



Mothers' reading skills and child survival in Nigeria: Examining the relevance of mothers' decision-making power

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ABSTRACT

Mothers' literacy skills are emerging as a key determinant of children's health and survival in low-income contexts, with emphasis on the cognitive and psychological agency that literacy skills provide. This work has clearly established a strong association between mothers' reading skills—a key subcomponent of broader literacy and language skills—and child mortality. However, this relatively nascent literature has not yet considered how broader social structures condition the process. In Nigeria and in sub-Saharan Africa more broadly, gender-based social inequality constrains many mothers' decision-making power over children's health matters; this structural feature may condition the association between mothers' reading skills and child mortality. This paper uses data from the 2003 Nigerian Demographic and Health Survey ($N = 12,076$) to test the conditionality of the relationship between mothers' reading skills and child survival on mothers' decision-making power, highlighting how structural realities should factor more heavily into this individual-action-oriented literature. Among Nigerian children whose mothers have decision-making power, mothers' reading skills convey a 27 percent lower risk of child mortality; however, for children whose mothers lack decision-making power, mothers' reading skills do not yield a significant survival advantage. Overall, these findings support the need for future work to further analyze how broader social structures condition the benefits of mothers' reading skills for children's health.

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Introduction

Emerging evidence identifies mothers' literacy skills as a key determinant of children's health and survival in low-income countries (LeVine, 2012). In Nigeria, where an estimated 1 million of the world's 7.6 million child deaths occur each year (UNICEF, 2008), mothers' reading skills—a key subcomponent of broader literacy and language skills—are associated with children's risk of mortality (Smith-Greenaway, 2013). Although some of the association is attributable to social, economic, and contextual inequalities between women who can and cannot read, net of these factors, having a mother who can read—even at a basic level—is associated with a 28 percent lower risk of child mortality compared to children whose mothers cannot read. Furthermore, mothers' reading skills fully explain the association between mothers' formal schooling and child mortality.

A series of in-depth community studies across Africa, Asia, and Latin America provides a rich account of the individual-level

processes that may underlie the association between mothers' reading skills and child survival (see Levine, 2012 for review). These studies establish the cognitive and psychological benefits of being able to read, arguing that reading skills engender a host of broader language skills that enable women to navigate health concerns for themselves and their children more effectively. In particular, the literature focuses on how mothers' reading skills benefit child survival vis-à-vis improving health behaviors surrounding the prevention and treatment of childhood illness. In terms of preventative behaviors, mothers who can read can better understand printed and auditory health information, including informational pamphlets and radio-broadcasted health messages (Dexter, LeVine, & Velasco, 1998; Joshi, 2004; Preston & Haines, 1991; Schnell-Anzola, Rowe, & LeVine, 2005; Stuebing, 1997), which encourages them to adopt healthier maternal and reproductive behaviors. In regard to improving treatment of childhood illness, mothers' reading skills are associated with more effective communication in medical settings (LeVine, LeVine, Rowe, & Schnell-Anzola, 2004; Schnell-Anzola et al., 2005); for example, mothers who can read provide better organized accounts of children's symptoms to healthcare providers (LeVine, 2012). Mothers' ability to more effectively communicate promotes children's survival by improving

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the quality of healthcare children receive. Furthermore, being able to read improves mothers' ability to facilitate complex treatment regimens. For instance, [LeVine et al. \(2004\)](#) demonstrate that mothers' reading skills are significantly associated with their ability to accurately administer oral rehydration salts, preventing a minor childhood illness from advancing to an acute health problem.

The literature on mothers' reading skills and children's health has advanced our understanding of childhood health disparities in low-income countries in novel ways; however, this nascent literature focuses primarily on the main association between mothers' reading skills and child survival. In conceiving of mothers as agentic individuals who can readily control their own behaviors surrounding the prevention and treatment of children's illness, the literature overlooks the structural realities that can constrain mothers' health behaviors in many low-income contexts. Considering whether structural factors condition mothers' agency to utilize their reading skills in ways that produce salubrious child health outcomes will help to more fully understand the link between mothers' reading skills and child mortality.

In sub-Saharan Africa, gender-based social inequality is a structural force that may condition the association between mothers' reading skills and child mortality. Due to the intersection of social, cultural, political, and economic conditions, African women generally occupy lower status in their household compared to men and to elders ([Dodoo & Frost, 2008](#)). Although many African women enjoy considerable personal freedom and decision-making power in the midst of widespread gender inequality, some African women have very limited decision-making power ([Dodoo, 1993](#)). For instance, even though mothers are children's primary caregivers, many mothers are unable to make decisions about children's health issues independently ([Kritz & Makinwa-Adebusoye, 1999](#)). In sub-Saharan African contexts where traditional status hierarchies constrain some mothers' decision-making power, current theories on mothers' reading skills and child survival may therefore fall short.

