A Post – Assessment of the Millennium Development Goals on Children and Women in Nigeria

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Abstract: **This paper seeks to evaluate and assess the impacts of the Millennium Development Goals (MDGs) on children and women in Nigeria. World leaders have taken various steps towards enhancing human development, by pledging to respect the fundamental rights and freedoms of humans all over the world. Consequently the rights of the vulnerable ones like children, women, minorities and migrants have become an inclusive global agenda. Unarguably, children and women have always been at the centre of international development targets. In contemporary times, the MDGs were the highest- level expression of the international community's commitment to development priorities, with set dates and indicators for following them up. All the MDGs are directly or indirectly related to the rights of children and women to health, education, protection, equality and a good life. Nigeria, like other developed and developing countries were part of the MDGs commitment and promised to work towards the realization of these goals. Consequently, appropriate steps were taken by the federal Government towards these goals. However, with the aid of secondary data this paper will analyze how far and how well the MDGs set target for children and women in Nigeria were achieved. With appreciable but limited progress of MDGs in Nigeria, the study recommends good governance and proper institutionalization of future development goals.**

I. INTRODUCTION

After the Second World War in 1945, the United States emerged as the strongest economy and a leader of the economic system in the capitalist world. The U.S sought to ensure that communism in Western Europe was contained and the economies of Europe will be given assistance for recovery from the effects of the war. Thus, there was the need to create institutions that will facilitate the development of liberal market economies, as well as, order the political, social and economic development in a post-war world. Subsequently, through the Bretton Woods Conference of 1944, the International Bank for Reconstruction and Development (or World Bank) and the International Monetary Fund (IMF) were established. The major objective of these institutions was to prevent depression and provide loans, investment and credit facilities needed to reconstruct post-war Europe. But then, with the independence of former colonies from the 1950's, the IMF and the World Bank became more involved in international development.

However in October 1945, the United Nations was created in order to maintain global peace; promote principles of equality and self determination; develop friendly relations among countries; promote human rights amongst other objectives.

For much part of the late 20th century, the UN System and the World Bank / IMF represented two main poles of the international development system. While the UN System championed human and social development, the World Bank / IMF laid emphasized on market-led economic growth. These two opposing views changed the international development paradigm by the 1970's. It was greatly argued that economic growth or growth in simple GDP terms was not capable of eradicating poverty, but will rather help to encourage the rich-poor divides. Therefore, it became necessary to seek alternative approaches that will supplement economic growth and redress the inequality inherent in the distribution of wealth and resources.

Nevertheless, the international community has set some development targets, that would help in the so-called 'liberation' of Africa and other developing countries from the entanglement of issues such as poverty, abuse of fundamental rights, political instability, poor access to education, social inequalities, poor health conditions amongst others. At the dawn of the new millennium, international development targets were structured to fit into the Millennium Development Goals (MDGs).

The Millennium Development Goals can be classified as the eight international development goals for the year 2015, adopted by the United Nations General Assembly, during the Millennium Summit held in New York in September 2000 (Wikipedia). The MDGs include the following: eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality and empower women, reduce child mortality, improve maternal health, combat HIV/AIDS, malaria and other diseases, ensure environmental sustainability and develop a global partnership for development.

Though the MDGs were directed for all mankind, but children and women happen to be the primary target of the MDGs. They have always been at the centre of international development targets. This is because in times of conflicts, scarcity of necessities such as food, water and healthcare, they are the most vulnerable. With the quantifiable targets and indicators of the Millennium Development Goals, global leaders have taken further steps to protect and empower children and women. All the MDGs are directly or indirectly related to women and children, but the focus of this research paper will be centralized on Goals 1-6 which clearly describes the rights of children and women to health, education,

protection, equality and a good life. However, the major objective of this paper is to assess the impacts of the Millennium Development Goals on children and women in Nigeria.

Post Assessment of the MDGs as It Relates To Women And Children In Nigeria

At the completion of the MDGs in 2015, appreciable progress was recorded amidst sub-national variations as evidenced below:

II. MDG 1: ERADICATE EXTREME POVERTY AND HUNGER

Target 1A: Halve between 1990 and 2015 the proportion of people whose income is less than one dollar a day.

