Influence of Rights-Based Approach to Female Literacy on Maternal Mortality and Morbidity Reduction in Ondo State, Nigeria

ERINSAKIN Martins Ojo¹, Mrs. ODEWALE Temitayo Rachael²

Department of Continuing Education and Adult and Non-Formal Education, Adeyemi College of Education, Ondo, Ondo State, Nigeria
Department of Adult Education (Special), Federal College of Education (Special), Oyo, Oyo State, Nigeria

Abstract:
There is no gain saying the fact that there is high rate of maternal mortality and morbidity reduction in Nigeria which is a threat to sustainable national development in a holistic approach. Some of the interventional strategies to tackle this syndrome is rights-based approach to female literacy approach. Descriptive research survey design was used for this study. The study population comprised, females who were of child-bearing at six tertiary institutions in Ondo State, Nigeria. The sample size of the study was (120) females of child bearing selected through a multi-stage sampling technique. The instruments that was used to generate data was self-developed structured questionnaire by the researchers, entitled: “Questionnaire on Influence of Rights-Based Approach on Female Literacy for Maternal Mortality and Morbidity Reduction in Nigeria”. The instruments was validated by two experts in tests and measurement at Adeyemi College of Education, Ondo, Ondo State, Nigeria, while its reliability was done through test, re-test method and 0.70 coefficient reliability obtained. Data was analysed through descriptive statistics (frequency counts, simple percentage and mean). Findings of the research showed that female literacy could positively imparted on taking healthy precautionary measures, development, reading of literatures that enhanced female access to reproductive health information and utilization. Based on the conclusion, recommendations were made that; female literacy should be given a priority by the government by committing enough fund for the programme implementation. Also, government should carry out enlightenment and sensitization programme through the media to enable the public to see the relevance of the programme on maternal and morbidity reduction in Ondo State Nigeria, and so on.

Keywords: Rights-based approach, Female literacy, Maternal mortality, Morbidity, Death reduction.