In this article, I extend the literature on mothers' reading skills and children's health by assessing whether mothers' decision-making power conditions their ability to utilize reading skills in ways that benefit child survival. I focus on Nigeria, whose child mortality level is one of the highest in the world ([UNICEF, 2008](#)), and where structural inequalities result in substantial variability in women's reading skills ([Smith-Greenaway, 2013](#)) and decision-making power ([Kritz & Makinwa-Adebusoye, 1999](#)). The study goal is two-fold: (1) to demonstrate the known association between mothers' reading skills and child mortality in Nigeria and (2) to test the conditionality of the relationship between mothers' reading skills and child mortality on mothers' decision-making power. Results from this study will enhance the literature on mothers' reading skills and child survival by demonstrating the value of future endeavors that link social structure and individual agency to more fully understand the conditions under which mothers' reading skills can powerfully benefit children's health and survival.

Women's decision-making power in Nigeria

Gender inequalities and power differentials are an organizing feature of all societies ([Riley, 1999](#)). This is particularly true in sub-Saharan Africa, where widespread gender inequality is a defining feature of the sociocultural landscape ([Dodoo & Frost, 2008](#)). Within African households, gender is inarguably the central basis of stratification, although deference to elders is also religiously and socially endorsed ([Caldwell & Caldwell, 1987](#)). Gender-based status hierarchies inform household dynamics, including how spouses negotiate and make final decisions ([Dodoo, 1993](#)).

Mothers' general involvement in household decision-making directly and indirectly influences a host of reproductive and child health outcomes ([Caldwell, 1979](#)), but mothers' decision-making power in the domain of children's health is of particular relevance. Gender-based power hierarchies and traditional gender roles within African families can lead to contradictory situations wherein mothers are responsible for children's day-to-day care but do not have the authority to make the most important decisions regarding their children's health. In the midst of children's health crises, many mothers are barred from responding independently and must delay seeking healthcare until they consult with household authority figures. In fact, approximately one-third (39 percent) of Nigerian mothers cannot independently make the decision to seek medical care when their children are ill ([National Population Commission NPC \[Nigeria\] & ORC Macro, 2004](#)).

Structural inequalities contribute to diversity in Nigerian mothers' decision-making power over children's health. In particular, mothers' decision-making power is closely tied to their geographic residence, marital union, access to socioeconomic resources, and education. Beginning with geographic residence, in Nigeria, region is a proxy for the broader cultural, social, and political environment and is perhaps the most salient factor influencing mothers' decision-making power ([Kritz & Makinwa-Adebusoye, 1999](#)). Four major ethnic groups are dispersed along Nigeria's regional lines: the Igbo and Yoruba in the southern regions of the country and the Hausa and Fulani in the northern regions. The majority of Igbo and Yoruba identify as Christian, whereas the Hausa and Fulani are predominantly Muslim. Political and socioeconomic disparities between the northern and southern regions inform cultural differences: women enjoy greater access to education and economic opportunities in southern Nigeria compared to their northern counterparts ([Adamu, 1999](#); [Csapo, 1981](#)). The sociopolitical and economic disparities between Nigeria's northern and southern regions exacerbate the fact that Islam tends to promote more traditional gender roles, whereas Christianity is more inclined to adopt westernized conceptions of gender equality ([Mikell, 1997](#)). As a result, southern Nigerian women tend to have more decision-making power than their northern peers ([Kritz & Makinwa-Adebusoye, 1999](#)).

Another social structure closely tied to mothers' decision-making power is their type of marital union. Polygyny, the practice of one man being married to multiple wives at the same time, is common in Nigeria, particularly in the country's northern regions ([Izugbara & Ezech, 2010](#)). In fact, more than one-third of Nigerian women are in polygynous marriages ([National Population Commission NPC \[Nigeria\] & ORC Macro, 2004](#)). The gender asymmetry inherent in polygynous unions sets the stage for power differentials ([Ezech, 1997](#)). The large age and educational inequalities common between spouses in polygynous unions intensify the imbalanced gender dynamics and contribute to mothers' limited decision-making power ([Zeitzen, 2008](#)). Additionally, polygynous households commonly pool finances, which are then controlled by the male head ([Izugbara & Ezech, 2010](#)). This requires women to request resources—which are often scarce in polygynous households ([Desai, 1992](#))—from the husband to support their children's health. Together, the cultural and economic norms in polygynous households limit women's autonomy and contribute to their lack of decision-making power.

Mothers' access to and control over socioeconomic resources is also closely associated with their decision-making power ([Dixon, 1978](#)). In terms of overall access to resources, mothers' wealth has been shown to be associated with greater decision-making power in other low-income contexts ([Senarath & Gunawardena, 2009](#)). In wealthier households, mothers' decisions are unlikely to significantly burden the household budget. Wealthier mothers thus

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