

Literacy education as a determinant factor to impaired health status of women in Nigeria

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Abstract. This study examined the relevance and effect of education on the health status of women in Nigeria. Three research questions were stated to guide the study with specific objectives which include: (i) to reveal the implication of lack of education on the health status of women in Nigeria. (ii) to establish if lack of education had an impact on the wellbeing or health status of women in Nigeria. (iii) to attempt an exposition of the need for women to embrace literacy education for their wellbeing and those of their household.

Relevant literatures were reviewed, questionnaire were administered on 120 respondents who were women within reproductive ages and slightly beyond (16-59) and 80 respondents who were medical personnel. In addition, focus group discussions were also employed. Data analyzed revealed that illiteracy and poverty were major factors responsible for the impaired health status of women in Nigeria. Based on these findings, the study recommends among other areas that education of women should be enhanced and enforced right from childhood. Medical Personnel, Religious Organizations, Community Leader's and media houses should be involved in the enlightenment campaign so as to enlighten women on the need to be proactive about their *health status*.

Keywords: Women Health Status, Impaired, Literacy Education, Empowerment Skills, Medical Personnel.

1 INTRODUCTION

Education is a very important factor that determines how almost everything about man is done. The health status of women in Nigeria is no exception in this regard. This no doubt reiterates the fact that the education of a girl-child and woman in Nigeria and in the world over should be prioritized as such be made compulsory. It is no gain-saying that education is an eye opener, it opens the eyes of the recipient to hidden facts broadens one's outlook. Education guides one's decision making especially decisions that affect ones life and the lives of those around. It is well known that education often influences decision to seek counsel or treatment from the right direction, place or personnel, concerning cases of puberty, illness, pregnancy, family planning and menoposal on set in women. Their level of education will help them go about those stages without any treat to their wellbeing.

The International Conference on health promotion meeting which is the first of its kind took place in November, 1986 in Ottawa, Canada as a response to the increased expectations for a public health movement around the world so as to necessitate necessary action to be taken for Health for All by the year 2000 and even beyond, the conference asserted that: "Health Promotion is the process of enabling people to increase control over and to improve their health" Healthy living is therefore not just the responsibility of those in the health sector but everyone must make frantic effort to be healthy, the National Population Commission of ICF Macro, 2009 is of the opinion that the maternal mortality rate in Nigeria is about 100 times worse than in the industrialized countries. Likewise Olusola (2011) submits that the

maternal mortality ratio in Nigeria is estimated to be 545 deaths per 100,000 live births. Nigeria was ranked second in the world after India which ranked first in 2008, Nigeria was also part of a group of six countries that collectively accounted for over 50% of all maternal deaths globally. In addition the National Demographic and Health Survey (2008) also ranked Nigeria 8th in terms of maternal mortality ratio in sub-Saharan Africa behind Angola, Chad, Liberia, Niger, Rwanda, Sierra-Leone and Somalia.

The deaths of those Nigerian women were as a result of various complications which were associated with their pregnancies or possibly child birth. The Unicef information sheet on Girl-Child Education in Nigeria (2007) contends that Girls education does not only bring the immediate benefit of empowering girls but is seen as the best investment in a country's development as educated girls develop essential life skills including: self confidence, the ability to participate effectively in the society and protect themselves from HIV/AIDs, sexual harassment and exploitation. Girls' education also helps to reduce children and maternal mortality rates, thereby contributing to national wealth, health status and disease control among girls and women.

The Guardian (2011) published a pathetic story of 23 years old lady whose parents were poor farmers diagnosed with cancer. Her problem was said to have started while she was six months old, after she fell from the hands of her immediate elder brother and hit her mouth on the floor. Her parents thought it was a minor problem that she would outgrow eventually. But to their surprise the swelling grew bigger. The parents because of their lack of education resorted to local indigenous treatment, since they lived in the village. The pathetic story of the young lady is a confirmation of how lack of education could impair the health status of women and even uneducated persons generally. There were even cases of pregnant women with the believe that it best for them to give birth at home instead of going to the hospital either for antenatal care or even childbirth. That attitude is borne out of their ignorance and lack of education. Okediran (2003) corroborates the idea with the saying that education is an indispensable safeguard for the full development of the human personality and his environment.

1.1 Statement of the problem

The rate at which uneducated women suffer or die from one ailment or the other in Nigeria is quite worrisome and it is no doubt on the increase. Most of these uneducated women never go to qualified medical personnel for diagnoses when they are sick or when they suspect any ailment. They are found to patronize quack doctors, herbalist and patients' medicine that are not expected to diagnose or prescribe drugs to patients. Women in this category are forced to only seek treatment from the qualified medical personnel when their impaired health status begins to cause them great discomfort when it becomes impossible for them to go about their daily businesses or jobs (Kapadia, Shah & Sikiri, 1997).

