population Fund (UNPFA) reported that Ekiti, with 71.1%, recorded high rate of genital mutilation, ranking second highest in Nigeria. Also, the poverty level among women kept increasing, as many could not afford health costs.

The MDGs in many ways were seen as women's goals because they had women at their centre. It is therefore important to have women participate fully in the implementation. Although all MDGs revolved around women, especially goals 3, 4 and 5, which aimed at promoting gender equality and women empowerment, reduction of child mortality and improvement of maternal health, there was deficiency about the MDGs implementation from their conception. There were failure to capture the voices of the participants and beneficiaries that the MDGs seek to assist and poor emphasis on local participation resulting in lack of ownership of the MDGs by the affected communities (Deneulin and Shahani, 2009). In essence, the non-attainment of the MDGs was due to lack of focus on women's involvement and participation both at the formulation and implementation stages (Grown, 2005).

The centrality of women to MDGs and the importance of women's participation are stressed by Oyebamiji and Amini- Philip (2012), who note that all MDGs are related to women, thus making women participation central to their implementation and consolidation of whatever achievement made in the MDGs. Although, the MDGs have been concluded, the poor women's participation observed revealed a lot of weaknesses detrimental to achieving the goals. The end-point report of the MDGs clearly illustrated the importance of specifically involving and targeting women especially now that Sustainable Development Goals (SDGs) have been formulated, and are being implemented to achieve what MDGs could not achieve, especially in terms of sustainability of development achievements.

With record and claim of low women's participation in the implementation of the MDGs in Nigeria and especially in Ekiti State, it is imperative to know why women's participation in the implementation of the MDGs was low. Perhaps, women were not given enough roles in the implementation processes or were not aware of their expected roles in the MDGs implementation process. Would it be appropriate to conclude that women were not allowed to play the roles

expected of them as contained in the implementation policy framework or there were factors that affected their participation?

The literature had generally adduced low women's participation level to the interaction of some factors. European Commission (2000) mention cultural factors like traditions, dual responsibilities, value attachment and husband's attitude as important factors to consider when thinking of women's participation in development. Effah-Attoe (2013) argues that the economic status of women influence their participation, while Lifanda (2005) stated that education and support system determine women's participation in development programmes. Mutongu (2012) claims that religion, policy climate, and media exposure influence women participation, while Zaharah and Abu (2008) stress the importance of women organisation and feminist leadership as indices for women's participation in development programmes.

Education, as a factor in women's participation, be it formal, lifelong learning and work-related training, prepares individuals for community life and communal activities. Thus, equal access to education would make women ready, relevant and participate in developmental programmes. In the same vein, the economic status of women to a large extent, if not compromised, could dictate their self-esteem, assertiveness and collectivity, thereby determining what they will pay attention to and participates in. Also, women's organisations offer interaction, sharing of ideas and opportunities, in education, health and social participation. Feminist leadership refers to having more women in formal leadership positions with a view to making women seen and heard against the background in some patriarchal values of so many societies which reduce and lower women participation in leadership positions, roles and decision-making (United Nation (UN), 2011).

Policy climate involves government strategic implementation plans and policies that are employed to implement development programmes which must be developed to favour women's participation and involvement in development programmes. Also, support system refers to institutional, constitutional support for women to enjoy same opportunities and privileges like their male counterparts in all aspects of life (participation inclusive). While media exposure expresses the rate at which women use the media to access information on development programmes which could help their participation will and the extent at which media contents focused on women expected roles in development programmes. The mass media is important to

women's participation, as it disseminates information to large audience at the same time with inherent persuasive ability.

Religion forms an integral part of the society; it refers to beliefs and practices of a society. It dictates and controls attitudes, values, norms, principles and social change, including order of a society (Mutongu, 2012). Thus, religion could serve as tool for active participation of women in development programmes. The multiple responsibility syndromes manifests in the stress of developing a carrier and managing home affairs faced by women, which influences how women attend to community matters and development issues. Most times, it makes women resort to passive participation in development efforts. In some societies, women are expected to be home keepers and home makers. They should not take the lead on issues and matters of public concern. They are to be seen and not to be heard and, therefore, forbidden to participate in public debates and struggles for power. This limits most African women's participation in development programmes (Waterhouse and Neville, 2005).

Husband's attitude refers to men's behavious to their wives at home which affect and influence women's participation power. It has its roots in the patriarchal power and control which constantly subject women to men. It has generated a lot of gender differences in men and women's social and economic status, which affects women's participation in development activities and decision-making (Afghanistan Research and Evaluation Unit (AREU), 2005).

Several studies have been carried out in the past on women's participation generally and on MDGs, specifically Ekong (2008) studied the women's contributions to national development in Akwa Ibom State, while Olaleye (2010) examined the demographic variables that determine women's participation in child nutrition education in Osun State. Ekesionye and Okolo (2012) conducted a study on women's empowerment and their participation in economic activities as tools for self-reliance and development of the Nigerian society. Adisa and Akinkunmi (2012) assessed participation of women in poultry production as a sustainable livelihood choice in Oyo State. Also, Aribigbola (2009) examined the institutional constraints to achieving the MDGs. In addition, Lawal, Obasaju and Rotimi (2012) examined the prospects and challenges of the MDGs in Nigeria, while Kolawole, Adeigbe, Zaggi and Owonibi (2014) studied the issues and the problems of Millennium Development Goals (MDGs) in Nigeria.

None of the previous studies assessed the factors that determine women's participation in the implementation of MDGs, especially in Ekiti State. This study therefore, examined the determinants of women's participation in the implementation of the MDGs. This is to identifying the inherent factors that impeded the full attainment of the MDGs and correcting such in the implementation of the SDGs.

1.2 Statement of the problem

The Nigerian government, in its MDGs End-point Report, stated that only 37.7% success was recorded on women empowerment, while child death was only reduced to 89 deaths per 1000 live births with infant mortality of 58 deaths per 1000 live births. Equally, maternal mortality ratio was 88.6%, with ante-natal coverage and birth attended by skilled personnel standing below 45%. This is a strong indication that the attainment of the MDGs was far below the expectation in Nigeria, regardless of the commitment and resources put into its implementation. Essentially, the goals were not achieved at their expiration in 2015. The situation in Ekiti State is not different from the national experience, as the health sector in the state and the country generally continues to witness increase in child death and maternal mortality. Also, more women are unable to maintain and sustain themselves and their households due to poverty.

The non-attainment of the MDGs programmes in Ekiti State has been attributed to low women's participation in the implementation. Available records showed that pregnant women who had earlier registered for ante-natal at the health facilities did not come back for delivery, while post-natal attendance was also very low. This could have been caused by the attitude of the health providers or others factors. Equally, records at the MDGs' State Office revealed that less than three thousand women from a population of about two million women participated in the financial empowerment of the Conditional Cash Transfer. It is believed in some quarters that Ekiti women had turned to daily contributions and cooperatives among themselves owing to government failure on empowerment programmes, especially in the financial aspect.

Owing to the poor women's participation in the MDGs programmes, problems like high rate of birth, female genital mutilation, patronage of unskilled/untrained birth attendants, child death, maternal mortality and poverty among women in Ekiti State kept increasing, especially in

the rural areas. Also, women's ability to take decisions was limited owing to lack of empowerment, with significant consequences on the welfare of their homes and female children education. This, therefore, raises concern about the why there was low women's participation in MDGs implementation. Could it be that women were not given enough roles in the implementation processes or they were not aware of their expected roles as contained in the implementation policy framework? This trend calls for examination of why there was low participation of women in the process of the MDGs implementation, to unravel what went wrong so that it could serve as a lesson and guide for implementation of Sustainable Development Goals (SDGs).

Previous studies have focused largely on overall assessment of the MDGs and implementation challenges, with less emphasis on women's participation, particularly factors leading to their low participation in Ekiti state which the End-point Report showed had less than 38% success. Therefore, this study was designed to investigate the determinants of women's participation in the implementation of Millennium Development Goals 3, 4 and 5 in Ekiti state, Nigeria.

1.3 Objectives of the study

The general objective of the study was to investigate the determinants of women's participation in the implementation of some MDGs in Ekiti State, Nigeria. The specific objectives were to:

i. establish the participatory roles played by women in the implementation of MDGs programmes;
ii. ascertain the level of women's participation in the MDGs programmes (maternal health, child health and empowerment programmes);
iii. determine the extent at which the predisposing factors predict women's participation in the implementation of MDGs programmes of child health, maternal health and empowerment in Ekiti State;
iv. examine the relationship between education, traditions, religious beliefs, value attachment, dual responsibility, women organisation, economic status, husband's attitude, media exposure, support system, feminist leadership and policy climate and participation

women in the implementation of MDGs child health, maternal health improvement and empowerment programmes; and

v. identify inhibitions to women's participation in MDGs programmes on empowerment, child and maternal health.

1.4 Research questions

The following research questions served as guide for the study;

1. What were the roles played by women in the MDGs implementation process?
2. What was the level of women's participation in MDGs' maternal health and child health programmes?
3. To what extent did the predisposing factors predict women's participation in the implementation of MDGs' programmes of child health, maternal health and empowerment in Ekiti state?
4. What were the inhibitions to women's participation in the MDGs programmes of empowerment, child health and maternal health?

1.5 Hypothesis

The study tested the following hypothesis;

H_{01}: There is no significant relationship between the determinants of women's participation in development and their actual participation in the implementation of MDGs' programmes of child health, maternal health, and women empowerment in Ekiti State.

1.6 Significance of the study

As long as there would be gaps in knowledge, appreciation or realisation of a given issue or problem, especially that which relates to the advancement or retardation of the society, there would continue to be justification for the intensification of efforts to narrow such gaps. The findings of this study provide international communities like United Nations, local communities, governments, non-governmental organizations (NGOs), women and men information on determinants of women's participation in empowerment, child and maternal health programmes

of MDGs. Also, it offers information on the constraints to women's participation in the MDGs programmes meant to eradicate child and maternal mortality, poverty and gender inequality.

The study points to local communities the need to motivate and galvanise women for participation in empowerment, child and maternal health programmes. It provides information for effective local leadership among women to ensure an encompassing mobilisation for participation in health and empowerment programmes meant to reduce child mortality, improve maternal health and empower women.

Through the outcome of this study, government and policy makers would realise the need to adequately seek and provide policy climate that will ensure and secure women's participation in child mortality reduction programmes, maternal health improvement programmes and empowerment programmes from decision-making to monitoring and evaluation so as to achieve programme objectives. The various NGOs involved in women issues and those pushing for gender equality and equity would gain insight into the problems and challenges inhibiting women's participation for emancipation through child mortality reduction, maternal health improvement and empowerment programmes. They would equally find appropriate solutions, so that proactive measures could be taken to ensure more women's participation.

The entire stakeholders in community development are challenged to put in place proactive strategies that would make every woman overcome problems inhibiting women's participation in health and empowerment programmes. Furthermore, the outcomes of this study would assist in identifying and defining the indices that encourage women's participation. The indices could be manipulated and exploited by women groups to their advantage to proactively participate in health and empowerment programmes. The findings of the study are beneficial to the implementation of Sustainable Development Goals (SDGs), this particularly with regard to identifying factors that predetermined participation of women in the attainment of the goals. This study is also beneficial to better practice of community development in Nigeria, providing a conceptual framework for women's participation in child mortality reduction and maternal health improvement programmes as well as empowerment programmes.

This study is significant in that there is a dearth of literature on predisposing factors of women's participation in the implementation of MDGs programmes. Therefore, the findings of this study afford vital and pivotal empirical information on predisposing indices of women's

participation in the implementation of MDGs. Thus it adds to the available literature and knowledge on women's participation. The study equally suggests further areas of research that may strengthen community development practice in Nigeria.

1.7 Scope of the study

This study examined the determinants of women's participation in the implementation of some MDGs in Ekiti State, Nigeria. Ekiti State was the focus of this study because of the low success and non-attainment of the MDG programmes that were observed in the state compared to other states of the South West, Nigeria. Goals 3, 4 and 5 of the MDGs were focused because they had women at their centre point. The study focused on Ekiti State Government free health programmes for children under the age of five years, pregnant women and nursing mothers. It equally focused on the financial empowerment programme of the Ekiti State government called Conditional Cash Transfer for market women and women artisans. These MDG programmes were focused because they were was designed to achieve MDG goals 3, 4 and 5, which essentially were peculiar to women.

The study was delimited to nine local government areas of the state which had lower records of achievement in the implementation of MDGs (Ikole, Oye, Ilejemeje, Irepodun/Ifelodun, Ekiti west, Efon, Ekiti South West, Ise/Orun and Emure). Focus was on eighteen communities (Odo-oro Ekiti, Asin Ekiti, Ire Ekiti, Oloje Ekiti, Ewu Ekiti, Osan Ekiti, Iworoko Ekiti, Eyio Ekiti, Erinjiyan Ekiti, Ido-ile Ekiti, Efon Alaaye, Araromi, Igbara Odo, Ilawe Ekiti, Ise Ekiti, Oko Oyo, Emure and Supare Ekiti) where women's participation was observed to be low. The study was further delimited to women groups, such as market women, pregnant women, nursing mothers, women community leaders, women community health extension workers, artisans, MDG officials and critical gate keepers. This was because these categories of women were the beneficiaries of MDGs programmes implemented in the state. Women community leaders in most cases represent women interest in decision-making in their communities. Women community health extension workers are government agents implementing maternal and child health programmes. The MDG staff were in charge of policy implementation while the critical gate keepers influence direction of action and inactions in their communities.

Besides, the study was delimited by time frame. Hence, the study covered women's participation in the MDG programmes between 2010 and 2014. Health and empowerment programmes meant to achieve MDGs 3, 4 and 5 were specifically implemented during this period.

1.8 Operational definitions of terms

These terms are operationalised in line with their contextual meaning in this research for better understanding, avoidance of ambiguity and misinterpretation.

Child health: This means children's health status from foetus stage to birth and age 5-10 in connection with child death, diseases and sicknesses, as well as their total well-being.

Child mortality: This is death rate of children from birth to five years.

Critical gate keepers: These are individuals in the communities who do not necessarily occupy leadership position but influence and determine peoples' actions and inactions. This term was used interchangeable as power brokers in this study.

Dual responsibilities: This term refers to women performing more than one responsibility, such as wives, mothers and career responsibilities.

Empowerment: This refers to as process of increasing the capacity of women to make choices, take part in decision-making and transform the choices into desired actions on the issues that affect them.

Husband's attitudes: These refer to husband's actions as well as reactions and responses of men and husbands to issues concerning women's participation and decision-making power.

Implementation of MDGs: This is means execution of programmes and projects that would lead to the achievement of MDG targets by the government of various countries at various levels.

Maternal health: This means the heath status of women in connection with pregnancy, nursing, delivery and immunisation against diseases and sicknesses during and after pregnancy.

Maternal mortality: This refers to the death rate among pregnant women and nursing mothers during pregnancy, childbirth and nursing period.

Media exposure: This is the rate at which women have access, listen to and make use of media to gain information on development programmes of MDGs.

MDGs: MDGs means Millennium Development Goals. These were goals set and adopted by the United Nations' member states to fast track development of undeveloped countries.

Support system: It is home and institutional support that has legal backing meant to encourage women's participation.

Traditions: These are beliefs, feelings and methods of doing things by women and others in the communities which are transferred from one generation to another.

Traditional practices: These are beliefs, feelings and ways of doing things in the primitive way by the natives, which differ by communities and are transferred from one generation to another.

Value attachment: This is taken to mean how women see themselves and how people see them with respect to principles or standards of behaviour for women within a community; deviation from this is abhorred

Women: Women are humans belonging to the female gender in Ekiti State who are 15 years and above, and are wives or mothers.

Women's participation: This refers to active participation of women in decision-making on issues and matters that affect them and their communities as well.

Women's sensitisation for participation in MDGs: This means educating and giving orientation to women so that they could take up responsibilities in the implementation and achievement of MDGs.

Women organisations: These are various groups, organisations and associations that women belong to.

Women leadership: This is taken to mean having women as the head of government at various levels in different capacities and holding leadership positions in the community.

CHAPTER TWO

LITERATURE REVIEW

This chapter reviews various perspectives and knowledge areas related to this study. It focuses on the argument made by various scholars in this area of study. It also examines and clarifies some basic concepts and practices that are relevant to this study.

In consonance with the purpose of this study, the review is treated under the following headings:

1. Historical antecedents of Millennium Development Goals (MDGs)
2. Millennium Development Goals (MDGs)
3. Implementation, achievement strategies of MDGs
4. Concept of participation
5. Women's participation in development programmes
6. Education and women's participation in development programmes
7. Traditions and women's participation in development programmes
8. Value attachment and women's participation in development programmes
9. Religious practices and women's participation in development programmes
10. Husband's attitudes and women's participation in development programmes
11. Multiple responsibility syndrome women's participation in development programmes
12. Economic status and women's participation in development programmes
13. Media exposure and women's participation in development programmes
14. Women's leadership and women's participation in development programmes
15. Support system and women's participation in development programmes
16. Women's organisation and women's participation in development programmes
17. Community development and MDGs
18. Women and Millennium Development Goals (MDGs)
19. Women empowerment and MDGs
20. Women's participation in MDGs projects

2.1.1 Historical antecedents of Millennium Development Goals (MDGs)

Millennium Development Goals (MDGs) were eight in number. It has 21 targets and 60 indicators, for measurement of their achievement by the end of 2015. The MDGs were to take away extreme poverty by creating partnership for development. The MDG was endorsed by all the United Nations member states and development institutions. The MDGs form a blueprint for ending global poverty and have sustainable development through support from governments, institutions and civil society organisations (Manning, 2009).

The United Nations Millennium Summit in New York held in September 2000, historically, was a large gathering of leaders around the globe. It adopted the UN Millennium Declaration, that committed their nations to upholding values of freedom, equality, solidarity, tolerance, environmental protection and sense of responsibility that are crucial to international relationships and put in place machinery for reducing hunger and poverty among member states within 15 years (Manning, 2009) . According to Hulme (2007), the antecedents of MDGs can be traced to the founding of the UN; the Universally Declaration of Human Rights; the proclamation of Development Decade in the 1960s; several UN summits in the twentieth century and books on the issues. The Millennium Declaration was brought about as a result of the discussions at the conferences and summits during 1990s.

The 1990s remarkably, was the beginning of evolutions on poverty reduction. Conferences, summits and reports recognised the need for economic reform, links between the environment and poverty, rights of women, gender equality and women empowerment, social reform, public support and political will to develop achievable targets that will scale up the prospects and economic well-being of the world's population. Hulme (2009) asserts that "MDGs were not actual list of goals drawn at a particular time as erroneously believed to be developed at the September 2000, Millennium Summit. They were evolved over years from a complex and evolving configuration of forces".

Practically, MDG also had its antecedents at President Franklin D. Roosevelt's freedoms words in January 1941 and the Human Rights Declaration in 1948 (Hulme, 2009). It was stipulated in the declaration that everyone is entitled to a standard of living enough for the health and well-being of himself and of his family. These include feeding, clothing, housing and medicals. Setting of targets for development by UN started in the 1960s. However, the targets

set are often far from reality, but certain features could be observed at many summits – education, food, medicals and keeping the environment safe, among others.

The 1980s were another era with structural adjustment policies imposed on developing countries by International Monetary Fund (IMF) and World Bank for economic independence. This programme equally failed to deliver growth and prosperity with consequences of damage to education, health and other essential services (Hulme, 2009). The World Bank and UNDP advocated for a broad-based understanding of poverty and its reduction. This stressed the need to improve the lives of everyone and not economic growth alone. The UN Summits and Conferences gave a clear sign that future summits could lead to political will and commitment of financial resources for improved welfare and well-being of the world population, especially "children" (Hulme, 2009). This could be an effective tool to achieve decisions on issues of global interest.

The UNDP life expectancy, child malnutrition, universal access to affordable primary health care and family planning, disease eradication and adult literacy goals were incorporated to outcome of all the summits and conferences, and were transformed to International Development Goals (IDGs) which was adopted at OECD and G7 at their meetings (Bradford, 2006).These were finally crafted into a document to which all UN members agreed. In a nutshell, Millennium Development Goals were harmonisation of goals finally agreed on in September, 2000. Despite the different submissions on the origins of the MDGs, it is clear that they are a product of various UN summits and conferences and reports of DAC, World Bank, IMF and UNDP which are millennium declarations and IDGs finally harmonised and agreed on in the UN summit of September, 2000 at New York, United States of America.

The historical antecedents of MDG revealed that, it is a blue print for international development, agreed on by both the economically advanced and developing countries of the world with a number of different contributors.

2.1.2 Millennium Development Goals (MDGs)

The Millennium Development Goals were development goals which sought to address poverty, education, equality, health and environment issues, which were to be achieved by 2015. The MDG with their targets are as follows:

Goal 1: Eradicate extreme poverty and hunger.

Target: The target was to reduce the number of people living on less than $1.25 in a day between 1990 and 2015 and create employment opportunities for women, men, and young people.

Goal 2: Achieve universal primary education.

Target: This was to make all children complete a full course of primary school education by 2015.

Goal 3: Promote gender equality and empower women.

Target: The target was to eradicate the differences in the gender enrollment and completion of primary and secondary education by 2005, and across all educational levels in 2015.

Goal 4: Reduce child mortality.

Target: The target was to bring down by 2/3, the under-five mortality rate 2015.

Goal 5: Improve maternal health.

Targets: The maternal mortality was to be slashed by ¾ between 1990 and 2015; and create access to reproductive health to all by 2015.

Goal 6: Combat HIV/AIDS, malaria, and other diseases.

Targets: HIV/AIDS was to be halted by 2008, the reverse of its spread was to be achieved by 2010 as well as access to treatment for HIV/AIDS. It was equally to have halted the incidence of malaria by 2015 and reducing other diseases.

Goal 7: Ensure environmental sustainability.

Targets: The targets was to bring about sustainable development programmes and policies; restore lost environmental resources and reduce the proportion of people living without sustainable safe drinking water and sanitation by 2015, and by 2010, bring improvement live to not less than one hundred million rural inhabitants.

Goal 8: Develop a global partnership for development.

Targets: The target was develop free trade and financial mechanism that will address the needs of the developing countries; enhance debt cancellation; provide essential drugs to developing countries through pharmaceutical companies ; and create access to ICT through the private sector (Chovwen, Orebiyi, Savadogo, Afere and Afolayan, 2009).

At the international level, UN outlined the responsibilities to achieve the MDGs. It gave approach to eradicating poverty as increase in infrastructure and human capital development. It outlined the task expected of the developing countries and the ones expected of the developed nations to achieve the goals. The international organisations as well as the rich countries are to partner underdeveloped, developing, poor and the heavily indebted countries on debt relief/cancellation, increase grants/aids, trade liberalisation, improving the per-capita income for sustainable development in the concerned countries. Governments of various United Nations member States were left with the responsibilities of promoting strategic policies implementation to achieve the MDGs.

In spite of the presence of UN member States heads during the adoption of the MDGs in United States of America, there is criticism from many quarters and scholars that the MDGs were forced on the developing nations of the world by the developed nations and international organisations. Some people argued that MDGs were ready-made and predetermined goals just handed over to the developing nations without much of their input. It was also contended that the goals were to undermine developing nations' ability to decide developmental plans for themselves. Some critics also argued that it was another mean of enslaving the developing nations in terms of support they claim to render for the developing nations to attain development.

Since it is believed that the goals were forced on developing nations, the approach was a top-bottom development approach which does not allow local participation and sustainable development. Thus, the MDGs might not be significant to the development of the poor countries of the world. It would further impoverish them or made them to be seen non-development-oriented by the developed nations. It could further enslave them through continuous and persistent dependence on the developed nations.

2.1.3. Policy implementation and achievement strategies of MDGs

At the international level, developed nations, international communities, organisations and bodies were saddled with the responsibility of providing support to developing and under-developed nations to achieve MDGs through all embracing trading and financial system, debt relief, bilateral official debt pardon and provision of affordable and essential drugs and equipments among others. The governments of various United Nations member States were left

with the responsibility of promoting strategic policies implementation to achieve the MDGs. The Government of the Federal Republic of Nigeria keyed into this arrangement by launching National Economic Empowerment and Development Strategy (NEEDS) in 2004, being strategic developmental policy to achieve the MDG goals. All MDG objectives were well captured within the NEEDS framework. The NEEDS was to lay background for eliminating poverty, generate employment, create wealth and promote values (Buba, 2010).

In consonance with the MDGs, NEEDS sought to fight poverty, create jobs and empower. To attain this, the state and local governments were to formulate State Economic Empowerment and Development Strategy (SEEDS) and Local Economic Empowerment and Development Strategy (LEEDS), respectively. The implementation, monitoring and evaluation were to be carried out by the National Economic Council and the National Council for Development and Planning.

The third tier of the government was encouraged to develop guide for implementation. The NEEDs was meant to enhance partnership among stakeholders and ensuring synergy in the execution of the MDGs. However, the policy was short-lived; as it was replaced with Seven-point Agenda in 2007 immediately there was change of government. Most state governments did not understand fully the MDG programmes; so, projects were introduced and done to the pleasure of people in power. This turned a critical challenge because change in government thus affected the activities being carried out to attain the MDGs (Aleyomi, 2013).

The Seven-point Agenda National Plan had its own focus and objectives of making Nigeria an industrial nation by 2015. The plan concentrated on seven key areas. These were power and energy, food security, wealth creation, transport, land reforms, security and education. The power and energy sector targeted infrastructural over-hauling through provision of adequate power supply to ascertain Nigeria's potential to develop as modern economy and industrial nation by 2015. The food security section of the plan was to reform the agricultural sector. The emphasis was to revolutionalise the agricultural sector through modern technology, research, and financial injection for increase in yield and productivity.

In the same vein, the transport sector planned massive reform in the transportation sector. Focus was on address the poor road networks to ensure free and mass transportation of people and goods. The aspect of security was to tackle the unfriendly security climate. The education

aspect planned minimum acceptable international standard of education for all. Also, a strategic educational development plan was to attain excellence in both teaching and learning skills in science and technology by students who will be future innovators and industrialists in Nigeria.

The Seven-point Agenda provided another good basis for achieving the MDG objectives with many projects done in the areas of health, agriculture, empowerment, power, and energy among others. The plan was particularly aimed at developing Nigerian rural communities and reduces poverty level in rural areas through access to essential needs of life. There was collaboration between Government and international organisations towards achieving the objectives.

Still in the spirit of having strategic policy implementation to achieve MDGs, Nigeria came up with Vision 20:2020 (NV20:2020). This is a long-term economic transformation plan launched in September 2009 for economic growth sustained and rapid socio-economic development. The development plan spelt out Nigeria's economic growth and development strategies for a period of eleven-year period (2009-2020). This was to be executed through medium-term national developmental plans.

NV20:2020 captures the main ideas of the National Economic Empowerment and Development Strategy (NEEDS) and the Seven-point Agenda Developmental Plan in a long-term strategic plan. Its development stages encapsulated active participation and input from wide range of stakeholders. The government ministries, agencies, state and local governments, experts, private sector, development consultants/experts and non-governmental organisations were represented in developing the vision. The objectives of the vision are to optimize human and natural resources for steady economic growth and to translate growth equitable to social development of all citizens. These were detailed across four dimension of social, economic, institutional and environmental.

Given the national income inequality manifesting in poverty, unemployment and inadequate access to healthcare, vision 20:2020 was to bring holistic transformation of Nigeria. The vision explores achievement of MDGs by implementing rural developmental projects which could give access to the rural dwellers to basic needs of life, thereby improving their living standard.

In 2010, the Ekiti State Government launched an 8-point agenda as a strategic developmental plan and policy to meet the MDG objectives. This policy encapsulated all the MDG objectives. However, most programmes and project put in place for MDG implementation were off-track as government lack a clear focus of what to do and what the community people who are the beneficiaries should do. No clear policy document to state out the roles and responsibility of government, groups and individuals in the course of implementation. Thus, programmes and projects were done to suit political interest. The problems which such programmes were design to solve remain unsolved (Aribigbola, 2009).

Despite the energy and resources channeled to the strategic plans and policies, different factors hinder the success of such programmes. Notably among the change of government and lack of continuity plans and agendas of administrations, misconceptualisation and misunderstanding by the executors and the people at the grassroots, over-politisation, lack of interest by the grassroots people and lack of understand by community people about the purpose of the projects being implemented in their communities and what should be their responsibilities. Others are inadequate funding and capacity under-utilisation (Aribigbola, 2009).

Important to MDGs in Nigeria and her states was participation as emphasised by federal government of Nigeria (FGN, 2013). This must be inclusive; especially women that accounted for a larger percentage of the nation's population should be adequately involved in project design and execution, particularly projects meant to solve problems mostly affecting women. This is because women's impact in all the stages of the project determines the level of its success (OECD, 2008). However, if manipulation, therapy, informing, consultation, placation from professionals and policy holders should set in, instead of partnership, delegated power and citizen's control, then, people have not participated or have what Arnstein (1969) refers to as "tokenism". A situation that allows people to participate only by expressing their views without say that could shape the project. If participation takes the top-down approach, where governments/implementing agencies fully control the programme, the goals could be defeated.

Nigeria needs to establish political and institutional framework to guide interventions, market reform and poverty as well as functional approach of partnering other nations because most MDGs projects in Nigeria were off-track. There was slowness and backwardness in MDG implementation and execution (Ajayi, 2008 cited in Lawal, Awonusi and Babalola, 2015). Also,

most state governments did not understand fully how MDG programmes and projects should be executed. Thus, these programmes were introduced and done at the pleasure of those in power and seen as a way of establishing political tentacles (Aleyomi, 2013).

