

STRATEGIES FOR SUSTAINABLE REPRODUCTIVE HEALTH FOR NATIONAL DEVELOPMENT

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Abstract

This paper examines some strategies for sustainable reproductive health in Nigeria for National Development. The purpose of the study was to find out whether reproductive health determines participation of women in national development. It emphasizes that it is a healthy people that produces a healthy nation. Participation of majority of women in national development is significantly low compared to their male counterparts. Observation and statistical data points to the fact that women of child bearing ages are mostly affected, thereby reducing the manpower and workforce required for nation-building and development. It is against this background that this study was anticipated. This paper was guided by three research questions and three null hypotheses. The study was a descriptive survey. It reviews samples from randomly selected 600 women from Delta State. A checklist tagged: Strategies for Sustainable Reproductive Health and National Development (SSRHND) was used for the study. The instrument has a reliability coefficient of 0.88, using Pearson (r). Results obtained indicates that the use of counseling strategy for sustainable reproductive health does not determine women participation in national development as well as child spacing and contraceptive use. The paper concludes that sustainable reproductive health is an issue that concern women and hence the responsibility of government to ensure services that will improve the living condition of women and other members of the society. The paper recommends amongst others that government should enact health policies that will enhance sustainable reproductive health of women. And that women of child bearing age should apply child spacing, contraceptive devices and

attend counseling session regularly in order to reduce the problem associated with reproductive health for national development.

National development is made possible through the meaningful contribution of healthy individuals in various segment of the Nigeria economy. In other words, a healthy people produce a healthy nation. National development is seen as the effort of able body persons, hence it often refers to as nation building. Population education emphasizes sustainable reproductive health in its concept in order to match human and material resources for economic development. Thus, Arisi (2010) believes that the level of development is closely tied to sustainable reproductive health of women in Nigeria.

Sustained human reproduction is an imperative to any well meaning nation interested in national development. According to Longman (1995), human reproductive health has to be sustained involving deliberate attempts of action of individuals, institutions, government and government agencies to fast track sustainable reproductive health of a nation. Aminu (2007) indicates that reproductive health implies that people are able to have a responsible, satisfying and safe sex life with the capability to reproduce. This also include the freedom to decide it, when and how often to do so. Implicit in these are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods or strategies in ensuring pregnancies occur at the right time in a woman's life. These strategies when appropriately utilized are capable of reducing high risk of pregnancy experienced among women in Nigeria. This view suggest that reproductive health issues, majorly suffered by women whose population are greater than that of men. Consequently, arising from this observation is the fact that the work force required for nation building or national development is reduced. Health is a significant factor in national development. Health deals with the physical conditions and how healthy the individual is. This implies that health relates with human physiology in men and women, particularly in relation to their reproductive health. It is against this background several strategies are sort to attain a sustainable reproductive health among child bearing age women. Okobiah (2010) revealed that the reproductive behaviour is universally conditioned by biological and psychological factors. Therefore, improve reproductive health become advantageous to national development.

McIlhaney and Nethery (1998) identify strategic measures that may lead to sustainable reproductive health in women to include counseling strategy. These include women in consultation, discussion, deliberation, advice, exchange of ideas or a process of decision making about safe sexuality. Others are child spacing technique and contraceptive devices aimed at achieving birth control in order to protect greater number of women from the risk of reproductive health. These strategies are directed towards women because reproductive health are issues of women from their reproductive years to the time she starts having her menstrual period until the time it stops.

Theoretical Framework

This paper adopts the life course approach to reproductive health: Theory and method by Mishra, Cooper and Kuh (2010). The theory stated that reproductive health involves the investigation of factors across life and also across generation, that influences the timing of menarche fertility, pregnancy outcome, gynecological disorders and age at menopause. It also recognized the important influence if reproductive health on chronic disease risks in later life.

The relevance of this theory to the present investigation is that reproductive healths are examined from the view point of factors that should lead to sustainable health of women of child bearing age. The theory suggests appropriate approaches and strategies for improving the conditions of women in their reproductive state. By implication, the theory sues for measures that will encourage women's participation in various aspects of the economy that will lead to national development in Nigeria. Some of these strategies are contained in literature.

