

WOMEN LITERACY IN SEXUALITY EDUCATION AND FAMILY EMPOWERMENT: IMPLICATION FOR HEALTHY LIVING

ADEBAYO, Motunrayo Ayobami, Ph.D

Department of Educational Psychology,
School of General Education,
Oyo State College of Education, Lanlate.

Abstract

The study investigated women literacy in sexuality education and family empowerment: implication for healthy living of female civil servants in Oyo State Civil Service Secretariat, Ibadan, Oyo State, Nigeria. To achieve these objectives, three null hypotheses were formulated from the independent variable namely; education level, sexuality education and occupational level. Anderson behavioural model and quality and quantity tradeoff theory were used as the theoretical background. For the purpose of this study, hundred (100) respondents were selected using the purposive sample technique. The Women Literacy in Sexuality Education and Family Empowerment: Implication for Healthy Living questionnaire (WLSEFEIHLQ) was administered to the respondents. Analysis of Variance (ANOVA) and t-test were used in testing the hypotheses at .05 alpha level of significance. The findings revealed that there is no significant relationship between educational level, sexuality education and occupational level and family empowerment and healthy living. It was therefore recommended amongst others that counselling psychologist should promote an understanding of the need for sexuality education programmes by raising awareness of salient sexual and reproductive health issues and concerns affecting women and provide an institutional framework for the implementation of sexuality education programmes.

Keywords: Women Literacy, Sexuality Education, Family Empowerment, Functional Living.

Introduction

The family is the basic universal social institution and inevitable part of human society. In all societies, families perform vital functions including reproduction, socialization of children, socially approved sexual relations, economic support, education, religious training, companionship, production and recreation (Umezulike and Njumogu, 2014). According to Adepoju(2005),the perpetuation of each family, clan or line of descendants or community is of major concern, hence all political, economic, cultural, spiritual and ideological efforts are geared towards this end. Given this scenario, it can be assumed that sexuality is one of the major concerns of traditional societies and that the ideology on which traditional sexual education was based was biological which perfectly corresponded with the then prevailing socio-economic conditions(Adepoju, 2005).

Ikpe (2004) postulated that “Sexuality defines the very essence of one’s humanity including one’s self-image, being male or female, physical looks and reproductive capacity; that is sexuality is a natural part of life. It is about the way we are made, how we feel about ourselves, what roles we play in the society and how we procreate. Action Health Incorporated(AHI),(2003) posited that comprehensive sexuality education refers to a planned process of education that fosters acquisition of factual information, formation of positive attitudes, beliefs and values as well as the development of skills to cope with the biological, psychological, socio-cultural and spiritual aspects of human sexuality. Sexuality education in Nigeria is included in the issue of morality and discussions on sexual issues are never open in the family circle. The rules that govern sexual behaviour differ widely across and within cultures. Certain behaviours are seen as acceptable and desirable while others are considered unacceptable. This does not mean that these behaviours do not occur, or that they should be excluded from discussion within the context of sexuality education.

UNESCO (2009) argues that sexuality education has a number of mutually reinforcing objectives:

- increase knowledge and understanding (such as about sex and the law, the nature of sexual abuse and what to do about it);
- explore and clarify feelings, values and attitudes (developing self-esteem and feeling proud of one’s body);
- develop or reinforce skills (saying “no”, resisting pressure);
- promote and sustain risk-reducing behaviour (seeking help).

Moreover, the international community’s obligation to universal access to comprehensive sexuality education is not only reflected in human rights laws and principles, but also in major development goals and plans, such as the Millennium Development Goals (MDGs). It is important to note that increasing access to rights-based comprehensive sexuality education would contribute to eradicating poverty (MDG 1); achieving universal primary education (MDG 2); promoting gender equality and the empowerment of women (MDG 3); fighting against infant and maternal mortality and morbidity and achieving universal access to reproductive health (MDGs 4 and 5); and reducing transmission of HIV and AIDS (MDG 6).

However, Park (2006) contended that more than 500,000 women died during child birth each year. This is due to ignorance, illiteracy, lack of money, poverty, cultural belief, poor hygiene environment, food restriction amongst others which could have been prevented during maternal care. Ihejimaizu (2002) argued that women are the key to sustainable development

and quality of life in the family. Women make important and diverse contributions to socio-economic development of the family and the nation as wives, mothers, healthcare providers, counselor, amongst others and as such their health should be given more attention.