2.1.4 Concept of participation

Describing participation, it means different things to diverse people. The views of participation also depend on the context in which it occurs. It could mean principle, practice or an end in itself. There are various classifications of participatory activities. The broad categories of participation are public, social and individual participation. Certain features bind all definitions and descriptions of participation together "collectivity". These are "collective effort" and "inclusion".

There are two perspectives to participation; the social movement and institutional perspectives. The social movement perspective describes participation making people to act to overcome inequality in knowledge, power, and economic sharing. This view, point out the goal of participation, as giving power to the people, to handle problems and determine the progress for their lives. The institutional perspective put participation having impact of groups and stakeholders in the formulation and implementation of developmental project. This perspective hinge achievement of a pre-determined goal by outsiders to a community on inputs and opinions of relevant stakeholders in the community.

In health, scholars like Rifkin and Kangere (2000) opined that participation ranges from people inactive participation to in health programmes active involvement making-decisions about the programme. Oakley (1989) submits that it is process of active involvement of the intended beneficiaries that affect programme outcomes for personal and communal growth. Some other scholars are of the view that participation is willful contribution to programmes without playing any role in shaping such programmes, while others are of the submission for active participation influencing, executing and evaluating programmes as well as making gains.

In relation to economy, Clark, Kotchen and Moore (2003) refer to participation as a kind of behaviour that requires voluntary contribution to provision of public good. This perspective sees participation as attitude exhibited. In community development, participation is perceived as means through which community members actively partake in decision-making about issues of

development that affect them so they could see themselves as part of the solution and intervention, thus having sense of belonging. This indicates that developmental projects will have to concern itself with the need of the community or group for active involvement in all phases of the development.

To this end, Heller, Price, Reinharz, Riger and wandersman (1984) put participation as avenue for individuals to partake in decision-making about the programmes and environments that affects them. According to them, these could be in form of advisers, committee and policy-maker in council, local community organization as well as social movement which provide benefits at all levels of national, community and individual. Heller, Price, Reinharz, Riger and wandersman added sustainability perspective to participation by including 'environment'. That is, participation is not all about taking part in projects and programmes that are met to solve a particular problem alone but also taking part in management of the environment and its natural resources for sustainability. Therefore, participation is not about the present needs alone but it takes care of future needs by encompassing sustainability.

Brager, Specht and Torczyner (1987) view participation as avenue to educate citizens and advance their ability to do think competence. It is a tool for gaining political power by influencing decisions that affect the well being of the citizens. It could also be a means to the drive the sensitivity and accountability for social services. The political power here rests mainly on giving the people control over all that affect them, starting from decision-making to planning, execution as well as monitoring and evaluation. To Armitage (1988) cited in Garba (2018), participation revolves around citizens active response to public issues of concerns, lend their voices, give opinion on decisions that directly affect their community thereby bringing changes to their community. Pran Manga and Wendy Muckle in Omoruyi (2016) suggest that participation could be a reaction to the feeling of powerlessness on the part of public about government decisions. This happens when decision on projects, programmes and policies including health and social services are taking by experts outside the community thereby making the community people having no control on such activities.

To Westergaard (1986) in Robert Thörlind (2000), participation encompasses collective effort of the left out community to garner and control resources for decision-making. The community people are not gender-age or social-status biased. The World Bank's Learning Group

on Participatory Development (1995) lend its voice to participation as it sees it as means for stakeholders to affect and shape development initiatives as well as decisions and resources that involve them and their subjects. Participation enhances better decisions about public issues and ensures achievement of objectives. Heberlein (1976) argues that decisions in which people have their contributions are more acceptable to the local people thus making decisions in community beneficial to all.

Wade (1989) quoted in Onyenemezu (2014), opines that when citizens participate in community affairs, it checks and controls politics in the community with all gaining fuller access to a democratic and egalitarian society. This discourages leaders from making self-serving decisions as the leader would know that he/she will not enjoy the support of the people. Inclusive participation has the potential and advantage of reduce cost of carrying out duties associated with community action, bet it on personnel or material.

Simply put, participation could be viewed as stakeholders taking influence and control over priorities, policies, resources and creating full access to public goods and services. This in turn brings community ownership and sense of belonging.

To this end, participation encompasses individuals taking part in decision-making about situation around them. This could be in various forms. Participation is not about the present needs alone but takes care of future needs by encompassing sustainability concept. It brings community betterment as its product.

2.1.5 Women's participation in development programmes

Participation of women in development programmes and projects is not new. It has been from time immemorial. However, it was low and unrecognised owing to demographic as well as socio-economic characteristics and socio-cultural beliefs women's multiple roles, workload and division of labour (European Commission, 2000). Participating of women in development in Nigeria predates colonial era, though in a traditional means, like doing home chores and engaging in agriculture. The colonial period was not different from the pre-colonial era; it did not favour women's participation in community development efforts. Effah-Attoe (2013) asserts that the colonial period did not give recognition to women because the economy was export driving thus left women to great disadvantages of loans, education, franchise, political or administrative

appointments, and few Nigerian merchant men economic status and that colonial masters enhanced. Thus, women could not truly engage in developmental initiatives.

The post-colonial period witness little change in agriculture but the spite of women in the public sector remained unsatisfactory in spite of massive support of women to various political parties.

Inevitably, this affected the spite of women in priorities and programmes of development. Therefore, an equal participation opportunity for women and men on issues that affect them and their communities is essential for quality of decisions taken on developments of the community, socio-economic, physical and environmental development in the context of MDGs. To achieve this may take some time and efforts but it is attainable. This is because there are great talents, ideas, potential and energy amongst women in rural communities. It is some obstacles that hinder their full participation in development programmes (European Commission, 2000).

In South West Nigeria and beyond, in the time past, women were treated as the weaker sex that is not supposed to be heard let alone contribute or take part in the decisions that affect the community. This view was not only limited to Nigeria alone; it cut the whole of Africa. It is erroneously assumed that women have "incomplete knowledge"; this limits their ability to participate at the community level (AREU, 2005). This act has conditioned women in traditional African societies to care less about public issues. In the Kenya and Nepal, women are recognised as procreators and producers of goods and services. This result in men's domination in politics, religion, economic, academic and domestic life spheres (Onsongo, 2004*)*. This situation calls for women empowerment, gender equality, and social justice to enable them to active position in development activities (United Nations Resident and Humanitarian Coordinator's Office (UNRCHCO), 2012)

In spite of the foregoing, some women are able to cross the various hurdles to their participation in community development efforts through formal education or participation in NGO training (such as sanitation and health) and gain family support to participate in community institutions (AREU, 2005). Women, though few, have started taking part in community development programmes through some platforms, like Better Life for Rural Women (BLRW) now known as Women Forum (WF), Community Women Association for Rural Development

(COWARD), and Young Women Christian Association (YWCA). Yet, low women participation in community development programmes is obvious.

These efforts are good premises on which every Nigerian woman can build on their participation in community development activities. These initiatives empower women and open their eyes to the important roles to play in family, community and nation development. They help women to actively involve in the developmental process of their community starting from agitation, to political participation and party formation, organisation of development programmes, initiation and execution of development projects for sustainable community development and achievement of developmental objectives, such as MDGs. Today, the women into politics, leadership positions, women emancipation, advocacy, and campaign against gender-based violence, HIV/AIDS, child abuse and those championing other community development programmes is considerably increasing.

Globally, women have been identified and described as important element to sustainable development (Dalal, 2013). This is owing to the fact that they form two-third of the world population, the most vulnerable with significantly limited opportunities to exercise their rights (OECD, 2008; Adisa, 2013). It is evident from studies that women's participation has positive benefits for the women and their children. Women that are empowered always have positive influence on the lives of other women.

In spite of global substantial improvement in women's socio-economic well-being, Coady, Dai and Wang (2001) and Adisa (2013) state that women's participation is still very low and gender inequality is widespread, particularly within developing countries, owing to social and cultural norms as well as various institutional failures. Empirical evidences established that improvements in women's education, health, employment and social participation, can generate sustainable development. Increasing women participation will reduce the number of people living in poverty and diseases, since women and children account for most of the poor even in the richest countries.

2.1.6 Education and women's participation in development programmes

In the world over, education remains a right of every citizen because of the catalyst role its plays in socio-economic and human capital development. It brings about reduction in poverty,

ignorance and exclusion (Ademokoya, 2008). Constraints and barriers to education must be removed to give all categories of citizen access to it (Aderinoye, 2008).

In the Nigeria traditional societies, biase against women exist, however, there has been growing interest all over the globe on women owning to the fact that they are crucial and pivotal to all round development (Anugwom, 2009). Attaining self-actualisation therefore, remains a problem for women especially in traditional African society not minding roles they play in such society. Such role includes domestic responsibilities and tasks, economic productivity, agriculture, commerce and trade, and entrepreneurship (Fayenuwo, 2008).

Lifanda (2005) reported corroborative divergent views and various submissions from different parts of the world. There were reports of negative social, religious and cultural behaviours that hinder girl-child education, which also resulted in low participation of women in developmental efforts. This manifest mostly in parental preference for boys' over girls' education, strict gender roles, misinterpretation and application of religious principles, traditions, doctrines and practices, and negative influence of traditional authority on parents and society. It could, therefore, be inferred that women's limited access to education strengthened the various discriminations they suffer.

It is argued that socio-economic improvement of nations could be attained through women education and empowerment. The employment of the educated women aids family and societal improvement (Roudi-fahimi and Moghadam, 2003; Fapohunda, 2011). The significant implications of women's involvement in development be it physical, social, health, economic, cultural and environmental, place premium on their education, as only an educated mind could handle development needs (UN, 2008). Therefore, communities cannot afford not to educate women.

Since the declaration of the Decade of Women in 1975, attention and action on women education has steadily increased, be it skill acquisition, consciousness raising or otherwise with focus from women organisations, government and international agencies. In spite of the observed attention, lack of real commitment to women improvement programmes, poor representation within the decision-makers and the working and living conditions of women themselves has being clog to women's concerns and meaningful participation in women's education programmes (NCES, 1995).

To overcome these problems, literacy for women development should be given priority. Also, there should be promotion of women empowerment. Education friendly environment should be created to allow women to participate fully in education. Different educational programmes should be set up for women and the general public should be sensitized to abhor gender discrimination and accept women's promotion. Education for women should cover political education, gender awareness, health and nutrition, technical and entrepreneurial, cultural and communal and all aspects of life. Women's education should be given priority and needed commitment in every nation of the world.

2.1.7 Traditions and women's participation in development programmes

It is believed in African traditional society that women are home-keepers and makers. They are not to take lead on issues and matters of public concern. They are, to be seen and not to be heard and, therefore, forbidden to participate in public debates and struggle for power. Sarho (1997) opine that hindrances to African women participation in politics (and community development programmes) have their sources in culture and traditions subordinating women and excluding them from the process of decision-making. These traditions include lack of access and control over resources and properties, the tradition that tasks such as decision-making are men's work and not for women, the belief that women are to follow and not taking lead; conflict situations and religious beliefs. As a result of these barriers, not many women participate in community development programmes and seek political offices.

This traditional value and ideology that women are to be seen alone is in itself a culture of silence (Freire, 1972) referred to as. Women are prevented from taking part in decisions that affect the communities they belong and on issues that concern them. This is oppression that women must liberate themselves from. For liberation to take place, they must be given education, as education is a liberation instrument, an agent of consciousness for development and a tool for national development.

The biblical perspective and rating also support this view that women are weaker vessels (1Peter 3:7). This biblical view not only renders women a second-class citizen (second to man) but also limits their ability and potential that could be geared toward community development in terms of knowledge sharing, participation in decision-making, resources mobilisation and

initiation and execution of development programmes and projects. This is because men would always look down on them as incapable. Until recent years, women still suffered from this values and ideologies held on to tenaciously by developing nations.

These marginalisation, bias and discrimination affect all aspects of women's lives - education, skill acquisition, empowerment, employment, spiritual function, social function, communal roles and development roles (Bamisaye, 2008). On education, Lifanda (2005) views socio-cultural and religious practices, attitudes and behaviour as hindrances to women education. In some quarters, many fathers believe that their female children will end up in another man's house and bear his name; so, sending her to school is useless. While others believe that, if you educate a girl child, she will not be submissive to any man; so she will not make a good wife.

Ordinarily, the gender of an individual should not confer advantage or setback when it comes to development as it does today in economic and political circles. Globally, women are likely to participate less policy-making or participating in its implementations. This occurs more frequently in the developing nations, where women face a lot of barriers to decision-making, from household to the community and national levels. These conditions affect women's contribution national development and community development activities. In some quarters, successful women are abhorred with the belief that they will constitute threat to society, especially to their husbands and associates. As women all over the world are gradually gaining improvement in gender relations, Nigerian case is worsening (Oyekanmi and Agomo, 2001).

Research showed that women themselves help perpetuating their oppression through religious doctrines, taboos and superstitions, women hierarchies in families, seclusion, veiling, and food discrimination among others (United Nations Industrial Development Organization (UNIDO), 2001). Whether willfully or unconsciously, women actively help patriarchs that keep them subordinated since they are the custodians of cultural values. Thus, some women agreed to being discriminated against and are mouthing empowerment that they do not believe in or convinced they deserve (Ayobade, 2012).

2.1.8. Value attachment and women's participation in development programmes

Women themselves help men and the tradition as well as religion to limit their participation and emancipation chances, as they believe and subscribe to most traditional and

religious practices that limit them to taking care of home and paying less attention to public life. African Mission in Somalia (AMISOM), (2016) submits that most women believe that, after getting married; all they have to think of and do is about how to care for their husbands and children without care for participation in politics and other aspects public and community life. Women in many African societies hold the values that they are wives, home keepers, children career and custodian of societal morals and values who must not engage in some activities. These activities are not limited to politics; they include religion and communal life, such as decision-making. These do not only reduce and hinder women participation in development efforts, but also keep women in perpetual subordination to men. They lose of confidence in their own abilities and capability to lead. In essence, how women see and value themselves influences their participation in development and perpetuates community members' continuous seen as secondary contributors in community matters. This reinforces wide acceptance of men's leadership.

2.1.9 Religious practices and women's participation in development programmes

Religion refers to the shared beliefs and practices of a society that dictates and controls the attitudes, values, norms, principles and order of the society. Religion legitimises norms and values that are in consistent with the beliefs of a society. Owing to its influence in the society, it controls social order. This is seen even in the politics as politicians use it to sell themselves and their ideas to the electorate (Mutongu, 2012).

The bible revealed the Jewish culture as women were being tactically excluded from some social activities in the name of impurity rites (Leviticus, 12: 2; 15: 19). To an extent, this controls economic activities of women and subsequently make them dependant on men (Mbiti, 1976). Also, the submissiveness being preached in religion acted as barriers to women involvement in development activities (Mutongu, 2012).

The Islamic religion also is not void of practices and traditions like that of Jewish, especially in the Arab countries, like Pakistan, which discriminate against and deprive them of some benefits through decision-makers, who considered the beliefs behind the practice of purdah to determine gender spaces, and needs such as healthcare, education and employment opportunities. All forms of purdah practices create isolation, deprivation, marginalization and

denial of women's rights for self-improvement change roles (Asian Development Bank (ADB), 2007).

The concept of purdah in Islam is a characteristic of gender order for the lower-middle class (Mirza, 1999). This is manifest in allocation of space to sex in public sphere, segregation of women and men, absent of social interaction between the sexes and strong sexualisation of women and men on gender relations.

In Bangladesh, a society with traditional patriarchy and family serving as social control unit sets norms and role for genders. The practices of purdah restrict women mobility with movement codes should women must move out of their homes. This practice is widely practice throughout the country with a view protect women modesty and purity. The labour market is therefore restricted for women with a consequence of women being financially dependent. This has serious implications for women participation in development activities (Sicat, 2007).

However, owing to large economic needs, gradual shift is being experienced in women roles and the forms of purdah being observed in some areas (Haque, 2010). To live a standard life, women, in spite of taboos are being compelled to meet their daily. For instance, in Pakistan cities, women are gradually occupying space in the public, participation politics, educational and trainings with work situations, police stations and banks been established. More women are therefore, seeking employment into technical and secretarial jobs, though, in their minority. Yet, their present in work places is creating a new working environment and desegregation in which gender space and relationship are being reordered (Mirza, 1999).

In the Nigerian agricultural sector, the spite of women in relation to religion was reported not to really have adverse effect on each other. In the southern Nigeria, women constitute the greater percentage of workforce growing yam, maize, tobacco and cassava (Adisa and Akinkunmi, 2012). In Northern Nigeria, it has been reported that, despite the practice of purdah for religious reasons, women process and preserve farm produce (Ezumah (1985) cited in Adisa and Akinkunmi, 2012). In the eastern Nigeria, women actively participation in agriculture is noted. Ezumah (1985) notes that they are into all farm operations and marketing of crops. Every aspect of food processing is being handled mostly by women though; the degree of involvement of women varies across ethnics and religions. Williams quoted in Adisa and Akinkunmi (2012), notes that their sole processor of fish for marketing.

For women to participate fully in community development and for the realization of development goals, such as MDGs, these barriers must be removed, especially in rural where illiterate and lower-middle-class women are easy manipulate in the name of these beliefs.

However, religion brings sparks changes in women status, ability and perception positively through Pentecostal and charismatic movements because the movements reject socio-cultural status of marginalization. It also preaches prosperity and advocate for young women ambition seeking wealth to break traditional bonds for economic, social, and political empowerment. The newer churches give leadership training and responsibility without gender barriers. Dijk (1992) claims that, this provides women, the privileged to assert themselves. The cultural shifts and social reorder occasioned by Pentecostal movements brings women advancement.

Women participation in a wide range of fields is said to be inspired by their faith and it manifest in peace processes, public health and political participation. All these provide stable, just and peaceful community through service to the needy, trauma-healing /reconciliation and community rebuilding (Marshall, Hayward, Zambra, Breger and Jackson, 2011). United Nations (2000) stresses the important roles women have to play in conflict management and reduction, and peace building to ensure sustainability of the peace-building effort.

Women's abilities to achieve common goals for better communities have been seen in many times that men have failed. It is important to note the efforts of women in religion toward building within communities as great community development effort because only a peaceful community could accommodate any form of development.

2.1.10. Husband's attitudes and women's participation in development programmes

The attitudes of men to women have their root in the traditions, culture, religion and patriarchal values which constantly subject women to men. These have bred a lot of gender disparity in the socio-economic status of men and women, which affects women's lot in development activities (AREU, 2005). They have also bred gender-based domestic violence against women, which further limits and reduce women's participation in public life. In 2011, United Nations reported that domestic violence occurred in 24.7% of households and women were at the receiving end.

In the recent times, women participation in public life is further reduced by the economic recession which had made more men not to be alive to their household responsibilities. This put more women at the receiving end of increased household pressures and responsibilities, thereby increasing the number of women in poverty and the poor households headed by women (Fapohunda, 2012). Women's access to and control over resources have been limited with, women spending their earnings on the welfare of household, which covers food, medicine and education of children as well as dependent relatives (Fapohunda, 2012). This could be typically said to be lack of support for women by their husbands, which is not limited to household responsibility alone, but also cuts across all life sphere.

In maternal health, the lack of support by men for women is manifested in the attitudes of many men; they do not providing adequate medical support, such as following their pregnant wives to family planning clinics, antenatal clinics and delivery rooms (Olugbenga-Bello, Asekun-Olarinmoye, Adewole, Adeomi and Olarewaju, 2013). The failure of men to share domestic responsibility with their wives reduces the chance of women punctuality at the hospital during antenatal and postnatal periods. The decision on whether a pregnant wife should attend antenatal, deliver baby at health facility, use contraceptives and do family planning, as well as the number of children and spacing of children is taken by the husband (Kabakyenga, Ostergren, Turyakira, and Pettersson, 2012; and Shimpuku, Madeni, Horiuchi and Leshabari, 2017). Husband's agreement to his partner on the usage of health facility is equally positively associated with pregnant women's delivery in a health facility. The poor and low husband participation in maternal health has detrimental effects on maternal and child health (Odimegwu and Okemgbo, 2008). This is due to men's influence and authority over their partners' and children's access to health services.

2.1.11 Multiple responsibility and women's participation in development programmes

Women's responsibilities are numerous and important to women participation in community life. It covers responsibilities as wife at home who will do all home chores as well as attend to her daily work where she earns a living. Women in African societies are regarded as home keepers who must do all home care and take permission from their husbands before leaving the home. A great percentage of women could only go out after finishing the housework

because of the fear of their husbands, as because some have witnessed some men beating their wives when such woman came late to the house or when there was a tension at home or they left the home chore unattended to. It has been reported that seeking husband's consent to participation in group or committee is capable of causing rift and domestic violence. Having to attend to house work and daily works discourages women's participation in public life without exception to community development activities.

One major challenge that women faced in participation in development is how to balance home responsibilities with community responsibilities due to high expectations of family members from them. The problems of balancing home and work life responsibilities and functioning in committee for development activities are enormous. Both men and women prioritise women home responsibilities over participation in community affairs. Many women are faced with challenge of balancing a triple burden of home chores, daily life work and community development activities. This significantly hinders women's participation at community level; especially women living in poverty. Managing time becomes another work for women in this category. Since women themselves believe in home chores before participation, then their attention at community level suffer loss.

Women's participation in the implementation of MDG health programmes depended on their husband perception, attitudes and decisions. A positive perception of husbands about MGDs health programmes would shape attitudes and decisions of men towards their wives' participation while wrong attitudes, in the form violence against women, such as insults, threats, as well as verbal, physical and sexual harassment, would serve as impediment to women's participation in development activities and other social engagements.

2.1.12. Economic status and women's participation in development programmes

Women economics have been reckoning factor in the household and national economic development and is recently gradual gaining recognition within Africa. Income disparities exist with women earning less than what men earn. Odeh (2014) asserts that women only account for 1/3 of employees in the non-agricultural formal sector, 30% in the public sector and 17% occupying senior positions. Also, a larger percentage of women do not benefit from laws and policies that could ensure their maternal protection and equal work pay. Fapohunda (2012)

affirms that women, though mainly low-income earners and rural dwellers engage in all domestic and farm work as well as trade. They are responsible for family care and essential community functions. In the same vein, the number of women in agriculture and unpaid jobs is more than that of their male counterparts in rural and urban cities but more pronounced in rural areas. These have made women in many African nations fully economically dependent upon their husbands.

The economic lives of women, particularly in Nigerian rural communities, have been affected by government development plans, such as the Structural Adjustment Programme implemented in the1980's, with emphasis on controlled demands and increase supply, the increasing civil strife and the AIDS crisis, coupled with gender inequality in wealth distribution. All these have added to the burden of women in terms of unpaid work, care for the sick, food provision and survival of the family (Fapohunda, 2012).

Women's involvement in the unpaid domestic work limits their purchasing power, makes them poor and economically dependent on men with adverse effect on participation in development (Weir and Willis, 2000). Non involvement of men in child care and house work laid more burdens on women in terms of educational and career developments. Women, by creation are the nurturers of life. They tend to be concerned with the family day-to-day affairs than involvement in communal activities. Securing their activeness in communal activities would definitely affect the nation's development and achievement of any set goals (Odeh, 2014).

The gender imbalance in the economic status in Nigeria still continues. According to Odeh (2014), the economic gap between men and women were not closed in spite of active implementation of MDGs. The non-agricultural sector only offers female labour force petty trading, home-based processing and manufacturing, with little access to loans, information, minimum wage and social security. The women have to provide for their own health and retirement (Odeh, 2014). These were parts of the problems meant to be address by the MDGs, especially goal 3. The failure of this could be attributed to the dimension of women's participation in the execution of the MDGs.

To achieve sustainability in the MDGs, women must start to enjoy gender equity, empowerment, human rights and poverty must be eradicated. Women's economic empowerment accelerates growth through guaranteed participation in health and education, among others (GENDERNET, 2011). Therefore, giving appropriate educational attention to girls would

empower women with the needed and right knowledge, skills and confidence to seize economic opportunities.

2.1.13 Media exposure and women's participation in development programmes

The process of information dissemination is critical to people's awareness and participation in developmental activities. Without information, individuals would not activate their potential for development. The media plays critical roles in the information dissemination process especially with the electronic media. It reaches virtually all and spreads the goals of empowering women fast. It is also capable of reaching large audience and creates impact (Adekoya, Akintayo and Adegoke, 2015)

The media has being instrument supporting the movement for women's emancipation. It inspires and gives courage to break from the shackles of personal and institutional limitations of the society, religious and practices that veiled women from power (Alfaro and Rosa, 2009). Lisa French cited in UNESCO (2015), says that media empowers, reduces gender inequality and enhances active full participation in development through eradication of illiteracy by providing information. The mass media plays a significant role in women's development and empowerment. It gives inspiration to achieve potential for change in society (Narayana and Ahamad, 2016). Maxwell and Donald quoted in Adekoya, Akintayo and Adegoke (2015), posit that the media determines what people think about. How media presents an issue determines largely how the public will perceive and attend to such issue. Thus, the media is an important element of information and education in women development (UNESCO, 2015).

Communication through the mass media is very crucial to women's development. UNESCO (2015) submits that the media is an influential agent of change. Using the media for advocacy on gender equity women would inform women involvement in developmental activities and reinforce the roles of women which were overshadowed, unnoticed and unreported (Deane, Dixit, Mue, Banda and Waisbord, 2002). Adekoya, Akintayo and Adegoke (2015) state that, mass media is imperatively relevant to the achievement of the MDGs, especially MDG 3 (to empower women and eradicate gender inequality). Women need to be informed in order to enhance their participation in the MDGs as most of the goals, if not all revolved around them (women). Lazarsfeld and Merton cited in Anaeto et al. (2008) posit that the media gives status

and responsibility to individuals through constant attention to and featuring them. Regular featuring of an individual or group in the mass media shows the importance such group or individual has, thereby giving responsibility to such individual or group consciously or unconsciously.

The media accelerates women empowerment which, in turn, leads to economic empowerment of women. Thus, knowledge of media, its access and control over conventional and modern media is essential and highly needed but still limited in most societies. Moez Chakchouk, cited in UNESCO (2015) argues that, free and unfettered access to information will empower people. Access to self-expression and decision-making through the media and ICT will also empower women. All over the world, there is media potential for advancement, however, lack of gender sensitivity in media contents reinforces women's traditional roles that limit and negatively affect women's activeness in the society (Narayana and Ahamad, 2016).

The whole essence of the mass media is to capture a large audience at a time. However, its effect could be unnoticed by many sometimes. Alfaro and Rosa (2009) suggest alternative media, such as community radio and pirate radio for mass women's participation. UNESCO (2015) suggests community and social media, while Kosoma, cited in Oyero (2010), notes local media. In Nigeria, there are several alternative media that could also help women participation in empowerment and access to healthcare services, such as community radio, town crier, village/town hall meeting and motorcade.

The media functions as agent through its commentaries and programmes, as it facilitates the process of individuals partaking in collective decision-making (Adekoya, Akintayo and Adegoke, 2015). If women were considered as significant in the implementation of the MDGs, media contents should address the activities and the roles expected of them to achieve the goals. Also, more women would be encouraged to get information from the media such as radio, television, newspaper and the Internet. This empowerment can be through information that helps them to understand their local and global contexts.

2.1.14 Women's leadership and women's participation in development programmes

The patriarchal values of many societies reduce and lower women's involvement in leadership positions and decision-making processes (UN, 2011). This follows the assumption

that, women have “incomplete knowledge”. This limits their ability to participate at the community level (AREU, 2005).

This art has conditioned women in traditional African societies to care less about public issues. The most families are still guided by patriarchal inferiority perceptions of women. Owning to these values, men domination in politics, religion, economics, academic, leadership and domestic spheres persist (Onsongo, 2004*)*. This has led to restriction of the freedom and liberty of women, which is greatly curtailed from childhood; social and cultural practices have negatively affected women in many ways. This adverse situation has affected women spite in resources control and in the society. This makes women to have negligible representation in state mechanisms and other decision-making bodies (UNRCHCO, 2012).

AREU (2005) affirms that at the community level, there are key local institutions and traditional structures with roles, responsibilities and functions. There are more formal leadership opportunities in rural areas but only in relative terms. Leadership roles are largely symbolic. While some organisations, institutions and structures are proactive in engaging women, others are discouraging.

Today, women in politics, leadership positions, women emancipation, advocacy and campaign against gender violence and those championing other community development programmes are considerably increasing (Hora, 2014) with a good number in the Nigerian National Assembly and State Houses of Assembly. However, some predisposing factors include traditional and structural barriers, unequal socio-economic opportunities, lack of access to mentors and support system, rigid workplace structure and gender stereotypes discourage and hinder active pursuit of leadership positions and roles by women (Hoyt, 2005 cited in Hora, 2014).

In spite the increased representation and participation of women in recent years, women and representatives of NGOs spoken to noted that, in general, that women's consent is not viewed as important to the decision-making process. Most female representatives stated that they are rarely consulted on any subject matter before decisions are made by local user groups. These statements suggest that the women’s representation is merely symbolic and that women generally have to accept the decisions made by men whether they agree or not (Batliwala, 2010). Women have not taken up formal leadership roles and the spite of the rural women have not been

adequately pronounced and given attention both in the literature and practice. This implies that rural women are not participating in leadership and community development as expected.