This target had 1990 as its reference year; but then as a result of insufficient data for that year, 1992 was adopted to serve as a benchmark for future analysis of the prevalence rate of poverty in the country. However, the prevalence rate in 1992 was estimated at 42.7%; in subsequent years there have been fluctuations as shown in Table 1.

Table 1: Trends in and Status of Poverty, 1992 – 2015

Indicator	1990	1992	1996	2004	2010	2015
1.1 Proportion of population below USD 1 (PPP) per day (%)	NA	42.7	65.6	53.30	45.5	21.40 Target

Source**:** National Bureau of Statistics (NBS), 2010

From the above table, the poverty prevalence rate in 1996, 2004 and 2010 were higher than the reference level; but witnessed a reduction in 2015 with the figure standing at 21.4%. Despite this progress however, the target was not met in Nigeria, because the effect of poverty reduction on growth was quite minimal (Nigeria MDG Report, 2015).

Nevertheless, the country may not have made appreciable impacts in the eradication of poverty but it has achieved success in the fight against hunger. In this regards, the Food and Agricultural Organization (FAO) in 2013 recognized and awarded the then Honorable Minister of Agriculture and Rural Development, Dr. Akinwumi Adesina for the outstanding efforts of Nigeria in reducing hunger by 66% (Nigeria MDG Report, 2015).

However, the success story can be attributed to interventionist programmes which helped to boost the access of farmers to extension services such as fertilizers, liberalizing markets for seeds, credit facilities amongst others (Federal Ministry of Agriculture and Rural Development, 2015).

Target 1c: Halve Between 1990 and 2015, The Proportion Of People Who Suffer From Hunger

Indicator 1.8: National Level Prevalence Of Underweight Children Under-Five Years Of Age

In respect to the prevalence of underweight children under the age of five, considerable progress has been made to reduce hunger. There was an improvement on the indicator from 1990 to 2011, as can be seen from 35.7% to 24.2%. In 2013, there was a reversal of progress which saw the rate at 28.7%; with a decline to 25.5% in 2014. But then its 2015 target stood at 17.85%, indicating a great improvement. Nevertheless, the progress achieved on this indicator is attributed to liberalization and free access to agricultural inputs and extension services (Federal Ministry of Agriculture and Rural Development, 2015).

III. MDG 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Target 2.1: Ensure That, By 2015, Children Everywhere, Boys and Girls Alike, Will Be Able To Complete a Full Course Of Primary Schooling,

Indicator 2:1 – Net Enrolment in Primary Education

The net enrolment ratio can be defined as the ratio of the number of children of official school age who are enrolled in primary school to the total population of official school age (Ibid). Several programmes and projects were instituted in Nigeria to facilitate the attainment of Goal 2 in the country. Through improvement on educational infrastructure in both primary and secondary schools, these programmes sought to enhance retention and completion rates; raise enrolment as well as improve the teaching and learning environment. These programmes and projects were specifically targeted at addressing issues relating to low enrolment of girls in school; inadequate infrastructural facilities; out-of-school children; high drop-out-of-boys from school and low rate of adult and youth literacy.

The Federal and State governments were committed to ensuring that all children irrespective of gender, ethnicity, class or religion enjoy full access to basic primary education. With existing favorable and peaceful national policy environment, there was high level of primary school enrolment in the early phase of MDGs programmes implementation. The early period was the decade (1990-2000) of Education for All (EFA) Policy and the re-launching of the Universal Basic Education (UBE) in 1999. There was a very high net enrolment in the period up to 2008 but reversed in the years between 2011 and 2013. Nevertheless, there was unsteady progress on the achievement of indicator 2.1 and significant deficit in relation to the 2015 target of 100%.

The Primary Six Completion rate indicator witnessed fluctuations over the years; this could have been as a result of economic and cultural factors as well as changing policy environment. The performance figure in 1993 stood at 73% indicating a good start, it increased to 85% in 2000 and peaked at 94% in 2003. However by 2006 it decreased to 89% and dropped further to 82% in 2013. Nevertheless, according to the 2011 report of the Multiple Indicator Cluster Survey (MICS), Nigeria was on track towards the attainment of this indicator (MICS, 2011).

