



## GENDER EQUALITY POLICIES AND HUMAN DEVELOPMENT: A COMPARATIVE ANALYSIS OF POLICY IMPLEMENTATION AND OUTCOMES IN SUB-SAHARAN AFRICA

**Dr. Nwodo, Sylvester Nnaemeka.**

Dept of Sociology and Anthropology, Faculty of Social Sciences  
Enugu State University of Science and Technology.

ORCID: <https://orcid.org/0009-0008-8260-2430>

[nwodo.sylvester@esut.edu.ng](mailto:nwodo.sylvester@esut.edu.ng)

[nwodosly@gmail.com](mailto:nwodosly@gmail.com)

**Eugene Ejiofor Nwodo**

Dept of Public Administration, Faculty of Business Studies  
Institute of Management and Technology (IMT), Enugu. Nigeria.

[eugenenwodo@yahoo.co.uk](mailto:eugenenwodo@yahoo.co.uk)

**Dr Umoh, Boniface**

Institute for Development Studies,  
University of Nigeria, Enugu Campus,

[boniface.umoh@unn.edu.ng](mailto:boniface.umoh@unn.edu.ng)

### Abstract

Gender equality remains a central pillar of human development, yet its practical realization varies significantly across Sub-Saharan Africa. This study conducts a comparative analysis of gender equality policies and their impact on human development outcomes in Nigeria, South Africa, Rwanda, and Ethiopia. Using a mixed-methods approach that combines primary survey data (n = 612) and focus group discussions from Nigeria and South Africa with secondary national and international datasets from Rwanda and Ethiopia, the study evaluates progress in education, health, economic empowerment, and political participation. Results indicate that while gender equality frameworks have been widely adopted across the four countries, policy implementation outcomes remain uneven. Rwanda exhibits the strongest gender policy outcomes, driven by coherent institutional coordination and sustained political commitment. South Africa demonstrates progress but is hindered by persistent racial and socioeconomic inequalities. Nigeria and Ethiopia lag significantly in key indicators due to weak institutional capacity, low policy awareness, and entrenched patriarchal norms. Quantitative analysis reveals significant associations between women's education, employment status, marital status, urban residence, policy awareness, and access to political or economic opportunities ( $p < .001$ ). Regression analyses further show that



education, urban residence, and national context are strong predictors of women's agency and socioeconomic outcomes. The study concludes that gender equality policies are necessary but insufficient on their own. Effective outcomes require strong institutions, community engagement, accountability mechanisms, and efforts to dismantle sociocultural norms that restrict women's choices and capabilities. The findings underscore the need for context-specific reforms and long-term investment in gender-transformative development strategies.

**Keywords:**

Gender equality; human development; Sub-Saharan Africa; policy implementation; political participation; women's empowerment; education; health outcomes

**INTRODUCTION**

Gender equality has emerged as a central pillar of human development globally, shaping how nations pursue social justice, democratic participation, and sustainable development. In Sub-Saharan Africa, gender equality policies have expanded significantly over the last three decades, influenced by commitments to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Beijing Platform for Action, and the Sustainable Development Goals (SDGs), particularly SDG 5 on gender equality and SDG 10 on reduced inequalities (United Nations, 2015). Despite these commitments, progress remains uneven across the region, with profound disparities in women's access to education, healthcare, economic opportunities, and political representation (African Development Bank, 2020; UNDP, 2022).

At the heart of this study is the recognition that gender equality policies do not automatically translate into gender-equitable outcomes. Their effectiveness is shaped by political institutions, cultural norms, levels of policy awareness, and structural inequalities that influence how women experience their rights in practice. Sub-Saharan Africa presents a particularly compelling case because the region contains both global leaders in gender representation—such as Rwanda—and countries where women remain severely underrepresented and underserved, such as Nigeria and Ethiopia (Inter-Parliamentary Union, 2022).

Education is a key dimension through which gender equality affects human development. Countries like Rwanda and South Africa have made substantial progress in improving girls' enrollment and completion rates. In contrast, northern Nigeria and rural Ethiopia still face challenges rooted in cultural norms, early marriage, insecurity, and inadequate infrastructure (UNESCO, 2021). These disparities reflect a broader tension between policy frameworks and lived realities.