OECD (2014) submits that women leadership globally is essential to nation's competitiveness because diverse administrations come with innovative solutions that foster inclusive growth. Women leadership affects women's participation in developmental activities as well as policies that encourage women participation (Caiazza, 2004). Women in higher public leadership and community-based organizations are low. This has adversely affected women's participation. Also, the traditional and cultural roles that kept women and girls at home made them to believe that it is not essential for them to take part in decision-making, thus limiting their participation capacity (Hora, 2014). Women leadership will help women to participate in development, as it seeks community development and collaboration where everyone's presence and participation must be valued, with shared power and empowerment, social justice (Barton, 2006).

2.1.15 Support system and women's participation in development programmes

The traditional African society considers women as wives and home keepers that are not supposed to take up high position in the society public life but rather stay at home and do the home cores. The perception that women have limited knowledge and are weaker vessels both from the traditional and religious domains favours lack of support for women participation (Freire, 1972; 1Peter 3:7). It is believed in some quarters that an educated female child will leave her father's house and bear another man's name and thus not useful to her father, while others believe that such a child will become arrogant and disrespectful later in life, thereby not making a good wife (AMISOM, 2016). This view has made them not to enjoy husband and community support in participating in public life. It has also retarded women's progress in terms of education, empowerment and self-confidence. However, this notion is changing, with some men sending their female children to school, but little has been done to encourage women's participation in other areas, such as politics. The government itself has not done enough to inspire women's participation in public life, community development programmes inclusive through its policies and police implementation (Tinker and Bramsen in Akinboade 1995).

Therefore, until men's support and institutional support are enjoyed by women in high levels and percentages, inadequate women participation may continue to be an impediment to women's development efforts. Men and husbands need to change their perception about women's ability and capability, accept that they can do it and advise them accordingly. If girl-children and women are educated, empowered, and supported by men and government, the aims of developmental plans would be easily achieved. In addition, there would be more female leaders who will be advocates of women's rights. Men can further support women by allowing them to speak out their views on development issues like health, empowerment, education and leadership. Husbands can offer moral and financial support for their wives to participate in community development programmes. Institutional and policy frameworks and relevant laws in support of women would also create large rooms and opportunities for women participation. The laws and government policies should clearly spell out the roles of women in development efforts. Also, AMISOM (2016) affirms that initiatives on awareness creation, knowledge sharing and advocacy on the rights of women could change men's perception towards women's participation in public life.

2.1.16 Women's organisations and women's participation in development programmes

Women groups and organisation serve as bedrock for women's participation. Wambua (2013) states that, formation and emergence of women groups in Africa predates colonial era. The groups were formed in response to women's common problems. However, many of today's women groups came into being as a result of external initiatives, like religious and non-governmental organisations, which aim at enabling women to advance standard living. Formation of women groups is geared towards addressing socio-economic and political issues affecting women's well-being. Through such groups, members gain opportunity for economic empowerment, skills, creation of awareness, social interaction, communal participation and moral support. Sahbarwal, cited in Wambua (2013), views women groups as a form of self-help groups whose membership is voluntary, especially among the poor, who join efforts, ideas and mobilise resources to address and solve problems confronting them through promoting small-scale savings and mutual help among members. Women groups have served as a means for women unity, the spirit of oneness and togetherness as well as participation in community-based

development activities (Makokha, 2008). Through women groups and organisations, women have participated in social, economic, community and national development, as the groups are source of information, support and mobilisation for development efforts. For instance, women in south-western Nigeria have remained the heads of market women and maintain discipline among members; they also mobilize members for community-based activities (Wambua, 2013). Even, in the wake of land reforms, women came together in groups to enhance their socio-economic conditions.

2.1.17 Community development and Millennium Development Goals (MDGs)

Community development and MDGs are not different; they are interrelated and interdependent activities and commitment to bring about development. The latter depends largely on the formal's principles for its success. They work toward same end: human and community development. Community development involves stimulating and mobilising the rural populace for development (Ogwu, 2005). The main thrust of community development lies in active participation of the people in planning and implementation of development programmes for better living.

The MDGs were eight international commitment goals set to eradicate poverty and achieve human development goals. It acknowledged the nature of development and poverty; thus it aimed at bringing better living in developing nations, right from the rural communities. All the eight goals are community development programmes in nature (Oyekanmi and Agomo, 2001). The goals seek development of man and his environment by eradicating poverty and enhancing partnership. Bringing about partnership in the MDGs emphasis the principle of "participation" in community development as an instrument for the MDGs, as the developing nations cannot achieve their development alone without the support of the developed nations. Similarly, the rural communities must participate for sustainable development, Ohaegbuchi (2014) calls participation a veritable aspect of the MDGs.

A community development-based strategy could provide more effective means for implementation of MDGs, for instance, through focusing on individuals as actors in development than passive beneficiaries. A community and citizen participation-based strategy will foster efficient community ownership of completed projects and people's empowerment (UNDP,

2003). Community development principles set standards processes for the achievement of development goals and its sustenance. Community development practice and principles define strategies for achieving the MDGs by addressing the top-down approach, exclusion, powerlessness, and poor systems of accountability that lie at the roots of poverty and other development problems.

Community development cannot be attained except there is active participation and involvement of the rural populace in designing and implementation of rural development programme. Community development is a platform on which the MDG implementation and rural development could be attained. Allowing communities to name their needs, offer solutions and contribution to the implementation of the development programmes will give power of ownership to the people and ensure sustainability.

2.1.18. Women's empowerment and MDGs

The word "empowerment" is often used when development is being discussed. It found its way to all fields. It has always found its way to activities of women's groups, government and non-governmental organisations, activists, politicians and international agencies though; the concept is not being properly understood by many that use it (Quisumbing and De la Bri_ere, 2000). Stromquist (1993) opines that the popular use of the word and its implications on women economic viability and emancipation mean that it has been over used in situation that do not necessitate its usage. This calls for a better understanding and clarification of the concept.

To Stromquist (1988; 1993), empowerment involves giving power to all for interpersonal and institutions relationships. Lazo (1999) and Fapohunda, (2011) describe it as means of gaining access to and control over such means and resources. It allows individuals to be self asserted in economic, political and education (Pande, Malhotra and Grown, 2003). Considering this, the term is more relevant to the marginalised groups, the poor, the illiterate and the indigenous communities. Sako (1999) avers that empowerment strengthen the existing capacities and capabilities of disadvantaged groups in society so as to enable them to perform better towards improving themselves, their families and society as a whole. Obanya (2004) views it as a continuous and life-long process which should be in the form of a systematic set of continuous,

continued, sustained, never-ending (but ever improving) goal-directed efforts. It involves the provision of enabling environment for their productive and intellectual abilities to be realised.

Empowerment, in its emancipator meaning, is a serious word which brings up the question of personal agency rather than reliance on intermediaries, one that links actions to needs and one that results in making significant collective change. It is a concept that does not merely concern personal identity but also brings out a broader analysis of human rights and social justice (Stromquist, 19988, 1993). Lazo (1999) argues that "empowerment is a moving state; it is a continuum that varies in degree of power. It is relative. One can move from an extreme state of absolute lack of power to the other extreme of having absolute power".

Empowerment can be observed at different levels. Interpersonal relations and institutional are possible sites of empowerment. It allows women to have choices, which in turn means relative strength and bargaining power for them. It is clear that women can be empowered individually; the feminist vision is one where women are able to articulate a collective voice and demonstrate collective strength. It is also important that incorporating the feminist perspective in the concept of empowerment implies a long-term redesigning of societies that will be based on democratic relationships.

The state of women's powerlessness could be as a result of many reasons thus women empowerment has to be through education that is seen as a continuous holistic process with cognitive, psychological, economic and political dimensions in order to achieve emancipation (Fapohunda, 2011; Hung and Brown, 2012).

The importance of women empowerment on women's participation in community development is stressed by Batliwala (1994) who state that "women's empowerment and their full participation on the basis of equality in all spheres of society in the decision-making process and access to power are fundamental for the achievement of equality, development and peace". Also, Rahman and Rao (2004) and Kandpal and Baylis (2012) stress the importance of empowerment to participation in community development. All these point to the significance of women empowerment in participation in community development programmes for sustainable development.

Ensuring participation of women in development programmes, like MDGs necessitates women empowerment crossing over every huddle and barrier for the achievement and

sustainability of the programme. Gbeneol cited in Akosile (2015) submits that investing in women matters for poverty eradication and achievement of the MDGs. Investing in women not only matters for poverty reduction and achievement of the MDGs but also enhances livelihoods and assertiveness, improves resilience and reduces vulnerability as well as sustainability of achieving the MDGs. It also brings about productivity and participation in developmental programmes. Women could be empowered through education, skill acquisition, credit and financial facilities.

Empowering women through education brings benefits in terms of access to information, economic and political influence. It makes women earn authority in the home and control resources as a prelude to participation in developmental programmes. Education is required for skill acquisition and consequently to increasing the competitiveness of women. Lack or low education generally limits women's participation in all spheres of life, all developmental process, MDGs inclusive. Olajide (2009) avers that that women were able to raise their standard of living, send their children/wards to school and afford health services cost without being subjected to financial embarrassment from friends and relatives as a result of loan facilities benefitted from micro financial institutions. In a way, financial facilities given to women are a means of empowerment.

The various women empowerment programmes of Ekiti State governments in terms of training women for skill acquisition in different vocations, distribution of equipment and disbursement of money to achieve the MDGs could lead to sustainable development in terms of elimination of gender disparity in both primary and secondary education, as women would be able to support their spouses monetarily, materially and in terms of feeding or even outright catering for the education of their children/ wards (especially the girl-child). The probable achievement of this objective is not an end in itself but leads to sustainable development.

2.1.19 Women's participation in MDG projects

Women's participation in MDGs is an essential tool of sustainable development. Ogato (2013) stresses the importance of women taking part in the MDGs for sustainability. In his model, he describes women as the hub of MDGs for sustainability. The MDGs are more of women than men (Ogato, 2013). They represented commitment to solving problems that affect

women mostly; thus, participation of women in the implementations should be crucial to their success and sustainability.

According to Barton (2005), women have been participating in the MDG programmes in Africa but are silent on their level of participation and the predisposing factors for their participation. Adisa (2013) submits that women's participation in community development is still a far cry in Africa because in most cases rural women that form larger populations of the poor and most vulnerable are still not adequately participating in the developmental process. They are not involved in the implementation process, such as identification of needs, planning, execution, monitoring and evaluation. In most cases of participation, they appear as just beneficiary of developmental projects without their voices and words heard. This is referred as non-participation by Hulme (2007), in his participation ladder.

In spite of the MDGs being seen as an entry point for women to claim the right to public services that affect them and opportunity to push for an end to non availability of basic needs of life, rural women were relatively marginalized and ill-prepared to shape the MDG plans (Barton, 2005). The roles to be played by women were not clearly stated in the implementation policies. In most cases, state governments had no particular policies on how to implement the MDGs. All projects and programmes at any point in time found their way into the MDGs. Apart from the fact that political will for the implementation of the MDGs was lacking, each government of the day implemented projects to suit political and party needs. All these affected women's participation in the implementation of the MDGs in Nigeria and most African countries. Women's participation in the implementation of the MDGs thus low. This was corroborated by Sustainable Development Goals Office, Ekiti state (EKS-SDGs) (2017) that less than three thousand women participated in government financial empowerment programme out of over one million population of women that are in their productive age in the state

Women participation in MDGs on so many occasions took the dimension of women being mere beneficiary with their voice not heard in the identification of need, planning and the execution stage whether through groups and organisations. Anecdotal evidence showed that, in most cases, beneficiaries are hurriedly gathered along party line. This sometimes denied the women population true participation because most times their true needs were not met. This kind

of participation is referred to as manipulation and therapy by Arnstein (1969). This is no participation at all. Arnstein still calls this non-participation in her ladder of citizen participation.

The real participation depicts inclusive women participation in developmental project from planning which ends in sustainability. The process of participation allows everyone participating to benefit as he/she participates. It allows partnership, control over the affairs and dignity for the poor, sense of belonging and sustainability of project. That is, all will maintain and defend the project thereby bringing about sustainability – maintenance culture. This gives priority to the principles of community development, which are identification of felt needs by community members; systematic and strategic planning for the need; mobilisation and harnessing of resources - human, material and financial resources; implementation and execution of projects; and monitoring and evaluation of the development efforts.

2.2. Review of empirical findings

The sustainability of community development projects and programmes has been the core of the clarion call in community development practice. Programmes that are to improve the well-being of the community people are to be supported by them. The level of awareness of the community people who also double as the beneficiaries of the developmental efforts determines their involvement and participation. It calls for sense of belonging, joint ownership and community heritage which ensure its protection, maintenance and sustainability. Consolidating the sustainability of development efforts demands the participation of women, who make more than 50% of community population, especially in the rural areas and the most vulnerable population to poverty.

Women's participation in community development is not totally absent but it is inadequate. Women, from traditional to the modern age, participate in development activities but in their low numbers and percentages. Currently as rural-urban migration left most poor women in the rural communities, scholars have begun to give attention to the population on how they could help themselves to have access to and enjoy basic facilities for improved living and total well-being. The dimensions in which women could be involved in self-help projects to develop themselves, the children and the entire community are being looked at, with studies on determinant factors that influence and affect citizens' participation in community development.

Among the various previous studies is a study conducted by Ekesionye and Okolo (2012) on women empowerment and participation in economic activities for self-reliance and development of Nigeria. The findings of the study showed that the various economic activities engaged in by the women enabled them to render some services in education and health promotion, food supply and distribution, which brought about societal development. This study focused on empowerment as an important means of getting women involved in community development activities.

Olaleye, (2010) investigated demographic variables that determines women's participation in child nutrition education in Osun State, Nigeria. She submits that demographic variables are important to women's participation in child nutrition education.

Similarly, Ekong (2008) studied the contributions of women to national development in Akwa Ibom State. He found that women dominate in the teaching and nursing professions in the state and formed more than 40% of workers in other professions. The result of the research also indicated that the future of the civil service in the state seemed to depend on women. The findings further showed that women could contribute more to national development outside the education and health sectors if deliberate efforts are made to encourage them. In the same vein, Fayenuwo (2008) conducted a research on the determinants of mass participation in community forestry in south-western Nigeria and concluded that leadership style; community consultations among other things, make people participate willingly in forestry keeping. Akinyemi (1990) studied the determinants of citizen's participation in community development activities in Ondo State, Nigeria. The study investigated various development activities embarked upon by individual groups, women organisation, National Youth Service Corps members and youth organisations. It identified some problems affecting implementation of community development programmes, such as lack of fund, bad leadership and lack of unity.

Adisa and Akinkunmi (2012) assessed the participation of women in poultry production as a sustainable livelihood choice in Oyo State, Nigeria. Participation of women from the three major ethnic groups in the country in agriculture, irrespective of their religion was looked into. The findings of the study revealed that women's participation in poultry production was low.

Lusindilo, Mussa and Akarro (2010) examined some factors that hinder women's participation in social, political and economic activities in Tanzania. The study indicated that

participation in social, political and economic activities was associated with education level, place of residence, age group, religion, marital status and region of residence of the respondents. These factors were discovered to contribute to women's decision-making, working and participation in communal and community development programmes.

This study, therefore, did in-depth investigation into the determinants of women's participation in the implementation of some MDGs in Ekiti state.

2.3 Theoretical framework

Various theories have been propounded in the field of community development to advance the field and explain why people engage in community development and the need for mass participation of all and sundry, especially women, in community development programmes. Also, several approaches have been identified on women and development. For the purpose of this study, development theory and participation theory' were adopted.

2.3.1 Development Theory.

This theory was propounded by Karl Marx in 1883. Friedrich Engels later improved on Marx's work. The development theory is as old as man himself because it started with man in his crave for better living. The theory state that, community is a social system operated by the action of the people and the people are interconnected with various parts which move together through activities for societal change and improvement through the use of local resources (Ogilvy, 1979; Bourdieu, 1983).

The theory stresses the conscious effort to stimulate improvement. Both the materialism and social development theory aspects of this theory stress the process of unconscious equipment becoming conscious instrument. This brings about collective sub-conscious knowledge becoming individual-conscious knowledge (Ogilvy, 1979; Bourdieu, 1983). Such individual pioneers and supports conscious activities for developments. This consciousness brings about increase productivity vis-a-vis per capita income, abundant goods and services as well as environmental and societal development for human better living.

This theory thus relevant to this study because it stresses that unconscious member will be conscious and rise for developmental activities that would make life more meaningful and

livable for them. The process of the consciousness contains certain elements, such as education, empowerment and advocacy (Eckstein, 1966; Cohen, 1973).

The extent of abundance and improvement on existing developmental efforts are not left out. This stresses the sustainability of community development project and programmes. Thus, as community continues to be conscious, members also continue to carry out and support activities that will better their lives without hindering further development (Asokan, 2009).

The theory is also significant in this study, because it identifies community as a social system run by the action of people (in it) with interconnected parts acting together for change. Thus, it recognises the contribution of various groups, like women, in the developmental efforts (Dye and Zeigler, 1972).

2.3.2 Participatory Theory

Developmental programmes require the participation of people for success. A World Bank report stressed the condition for funding developmental programmes as participation of people. This signifies the importance of participation in development programme. However, there is no world over valid theory of participation in development with regard to the theoretical approaches to collective actions (Fayenuwo, 2008).

Olson, in 1971, propounded a participation theory named after him as ‘‘Olson Participation Theory’’. He challenged the general view that a group of people with common interest tends to work together. He proposed that, the number of people working together in a group should be small else there would be need for coercion or other device to spur and make the individuals act in the common interest, otherwise, , self-interested individuals will not work to achieve common group interests.

The benefits from common pool resources (CPR) are collective goods like defense of state and environmental protection which, once provided, are for all and sundry. State cannot survive except with the contribution of people in terms of tax payment for provision of goods and services for organisational survival. The individual member of a large group will not have any significant impact on his/her organisation by contributing or not contributing, but he/she can share benefits even if he/she has not contributed anything. This indicates free riding on the back of those who contribute, which is typical of large organization; the larger the group, the less

noticeable will be the action of its individual. Olson submitted that groups could provide themselves with collective goods and services with inducement for the benefits to derive from the goods which exceed the individual cost of providing the collective goods.

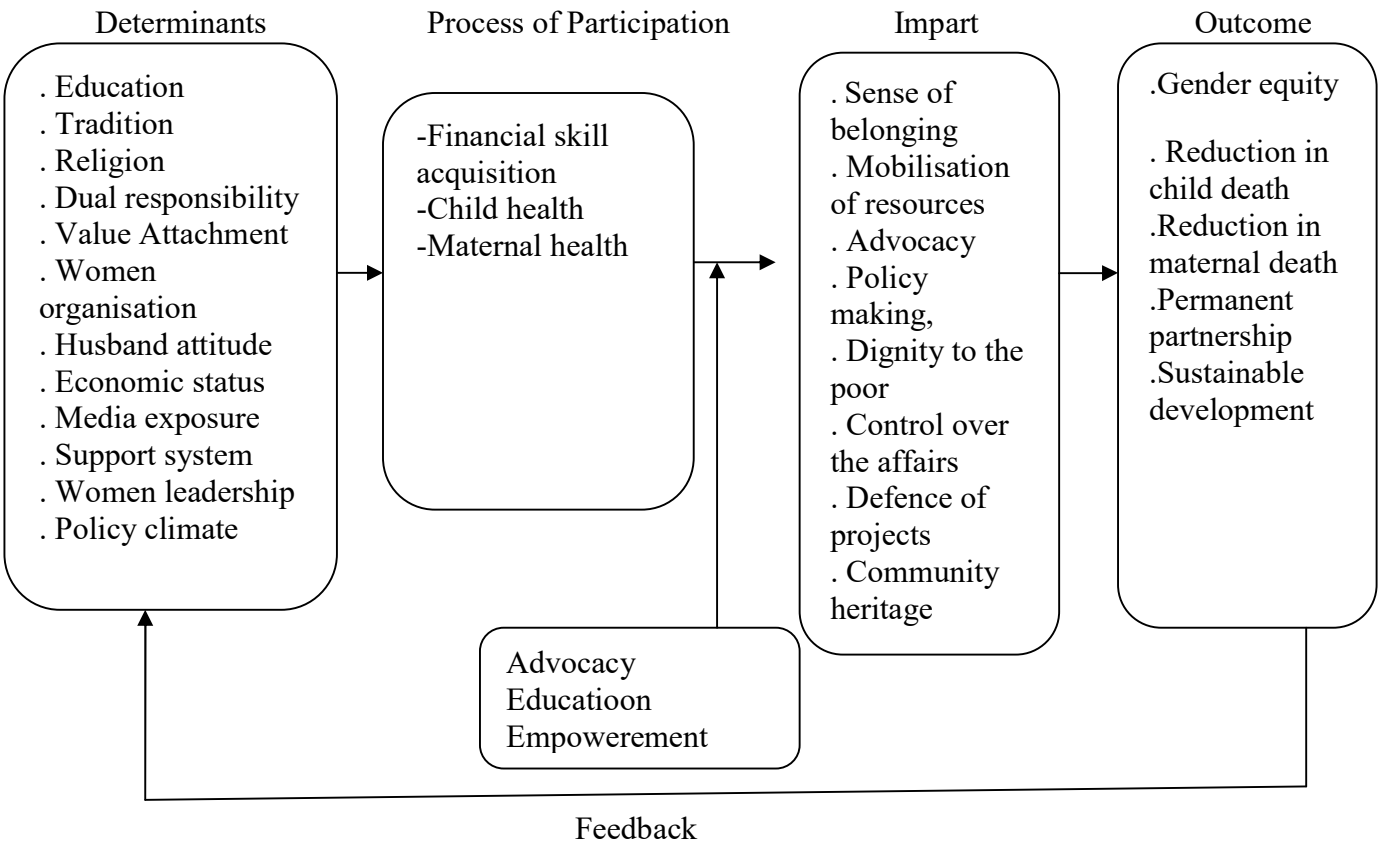
However, Olson did not specify the number of individuals in a group but asserted that individual actions of one or more members should be noticeable to any other individual in the group. The important implication of this theory for managing CPR is that if a group using a CPR is very large, it should be divided into a number of small subgroups and each subgroup randomly assigned a portion of the CPR that should be as far as possible proportionate to the size of the group. This may be possible if the CPR is divisible and if some arrangement exists for dividing and apportioning the CPR among subgroups.

It is imperative to consider the view of Buchanan and Tullock (1965) on participation theory of collective choice, classified as methodological individualistic, which states that the size of group does not determine their working together for a common goal. They assert that external factors do, thus placing some inducements, in terms of education, empowerment and advocacy, on the participation of the entire group like, community in developmental efforts.

This theory is important to this study because it emphasises the roles of elements that will make people rise for common goal. If these inducements are not there, people (women, in particular) may not participate in community development. Individualism is allowed in development activities as well as collective efforts. Women within their groups or organisation or as individuals could participate or rise for development of their communities.

The CPR would make more resources available for developmental activities and make individuals in development effort contribute less than the gain he/she will derive. This induces people into participation in community development. This theory shows that gain is one of the things that ginger people into participation in community development programmes, which later ends in sustainability of such development programmes/projects.

Figure 2.1: Conceptual model for women's participation in the implementation of MDG development programmes



Source: Ojobanikan, 2017

The model explains the direction of citizen's participation in development programmes and activities. It depicts inclusive women participation in developmental project from planning which ends in sustainable development. The process of participation allows everyone participating to benefit as he/she participates, it allows partnership, control over the affairs and dignity for the poor, sense of belonging as well as sustainable development. That is, all will maintain and defend the project, thereby bringing about sustainable development. This model gives priority to the principles of the theories in this study, which are education, advocacy and empowerment

The process of participation allows it in all the stages of community development, which are identification of felt need, planning, implementation and monitoring and evaluation. This signifies the consciousness of the community members to discover a lack in their lives and come together to discuss it for possible solution. It centres on coming together to discuss the common

felt need, perception and belief that they can help themselves out of such problem situation, plan what to do to satisfy their need and how to do it, as well take action and partake directly or indirectly in the developmental activity. The monitoring and evaluation allows achievement to be measured with the laid-down standards of project. Women participation in all the processes in financial empowerment, child health and maternal health programmes of the MDGs will facilitate sustainable development. This model helps in understanding how women participation in MDG programmes would lead to sustainable developments.

Women's participation in MDGs' plans and decision -making process in their groups and as individuals will make them see themselves as part of the programme and earn dignity. This will also prepare them for the next stage of the programme. As the women earn dignity, they are motivated to mobilise more women and galvanise all resources at their disposal for the success of the programme. While doing this, they themselves are participating and benefitting. The joy of being dignified through planning and the decision-making process and being beneficiaries of the programme, will lead to women, as individuals and as a group to lend continuous support to the programme, which will lead to permanent partnership. Partnering the programme implementer will lead to control over the affairs of the programme because it is a programme that affects their lives and their children. Sustainable development will be attained through the women's continual support and participation.

2.4 Appraisal of the literature review

The review of literature indicated various concepts and issues on the determinants of women participation in MDGs as a community development programme. The literature also revealed the historic antecedent of MDGs and predisposing factors for women's participation in community development.

The literature revealed the influence of women participation in community development in the context of MDGs at the grassroots on sustainable development. The factors include education, quality of life, religion practices, value attachment, social organisations, gender equality, women empowerment, employment opportunities, and skill acquisition. It also examined the dimensions in which women participate in development programmes, healthcare delivery, education, and provision of basic amenities.

The review also focused on the problems that inhibit women's participation in development activities. Analysis of the empirical studies and appraisal of the variables relevant to this study were also done. The theories adopted for the study - include the development theory and participatory theory of development. The two theories are interconnected and rest on collective efforts needed for collective betterment of all. The development theory stresses the collective sub-consciousness becoming individual's consciousness through inner drive awakened for better life. This leads to pioneering development activities by individuals. It reveals that community members, in their bid to make life easy, become conscious of their potential and resources and make optimum use of them for their benefits through development activities.

In a nutshell, relevant theories and literature were reviewed on the determinants of women's participation in the implementation of some MDGs in Ekiti State, Nigeria. This was done to examine the formulated hypothesis and answer for the study.

CHAPTER THREE
METHODOLOGY

This chapter discusses the methodology adopted for this study. The research design, population, sample and sampling technique, instrumentation, procedure for data collection and methods of data analysis.

3.1 Research design

The descriptive survey design of the *ex post facto* type was adopted for this study. This design was considered appropriate for the research because it studied existing facts and did not allow manipulation of characteristics of the human participants. The MDG programmes had been implemented and women had already participated. Therefore, the researcher could not manipulate the characteristics of the human participants in this study or any variable of interest. The researcher could only observe the variables.

3.2 Population of the study

The target population for the study was the women beneficiaries of Ekiti State Government free health and Conditional Cash Transfer programmes.

3.3 Sample and sampling procedure

A multi stage sampling technique was adopted in this study.

Stage I: Stratified sampling was used to delineate the state along the existing three senatorial districts (that is Ekiti North, Ekiti South and Ekiti Central Senatorial Districts) for equal representation.

Stage II: Purposive sampling was employed to select three local government areas (LGAs) from each senatorial district. In all, nine local governments were considered for the study (namely, Ikole, Oye, Ilejemeje, Irepodun/Ifelodun, Ekiti West, Efon, Ekiti South West, Ise/Orun and Emure). Two communities were also selected from each LGA. A, total of eighteen communities were considered for the study (namely, Ikole, Oye, Ilejemeje, Irepodun/Ifelodun, Ekiti west, Efon, Ekiti south west, Ise/orun and Emure) and eighteen communities (i.e Odo-oro Ekiti, Asin Ekiti, Ire Ekiti, Oloje Ekiti, Ewu Ekiti, Osan Ekiti, Iworoko Ekiti, Eyio Ekiti,

Erinjiyan Ekiti, Ido-ile Ekiti, Efon Alaaye, Araromi, Igbara Odo, Ilawe Ekiti, Ise Ekiti, Oko Oyo, Emure and Supare Ekiti).

Stage III: The women population for the study was stratified into groups such as market women, pregnant women and nursing mothers, community leaders and artisans for the purpose of selecting samples.

Stage IV: Purposive sampling was used to select seven women that are community leaders, 33 market women, 11 community health extension workers (CHEW) in charge of antenatal and postnatal clinics in all the MDGs designated hospitals, 21 women artisans, 17 pregnant women and 25 nursing mothers during their antenatal and postnatal meetings in each LGA of the study.

Table 3.1 Number of Local Governments selected for the study by Senatorial District

Senatorial district	No. of LGA	Names LGA	No. of LGA selected	Names of LGA selected
Ekiti North	5	Ikole, Oye Ido osi Ilejemeje Moba	3	Ikole Oye Ilejemeje
Ekiti Central	5	Ado Irepodun/Ifelodun Ijero Ekiti West Efon	3	Irepodun/Ifelodun Ekiti west Efon
Ekiti South	6	Ekiti south west Ikere Ise/orun Emure Ekiti north	3	Ekiti south west Ise/orun Emure

3.4 Instruments

The instruments adopted for data collection in this study were both quantitative and qualitative. The quantitative instruments were self-developed instruments tagged Women's Participatory Roles Questionnaire and MDGs' Participation Determinant Questionnaire. These were complemented by focus group discussion (FGD) and key informant interview (KII) sessions.