I. INTRODUCTION:

Background to the Study
One of the challenges which women in Nigeria are experiencing is the high rate of maternal mortality and morbidity. This remains a perennial issue, which Nigeria and Nigerians are contending with. Mojekwu and Ihekwu (2012), posited that Nigeria has one of the highest maternal mortality rate in the world, second to India, whose population is eight times larger than that of Nigeria. Hogan et, al (2010) reported that Nigeria at present has one of the highest rate of maternal mortality rate. Shah and Say (2007), defined maternal death as a death of a woman with childbearing within 42 days of its termination. According to World Health Organization Facts Sheet (2008), 1500 women die from pregnancy or pregnancy-related complications, in the developing nations, while it reduces in the developed nations. This indicates that maternal mortality is a global issue. Hence, Millennium Development Goals (MDGs) (5), “Reduction to three quarters between 1990 and 2015 of maternal mortality rate. This is a global agenda on maternal mortality. Ujahet, al (2005), noted that 25% of females of reproductive age who lived in developed countries contributed only 1% to maternal death world-wide. A total of 99% of maternal death occurs in developing countries. It has been found that more than half of these death occurs in Sub-Saharan Africa, and one third in Nigeria. Hence, Hogan, et al (2010), listed Nigeria as one of the six countries that accounted for 50% of global estimates of maternal death. Akokuwebe and Okafor (2015), reported that Nigeria has been mentioned by the United Nations as having the highest rate of maternal mortality in the world. The maternal mortality trend is also a reflection of morbidity as experienced by women in Nigeria. Oxford Advanced Learners Dictionary (2010), defined morbidity as having or expressing a strong interest in sad or unpleasant things, especially disease or death. In Nigeria, the factor causing women’s death apart from complications during pregnancy are diseases or their living conditions. Women are very vulnerable to attack of several diseases. The high maternal mortality and morbidity have also been traced to several factors. World Health Organization (WHO) (2012), identified some of the major causes of high (MMR) in Nigeria to include; haemorrhage, obstructed labour, puerperal infection, malaria and complicated abortions. WHO Factsheets (2008), attributed causes of maternal mortality to include; severe bleeding, infections, hypertensive disorder in pregnancy (eclampsia), obstructed labour etc. Mojekudu (2005), noted the following factors as causes of Maternal Mortality in Nigeria, particularly; medical factors (direct obstetric deaths, indirect obstetric deaths and unrelated deaths. It was further explained that, direct obstetric death occurs from complications of pregnancy, delivery or their management. Indirect obstetric death results from worsening of some existing conditions (such as hepatitis) during pregnancy. It has also been stressed that health service factors, such as, deficient medical treatment, mistake or wrong action and inactions by medical personnel,
lack of essential supplies and trained personnel, lack of medical facilities, lack of access to maternity services and lack of prenatal care. Other identified factors are; maternal age, illiteracy, non-utilization of ante-natal services and grand multiparity (Ujah, et al, 2005). Maternal morbidity is also caused by several infectious diseases which are aggravating death, during pregnancy and at child birth. These include; cancers, cardiovascular diseases, chronic respiratory diseases, tuberculosis, ischaemic heart disease, malaria and several other diseases. The high rate of maternal mortality and morbidity have negative implications on sustainable development in Nigeria in the following ways. It has reduced labour force, results to extra budgeting to curtail the trend, among others. Maternal morbidity poses as a threat to “Cogs in the wheel” of a journey to achieve sustainable national development in Nigeria. However, several attempts have been made by the Federal and State Governments alike to halt or reduce to a minimal level its high rate. Some of the measures adopted are; free maternal health services to pregnant women (Shiftman and Okonofua, 2007). Besides, more primary health care centres were built to make health services for the pregnant women move accessible, especially at the rural areas. In virtually all the states in Nigeria, more medical personnel were employed, especially, the Gynaecologists and other medical experts on women health related issues; free medical drugs for the pregnant women, procurement of modern facilities for effective services delivery at medical centres, especially at maternity units, and so on. Besides, sensitization, enlightenment programmes had been put in place through Extension Health Delivery Service Programme, especially for the women and pregnant women at the rural areas. Federal Government had also collaborated efforts with some International Organizations and Non-Governmental Organizations (NGO’s) alike, such as, World Health Organization (WHO) and others apart from budgeting a huge amount of fund towards combating maternal mortality and morbidity high rate in the country. It is however, painful that despite all the aforementioned approaches, Nigeria is still one of the nation’s leading in terms of high rate of mortality and morbidity when compared to some developed and even less developed countries. Illiteracy has been identified as one of the indicators and causes of these trends. It was further emphasized that, the relationship between females’ literacy and maternal mortality and morbidity re-occurrence is both direct and indirect. Hence, literate women are less likely to maintain adequate nutritional status, literate women are less likely to experience poverty and make decisions with respect to health and their well-beings, access and use information and have fewer children (Vijayan, Arati and Fanghsun, 2013). Besides, that female literacy programme reduces maternal mortality and morbidity ratio not only in the short run (immediately) but also have long terms effects on reducing maternal mortality and morbidity ratios. It is on this premise that, rights based approach to female literacy takes relevance. Hence, access to literacy programme will equip women with health values, reproductive rights which is either to make choices with regards to all aspects of reproduction and the right to have access to quality reproductive health care. However, the numbers of reproductive choices available are predicated on women’s capacity to acquire and utilize information necessary to enhance their reproductive health status. Therefore, it could be said that female literacy programme in Nigeria can reduce maternal mortality and morbidity by training them in crucial areas, such as; family planning, birth-attendant training, post-natal and anti-natal cares. Further, it was stressed that by improving maternal literacy, it could keep families together and save lives of numerous women in Nigeria. Female literacy will also enable mothers to acquire health knowledge (Mothers’ knowledge of vaccines, contraceptive, uses of medicines, and preventions of HIV/AIDS). Female literacy is also seeing as a predictor of positive maternal behaviours. Further, it was stressed that female literacy skills predict comprehension of printed and radio health messages in mass media, which could save their lives at child-birth and help them to prevent themselves from deadly diseases either, during pregnancy or not (Robert, 2009). Alister and Baskett (2006), submitted that strategic investment on female literacy would have the greatest impact on maternal mortality reduction. Extant literatures have shown also that the illiteracy level of females in the society most often results to their death at child-birth. Hence, female illiterates will find it difficult to understand simple instruction on preventive measures during pregnancy, appreciate various pre-natal and anti-natal health services, during pregnancy and so on. Literacy is the ability to read, write and compute a simple numeracy, skills to solve a daily challenges. The literacy level of women would allow them to make informed choices and seek proper health care. UNFPA (2012), reported that WHO’s report on Asia and the pacific shows that female literacy rates are a strong predictor of maternal mortality rates; the more literate the female population, the lower the maternal mortality and morbidity rates. Therefore, investment on female apart from its social and economic gains could help to break the intergenerational cycle of poverty, improve their employment opportunities, enhance their economic growth and that of their countries. It will also contribute significantly to their good health care maintenance, thus, reducing high rate of maternal mortality and morbidity in the society. It is in line with this, that literacy should be made a right to females in Nigeria. Adepoju (2005), stressed that literacy is a right. This is well established in the Article 26 of the Universal Declaration of Human Rights (1948) “that elementary education shall be free and compulsory and that the higher levels will be equally available to all on the basis of merit. The World Declaration on Education for All (EFA) in Article 1.1, includes; literacy oral expression, numeracy and problem solving as essential learning tools that comprise the basic learning needs of every person (UNESCO, 1990). The high rate of maternal mortality and morbidity have been sources of researches for scholars in Nigeria. For example, Akokuwe and Okafor (2015), carried out a study on maternal health and implications for sustainable development in Nigeria. Findings of the study revealed that, if the nation is to achieve a sustainable transformation, maternal health should be given a priority. Many scholars had conducted studies on maternal mortality and morbidity. Observable, much of the studies have not been done on influence of right based approach on female literacy as a strategy to reduce maternal mortality and morbidity in Ondo State, Nigeria. It is against this background this study was carried out.