A Review of Strategies for Sustainable Reproductive Health

Some of the strategies reviewed in relation to proffering measures that will increase or improve reproductive health of women are organized as follows:

Counseling as a Strategy

Counselors are of the view that women reproductive health can be improved when they are encouraged to participate in discussing issues affecting women reproductive health. According to Egbule (2002), counseling as one part of the entire guidance programme, ordinarily means consultation, discussion, deliberation, advice, exchange of ideas or a process of decision making about safe sexuality. In addition, Makinde (1988) describes the concept as a service designed to help individuals analyze himself by relating his capacity, achievement, interest, weakness and modes of adjustment. In the same vein, Odebunmi (1992) define counseling as one part of the guidance programme and a relationship of one to one or a group of twelve people which normally deals with personal and emotional issues more extensively but usually characterized by privacy and confidentiality.

The aim of counseling strategy is to assist women with reproductive health challenges and how they will cope with complicated issues arising from reproductive health. They are informed on how to make decisions about their sexuality, adjustment and personal emotional disturbances resulting from reproductive problems. Consequently, a well adjusted individual male or female are able to participate in national development through their involvement in production and services and other means of livelihood.

Child Spacing as a Strategy

Child spacing is a term that is often used as part of family planning. It means figuring out when you want to have your first baby and then knowing how long you should wait to have your next baby. This is one of the strategies considered very important in achieving improved and sustainable reproductive health of women in any nation. Child spacing is important because there are issues which are more likely to occur when a woman is pregnant again within a year of giving birth. These issues include an increased risk of; Low birth weight, Small gestational size, Preterm birth, Infant death and Labour issues such as uterine rupture.

Smith (2002) observed that to prevent the issue stated above, recommends that new mothers should wait at least a full year to have another baby. Some even recommended 3 years. This gives the mother time to replenish vital nutrients that were lost during child birth and also the recovery time to allow organs to restore back to normal. It can also help to ensure that new parents will have the energy and ability to focus on another child. Zajonic (1976) notes that effects of such as differential parental investments could be mitigated by spacing. This implies that child spacing is a matter over which parents might have some control. In other words, parents are responsible for making decision about the timing of their fertility.

Cheslack, Keely and Bearman (2011) in a study of sibling pairs in California, estimated that second-born children conceived within 12 months of a previous birth have three times the odds of being diagnosed with autism than those conceived more than 36 months after previous birth. Indication from this study is that if women do not space, childbirth is likely to affect the health of their children, with the consequence that such women will experience psychological or emotional stress as a result. In order to cushion this effect, Abdulaziz (2012) recommended the need for sensitization in child spacing. His argument is based on the fact that the reproductive health situation in Nigeria demands a more holistic intervention. This was aimed at achieving the national goal on population management and family planning in Nigeria.

Supporting the need to promote child spacing among Nigerian women, Kemi and Olurotimi (2011) suggested that the use of breastfeeding mechanism is a sure way of naturally achieving the programme of child spacing among child bearing women. Accordingly, the result of their findings is that breastfeeding is a means of natural birth spacing. Hence, it is recommended for the health benefit of mother and child in the hospitals, maternity centres, churches, markets and at village meetings. The World Health Organization (2004) reports indicate that breastfeeding confers substantial health benefits, particularly on the mother. This is because it encourages the involution of the uterus and thus the rapid return of uterine which help the mother to regain her natural shape. Mcneilly (1999) agrees with the fact that breastfeeding delays the return of normal ovarian function and thereby lengthens the interval between births.

However, Orubuloye (1979) observes that the contraceptive protection of breastfeeding may depend on the frequency and intensity of sucking which appears to be

diminishing rapidly with time in Nigeria. He believes that actual birth spacing is the result of a combination of factors such as parents' desired spacing as expressed through breastfeeding, mixed feeding and contraceptive use. Other biological factors which may cause desired spacing not to be achieved, period of abstinence because of separation and other intermediate variables.

Contraceptive as a Strategy

Reports in the Wikipedia (2014) indicates that most of the countries with lowest rates of contraceptive use, highest maternal infant and child mortality rates and highest fertility rates are in Africa. Approximately 30% of all women use birth control but the problem that prevent access to and use of birth control are unavailability, poor health care services, spousal disapproval, religious concern and misinformation about the effect of birth control. Whereas, there is evidence that increased use of family planning methods decreases maternal and infant mortality rates, improve quality of life for mothers and stimulates economic development. Cleland, Ndugwa and Zulu (2011) points out that in Africa, 53% of women of reproductive age have an unmet needs for modern contraceptive. Nwachukwu and Obasi (2008) found out that modern birth control methods are used by 30% of Nigerian women with low rate of usage in rural Nigeria.