IV. MDG 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Target 3: Eliminate gender disparity in Primary and Secondary Education, preferably by 2005, and all levels of education no later than 2015

Indicator 3.1a: Ratio of girls to boys in primary education

The ratio of girls to boys in primary education can be defined as the ratio of the number of female students enrolled at primary schools to the number of male students (Nigeria MDGs Report, 2015).

As expected, the Nigerian government pursued this goal with the primary objective of promoting gender equality and women empowerment. At the state level, different laws were enacted to prohibit cultural and non-cultural practices that posed as an impediment to the enrolment of the girl-child in schools. For instance, laws prohibiting hawking, street trading, withdrawal of girls from school and street begging were enacted by the governments of northern states in order to safeguard the human rights of the girl-child, ensure their survival and participation (Federal Ministry of Women Affairs and Social Development, 2014).

The country's effort at implementing the Education for All created an enabling policy environment for the attainment of Goal 3 of the MDGs. The Education for All is a global agreement aimed at instituting the compulsory enrolment, retention and completion of the education of the girl-child.

Nevertheless, the patriarchal nature of some segment of the Nigerian society posed as a challenge to implementing gender-based policies. Patriarchy encouraged the education of the boy-child while the girl-child was imperiled. It was against this backdrop, that the girl-child education was promoted in Nigeria.

Nigeria recorded relative progress in achieving Goal 3, irrespective of existing patriarchal practices and cultures prevailing in some states across the country. There has been a gradual but steady increase in the ratio of girls to boys in primary education in Nigeria. The ratio in 1992 was 82%, 86% in 1995 and in 2000 it decreased to 78%, in 2010 it rose to 87% and 94% in 2013. The report of the Multiple Indicator Cluster Survey (2011) placed gender parity index of 0.94 for primary school. However, the country recorded tremendous success on the achievement of this indicator.

Indicator 3.1b: Ratio of girls to boys in Secondary Education

There has been fluctuation of this indicator over time, although in an upward trend. In 1991, the figure stood at 78%, but rose further to 99% in 1995; by 2013 the ratio was 91% a little lower than the percentage of 1995. According to the World Bank, gender parity in Secondary School level has progressed tremendously. In 2012, the ratio of girls to boys at the Junior Secondary level was 95.99% and 96.14% at the Senior Secondary level (World Bank, 2012).

Nevertheless, irrespective of inherent discrepancies, the response of this indicator to various policy interventions was impressively positive (Nigeria MDGs Report, 2015).

Indicator 3.2: Share of Women In Wage Employment In The Non-Agricultural Sector (Per Cent)

Unemployment has been a bane on the socio-economic fabrics of Nigeria and impact on women more severely when compared to men. In 2010, the ratio of unemployed women in the rural areas was 23.1% and 24% in the urban areas; while unemployment for men in the same year was 18.5% and 21.6% for rural and urban areas respectively. A good number of women are employed in the informal sector and goes home with very poor salaries at the end of the day. In the Federal Civil Service which is the largest employer of labour in Nigeria, women make up only 24% of the total employees (FMWA & SD, 2014).

According to Nigeria MDGs Report (2015), data on the share of women in wage employment in the non-agricultural sector in previous Nigeria MDGs reports was scanty and not readily available; this is because the indicator was not tracked consistently. However, the indicator witnessed limited progress as presented by available statistics.

The share of women in wage employment in the non-agricultural sector is far below the desired target. The ratio which was 6.6% in 1990 slightly rose to 7.9% in 2005. By 2009, it decreased to 5.1% and increased subsequently in 2010 and 2012 with 7.7% and 14% respectively (Ibid).

Indicator 3.3: Proportion of Seats Held By Women In The National Parliament

At the end of so many years of military dictatorship, civilian administration was ushered in, in 1999. With the advent of democracy therefore, all eligible citizens had the opportunity to vote and be voted for also. Before now, there was limited number of women in elective positions in governments, but since 2000 relative success has being witnessed in reversing the trend. The concerted efforts of the government, International Development Partners, NGOs and Non-State actors led to an appreciable number of women in all levels of political participation. They have not only participated in casting of votes, but have vied for top leadership position themselves.

Between 2000 and 2007 the proportion of seats held by women in the National Assembly increased sharply from 3.1% to 7.7% respectively. From then to 2011 the figure stabilized above 7% only for it to decline again in 2015 (i.e. 8th National Assembly) to 5.11%. This decline however indicates that the gains of the previous years were not sustained as expected. Furthermore, results of the 2015 elections revealed that the proportion of women in the Senate and House of Representatives was 7.33% and 5.11% respectively (Nigeria MDGs Report, 2015).