Women Literacy in Family Empowerment and Health Promotion.

While the exact mechanism of education's impact on health is not known, it has been suggested that educating women alters the traditional balance of power within the family, leading to changes in decision making and allocation of resources within the household (Caldwell, 1979). Therefore, educated mothers are more likely than uneducated women to take advantage of modern medicine and comply with recommended treatments. Furthermore, education may change mothers' knowledge and perception of the importance of modern medicine in the care of their children. Educated women generally want smaller families and make better use of reproductive health and family planning information and services in achieving their desired family size (Sharma, 2004). Women with more education also tend to have healthier families (UNICEF, 2011).

In Nigeria, evidence shows that there is a correlation between mother's education and child nutrition and growth. According to Gender in Nigeria Report (2012) Nigerian women with less education were less likely to receive antenatal care: Only 25 percent of Nigerian mothers with no education received antenatal care, compared with 95 percent of those with higher education or 80 percent of those with secondary school education. Evidence shows that although most women in Nigeria may know little about modern contraception, more-educated women tend to use and know more about them; the proportion of women who use family planning and child care increases with level of education.

Agbakwuru (2002) posited that education equips one with marketable skills thereby lifting the possessor up from the poverty arena. Essentially, through education, the individual learns good health habits, principles and practices which promote healthy living and longevity as well as acquire marketable skills that confer economic power on the educated. Angel-Urdinola and Wodon (2010) using data from eight states in Nigeria examined the impact of women's income generation on household decision-making found that women living in poor households were less likely to have a say in household decision-making compared to women living in wealthy households. As women became empowered with education, their number in the workforce increased and this made them assume a visibly significant part of the society. They appeared more forceful in their demands for equality in all spheres of human endeavour. In addition, they are seen as essential for the achievement of sustainable development.

In most Nigerian cultures, women are expected to be quiet, passive and concerned primarily with home, husband and children, while men are expected to be gruff, strong and unfeeling and concerned with work and acquiring wealth (Adepoju, 2005). This process has been found to have a serious negative effect on sexuality in the sense that qualities, capabilities and interests of individuals are consistently jeopardized. Adepoju (2005) observed that in most cases, career women who appear to be aggressive in their quest for money are sometimes treated with disdain and disrespect. Social pressure, rigid customary practices and even the law have led to people being boxed-in with limited self-expression, personal growth and development (Adepoju, 2005).

The concept of social individuality

Griscom (1992) postulated that woman is an individual within the social reality in which she grows up and develops with the disagreements between her and society. According to this model, the separation between self, others, and community, is artificial, because these three create one another within a single complex whole. It hypothesizes that the defenselessness of one woman, which changes by means of her activism in collaboration with others in her situation, is a process that empowers the entire community of women. It is women, irrespective of their status, who do most of this invisible work, not only in the domestic domain, cleaning, cooking, maintenance, and providing emotional and sexual services. Another part of women's work, which is more obvious in its contribution to social production is motherhood which receives social glorification. From the foregoing it is important to note that achieving change requires policy and programme actions that will improve women's access to secure livelihoods and economic resources, alleviate their extreme responsibilities with regard to housework, remove legal impediments to their participation in public life, and raise social awareness through effective programmes of education and mass communication.

As long as women remain illiterate and are subject to discrimination in education and training, the motivation for change so badly needed to improve the quality of life for the family will fail in most societies because it is the woman who is responsible for the training of the children during formative years.

Conceptualizing empowerment:

Kabber (2001) asserts that one way of thinking about power is in terms of the ability to make choices: to be disempowered, therefore, implies to be denied choice. Standing on the notion of empowerment is that it is inescapably bound up with the condition of disempowerment and refers to the processes by which those who have been denied the ability to make choices acquire such an ability. In other words, empowerment entails a process of change. Kabber (2001) defines empowerment as the expansion in people's ability to make strategic life choices in a context where this ability was previously denied to them. The relationship between individual autonomy and reproductive choice was also predictable: women with greater freedom of movement were more likely to use contraceptives when they did not want any more children (Kabber, 2001). It reminds us that while individual women may play an important role in challenging these constraints, structural inequalities cannot be addressed by individuals alone. Individual women can, and do, act against the norm, but they may have to pay a high price for exercising such autonomy and their impact on the situation of women in general remains limited. It goes back to the point made earlier that individual empowerment is a fragile gain if it cannot be mobilized in the interests of collective empowerment.