Most of these women discussed lack the literacy skills and as such have no access to literature or writings which discuss ailment and diseases that do affect women at the different stages of their lives. Some of these ailments and diseases could however be prevented or even cured if discovered early enough but because most of them are illiterate, poor, and ignorant they often wait till the late hour.

1.2 Research question

This study is predicated upon the following research questions:

- i. To what extent is women health status been impaired in Nigeria?
- ii. What are the commonest health impairment statuses faced by women in Nigeria?
- iii. What are the socio-economic determinants of high-risk of health impaired status among Nigeria women?

- iv. What is the relationship between the impaired health status and level of education/literacy among Nigeria women?

1.3 Research hypotheses

- Ho₁: There is no significant difference between the extent to which the illiterate women and the educated women visits the hospital.
- Ho₂: There is no significant effect of literacy levels on the health status of woman in Nigeria.
- Ho₃: There is no significant difference between the extents to which the women that are rich and poor attend clinic for check-up.

1.4 Objectives of the study

Generally, this study is aimed at investigating the rate at which women health statuses are impaired by explaining the relationship between the literacy level of women and their wellbeing or health status. This is in order to know if their level of education will help or have positive impact on their living conditions to maintain a healthy status among Nigerian women. However, the specific objectives of the study are as follow:

- i. To investigate when women visit hospitals.
- ii. To determine the extent to which culture is responsible for the impaired health-status of women in Nigeria.
- iii. To determine the extent to which literacy levels are responsible for the impaired health statuses of women in Nigeria.

1.5 Literacy and its effect on women

Literacy as a concept is dynamic. UNESCO 1960 puts the definition of literacy as the ability to read and comprehend a piece of written matter which is written in the experience of the person tested and the ability to write a message conveying items of specific information. Asides the UNESCO definition of literacy, there are many other definitions of literacy as there are practitioners of it. Aderinoye (1997) as cited in Aromolaran (2004) however mentioned the reasons for the differences in the definition of literacy as stated below:

- i. There are many languages of literacy
- ii. There are many types of literacy
- iii. Literacy can be attained at difference level e.g basic, semi etc
- iv. It is also a well-known fact that people prepare themselves to be able to read different subject matters

From the above, literacy can be seen as a catalyst for an improved well being of every individual, because they will be able to read and have knowledge of relevant information which affect or may affect their welfare or wellbeing.

It is important that one needs to make it known that before an individual can truly or really make his/her existence a reality he or she must be able to communicate effectively with others to receive and transmit information. This explains that for women to be able to live a healthy life they must be able to read and write, and have access to information around them. It is pertinent to state categorically that with the world now being a global village, there is hardly any information one requires that cannot be found on the internet. Apart from posters, handbills, journals, books, magazines etc which discusses topics on ailments and other issues affecting women at different stages of their lives, likely symptoms of such ailments are usually written in black and white to serve as a guide and for necessary precautions to be taken before a condition gets out of hands.

It is pathetic to note that most illiterate women who as a result of their ignorance, illiteracy and poverty would rather resort to patronizing herbalists, patient medicine stores, or even quack doctors instead of going to an accredited hospital. That will eventually worsen their health condition and suddenly the state of health of such women become impaired and unmanageable. Of all the social determinants affecting the health status of women a major one which serves as bottom line for others is literacy education. Poor literacy level of the women in Nigeria affects how they (women) react or respond to illness or even symptoms that are indicative of imminent of illness. Lack of education has been linked to higher prevalence of many unhealthy conditions which include chronic and terminal diseases like maternal mortality, breast or cervical cancer, obesity, hypertension and diabetes etc.

2 METHODOLOGY

2.1 Population

The subjects of this study include the medical personnel's and female patients that are attending clinic and those admitted at the Obafemi Awolowo University Teaching Hospital Complex, Ilesa Osun State, Nigeria.

2.2 The sample

The sample consisted of eighty (80) medical personnel's and one hundred and twenty (120) female patients who attend clinic and those on admission in the female ward of Obafemi Awolowo University Teaching Hospital Complex, Ilesa, Osun State, Nigeria.

The medical personnel include doctors, nurses and other medical professional who could appreciate the meaning and effects of illiteracy and poverty on the health status of women as well as respond accurately to the items of the questionnaires. The female patients were women within the range of reproductive ages and slightly beyond (16-59) years old. Focus group discussions and interviews were employed to gather relevant data from these respondents.

Relevant information for the study was collected through the use of questionnaire. Section A of the questionnaire contained a list of items meant to collect information about the bio-data of the respondents. Section B contained a list of items reflecting the disposition of the female patients towards their health. These items were developed and validated by the medical experts in the field of health education and educational evaluation.

