

Literacy Education and Rural Women Participation in Reproductive Health Programmes in Northern Senatorial District of Cross River State, Nigeria

By

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Abstract

In the present globalized world, literacy has become an indispensable part of human existence. In fact, it has become the fourth basic human need after food, shelter, and clothing. The ability to read and write and to be adequately informed confers confidence as well as critical consciousness. Literacy raises awareness, improve sexual and reproductive health, boost active participation in health programmes such as personal/family hygiene, immunization, family planning, reduces infant and maternal mortality and other health related issues. Consequently, illiteracy, poverty and disease are more pronounced in rural areas than in urban. Furthermore, rural women suffer some degree of discrimination on the basis of gender and certain cultural practices which limit their rights of advocacy as well as economic ventures and even sexual decisions. The design adopted in this study is ex-post-factor design in which the researcher does not have direct control of the independent variable because their manipulations have already occurred. The population consist of all the health service providers who are in charge of the 128 healthcare givers (nurses) handling reproductive health programmes in northern senatorial district of Cross River State, and 251 rural women attending healthcare services. The stratified and simple random sampling techniques are applied in the study. Two sets of structured questionnaire were designed and administered to the respondents. The hypotheses are tested at .05 level of significance. The statistical tool used is one-way analysis of variance.

Keywords: Literacy education, Rural women, Participation, Reproductive health, Family planning, Immunization, HIV/AIDS

Introduction

The popular saying that illiteracy is a disease is not derogatory or an over statement. The wide spread poverty and disease in any society is clear indication of illiteracy level of that given society. Consequently, poverty and diseases are more pronounced in rural areas than in urban areas and reasons being that literacy rate is higher in urban centres than rural areas. Furthermore, there are better and more accessible education facilities as well as health facilities in urban centres than in rural areas.

Urban dwellers are more accessible to information and income generation ventures as well as other social and infrastructural facilities than the rural folk thereby placing the rural women in a more disadvantage status. Consequently, the rural dwellers are strong adherence to traditions and

customs and the culture of male-child preference as well as gender inequality which suppresses and limits the right of women are more influential in rural areas than urban areas. The absence of basic literacy skills limit compliance with family planning, immunization and HIV/AIDS programmes as well as strong adherence to some cultural practices in respect to reproductive life poses great risk to infant and maternal health and the general well-being of families and the society at large

Literacy on the other hand is a liberator, a strong force that bridge the gap between the rich and the poor, raises consciousness and critical thinking; it helps to improve the status of women. The National Commission for Mass Literacy, Adult and Non-formal Education (NMEC) (2017) stressed that “to ensure gender sensitivity, Women and men should be given equal right to education and any form of discrimination based on gender should be prohibited, (NMEC, 2017). The body also designed curriculum for literacy teaching to include among others the skill of reading, writing, numeracy, health education, hygiene, life skills, agriculture, vocational skills etc. United Nations Educational, Scientific and Cultural Organization (UNESCO) (2015) points that literacy is indispensable to raise awareness and gather necessary grassroots participation in our efforts aimed at improving the way we care for our lives and resources. The term awareness is all encompassing to include health awareness, healthy life styles, disease related issues and active participation in different health programmes. To be literate in modern application does not only mean the skills of reading and writing alone, it involves being adequately informed and skilful in a given life task.

United Nations (2015) in one of its goals stressed that by 2030, all nations must fight to end the epidemics of AIDs, tuberculosis, Malaria and neglected tropical diseases, and ensures universal access to sexual and reproductive healthcare services, including family planning information and education and the integration of reproductive health into national strategies and programmes. The high risk of HIV/AIDS poverty and disease in developing countries is as a result of illiteracy. Illiteracy limits an individual access to information, poor living standards, misconception, and discrimination and stigmatization against people living with HIV/AIDS which increases chances of the spread of the virus.