II. STATEMENT OF THE PROBLEM

The high rate Maternal Mortality and Morbidity (MMM) in Nigeria is one of the challenges which successive governments, military and civilian alike have been struggling to reduce,
especially when put into consideration, it negative effects on sustainable national development of the nation, Nigeria. Hence, several strategies such as; of policies formulation and health programmes for the female implementation have been adopted to tackle these menace. However, the expected and desirable results are yet to be achieved. Hence, female literacy is thus seeing as a way out. It could make females to acquire knowledge, values and skills which are helpful to their health status during the period. It will also enable them to take precautions against deadly diseases that are cutting their lives short.

However, some fundamental questions which are lingering on in minds and begging for questions are:

i. Will female literacy enable the female to acquire health education before, during and after (perinatal) pregnancy?

ii. Will female literacy make the female to be acquainted with good health behaviours, especially during pregnancy?

iii. Can female literacy make the female to take precautions against deadly diseases, and so on?

It is against this background this study was conducted.

Objectives of the Study

The general objective of the study was to examine, whether rights-based approach to female literacy could reduce the high rate of maternal mortality and morbidity in Nigeria. Specifically, the study objectives were to:

i. To determine, whether through female literacy the female would be able to take health precautionary measures before, during pregnancy and after;

ii. Ascertain, whether the female literacy could develop positive health behaviours among the women; and

iii. Examine, if female literacy will make the female to have access to reproductive health information and utilization.

Significance of the Study

The research was significant in the following ways;

1. The results of the study would enable the stakeholders in the health sector to know female literacy could reduce the high rate of maternal mortality and morbidity in Nigeria.

