

## CHAPTER 17

### CONSTRAINTS TO ATTAINMENT OF FUNCTIONAL GIRL-CHILD EDUCATION: IMPLICATION FOR HEALTH IN THE 21<sup>ST</sup> CENTURY

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#### **Abstract**

*Female education is recognized as one of the critical pathways to promote health, social and economic development. It is evident that girls are more likely to drop out of school than boys, their academic achievement is poorer than that of the boys, and that low attainment of functional girl-child education negatively influence the way they perceive health-related problems bothering them. Multiple factors constrain girl-child education. The purpose of this paper therefore is to examine the factors that constrain the attainment of girl-child functional education on their health. Based on these, it was recommended among others that Government at all tiers should promote the education of the girl-child by making it free and compulsory from primary to senior secondary school level.*

## Introduction

Very important in education is the aspect that concerns the girl-child who is said to be part of the center of education. It is even more vital when it concerns the girl-child who is sometimes looked at as second to the male-child in some societies (Nigeria inclusive). That may be why, over the years the issue of girl-child welfare and development have taken a central position, especially when it relates to education. Since the international conference on women in China, commonly called Beijing conference, gender issues including girl-child education have come to focus. This explains why the debate these days centers on gender inequality.

The situation of girl-child educational attainment in Nigeria is still low and discouraging as records have shown that fewer girls go to school than boys, female enrollment dwindles as they move up the educational hierarchy and female students tend to drift towards areas of study regarded as feminine and thus shy away from scientific/technological fields (Ajayi, 1989). The persistent inability of the female folk to make its full impact to achieve self fulfillment has resulted from the persistent denial to the group of equal access to education as the boys thus leading to low functional educational attainment. Reasons for this low participation is not far from religious, social and socioeconomic factors.

It is a known fact however, that in many countries of the world the girl child faces discrimination from the earliest form of life, through childhood into adulthood due to variety of reasons. Girl-child is defined by Akinmade (1997) as a female human being between the ages of 0-17 years. In this context the term girl-child will be used to mean a young unmarried female below the age of 18 years. This broad age group includes non-school age children, primary, secondary and commercial college students and in some cases, first year female students enrolled in polytechnics, colleges of education and universities.

Education as described by Zwqalchir (1998) is all round experiences one passes through in life. It deals with the all round development of an individual through the creation of awareness in both men and women. Fafunwa (1974) defined it as the aggregate of all the processes by which a young child or adult develops the abilities, attitudes and other forms of behaviour which are positive values to the society in which he lives. In the

traditional African society the purpose of education was functionalism, which is the main guiding principle.

Health is defined by World Health Organization as the state of complete physical, social and emotional well being and not merely the absence of diseases or infirmity. Anderson and Cresswell (1980) defined the term health as that quality of physical emotional, and mental well-being that enables one to live effectively and enjoyably.

In the traditional Nigerian setting, the girl child has not been given any serious reckoning in education which is one of the reasons why literacy rate is much higher for girls than for boys. The success of the girl- child lies to her right to education.

Ignorance, as often said is a disease. Functional education can be seen as a tool for freedom from ignorance. The attainment of functional education by girl-child promotes their health and well-being while low or lack of functional educational attainment of girl-child may becloud their sense of reasoning and alertness to health related issues.

The purpose of this paper therefore, is to highlight the factors associated with low educational attainment of the girl-child and the implication of low educational attainment on health. The paper further prefers suggestions on how to promote the attainment of girl-child functional education in this century.

### **Factors Associated with Low Educational Attainment of the Girl-Child.**

Despite the tremendous gains made by Nigerian successive governments over the years in increasing access to education, greater challenges lie ahead if the goal of “education for all” is to be achieved. Some of the pressing educational concerns include poor student participation, high school drop-out and repetition levels, low educational achievements, and low teacher morale attendance. Perhaps the daunting challenges as Odoga and Heneveled (1995) remarked is that of promoting female education. Many factors have been identified as responsible for the low participation of girl education: some of the factors include: Socio-economic, socio-cultural, religious, pregnancy, discriminatory practice in labour market and domestic activities.

1. **Socio-Economic Factors:** Sending girls to school entails direct cost of schooling which is burden to families, particularly poor families. The increasing prohibitive cost of schooling is the major reason parents offer for not educating or for removing their children, particularly girls from school.

This assertion lends credence to Namadu (1993) who remarked that the trend to shift educational costs to parents in the name of cost-sharing is especially likely to work against girl's education. This is because poverty is widespread and affects schools and families alike.