The acquisition of literacy skills is for sustainability. Health awareness brings about reduction in vulnerability to sexually transmitted diseases, uncontrolled and unplanned birth, Vescio-vaginal fistula, improves healthy life style and active participation in health and

reproductive programmes. Malaria is one deadly tropical disease that poses great risk of survival to pregnant women and children between 0-5 years of age. Timely information and periodic immunization exercise, increase the survival and well-being of both infants and mothers. Literacy is synonymous with empowerment and an empowered individual takes control of situations.

Statement of the Problem

In the past decades, global emphasis has been on life enhancement/empowerment programmes targeting poverty reduction and improved quality of life. Cross River State in conjunction with the Federal Government of Nigeria and other voluntary agencies and organizations had launched several programmes such as economic empowerment, environmental sustainability programmes, health improvement programmes, basic and functional literacy programmes, the roll back malaria and HIV/AIDS eradication programmes as well as population, family planning, immunization, sanitation and various local health committees such as Rural Water Supply and Sanitation Agency (RUNASSA), Water, Sanitation and Hygiene Committee (WASHCOM) had been formed with members comprising mostly women all in a bid to maintain healthy life style and curtail spread of disease. The central emphasis of reproductive health programmes has been on infant and maternal complications and death, as well as preventing unplanned/unwanted pregnancies, unsafe abortion, unregulated birth and large family size and other measures that would lead to improved family life.

It is assumed that the low participation by rural women and the attainment of the set goals of all these programmes are traceable to illiteracy, religion and traditional beliefs. It is against this background, that this study seeks to investigate whether literacy education could play a role in promoting rural women participation in reproductive health in Northern Senatorial District of Cross River State.

Purpose of the Study

The purpose of this study is to investigate the extent to which rural women in Northern Senatorial District of Cross River State participate in reproductive health programmes with emphasis on family planning, immunization, HIV/AIDS

Research Questions

This study is guided by the research question

1. To what extent does literacy education influence rural women participation in reproductive health programmes in Northern Senatorial District of Cross River State?

Hypothesis

This research is guided by the hypothesis:

1. There is no significant influence of literacy education and rural women participation in reproductive health programme in Northern Senatorial District of Cross River State.

Literature Review

The National Library of Medicine (2000) defined healthcare literacy as the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions. Akpama (2017) defines health literacy as the acquisition of health protection of one's health for effective functioning in one's daily activities

UNESCO (2015) stated that literacy skills development among adults provides participants with opportunities to develop practical and sustainable life skills in a wide range of fields including health (HIV/AIDS), maternal health, infant mortality, family planning hygiene, sanitation, female genital mutilation, malaria prevention and family nutrition. Federal Ministry of Health (2014) stressed that the masses need information on health and be aware that HIV is associated with poor general maternal health, which makes women more vulnerable to a number of infections and conditions such as malaria, anaemia and tuberculosis that increases the likelihood of complicated pregnancy outcome.

UNESCO (2015) emphasized that there are 793 million people around the globe in developed and developing world that are illiterate. That means that they are not only unable to read book or newspaper, but they also cannot read the labels of a medicine. Emphasizing the importance of literacy, Annan (2015) in Tumusiime (2019) stressed that for everyone, everywhere, literacy is along with education in general is basic human progress and the means through which every man, woman and children realise his or her full potential.

UNESCO (2013) stressed that literacy education helps mothers improve their children's nutrition. Educated people are more likely to understand, support and create solutions that ensure sustainability, less vulnerable to health risk, enable girls and mothers to reach their full potential

of creating a literate community as well as to use energy and water more efficiently and to recycle household waste.

The Federal Ministry of Health (2014) reports that malaria is highly endemic in Nigeria and possess a major health challenge with attendant risk of morbidity and mortality. The most vulnerable groups are children between 5 years of age and pregnant women, particularly women in the first and second pregnancy. Malaria infection during pregnancy poses substantial risk to the mother, her foetus and the neonate. Adequate information and control of malaria in pregnancy should lead to a better outcome of pregnancy, improve survival of mothers and reduces pre-natal mortality, preventing anaemia caused by malaria which leads to fever pregnant women requiring blood transfusion thereby reducing the risk of transfusion-related infections especially HIV and Hepatitis B.