3.4.2 Women's participatory roles questionnaire

This questionnaire was developed by the researcher to collect information on women's actual participation in the implementation of the MDGs, the roles assigned to them (women) in the implementation policy strategy and roles eventually played by them in the implementation of the programmes. It had four sub-scales, viz: MDGs participation scale, women empowerment participation scale, child health participation scale and maternal health participation scale. The reliability of the instrument was determined through test-retest reliability method within an interval of one week among 40 respondents in Moba Local Government Area of Ekiti State. The Cronbach alpha test value showed 0.62.

i. MDGs' participation scale

The MDGs' participation scale (MDGsPS) used in this study was developed by the researcher. It was made up of 5 items drawn on close-ended questions of Agree (1) and Disagree (2). The validity of the instrument was ascertained through face and content validity by experts in the fields of community development, adult education, and local government administration and the researcher's supervisor. Their corrections and suggestions were used for the final copy before subjecting it to pilot study. The reliability of the instrument was determined through the test-retest reliability method within an interval of one week among 40 respondents in Moba Local Government Area of Ekiti State, which was not part of the local governments selected for the study. The Cronbach alpha test value showed 0.62.

ii. Women empowerment participation scale

The women empowerment scale (WES) used for this study was developed by the researcher to elicit information on government financial empowerment programme under MDGs.

It was made up of 6 items drawn on close-ended questions using a four-point Likert rating scale of Strongly Agree (4), Agree (3), Disagree (2) and Strongly Disagree (1).

The validity of the instrument was ascertained through face and content validity by experts in the fields of community development, adult education and local government administration and the researcher's supervisor. Their corrections and suggestions were used for the final copy of the instrument before subjecting it to pilot study. The reliability of the instrument was ascertained through the test-retest reliability method within an interval of one week among 40 respondents in Moba local Government of Ekiti State, which was not part of the selected local governments for the study. The Cronbach alpha test value was 0.92.

iii. Child health participation scale

Child health scale (CHS) was self-developed by the researcher to collect information on child health programmes, such as free health programme for children under 5 years and immunisation programmes. It was made up of 6 items drawn on close-ended questions using a four-point Likert rating scale of Strongly Agree (4), Agree (3), Disagree (2) and Strongly Disagree (1).

The validity of the instrument was ascertained through face and content validity by experts in the fields of community development, adult education, and nursing and the researcher's supervisor. Their corrections and suggestions were used for final copy of the instrument before subjecting it to pilot study. The reliability of the instrument was determined through the test-retest reliability method within an interval of one week among 40 respondents in Moba Local Government Area of Ekiti State. The Cronbach alpha test value showed 0.62.

iv. Maternal health participation scale

Maternal health scale (MHS) was developed by the researcher to collect information on women's participation in maternal health programmes, such as free health information/education and treatment for pregnant women during antenatal, delivery and postnatal periods. It was made up of 6 items drawn on close-ended questions using a four- point Likert rating scale of Strongly Agree (4), Agree (3), Disagree (2) and Strongly Disagree (1).

The validity of the instrument was ascertained through face and content validity by experts in the fields of community development, adult education, and nursing and the researcher's supervisor. Their corrections and suggestions were used for the final copy of the instrument before subjecting it to pilot study. The reliability of the instrument was found out through the test-retest reliability method within an interval of one week among 40 respondents in Moba Local Government of Ekiti State, which was not part of the local government selected for the study. The Cronbach alpha test value showed 0.64.

3.4.2 MDGs' participation determinants questionnaire

The MDGs' participation determinant questionnaire (MDGsPDQ) was developed by the researcher to collect information on factors that influenced or inhibited women's participation. It contained twelve sub-scales on factors that determines or inhibited women's participation. Such factors included education, tradition, value attachment, religion, husband's attitude, support system, dual responsibility, policy climate, media exposure, economic status, women Organization and women leadership. It was made up of 50 items drawn on close-ended questions using a four-point Likert rating scale of Strongly Agree (1), Agree (2), Disagree (3) and Strongly Disagree (4). The reliability of the instrument was ascertained through the test-retest reliability method within an interval of one week among 40 respondents in Moba Local Area of Government of Ekiti State. The Cronbach alpha test value showed 0.78.

i. Education scale

The scale was developed by the researcher to collect information on the effects of education on women's participation in the implementation of MDGs programmes. It had 4 items drawn on a four-point Likert scale of Strongly Agree (1), Agree (2), Disagree (3) and Strongly Disagree (4).

The validity of the instrument was ascertained through face and content validity by experts in the fields of community development, adult education, and local government administration and the researcher's supervisor. Their corrections and suggestions were used for the final copy of the instrument before subjecting it to pilot study. The reliability of the instrument was determined through the test-retest reliability method within an interval of one

week among 40 respondents in Moba Local Government Area of Ekiti State which was not part of the local governments selected for the study. The Cronbach alpha test value showed 0.64.

ii. Economic status scale

The scale was developed by the researcher to collect information on the influence of women's economic status on women's participation in the implementation of the MDG programmes. It had 4 items drawn on a four-point Likert scale of Strongly Agree (1), Agree (2), Disagree (3) and Strongly Disagree (4).

The validity of the instrument was ascertained through face and content validity by experts in the fields of community development, adult education, and local government administration and the researcher's supervisor. Their corrections and suggestions were used for the final copy of the instrument before subjecting it to pilot study. The reliability of the instrument was determined through test - retest reliability method within an interval of one week among 40 respondents in Moba local government Area of Ekiti State which was not part of the local governments selected for the study. The Cronbach alpha test value showed 0.54.

iii. Media exposure status scale

The scale was self-developed by the researcher to collect information on the influence of women's media exposure on women's participation in the implementation of the MDGs programmes. It had 5 items drawn on a four-point Likert scale of Strongly Agree (1), Agree (2), Disagree (3) and Strongly Disagree (4).

The validity of the instrument was ascertained through face and content validity by experts in the fields of community development, adult education, and local government administration and the researcher's supervisor. Their corrections and suggestions were used for the final copy of the instrument before subjecting it to pilot study. The reliability of the instrument was determined through the test-etest reliability method within an interval of one week among 40 respondents in Moba Local Government Area of Ekiti State, which was not part of the local governments elected for the study. The Cronbach alpha test value showed 0.77.

iv. Support system scale

The scale was developed by the researcher to collect information on the effects of support system on women's participation in the implementation of the MDG programmes. It had 4 items drawn on a four-point Likert scale of Strongly Agree (1), Agree (2), Disagree (3) and Strongly Disagree (4).

The validity of the instrument was ascertained through face and content validity by experts in the fields of community development, adult education, and local government administration and the researcher's supervisor. Their corrections and suggestions were used for the final copy of the instrument before subjecting it to pilot study. The reliability of the instrument was determined through the test-retest reliability method within an interval of one week among 40 respondents in Moba Local Government Area of Ekiti State, which was not part of the local governments selected for the study. The Cronbach alpha test value was 0.73.

v. Women organisation scale

The scale was developed by the researcher to collect information on the influence of women organisation on women's participation in the implementation of the MDG programmes. It had 2 items drawn on a four-point Likert scale of Strongly Agree (1), Agree (2), Disagree (3) and Strongly Disagree (4).

The validity of the instrument was ascertained through face and content validity by experts in the fields of community development, adult education, and local government administration and the researcher's supervisor. Their corrections and suggestions were used for the final copy of the instrument before subjecting it to pilot study. The reliability of the instrument was determined through the test-retest reliability method within an interval of one week among 40 respondents in Moba Local Government Area of Ekiti State, which was not part of the local governments selected for the study. The Cronbach alpha test value showed 0.60.

vi. Women leadership scale

The scale was developed by the researcher to collect information on the influence of women leadership on women's participation in the implementation of the MDG programmes. It

had 3 items drawn on a four-point Likert scale of Strongly Agree (1), Agree (2), Disagree (3) and Strongly Disagree (4).

The validity of the instrument was ascertained through face and content validity by experts in the fields of community development, adult education, and local government administration and the researcher's supervisor. Their corrections and suggestions were used for the final copy of the instrument before subjecting it to pilot study. The reliability of the instrument was determined through the test-retest reliability method within an interval of one week among 40 respondents in Moba Local Government Area of Ekiti State, which was not part of the local governments selected for the study. The Cronbach alpha test value showed 0.58.

vii. Policy climate scale

The scale was developed by the researcher to collect information on the effect of policy climate on women's participation in the implementation of the MDGs programmes. It had 6 items drawn on a four-point Likert scale of Strongly Agree (1), Agree (2), Disagree (3) and Strongly Disagree (4).

The validity of the instrument was ascertained through face and content validity by experts in the fields of community development, adult education, and local government administration and the researcher's supervisor. Their corrections and suggestions were used for the final copy of the instrument before subjecting it to pilot study. The reliability of the instrument was determined through the test-retest reliability method within an interval of one week among 40 respondents in Moba Local Government Area of Ekiti State, which was not part of the local governments selected for the study. The Cronbach alpha test value showed 0.61.

viii. Tradition scale

The scale was developed by the researcher to elicit information on the influence of tradition on women's participation in the implementation of the MDG programmes. It had 4 items drawn on a four-point Likert scale of Strongly Agree (1), Agree (2), Disagree (3) and Strongly Disagree (4).

The validity of the instrument was ascertained through face and content validity by experts in the fields of community development, adult education, and local government

administration and the researcher's supervisor. Their corrections and suggestions were used for the final copy of the instrument before subjecting it to pilot study. The reliability of the instrument was determined the through the test-retest reliability method within an interval of one week among 40 respondents in Moba Local Government Area of Ekiti State, which was not part of the local governments selected for the study. The Cronbach alpha test value was 0.85.

ix. Value attachment scale

The scale was developed by the researcher to elicit information on the influence of value attachment on women's participation in the implementation of the MDG programmes. It had 5 items drawn on a four-point Likert scale of Strongly Agree (1), Agree (2), Disagree (3) and Strongly Disagree (4).

The validity of the instrument was ascertained through face and content validity by experts in the fields of community development, adult education, and local government administration and the researcher's supervisor. Their corrections and suggestions were used for the final copy of the instrument before subjecting it to pilot study. The reliability of the instrument was determined through the test-retest reliability method within an interval of one week among 40 respondents in Moba Local Government Area of Ekiti State, which was not part of the local governments selected for the study. The Cronbach alpha test value showed 0.67.

x. Religious scale

The scale was developed by the researcher to elicit information on the influence of religion on women's participation in the implementation of the MDG programmes. It had 5 items drawn on a four-point Likert scale of Strongly Agree (1), Agree (2), Disagree (3) and Strongly Disagree (4).

The validity of the instrument was ascertained through face and content validity by experts in the fields of community development, adult education, and local government administration and the researcher's supervisor. Their corrections and suggestions were used for the final copy of the instrument before subjecting it to pilot study. The reliability of the instrument was determined through the test-retest reliability method within an interval of one

week among 40 respondents in Moba Local Government Area of Ekiti State, which was not part of the local governments selected for the study. The Cronbach alpha test value showed 0.76.

xi. Husband's attitude scale

This scale was developed by the researcher to elicit information on the effects of husband's attitude on women's participation in the implementation of the MDG programmes. It had 4 items drawn on a four-point Likert scale of Strongly Agree (1), Agree (2), Disagree (3) and Strongly Disagree (4).

The validity of the instrument was ascertained through face and content validity by experts in the fields of community development, adult education, and local government administration and the researcher's supervisor. Their corrections and suggestions were used for the final copy of the instrument before subjecting it to pilot study. The reliability of the instrument was determined through the test-retest reliability method within an interval of one week among 40 respondents in Moba Local Government Area of Ekiti State, which was not part of the local governments selected for the study. The Cronbach alpha test value showed 0.71.

xii. Dual responsibility scale

The scale was developed by the researcher to collect information on the effects of dual responsibility on women's participation in the implementation of the MDG programmes. It had 4 items drawn on a four-point Likert scale of Strongly Agree (1), Agree (2), Disagree (3) and Strongly Disagree (4).

The validity of the instrument was ascertained through face and content validity by experts in the fields of community development, adult education, and local government administration and the researcher's supervisor. Their corrections and suggestions were used for the final copy of the instrument before subjecting it to pilot study. The reliability of the instrument was determined through the test-retest reliability method within an interval of one week among 40 respondents in Moba Local Government Area of Ekiti State, which was not part of the local governments selected for the study. The Cronbach alpha test value showed 0.82.

3.4.3 Focus group discussion

Focus group discussion (FGD) was used to complement questionnaire to elicit information from the market women's association in the selected LGAs in the Yoruba language through mutual discussion of the researcher with the respondents. Purposive sampling was adopted to select women participants for three (3) sessions. Each session had between eight and ten participants in attendance. The FGD sessions were conducted with the aid of discussion guide and tape recorder to store responses, in addition to note taking. Photographs of the sessions were also taken.

Table 3.2 Schedule of focus group discussion sessions

Senatorial district	Local Govt.	Location of FGD sessions	No of sessions	No of respondents per session	Date
Ekiti North	Irepodun/ Ifelodun	Iworoko Ekiti	1	8	26/01/208
Ekiti Central	Oye	Ire Ekiti	1	9	22/01/2018
Ekiti South	Ise/Orun	Orun Ekiti	1	10	12/01/2018

3.4.4 Key informant interview

The key informant interviews complemented the quantitative data and elicited information from the MDGs local government desk officers, three health centre matrons in charge of MDGs' designated health centre in the senatorial districts of the state and critical gate keepers in the selected communities. A total of twelve sessions were had, with one participant in each session. The interviews were conducted in English and Yoruba languages

Table 3. 3. Schedule of key informant interview sessions

Senatorial district	Local Govt.	Location of KII sessions	No of sessions	No of respondents per session	Date
Ekiti central	Irepodun/ Ifelodun	Igede Ekiti Iworo Ekiti	2	1	09/01/2018 26/01/2018
Ekiti north	Oye	Oye Ekiti Ire Ekiti	2	1	22/01/2018 23/012018
Ekiti south	Ise/Orun	Ise Ekiti Oko- Oyo	2	1	05/01/2018 05/01/2018

3.5 Procedure for data collection

The research instrument for the study was administered personally by the researcher, with the help of two research assistants who were trained on the basic process in administering questionnaire. Also, the research assistants helped in organising the Ekiti market women for the focus group discussion. Data were collected within three months after obtaining necessary permissions from the Head of Department of Adult Education, University of Ibadan; and community heads of the selected communities for ease of data collection.

3.6 Method of data analysis

Simple percentage, pie charts and bar charts were used to analyse demographic data. Multiple regression, Pearson product moment correlation and ANOVA were used to analyse data meant to provide answers to the research questions and hypothesis at 0.05 level of significance. Data from the FGD and KII were content analysed.

CHAPTER FOUR

RESULTS AND DISCUSSION OF FINDINGS

This chapter presents the analysis and discussion of the data collected from the field in tables and graphs. This part contains two sections. The first section is section 'A', which presents the demographic features of the participants in graphs and charts, with detailed explanation. The demographic features of the respondents include religion, marital status, education, status, family type and years of residency in the community. The second section is section 'B', which focuses on the four research questions and one hypothesis raised and tested in the study at 0.05 level of significance. For each of the sections, interpretation and discussion are provided. One thousand and twenty-six copies of the questionnaires were administered, one thousand and seven were validly returned and analysed in this study.

4.1 Section A: Demographic characteristics of women respondents in Ekiti State, Nigeria.

This section presents demographic characteristics of the respondents.

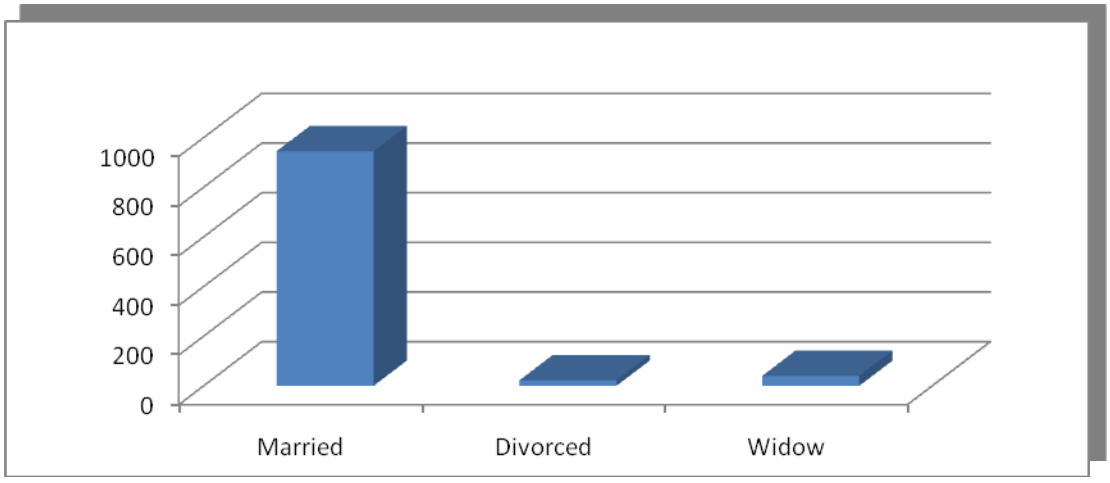


Fig.4. 1: Distribution of the respondents by marital status

Source: Field work (2017)

The distribution of the participants by marital status is presented in Fig. 4.1. It shows that 93.80% of the respondents were married, while 4.0% were widows, and 2.20% were divorcees. This implies that all the repondents were married women. There was no single among the respondents; all had been married once.

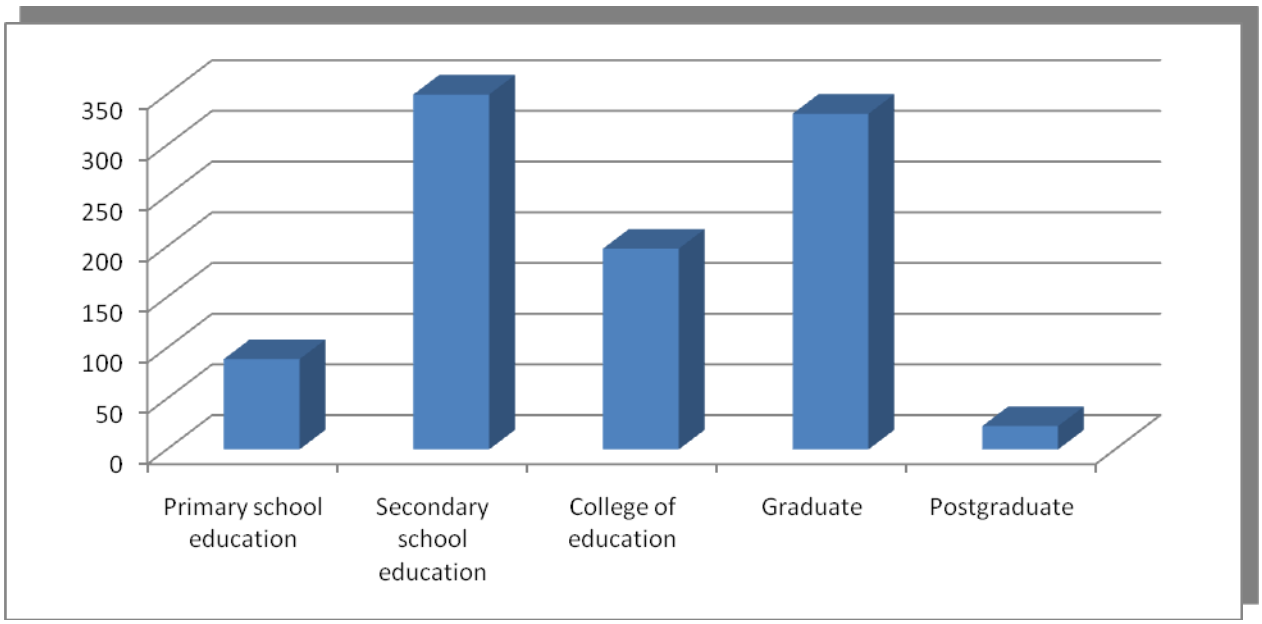


Fig. 4.2: Distribution of the respondents by educational status

Source: Field work (2017)

Fig. 4.2 capturs the educational level of the respondents. Only 1.6% had no formal education; 8.8% attended primary school; 34.8% gone through secondary school education, 19.7% had Nigerian Certificate in Education; 32.9% were graduates with B.Sc. /B.A., HND or others graduate certificates; and 2.3% had postgraduate degrees. This implies that only few respondents had no schooling or education, which could make it difficult for them to access information.

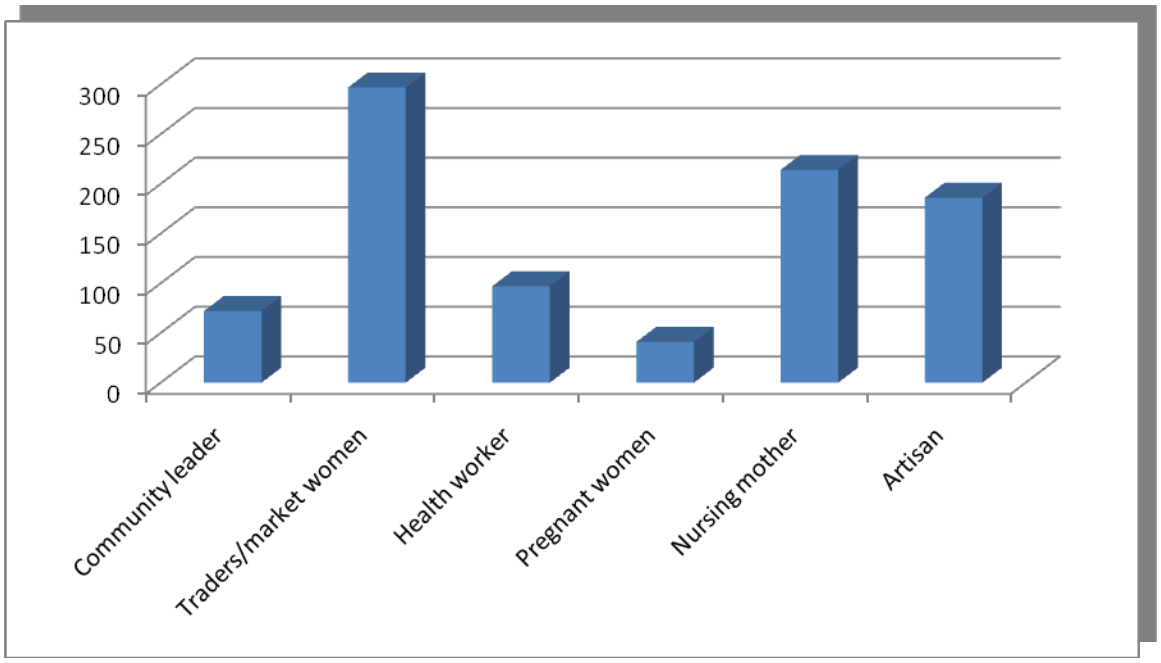


Fig. 4.3: Distribution of the respondents by status

Source: Field work (2017)

The respondents distribution by status in the community is presented in Fig. 4.3. It is clear that 7.1% were community leaders, 29.5% were traders/market women, 9.6% were health workers, 14.0% were pregnant women, 18.5% were artisans and 21.3% were nursing mothers. This shows that various categories of women and groups within the commnuties were involed in the study. The findings indicate balanced report from different categories of women on the implementation of the MDGs in their area.

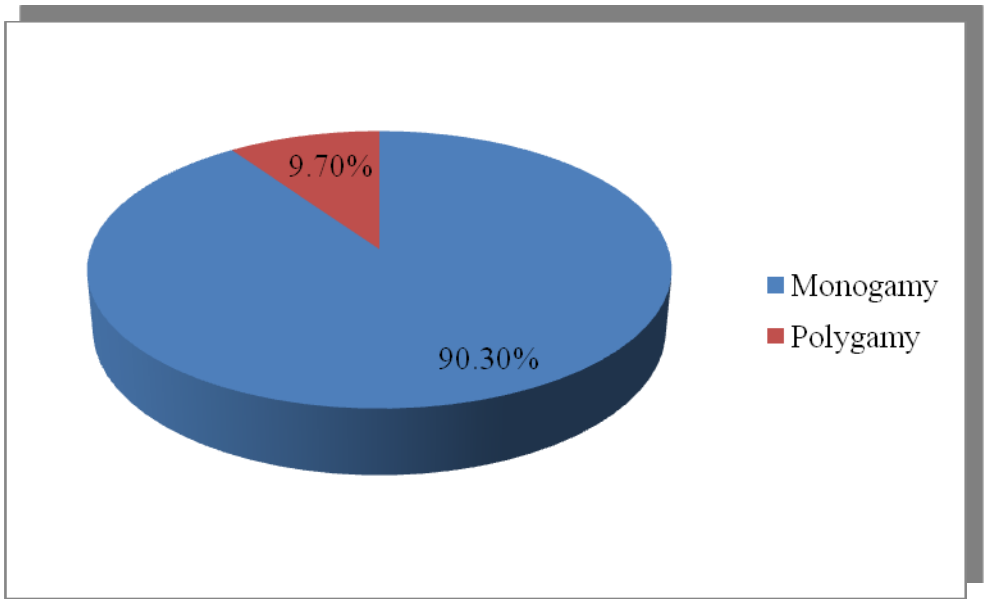


Fig. 4.4: Pie Chart showing percentage distrbution of the respondents by family type

Source: Fieldwork (2017)

The types of family the respondents belonged to are presented in Fig. 4.4. a total of 90.3% were from monogamous families; while 9.7% were from polygamous families. This implies that women from different family backgrounds participated in the study.

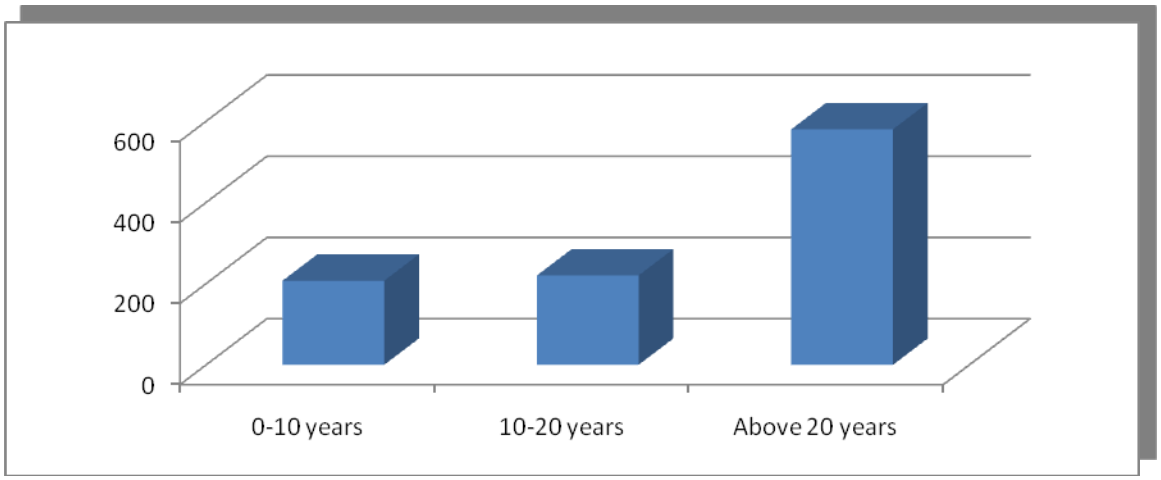


Fig. 4.5 Bar chart showing percentage distrbution of the respondents by years of residency in the community

Source: Fieldwork (2017)

The distribution of the respondents by years of residency in the community is presented in Fig. 4.5. a total of 20.6% had been residing in the community for less than 10 years; 21.8% had been

in the community for 11-20 years; and 57.6% had been in the community for more than 20 years. This implies that the respondents were not new settlers in each community but people who had been in the communities for years, which would make them aware of all happenings in the community. This indicates that they know all developments that had taken place in their areas and they could speak well on them. The period of residency in a community could have had impact on women's participation in the likes of MDGs.

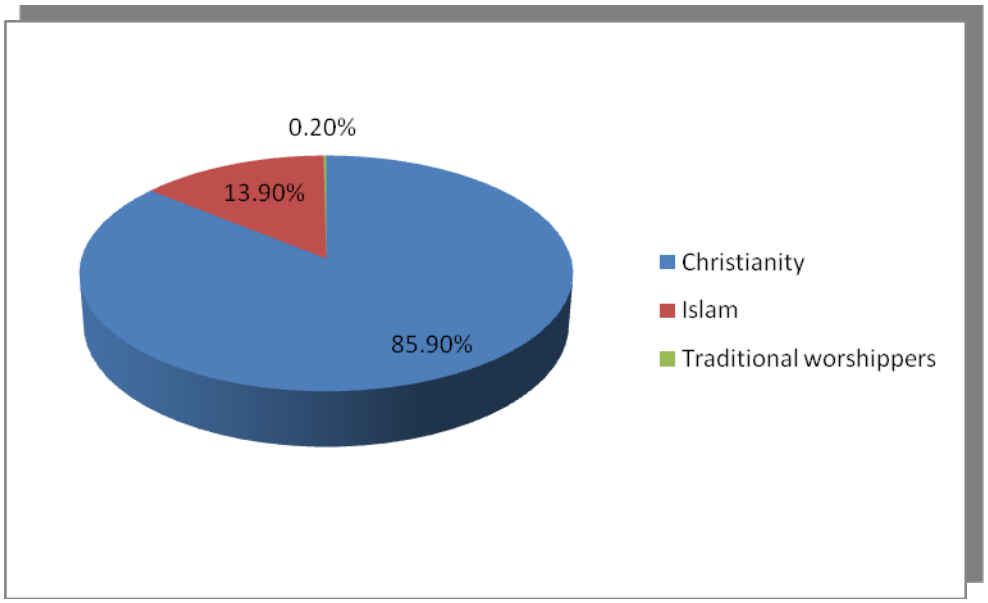


Fig. 4.6 Pie chart showing percentage distrbution of the respondents' religion

Source: Fieldwork (2017)

The distribution of the respondents by religion is presented in Fig. 4.6. It shows that 85.9% of the respondents were Christians, 13.9 were Muslims and 0.2% were traditional worshippers. This implies that all the respondents belonged to one religion or the other and all religions practiced were represented, as different religions hold different tenets and views concerning women's participation in development activities and public life.