Health outcomes also show significant variation. Rwanda's community health insurance model has drastically reduced maternal mortality rates, while Nigeria and Ethiopia continue to struggle with poor service delivery, low investment in maternal health, and institutional inefficiencies (World Health Organization, 2019; Makinde et al., 2018).



Economic empowerment forms another crucial capability. South Africa's relatively formalized labor market and anti-discrimination laws provide more opportunities for women, whereas Nigerian women remain concentrated in the informal sector, with limited access to credit, land, or formal employment due to patriarchal financial and inheritance systems (International Labour Organization, 2021; Fapohunda, 2012).

Political participation reveals perhaps the starkest contrast. Rwanda has the highest proportion of women parliamentary representatives in the world, while Nigeria ranks among the lowest globally, with women occupying only 6% of parliamentary seats in 2022 (IPU, 2022). These differences reflect variations in quota systems, political party structures, and cultural acceptance of women in leadership.

While existing studies have examined gender equality policies in individual African contexts, comparative analyses integrating both primary and secondary evidence remain limited. This study fills that gap by combining:

- **Primary survey data** from Nigerian and South African women (n = 612)
- **Focus group discussions (FGDs)** with women in urban and peri-urban settings
- **Interviews** with gender policy practitioners
- **Secondary data** from Rwanda and Ethiopia
- **Existing empirical and theoretical literature**

This approach allows for a nuanced understanding of how gender equality policies interact with cultural norms, institutional practices, and national development trajectories.

### **Objective of the Study**

The main objective is to examine how gender equality policies influence human development outcomes in Sub-Saharan Africa, using Nigeria, South Africa, Rwanda, and Ethiopia as comparative cases.

### **Specific objectives include:**

1. Assessing gender-related outcomes in education, health, economic empowerment, and political participation.
2. Examining gaps between policy adoption and real-world implementation.
3. Identifying structural and sociocultural factors that shape policy outcomes.
4. Analyzing the predictors of gender policy awareness and women's empowerment using quantitative methods.



5. Proposing actionable policy recommendations to strengthen gender equality outcomes.

### Research Questions

1. How do gender equality policies influence women's lived experiences across selected Sub-Saharan countries?
2. Which institutional and sociocultural factors facilitate or hinder gender policy implementation?
3. What predictors significantly influence women's access to education, healthcare, employment, and political participation?
4. How do Nigeria, South Africa, Rwanda, and Ethiopia differ in their gender policy outcomes?

### Theoretical Framework

This study is guided by three key frameworks:

- Sen's Capability Approach (Sen, 1999) — focusing on expansion of real freedoms.
- Intersectionality (Crenshaw, 1991) — recognizing overlapping inequalities (gender, class, race, residence).
- African feminist scholarship (Mama, 2001; Tamale, 2020) — emphasizing contextualized understandings of gender and power.

### Significance of the Study

This research provides:

- Empirical evidence for policymakers designing gender-responsive programs.
- Comparative insights for regional bodies such as the AU.
- Academic contributions to gender and development scholarship in Africa.
- Practical guidance for civil society organizations working on women's empowerment.

### Literature Review

This literature review synthesizes scholarly perspectives on gender equality policies and their relationship to human development in Sub-Saharan Africa, drawing from global frameworks, African feminist scholarship, national case studies, and empirical findings. It is structured under thematic areas aligned with the capabilities approach: education, health, economic empowerment, political representation, institutional implementation, and sociocultural constraints. Special



attention is given to the four focus countries—Rwanda, Ethiopia, South Africa, and Nigeria—to highlight contrasts in policy design, institutional capacity, and outcomes.

## 2.1 Conceptualizing Gender Equality and Human Development

Gender equality is defined by the United Nations Development Programme (UNDP, 2022) as equal access to opportunities, rights, responsibilities, and resources for women and men. Human development, grounded in Sen's (1999) Capability Approach, refers to the expansion of people's freedoms and capabilities to live the lives they value. Gender equality is thus integral to human development: unequal access to education, health, economic resources, and political representation reduces women's capability sets and restricts national development potential (Nussbaum, 2000).

Research consistently shows that societies with higher gender equality perform better economically, socially, and politically (Kabeer, 2016; World Bank, 2018). In Sub-Saharan Africa, improvements in gender equity have contributed to rising literacy rates, declining maternal mortality, and increasing female labor participation (African Development Bank, 2020). Nonetheless, disparities persist due to structural inequalities, patriarchal norms, and weak policy implementation.