2. The findings of the research will also enable government and other providers of female literacy to be aware that the programme could be used to tackle the menace of maternal mortality and morbidity in Ondo State, Nigeria.

3. The results of the study will provide a base line data on the impact of female literacy on their health related issues to women in Nigeria.

4. The findings of the study will provide justification for giving female literacy a priority, legislative supports and all other logistics that could guarantee the programme sustainability in Nigeria.

5. The study will also add to the extant literature on maternal mortality and morbidity and also useful for researcher(s) who will carry out study(ies) which are related to this work in future.

Research Questions

Three research questions were formulated to guide the study:

1. Will female literacy enable women to take precautionary measures during perinatal period?

2. Can female literacy make women to read literatures on health information during perinatal?

III. METHODOLOGY

Descriptive research survey design was used for the study. The study population comprised all the females, who were literates and still giving birth to children at six tertiary institutions in Ondo State, Nigeria.

The sample for the study was One hundred and twenty (120) females. They were selected through a multi-stage sampling technique in Ondo State. The state was split into three senatorial district (North, Central and South). In each district, two tertiary institutions were selected and twenty (20) respondents were picked.

The tertiary institutions were:

1. Rufus Giwa Polytechnic, Ondo (North)

2. AdekunleAjasin University, AkungbaAkoko (North)

3. Federal University of Technology, Akure (Central)

4. Adeyemi College of Education, Ondo (Central)

5. Federal Polytechnic, Ile-Oluji (South)

6. Ondo State University of Science and Technology, Okitipupa (South)

The instrument that was used to gather data was self-developed by the researchers, entitled, “Questionnaire on Rights-based Approach to Female Literacy for Maternal Mortality and Morbidity Reduction in Nigeria”. Fashioned on four likert rating scale of Strongly Agree (SA), Agreed (A), Disagreed (D) and Strongly Disagreed (SD).

The instruments was validated by the experts in test and measurement at Department of Adeyemi College of Education, Ondo to ensure that it had both content and face validity.

While, the instrument reliability was done, through test re-test method and 0.070 coefficient reliability was obtained. Data was analysed through description statistics (frequency counts, simple percentage and mean).
IV. PRESENTATION OF FINDINGS AND DISCUSSION OF RESULTS

Research Question One: Will female literacy enable women to take precautionary measures during perinatal period?

Table I. Showing frequency counts simple percentages and means on will female literacy enable women to take precautionary measures during perinatal period.