4.2 Section B: Analysis of research questions and hypothesis

In this section, research questions raised and hypothesis tested are presented in tables followed by detailed explanations and discussions.

Research question 1

What are the roles played by women in the MDGs implementation process?

Participatory role played by women in the MDGs' implementation in MDGs in Ekiti State.

The specified roles played by women in the implementation of the MDGs and the extent to which these it determined the dependent variable are presented in percentage table. The result is shown in Table 4.1 followed by detailed explanation.

Table 4.1: Awareness of women's participatory roles played by women in the implementation of MDGs empowerment, child health and maternal health programmes

s/n	Variables	Empowerment			Child health			Maternal health		
		Disagree (%)	Agree (%)	$\bar{x}$	Disagree (%)	Agree (%)	$\bar{x}$	Disagree (%)	Agree (%)	$\bar{x}$
1	Attendance of community/town hall/village meeting, serving in committees are some roles played by women in the MDGs implementation process	60.4	39.6	2.25	55.5	44.5	2.50	58.3	41.7	2.38
2	Women participated in the MDGs implementation process of identification of needs, planning, execution and evaluation of MDGs financial empowerment programme	67.5	32.3	2.13	53.2	46.8	2.49	62.1	37.9	2.34
3	Women participated in MDGs implementation process by been beneficiaries alone	33.4	66.5	2.98	67.5	32.3	2.13	39.6	60.4	2.25
4	Women were not given specific roles in MDGs implementation policy strategy	32.2	67.8	2.92	39.3	60.7	2.67	30.9	69.1	2.84
5	Attendance of antenatal, postnatal and coming to children immunization are some roles played by women in the MDGs child health implementation process	-	-	-	24.0	76.0	2.89	22.7	77.3	2.89

Source: Fieldwork (2017)

The result in Table 4.1 showed the ratings of responses on roles played by women in the implementation of MDGs empowerment, child health and maternal health programmes as follows: Attendance of community/town hall/village meeting, serving in committees are some

roles played by women in the MDGs implementation process had $\bar{x}$=2.55 on empowerment, $\bar{x}$=2.50 on child health, and $\bar{x}$=2.38 on maternal health. Women participated in the MDGs implementation process of identification of needs, planning, execution and evaluation of MDGs free health and immunisation programmes for children had $\bar{x}$=2.13 on empowerment, $\bar{x}$=2.49 on child health and $\bar{x}$=2.34 on maternal health. Women participated in MDGs implementation process by been beneficiaries alone recorded $\bar{x}$=2.98 on empowerment, $\bar{x}$=2.13 on child health and $\bar{x}$=2.25 on maternal health. Women were not given specific role in MDGs implementation policy strategy had $\bar{x}$=2.92 on empowerment, $\bar{x}$=2.67 on child health and $\bar{x}$=2.84 on maternal health. Women/children that benefitted in the empowerment scheme are more than 50% $\bar{x}$=2.09 on empowerment, $\bar{x}$=2.68 on child health and $\bar{x}$=2.43 on maternal health. Attendance of antenatal, postnatal and coming for periodic vaccines are some roles played by women in the MDGs child and maternal health programmes implementation process recorded $\bar{x}$=2.89 on both the child and maternal health.

The above results revealed that women were not ignorant of the developmental programmes in their domain. They were able to identify and recognize the roles they had played in the implementation of the MDGs in their areas. Those who disagreed to roles played by women who participated in the needs identification, planning, execution, evaluation under MDGs accounted for 67.5% on empowerment, 53.4% on child health and 62.1% on maternal health. The findings of the study showed that women were not given roles to play in the implementation of the MDGs, which could have impacted on their participation. This is shown in the high percentage for women having no specific role in the implementation of the MDGs, with 67.8% for agree on empowerment, 60.7% for agree on child health and 69.1% for agree on maternal health. This findings revealed women were not given the opportunity to be part of the planning at community level, as higher percentages were recorded for disagree for attendance of community/village meeting and serving in committee are some roles played by women in the MDGs implementation. The study also showed that women only participated in the implementation process by chance of being beneficiary alone.

According to this finding, women were not given specific roles in the implementation of the MDGs. This aligned with Aribigbola (2009), who submits that strategic plan and policies for implementing the MDGs lack conceptualisation, understanding and focus by the implementers

and beneficiary (people at the grassroots) on what to do and what community people who are the beneficiaries of projects should do and responsible for. Aligning with this submission, Ajayi (2008) opines that after eight years of MDGs, most MDG projects were off-track and consequently resulted in slowness and backwardness of MDG implementation and execution. This eventually resulted in the goals not being attained. Aleyomi (2013) avers that most state governments did not understand fully how MDG programmes and projects should be executed and thus introduced and did projects at the pleasure of those in power and used such to establish political tentacles. This is a major constraint, as changes in government drastically affect the project being executed to meet MDG targets.

The study equally showed low and poor participation of women as a result of not being given specific roles in the MDG implementation process; with 74% disagree with the view that women who participated/benefitted in the empowerment scheme were more than 50%. This finding affirms the position of Deneulin and Shahani (2009), who observe that there was poor local participation on MDG programmes such as empowerment. The participation of women by being beneficiaries alone in MDG implementation is further revealed, as women in the FGD in the South and North Senatorial District submitted that government gave them no role in the implementation of the MDG empowerment and health programmes. In fact, at the South Senatorial Districts, this was asserted:

> Government did not recognise us; we market women leaders in the implementation of the MDGs, especially the current government. During Fayose first regime, we were asked to contribute money, so that they could borrow us money but at the end, we did not see anything. During Fayemi, government, we were not reckoned with at all, except, the bus gift to all market women, we were not reckoned with. We were not even given opportunity to benefit from the financial empowerment you are talking about. We only heard of it on the radio and that was the end of it. We did not perform any role, but if they (government) say we performed any role in the financial empowerment implementation, it is a lie or their party women are the people they were talking about. As for market women, we were not informed or participated in the implementation of the MDGs (An FGD session, Orun Ekiti, 12/01/2018).

At the North Senatorial District, the women's view is presented thus:

> We were invited to a meeting at Oye Ekiti where we were told about MDGs empowerment and other programmes. After the meeting, we did not hear

> anything again till I am talking to you. So, we were not given any role in the implementation of the MDGs, whether at planning, execution, monitoring and evaluation or even participating as beneficiary (An FGD session, Ire Ekiti, 22/01/2018).

However, the FGD at Ekiti Central Senatorial District of this study area revealed that they only participated in the MDGs as beneficiaries without specific role:

> All we know was that the then Governor Fayemi came and gave us market women forms under MDGs and we were given five thousand naira monthly for twelve months and later one hundred thousand naira (An FGD session, Iworoko Ekiti, 26/01/2018).

This result agrees with the quantitative finding which showed women were not given any specific role in the implementation of the MDGs other than to be beneficiaries. Equally the result is further strengthened as the KII respondents in all the senatorial districts could not point out the role given women in the MDG implementation other than the fact that women were informed about MDGs.

The KII respondents who were critical gate keepers reveal some sailent issues around giving women roles in the implementation of the MDGs. one of the critical gate keepers said:

> The government can not give roles to women just like that because they have their own motive which is to firstly please their party members. So giving roles to women leaders in the market women association or within the astisan group in financial empowerment may cause too much noise that government in power may not want or set them against them party faithful (KII respondent, Ire Ekiti, 23/01/2018)
> .

Another critical gate keeper said:

> The financial empower so called is government means of giving out money to party loyalist. So, don't expect role for anybody than selection from the party. The money is for personal gain for personal use of the beneficiaries (KII respondent, Iworo Ekiti, 26/01/2018).

It was thus observed, that women in Ekiti, in their various categories were ready to participate in the MDGs programmes but the implementers choose method that sidelined majority of the women. The finding of this study thus negates Rifkin and Kangere's (2000) position that active involvement of the people in making-decisions about policies and development programmes of which they would be beneficiaries is needed. Oakley (1989) equally opines that beneficiaries of

development efforts should influence them at planning, execution, monitoring and evaluation stages for personal and corporate gain and growth. To Heller et al. (1984), people who will be beneficiary of development programmes should be part of decision-makers about the institutions, programmes and environments that affect them in various forms, such as advisors on boards or committees, policy makers in council, local community organisations as well as social movement. The kind of participation recorded in this study, being beneficiaries alone, is referred to by Arnstein (1969) as "manipulation and therapy". Participation type, which she equally viewed as non participation.

Research question 2

What is the level of women's participation in MDGs' empowerment, child health and maternal child health programmes?

Level of women's participation in the implementation of MDGs' empowerment, child health and maternal health programmes in Ekiti State.

The level of women participation in the implementation of the MDGs' empowerment, child health and maternal health programmes was analysed using percentage table. The result is presented in Table 4.2, followed by detailed explanation.

Table 4. 2 Level of women's participation in the implementation of MDGs programmes

s/n		Low (%)	Medium (%)	High (%)
1	Empowerment	√ (36.7)	-	-
2	Child Health	√ (34.5)	-	-
3	Maternal Health	√ (33.1)	-	-

Source: Fieldwork (2017)

Low participation criterion norm (LPCN)

SA = 4, A = 3, D = 2, SD = 1.

Categorical counting used to determine trio score boundaries for low, medium and high.

≤ 12 = Low

≥ 13 and ≤ 18 = Medium

≥ 19 and ≤ 24 = High

The result in Table 4.2 showed the level of women's participation in the implementation of MDGs developmental programmes in the respondents' domain was low for 36.7% on empowerment, 34.5% on child health and 33.1% on maternal health with an average participation value of 34.8%. A criterion norm of categorical counting of ≤ 12 for low, 13-18 for medium and 19-24 for high was adopted to determine women's participation level in the MDGs.

The finding of this study showed that the level of women's participation was low and weak. This could be as a result of earlier result of this study which showed that women have no specific responsibilities in the implementation of the MDGs other than to be beneficiaries. This finding supports Coady, Dai and Wang's (2001) position, that women's involvement in development programmes is extremely low. Adisa and Akinkunmi (2012) also submits that women's participation is low and thus women needed to be encouraged, galvanised and educated

In Ekiti State, where women population is about two million, the number of women who participated in MDGs empowerment programme through being beneficiaries was less than three thousand. According to SDGs State Office, two thousand and five hundred women benefitted in the financial empowerment scheme under Conditional Cash Transfer (EKS-SDGs, 2017). However, women in the FGD in two senatorial districts of the state revealed that neither they nor their members benefitted from the scheme; it was only in an FGD in one senatorial district that it was affirmed that women were beneficiaries of the scheme. In Ekiti North Senatorial District, this was said:

> Apart from the meeting they called us to, we did not hear anything about MDGs again. We and our members did not participate or benefit at all. If anybody or government say we benefitted, it is a lie. We did not benefit or participate at all. (An FGD session, Ire Ekiti, 22/01/2018)

At the Ekiti South Senatorial District, the following was asserted:

> We were not called upon. If we were called upon, we would have participated but they did not call us. Maybe their political associates participate, we don't know but, as for we market women, we did not participate.
> (An FGD session, Orun Ekiti, 12/01/2018).

At the Ekiti Central Senatorial District, the view of the women was captured thus:

> Ah, we don't know how many people participated or benefitted! But we know that some of our members benefitted, though, we were not many. All we would say is just to beg you so that you could help us tell government that people who are yet to participate are many and they should come to us again so that those who did not benefit then can do now. (An FGD session, Iworoko Ekiti, 26/01/2018).

The KII respondent in all the senatorial districts could not give the extent of women's participation in the MDGs implementation, they simply said; "I kwon they participated".

Howeer, the critical gate keepers revealed that the method and approach choose by the implementer caused women not to participate as expected in the financial empowerment progrmmes as information were disseminated through party organs while beneficiaries were selected from the party offices. A critical gate keeper made bold to say:

> How many people do you expect to participate? It was meant for party faithful. Don't bother yourself too much. It is our party members way of getting pay for the emergency of the sitting governor (KII respondent, Iworo Ekiti, 26/01/2018).

It thus becomes clear that the level of women's participation in the MDGs was low. This finding is consistent with Adisa (2013), who affirms that women's participation in development is low. The importance of the level of women's participation in development efforts is emphasised by Arnstein (1969) and Deneulin and Sahahani (2009) studies.

The result of this study equally revealed that women were only gathered together at the convenience of the MDGs implementers or probably became accidental beneficiaries of the programmes. This result supports Rifkin and Kangere's (2000) submission that participation ranges from people just receiving benefits from programmes to people taking decisive decisions. This implies that women passively participated in the execution stage of MDGs when receiving health services and financial empowerment without being part of the decision-making about the programmes.

The FGD participants corroborated:

> We as women leaders in this market, we were not involved in selection of the MDGs beneficiaries. As we are leaders here, we are also leaders in the community, but nobody involved us or other women leaders in the MDGs health initiatives. All we know is that when one is sick, he/she goes to the hospital and get treated and pay. It is not totally free as they call it free health. We can only say that women just benefited and no participation. (An FGD session, Orun Ekiti, 12/01/2018).

In another session, the FGD participants acknowledged being part of beneficiaries of financial empowerment programme but denied playing roles in the implementation of the programme. The excerpt below captures this:

> We benefitted but not all market women that are our members benefitted. We are not the one who recommended or selected the beneficiaries. It was the then governor that gave some of us form and we filled it and benefitted.
> (An FGD session, Iworoko Ekiti, 26/01/2018).

This indicates that the implementer of the MDGs gathered beneficiaries at their convenience without the participation of the people themselves or stakeholders within the community. This kind of participation is what Arnstein (1969) refers to as manipulation, therapy, informing, consultation, placation of people by professionals and policy makers instead of partnership, delegated power and citizen control. Thus, people have not participated; they rather have what Arnstein (1969) calls "tokenism", which means that people only participate by mere expressing of views without any real impact in the project. This is contrary to "citizen's control" and "citizen's power" that allows true and meaningful participation.

The finding, however, negate the view of Heller et al. (1984), Oakley (1989) and Clark, Kotchen, and Moore (2003) that intended beneficiaries of development programmes have to actively influence the programme processes to gain personal growth. Community members should partake in the decision-making about their problems, development activities and environment that affect them, so that they could see themselves as part of the solution and intervention. Armitage (1988) notes that the beneficiaries must voice their opinions about decisions that affects them.

The type of participation recorded in this study is what Arnstein (1969) refers to as manipulation and therapy. Hulme (2007) refers to it as non-participation, in his participation

ladder. This type of participation impairs the success of development effort, as shown in this study, and earlier affirmed by Adisa (2013), because the people are not included in decision-making. In spite of the emphasis placed on women's participation in the policy framework of the MDGs by FGN, women were only considered for participation at the community level as beneficiaries. The SDGs State Office could not pinpoint the level of women's participation other than to say that women officers were involved in the implementation process (EKS-SDGs, 2017).

The KII respondents equally support the quantitative data. Respondent said:

> The level of women participation could be said to be low and needed to be improved upon as they are beneficiaries. (KII respondent, Ise Ekiti, 05/01/2018).

Another KII respondent said;

> Well, women were involved in all the stages of the programmes, like identification of needs, planning, execution, monitoring and evaluation through women that are government worker. (KII respondent, Oye Ekiti, 22/01/2018).

In the same vein, a KII respondent asserted:

> Mainly, women participation in all the stages you are talking about is through women that are worker, HOD who always present at meeting of government where projects are decided or named for communities even though they may not know anything about the project again whether it is implemented or not.
> (KII respondent, Igede Ekiti, 09/01/2018).

In the Ekiti Central Senatorial District where FGD respondents acknowledged participation in the implementation of the MDGs, the following was said:

> We are not the one who selected our members who benefitted but the governor brought the forms. (An FGD session, Iworoko Ekiti, 20/01/2018).

On women's participation in the free health programmers for pregnant women, nurshing mother and children under five years, the critical gate keepers revealed that, most women who shun the programme depite free was dues to attitudes of the health service providers to the women at the designated health facilities. These attitudes according to the gate keeper ranges from insult, to abusive words, delay in giving medical attention among others.

All these responses support the quantitative data and point to the fact that women were not involved in the MDGs implementation at the stage of identification of needs, planning, monitoring and evaluation except execution which took the form of being beneficiaries alone, which Arnstein (1969) calls "tokenism" and participation at the execution stage was low as majority of the women did not participate. This could have resulted in non-attainment of the goals. Women's participation in all stages of the project determined the level of its success.

Research question 3

To what extent do predisposing factors determine women's participation in the implementation of MDGs' programmes of child health, maternal health and empowerment in Ekiti State?

Predisposing factors predicting women's participation in the implementation of MDGs' programmes of child health, maternal health and financial empowerment in Ekiti State

The extent of the twelve independent variables determining the dependent variable was analysed using multiple regression analysis. The result is presented in Tables 4.4a and b, followed by explanation.

Table 4. 3a: Joint Effect of predisposing factors on women's participation in the implementation of MDGs

	R Square			**Adjusted R Square**		
	.368			.360		
	Sum of Squares	**DF**	**Mean Square**	**F**	**Sig.**	
Regression	**72517.421**	**12**	**6043.118**	**48.217**	**.000**	**Sig.**
Residual	**124578.5**	**994**	**125.330**			
Total	**197095.9**	**1006**				

F (12,994) = 48.217; R = .607, R = .368, Adj.R = .360; P < .05).

Source: Fieldwork (2017).

Table 4.3b: Relative Effect of each Predisposing Factor on Women's Participation in the MDGs

Model	Un-standardised coefficient		Stand. coefficient	T	Sig.
	B	Std. Error	Beta contribution		
(Constant)	47.359	3.274		14.465	.000
Economic status	.344	.180	.054	1.904	.057
Media exposure	-1.570	.094	-.484	16.694	.000
Traditional practices	.443	.142	.092	3.124	.002
Educational level	.913	.175	.160	5.223	.000
Policy climate	.897	.163	.167	5.521	.000
Religion	8.302E-02	.135	.020	.614	.539
Dual responsibility	-.164	.205	-.029	-.804	.422
Support system	-.683	.206	-.126	-3.312	.001
Value attachment	5.030E-02	.187	.010	.269	.788
Husband's attitude	-.184	.190	-.038	-.967	.334
Women leadership	1.662	.219	.227	7.605	.000
Women organisation	5.191E-02	.284	.005	.183	.855

Source: Fieldwork (2017).

Table 4.4a shows that the joint effect of media exposure, traditional practices, educational level, policy climate, religion, dual responsibility, support system, value attachment, husband's attitude, women leadership, women organisation and economic status on women's participation in MDGs was significant. The table equally revealed a coefficient of multiple correlation of R = .607 and a multiple R^2 of .368. This means that 36.8% of the variance was accounted for by the predicting variables when taken together. The significance of the composite contribution was tested at $p<.05$. The table as well shows that the ANOVA for the multiple regressions showed an F-ratio of 48.217 at 0.05 level of significant. This indicates the joint contribution of the independent variables to the dependent variable was significant and that r^2 was not due to

chance. The variables that are not part of this model might have accounted for the remaining variance.

Table 4.4b reveals the relative contribution of the independent variables each, to the dependent variable: media exposure (β = -.484 p<.05), traditional practices (β = .092 p<.05), educational level (β = .160 p<.05), policy climate (β = .167 p<.05), religion (β = .020 p>.05), dual responsibility (β = -.029 p>.05), support system (β = -.126 p<.05), value attachment (β = .010 p>.05), husband's attitude (β = -.038 p>.05), women leadership (β = .227 p<.05), women organization (β = .005 p>.05) and economic status (β = .054 p>.05). The result showed that all the independent variable, viz, media exposure, traditional practices, educational level, policy climate, religion, dual responsibility, support system, value attachment, husband's attitude, women leadership, women organisation and economic status, predicted the dependent variable. The extent contribution of each of the independent variables predicting the dependent variable is shown by T-ratio values associated with the different variables shown in Table 4.3b.

The value of the standardised regressing weight (β) associated with the variables indicated that media exposure (β = -.484 p<.05) was the greatest contributor to the prediction of the dependent variable, followed by women leadership (β = .227 p<.05), policy climate (β = .167 p<.05), educational level (β = .160 p<.05), support system (β = -.126 p<.05), traditional practices (β = .092 p<.05), economic status (β = .054 p>.05), husband's attitude (β = -.038 p>.05), dual responsibility (β = -.029 p>.05), religion (β = .020 p>.05), value attachment (β = .010 p>.05) and women organisation (β = .005 p>.05). This indicates that the combination of all the variables is a good determinant of women participating in implementation of the MDGs health as well as empowerment programmes. Both Tables 4.4a and b reveal the joint effect and relative contribution of the independent variables as significant to the dependent variable. Some studies have established/confirmed the significant relationship of each of the independent variables and women's participation in different fields and countries but none has studied the twelve variables together, especially on the implementation of MDGs child and maternal health as well as financial empowerment programmes.

In view of these findings, media exposure of the women is an essential factor to participating in development activities, such as the MDGs programmes. Past studies affirmed that the mass media disseminates information to all and sundry about happenings in their

environment and spreads the goals of empowering women fast as it reaches out to a large audience. However, media content that most women in Ekiti are exposed to bring about negative impact on them. Evidence from the qualitative data showed that the contents of these media did not contain MDGs ingredients as such. Adekoya, Akintayo and Adegoke (2015) submit that media contents have been effective in galvanising, encouraging and motivating women for participation. It equally clears any fear that may arise from issues and rumour in the community. Alfaro and Rosa (2009) equally claim that the mass media exposure helps changing women old and odd values attachment, thereby improving their social interaction and status needed for participation in development programmes. Other studies have looked into the relationship of mass media exposure and women participation in health and empowerment programmes and reported that media exposure has impact on women participating in programmes.

The findings showed that women leadership greatly influenced women's participation in development programmes (like MDGs), especially participation in making decision, execution of programmes and access to resources and information. OECD (2014) submits that women leadership in society is essential to maximising innovative solutions that foster inclusive growth for women. Hora (2014) asserts that women leadership affects women's participation in developmental activities and policies encouraging women's participation. Women in higher public leadership positions and community-based organisations mobilise entire women group for participation in development activities. It adds value and participatory power to women. Therefore, feminist leadership will help women's participation in development, as it seeks community development and collaboration where everyone's presence and participation must be valued, with shared power and empowerment, social justice and advocating the rights of women and the marginalised.

Education also significantly influenced women's participation in the MDGs health programmes for children and mothers as well as empowerment programmes. The result in this study agrees with Roudi-fahimi and Moghadam (2003) and Fapohunda (2011), who maintain that education, affect family and societal improvement. It plays the role of catalytic in women social and economic development, and principally reduce ignorance and exclusion (Ademokoya, 2008).The significant implications of women participating in development programmes, be it

physical, social, health, economic and environmental, place premium on their education because only as educated mind could handle development needs (UN, 2008).

Support system was of immense contribution to women's participation in MDGs implementations as revealed by this study. This result supports Wambua's (2013) submission that institutional support and supports initiatives from religious and non-governmental organisations has aided women participation on issues of economic empowerment, skills acquisition, creation of awareness, social interaction, and communal participation. Through organisational and institutional supports, women have participated in social, economic, community and national development of their areas, as they served as source of information, support and mobilisation for women to participate in development efforts (Makokha, 2008). The negative impart recorded in this study was due to the fact that, the support provided by government and NGOs were not channeled toward MDGs programmes in the state, as revealed by the qualitative data also.

The result of this study revealed that traditional practices have not relatively contributed to women's participation in the MDGs. This affirms assertion of Sarho (1997) which states that the obstacles to African women's participation are traditional taboos which do not allow women to be part of the process of making decisions. Due to the traditional barriers, not many do participate in community advancement programmes. It also revealed some traditional practices still exist and limit women's ability and potential that could have been geared toward community development in terms of knowledge sharing, being part of the decision-makers, mobilisation of resources and execution of programmes; men would always look down on them and view them as incapable. Waterhouse and Neville (2005) argue that women's voices are marginalised in decisions from household to community and national levels.

The economic status of women did not relatively contribute to their participation in the implementation of the MDGs programmes. This is in contrast with earlier studies, such as Fapohunda (2011) and Odeh (2014) which found that the socio-economic status of women predicted their participation in development, particularly rural women. The result in this study did not rule out social and economic status as predictor of women's participation in the implementation of MDGs; only that it was insignificant contributor. This could be due to other factors not included in this study. The low-income level of women in many African nations

including Nigeria makes wives dependent on their husbands economically, yet they are responsible for the care of the entire family. These could have made the contribution of their socio-economic status relative to their less participation.

The gender imbalances between men and women in Nigeria continue. According to Odeh (2014), the economic gap between men and women in Nigeria did not close in spite of the implementation of the MDGs in Nigeria. Women, therefore concentrate on provision of what they need rather than participating in decision- making on MDGs programmes implementation. Women's economic empowerment would accelerate growth and guarantee participation in health and education, among others.

Also, this result showed that husband's attitude had negative significant relative contribution to women's participation in implementation of MDGs in this study area. This implies that the attitudes of the husbands did not encourage women participation in the development of health and empowerment programmes of the MDGs, particularly in the area of decision-making. This finding aligns with earlier studies that note that the inability of men to share domestic responsibilities with their wives reduces the chance of women punctuality at the hospital during antenatal and postnatal periods. The decisions on whether a pregnant wife should attend antenatal, deliver baby at health facility, usage of contraceptives, family planning, number of children and spacing are taken by the husband and solely depend on him. Among such studies are Olugbenga-Bello et al. (2013) and Kabakyenga et al. (2012). Agreement of husband to his partner's on the usage of health provisions is paramount to pregnant woman using health facility during delivery (Shimpuku et al. 2017). Women's participation in the implementation of MDGs was hampered by their husband attitudes. Odimegwu and Okemgbo (2008) opine that poor attitude of husband's in maternal health has detrimental effects on maternal and child health. This is because of the men's influence and authority over their partners' and children's usage of health services. The attitude of husbands to wives had its roots in the tradition, culture, religion and patriarchal values which constantly subject women to men. This has bred differences in men and women social and economic status, which affects women participatory power. It has also bred domestic violence, which further limits women participating in public issues.

According to the findings of this study, dual responsibility did not truly encourage women's participation in the implementation of the MDGs, as it had negative relative

contribution to determining women's participation in the implementation of the MDG programmes. Previous studies submitted that women are wives at home who will do all home chores as well as attend to their daily works where they earn a living. Among such studies are Fapohunda (2012), Odeh (2014) and AMISOM (2016). Women in African societies are regarded as home keepers who must do all home-chores and take permission from their husbands before leaving the home. A percentage of women could only go out after finishing the house work because of the fear of their husbands because some have witnessed some men beating their wives when they come late to the house or when there was tension at home or they left the home-chores unattended to. Having to attend to house work and daily works has been noted to discourage women going into public life, including development activities.

The problems of balancing home and work life responsibilities as well as functioning in committees for development activities are enormous as managing time becomes another work for women. Since women themselves believe in home chores before participation, then their attention at community level suffers loss. According to AMISOM (2016), most women believe that, after getting married, all they have to think and do is about how to take care of their husbands and their children without care for participation in community life. Women in many African societies hold the values that they are wives, home keepers, children's care givers, custodians of societal morals and values who must not engage in some activities. These activities are not limited to politics, but include religion and communal life, such as decision-making. These do not only reduce and hinder women participation on development efforts, but also keep women in perpetual subordination to men and make them lose confidence in their own abilities and capability to lead.

The result obtained in this study established that religion had no significant relative contribution to women participation in the implementation of the MDGs programmes. This, however, contradicts previous studies that noted that religion influences women participation in development programmes. Such studies include ADB (2007), Haque (2010) and Mutongu (2012). This means that religion of the participants did not matter to their participation in the MDG programmes. Thus, religion does not predict women participation.

The result of this study showed that value attachment of women had no relative contribution to women's participation in the MDGs. This agrees with earlier observations made

by AMISOM (2016) that most women believe that, after getting married, all they have to think and do is about how to take care of their homes. In essence, the way women see and value themselves influences their participation in development.

The result in this study showed that women organisation contributed less to women's participation in the MDGs implementation. This implies that, though women organisation contributes immensely to women participation in development programmes, as established by studies like Zaharah and Abu (2008) among others, it did not in the implementation of the MDGs programmes.

Research question 4

What were the inhibitions to women's participation in the MDG programmes of empowerment, child health and maternal health?

The inhibitions to women's participation in MDG programmes of empowerment, child health and maternal health in Ekiti State, Nigeria.