UNESCO (2015) reports that the greatest challenge of recent years has been the need to harness literacy classes of various forms as a vehicle for promoting public awareness and addressing the HIV/AIDS issues. So public enlightenment through different media is essential for information dissemination for grassroot participation in programmes.

Methodology

The research design adopted in this study is *ex-post facto*. This design is considered appropriate because it is used in investigating possible cause and effect relationship. The area of the study is Cross River North Senatorial District which comprised Obanliku, Obudu, Bekwarra, Ogoja and Yala Local Government Areas. The population of this study comprised all the healthcare givers in all the health centres/health posts and all the women in rural areas especially those of child-bearing group in the five Local Government Areas of Cross River North Senatorial District. This population is considered appropriate because they are actively involved in dispensing and receiving of health information.

Data obtained from Primary Health Care Centres across the five Local Government Health Care Units 2025 indicates that there are 212 rural primary health centres/post with certificated care givers and 2518 registered women of child-bearing age. This population includes the health centres in the urban centres (local government headquarters).

The sampling technique adopted the multistage sampling procedure. The first stage was done on stratification based on age while the second was done on proportionate sampling

technique. The third was done by simple random sampling to select the number of health centres/post in each local government area. The fourth stage involved proportionate sampling to select sixty percent (60%) of nurses (healthcare givers) and ten percent (10%) from the population of women attending health services for each local government area. Thus, the sample population stood at 128 healthcare givers (nurses) and 251 rural women attending healthcare services.

Two instruments were used for data collection. The first was a questionnaire tagged – Nurse Factor Questionnaire (NFQ) which consist of twenty (20) test items designed on a four-point Likert scale. The second instrument was Rural Women Participation in Health Programme Questionnaire (RWPHPQ) which consist of 30 multiple choice questions drawn mostly from the dependent variable.

In order to justify the face validity, the instruments were given to two measurement and evaluation experts and two experienced nurses. A table of specification was constructed to determine the content validity as well as a trial testing was done to test the reliability using twenty (20) nurses and twenty (20) women who were not part of the main study. In doing this the Cronbach Alpha Reliability Coefficient was adopted and the internal consistency of the items stood at 0.89. The instruments were administered to 128 nurses and 251 women. The data obtained were analysed using Analysis of Variance (ANOVA). The hypothesis was tested at 0.5 level of significant.

Hypothesis: There is no significant influence of literacy education and rural women participation in reproductive health in Cross River North Senatorial District.

The average scores on knowledge of health programme obtained by the given rural women that attend and comply with health knowledge from health facilities was calculated and used in the analysis together with the nurse's attitude score. The nurses were divided into three groups according to their attitude scores as follows:

Low Attitude 10 – 20, Moderate Attitude 21 – 30, High Attitude 31 – 40. The test statistics used is one – way Analysis of Variance (ANOVA) as shown in the result in Table 1 below:

Literacy standard		N	Mean	SD		
Low		3	31.000	0.000		
Moderate		52	26.827	6.246		
High		70	24.814	4.801		
Variation	Sum of square	Df	Mean square	f-ratio	p-value	

Between groups	203.972	2	101.986	3.475	*.034
Within group	3580.028	122	29.344		
Total	3784.000	124			

* P<.05

Table 1 above shows that women who live in remote areas (communities) with less health facilities and literacy have a highest mean literacy skill acquisition score ($x = 31.000$, $s = 0.00$) followed by those in semi-urban environment with moderate health facilities and service providers with the mean of ($x = 26,827$ $s = 6,246$), and the last group of highly motivated and literate women and service providers of urban environment with the mean of literacy acquisition score of ($x = 24.814$, $s = 4.801$). It is observed that the difference in literacy skills of women is significant because the calculated F value of ANOVA which is 3.475 is significant since the corresponding P value (.034) is less than .05. Therefore, the null hypothesis which states that there is no significant influence of literacy and women participation in reproductive health programme is rejected. So literacy significantly influence rural women participation in reproductive health programme in Northern Senatorial District of Cross River State.