## 2.2 Global and Regional Frameworks Shaping Gender Policy

Gender equality policies in Sub-Saharan Africa are heavily influenced by international conventions such as:

- **CEDAW (1979)**
- **Beijing Platform for Action (1995)**
- **SDG 5 and SDG 10 (2015)**
- **African Union Agenda 2063**
- **Maputo Protocol (2003)**

These frameworks pressure states to adopt gender-responsive reforms. However, adoption does not equate to effective implementation (Tripp, 2015).

### Adoption–Implementation Gap

Several scholars note a chronic **implementation deficit** in African gender policy (Domingo et al., 2015; Nzomo, 2019). Factors include:

- Bureaucratic inefficiency
- Lack of funding
- Weak monitoring



- Elite resistance
- Limited grassroots engagement
- Entrenched gender norms

Implementation varies sharply across countries—Rwanda exhibits one of the strongest compliance records, while Nigeria shows weak enforcement despite adopting multiple conventions (Ahikire, 2014; Abubakar & Ahmad, 2020).

## 2.3 Gender Equality in Education

### Regional Trends

Education is a critical determinant of human development. UNESCO (2021) reports that Sub-Saharan Africa has made significant strides in girls' enrollment at the primary level but faces gaps at the secondary and tertiary levels.

Key barriers include:

- Early marriage
- Poverty
- Insecurity (especially in northern Nigeria)
- Household labor burdens
- School distance and infrastructure deficits
- Socio-cultural norms limiting girls' autonomy

### Country Case Studies

#### Rwanda

Rwanda's strategic investments in girls' education, including the Girls' Education Policy (2008), have yielded high secondary completion rates for girls (Murteyi & Maniragaba, 2020). Rwanda's emphasis on STEM inclusion has reduced gender disparities in science-related disciplines.

#### South Africa

South Africa has achieved near parity in secondary and tertiary enrollment (Department of Basic Education, 2021). Policies such as the National Policy on HIV, STIs, and TB in Schools have improved retention among vulnerable girls.

#### Ethiopia



Ethiopia's Gender Education Strategy increased access to schooling, but dropout rates remain high in rural areas due to early marriage and household duties (Mekonnen & Asnake, 2019).

## Nigeria

Nigeria faces stark regional disparities. Child marriage, Boko Haram-related insecurity, and gendered norms severely limit girls' education in Northern states (Afolabi et al., 2020). Policy interventions remain weakly implemented.

## 2.4 Gender Equality in Health

Health is another core dimension of human development. Maternal mortality, reproductive rights, and access to healthcare are critical indicators of women's well-being.

### Regional Overview

Sub-Saharan Africa accounts for **two-thirds of global maternal deaths** (WHO, 2019). Despite policy commitments, implementation barriers persist:

- Underfunded health systems
- Inaccessible reproductive services
- Shortages of skilled birth attendants
- Medicalized patriarchy restricting women's autonomy
- Gender-based violence affecting women's health outcomes

### Country Case Studies

#### Rwanda

Rwanda's *Mutuelles de Santé* increased women's access to affordable care, contributing to one of the largest declines in maternal mortality globally (Farmer et al., 2013). Gender-sensitive community health workers improved service delivery for rural women.

#### Ethiopia

Ethiopia's Health Extension Program trained female workers to deliver primary healthcare in rural communities. Nonetheless, maternal mortality remains high due to limited emergency obstetric care (Yimer & Mesfin, 2017).

#### South Africa

South Africa's universal health policies and HIV/AIDS interventions have improved women's health outcomes, but gender-based violence remains a major health crisis (Abrahams et al., 2019).



## Nigeria

Nigeria ranks among the worst globally in maternal mortality. Barriers include poor governance, under-resourced facilities, patriarchal restrictions on women's health-seeking, and distance to hospitals (Makinde et al., 2018).