The inhibitions to women participation in the MDGs programmes of empowerment, child health and maternal health were analysed through content analysis of the qualitative data for the study. The KII respondents identified several problems believed to have hindered women's participation in the implementation of the MDGs and other development programmes. According to a KII respondent, such hindrances include the following:

> Partisan politics, hostility to government of the day, community dispute, illiteracy, neglect, lack of interest for non-immediate financial rewards, socio economic status, lack of appropriate education on development, inferiority complex, insincerity on the part of the government, lack of trust in government of Nigeria due to past failures and inadequate funding. (A KII respondent, Ise Ekiti, 05/01/2018)

The respondent explained further that both the implementers and beneficiaries of development play politics with it. The implementer could go as far as not considering the right location and people for development effort for political reasons they belief do not favour them. Also, some community people could be so engulfed in the politics of bitterness to the extent of blocking development efforts in their area because it is not their party that is ruling. Some

community members stay away from participation in development efforts due to inferiority complex, thinking that it is the educated that are needed in meetings and committees. The respondent explained further that, most times, people are not well educated on the development in their area. The community people often do shun any invitation to participate in development programmes through formation of committee and coming to meeting due to their economic situation. They believe that they need to spend all their time on what will bring food to their tables. The community sometimes display cold attitude because governments, the implementer has been fooling and failing them for long. So many community people also believe much in financial gratification; thus they prefer to go on their business if their participation will not bring them immediate financial reward.

Another KII respondent added inadequate funding as one of the problems that confronted MDGs' implementation and women's participation. She pointed to women not being thoroughly mobilised for participation in development effort as a result of paucity of fund on the part of the government and its agencies.

However, what constituted hindrances to women participation in the MDGs according to the FGD participants is politics. This is a sharp departure from other factors mentioned by the KII respondents. The respondents believed that the implementer favoured their political associates in planning and execution of development plans instead of taking development to those who are really in need of it. This forms basis for neglecting community women leaders in planning and execution of development efforts. The respondents submitted that their levels of education, religion, education or family type could not hinder them from what would benefit them and their communities.

The findings of the study corroborates Aribigbola (2009) and Aleyomi (2013), who claim lack of clear focus, mis-conceptualisation and misunderstanding by the implementers and beneficiaries of the MDGs, over-politicization, lack of enthusiasm from the local community, funding and non full utilization of capacities as major clogs to the success of the MDG implementation. The various problems faced in the implementation of the MDGs would, at one time or the other, hinder women's participation, being the poor and vulnerable of any given population. This study equally supports long list of problems confronting MDG implementation in Nigeria given by Kolawole et al. (2014) the list include; corruption, non-transparency, second

term syndrome, selfishness on the part of the politicians, non-performance of public service, inadequate funding and resources allocation palaver, low educational status of women and power relations between men and women.

Hypothesis tested

This section explores the relationship between the determinants (education, traditions, religious beliefs, value attachment, dual responsibility syndrome, women organisation, economic status, husband's attitude, media exposure, support system, women leadership, and policy climate) and participation of women in implementation of the MDGs' programmes.

H_{01}: There is no significant relationship between education, traditions, religious beliefs, value attachment, dual responsibility syndrome, women organisation, economic status, husband's attitude, media exposure, support system, women leadership, and policy climate and women's actual participation in the implementation of MDGs' programme meant to reduce child mortality, improve maternal health, promote gender equality and empower women in Ekiti State.

The relationship of educational level, economic status, traditional practices, value attachment, religion, husband's attitude, support system, dual responsibilities, policy climate, media exposure, women organization, women leadership with women's participation in MDGs

To determine the relationship between the determinants and women's participation in the implementation of the MDGs' programmes on child health, maternal health and women empowerment in Ekiti State as raised in H_{01}, Pearson product moment correlation was adopted to analyse the data. The result is presented in Table 4.4 followed by detail explanation.

Table 4.4 Pearson Product Moment Correlation Co-efficient on relationship between educational level, economic status, traditional practices, value attachment, religion, husband's attitude, support system, dual responsibilities, policy climate, media exposure, women organization, women leadership and women's participation in MDGs

	1	2	3	4	5	6	7	8	9	10	11	12	13	$\bar{x}$	S.D
1	1													63.5	14.0
2	.128* .000	1												11.6	2.5
3	.064* .041	.208* .000	1											12.3	2.9
4	-.068* .032	.359* .000	.463* .000	1										14.8	2.7
5	.003 .923	.304* .000	.349* .000	.552* .000	1				1					14.2	3.5
6	-.106* .001	.448* .000	.250* .000	.387* .000	.491* .000	1								12.5	2.9
7	-.098* .002	.474* .000	.227* .000	.340* .000	.354* .000	.672* .000	1							13.0	2.6
8	-.171* .000	.368* .000	.173* .000	.410* .000	.405* 000	.594* .000	.600* .000	1						13.0	2.4
9	.126* .000	.308* .000	.250* .000	.373* .000	.291* .000	.187* .000	.284* .000	.236* .000	1					17.1	2.6
10	-.453* .000	.153* .000	.128* .000	.365* .000	.193* .000	.248* .000	.227* .000	.346* .000	.283* .000	1				13.9	4.3
11	.087* .006	.268* .000	.193* .000	.283* .000	.157* .000	.231* .000	.196* .000	.267* .000	.345* .000	.187* .000	1			11.9	2.2
12	.221* .000	.166* .000	.117* .000	.165* .000	.164* .000	.047 .135	.124* .000	.000 .992	.165* .000	-.120* .000	.171* .000	1		5.4	1.4
13	.328* .000	.146* .000	-.088* .005	-.094* .003	-.094* .003	.005 .870	.062 .050	-.079* .012	.196* .000	-.099* .002	.173* .000	.420* .000	1	8.2	1.9

** Sig. at .01 level, * Sig. at .05 level.

Key:

1. Women's participation in MDGs
2. Educational level
3. Traditional practices
4. Value attachment
5. Religion
6. Husband's attitude
7. Support system
8. Dual responsibility
9. Policy climate
10. Media exposure
11. Economic status
12. Women organisation
13. Women leadership

Source: Fieldwork (2017)

Table 4.4 shows positive significant relationships between women's participation in MDGs and educational level (r = .128*, N = 1007, P (.000) <.05). Therefore, the null hypothesis was rejected. The coefficient of correlation and the significance level simply indicated that the educational of the women was important to their participation. The higher, the level of education of women, the more participation was enhanced. This finding correlates with studies like Roudi-fahimi and Moghadam (2003), Anugwom (2009) and Fapohunda (2011). Some of these scholars argue that education enhances better women participation in the family and societal improvement. It affords individual the understanding of self, society and resources available. It gives self-confidence and new outlook of the community one lives, thereby allowing women to press for more decision power on issues that affect them and their communities.

Educational level of women not only determine their participation in MDG programmes but also allows them to be committed to serving their communities for improvement in terms of access to quality information and serving on committees on development compared to illiterate women who are influenced by inferiority complex that prevents them from attending meetings and serving on committees on development in their areas. Women that are educated have all it requires to be citizen and partner in progress. UN (2008) stresses that only the educated mind is capable of handling development needs. This is because education empowers, it gives new outlook and freedom from shackles of traditional and religious barriers. Skills acquisition as a result of education plays a critical role in women's life and community dedication.

Generally, education appears important to women's participation in the implementation of MDGs perhaps. More educated women will subscribe and key into the child and maternal health dos and don'ts as well ready for communal effort and participation in it due to better understanding of the advantages they stand to enjoy and their children.

This attest to the place of education in women's participation in the implementation of MDG programmes. A respondent at the FGD attested that:

> Education will make women know more than other. It makes them read everything written in English. So, what they will hear sometimes, the illiterates may not hear it. So, it gives them better opportunity to participate in development than the illiterates. However, if we that are not educated heard, we will go and do whatever they ask us to do. But most time, we do not hear anything especially on empowerment. (FGD respondent, Ire Ekiti, 22/01/2018)

A respondent of the KII stated that:

> Most times, women who are educated and equally government workers would be invited to meeting at the local government because it is believed they will understand better whatever they will discuss than the uneducated one.
> (KII respondent, Ise Ekiti, 05/01/2018).

Education is highly related to women's participation in development efforts and commitment to community life. It increases knowledge about development programmes and removes inferiority complex which most uneducated women exhibit when it comes to attending meetings as well as using and accepting services.

However, the non participation of women the MDGs programmes in this study thus becomes worrisome in spite of the participants being educated. This indicates that some other factors could be responsible for the non participation. The critical gate keepers reveal some of the factors which include method adopted by the programme implementers and patriarchal power and control. The gate keepers in their words say:

> The government through its agents chooses not to give adequate information to entire women on MDGs empowerment programme because they wanted it for their party women. Let me tell you, party chairmen in wards nominated the beneficiaries (KII respondent, Ire Ekiti, 23/01/2018).

Another gate keeper added:

> On health programmes, I was pregnant during the period but I used private hospital because I need quick attention. Though, the private clinic has less equipments and less well trained staff, yet I prefer it because there no abuse and insults. So like me many women turn away from the so call free health programmes to where we would pay but get value for our money and get treated quickly and as kings. So, education is important to participation but some other things too play roles (KII respondent, Iworo Ekiti, 26/01/2018).

The table equally shows significant relationship between women's participation in MDGs and traditional practices ($r = .064^*$, $N = 1007$, $P (.041) < .05$). The hypothesis was, therefore, rejected. The coefficient of correlation and the level of significance simply indicated that traditional practices predicted women's participation. Traditional/cultural practice negatively influenced women's participation in MDG health programmes for the children and mothers in order to eradicate child and maternal mortality. Tradition/cultural practices observed by women in communities and family traditional practices are important to their participation. The more

tradition constraints women face in families and communities, the lesser participation is enhanced. This finding indicates that traditions dictate lifestyle and system of beliefs, attitudes and disposition of groups and individuals with respects to happenings around them. The finding supports Sarho's (1997) submission that culture limits women's participation in Africa. It is believed in some African societies that women should be follower and not leader. The ethnic groups in Nigeria are with different cultural practices. Membership of these groups is a significant factor in understanding how an individual will participate in the implementation of MDG programmes of health and empowerment.

Traditions and culture make the whole lifestyle of an individual and communities. Its influence in all societies cuts across all aspects of human life, attitude, association, affiliation, respect, dignity and behaviour. Freire (1972) asserts that traditions in Africa prevent women from taking part in decisions that affect the communities they belong to and issues that concern them. Tradition retards their consciousness for development and being agents of changes and tools for national development. Lifanda, (2005) and Bamisaye, (2008) submit that cultural practices, attitudes and behaviour hinder participation of women in education in the whole Africa. This manifests in acceptance of boy's education over girls'. In some quarters (including Nigeria), many fathers believe that their female children will end up in another man's house and bear his name, so sending her to school, is useless. Some others believe that, if you educate a girl-child, she will not be submissive to any man and so will not making a good wife. Some others still think that a woman needs no schooling to know home chores. The weight of socio-cultural and religious beliefs and attitudes on girl-child education remain and play roles in girls' education and women's participation in development activities.

There are notions and beliefs that successful women are always arrogant and rude to husbands and associates thus threats societal order. This serves as bedrock for marginalisation of women through traditional and cultural restrictions that hamper women's freedom in participation.

A KII respondent agreed that tradition and cultural practices that had their root in patriarchal power and control still hinder women's participation in development effort because of husband's headship of the family and authority:

> As a man, if I told my wife not to go somewhere, she dare not go. Even when I know within me that there is less I can do to her if she disobeyed but she will

> not go because she will not want to be called rude and disobedient. So in these days of rituals by politician, I believe that some husband do restricts their wives from participating depending on their perception of such programme (KII respondent, Oye Ekiti, 22/01/2018).

Another respondent supports this view by saying that:

> You know, husband is the head of the wife. Wife must taking instruction from their husband before doing anything for peace sake. So, before a woman can be coming to meeting on development issues or being a member of committee, she must inform her husband for permission and that to an extent can hinder participation on its own (KII respondent, Ire Ekiti, 23/01/2018).

To another participant, women must at all time follow their husband's diligently. The participant notes culture does not allow women to be taking decisions over their husbands or family issues in the typical Yoruba family setting. The participant had this to say:

> In Yoruba land, if a woman should be taking decisions by herself, people will say that he has use juju to control the man. So, even on health issues, women still have to take permission whether it is for the children or anyone in the family. Up till today, some husbands do not believe in or accept some health service for themselves and their children; so, their wives do not dare do that behind them; trouble will start. So, traditions and cultural practices affect women participation a lot. (KII respondent, Iworoko Ekiti, 26/01/2018)

The FGD in one of the sessions revealed this:

> There are families whose tradition may prevent their wives from doing some things but is not all families and everywhere. I know one family that they do not accept drugs or vaccine or injection for their children before seven days. So there are a lot of traditions and cultures but as for me, there is nothing like that to prevent me from participating in the MDGs implementation if we were carried along in the meeting and committees you mentioned.
> (An FGD session, Ire Ekiti, 22/01/2018)

In another session of FGD, the group ruled out the possibility of tradition preventing women's participation in the MDG implementation but agreed that women were not adequately carried along in the implementation:

> Traditions, culture or anything that will not allow for injection or vaccines for children to live is bad and should be thrown away. Anywhere there is empowerment, women are ready for it. So, traditions are gone.
> (FGD respondents, Orun Ekiti, 12/01/2018)

Oyekanmi and Agomo (2001), among others, show that women are now enjoying some level of cordial relationships from their male counterpart. UNIDO (2001) and Ayobade (2012) submit that women form part of their own oppressing mechanism. Subconsciously or willfully, women actively encourage patriarchy, which subdues them. AMISOM (2016) notes that, most women are only concerned about taking care of their immediate families. Politics and other public engagements do not concern them. Women in many African societies hold the values that they are wives, home-keepers, children carriers and custodians of societal morals and values who must not engage in some activities. These activities are not limited to politics; they also include religion, communal life such as decision-making. This attitude reduces and hinders women's participation in development efforts. It also keeps them in perpetual subordination to men.

In essence, women themselves support and help the tradition limiting their participation power and emancipation chances, as they believe and subscribe to most traditional and religious practices that limit them to taking care of home and paying less attention to public life.

The table also reveals significant relationship exist between women participation in the MDGs and value of attachment of women ($r = -.068^*$, $N = 1007$, $P (.032) < .05$). The coefficient of correlation and the level of significance indicated that value attachment of women predicted women's participation. Women value attachment negatively influenced women's participation in MDG health programmes. The way women see themselves in communities and families are important to their participation. This finding indicates that value attachment dictates lifestyle and system of beliefs, attitudes and disposition of groups and individuals with respect to happenings around them.

In essence, the way women see and value themselves influences their participation in development. Women themselves help men and the tradition to limit their participation and emancipation chances. They believe and subscribe to most traditional and religious practices that limit their participation in public life.

Moreover, the table reveals that no significant relationship exist between women's participation in the MDGs and religion ($r = .003$, $N = 1007$, $P (.923) > .05$). The coefficient of correlation and the level of significance indicated that religion did not determine women's participation in the implementation of the MDGs. The result showed that women's religious affiliation did not determine their participation in MDGs children and maternal health and

empowerment programmes at all stages of implementation, such as needs identification, planning, execution, monitoring and evaluation, in spite of religion being an integral part of society that dictates and control the attitudes, values, norms, principles and social change and order in a society.

The finding negates ADB (2007), Haque (2010) and Mutongu (2012), who submit that religion limits women's participation in development activities. In Islamic, practices and traditions like the use of purdah, especially in the Arab countries, like Pakistan and Bangladesh, discriminate against and deprive women opportunities in education, health and employment. Mbiti (1976) and Mutongu (2012) reported how Jewish tradition in the Holy Bible limits women participation in public life through purity ritual rites. According to Mbiti (1976), it is more than purity issues; it is limiting their decision-making and participation power. In the spirit of this Jewish tradition, some churches preserve the leadership position for men and the elderly and restrict women's movement around the alter (Dijk, 1992).

The FGD provided support for this finding. The participants noted that religion or church did not affect their participating in whatever will improve their socio-economic conditions, the well being of their children and the family at large. This excerpt below summarises their views:

> Religion does not say we should not do what will make our life better like empowerment or going to hospital because of ourselves and babies. If anybody says, church is not allowing her that means church has gone into her head. But we, church do not affect us. Even the women in purdah are now buying and selling in markets. So why would religion hinder anybody? That is not possible. (An FGD session, Orun Ekiti, 12/01/2018)

In another session, the following was said:

> Religion does not affect we market we from seeking empowerment. We have Muslims and Christians as our members and everybody want better life. So, region does not affect us and on the mother and child health you talk about, can religion say women should not partake in what will give her and her children good health? When the person is not people of 'deeper', they are the people turning things upside down. (An FGD session, Ire Ekiti, 22/01/2018)

This submission showed that women were not limited by their religion affiliations to actively participate in the MDGs empowerment, as well as child and maternal health programmes. The departure of the finding from earlier studies, Haque (2010) and Sicat (2007),

could be as a result of economic regression, role sharing and education, which could have informed the system of purdah observed and other religious practices. Ezumah (1985) and Adisa and Akinkunmi (2012) among others agreed that, in Nigeria, the plight of women's participation in relation to religion does not really have adverse effect on each other

Religion now brings about positive changes in women's status, ability and perception through some Pentecostal movements. Women now identify with modern Christian movements to escape marginalisation occasioned by patriarchy and traditional bonds. Women's participation now being inspired by their faith

It was showed, the significant relationship between women's participation in MDGs and policy climate (r = .126*, N = 1007, P (.000) <.05). The null hypothesis was, therefore, rejected and the alternative taken. The coefficient of correlation and the level of significance indicated that policy climate was important to women participation in the implementation of the MDG programmes. The more favourable to women the policy framework for implementing development programmes is, the more women participation is enhanced. However, the method used in MDGs programmes implementation by the implementaters in this study, as revealed by the KII respondents, did not enhance women's participation in spite been emphasised in the implementation policy framework. The following are submissions of the respondents.

> Well, government have everything on paper, but refuse to follow it due to partisan politics and will to establish political tentacles ((KII respondent, Ire Ekiti, 23/01/2018).
>
> It is a pity that most developmental programmes are compromised at the implementation stage because of party politics. Policy climate on paper could be favourable but in implementation, it is not favourable if we are not to deccieve ourselves (KII respondent, Ise Ekiti, 23/01/2018).
>
> Policy cimate in Nigeria, it is on paper. No government will follow it in empowerment because of money in Nigeria politicts, partisan politics and the quest for financial reward for everything at party levels (KII respondent, Igede Ekiti, 23/01/2018).

This should be checked in implementing subsequent development programmes for women's involvement and it's over all sucess.

Table 4.4 equally reveals significant relationship between women's participation in the MDGs and husband's attitude (r = -.106*, N = 1007, P (.001) <.05). The coefficient of

correlation and the level of significance indicated that husbands' attitude is crucial to women's participation in the implementation of the MDG programmes. This finding agrees with Odimegwu and Okemgbo (2008) and Kabakyenga et al. (2012), who submit that the decisions on whether a pregnant wife should attend antenatal, deliver baby at health facilities, use contraceptives, use family planning and the number of children as well as spacing are taken by her husband. Men as the head of families derive their authority and influence over women and the entire household from tradition, culture and religion. This affects all areas of women life, especially participation and decision-making. Men lack support for women by not providing adequate medical support, such as following their pregnant wives to family planning clinics, antenatal clinics and delivery rooms and the inability of men to share domestic responsibilities with their wives, which reduce the chance of women punctuality at the hospital during antenatal and postnatal periods (Olugbenga-Bello et al. 2013). The agreement of husband to his partner's usage of health facility is positively associated with pregnant women delivery in health institutions. The poor and low husband participation in maternal health has detrimental effects on maternal and child health. This is due to men's influence and authority over their partners' and children's access to health services.

The FGD participants equally supported this finding by agreeing to the fact that men decide when and where to seek medical attention in time of pregnancy and when babies are ill. The following comment was made in one of the sessions:

> Our husbands don't follow us to clinic o, especially antenatal and postnatal. All they do is give us money and tell us where to go and get medical attention. Some men will not even bother. Some will not be ready to give money for hospital ante-natal registration but be complaining no money when he can drink a bottle of beer or more when he goes out. Some will use other engagement to delay registration of their pregnant wives. Will someone who was not ready to see his wife to hospital during labour now enter labour room with her? Most men will not follow their wives to hospital during labour except it happened at night. Some will get there and go back home only to come and be informed in the morning that his wife has given birth. This kind of attitudes does not help women participation at all as well as their health and that of the baby.
> (An FGD session, Ire Ekiti, 22/01/2018)

In another session, this was made:

> He who impregnates a woman knows where the pregnancy will be taking care off. It is only that attitude of some men are not good on this issue. Some prefer

> native midwives or birth attendant to hospital while some prefer the church midwives and maternity homes to hospital due to money and beliefs that the hospital will not give quick attention or their belief in herbs. It's not that these people are not trying but no matter how, the hospital cannot be compared. Another thing is that, it is rare to see husbands that will follow their wife to antenatal or postnatal but they can carry their wives to where she will deliver when she is in labour and come back to know or hear that she has delivered later. Sometimes, message will have to be sent to some husband or be called on phone should need arise in course of labour as he would have moved away from that surroundings. These attitudes are not good enough for the mother and child. (An FGD session, Orun Ekiti, 12/01/2018)

Also at another session, the following was observed:

> Some men just want women to be giving birth without bothering on the health aspect whether in the hospital or elsewhere. Men like that, when they are asked money for antenatal registration, they will be finding excuses, like no money. Some will even say that as long there is nothing wrong with the pregnant women, she need not to go and be wasting time in the hospital. Attitudes like this do not help women at all, especially the pregnant women and do not help participation but it is the pregnant wife that will not leave herself alone to the care of such husband. But nowadays, it is gradually changing, especially with the educated young couples, but it is not many. Is it the husband who found it difficult to register his wife in the hospital that will allow her to be attending community meetings on health issues or becoming committee member? It is not possible. He will not encourage her. (An FGD session, Iworoko Ekiti, 26/01/2018)

A KII respondent said:

> I cannot follow my wife to hospital. Is it me that will give her injection? Or you want me to follow her to go and be clapping hands in their ante natal meetings? No, that is not possible (KII respondent, Oko –Oyo, Ise Ekiti, 05/01/2018).

In essence, husbands' attitudes determined women's participation in MDGs health programmes for the mother and child. It bred a lot of gender differences that affect women's participation in development activities (AREU, 2005; UN, 2011). However, Fapohunda (2012) hinges the negative attitudes of husbands and men on their economic status and the recent downward economic trends which made more men not to be alive to their household responsibilities. This has put more women at the receiving end of increased household pressures and responsibilities, with increase in household poverty.

The table further showed that there was significant relationship between women's participation in MDGs and support system in negative trend (r = -.098*, N = 1007, P (.002) >.05). The coefficient of correlation and the level of significance indicated that support system was important to women's participation, but inadequate in the implementation of the MDG programmes. The more support women receive, the more women participation is enhanced. This finding supports AMISOM's (2016) submission that it is believed in some quarters that educated female children will leave her father's house and bear another man's name and thus not useful to their fathers who have trained them. Such children, to some, will become arrogant and disrespectful later in life, thereby not making a good wife. Poor support for women's participation is encouraged by tradition and religion. Freire (1972) notes the perception that women have limited knowledge. The Holy Bible (1Peter 3:7) states that women are weaker vessels. These views have made women not to enjoy husband and community support fully in participating in public life. It has also retarded women's progress in terms of education, empowerment and self-confidence.

The government itself has not even done enough to help women's participation in public life, community development programmes inclusive, through its policies and policy implementation and institutional support. This has resulted in low representation in the political and administrative structure. Women's interest is usually overshadowed in bargaining developmental planning and policy-making. The Federal Government of Nigeria (2013), in her conditional grant schemes to local government (training manual revised) supported this notion, when it said women should participate in all the stages of implementation instead of handing over the entire scheme to women from policy to implementation.

The FGD participants buttressed this, as capture in this excerpt:

> The government did not call us. If they called us we would have answered and be part of the programme, but if they say we participated, it is a lie. They did not call us as women leader and this affected our members being beneficiary or participants (An FGD session, Ire Ekiti, 22/01/2018).

In another session, the participants said;

> Government does not reckon with women in their programmes like the MDGs empowerment you are talking about. They put it in paper, but they never call the women when it's time for execution. Those in government will only put their

> families and political associates which have made the same people enjoying and benefit from government without concern for the poor who do vote for them. (FGD respondent, Orun Ekiti, 12/01/2018).

> Even, if you have to pay, it is better to go to where you will get attention quikly. The health workers at the health lack quick attention skill couple with the fact that they are always abusive. They are not supporting women's participation as expected at all (KII respondent, Igede Ekiti, 09/01/2018).

Miscalculation and misconception from the planners and policy-makers shape policies and plans. The outcome of this is that women are further neglected and marginalised. Most governments equally assume wrongly, social roles and responsibilities to men and women, with the mind that men support family than women. This belief affects employment practices and tax payments in many places, both public and private sectors. It also affects economic power of women (Akinboade, 1995). Many governments plan for male employment; only few recognize same for females who support families (Tinker and Bramsen in Akinboade 1995).

In spite of changes in this notion, with some men sending their female children to school, little has been done on women's participation in other areas, such as politics. The government itself has not done enough to ensure women's participation in community development programmes through its policies and policy implementation.

The table also shows that there was significant relationship between women's participation in the MDGs and dual responsibility in negative trend ($r = -.171^*$, $N = 1007$, $P (.00) <.05$). The coefficient of correlation and the level of significance indicated that women responsibilities were important to women's participation. The less the burden and responsibilities women bear and carry, the more women's participation is enhanced. This finding correlates with European Commission's (2000) and Onsongo's (2004) submission that women's multiple roles and workload result into low women's participation in development activities. Onsongo (2004) claims that, in many African societies, women are recognised as mothers and producers. This has resulted in men's domination in all spheres. Women's responsibilities as wife at home include home-chores as well daily work where she earns a living, burden women, with effects on public life. Having to attend to house work and daily works discourage women in public life, particularly community activities.

Among the challenges facing women is how to combine homecare with outside responsibilities. Both men and women view women's homecare responsibilities as being more important than participation in community affairs. Many of the women continue to struggle on how to simultaneously handle household chores, daily life work and community development activities. This significantly hinders women participation at community level. Managing time is another burden for such women.

Furthermore, Table 4.4 reveals that there was positive significant relationships between women's participation in MDGs and economic status (r = .087*, N = 1007, P (.006) <.05). The null hypothesis, therefore, was rejected. The coefficient of correlation and the level of significance simply indicated that economic status was important to and significantly influenced women's spite in the MDGs implementation of the programmes. The more economic stable a woman is, the more she is privileged to take participatory roles in development activities. The economic status of women helps them to be relevant in decision-making within their household and the community. It makes them create time for development action since they can easily meet their daily needs.

This finding is consistent with GENDERNET's (2011) claim that women's economic empowerment is a requirement to participation, getting out of poverty and achieving the MDGs. Women who have access to stable sources of income or employed for earnings could have information and knowledge, change in attitude and orientation. They could also be endowed with needed time for development actions. Women with less economic power have less savings for the raining day that could make them create time for participation in development programmes at the need identification, planning, monitoring and evaluation stages. To fully participate in development activities, women require some degree of autonomy, especially decision-making (Stromquist, 1993).

The poverty level of women determines their exposure to social life and happenings around them. It also determines their economic well-being. Women with less economic well-being have less purchasing power and usually spend all time caring about household needs and responsibilities. Such women are unable to actively get involved in community development programmes (Weir and Willis, 2000). Fapohunda (2012) asserts that most women in Africa, especially Nigeria, are low-income earners and live rural communities carrying out domestic,

farm work and trade task. These have made women and wives in many African nations economic dependent. This limits their participation power in decision-making and development activities (MDGs inclusive).

The economic status of women enables them to afford the healthcare cost and associated cost, like fare. Women having stable and productive sources of earnings would make them key into MDG health programmes, even, if the husband is not supporting. This will grant them financial freedom and autonomy that will make them functions well outside the home. Market women participants in one of the FGD sessions supported this. The excerpt below shed more light on this:

> It is good for women to have source of income, especially those that are not government workers, because husbands cannot do everything at home. Sometimes, the husband may not be at home and the need for financial obligation may arise on children or on home needs. Then, if a woman has no incomes, the husband will be riding her too much. But if she is contributing to all that goes on in the household, the husband will give her some freedom. And on participation in development activities like attending meetings here and there or say you want to be in committee, without income, it will be difficult. In one word, it is not good for woman not to have income or be productive. It doesn't make one have complete peace. (An FGD session, Iworoko Ekiti, 26/01/2018)

At another session, the following was noted:

> A woman who has no work that will give her money is a dead woman. This time that some husbands are not even alive to their responsibilities, one woman would say she has no work to have income, she is dead. Apart from other things, some husbands find it difficult to raise money for their wives antenatal registration and hospital discharge bill after birth, but if a woman is working to have money, she can do that for her safety if the husband is not ready or does not have, to safe herself from danger and embarrassment. So, having work and money is important to women participation in all things in life not MDGs alone, be it health matters, education of children and community participation in development activities. (FGD session, Orun Ekiti, 12/01/2018)

To other FGD participants, economic well-being of women gives them freedom to participate in development matters. Hunger resulting from poverty is said to deprive women participation power and this could only be overcome through productive engagement and stable income. The following excerpt supports this:

> Any woman who will participate in the development activities like MDGs you are talking about must not be somebody who does not know what she will eat. If you want to go to hospital for treatment or antenatal, postnatal or to deliver baby, you must have eaten first and then have money to pay there because it is not free even if they call it free. So, if you want to be community committee member on development, you must have food first. If you don't have what you will eat, if you are called, you will first go and look for what you and your family will eat. Before any women could participate in all you are talking about, she must have what will put food in her family table. Some women are the ones that shoulders large domestic responsibilities. So, economic life of women is important to their participation. (An FGD session, Ire Ekiti, 22/01/2018)

The finding is in tandem with Odeh's (2014) submission that women, by nature are procreator care givers. They tend to be more concerned with the family daily affairs than involvement in communal activities. Making them economically viable will secure their active participation in society. Women's economic strengths make them enjoy full human rights and eradicate poverty. Therefore, women's economic empowerment accelerates growth participation in issues of health and education among others. Giving appropriate educational attention to girls would empower them economically

The table equally shows there was positive significant relationship between women's participation in MDGs and women organisation ($r = .221^*$, $N = 1007$, $P (.000) <.05$). The null hypothesis was, therefore, rejected. The coefficient of correlation and the level of significance simply indicated that women organisation significantly influenced women's participation in the implementation of MDGs. The various women organisations and groups serve as a veritable means for women to participate in development programmes. The result shows that the respondents identified women organisations/groups as avenue to enhance women involvement in development programmes, such as MDG programmes of empowerment as well as child and maternal health.