<table>
<thead>
<tr>
<th>S/N</th>
<th>ITEMS</th>
<th>SD</th>
<th>D</th>
<th>A</th>
<th>SA</th>
<th>Mean</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The programme has made to know how to take precautionary</td>
<td>9</td>
<td>11</td>
<td>40</td>
<td>60</td>
<td>3.2</td>
<td>Accepted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7.5%</td>
<td>9.2%</td>
<td>33.3%</td>
<td>50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Female literacy programme has not expose me to precautionary measures</td>
<td>86</td>
<td>14</td>
<td>10</td>
<td>10</td>
<td>1.5</td>
<td>Rejected</td>
</tr>
<tr>
<td></td>
<td>during pregnancy</td>
<td>72%</td>
<td>12%</td>
<td>3.3%</td>
<td>3.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>With the programme, I am able to withdraw from practices or behaviours</td>
<td>12</td>
<td>18</td>
<td>15</td>
<td>75</td>
<td>3.3</td>
<td>Accepted</td>
</tr>
<tr>
<td></td>
<td>that can affect me during pregnancy</td>
<td>10%</td>
<td>15%</td>
<td>12.5%</td>
<td>62.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Female literacy has made me to be more knowledgeable about various</td>
<td>7</td>
<td>13</td>
<td>20</td>
<td>80</td>
<td>3.5</td>
<td>Accepted</td>
</tr>
<tr>
<td></td>
<td>diseases that can endanger my life during prenatal period</td>
<td>5.8%</td>
<td>11%</td>
<td>17%</td>
<td>67%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Female literacy does not contribute to my improved health status</td>
<td>6</td>
<td>9</td>
<td>33</td>
<td>73</td>
<td>3.4</td>
<td>Accepted</td>
</tr>
<tr>
<td></td>
<td>during and before pregnancy</td>
<td>5%</td>
<td>7.5%</td>
<td>27.5%</td>
<td>61%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>The programme has overall effect on my health status before and during</td>
<td>4</td>
<td>5</td>
<td>21</td>
<td>90</td>
<td>3.6</td>
<td>Accepted</td>
</tr>
<tr>
<td></td>
<td>pregnancy</td>
<td>3.3%</td>
<td>4.1%</td>
<td>17.5%</td>
<td>75%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>124</td>
<td>70</td>
<td>139</td>
<td>388</td>
<td>3.0</td>
<td>Accepted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17.1%</td>
<td>9.7%</td>
<td>19.2%</td>
<td>54%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table I presents result on will female literacy enable women to take precautionary measures during the prenatal period? On item (1), 60 (50%) of the respondents strongly agreed, 40 (33.5%) agreed, 11 (9.2%), disagreed, while 9 (7.5%) strongly disagreed. On item (2), 10 (8.3%) of the respondents strongly agreed, 10 (8.3%) agreed, while 14 (12%) and 86 (7.2%) were obtained for disagreed and strongly disagreed, respectively. On item (3), 75 (62.5%) among the respondents strongly agreed, 15 (12.5%) agreed, 18 (15%) disagreed, while 12 (10%), strongly disagreed. On item (4), 80 (67%) among the respondents responded strongly agreed, 20 (17%) agreed, 13 (11%) disagreed, while 7 (5.8%) strongly disagreed. On item (5), 73 (61%) strongly agreed, 18 (15%) disagreed, 9 (7.5%), disagreed, while 6 (5%), strongly disagreed. Finally, on item (6), 90 (75%) of the respondents strongly agreed, 21 (17.5%) agreed, 5 (4.1%) disagreed, while 4 (3.3%) strongly disagreed. Based on the result it is obvious that right base approach to female literacy could make women to take precautionary measures during their perinatal period. Since, the average means of rating scale is (X = 2.5), while the average mean of rating scale of four is (X = 3.6). This result is supported by Lerms and Schnell (2001) opinion that through female literacy women would be exposed to their actions and inactions that could enhance women’s health status before, during and after pregnancy. This also aligns with the submission of Robert (2009) that through female literacy women, especially mothers would be able to acquire knowledge on vaccines, contraceptives and other drugs that can either endanger or promote their health status.

Research Question Two: Can female literacy make woman to read literatures on health information during perinatal period?

Table 2. Showing frequency counts, simple percentage and means on can female literacy make women to read literatures on health information during perinatal.