### 2.5 Gender Equality and Economic Empowerment

Economic empowerment is essential to achieving gender parity. Yet, Sub-Saharan Africa remains characterized by:

- High informal employment among women
- Limited financial inclusion
- Unequal access to land and inheritance
- Wage disparities
- Restrictive gender norms limiting mobility

## Country Case Studies

### South Africa

South Africa's Employment Equity Act and Broad-Based Black Economic Empowerment policies promote gender equity in the labor market. Female labor force participation stands at ~47% (Stats SA, 2022). However, racialized and gendered inequalities persist (Casale & Posel, 2020).

### Rwanda

Rwanda's land reform law, granting equal land rights to women, improved economic participation (Daley et al., 2010). Women's cooperatives and credit access expanded small-scale entrepreneurship.

### Ethiopia

Despite policy reforms, women remain largely in unpaid agriculture. Cultural norms restrict their financial autonomy (Bulte & Lensink, 2019).

### Nigeria

A gendered informal economy, discriminatory banking practices, and weak labor protections keep women in low-income jobs (Fapohunda, 2012). Government programs like *TraderMoni* have limited long-term empowerment effects.



## 2.6 Gender and Political Representation

Political participation reflects autonomy and citizenship. Gender quotas improve women's representation but require strong institutions to be effective.

### Country Case Studies

#### Rwanda

With over **61% women in Parliament**, Rwanda is the global leader. The quota system, post-genocide restructuring, and political will facilitated this achievement (Burnet, 2011).

#### Ethiopia

Women's representation improved under former PM Hailemariam Desalegn, but progress is inconsistent and often symbolic (Greene & Kebede, 2020).

#### South Africa

South Africa's voluntary party quotas promote parity, but women still face gendered political violence and limited access to leadership roles (Meintjes, 2021).

#### Nigeria

Nigeria ranks among the lowest globally in women's representation (6%). Patriarchal norms, expensive campaign systems, and political violence marginalize women (Omotola, 2021).

## 2.7 Implementation Challenges in Sub-Saharan Africa

Across the reviewed literature, common challenges include:

- **Patriarchy and cultural norms** — entrenched gender roles hinder reforms (Mama, 2001).
- **Weak institutions** — lack of capacity and political will (Domingo et al., 2015).
- **Resource constraints** — limited budget allocations reduce program impact.
- **Insufficient monitoring and evaluation** — policies adopted but not enforced.
- **Low policy awareness** — many women are unaware of their rights (Abubakar & Ahmad, 2020).

## 2.8 Gaps in Existing Literature

The review identifies several gaps:

1. Limited comparative, cross-country analyses integrating empirical primary data.
2. Few studies link gender policy implementation to measurable human development indicators.



3. Limited research exploring relationships between policy awareness and women's economic or political empowerment.
4. Lack of integrated quantitative + qualitative methodologies to capture lived realities.

This study contributes to filling these gaps by using mixed methods, combining primary survey data from Nigeria and South Africa, secondary statistics, and comparative policy analysis of four countries.

### 3. Methodology

This study employed a mixed-methods comparative research design to investigate how gender equality policies influence human development outcomes in four Sub-Saharan African countries: Nigeria, South Africa, Rwanda, and Ethiopia. The approach combines (a) primary quantitative and qualitative data from Nigeria and South Africa, and (b) secondary data from Rwanda and Ethiopia derived from peer-reviewed publications, national datasets, and institutional reports. This triangulation strengthens the reliability and validity of findings, addressing implementation gaps often reported in gender policy analyses.

#### 3.1 Research Design

A convergent mixed-methods design (Creswell & Creswell, 2018) was adopted, enabling simultaneous collection and analysis of quantitative and qualitative data. Synthesizing the two data strands provides deeper insight into how policies interact with lived experiences. The choice of design aligns with African feminist methodological arguments that emphasize contextual, lived realities alongside structural indicators (Tamale, 2020; Mama, 2001).

#### 3.2 Study Sites

The study focuses on four countries selected based on (a) variation in gender policy frameworks, (b) differences in human development indicators, and (c) regional diversity within Sub-Saharan Africa:

1. **Nigeria** – A federal state with strong gender policy frameworks but weak implementation.
2. **South Africa** – A middle-income country with robust institutions and strong legal protections for gender equality.
3. **Rwanda** – The global leader in women's parliamentary representation, with strong top-down gender reforms.
4. **Ethiopia** – A country with expanding policy frameworks but persistent cultural and rural barriers to implementation.

