

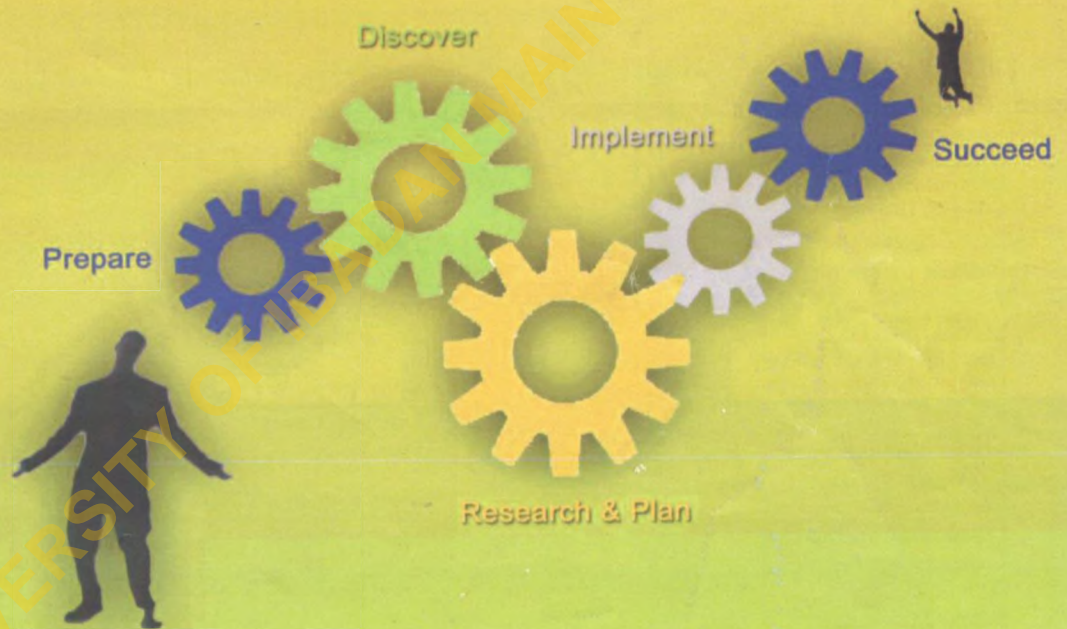
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**EDUCATIONAL EMPOWERMENT OF WOMEN: A MAJOR TOOL IN THE
ACHIEVEMENT OF MILLENNIUM DEVELOPMENT GOALS OF REDUCTION OF
MATERNAL AND CHILD MORTALITY IN NIGERIA
(A DEVELOPING COUNTRY)**



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ABSTRACT

Maternal and Child Mortality have remained issues of great concern in developing countries as effort to reduce them has not yielded much result. To achieve millennium development goals of reducing maternal and child mortality, issues of maternal education must be addressed. Educational empowerment enables women to utilize maternal health services, in order to maintain a healthy reproductive life and to bring up healthy children. This paper is based on findings from a study carried out in Akinyele local government in Oyo State, Nigeria. The study revealed that many of the women had low educational status and they utilized more of the services from the Traditional Birth Attendants (TBAs) and church. Also educational status had association with utilization of Prenatal, Delivery, Postnatal and Family Planning services. Also, women with higher level of education were in better position to make independent decisions concerning their health and that of their children.

KEY WORDS: **Child Mortality** (death of children below 5 years), **Decision Making** (ability to carefully think and choose from different available options), **Educational Empowerment** (having more control over ones life or situation as a result of knowledge and skill acquired through schooling), **Gender** (the culturally constructed fact of being a male or female), **Maternal Mortality** (death from pregnancy related complications occurring throughout pregnancy, labour, childbirth and up to 42 days after delivery), **Millennium Development goals** (internationally established goals to be achieved by nations by the year 2015), **Neonatal Mortality** (death of babies below 28 days of age),