Only a few studies have examined women's empowerment as related to healthy family living in Nigeria. Kritz and Makinwa –Adebusoye (2001) conducted a study in five states in Nigeria that examined the association between gender empowerment and reproductive behaviors. The purpose of this study is therefore to examine the differences in women literacy in sexuality education and family empowerment using education level, sexuality education and occupation level as variables.

Research Questions

1. What is the influence of women education level on family empowerment for healthy living?

2. What is the influence of women sexual education on family empowerment for healthy living?
3. What is the influence of women occupational level on family empowerment for healthy living?

Research Hypotheses

1. There is no significant influence of women education level on family empowerment for healthy living.
2. There is no significant difference in family empowerment for healthy living based on women sexual education.
3. There is no significant difference in family empowerment for healthy living based on women occupational level

Methodology

The research design adopted for this study is the survey research design. It basically uses questionnaire and interview as a means of data collection.

Research Area

The research was carried out in the State Civil Service Secretariat, Ibadan, Oyo state, Nigeria. The population of the study consists 100 female civil servants of reproductive age.

Sample and Sampling Technique

For the purpose of this study, hundred (100) respondents were selected using the purposive sample technique to pick women of reproductive age working at State Civil Service Secretariat, Ibadan, Oyo state.

Method of Data Collection

The study adopted structured questionnaire tagged Women Literacy in Sexuality Education and Family Empowerment: Implication for Healthy Living Questionnaire (WLSEFEIHLQ). The questionnaire was administered to hundred (100) respondents in the study area. Only eighty-eight (88) respondents returned the questionnaire. The questionnaire was administered to twenty (20) respondents at an interval of four weeks to ascertain the reliability of the instrument. The Pearson Product Moment correlation was used in computing the correlation co-efficient of the instrument and a reliability index of .76 was obtained; hence statistically adjudged to be reliable and considered suitable for research purpose.

Method of Data Analysis

Mean and Standard Deviation were used in answering the research questions, while Analysis of Variance (ANOVA) and t-test were used in testing the hypotheses at .05 alpha level of significance. The Analysis of Variance (ANOVA) statistics was used for analyzing null hypothesis one because more than two variables were tested while t-test statistics was used for null hypotheses two and three because two variables were tested.

Answering of Research Questions

Research Question 1

What is the influence of women education level on family empowerment for healthy living?

Table 1: Mean and Standard Deviation of the influence of women education level on family empowerment for healthy living.

	Family Empowerment	N	X	S	D
Education Level	Primary Level	2	3 2 4 . 7 8 7 . 3 5		
	Secondary Level	3	3 2 5 . 3 6 7 . 0 9		
	Tertiary Level	32	27.03	7.24	

Analysis on Table 1 reveals that the mean score of women with tertiary level of education is 27.03, followed by mean score of women with secondary level of education (25.36) and the mean score of women with primary level of education (24.78). This implies that family empowerment for healthy living based on women education level differs. The inference is that women education level influence family empowerment for healthy living.

Research Question 2

What is the influence of women sexual education on family empowerment for healthy living?

Table 2: Mean and Standard Deviation of the influence of women sexual education on family empowerment for healthy living.

	Family Empowerment	N	X	S	D
Sexual Education	Have Sexual Education	2	7 2 4 . 9 3 7 . 3 6		
	No Sexual Education	6	1 2 6 . 2 1 6 . 1 4		

Analysis on Table 2 reveals that the mean score of women that have no sexual education is 26.21 is higher than the mean score of women that have sexual education (24.93). This implies that family empowerment for healthy living based on sexual education level differs. The inference is that sexual education level influence family empowerment for healthy living.

Research Question 3

What is the influence of women occupational level on family empowerment for healthy living?

Table 3: Mean and Standard Deviation of the influence of women occupational level on family empowerment for healthy living.

	Family Empowerment	N	X	S	D
Occupational Level	Skilled	3	6 2 5 . 3 3 7 . 0 3		
	Unskilled	5	2 2 6 . 1 5 7 . 3 4		

Analysis on Table 3 reveals that the mean score of women that have skilled occupational is 25.33 is lower than the mean score of women that have unskilled occupational level (26.15). This implies that family empowerment for healthy living based on women occupational level differs. The inference is that women occupational level influence family empowerment for healthy living.