V. MDG 4: REDUCE CHILD MORTALITY

Target 4: Reduce By Two-Thirds, Between 1990 and 2015, The Under-Five Mortality Rate

Indicator 4.1: Under – Five Mortality Rate

Under – Five mortality rate (U5MR) can be defined as the probability (expressed as a rate per 1000 live births) of a child born in a specified year dying before reaching the age of five. Through the efforts of the Nigerian government at reducing avoidable child deaths, there has been a remarkable improvement in the death of children below the age of five.

The U5MR witnessed a tremendous progress. From 191 deaths per 1000 live births in 1990 to 89 deaths per 1000 live births in 2014; it was only in 2004 that a higher U5MR took place with the figure standing at 201%. Despite this progress however, Nigeria did not attain the target of 63.7% deaths per 1000 live births. If the goal was to be achieved, Nigeria ought to have saved the lives of at least 400,000 by the end-point year of 2015 (Nigeria MDGs Report, 2015).

Indicator 4.1: Infant Mortality Rate

Infant Mortality Rate (IMR) can be defined as the number of infants dying before reaching the age of one year per 1000 live births in a given year. The IMR followed a similar trend as the under-five mortality rate. The infant mortality rate in 1990 accounted for 91 deaths per 1000 live births and in 2004 it increased to 100 deaths per 1000 live births. Subsequently, the rate decreased to 75% in 2008; 61% in 2012 and 58% in 2014. The progress made may have been significant, but Nigeria did not achieve the target of 30 deaths per 1000 live births (Ibid).

Indicator 4.3: Proportion Of 1 Year-Old Children Immunized Against Measles

Measles is not only infectious, but accounts for a good number of vaccine-preventable deaths among children. Through the efforts of the National Primary Healthcare Development Agency, immunization against measles in the country has been very effective. Vaccination is administered to children 9 months and older through routine immunization services. There was an increase in the proportion of one-year children immunized against measles from 46% in 1990 to 63.1% in 2014. Although, there were varying results over the years from 1990 to 2014, the 100% target was not met.

VI. MDG 5: IMPROVE MATERNAL HEALTH

Indicator 5.1: Maternal Mortality Ratio (Mmr)

Maternal mortality ratio is defined as the "annual number of female deaths per 100,000 live births from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) (Wikipedia).

The National Demographic Health Survey (NDHS), the MDGs Performance Tracking Survey, the Multiple Indicator Cluster Survey (MICS) amongst others were employed for tracking the progress made on the health MDGs. At this point, it is imperative to state that some of the data outputs derived from these different studies in most cases varied as a result of some limitations.

Nevertheless, available data indicates that appreciable progress was made on the MMR indicator. In 1990 the value was 1,000, but decreased to 800 in 2004; 545 in 2008; 350 in 2012 and by 2014 the figure stood at 243 maternal deaths per 1,000 live births.

Indicator 5.2: Proportion Of Births Attended By Skilled Health Personnel

The proportion of births attended by skilled health personnel is a corrective of maternal mortality ratio. With high number of deliveries attended by skilled health personnels, the health of mothers and under – five children will be better improved. There was relative progress in the proportion of pregnant women who had a skilled birth attendant at the time delivery.

The proportion of pregnant women who had a skilled birth attendant at the time of delivery was 36.3% in 2004, but rose to 58.6% in 2014. This progress may have helped to reduce morbidity, but the desired target of 100% by 2015 was far from been achieved (Ibid).

Indicator 5.3: Contraceptive Prevalence Rate

Family planning does not only help to reduce poverty, but it is also central to women's empowerment and gender equality. Voluntary family planning is also a human right that women are meant to enjoy. Most women who intend to avoid pregnancy do not employ safe and effective family planning methods, most probably as a result of ignorance or lack of support from their partners or communities (United Nations Population Fund, 2010).

The contraceptive prevalence rate however can be defined as the proportion of women who are practicing, or whose sexual partners are practicing any form of contraception (Nigeria MDGs Report, 2015). The contraceptive prevalence rate had little or marginal improvement and so the 100% target was not in any way attained. The figure which stood at 8.2% in 2004 increased to 18.4% by 2014. Progress may have been made, but a lot still needs to be done to ensure that Nigerians have access to family planning commodities for those people who so wishes to employ them.