INTRODUCTION

Maternal mortality is a medical as well as a social problem. Every woman is exposed to some risk during pregnancy, but some are able to enjoy some facilities while others are less privileged. The fifth millennium

development goal is to reduce maternal mortality ratio (MMR) by three-quarters between 1990 and 2015. The indicators include MMR and proportion of births attended by skilled health professionals (MDGs Report, 2004). The millennium development goals include poverty

reduction, education, gender equality, reduction of maternal and child mortality (UN, 2004). Available data indicate that maternal mortality is still high about 1,000 per 100,000 live births in the late 1990s to 2001. According to Moss, Darmstadt, Marsh, Black, Santosham.(2002) "Neonatal mortality now accounts for approximately two-thirds of the 8 million deaths in children less than 1 year of age, and nearly four-tenths of all deaths in children less than 5 years of age. Worldwide, 98% of all neonatal deaths occur in developing countries, mostly at home, and largely attributable to infections, birth asphyxia and injuries, and consequences of prematurity, low birth weight and congenital anomalies." The achievement of the fourth goal which is to reduce child mortality can only be achieved if the mothers are alive, healthy and knowledgeable.

The MDGs report (2004) stated that "It is very unlikely that Nigeria will meet the 2015 target of reducing under-five mortality by two thirds because of obstacles like poverty, poor access to health care facilities, HIV/AIDS, and poor maternal health." Studies have shown that educated women are able to overcome most of these obstacles. According to the ICPD Programme of Action, "education, together with reproductive health, is one of the most important means of empowering women with the knowledge, skills and self-confidence necessary to participate fully in the development process" (UNFPA, 2005). Education is a cornerstone of women's empowerment because it enables them to respond to opportunities, to challenge their traditional roles and to change their lives.

The maternal health is very important as it also affects the health of the new born child. WHO (1999) report stated "It is estimated that nearly two thirds of the 8 million infant deaths that occur each year, result largely from poor maternal health, hunger, inadequate care, insufficient management of delivery and lack of essential care of the new born". The under-five mortality especially neonatal mortality (i.e. the death of a child within 28 days of

birth) is still at a worrisome level. The health of a mother has impact on the health of the baby.

Studies have shown that women with higher educational attainment are more likely to use formal pregnancy related care than less educated. The low educational status of women in developing countries limit their access to economic resources and basic education and thus their ability to make decisions related to their health, nutrition and that of their children. UNICEF (2001) stated that "fertility rates, use of antenatal and delivery services in health care facilities, age of sexual debut or age of marriage are all related to educational levels and cultural values". Thus educational empowerment is very important in order to ensure the women and their children remain alive, healthy and productive and also to achieve the millennium development goals of reducing maternal and child mortality ratios.

EDUCATIONAL EMPOWERMENT

Education is a concept that has influence on the individual personality and development and relationship with others in the society. It influences the individual's perception of his environment. Hornby (2006) defined education as "a process of teaching, training and learning especially in schools and colleges, to improve knowledge and develop skills". The Lexican Webster dictionary (1995) defines education as "institution of training by which people however young learn to develop and use their mental, moral and physical powers". Thus education empowers people with knowledge and skill to live a healthy and productive life. As a popular maxim says, "knowledge is power". If an individual is ignorant of the available resources and her rights to such, she will suffer deprivation in the mist of plenty; this will affect her children and future generation.

Education can be formal, informal or non-formal. Educational achievement can only be measured in a general sense in formal education, hence talking about educational empowerment, one talks about

the levels of achievement in formal education. Apart from being a source of knowledge, education is a vehicle of socio-economic advancement. It opens up economic opportunities and social mobility. In most societies, educational credentials are the most important criteria for entry into formal employment and sorting individuals into hierarchy of occupation.

The school as a social institution provides general practical knowledge, credential for employment, expand network and socialization in modern values. Educating women benefits the whole of society. It has a more significant impact on poverty and development than men's education. It is also the most influential factor in improving child health and reducing infant mortality (UNFPA, 2005). Women's education also has an effect on family size. The more years of education a woman has, the fewer children she tends to bear.