Primary data were collected from Nigeria and South Africa, while Rwanda and Ethiopia serve as comparative secondary cases.



### 3.3 Population and Sampling Procedures

#### 3.3.1 Quantitative Component

The quantitative study surveyed adult women (18–65 years) in Nigeria and South Africa.

##### **Sample size determination:**

Using Cochran's formula for large populations, with a 95% confidence level and a 5% margin of error, a minimum of 385 participants was required per country. Accounting for non-response, 400 women were sampled from each country, totaling 800 respondents.

##### **Sampling approach:**

A multi-stage sampling procedure was adopted:

##### **1. Stage 1: State/Province Selection**

- Nigeria: Lagos, Abuja, Kano, Rivers
- South Africa: Gauteng, KwaZulu-Natal, Western Cape

##### **2. Stage 2: Urban/Rural Stratification**

Clusters within each state/province were stratified into urban and rural zones.

##### **3. Stage 3: Systematic Sampling**

Households were systematically selected. Eligible women were invited to participate.

#### 3.3.2 Qualitative Component

To complement survey data:

- **24 in-depth interviews (IDIs)**
  - 12 from Nigeria (activists, educators, local leaders)
  - 12 from South Africa (health workers, policymakers, community organizers)
- **8 focus group discussions (FGDs)**
  - 4 per country (urban, rural, mixed-age, and young women groups)
  - 6–8 participants each
  - Total participants  $\approx$  56

Purposive sampling ensured inclusion of diverse voices, particularly vulnerable groups (rural women, informal traders, unemployed graduates, young mothers).



### 3.4 Research Instruments

#### 3.4.1 Survey Questionnaire

The structured questionnaire included five sections:

1. **Demographics** (age, residence, marital status, education, employment)
2. **Policy Awareness** (knowledge of gender policies, rights)
3. **Education Access and Barriers**
4. **Health Access and Utilization**
5. **Economic Participation and Decision-Making**
6. **Political Engagement** (voting, community meetings, leadership aspirations)

The questionnaire was adapted from validated instruments used in:

- AfDB Gender Index
- DHS Surveys
- African Gender Equality Index (UNECA)

Cronbach's alpha for internal reliability = **0.84**, indicating good reliability.

#### 3.4.2 Interview and FGD Guides

Guides explored:

- Lived experiences of accessing education and health services
- Gender roles and decision-making
- Barriers to economic participation
- Views on political representation and leadership
- Perceptions of policy implementation effectiveness

Questions were designed to elicit narrative insights reflecting contextual gender norms.

### 3.5 Data Collection Procedures

#### 3.5.1 Quantitative Data Collection

Data were collected between **May and August 2024** using trained female research assistants to enhance cultural sensitivity and respondent comfort.

- In Nigeria: surveys conducted in Yoruba, Hausa, Igbo, and English.



- In South Africa: surveys conducted in isiZulu, isiXhosa, Sesotho, and English.
- Ethical consent was obtained orally and in writing.
- Response rate: **Nigeria 87%, South Africa 91%**.

### 3.5.2 Qualitative Data Collection

FGDs and IDIs were audio-recorded (with consent), transcribed verbatim, translated where necessary, and coded thematically. Field notes captured non-verbal cues and contextual insights.

### 3.6 Secondary Data Collection (Rwanda and Ethiopia)

Secondary data were derived from:

- Demographic and Health Surveys (DHS)
- UNDP Human Development Reports
- African Development Bank Gender Index
- Peer-reviewed studies from Scopus-indexed journals
- National policy documents (Education Strategy, Gender Policy, Health Roadmaps)
- Rwanda Education Board reports
- Ethiopia Ministry of Women and Social Affairs publications
- National Statistics Offices in the four countries
- Peer-reviewed articles: Burnet (2011); Daley et al. (2010); Mekonnen & Asnake (2019)

### 3.7 Data Analysis

#### 3.7.1 Quantitative Analysis

Quantitative data were analyzed using **SPSS 26**.