The questionnaire was a 20– item Likert type questionnaire. The questionnaire is meant for the literate medical personnel (80) and that the structured interview and oral discussion is meant majorly for the female patients (120) to cater for those who are illiterates among them.

2.3 Procedure

The questionnaires were administered to eighty (80) medical personnel randomly selected from all the departments in the hospital. The researcher went round the hospital with the help of research assistance to administer the instruments. The exercise lasted for four days. In addition to the administration of the questionnaire a focus group discussion was also carried out on some women by the researcher and the research assistant.

2.3.1 During the focus group discussion session:

A female patient on admission in the hospital has this to say:

“I am a palm oil producer in a nearby village in this state. I can only write my name. This problem started about a year ago. I initially visited a herbalist who gave me herbs to drink and to rob on my left breast. I felt a lot better then, to my surprise the whole thing started again few months ago, since then I have been coming to the hospital but I was asked to come for admission about a month ago waiting to be operated upon. Someone, even told me that the left breast may be removed which I don’t mind because the pain is unbearable and it has affected my whole being. I could not go about my daily business again. I’m really miserable now”

Palm Oil producer FGD/Ilesa

A female patient on admission in the hospital has this to say:

“I am petty trader with five children, my husband is a gateman. I can neither read nor write. My coming here is financed by a rich man who is a philanthropist in our area. My husband got someone who took him to the rich man when I could no longer bear the pain any more. I was initially using the local medication given to me by my husband’s friend when my husband explained my problem to him. The people in the hospital told me my condition would not have been this bad if I had come earlier at the detection of a lump in my breast”.

Petty Trader FGD/Ilesa

A female patient at the clinic has this to say:

“I am a Lecturer in one of the state owned tertiary institutions around here. I read about breast and cervical cancer in the dailies so I just felt should come for medical checkup. I haven’t any of the symptoms I read about but just decided to come so as to not to have any. Moreover, I read that most of these deadly ailment can be prevented if discovered early enough”.

Lecturer FGD/Ilesa

2014.

3 DATA ANALYSIS, DISCUSSION AND FINDINGS

Table I: Response by Frequency and Percentage of Subjects to Factors Responsible for Impaired Health Status of Women.

N = 80

Item Number	Factors	Responses					
		SAA		SDD		TOTAL	
		No	%	No	%	No	%
i.	Women visit hospital occasionally for check up	65	81.25	15	18.75	80	100
ii.	Women visit hospital when they have minor ailment	10	12.5	70	87.5	80	100
iii.	Most women who visit hospital for check up are the educated ones.	75	93.75	05	6.25	80	100
iv.	Most women who visit hospital for check up are those who are rich	68	85	12	15	80	100
v.	Women who visit hospital for check up are mostly illiterate	15	18.75	65	81.25	80	100
vi.	Every women visit hospital for regular check up.	20	25	60	75	80	100

vii.	Every woman has the knowledge of breast cancer	25	31.25	55	68.75	80	100
viii.	Every woman has the knowledge of cervical cancer	30	31.5	50	62.5	80	100
ix.	Every pregnant woman attends antenatal clinic	15	18.75	65	81.25	80	100
x.	Every pregnant woman understands balanced diet	35	43.75	45	56.3	80	100
xi.	Most illiterate women prefer herbal medicines.	60	75	20	25	80	100
xii.	Every woman knows about personal breast examination	20	25	60	75	80	100

xiii.	Every woman knows about modern method of caring for new born	35	43.75	45	56.25	80	100
xiv.	Lack of fund prevents most woman to attend hospital for medical check up.	70	8.15	10	12.5	80	100
xv.	Most women are too busy to go for regular medical check up.	55	68.75	25	31.25	80	100
xvi.	Most illiterate women go for post natal checkup	65	81.25	15	18.75	80	100
xvii.	Most educated women go for post natal checkup	65	81.25	15	18.75	80	100
xviii.	Most illiterate women prefer to give birth to their babies in the mission house, at home or traditional birth attendance.	60	75	20	25	80	100
xix.	Hospital protocol prevent most women from going to hospital for ante/post natal and occasional check up.	65	81.25	15	18.75	80	100
xx.	Women experience changes in their body system during/on the set of menopause.	75	93.75	05	6.25	80	100

Table II Chi-Square Analysis of Response of Subjects to Factors Responsible for Impaired Health Status of Women