The social consequence of birth control usage is that women who have their first child at a younger age are less likely to finish school and will be more limited to low paying career option (Obeng, 2003). Thus, teaching or educating young adult about the use of contraceptive has been stressed in the study by Eko, Osonwa, Osuchukwu and Offiong (2013). They observed that a handful of women of reproductive age use contraceptive method predominantly. Effectiveness and reliability of contraceptive methods were their main reason for usage. There is the indication that modern contraceptive use has risen steadfastly over time in most of the developing world, including Nigeria. With this improve state of women reproductive health, their contribution to national development can be guaranteed.

Concept of National Development

Development is critical and essential to the sustenance and growth of any nation. Lawal and Oluwatoyin (2011) classified a developed nation as a country that is able to provide qualitative life for her citizenry. Therefore, the pride of any government is the attainment of higher value level of development in such a way that its citizens would derive natural attachment to governance. However, for a nation to be in a phase of development, there must be some prerequisite which include socio-political and economic stability. According to Gbajega (2003), development is an idea that embodies all attempts to improve the conditions of human existence in all ramifications. It implies improvement in material well being of all citizens, not the most powerful and rich alone, in a sustainable way such that today's consumption does not imperil the future. It also

demands that poverty and inequality of access to the good things of life be removed or drastically reduced. It seeks to improve personal physical security and livelihoods and expansion of life chances. Against this background therefore, national development will thus implies the overall development or a collective socio-economic, political as well as religious advancement of a country or nation through the sustain efforts of its government.

Statement of the Problem

Women participation in national development in Nigeria is significantly low compared to their male counterpart. Factors responsible for this high ratio of men against women involvement in nation building is not contained in many studies. Observation shows that women of child bearing age are mostly affected, thereby reducing the workforce required for national development. Therefore, this paper aimed at investigating the extent to which women reproductive health is a factor of national development. Against this background, the paper intends to answer the following research questions to guide the study

Research Questions

- i. Will the use of counseling strategy promote sustainable reproductive health for national development?
- ii. Will child spacing enhance reproductive health in national development?
- iii. Is there any relationship between use of contraceptive devices and reproductive health for national development?

Research Hypotheses

- i. There is no significant relationship in the use of counseling strategy and reproductive health in national development,
- ii. There is no significant relationship between child spacing and reproductive health for national development,
- iii. There is no significant relationship between use of contraceptive devices and reproductive health for national development.

Design of the Study

The study adopts a descriptive survey to randomly select 600 women from Delta Central and Delta North Senatorial Districts in Delta State. It employs a checklist tagged: Strategies for Sustainable Reproductive Health for National Development (SSRHND), consisting of three parts. Part A measures counseling strategy for promoting sustainable reproductive health; part B on child spacing while part C measures contraceptive devices. The constructed and validated instrument has a reliability coefficient of 0.88 using the Pearson (r) formula which was adjudged high enough for the study.

Result and Discussion

Data generated for this study were analyzed using tables based on Pearson (r) correlation.

Research Question I and Hypothesis I

Will the use of counseling strategy promote sustainable reproductive health for national development?

Table 1: Correlation analysis on use of counseling strategy in promoting sustainable reproductive health for national development

Variable	N	X	SD	r	r ²	R ² %	Decision
Use of counseling strategy	300	12.89	2.12	0.098	0.01	1%	Positive relationship
Reproductive health	300	33.38	4.08				

Table 1 show that r-value of 0.098 is the extent of use of counseling strategy in promoting sustainable reproductive health for national development. This is a low positive relationship between the two variables. Reproductive health contributed 0.01% to the use of counseling strategy

Hypothesis I

There is no significant relationship in the use of counseling strategy and reproductive health in national development.

Table 2: Pearson product moment correlation coefficient analysis of the use of counseling strategy and reproductive health for national development

Variables	N	X	SD	DF	r-cal	r-crit	Level of sig	Dec.
Use counseling strategy	300	12.89	2.12	298	0.098	0.139	0.05	Not significant (accepted)
Reproductive health	300	33.38	4.08					

In table 2, the r-calculated value of 0.098 was less than the r-critical value of 0.139. Hence, the null hypotheses was accepted. This implies that there was no significant relationship in the use of counseling strategy and reproductive health for national development.

Research Question II and Hypothesis II

Will child spacing enhance reproductive health in national development ?