Despite the clear advantages of female education, parents tend to prefer to educate their sons. A girl's role in life is often perceived solely as a link to the household; formal education may thus be seen as a waste of resources. She is also likely to marry into another family and take with her any advantages she gains from education (UNFPA, 2005). Although literacy and school enrolment among both girls and boys has increased dramatically, much remains to be done. At least 60 million girls lack access to primary education. And the gender gap in literacy persists: More than two thirds of the world's 960 million illiterates are women. In India, literacy rates are 39 per cent among women and 64 per cent among men. In Egypt, only 27 per cent of females are literate, compared to 63 per cent of males (UNFPA, 2005). Boys are more likely to be enrolled in school, and to remain in school, than girls. This becomes more and truer as the level of education increases. Even in the developed world, fewer women than men attend universities.

IMPACT OF EDUCATION ON MATERNAL AND CHILD HEALTH

Education has an impact on survival both as direct determinant of behaviour and

indirectly as it affects cultural attitudes and gender relation. The higher a woman's level of education, the more likely it is that she will marry later, play greater role in decision making and exercise her reproductive right (UNICEF, 2007). Most children in developing countries die from preventable causes such as diarrhoea, pneumonia, malaria, measles, AIDS and other illnesses and complications that can be fatal to newborns in their first month of life. Undernutrition is a factor in many of these deaths. Child mortality is also affected by: poor nutrition; access to good sanitation and clean water; the mother's health and level of education; the child's gender; and the family's income. Education leads to greater choices. But 115 million children of primary school age are denied this right.

The loss of potential does not affect children alone: Education, especially for girls, has social and economic benefits for society as a whole. Educated women have more economic opportunities and engage more fully in public life. Women who are educated tend to have fewer and healthier children, and they are more likely to attend school. Education also increases the ability of women and girls to protect themselves against HIV. All of the above benefits are essential to breaking the cycle of poverty.

Women empowerment and demographic change (1996) identified various areas that impact of education is seen in a woman's reproductive life:

- The number of children a woman wants - More educated women want fewer children than less educated women. Since they have acquired ability to think and reason for themselves.
- Marriage - Women with little education marry earlier and start having children sooner than women with more education. Early marriage increases the number of children a woman may likely have. This increases risk that comes with each pregnancy.
- Contraception - The more educated women are more likely to use modern contraceptive method and to use them correctly.

- Child mortality – Women who begin to have children at a young age, who do not space their pregnancy and who have frequent pregnancies are more likely to have low birth weight and sickly babies.
- Health related decision making – More educated women are able to take responsibility for decisions regarding the health of their children. Their greater self assertiveness and confidence in dealing with outside and their greater chance of having an outside income that they can spend on their family also contribute to their improved health and survival of children.

GENDER BIAS AND GIRL'S ACCESS TO EDUCATION

Gender bias occurs whenever someone's attitudes, decisions and actions towards an individual are based on that individual's gender (Hodges, 2001). Gender draws attention therefore to socially constructed aspects of differences between men and women (Marshall, 1994). The society being patriarchal is biased in favour of the masculine gender as Hodges (2001) opined "Because Nigeria is a deeply patriarchal society, gender bias is pervasive and so deserves to be carefully examined as a factor affecting girls access to education".

Parents hold the key to enrolment. Nigerian parents give priority to the schooling of boys, rather than girls, especially in large families where funds are insufficient to enroll all children. Gender roles are stereotyped, with the girls made to do greater proportion of household chores including care of younger siblings, the fetching of water and firewood and general housework. In some families, investing in girls education is regarded as investing for the benefit of the family she will marry into and higher education is not necessary since her major role will be home-keeping and child raising (Hodges, 2001). This resulted in low educational status in many

communities since it was not seen as necessary for the girl child and women in general.

THEORETICAL FRAMEWORK

Functionalism and rational choice theories will be used as theoretical bases for this work.

Functionalism

Functionalism views the society as a system, that is, a set of interconnected parts which together form a whole. The concept of function refers to the contribution of the part to the whole. More specifically the function of any part of the society is the contribution it makes to meet the functional prerequisites of the social system. Parts of the society are functional so long as they maintain the system and contribute to its survival.