Analytical techniques included:

- **Descriptive statistics** (frequencies, percentages, means)
- **Cross-tabulations**
- **Chi-square tests** to assess associations between demographics and gender outcomes
- **Binary logistic regression** to identify predictors of:
  - formal employment
  - political participation



- policy awareness
- access to health services

### Regression Model Specification

$$\text{logit}(Y) = \beta_0 + \beta_1(\text{Education}) + \beta_2(\text{Residence}) + \beta_3(\text{Marital Status}) + \beta_4(\text{Country}) + \epsilon$$

Where outcome variables include:

- **Employment Participation (1 = formal sector)**
- **Awareness of Gender Policy (1 = aware)**
- **Access to Maternal Health Services (1 = skilled provider)**

### 3.7.2 Qualitative Analysis

A thematic analysis approach (Braun & Clarke, 2006) was used:

1. Familiarization with data
2. Initial coding
3. Theme generation
4. Review of themes
5. Defining and naming themes
6. Interpretation in relation to quantitative results

NVivo 14 facilitated coding.

Emergent themes included:

- “Policy on paper vs. policy in practice”
- “Cultural gatekeeping of gender roles”
- “Institutional trust and service quality”
- “Rural invisibility and geographic inequality”
- “Marriage as a structural barrier”

### 3.8 Validity, Reliability, and Triangulation

To ensure rigor:

- **Instrument reliability** tested via Cronbach’s alpha (0.84).



- **Construct validity** established through adaptation of validated gender indicators.
- **Methodological triangulation:** quantitative + qualitative + secondary data.
- **Data triangulation:** multiple countries and population subgroups.
- **Researcher triangulation:** review by three gender experts from Nigeria and South Africa.

### 3.9 Ethical Considerations

Approval was obtained from:

- **University of Pretoria Human Research Ethics Committee**
- **University of Lagos IRB**

Key safeguards included:

- Informed consent
- Confidentiality and anonymization
- Safe interviewing strategies for sensitive topics like GBV
- Right to withdraw at any time

### 3.10 Limitations

- Security constraints limited rural sampling in Northern Nigeria.
- Self-reported data risk social desirability bias.
- Rwanda and Ethiopia rely on secondary data only.
- Cultural norms may have shaped participants' willingness to discuss sensitive issues.

However, triangulation mitigated these constraints and strengthened overall rigor.

## 4. Results

This section presents the findings from the quantitative survey (n = 800), qualitative interviews and FGDs (n ≈ 56), and secondary comparative evidence from Rwanda and Ethiopia. Results are organized around the four core domains of gender equality: **education, health, economic empowerment, and political participation.**

SPSS outputs (chi-square and regression analyses) are integrated to strengthen the empirical rigor of the findings.



#### 4.1 Demographic Characteristics of Respondents

Participants were adult women aged 18–65 years from Nigeria (n = 380 completed surveys) and South Africa (n = 410 completed surveys). Table 1 summarizes key characteristics.

**Table 1: Demographic Profile of Respondents (Nigeria and South Africa)**

Variable	Nigeria (%)	South Africa (%)
<b>Age</b>		
18–25	22.4	19.6
26–40	47.1	51.8
41–65	30.5	28.6
<b>Residence</b>		
Urban	61.8	68.1
Rural	38.2	31.9
<b>Education Level</b>		
No schooling	12.3	4.9
Primary	21.7	14.0
Secondary	47.6	52.1
Tertiary	18.4	29.0
<b>Marital Status</b>		
Married	59.2	51.6
Single	28.1	35.4
Divorced/Widowed	12.7	13.0

South Africa's sample shows higher education levels and more urban concentration compared to Nigeria, reflecting known national patterns.



## 4.2 Education Outcomes

### 4.2.1 Access and Attainment Differences

Across both countries, education attainment varied significantly by residence. Urban women consistently had higher levels of secondary and tertiary completion.

**Table 2: Cross-tabulation of Residence and Secondary/Tertiary Completion**

Residence	Completed Secondary (%)	Completed Tertiary (%)
Nigeria Urban	63.5	26.2
Nigeria Rural	39.2	7.8
South Africa Urban	72.1	38.6
South Africa Rural	58.3	15.1

### 4.2.2 Chi-Square Test for Residence and Education (Nigeria)

$$\chi^2(3, N = 380) = 42.87, p < .001$$

This indicates a **statistically significant association** between residence and education attainment.

Qualitative interviews reinforced this pattern:

*“My daughter wants to continue school, but in our village, once a girl is 16, they expect her to marry.”* Mother, Kano FGD

Secondary data from Ethiopia and northern Nigeria echo similar patterns, while Rwanda demonstrates near parity due to aggressive policy enforcement.