Table 3: Correlation analysis of child spacing and reproductive health for national development

Variable	N	X	SD	r	r ²	r ² %	Decision
Child spacing	300	11.81	2.32	0.017	0.0003	0.03	Positive relationship
Reproductive health	300	33.38	4.08				

Table 3 show that the r-value of 0.017 is the extent of child spacing in enhancing reproductive health for national development. The result shows a low positive relationship. The table also revealed that 0.03% of the variance in reproductive health was accounted for or contributed to child spacing.

Hypothesis II

There is no significant relationship between child spacing and reproductive health for national development.

Table 4: Pearson product moment correlation coefficient analysis on child spacing and reproductive health for national development

Variables	N	X	SD	DF	r-cal	r-crit	Level of sig	Dec.
Child spacing	300	11.81	2.32	298	0.017	0.139	0.05	Not significant (accepted)
Reproductive health	300	33.38	4.08					

Table 4 shows that the r-calculated value of 0.017 was less than the r-critical value of 0.139. Therefore, the null hypothesis was accepted. This indicated that there was no

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significant relationship between child spacing and reproductive health for national development

Research Question III and Hypothesis III

Is there any relationship between use of contraceptive devices and reproductive health for national development?

Table 5: Correlation analysis on the use of contraceptive device and reproductive health for national development

Variable	N	X	SD	r	r ²	r ² %	Decision
Use of contraceptive devices	300	12.60	3.51	-0.009	0.0001	0.01	Negative relationship
Reproductive health	300	33.38	4.08				

Table 5 shows that r-value of -0.009 is the extent of relationship between the use of contraceptive devices and reproductive health for national development. The result shows a negative relationship. The use of contraceptive devices contributed 0.01% to reproductive health for national development.

Hypothesis III

There is no significant relationship between use of contraceptive device and reproductive health for national development.

Table 6: Pearson product moment correlation coefficient analysis on the use of contraceptive devices and reproductive health for national development

Variables	N	X	SD	DF	r-cal	r-crit	Level of sig	Dec.
Use of contraceptive devices	300	12.60	3.51	298	-0.009	0.139	0.05	Not significant (accepted)
Reproductive health	300	33.38	4.08					

In table 6, the r-calculated value of -0.009 was less than the r-critical value of 0.139. Therefore, the null hypothesis was accepted. This shows that there was no significant relationship between the use of contraceptive device and reproductive health for national development.

Discussion of Results

The result of findings from the analysis of data are discussed based on the objective set to be achieved in this investigation. Research question I and hypothesis I produced the finding that the use of counseling strategy for sustainable reproductive health does not determine national development. The findings did not align with the study by Aminu (2007) who ascertained that reproductive health is a situation where people are able to have a responsible, satisfying and safe sex life with the capability to reproduce. The finding did not show any relationship between reproductive health and national development.

Findings in research question II and Hypothesis II revealed that child spacing is not a factor affecting national development. Child spacing was discussed by Abdulaziz (2012) and from the view point of population management. Hence, Kemi and Olurotimi (2011) suggested that the use of breastfeeding mechanism is a sure way of naturally achieving the programme of child spacing among child bearing women. The connotation from this study is that child spacing may allow working mothers the space to maintain paid job and by extension contribute meaningfully to national development.

The findings in Research question III and Hypothesis III stated that the use of contraceptive devices for sustainable reproductive health does not facilitate national development. This is because national development as a concept was described in the study by Lawal and Oluwatoyin (2011) as a nation that is able to provide qualitative life for her citizenry. By implication, it is the responsibility of the government to provide services that guarantee sustainable reproductive health of her people, particularly women of child bearing age. Supporting the above notion, Gboyega (2003), agrees that development is an idea that embodies all attempt to improve the conditions of human existence in all ramifications. This includes sustainable reproductive health well-being of women. By extension, women are able to meaningfully contribute their quota to national development since they are of greater number of the population.

Conclusion and Recommendation

The paper concludes that sustainable reproductive health is an issue directed towards women participation in national development. That it is the responsibility of the government at all level to ensure services that will improve the living conditions of her citizens. Therefore, the paper recommend among others that:

- Government should enact health policies that will enhance sustainable reproductive health of women. With improved reproductive health conditions of women,

majority will be able to meaningfully contribute their quota to national development.

- Similarly, women should apply child spacing and regular use of contraceptive devices in order to reduce the problem associated with reproductive health such as sexually transmitted disease, maternal death and constrain imposed on working mothers in Nigeria.

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