Item No	Factor	X ²	df.	P	Decision
i.	Women visit hospital occasionally for check-up	31.05	1	3.84	*
ii.	Women visit hospital when they have minor ailment	45	1	3.84	*
iii.	Most women who visit hospital for check up are the educated ones.	61.25	1	3.84	*
iv.	Most woman who visit hospital for check up are those who are rich	39.20	1	3.84	*
v.	Women who visit hospital for check up ate mostly illiterate.	31.25	1	3.84	*
vi.	Every women visit hospital for checkup regularly	20	1	3.84	*
vii.	Every woman has the knowledge of breast	11.25	1	3.84	*

	cancer				
viii.	Every women has the knowledge of cervical cancer	2.50	1	3.84	NS
ix.	Every pregnant woman attends antenatal clinic	31.25	1	3.84	*
x.	Every pregnant woman understands balanced diet	1.25	1	3.84	NS
xi.	Most illiterate women prefer herbal medicines	20	1	3.84	*
xii.	Every woman knows about personal breast examination	20	1	3.84	*
xiii.	Every woman knows about modern method of caring for new born	56.25	1	3.84	NS
xiv.	Lack of fund prevents every woman to attend hospital for medical checkup	45.0	1	3.84	*
xv.	Most women are too busy to go for regular medical checkup	11.25	1	3.84	*
xvi.	Most illiterate women go for postnatal checkup	45	1	3.84	*
xvii.	Most educated women go for post natal checkup	31.25	1	3.84	*
xviii.	Most illiterate women prefer to give birth to their babies in the mission house or even at home.	20	1	3.84	*

xix	Hospital protocol prevents most women from going to hospital for ante/postnatal and occasional checkup.	31.25	1	3.84	*
xx.	Women experience changes in their body system during / on the set of menopause.	61.25	1	3.84	*

* Significant at 0.05 level ($p < 0.05$).

NS. Not significant

Table 1 above shows that other than item(s) viii, x and xiii, high proportion of the respondents agreed that the factors listed are factors responsible impaired health of women. For example 65 out of the 80 respondents (81.25%) agreed that women visit hospital when they have minor ailment; while 70 out of 80 (87.5%) and 60 out of 80 (75%) agreed that woman with minor ailment hardly visit hospital rather they resulted into herbal medicines or self medication. A huge proportion of 75 out of 80 (93.75%) agreed that women experience changes in their body system during and or one the set of menopause.

To ascertain whether the general agreement that stated factors are responsible for impaired health of women was significant or due to chance the data were further subjected to the chi-square test. The results shown in table 2 show that the opinion favouring these factors are significant except for the items viii, xi and xiii.

It was revealed in table 1 above that most women who visit hospital for check up are the educated ones. The chi-square calculated value (61.25) is greater than the critical value (3.84). This implies that the difference is significant at 5% confidence level. The table also revealed that the literacy level of most Nigerian women is responsible for their impaired health status. The chi-square calculated values of item(s) vii, xii and xiii (11.25, 20 and 56.25) are greater than the critical value (3.84). This is an indication that the literacy level of Nigerian women had significant effect on their health status. It was also revealed from the

table that there is a significant difference on the extent to which the rich and the poor women attend clinic for medical check up. This is because lack of fund prevents the poor women from attending clinic and thereby results to herbal medicines or other means to solve their health related issues. Items xi and xiv with chi-square values (20,45) greater than the critical value (3.84) attest to this.

The findings in this study corroborate the works of investigators such as the Icon Group International (2004) which opines that even if a woman is healthy when she becomes pregnant, it is possible to develop complication or be diagnosed with problem during pregnancy which can affect her and the unborn baby but for the lack of education on the part of most women in the study group they tend not see any need to attend clinic during pregnancy neither do such women make effort to know their present health status which may be at variance to their usual health condition, and this may eventually lead to death of the woman and even the unborn baby. This attitude of the women is borne out of their lack of education and poverty in most cases. Literacy education no doubt remains an important key to human development which helped to develop a balanced individual capable of surviving in his or her environment.

To corroborate the above findings it is also observed during the key informant interview where women attending clinic and those on admission attest to the fact that lack of literacy education, poverty and ignorance were determinant factors to their impaired health status. This is because their health condition would not have been that bad if they had heard previous knowledge about the need to always go for regular checkup. Some of the women do not even know anything about ailments affecting women.

4 CONCLUSION AND RECOMMENDATIONS

It is clear from our findings and discussions so far that cases of illiteracy, poverty and ignorance are major causes of impaired health status of women in Nigeria.

It is on this note that the writer is recommending that literacy education be made compulsory for women and the girl child in Nigeria. Governments should also assist in health service delivery to women. Empowerment programmes should be put in place by government at all levels.

Non-governmental organizations and private individuals who are financially buoyant should help to assist women. In addition sensitization programmes on healthy living and various ailments such as cancer of breast and other parts of the body should be taken to churches, mosques and market places for proper awareness on the part of women. Radio and television should also present programmes bothering on women's health.

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