Indicator 5.5: Antenatal Care Coverage (At Least One Visit)

Antenatal care coverage has direct links with maternal mortality and the proportion of births attended by skilled health personnel. No doubt, antenatal visits help to detect and treat health problems of pregnant women. According to the World Health Organization, pregnant women are expected to go foe antenatal care for a minimum of four visits before childbirth. During such visits interventions such as screening and treatment for infections, tetanus toxoid vaccination and identification of warning signs will be carried out.

Nevertheless, Nigeria recorded relative progress in antenatal care coverage. In 2004, the coverage stood at 61% and progressed to 68.9% in 2014; it however witnessed a decline in 2008, with a figure of 59%. This indicator after all had relative success (Nigeria MDGs Report, 2015).

Indicator 5.6: Unmet Need for Family Planning

The unmet need for family planning services is an "expression of the proportion of married women aged 15-49 who report a desire to delay or avoid pregnancy, but who are not currently using any form of contraception (Nigeria MDGs Report, 2015). They women in this category must be fertile and sexually active. Amenorrheic or pregnant women could also be considered to have an unmet need, if their current or most recent pregnancy was mistimed and they were not using any method of family planning. However, contraceptive use and demand for family planning determines the levels of unmet need. The unmet need record for Nigeria was 17% in 2004, but increased to 25.1% in 2012.

VII. MDG 6: COMBAT HIV AND AIDS, MALARIA AND OTHER DISEASES

Indicator 6.1: HIV Prevalence among Pregnant Young Women Aged 15 – 24 Years

HIV prevalence among 15 – 24 year old pregnant women is defined as the proportion of pregnant women aged 15 – 24 whose blood samples test positive to HIV.

The prevalence rate increased in 1993 from 1.8% in 1991 to 3.8%. It increased further in 1995, 1999 and 2001 with the prevalence rate of 4.5%, 5.4% and 5.8% respectively. However, by 2005 the prevalence rate declined to 4.8%; 4.6% in 2008 and 4.1% in 2010. Though relative progress was made, but the target of 0.9% by 2015 was not met. It still requires the implementation of tested high impact interventions in order to achieve desired result.

Indicator 6.7: Proportion Of Under-Five Years Children Sleeping Under Insecticide – Treated Bed Nets

There was a significant increase in the number of children under the age of five who sleep under insecticide-treated bed net. This appreciable progress was as a result of sustained distribution of Long-Lasting Insecticide-treated Nets (LLINs).

In the period between 2009 to 2013, a total number of 57.7 million LLINs were distributed across the country while from 2013 to 2015; 46.2 million LLINs were also distributed. Despite these efforts however, a wide gap still exist between current achievements and desired target; the 100% target by 2015 was not met.

VIII. CONCLUSION

The implementation of the Millennium Development Goals in Nigeria no doubt impacted tremendously to the development process of the country. Appreciable progress was recorded in areas such as increase in the enrolment rates of pupils; achieving gender parity in education; reduction in child and maternal deaths; reductions in the spread of HIV and AIDS in addition to prevalence of hunger. By implication therefore, children and women to an extent were both empowered and protected.

It is important to state however that despite the progress recorded, there still exist divergences in progress across different geo-political zones, states and local governments. These divergences which negatively affected the over-all performance record make the Millennium Development Goals in Nigeria to be termed an "unfinished business".

IX. RECOMMENDATIONS

In the Post-2015 agenda, best practices that emerged during the MDGs implementation period should be reviewed and their suitability for adoption should be evaluated as well for proper institutionalization and consolidation.

Proper sensitization, enlightenment and advocacy drive is necessary in order to bring stakeholders, including sub national governments to terms with new developmental agenda.

To overcome the funding challenge witnessed at the course of implementing the MDGs, it is important to evaluate and identify the interface between funding mechanisms, project planning and execution.

For even development throughout the country, such interventions of the government as the National Poverty Eradication Programme and the National Economic Empowerment and Development Strategies should be adequately funded and integrated into the rural communities.

Finally to achieve any development plan, transparency and efficiency should serve as guiding watch words and principles.

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