When decisions have to be made by parents because of financial constraints, girls are more likely than boys to be held back or be withdrawn from school. Girls from better-off homes, who live in urban areas, are more likely to enroll and remain in school far longer than those from poorer home and rural areas.

With rapid rate in urbanization, the demand for domestic labour in urban areas has to be also increase. Most poor parents from rural households have responded by sending their daughters into domestic labour market in exchange for regular cash income. This draws many young promising girls away from schools. Asomaning (1994) reported that studies conducted in Africa indicated that rural young girls are sent to urban areas to become domestic servants or housemaids for kin and non-kin families at the expense of their studies. Such displacement often occurs in their school years. Their parent receive payment for their services but the girl has no opportunity to return to school.

The education of girls is viewed as a waste because marriage is perceived by most Nigerian rural dwellers as a source of income through bride price. Bride price which is the payment of money made by the groom or his kin to the kin of the wife in order to ratify a marriage, is a common practice in all parts of the globe in one form or another. Most often the desire of most Nigerian rural parents to receive bride price from the groom or would be in-law has tempted some parents to give their daughters in marriage prematurely to rich old men. The resultant effect of parents' desire for their daughters bride price and bride wealth has led and is still leading to withdrawal of girls from schools for the sake of marriage.

Maigari (1997) asserted that girls are used for debt redemption, collaterals for loans, gestures for financial or political favours, pleasure objects for old rich men or young spoilt rich males, incentive for senior officers in government and other financial personalities in the society and the girl-child is considered for education at the convenience of the family. These factors could be responsible for low enrollment of girls in schools.

2. **Socio-Cultural Factors:** Socio-cultural expectations of girls and the priority given to their formal educational opportunities. Socio-cultural custom and beliefs influence decision to enroll girl in schools, decision to

withdraw them from school, their own decisions to drop out of school, their academic performance, and grade level attainment.

In Nigeria, gender discrepancy in education is sustained by cultural factors. Like in most African societies, priority is given to the girl's role as wife and mother, not only by her parents, but by the girls her self. This wrong view that her place is in the home to be heard and not seen affects her performance and attainment. This same concept as observed by Umar (1997), leads to keeping the girl out of school to care for younger siblings or anyone who is ill disposed. Indeed she runs the home as a help mate for the mother. No wonder that out of 130 million children in developing countries without access to primary schooling, 81 million are girls.

Culturally, all around the world, it was thought that there was no need to educate a woman. Some parents have ill feelings that if they educate a girl, she eventually ends up in kitchen, having children and doing nothing but domestic activities, and that the girl is a poor investment of resources since her opportunities for employment are limited, and her husband will dictate what she does.

There are also families where parents, when faced with the choice of paying fees for a boy or a girl-child, always opt to train the boy. The boy child is preferred and so enjoys a privileged position in the society in terms of educational opportunities, economic and political rights. Thus socio-cultural factors have contributed and are still contributing to low attainment of functional education of the girl-child.

3. **Religious Factors:** Religion especially Islam, is usually associated with low female participation in schools. It is evident as observed by Odoga and Heneveld (1995) that some parents prefer Islamic education for their daughters, for fear the western education promotes values and behaviour for girls which are contrary to cultural norms (often articulated as religious edicts) remain strong.

In northern Nigeria Odoga and Heneveld (1995) observed that despite government efforts to promote universal primary education, rural parents still hold negative attitudes towards Western education and prefer Koranic education for girls. Purdah which is often hidden under the umbrella of religion, has a direct effect not only on the girl-child schooling but her moral values, as mothers in Purdah, are not in position to see what their daughters do.

Some Christians and Muslims who are less informed sometimes hold the belief that if girls are educated beyond primary level, they will not be submissive to them or to the future husbands, that they would be morally

corrupt and promiscuous thus bringing shame and dishonour to the family's reputable name. Parents who hold such beliefs may not allow their daughters to go beyond primary school level. This can negatively affect education of the girl-child.

4. **Pregnancy:-** As girls become adolescents pregnancy becomes a major factor in school drop-outs. Palme (1993) opined that fear of pregnancy is another reason why parents remove their daughters from school as they approach puberty.

Pregnant girls are usually expelled from school and parents of the girls who expect financial support from sons-in-laws are often responsible for their adult daughters as well as their grandchildren. These experiences may explain a trend among Christians and Muslim's to marry off their daughters at puberty even if they have not finished primary school.

More often than not pregnancy marks the end of a girls schooling. Generally pregnancy results in expulsion. Faced with this situation some girls may opt to terminate the pregnancy while some will carry it till birth. But it must be noted that having a child makes it more difficult for girls to cope up with study. There are also girls who choose not to continue their education once they become pregnant.