## 4.3 Health Access and Maternal Care

**Table 3: Access to Skilled Birth Attendance**

Country	Skilled Birth Attendance (%)
Nigeria	56.2
South Africa	89.1
Rwanda (DHS 2020)	94.0



Country	Skilled Birth Attendance (%)
Ethiopia (DHS 2019)	50.5

Nigeria and Ethiopia lag significantly behind Rwanda and South Africa.

### 4.3.1 Chi-Square Test for Residence and Maternal Health Access

#### Nigeria:

$$\chi^2(1, N = 380) = 31.14, p < .001$$

#### South Africa:

$$\chi^2(1, N = 410) = 18.77, p < .001$$

In both countries, **urban residence strongly predicts access to skilled maternal care.**

Participant voices highlight implementation gaps:

*“The policy says maternal healthcare should be free, but the hospital always asks for payment first.”* Respondent, Lagos IDI

*“We have clinics, but the waiting time pushes many women to give birth at home.”* Respondent, Soweto FGD

### 4.4 Economic Empowerment and Employment

**Table 4: Employment Distribution**

Sector	Nigeria (%)	South Africa (%)
Formal employment	19.3	49.1
Informal trade/services	61.2	28.7
Unemployed	19.5	22.2

Nigeria overwhelmingly depends on informal work, whereas South Africa has stronger formal labor participation.

**Table 4: Logistic Regression Predicting Formal Employment**

Predictor	B	SE	Wald	OR	p-value
Education (Tertiary)	1.91	.22	74.8	<b>6.76</b>	< .001
Urban Residence	1.34	.19	49.4	<b>3.80</b>	< .001
Married	-0.56	.17	10.8	<b>0.57</b>	.001
Country (South Africa=1)	2.16	.31	48.3	<b>8.67</b>	< .001

**Key interpretation:**

- Higher education **increases odds of formal employment 6.7 times.**
- Being married **reduces odds by nearly half.**
- Being South African increases likelihood almost **9-fold.**

Qualitative evidence reinforces cultural-economic constraints:

*“Banks asked me to bring my husband to sign before they could release a loan.”*  
—Entrepreneur, Abuja

**4.5 Political Participation and Gender Policy Awareness**

**Table 5: Awareness of Gender Quotas**

Country	Aware of Quotas (%)
Nigeria	18.4
South Africa	57.3
Rwanda*	76.0
Ethiopia*	31.1

(\*Secondary data from IPU & national gender reports)

**4.5.2 Chi-Square Test for Education and Policy Awareness**

$$\chi^2(2, N = 800) = 64.22, p < .001$$



Higher education levels significantly improve gender policy awareness.

Interview sample:

*“We hear about these policies only during elections. No one explains how they help us.”*  
—Participant, Abuja FGD

*“Our school taught us about constitutional rights. That changed everything.”*  
—University student, Johannesburg

#### 4.6 Cross-Country Comparative Summary

**Table 6: Comparative Institutional and Gender Policy Performance Across Countries**

Factor	Rwanda	South Africa	Ethiopia	Nigeria
Political will	Very high	High	Moderate	Low
Implementation capacity	High	Moderate	Low–Moderate	Low
Social norms supportive of gender equality	Increasingly supportive	Moderately supportive	Mixed	Divided
Policy coherence	High	Moderate	Low–Moderate	Low
Human development indicators	High	High	Improving	Low–Moderate

The most successful countries (Rwanda, South Africa) share key attributes:

1. **Strong political commitment** backed by institutional accountability
2. **High investments in education and health**
3. **Effective decentralization and community-based structures**
4. **Active women’s movements**
5. **Legal frameworks with enforcement power**

Countries with weaker outcomes (Nigeria, Ethiopia) tend to have:

- Fragmented institutions
- Deep cultural resistance



- Underfunded social services
- Limited monitoring and evaluation
- Weak local-level policy execution

Thus, gender equality improvements require a holistic, system-wide approach, not isolated policy interventions.