Testing of Hypotheses

Hypothesis 1

There is no significant influence of women education level on family empowerment

for healthy living. To test the hypothesis, Analysis of Variance (ANOVA) was employed to analyze the data. The result is presented in Table 4.

Table 4: Result of Analysis of Variance (ANOVA) of women education level influence on family empowerment for healthy living.

Sources of variation	Sum of Squares	Degree of freedom	Mean square	F-cal	F-crit	Decision
Between groups	78.57	2	39.28	.76	3.07	Accepted
Within groups	4420.52	85	52.01			
Total	4499.09	87				

Not significant at 0.05 alpha level; N = 88

Table 4 reveals that the calculated F of .76 is less than the critical F of 3.07 given at 0.05 alpha levels with 2 and 85 degrees of freedom. This revealed that the null hypothesis which speculated a non-significant influence of women education level on family empowerment for healthy living is retained. This implies that women education level does not significantly influence family empowerment for healthy living.

Hypothesis 2

There is no significant difference in family empowerment for healthy living based on women sexual education. To test the hypothesis, independent t-test was employed to analyze the data. The result is presented in Table 5.

Table 5: Result of independent t-test of the women sexual education on family empowerment for healthy living.

	Family Empowerment	N	\bar{X}	S D	d f	t - cal	t-crit	Decision
Sexual Education	Have Sexual Education	27	24.93	7.36	86	.78	2.00	Rejected
	No Sexual Education	61	26.21	6.14				

Not significant at 0.05 alpha level; N = 88.

Results in Table 5 shows that the calculated t-value of .78 is less than the critical t-value of 2.00 given at 0.05 alpha levels with 86 degrees of freedom. This revealed that the null hypothesis which speculated that there is no significant difference in family empowerment for healthy living based on women sexual education is retained. This implies that women sexual education does not significantly influence family empowerment for healthy living.

Hypothesis 3

There is no significant difference in family empowerment for healthy living based on women occupational level. To test the hypothesis, independent t-test was employed to analyze the data. The result is presented in Table 6.

Table 6: Result of independent t-test of the women occupational level on family empowerment for healthy living.

	Family Empowerment	N	\bar{X}	S D	d f	t - cal	t-crit	Decision
Occupational Level	S k i l l e d	36	25.33	7.03	88	.52	2.00	Rejected
	U n s k i l l e d	52	26.15	7.34				

Not significant at 0.05 alpha level; N = 88.

Results in Table 6 shows that the calculated t-value of .52 is less than the critical t-value of 2.00 given at 0.05 alpha levels with 86 degrees of freedom. This revealed that the null hypothesis which speculated that there is no significant difference in family empowerment for healthy living based on women occupational level is retained. This implies that women occupational level does not significantly influence family empowerment for healthy living.

Discussion of Findings

The result of the statistical analysis of the null hypothesis one of this study revealed that there is no significant influence of women education level on family empowerment for healthy living of female civil servants at the Oyo State Civil Service Secretariat, Ibadan, Oyo State. This finding is contrary to the findings of Caldwell (1990) which suggested that educating women alters the traditional balance of power within the family, leading to changes in decision making and allocation of resources within the household. This study could not determine the reasons for non-significance of woman education level on family empowerment in the study area. However, it is the opinion of the researchers that if existed, it could be traced to the level of autonomy exercised by both educated and non-educated women.

The result of statistical analysis of hypothesis two of this study showed that there is no significant difference in family empowerment for healthy living based on women sexual education. This finding corroborates that of Adepoju (2005), which discovered that in most Nigerian cultures social pressure, rigid customary practices and even the law have led to women being restricted with limited self-expression, personal growth and development. This process according to Adepoju (2005) has been found to have a serious negative effect on sexuality in the sense that qualities, capabilities and interests of individuals are consistently endangered. Also discussions on sexual issues are never open in the family circle.

Of a particular interest to this study is the non-significant difference in the family empowerment for healthy living based on women occupational level. This is in line with Adepoju (2005) findings that in most cases, career women in Nigeria who appear to be forceful in their quest for money and are sometimes treated with disdain and disrespect. The findings however, is contrary to that of Angel-Urdinola and Wodon (2010) which found out that women living in poor households were less likely to have a say in household decision-making compared to women living in wealthy households and as women became empowered with education, their number in the workforce increased and this made them assume a visibly significant part of the society.