<table>
<thead>
<tr>
<th>S/N</th>
<th>ITEMS</th>
<th>SD</th>
<th>D</th>
<th>A</th>
<th>SA</th>
<th>Mean</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Female literacy enables me to read literatures on drugs</td>
<td>6</td>
<td>14</td>
<td>22</td>
<td>78</td>
<td>3.4</td>
<td>Accepted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5%</td>
<td>12%</td>
<td>18.3%</td>
<td>65%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>My inability to read manual on drugs due to my illiteracy affects me</td>
<td>14</td>
<td>16</td>
<td>21</td>
<td>69</td>
<td>3.2</td>
<td>Accepted</td>
</tr>
<tr>
<td></td>
<td>at perinatal period</td>
<td>12%</td>
<td>13.3%</td>
<td>17.5%</td>
<td>57.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Most death that occurred among women during pregnancy is due to their</td>
<td>8</td>
<td>7</td>
<td>25</td>
<td>80</td>
<td>3.5</td>
<td>Accepted</td>
</tr>
<tr>
<td></td>
<td>illiteracy</td>
<td>6.7%</td>
<td>5.8%</td>
<td>21%</td>
<td>67%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Death rate has not reduce due to literacy opportunity which female</td>
<td>90</td>
<td>10</td>
<td>18</td>
<td>2</td>
<td>1.4</td>
<td>Rejected</td>
</tr>
<tr>
<td></td>
<td>literacy offers for women</td>
<td>75%</td>
<td>3.3%</td>
<td>15%</td>
<td>1.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Most women are abusing drugs during perinatal due to their illiteracy</td>
<td>4</td>
<td>10</td>
<td>40</td>
<td>66</td>
<td>3.4</td>
<td>Rejected</td>
</tr>
<tr>
<td></td>
<td>level</td>
<td>3.3%</td>
<td>8.3%</td>
<td>33.3%</td>
<td>55%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>With female literacy my health status during my perinatal period has</td>
<td>70</td>
<td>33</td>
<td>7</td>
<td>10</td>
<td>1.6</td>
<td>Rejected</td>
</tr>
<tr>
<td></td>
<td>not improved</td>
<td>58.3%</td>
<td>27.5%</td>
<td>5.8%</td>
<td>8.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>192</td>
<td>81</td>
<td>133</td>
<td>305</td>
<td>2.7</td>
<td>Accepted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>27%</td>
<td>11.3%</td>
<td>19%</td>
<td>43%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 2 reveals results on can female literacy make woman to read literatures on health information during perinatal. On item (1), 78 (65%) of the respondents strongly agreed, 22 (18.3%) agreed, 14 (12%) disagreed, while 6 (5%) strongly disagreed. On item (2), 69 (57.5%) strongly agreed, 21 (17.5%) agreed, 16 (13.5%) disagreed, while 14 (12%) strongly disagreed. On item (3), 80 (67%) of the respondents strongly agreed, 25 (21%) agreed, 7 (5.8%) disagreed while 8 (6.7%) strongly disagreed. On item (4), 2 (1.7%) strongly agreed, 18 (15%) agreed, 10 (8.3%) disagreed, while 90 (75%) strongly disagreed. On item (5), 66 (55%) strongly agreed, 40 (33.3%) agreed, 10 (8.3%) disagreed, while 4 (3.3%) strongly disagree. On item (6), 10 (8.3%) strongly agreed, 7 (5.8%) agreed, 33 (27.5%) disagreed, while 70 (58.3%) strongly disagreed. Based on the results, right-based approach to female literacy could make women to acquire the basic literacy skills, thus, make them to be read literatures on health information during perinatal. Since, the average mean of rating scale is (X = 2.5) is lesser than the average mean of rating scale of four which is (X = 2.7). This result is in consonance with the submission of Alister and Baskert (2006) that female maternal mortality and morbidity could drastically be reduced by investing on female submission also lend credence to the results of the study that women would be able to read manuals and literatures on drugs and also use them as prescribed by doctor. Thus, reduce the high level of maternal mortality and morbidity.

V. CONCLUSION

Based on the findings of the study, it was concluded that right-based approach female literacy is one of the antidotes to high rate of maternal mortality and morbidity in Nigeria. Hence, it is of immense help to female on improving their health status and that could also enable them to tackle their various deadly diseases which could worsen their health status and make them to die prematurely.

Recommendations

The following recommendations were made based on the findings of the study;

1. Female literacy should be prioritized by the governments in Nigeria. Hence, it has a positive correlation with maternal mortality and morbidity reduction.

2. Government through the media should sensitize, orientate and educate the public, especially, females on the benefit of literacy education to their health status.

3. Government should commit adequate fund to female literacy programme for effective implementation of the programme.

4. Women should be encouraged to enroll for the programme.

5. Government should synergize or collaborate with international organizations like; UNESCO, WHO for effective running of the programme in Nigeria.

6. Women literacy education should be made available at the nooks and crannies of the country, Nigeria. This can be made possible by eradicating more centres of the programme.

VI. REFERENCES