Education of women has been suggested to alter traditional resources because of increase in family size, leading to changes in decision making and allocation of resources in the household (Caldwell 1983). Education modifies beliefs about disease causation and care and thus influences receptivity to modern health care services. Schooling enhances people's knowledge of modern health care services, improves ability to communicate with modern health care providers, increases the value people place on good health results in heightened demand for modern health care services (Caldwell 1979, Schultz 1984).

These show that education as a secondary source of socialization has major influence on the acceptance of maternal health services by women. It has a functional role as it contributes to the wellbeing of women through their acceptance and utilization of health services. Education is said to be functional since various studies revealed that women with higher education level perceive health care as important to their health and that of their baby, hence seek care regularly from formal health setups.

Rational Choice Theory

Rationality is the ability to think and make decisions based on reason. Rational choice theory is a sociological theory that derived its principles from neoclassical economics and was developed by James S. Coleman (Ritzer, 1996). The focus in rational theory is on actors. Actors are seen as having intentionality that is, actors have ends or goals towards which actions are carried. They stated that actions starts with actor's purpose or intentions but they are faced with two major constraints which are scarcity of resources and social institutions. Those individuals with lots of resources achieve their goals easily while those with little forgo some of their objectives. Institutional constraints emanate from family, school, church, hospital, government policies; these discourage certain actions and encourage others. This theory also stated that there is growing sense of the importance of information in making rational choices. As it was recognized that quantity and quality of information is highly variable and variability has a profound effect on actor's choices (Friedman and Hechter, 1988).

Women can think rationally when they have adequate knowledge about issues; they can take decisions based on informed knowledge. Women have various health care resources to use or chose from. They have goals of achieving safe childbirth and healthy life, but faced with scarcity of resources and institutional constraints, many cannot make the choice they wish to. Family influence also affect their choice, they sometimes forgo their own decision. These influences Maternal Health Service utilization by women.

METHODOLOGY

The study utilized a cross-sectional research design to elicit information on the educational attainment of women and utilization of various health services which have influence on both maternal and child health. A rural community in Akinyele Local Government Area, in Oyo State, Nigeria, a developing country was used as the study setting. The community had a population of 1,802 women and about 250 houses. The target population was women of childbearing age who have ever been pregnant. The setting was selected purposively and systematic random sampling method was used to select 150 respondents. The major research instrument was a self administered questionnaire which was written in English and Yoruba. The instrument was administered with the help of trained research assistant. The illiterate respondents were assisted in filling the questionnaires. The filled questionnaires were retrieved, coded and analyzed using statistical package of the social sciences (SPSS) software package. Chi Square test statistics was used for the statistical analysis.

RESULTS

The study revealed that 50% of the respondents did not have any formal education. The result on table 1 showed that many the women utilized the services of TBAs 25.3%, followed by Primary Health Centre (PHC) 23.3%. Also, educational level had significant positive relationship with delivery in a health care facility on table 2. Post natal visit and the use of Modern Family planning methods also showed a positive relationship with educational status, tables 3 and 4. Women with Higher educational status demonstrated the ability to make decision about issues relating to their health and that of their children, table 5.

Table 1: Distribution of Respondents by Where Antenatal Care was received during Pregnancy

Place for Antenatal Care	Frequency	Percentage
Nowhere/Home	10	6.7
Church	32	21.3
Traditional Birth Attendant (TBA's)	38	25.3
Primary Health Care	30	23.3
Private Hospital	10	10.7
General Hospital	18	12.0
Teaching Hospital	1	0.7
Total	150	100

Table 2: Women's Educational Attainment and Place of Delivery

Choice of place for childbirth	Educational level						Total
	No Formal	Primary	Vocational	Junior Secondary	Senior Secondary	Post Secondary	
PHC/ Hospital	22	10	-	6	18	14	70
TBA/ Church/ Home	53	15	4	6	1	1	80
Total	75	25	4	12	19	15	150
	N	χ^2	df	Contingency Coefficient		P \leq 0.05	Remark
Educational Level	150	124.392	35	0.673		0.00	Significant
Place for Childbirth	150						