Conclusion and Recommendations

From the findings of the study, it can be concluded that the educational level, sexuality education and occupational level did not have significant impact on family empowerment and healthy living in the study area. Moreover, this study focuses on women in intact family and thus does not represent the empowerment measures for those women who are single mother. These women were not asked questions on partner prohibitions. In terms of women's literacy and sexuality education and family, the non-significant differences of educational level, sexuality education and occupational effects observed in Port Harcourt, suggests the need to identify other factors subsumed in the variables used, which were responsible for the results obtained.

Consequent upon this, there is a need for counselling psychologist to promote an understanding of the need for sexuality education programmes by raising awareness of salient economic, sexual and reproductive health issues and concerns affecting women and provide an institutional framework for the implementation of sexuality education programmes.

Moreover, counselling psychologists should advocate for increased media coverage that applauds women vital roles in family empowerment, shows men and women, boys and girls performing jobs and roles that are not gender typical, and condemns violence against women.

There is also the need to reach out to religious institutions in addressing goals gender equality, reproductive health and family empowerment.

References

- Adepoju, A. (2005). Sexuality Education in Nigeria: Evolution, Challenges and Prospects. Understanding Human Sexuality Seminar Series 3 Lagos, Nigeria March 24, 2005.
- Agbakwuru, C. (2002). 'The role of primary education in the promotion of national integration and cohesion'. *Knowledge Review* 1(2), 15-23.
- Action Health Inc (AHI), (2003) Comprehensive Sexuality Education: Trainers' Resource Manual. Lagos: AHI
- Angel-Urdinola D, and Wodon Q.(2010) Gender Disparities in Africa's Labor Market. The World Bank; 2010. Income Generation and Intra-Household Decision Making: A Gender Analysis for Nigeria.
- Caldwell, J. (1979). Education as a factor in mortality decline: An examination of Nigerian data. *Population Studies* 33:395–413.
- Gender in Nigeria Report (2012). 'Improving the lives of women and girls in Nigeria: Issues, policies and actions'. British Council, Nigeria, 2012. <http://gtd.sagepub.com/content/16/3/329.refs>(Accessed 02/11/2017).
- Griscom, J.L.(1992) Women and Power: Definition, dualism, and difference. *Psychology of Women Quarterly*. 16(4):389-414.
- Ikpe, E. B, (2004). "Human Sexuality in Nigeria: a Historical Perspective" in AFSRC, *Human Sexuality in Nigeria: Understanding Human Sexuality Seminar*.
- Kabeer, N.(2001) "Reflections on the Measurement of Women's Empowerment." In *Discussing Women's Empowerment-Theory and Practice*. Sida Studies No. 3. Novum Grafiska AB: Stockholm.
- Kabeer, N. (2005) Gender equality and women's empowerment: A critical analysis of the third millennium development goal. *Gender and Development* 13(1):13-24.
- Kritz MM, Makinwa-Adebusoye P.(2001) Couple Agreement on Wife's Autonomy and Reproductive Dynamics in Nigeria. Presented at Session 88: Gender Roles and Population Outcomes at The International Union for the Scientific Study of Population; Salvador, Brazil. 2001.
- Mai Do Nami Kurimoto (2012) Women's empowerment and choice of contraceptive methods in selected African countries. *International Perspectives On Sexual and Reproductive Health*, 23 – 33.
- Meghan C. , Ilene S. Speizer, Jean-Christophe F., Akinsewa A., Abdulmumin S., Lisa ., and Laili I. (2014). The role of gender empowerment on reproductive health outcomes in urban Nigeria. *Maternal Child Health J.* 18(1): 307–315.
- Sharma, B. (2004). Utilization of antenatal care services in Nepal. *Nepal Population Journal* 11, (10): 79-97.
- Umezulike R.O.E and Njumogu M.N(2014) Counselling interventions for family security in Anambra state in *Persective in Guidance and counselling*. Page 31-40 Edited by Adegoke A.A and Aluede O. Justice-Jeco Printing and Publishing Global. Benin-city. Nigeria.
- UNESCO (2009). International technical guidance on sexuality education. Paris: UNESCO. http://data.unaids.org/pub/ExternalDocument/2009/20091210_international_guidance_sexuality_education_vol_2_en.pdf.(Accessed on 24/10/2017).