In order to determine the difference, a post hoc analysis was carried out using Fisher's Least Significant Difference as shown in Table 2 below:

Table 2: Post hoc analysis of the influence of literacy education and rural women participation in reproductive health programmes.

Nurse's level engagement	N	Low	Moderate	High
Low	3	31.000 ^a	4.173 ^b	6.186
Moderate	52	.187 ^c	26.827	2.013*
High	70	.055	.045	24.814

From the Table 2 above the mean scores of rural women with literacy skills and environment under moderate and high nurses/health service provider are significantly different while others are not.

Discussion of Findings

Based on the analysis of this study, the level of awareness and information and the participation in safety and reproductive health programmes depends highly on literacy level of people. Consequently, the availability of health facilities boosts active participation by rural

women in health programmes thereby equipping them with the basic and necessary health skills for healthy and meaningful living. This is in line with UNESCO (2015) assertion that literacy is indispensable to raise awareness and gather grassroots participation in our efforts aimed at improving the way we care for our lives and resources. The masses especially the rural women needs awareness and information about their health and the need to maintain healthy life style and be actively involved in hygiene and reproductive health issues.

From the study, it has been observed that despite the advancement in information and communication technology the people in rural communities are less accessible to information thus their participation in literacy programmes and health awareness is low due to some circumstance and literacy rate of rural dwellers. NMEC (2008) pointed out that in this age, a lot of information is available for personals community and national development. Up to sixty million Nigerians are in no position to take advantage of them, because they do not have literacy skills. Literacy is a fundamental tool for development of individual and the society.

Conclusion

Literacy in modern term has gone beyond the art of reading and writing to a level of being able to read, write, compute and be properly informed with basic knowledge and skills in any life given task. Illiteracy, poverty, and diseases are more pronounced in rural communities than in the urban areas because the rural dwellers lack adequate information, non-availability of loans and credit facilities and non-availability or inadequate healthcare services are major setbacks in the life of rural dwellers and women are most affected. Literacy is a liberator of all these indices of poverty's diseases and hardship.

Recommendations

Based on the findings of this study the following recommendations are made:

- 1 Well-articulated literacy programme be designed to teach the rural women reading and writing skills, life skills, environmental issues, sanitation/hygiene and reproductive health.
- 2 Efforts be made to rejuvenate the literacy by radio programme of past decades which was capable of disseminating health information teaching of life skill through radio programmes both in English and local dialect. This could be made possible through collaborative efforts of government's voluntary organizations and spirited minded individuals.

References

- Akpama, S.I. (2017). *Fundamentals of Adult Basic Education*. Calabar : University of Calabar Press.
- Federal Ministry of Health (2014). *National Guidelines and strategies for Malaria Prevention and control during Pregnancy*. Abuja: Federal Ministry of Health
- National Commission for Mass Literacy Adult and Non-formal Education (NMEC) (2017) *Policy Guidelines for Mass Literacy, Adult and Non-formal Education in Nigeria*. Abuja: Yaliam Press Ltd
- NMEC (2008) *Literacy by Radio: Facilitator's Guide* Abuja: NMEC & UNESCO publication
- Tumusiime, L. (2019). *Reading Association of Uganda: Literacy Matter Community Libraries, A tool for Community Empowerment*. Kampala: Fountain Publishers.
- UNESCO (2013). *Education Transforms lives*. Paris: UNESCO Press.
- UNESCO (2015). *Transforming Our World: Literacy for Sustainable Development*. Hamburg UNSECO Press.
- United Nations (2015) *Transforming our World: the 2030 Agenda for Sustainable Development*. UN. Org. retrieved September 13th 2025.