Table 3: Women's Educational Attainment and Postnatal Visit

Post Natal Visit	Educational level						Total
	No Formal	Primary	Vocational	Junior Secondary	Senior Secondary	Post Secondary	
Yes	35	12	4	8	16	15	90
No	40	13	-	4	3	-	60
	75	25	4	12	19	15	150
	N	χ^2	df	Contingency Coefficient		P \leq 0.05	Remark
Educational Level	150	44.120	10	0.464		0.00	Significant
Post Natal Visit	150						

Table 4: Women's Educational Attainment and Use of Modern Family Planning Methods

Use of Modern Family Planning Methods	Educational level						
	No Formal	Primary	Vocational	Junior Secondary	Senior Secondary	Post Secondary	Total
Yes	6	13	2	5	9	5	40
No	69	12	2	7	10	10	110
	N	χ^2	df	Contingency Coefficient	P \leq 0.05	Remark	
Educational Level	150	37.822	10	0.449	0.001	Significant	
Use of Modern Family Planning Methods	150						

Table 5: Women's Educational Attainment and Major Decision Maker on the Choice of Health Care for Self and Children

Major Decision Maker	Educational level						
	No Formal	Primary	Vocational	Junior Secondary	Senior Secondary	Post Secondary	Total
Husband	46	14	2	3	6	4	75
Mother/Father (In-Law)	25	9	-	4	-	-	38
Self	4	2	2	5	13	11	37
Total	75	25	4	12	19	15	150
	N	χ^2	df	Contingency Coefficient	P \leq 0.05	Remark	
Educational Level	150	90.404	20	0.615	0.00	Significant	
Decision Maker	150						

DISCUSSION

The result from this study has been able to show the importance of educational empowerment in improving the health of mothers and their children thereby reducing maternal and child mortality. The findings showed that their educational status was low and utilization of maternal health services was poor, 50% of the respondents did not have formal education. When tested statistically, the result showed a positive significant relationship between educational status and the utilization of maternal health services which include Antenatal Care, Delivery Services, Post Natal and Family Planning Services.

The implication of the positive relationship is that, as women acquire more education, health services utilization will

improve and this will result in the reduction of maternal and child mortality and improve health status of women and children. Schaefer (2001) opined, "The functionalist approach hold that if an aspect of social life does not contribute to society's stability the society will not pass it on from one generation to the next". The study also showed that education also influenced decision making process as more educated women were able to take independent decisions than the less educated women. Studies have shown that educational attainment has impact on the utilization of health facilities and taking decisions concerning the child's treatment and nutrition.

The woman with higher educational attainment is able to make decision about her health since she has the resources with which she can achieve her goal which is utilization of modern health services. Hussain et al (1998) opined "Education empowers the woman to

take personal responsibility for her health and that of her children". The woman with low educational attainment will not be socially and economically empowered. She lacks knowledge with regards to health hence holds onto traditional beliefs on illness causation, and is unable to decide on her health, since she has little economic empowerment. She has difficulty meeting her health need, settles for available resources like traditional birth attendants, may run into difficulty if complications arise during delivery. This will result in poor maternal health status.

SUMMARY AND CONCLUSION

The importance of women's educational empowerment cannot be over emphasized, as it is an indispensable tool in the fight against maternal and child. To achieve millennium development goals, effort should be made to ensure girl child education to senior secondary school level. Studies have shown that educating women benefits the whole of society. It has a more significant impact on poverty and development than men's education. It is also the most influential factor in improving child health and reducing infant mortality (UNFPA, 2005). Women's education also has an effect on family size, the more years of education a woman has, the fewer children she tends to bear (UNFPA, 2005). The women with higher educational status are able to utilize health information and resources like antenatal, delivery, post natal, family planning services. These services help to reduce maternal and child mortality.

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