This finding supports Makokha (2008) and Wambua (2013), who note that women groups have served as instrument for women unity, the spirit of oneness, togetherness and participation in community-based development activities. Through women groups and organisations, women have participated in social, economic, community and national development, as the groups serve as source of information, support and mobilisation for development effort to members. Women organisations ensure women's participation in

community development. Creating and maintaining relationships and networks among members emphasis why women organisation could not be overlooked in community action. Membership of women's groups is voluntary but impacts meaningfully on the members. Information and social networking and connections are shared among members who have lacked information on the happenings around them. Women organisation serves as protection for members and a pressure group for women to be reckoned with.

Sahbarwal, cited in Wambua (2013) asserts that women groups are a form of self-help groups. Through them, women join efforts and ideas and mobilise resources to address and solve problems confronting them. They do this through promoting small-scale savings and mutual help among members.

The FGD participants noted that their members were mobilised on different occasions to participate in community-base development activities as well as government programmes of development. The excerpt below captures this:

> We have undertaken development within the community by ourselves. Anytime government called on us, we always mobilise our members for such development project. There are so many women who ordinarily would not hear about development programme, whether on radio or television, but that we provide the information to during our meeting days. Equally, members who heard will always tell those who do not hear. So, women group were means for participation but we were not carried along in the implementation of MDGs empowerment programme. (An FGD session, Orun Ekiti, 12/01/2018)

At another FGD session, the participants noted that women groups have been a means for government and non-governmental organisations for involving women in development activities but neglected when it comes to programmes that involve empowerment. This revealed below:

> Any time government, non-governmental agencies and even our community want women support for development actions, the women group serves as means to mobilise the women through their leadership. But when it comes to the issue of money coming, like that of MDGs financial empowerment you mentioned, the government will not pass through the women groups to women but gather their political allies for such programmes which is not good. (An FGD session, Ire Ekiti, 22/01/2018)

In another FGD session, the following comment was made:

> Women organisations and groups have been mobilising women for development even during the colonial periods. Women in their age grades then

> to now women organisation, groups and associations like ours-'market women association' are mobilising and helping our members on different issues and on community participation. Even though some of us benefited in MDGs financial empowerment, we were not carried along in all the process. So, not all our members benefitted we are now imploring government to please do the programmes again so that members who are yet to benefit will benefit because they are more or time five those who benefited. (An FGD session, Orun Ekiti, 12/01/2018)

These findings corroborate Wambua (2013) who assert that formation and emergence of women groups in Africa predates colonial era. They were formed in response to women's common problems. Many of today's women groups came into being as a result of initiatives from religious and non-governmental organisations, which aimed at enabling women to reach advancement and improve their quality of life. Women groups are geared towards addressing socio-economic and political issues affecting women's well-being. Through such groups, members gain opportunity for economic empowerment, skills, creation of awareness, social interaction, communal participation and moral support. Women groups and organisations therefore, serve as bedrock for women participation in development efforts. However, women organisations were left out in the implementation in Ekiti state.

The table shows positive significant relationships between women's participation in MDGs and women leadership ($r = .328^*$, $N = 1007$, $P (.000) <.05$). The null hypothesis was, therefore, rejected. The coefficient of correlation and the level of significance indicated that women leadership significantly influenced women's participation in the implementation of the MDGs. The result indicated that women leaders mobilise the entire women folk for participation in development programmes better than male leadership; thus, the role of women leadership in implementation of development is germane to it success.

This finding correlates with Zaharah and Abu (2008), who stress the importance of women leadership in ensuring interactions and networking among women. Women leadership and organisations play key roles in ensuring women's participation in community development as well as its sustainability because women are the larger beneficiaries of community development programmes. Al though, they re unsung heroes of community action, they are unavoidable element in sustainable development. AREU (2005) avers that there are key local institutions and traditional structures with roles, responsibilities and functions for women and

more formal leadership opportunities for both genders in urban areas, only in relative terms. Leadership roles are largely symbolic. While some organisations, institutions and structures are proactive in engaging women, others are discouraging them.

Today, the number of women in leadership positions, women emancipation, advocacy, campaign against gender violence and groups championing other community development programmes are considerably increasing (Hora, 2014). However, some factors discourage and hinder active pursuit of leadership positions and roles by women. This makes women's consent not viewed as important to the decision-making process. This has detrimental effect on women's participation in development programmes. OECD (2014) asserts that women leadership helps leadership with different innovative and solutions that foster inclusive growth. Caiazza (2004) affirmed that women leadership affects women's participation in developmental activities as well as policies that encourage women's participation. Therefore, feminist leadership will help women to seek community development and collaboration where everyone's presence and participation must be valued.

The results in Table 4.4 also shows there was significant relationships between women's participation in MDGs and media exposure ($r = -.453^*$, $N = 1007$, $P (.000) <.05$). The null hypothesis was, therefore, rejected. The coefficient of correlation and the level of significance simply indicated that media exposure of women significantly influenced women's participation in health and empowerment. The more women get awareness on development programmes, the more they are privileged to participate in them.

This finding supports Adekoya, Akintayo and Adegoke, (2015) who claims that the media plays critical roles in the information dissemination process, reaches virtually all and spreads the goals of empowering women fast. It brings information to verse audience at the same time with impact. UNESCO (2015) equally avers that the media at large has been instrumental to women emancipation. It inspires to break the shackles of personal and institutional limitations that suppressed women from taking power (Alfaro and Rosa, 2009). Lisa cited in UNESCO, (2015), argues that the media empowers, reduce gender inequality and enhances women's active and full participation in development through eradication of illiteracy by providing information. It awakens potential change and determines what people think about.

Adekoya, Akintayo and Adegoke, (2015) state that, mass media is relevant to achievement of MDGs, especially MDG 3 which to empower women and eradicate gender inequality. Women need to be informed in order to enhance their participation in MDGs as most of the goals, if not, all revolve around them. Lazarsfeld and Merton quoted in Anaeto et al. *(*2008), posit that the media gives status and responsibility to individuals through constant attention to and featuring them. Regular featuring of an individual or group in the mass media shows the importance such group or individual has. This gives responsibility to such individual or group consciously or unconsciously.

In spite of the roles of the media in development and the awareness of the MDGs programmes of empowering women, they did not in their large number participate. In one of the FGD, the following was sated:

> We heard of MDGs empowerment on radio but we did not participate or benefit. Apart from hearing it on radio, there is nothing we hear or do in the programme. (An FGD session, Orun Ekiti, 12/01/2018)

In another group, this was said:

> We are aware of the MDGs financial empowerment on radio and television but the media showcase of it was to deceive people. It is true that media broadcast helps peoples' participation but all our efforts to be part of the programme proved abortive. So we don't know who actually participated and benefited, may be their party people. (An FGD session, Ire Ekiti, 22/01/2018)

The participants attested to the influence of the media to participation. However, other factors hindered women's participation in the financial empowerment of the MDGs in the study area or the media contents were MDGs centred.

4.3 Study's results within the context of the study's model Independent variables

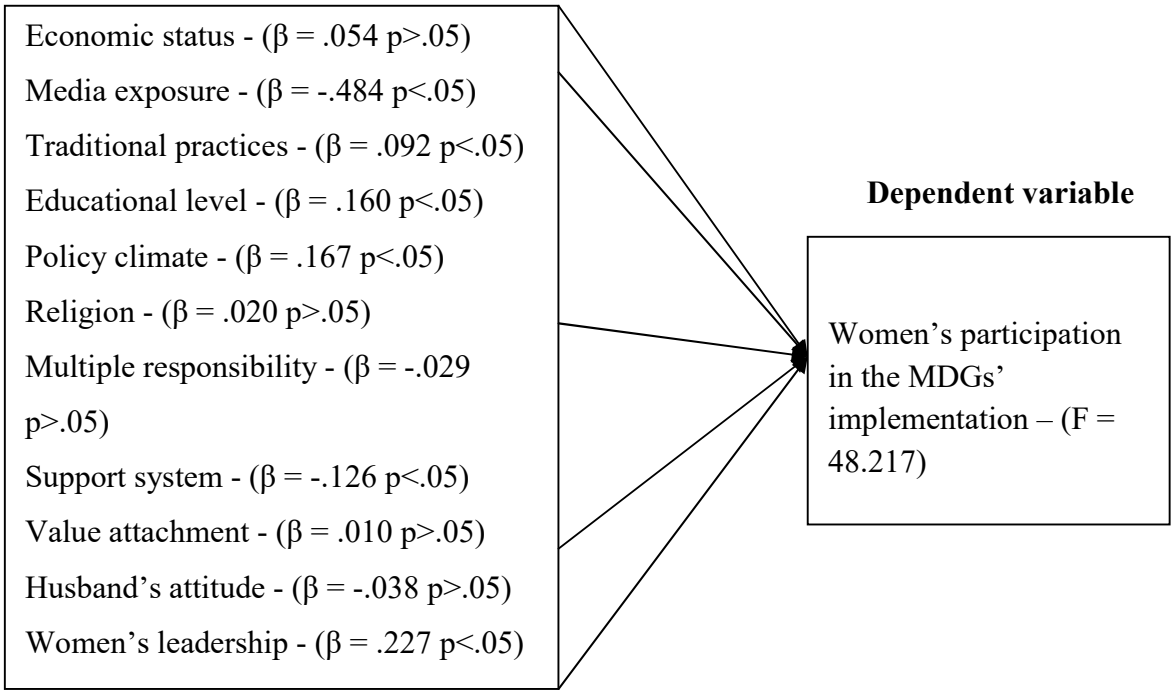


Fig. 4.7: Chart showing the direction of study's results in relation to study's model

Source: Field work (2017)

Each of the independent variables shown in Fig. 4.7 recorded contribution significant to women's participation in empowerment, child and maternal health programmes of the MDGs. In essence, all these variables determined, influenced and shaped women's participation in the implementation of the MDGs development programmes. As such they should be given adequate attention for adequate women's participation in development programmes, especially the SDGs.

4.4 Theoretical base of the study and the findings of the study

This study adopted development theory and participation theory. The two theories stressed the importance of some factors and elements that make individuals to act together as a system to achieve a common goal using Common Pool Resources (CPR). The elements that enhance, influence and determine participation are numerous depending on the environment and situation. The findings of this study further prove these theories as all the twelve identified determinants in this study jointly determined women's participation in the implementation of the MDGs.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter presents the summary, conclusion and recommendations of the study. It highlights the limitations and gives suggestions for further studies.

5.1 Summary

This study was carried out with the objective of ascertaining and understanding the determinants of women's participation in the implementation of MDG programmes in Ekiti sate, Nigeria. The intention was to bring out lessons that will help in the implementation of sustainable development goals (SDGs) now that MDGs are over. In the introductory chapter, background to the study was discussed in detail, the MDG programmes in the study area were highlighted and study variables presented. The statement of the problem, the objectives, research questions, hypothesis, significance and scope of the study were equally presented. Lastly, important and relevant terms in the study were operationalised.

A comprehensive review of related literature to the study was carried out. Concepts that are relevant to the study, with the dependent variables, were also considered. A numbers of relevant empirical studies were reviewed. Two theories were considered for the study, namely: development and participatory theories. A model was developed for the study, namely conceptual model for women's participation in the MDGs development programmes.

Survey design of *ex post facto* type was adopted for the study. The population for the study, sample and sampling technique and instruments were presented. The validity and reliability of the instruments used for the study were determined. The procedure for the study was discussed, culminating in the method of data analysis, that is, multiple regression, Pearson product moment correlation, ANOVA and descriptive statistics.

Data collected were analysed, results were presented with interpretation of results and discussion of the findings, in tandem with the research questions and hypothesis raised. Finally, summary, conclusion and recommendations of the study were presented. Contributions to knowledge, limitations to the study and suggestions for further studies were also presented. The findings of the study as presented are summarised as follows:

- There was no specific role assigned to women in the implementation of the MDG programmes of empowerment, child health and maternal health. Women only participated in the programmes by being beneficiaries alone.
- The level of women's participation in the implementation of the MDGs was low, as women did not participate at the need identification, planning, monitoring and evaluation. Women's participation was only at the implementation stage by being beneficiaries of some of the MDGs programmes.
- The twelve women's participation predisposing factors jointly predicted women's participation in the implementation of the MDGs programmes. Media exposure, educational level, policy climate, support system, women leadership and traditional practices were significant predictors of women's participation in the MDG programmes. The strongest of the predictors was mass media, followed by education. Women organization, economic status, religion, dual responsibility, value attachment and husband's attitude did not contribute significantly to women's participation in the implementation of the MDGs programmes.
- There was significant relationship between eleven of the women's predisposing factors and women's participation in the MDGs programmes. Educational level, policy climate, economic status, women organisation and women leadership had positive relationships, while traditional practices, value attachment, husband's attitude, dual responsibilities, media exposure and support system had negative relationship.
- The barriers to women's participation in the implementation of MDGs programmes were partisan politics, hostility to government of the day, community dispute, illiteracy, neglect in the strategic planning, lack of interest for non immediate financial rewards, socio-economic status, lack of appropriate education on development, inferiority complex, insincerity on the part of the government, lack of trust in government of Nigeria due to past failures and inadequate funding.

5.2 Conclusion

This study investigated the determinants of women's participation in the implementation of some MDG programmes in Ekiti State, Nigeria and concluded that women's participation in

the implementation of the MDGs was very low and women were not given any specific role to play in the MDGs implementation stages other than to be beneficiaries. The results obtained showed that some factors contributed to low participation of women despite being the beneficiary and a number of problems complement the factors. The result of this study further gave insight on the factors that determine women's participation in development programmes of MDGs and the problems that hindered their participation. The level of women's participation in the implementation of the MDGs was only at the execution stage of the implementation process as beneficiaries; while women's participation was absent in others stages of the implementation.

It is clear from the findings of this study that media exposure, education, policy climate, support system, women organisation and women leadership enhanced women's participation in Ekiti State, Nigeria. The study also revealed that traditional practices, economic status, religion, dual responsibility, value attachment and husband's attitude limited the participation power of women in decision-making on issues of development and MDGs that affected them and their communities at large. The inhibitions to women's participation in the implementation of the MDGs were also revealed in this study.

5.3 Recommendations

In view of the findings and conclusion of this study, the following recommendations were made;

i. Specific roles should be given to women and it should be clearly stated in the implementation policy framework/strategies of development programmes by international organisations communities, governmental and non-governmental organisations. It should cover all the stages of the development programmes, such as identification of needs, planning, execution, monitoring and evaluation.
ii. Government at the national, state and local level should follow development programmes, policy framework to the letter without fear or favour to enhance women's participation at all stages rather than to hurriedly gather them together as beneficiaries.
iii. Women's participation in decision-making on empowerment, child and maternal health programmes should be encouraged at the local level to increase their participation.

iv. Women's participation should be enhanced and strengthened through women organisation and leadership, mass media and support system at local and commununity level.

v. Women leadership should be encouraged at all levels of government and women should be allowed to steer programmes that affected mostly women

vi. Traditions and values that hinder women's participation should be severely campaigned against through the use of the media. Communities, families and individuals should be educated against observation of traditions that negate participation in maternal and child health for better women participation in health programmes through the media.

vii. Information regarding development programmes should be made available to women through the media, women leaders and women organisations.

viii. Husbands should be sensitised through the media on the need to support their wives' participation in development programmes of health and empowerment through sharing of domestic responsibilities with them and participation in maternal health since they are major decision-maker at family level.

ix. All stakeholders in development programmes; the government, international communities and non-governmental organisations should note the importance of each determinant of women's participation in this study and appropriately use them to women's benefit and participation in Sustainable Development Goals.

x. The inhibitions to women's participation found in this study should be addressed jointly by all stakeholders in any development programmes to enhance women's participation.

5.4 Contributions to knowledge

Research is conducted to enhance existing knowledge and come about new ones. This study's contributions to knowledge are as follows:

i. Generally, women's participation, even as the would-be beneficiaries in the MDG programmes was very low.

ii. Media exposure, education, economic status, policy climate, traditional practices, support system, women leadership and women organisation as major predictors of women's

participation MDGs implementation, if properly taking care of in women's participation in SDG programmes, could lead to success.

iii. Patriarchal tradition, culture and values limit women's participation in development programmes and in exercising their rights on association, decision-making at home front and at community level.

iv. Religious affiliations of women are not important to their participation in development programmes.

v. The media and education enhance women's participation and make men have positive attitudes toward women's participation and issues.

vi. It provided information to international communities like United Nations, local communities, governments, non-governmental organizations (NGOs) and policy makers on determinants of women's participation in empowerment, child and maternal health programmes of MDGs.

vii. It offered solutions to problems inhibiting women's participation for emancipation through child mortality reduction, maternal health improvement and empowerment programmes.

viii. The study is beneficial to the implementation of Sustainable Development Goals (SDGs), particularly with regard to identifying factors that predetermines participation of women in the attainment of the goals.

ix. It serves as data base for researchers in the area of MDGs, empowerment, child health, maternal health, gender issues and adult education.

x. It provided empirical information on predisposing indices of women's participation in the implementation of MDGs.

xi. The literature in this study serves as additional material for researchers in the area of MDGs, empowerment, child health, maternal health, gender issues and adult education and knowledge on women's participation.

5.5 Limitations to the study

In the course of this research, some difficulties were encountered. Some women were not ready to be part of the study by refusing the questionnaire because it offered them no immediate

financial or material benefits. Some asked for gratification before filling the questionnaire thinking that the research was out to make money through the questionnaire. It took the researcher some time to convince them that it was for research purposes. Participants in one of the FGDs refused to take picture with the researcher in spite of all explanations and appeals. They were afraid of their pictures being fraudulently used where money had been borrowed in the name of empowering women. Also, there were several cancellations of appointments by FGD and KII respondents before eventually attending to the researcher. This was as a result of the FGD members shifting their meeting days as a result of illness of their leader "the Iyaloja" and unexpected journey of the Iyaloja at another location. The KII participants shifted appointment due to pressing emergency official journey. The researcher was unable to have an official actual amount involved in the Conditional Cash Transfer of the empowerment programme. Equally, it took concerted efforts to get some information in some government offices; the workers believed it is an official secret.

5.6 Suggestions for further study

The findings in this study have opened up the following suggestions for further studies.

1. This type of study should be carried out in other states of Nigeria, especially the northern states.
2. Future research should evaluate the impact of MDG programmes in Ekiti State and indeed Nigeria.
3. Research should be conducted on assessment of women's participation in the implementation of SDGs and post - 2015 developmental agenda in the state used for this study to discover the effects of the determinants in this study on them for immediate action for corrections.

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APPENDIX I

ILE IWE GIGA TI ILU IBADAN, NIGERIA

Iwe iwadi nipa kikopa awon obirin ninu eto idagbasoke saa yi (MDGs)

Eku ojumo,

Iwe itopipin yi wa fun ise iwadi lori bi awon obinrin se kopa ninu sise amuse eto idagbasoke saayi (MDG) ni ipinle Ekiti.' Gbogbo esi ta ba fun iwe yi ni o wa fun ise iwadi nikan ti a o si paamo.

Ese pupo fun ifowosowopo yin ati idahun awon ibere naa

Ipin akoko: Imo nipa olukopa

Jowo ko nomba idahun re siwaju aaye ti o sofo yi

	Awon idahun	**Eyi ti o yan**
Oruko (Ko pon dandan)		
Ipo Idile	1. Mo wa loode oko 2. Moti se ikosile 3. Opo	
Eko	1. Nko lo ile iwe rara, 2. Alakobere, 3. Girama 4. Ile iwe ekose oluko 5. Akekogboye 6. Akekogboye imo ijinle- PGD, Masters, PhD	
Ipo lawujo	1. Asaju ilu 2. Iyaloja 3. Osise eto ilera 4. Alaboyun/iyalomo 5. Onise owo 6. Onise ijoba	
Iru Idile	1. Oko kan ati aya kan 2. Alaya pupo	
Iye odun ti a ti n gbe ilu	1.laarin osu kan si odun mewa 2. laarin odun mewa si ogun odun 3. ogun odun ati ju beelo	
Esin	1. Igbagbo 2. Musulumi 3. Abalaye	

Ipin keji: Ibeere lori ohun ti o n se okunfa kikopa awon obinrin ninu sise amuse eti idagbasoke saayi (MDGs).

Iwe iwadi nipa ojuse awon obinrin ninu eto MDGs

	Osunwon fun kikopa ninu MDGs (I)	**Mofaramo**	**Nkofaramo**
1	Wiwa si ipade tabi jije omo igbimo teekoto je ojuse ati ara ona ti obinrin gba kopa ni sise amuse eto MDGs		
2	Awon obinrin kopa ninu gbogbo ilana a ntele fun sise amuse eto MDGs bii mimosi sisayan ohun a oni, sise agbekale, sise amuse ati sise igbelewon awon eto MDGs		
3	Jije olujanfani nikan ni awon obinrin fi kopa ni sise amuse eto MDGs		
4	Ni abe eto MDGs, awon obinrin ko ni ojuse pato ninu ilana a n gba se amuse re		
5	Wiwa si ipade awon alaboyun, wiwa fun ibimo ni ile iwosan, gbigba abere ti ndena kokoro titanusi, wiwa si ipade iyalomowewe lehin obi ati wiwa fun abere ajesara fun awon wewe je ojuse obinrin ni sise amuse eto iwosa labe MDGs		

	Osuwon fun kikopa ninu eto ironilagbara	**Mofaramo gan-an**	**Mofara mo**	**Nkofaramo**	**Nkofaramo rara**
6	Eto ironilagbaro owo ti ijoba se je lara eto MDGs				
7	Awon obinrin kopa ninu gbogbo ilana a ntele fun sise amuse eto MDGs bii mimosi sisayan ohun a oni, sise agbekale, sise amuse ati sise igbelewon eto ironilagbara owo labe MDGs				
8	Awon obinrin kopa ni ipade ilu, je omo igbimo teekoto ni sise amuse MDGs				

9	Awon obinrin ti o janfani kikopa ninu eto ironilagbara MDGs ju ida aadota lo				
10	Awon obinrin kan je olujanfani eto ironilagnara MDGs nikan ni				
11	Bi awon obinrin se kopa ati je alabapin ninu eto ironilagbara owo labe eto MDGs ti pa alafo gbooro to wa larin awon obinrin ati okun nipa eto inawo ati riran omo losi ile iwe alakobere ati girama re				
	Osuwon fun kikopa ninu eto ilera awon omowewe	**Mofaramo gan-an**	**Mofara mo**	**Nkofaramo**	**Nkofaramo rara**
12	Eto iwosan ofe fun awon omowewe ati abere ajesara je lara eto MDGs to wa fun did ikun omowee duro				
13	Awon obinrin kopa ninu gbogbo ilana a ntele fun sise amuse eto MDGs bii mimosi sisayan ohun a oni, sise agbekale, sise amuse ati sise igbelewon eto iwosan ofe ati abere ajesara ti o fun dida ikun omowee duro labe MDGs				
14	Awon obinrin kopa ni ipade ilu, je omo igbimo teekoto ni sise amuse MDGs				
15	Awon omowewe tio janfani kikopa ninu eto iwosan labe MDGs ju ida aadota lo				
16	Awon obinrin ko ni ojuse pato ninu eto iwosan fun awon omo wewe labe MDGs ju ki won je olujanfani				
17	Kikopa awon obinrin ninu eto ilera labe MDGs ti dawo iku omowewe duro				

	Osuwon fun kikopa ninu eto ilera awon alaboyun ati iyalomowewe	**Mofaramo gan-an**	**Mofara mo**	**Nkofaramo**	**Nkofaramo rara**
18	Eto iwosan ofe fun awon alaboyun ati abere ti ndena kokoro titanusi je lara eto MDGs to wa fun dida iku alaboyub ati iyalomo wewe duro				
19	Awon obinrin kopa ninu gbogbo ilana a ntele fun sise amuse eto MDGs bii mimosi sisayan ohun a oni, sise agbekale, sise amuse ati sise igbelewon eto iwosan ofe ati abere ti ndena kokoro titanusi fun dida iku awon alaboyun at iyalomowewe				
20	Awon obinrin kopa ni ipade ilu, je omo igbimo teekoto ni sise amuse MDGs				
21	Awon alaboyun ati iyalomowewe tio janfani kikopa ninu eto iwosan labe MDGs ju ida aadota lo				
22	Awon obinrin ko ni ojuse pato ninu eto iwosan alaboyun at iyalomowewe labe MDGs ju ki won je olujanfani				
23	Kikopa awon obinrin ninu eto ilera labe MDGs ti dawo iku iyalomowewe ati alaboyin duro				

Iwe iwadi nipa awon ohun ti o n se okunfa kikopa ninu eto MDGs

Ounka	**Osuwon fun ipele eko**	**Mofaramo gan-an**	**Mofara mo**	**Nkofaramo**	**Nkofaramo rara**
24	Ibi akekode awon obinrin ni ipa ni kikopa awon obinrin ninu sise amuse eto MDGs				

25	Awon obinrin to keko kopa ninu eto ilera alaboyu ati olomo wewe ju awon ti ko keko lo				
26	Bi awon obinrin se kawe si ni won se kopa ninu eto ilera ati ironilaghara MDGs				
27	Awon eko bii eko adugbo tabi ti ojuse lori eto ilera ati ironilagbara MDGs mu awon obinrin ti ko keko kopa daadaa ninu sise amuse eto naa				
	Osuwon fun asa ati ise				
28	Asa ati ise n se adina fun awon alaboyun miran lati lo si ipade alaboyun ni ile iwosan				
29	Asan ile miran ko fi aayee gbaa alaboyun lati bimo sile iwosan				
30	Awon miran kii gba abere ajesara sugbon ti won lo agbo nitori asa ile won				
31	Asa ati ise se adina fun kikopa awon obinrin ninu eto sise amuse iwosan ofe MDGs				
	Osuwon fun irinisi				
32	Opo gbagbo pe awon obinrin ti o ba nlo si ipade awujo n ta pa si asa				
33	Obinrin to ba n se agbateru ni opo n fi oju abuku wo				
34	Opo awujo ri obinrin bi atoju ile ju kii won maa wa ironilagbara				
35	Kikopa ninu eto amuse idagbasoke ti o le pa ojuse mi lara ninu ile ati niti asa ni				

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	emi ko nifesi				
36	Iseda ati irira enisi awon obinrin nse idiwo fun opo lati kopa ninu igbimo teekoto ati lilo si ipade				
	Osuwon fun esin				
37	Awon eto ninu esin n se idiwo fun bi awon obinrin se kopa ninu sise amuse eto MDGs				
38	Esin ko faye gba awon obinrin lati maa lo si ipade awujo				
39	Awon obinrin eleha ni won ko fi aye gba lati si ipade awujo				
40	Esin ko faye gba obinrin lati maa soro ni gbangba				
41	Ojuse awon obinrin ninu esin je adena fun awon obinrin lati kopa ninu sise amuse eto MDGs				
	Osuwon fun iwa awon oko				
42	Awon oko miran ko fi aye gba awon aya won lati lo si ipade awujo tabi je omo egbe igbimo teekoto lori eto amuse MDGs				
43	Opo oko ni kole tele aya won (alaboyun/iyalomowew) lo si ile iwosan				
44	Ikuna awon okunrin lati ran awon obinrin lowo lori ise ile pagidina kikopa awon obirin ninu sise amuse eto MDGs bii kikopa ninu igbimo teekoto ati lilo si ipade ilu				
45	Awon obinrin miran ni won ti koju abuku				

	lati owo oko won fun pipede lati ibi ipade awoju tabi ti igbimo lori amuse eto idagbasoke				
	Osuwon fun eto atilehin				
46	Aisi atilehin awon okunrin fun obinrin lati maa kopa ininu eto iselu se adina fun kikopa awon obirin ninu sise amuse eto MDGs bii kikopa ninu igbimo teekoto ati lilo si ipade awoju				
47	Aisi ifowosowopo opo oko fun aya won se adina kikopa awon iyalomo ati alaboyun ninu eto amuse iwosan MDGs				
48	Aisi eto adojuto fun awon obinrin in igberiko se idiwo fun kikopa awon obinrin ni sise amuse eto MDGs				
49	Aisi atilehin ijoba tabi eka adani to fun awon obinrin se adina fun kikopa awon obinrin in sise amuse eto MDGs				
	Osuwon fun ojuse pupo awon obinrin				
50	Obinrin gege bi iya, iyawo ati olutoju ile din anfani kikopa ninu igbimo teekoto ati lilo si ipade lori sise amuse eto MDGs ku				
51	Opo igba ni ise ile ati ise oojo mu ki obinrin kuna akoko ipade alaboyun tabi ti iyalomo wewe				
52	Awon iyale ile koju idiwo lati kopa ninu eto sise amuse MDGs latari itoju ile, omo ati ise				
53	Awon obinrin gba lati toju ile, omo, oko, ati ise ju ati lo si ipade lori eto				

	idagbasoke				
	Osuwon fun alakale ijoba				
54	Ni abe eto MDGs, eto sise amuse ti ijoba lakale fi aye gba kikopa awon obinrin				
55	Eto amuse ijoba fi aye gba awon obinrin fun ojuse ti o to ida ogota ninu sise amuse MDGs				
56	Eto amuse ijoba kofi aye kikopa sile ju ki awon obinrin kan je olujanfani eto naa				
57	Eto amuse ijoba kofi aye kikopa tabi ojuse pato sile fun awon obinrin ninu ilana sise amuseMDGs ju pe ki won je olujanfani eto naa nikan				
58	Eto iwosan ati ironilagbara MDGs fun awon obinrin, omowewe ati alaboyun je agbekale ati amuse ijoba nikan				
59	Eleyameya nipa egbe oselu di kikopa awon obinrin lowo ninu sise amuse eto MDGs				
	Osuwon fun lilo ona ibaraenisoro				
60	Emi ko gbo nipa eto amuse MDGs rara				
61	Emi ko gbo nipa eto iwosan MDGs				
62	Emi ko gbo nipa eto ironilagbara eto MDGs				
63	Emi ko ni anfani lati gbo nipa MDGs lori radio tabi telifisa				
64	Emi kii ka iwe iroyin				
	Osuwon fun bi owo se wa lowo to				
65	Aisi owo lowo ni koje ki opo alaboyu ati olomowewe losi ile iwosan fun itoju ati				

	ibimo ni abe eto MDGs				
66	Awon alaboyun ati olomowewe ti won ri jaje kii ilo ile iwosan ijoba ti o se agbkale MDGs				
67	Ipo isuna awon obirin niise pelu kikopa ninu amese eto MDGs				
68	Aimope iwosan ofe wa fun awon omo wewe ati alaboyun ni ko je ki opo kopa				
	Osuwon fun elegbejegbe awon obinrin				
69	Awon egbe mi lo je kii ni anfani kikopa ninu eto MDGs				
70	Wiwa ninu egbe se Pataki fun kikipa obinrin ninu eto idagbasoke bi ti MDGs				
	Osuwon fun adari obinrin				
71	Awon asaju obinrin kopa ninu sise amuse eto MDGs				
72	Awon asaju obinrin ni o se atona fun kikopa awon obinrin ininu eto MDGs gbogbo				
73	Awon asaju obinrin se Pataki si kikopa awon obinrin ninu eto idagbasoke				

APPENDIX II

UNIVERSITY OF IBADAN, NIGERIA

Questionaire on women's participation in MDGs

Good day Madam,

This questionnaire is purposely designed to obtain data on the on-going research entitled 'Determinants of participation of women in the implementation of some millennium development goals in Ekiti State.' All the information given here is strictly for the purpose of this research alone and would be treated confidential.