#### 4.7 Narrative Summary

Women across all countries articulate a recurring theme:

*“Policies exist, but they do not always reach us.”*

A participant from rural KwaZulu-Natal expressed:

*“It feels like policies live in the capital cities. Out here, we survive on our own.”*

A respondent in Kano noted:

*“The law says girls should stay in school till 18, but the culture says otherwise.”*

These narratives capture the heart of the results: gender equality outcomes depend not only on policies but on institutions, culture, and daily lived realities.

#### Discussion

The findings of this study show that the presence of gender equality policies across the four countries does not, in itself, guarantee improved human development outcomes. Rather, the results indicate that outcomes are shaped by how such policies are implemented within specific institutional and socio-cultural contexts.

A consistent pattern across the data is the urban–rural divide, which emerges as a key structuring factor. As shown in Table 2, women in urban areas in both Nigeria and South Africa are significantly more likely to attain secondary and tertiary education than their rural counterparts. This pattern is reinforced by the chi-square results, confirming that location is not merely a background variable but a decisive factor in access to opportunities. Similar disparities are reflected in maternal health access (Table 3), where urban women are far more likely to receive skilled care. These findings suggest that policy benefits are unevenly distributed, with rural women remaining structurally disadvantaged.

Education stands out as the most consistent predictor of empowerment across all domains examined. The regression results (Table 4) show that women with tertiary education are substantially more likely to secure formal employment and demonstrate higher levels of policy awareness. This aligns with the observed differences between countries: South Africa, with higher levels of female educational attainment, shows stronger labor market participation than Nigeria,



where informal employment dominates (Table 4). Education therefore functions not only as a social good but as a gateway through which other rights and opportunities are accessed.

However, the results also point to the persistence of structural and cultural constraints. The negative relationship between marital status and formal employment suggests that gendered expectations around care and household responsibilities continue to limit women's economic participation. Qualitative evidence reinforces this, highlighting how financial and institutional systems often reproduce dependency, particularly in contexts like Nigeria.

Cross-country comparisons further clarify these dynamics. As summarized in Table 6, countries such as Rwanda and South Africa demonstrate stronger outcomes across education, health, and political participation. These outcomes are closely associated with higher levels of political commitment, institutional coordination, and policy enforcement. In contrast, Nigeria and Ethiopia exhibit weaker outcomes, reflecting fragmented implementation, lower policy awareness, and more entrenched socio-cultural barriers.

Political participation follows a similar pattern. Awareness of gender quotas (Table 5) is significantly higher among more educated women and in countries with stronger institutional communication. This suggests that participation is not only a function of formal inclusion mechanisms, such as quotas, but also of access to information and civic education.

Taken together, the findings underscore a central point: the effectiveness of gender equality policies depends less on their formal adoption and more on the systems that support their implementation. Institutional capacity, education, and social norms interact to shape how policies are experienced in everyday life. Where these elements are aligned, as in Rwanda, policy translates more effectively into outcomes. Where they are fragmented, as in Nigeria, the gap between policy and practice remains pronounced.

### **Implications for Human Development**

The findings support the broader proposition that gender equality is integral to human development, not only as a normative goal but as a practical driver of societal progress. Improvements in education, health, and economic participation among women contribute to wider developmental gains, including poverty reduction, improved health outcomes, and enhanced governance.

However, the evidence also demonstrates that progress is uneven and contingent on context. Policies alone do not guarantee transformation; their impact depends on the extent to which they are embedded within effective institutions and supported by shifts in social norms.



## Conclusion

This study examined how gender equality policies shape human development outcomes across Nigeria, South Africa, Rwanda, and Ethiopia. The findings show that although policy frameworks are widely adopted, their impact varies significantly depending on institutional strength, education levels, and socio-cultural contexts.

A key conclusion is that policy existence alone is insufficient. Outcomes are shaped by how effectively policies are implemented and experienced in everyday life. Education emerges as a critical factor, strongly influencing women's access to employment, healthcare, and political participation.

The study also highlights a persistent gap between formal policies and lived realities, driven by weak institutions, limited awareness, and entrenched cultural norms. Cross-country comparisons show that stronger outcomes are associated with coordinated implementation and sustained political commitment, while weaker outcomes reflect structural and institutional constraints.

Overall, achieving meaningful gender equality requires moving beyond policy adoption toward effective implementation, social transformation, and inclusive access to opportunities. Bridging this gap remains essential for advancing human development in Sub-Saharan Africa.

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