Thank you in anticipation of your maximum co-operation and response to all the questions.

Section A: Socio-demographics

Please write the number for the option you choose in the response box

	Options	**Response**
Name (Optional)		
Marital status	1. Married 2. Divorcee 3. Widow	
Education	1. No school, 2. Primary, 3. Secondary 4. College of Education 5. Graduate 6. Postgraduate - PGD, Masters, PhD	
Status	1. Community leader 2. Trader/ market woman 3. Health worker 4. Pregnant woman/ Nursing mother 5. Artisan 6. Public servant	
Family type	1. Monogamy 2. Polygamy	
Years of resident in the community	1. Between 0-10 years 2. 10 -20 3. 20 years above	
Religion	1. Christianity 2. Islam 3. Traditional worshiper	

Section B: Measurement of predisposing factor for women's participation in MDGs.

Women participatory roles questionnaire

S/N	MDGs participation scale	Agree	Disagree
1	Attendance of community/town hall/village meeting, serving in committees are some roles played by women in the MDGs implementation process.		
2	Women participated in the MDGs implementation process of identification of needs, planning, execution and evaluation of MDGs financial empowerment programme.		
3	Women participated in MDGs implementation process by been beneficiaries alone.		
4	Women were not given specific role in MDGs implementation policy strategy.		
5	Attendance of antenatal, postnatal and coming to children immunization are some roles played by women in the MDGs child health implementation process.		

	Women empowerment participation scale	Strongly agree	Agree	Disagree	Strongly disagree
6	Government financial empowerment programme is an MDGs programme.				
7	Women participated in the MDGs implementation process of identification of needs, planning, execution and evaluation of MDGs financial empowerment programme.				
8	Women Attended community/town hall/village meeting, serving in committees in the MDGs implementation process.				
9	Women that benefited in the empowerment scheme are more than 50%.				
10	Women only participated as beneficiaries.				
11	Women participation/ benefits in financial empowerment programme of MDGs provided support for girl child				

	education in both primary and secondary school and thereby ended disparity in education.				
	Child health participation scale	**Strongly agree**	**Agree**	**Disagree**	**Strongly disagree**
12	Free health and immunization programmes for children under five years are MDGs programmes meant to reduced child mortality.				
13	Women participated in the MDGs implementation process of identification of needs, planning, execution and evaluation of MDGs free health and immunization programmes for children.				
14	Women attended community/town hall/village meeting, serving in committees in the MDGs implementation process.				
15	Children that benefited in the MDGs health programmes are more than 50%.				
16	Women only participated in the implementation of the MDGs as beneficiaries.				
17	Women participation in MDGs child health ended child mortality.				
	Maternal health participation scale	**Strongly agree**	**Agree**	**Disagree**	**Strongly disagree**
18	Free health and vaccines for pregnant women against tetanus are MDGs programmes to end maternal mortality.				
19	Women participated in the MDGs implementation process of identification of needs, planning, execution and evaluation of MDGs free health and vaccines for pregnant women and nursing mother to end maternal mortality.				
20	Women attended community/town hall/village meeting, serving in committees in the MDGs implementation				

	process.				
21	Women that benefited in the MDGs maternal health programmes are more than 50%.				
22	Women participated as beneficiaries in the MDGs maternal health improvement programmes.				
23	Women participation in MDGs maternal health improvement programmes ended maternal mortality.				

MDGs' participation determinants questionnaire

S/N	**Educational level scale**	**Strongly agree**	**Agree**	**Disagree**	**Strongly disagree**
24	Women educational level affects their participation in the MDGs implementation process.				
25	Educated women participated in MDGs health programme for pregnant women, and children more than those who are not education.				
26	Women educational level determines their participation in the MDGs empowerment programme.				
27	Community/civic education on health and empowerment programmes of MDGs would have made uneducated women participate well in the MDGs implementation process.				
	Traditional practices scale				
28	Traditional beliefs and practices affected some pregnant women from attending antennal and maternity meetings.				
29	Some traditions prevent pregnant women from putting to bed in the hospital.				
30	Some women do not accept vaccine but prefer concoction because of their family tradition.				

31	Traditional beliefs and practices hindered women participation in the MDGs free health programmes.				
	Value attachment				
32	It is believed that women who participated in public life are culturally defiant.				
33	Women crusaders are looked down upon.				
34	Some traditions regards women as home keepers thus bother less on their empowerment.				
35	I am not interested in participation in development effort that will affect my family roles and tradition.				
36	Women nature prevents a number of women from participating in public life like serving as committee members and attending meetings.				
	Religion scale				
37	Religion practices weakened women participation in MDGs programmes implementation stages.				
38	Religion prevents women from attending public/town meetings.				
39	Women in pudar and hijab are not allowed to attend public/town meetings.				
40	Religion prevents women speaking in public.				
41	Women religious roles prevent them from participating in MDGs implementation process.				
	Husband's attitude scale				
42	Some husbands prevented their wives from attending public meetings on MDGs implementation.				
43	Some husbands do not accompany their pregnant wives/ nursing mothers to the antenatal and postnatal clinic.				

44	Inability of men to share domestic roles with their wives hinders women participation in MDGs implementation process like attending meetings and serving in committee.				
45	Women have been abused severally by their husband for coming late from attending meetings and serving in committees on MDGs implementation and other development programmes.				
	Support system scale				
46	Lack of men support for women to take part in public life affected women participation in the MDGs implementation process like attendance of community meetings and serving in committees.				
47	Lack of support by husbands to their wives affected women participation in mother and child health of MDGs.				
48	Lack of support system for rural women affected women participation in the MDGs implementation process.				
49	Inadequate government and non-governmental organisations support for women affected women participation in the MDGs implementation.				
	Dual responsibility scale				
50	Women as mothers, wives, and child bearers reduced their participation chances in public life like attending community meetings and serving as committee members especially in the MDGs implementation.				
51	Home cores and women daily work load make women late or missed-antenatal, postnatal meetings.				
52	Housekeeping routines, and daily work prevented women participation in MDGs implementation.				
53	Women prefer to do home cores than attending meeting on development matters.				

)

	Policy climate				
54	Government implementation policy and strategies provides for women participation in MDGs implementation.				
55	Government policy, strategies and approach for implementing MDGs gives over 60% roles to be played to women.				
56	Women had no specific role in the MDGs implementation policy strategy than to be beneficiaries.				
57	Government MDGs implementation policy and strategies only allow women to be beneficiaries.				
58	MDGs child and mother free health programmes are solely planned and executed by government.				
59	Political discrimination inhibits women participation in MDGs programme.				
	Media exposure scale				
60	I'm not aware of MDGs implementation at all.				
61	I'm not aware of MDGs free health programmes.				
62	I'm not aware of MDGs financial empowerment programmes.				
63	I do not heard of MDGs programmes on radio or television.				
64	I don't read newspaper.				
	Economic status scale				
65	Poverty prevented some pregnant women and nursing mothers from going to hospital for treatment under MDGs programmes.				
66	Economically viable women prefer private hospital to government owned where MDGs programmes was implemented.				

67	Economic status of women determined their participation in the MDGs programmes.				
68	Ignorance of the free health for children, pregnant women and nursing mothers prevented some participation in implementation of the MDGs.				
	Women organisation/group scale				
69	Women group/organisation helped women's participation MDGs programmes.				
70	Women group membership determines women participation in development programmes like MDGs.				
	Women leadership scale				
71	Community women leaders participated in the implementation process of MDGs.				
72	Women leaders helped women participation in the MDGs programmes.				
73	Women leadership determines women participation in development programmes.				

APPENDIX III

Atona fun itakuroso fun akojopo eniyan ti a fi oju si

I. Nje e gbo nipa eto idagbasoke ti ti an pe ni eto idagbasoke olopo meje saayi (MDGs)?

II. Awon ona wo ni egba gbo?

III. Nje e kopa ninu re

IV. Kini awon ojuse ti awon ti kopa iniu sise amuse eto idagbasoke MDGs naa?

V. Kini awon isoro ti o se adina fun kikopa awon obinrin ninu sise amuse eto MDGs naa?

VI. Nje e gba pe aisi eko to se adina kikopa awon obinrin ninu sise amuse eto naa?

VII. Asa ati ise naa se adina kikopa awon obinrin ninu sise amuse eto naa ati oro ilu miran?

VIII. Esin pelu se adina kikopa awon obinrin ninu sise amuse eto MDGs ati oro ilu miran?

APPENDIX IV

Key informant interview guide for the local government MDGs desk officers

I. Does your office sensitize women about programmes of MDGs?

II. What are the means employed by your office to inform women about the MDGs programmes?

III. What categories of women participated in the implementation of the MDGs programmes?

IV. What are roles highlighted to be played by in MDGs implementation?

V. Rate women's participation in the MDGs implementation stages (Need identification stage, planning stage, execution stage, monitoring and evaluation stages?

VI. What are problems inhibiting and affecting women participation in MDGs programmes?

VII. What are the problems confronted by government in the implementation of MDGs programmes?

APPENDIX V

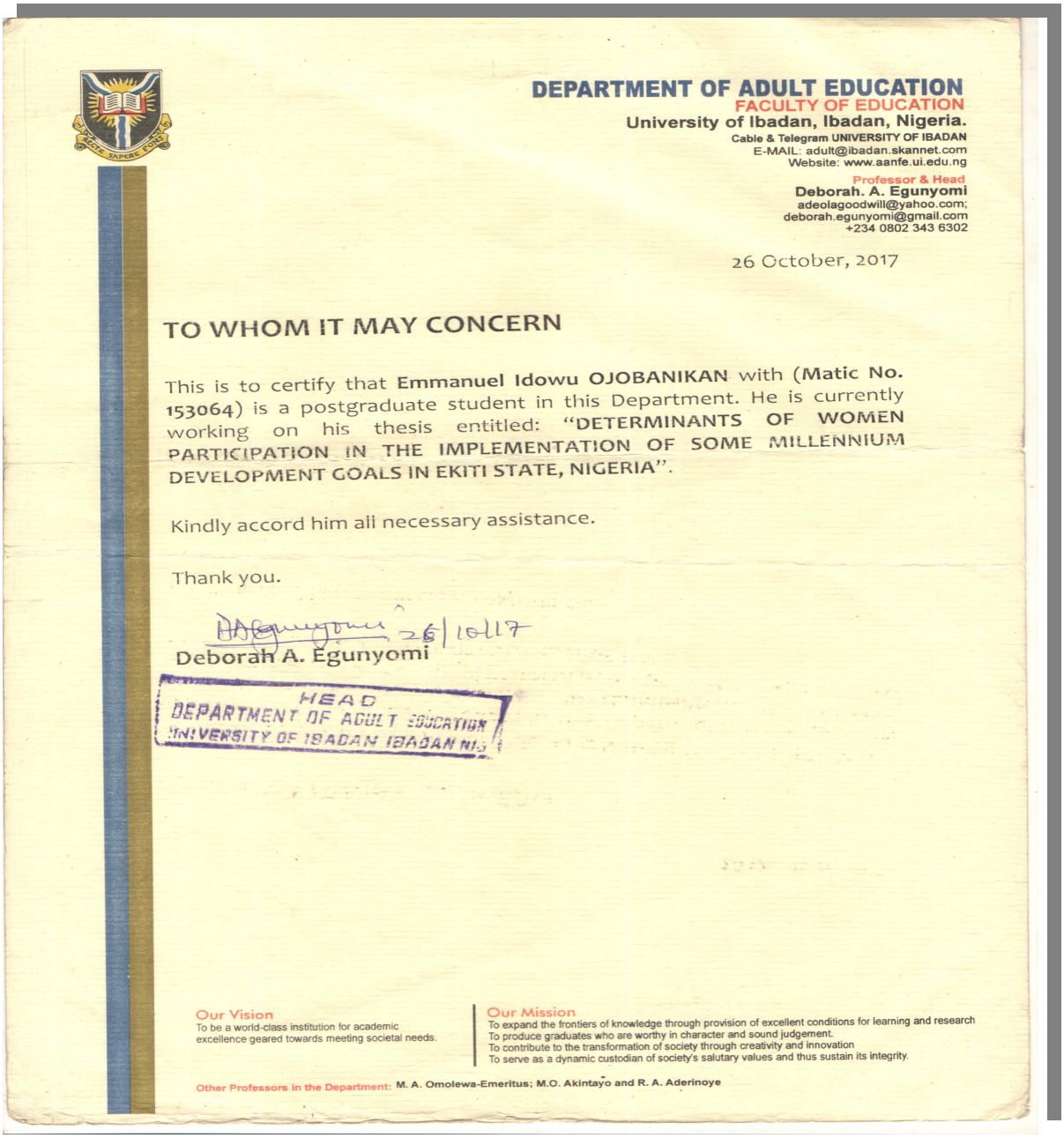
The researcher with some of the FGD participants at Ire Ekiti, Ekiti North Senatorial District, Ekiti State, Nigeria.

APPENDIX VI

The researcher with some of the FGD participants at Iworoko Ekiti, Ekiti Central Senatorial District, Ekiti State, Nigeria.

APPENDIX VII

Letter of introduction – To whom



DEPARTMENT OF ADULT EDUCATION
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Professor & Head
Deborah. A. Egunyomi
adeolagoodwill@yahoo.com;
deborah.egunyomi@gmail.com
+234 0802 343 6302

26 October, 2017

TO WHOM IT MAY CONCERN

This is to certify that **Emmanuel Idowu OJOBANIKAN** with (**Matic No. 153064**) is a postgraduate student in this Department. He is currently working on his thesis entitled: "**DETERMINANTS OF WOMEN PARTICIPATION IN THE IMPLEMENTATION OF SOME MILLENNIUM DEVELOPMENT GOALS IN EKITI STATE, NIGERIA**".

Kindly accord him all necessary assistance.

Thank you.

DAEgunyomi 26/10/17
Deborah A. Egunyomi

HEAD
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UNIVERSITY OF IBADAN IBADAN NIG

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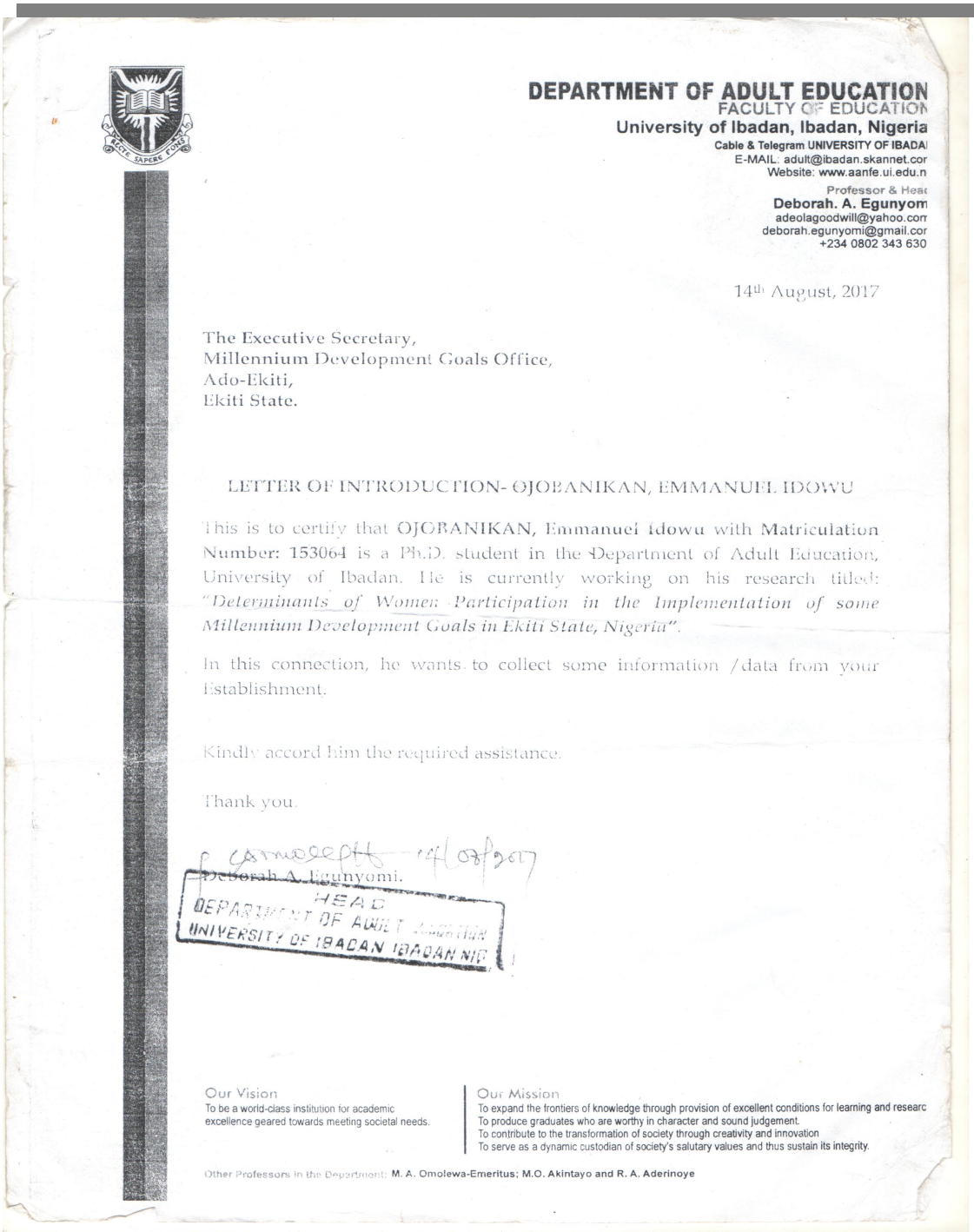
To be a world-class institution for academic excellence geared towards meeting societal needs.

Our Mission
To expand the frontiers of knowledge through provision of excellent conditions for learning and research
To produce graduates who are worthy in character and sound judgement.
To contribute to the transformation of society through creativity and innovation
To serve as a dynamic custodian of society's salutary values and thus sustain its integrity.

Other Professors in the Department: M. A. Omolewa-Emeritus; M.O. Akintayo and R. A. Aderinoye

APPENDIX VIII

Copy of introduction letter to MDGs' Office, Ekiti State



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+234 0802 343 630

14th August, 2017

The Executive Secretary,
Millennium Development Goals Office,
Ado-Ekiti,
Ekiti State.

LETTER OF INTRODUCTION- OJOBANIKAN, EMMANUEL IDOWU

This is to certify that OJOBANIKAN, Emmanuel Idowu with Matriculation Number: 153064 is a Ph.D. student in the Department of Adult Education, University of Ibadan. He is currently working on his research titled: *"Determinants of Women Participation in the Implementation of some Millennium Development Goals in Ekiti State, Nigeria"*.

In this connection, he wants to collect some information /data from your Establishment.

Kindly accord him the required assistance.

Thank you.

14/08/2017

Deborah A. Egunyomi.

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UNIVERSITY OF IBADAN IBADAN NIG

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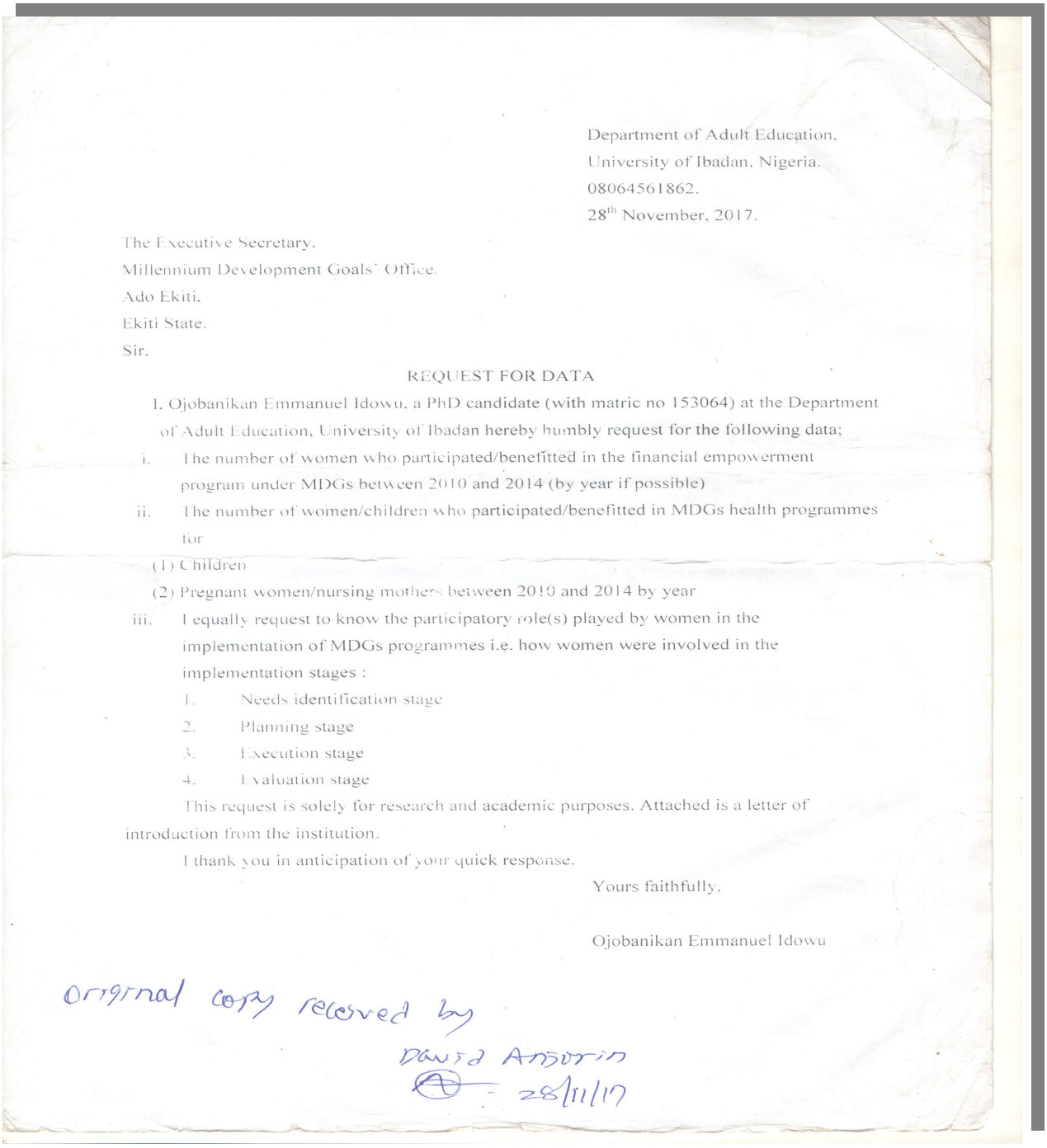
Other Professors in the Department: M. A. Omolewa-Emeritus; M.O. Akintayo and R. A. Aderinoye

APPENDIX IX

Student's letter to MDGs' Office, Ekiti State



Department of Adult Education,
University of Ibadan, Nigeria.
08064561862.
28th November, 2017.

The Executive Secretary,
Millennium Development Goals' Office.
Ado Ekiti,
Ekiti State.
Sir,

REQUEST FOR DATA

I, Ojobanikan Emmanuel Idowu, a PhD candidate (with matric no 153064) at the Department of Adult Education, University of Ibadan hereby humbly request for the following data;

i. The number of women who participated/benefitted in the financial empowerment program under MDGs between 2010 and 2014 (by year if possible)

ii. The number of women/children who participated/benefitted in MDGs health programmes for

(1) Children

(2) Pregnant women/nursing mothers between 2010 and 2014 by year

iii. I equally request to know the participatory role(s) played by women in the implementation of MDGs programmes i.e. how women were involved in the implementation stages :

1. Needs identification stage
2. Planning stage
3. Execution stage
4. Evaluation stage

This request is solely for research and academic purposes. Attached is a letter of introduction from the institution.

I thank you in anticipation of your quick response.

Yours faithfully,

Ojobanikan Emmanuel Idowu

Original copy received by
David Ansorin
28/11/17

APPENDIX VIII

Letter from Ekiti State MDGs' Office – Memeograph

SUSTAINABLE DEVELOPMENT GOALs OFFICE
OFFICE OF THE GOVERNOR
Phase II Secretariat Complex, Ado-Ekiti, Ekiti State, Nigeria.
E-mail: ekitimdgs@gmail.com
ekitistatemdgs@yahoo.com

All Communications should be addressed to the Secretary/SDGs State Focal Person quoting above address

EK/MDGS/CGS/411/72

26th January, 2018

Ojobanikan Emmanuel Idowu
Department of Adult Education,
University of Ibadan, Nigeria.

RE: REQUEST FOR DATA

1. The number of women who participated/benefitted in the financial empowerment program under the MDGs between 2010 and 2014..
   i. Village Health Workers Scheme: 60 youths were recruited under the Village Health Workers Scheme in six Local Governments (Emure, Ise\Orun, Gboyin, Moba, Irepodun/Ifelodun and Ido/Osi). They were paid #18,000 monthly for 2 years.
   Male- 20
   Female- 40
   ii. Conditional Cash Transfer: payment of #5,000 each to Two Thousand, Five Hundred (2,500) number of Ekiti women under MDGs Conditional Cash Transfer Scheme in five Local Government under the 2013/2014 MDGs-CGS-LGA programme.

iii. Grants to Agric Base Cooperative Society: a total sum of 27million naira to 36 Agric Cooperative Societies under the 2013/2014 and 2015 MDGS-CGS-LGA Programme in 10 Local Governments.

2. The number of women/children who participated/benefitted in MDGs health programmes for:

Children

Pregnant women/nursing mothers between 2010 and 2014 by year

i. Procurement and distribution of 9000 units of antenatal kits (Mama Kits) free to pregnant women in 16 Local Government in the State.

3. The participatory roles played by women in the implementation of MDGs programmes i.e. how women were involved in the implementation stages.

i. All women in the SDGs office were actively involved in all stages of implementation.

Ola Olayinka

For: Secretary/State Focal Person (SDGs)