### **The Implications of Low Attainment of Girl –Child Functional Education on Health.**

Ignorance contributes much to ill health and the majority of diseases now prevalent in Nigeria. Low attainment of girl-child functional education ushers in ignorance and ignorance beclouds the judgment of girl-child that has low educational attainment on health related issues. Lack of knowledge or partial knowledge according to Florio and Stafford (1969) confers unwanted sense of health security which beclouds one's alertness to health risks dangers and hazards. Most girls whose level of education is low stand the risk of sexually transmitted diseases (STD), maternal mortality, poor nutrition. Exhibition of negative attitudes towards health care, and premarital sex leading to abortion and its complications.

1. **Sexually Transmitted Diseases (STDS):** As it is often said an idle mind is the devil's workshop. Sometimes girls who are less educated are victims of drop out. When they become drop-out they feel they are hopeless and the future has become a quagmire mare of confusion. Such girls are liable to engage in unprotected indiscriminate sex, thus predisposing themselves to the risk of sexually transmitted diseases and vulnerability of

HIV/AIDS. Majority of sexually active adolescent are unaware of these risks or are dangerously misinformed about the potential consequences of their behaviour.

With regards to HIV/AIDS it is becoming evident that men prefer young girls as sex partners because of the perception that they are AIDS free. This is a particularly worrying development because due to the harsh economic situation in many African countries, girls who have dropped out of school are trading sex for money. Studies indicated that many of the young girls who ignored the risks of AIDS and engaged in sexual activity have contracted AIDS, and died before their natural death.

2. **Premarital Sex Leading to Pregnancy:** Girls whose educational background is low, are prone to ignorance of the implications of premarital sex, Gordon and Dickman (1977) submitted that there is evidence that the less children know, the earlier they are likely to have sexual experiences and the more frequently they will have unprotected sex and engage in sexual experimentation prematurely and irresponsibly. They further states that the indication is not knowledge but lack of knowledge which may lead to indiscriminate sexual activities with the following health complications: ectopic pregnancy pelvic inflammatory diseases (PID), vesico-vaginal fistulae (VVF), eclampsia and sometimes death in the process of abortion (Akpan, 1984).

While some abortion could be undertaken with the aid of qualified physicians, many girls go about it by resorting to taking herbs and other crude methods. When the latter options is adapted, the girl involved may die in the process. WHO (1995) reported that very often most cervical injuries occur if the attempted abortion has been performed by quack doctors or has been self-induced. Almost every internal organ can be damaged and the most common injuries are uterine perforation, cervical laceration, damage to the cervix, bladder and rectum. These injuries if not immediately diagnosed and treated may lead to infertility and ultimately death.

3. **Maternal Mortality:** Girls who have low level of education are very prone to limited job opportunities and reduced earning. Such girls are likely to marry husbands that have low level of education and low or no income generating capacity. Where the income generating capacity of the husband cannot afford the wife's antenatal care comfortably she may be vulnerable to maternal mortality. This is because, where there is the problem of poor

health and little medical care are a way of life, an early death too is often a pregnant teenage mother's fate (Population, Report, 1994).

Mothers with low level of education who get married below the age of 17 have been shown in several studies to be high-risk mothers as well as their babies. The risks specifically include higher maternal and infant mortality higher incidence of obstetric complications, and high rate of prematurity than are found among adults in their twenties.

Population Report (1994) estimated that throughout the world, approximately 500,000 women die every year from pregnancy related causes or unsafe abortion.

Adolescent girls with low level of education are vulnerable to early marriage and early marriage has serious health complications. Studies in Nigeria by Adadevoh (1974) and Ngoka and Mati (1980) found that cephal pelvic disproportion which tends to give rise to obstructed labour is common in societies with very low average age at marriage. This serious obstetric problems develops because the physical maturity particularly of the pelvis, often lags behind the ability to conceive.

**4 Poor Nutrition:** Some cultural and traditional practices such as food taboos and early marriage to say the least are unprogressive as the contribution to poor health of girl-child. Girls with low level of education may not know the role of nutrition in the promotion of health. They may be susceptible to food faddism thus, taking foods not according to their nutritional values. This may adversely affect their health because the diet they mostly consumed might be deficient of vitamins and other classes of food.

Due to the ignorance of combining a balanced diet, children that may be brought up under the girl child who is a mother to be stand the risks of nutritional diseases such as kwashiorkor, pallegra, marasmus and scurvy. To survive and remain health, a person must be fed on a balanced diet. Malnutrition as Akimade (1997) observed constitutes a significant threat to life and well-being of girl child and children. The result of a recent study conducted in 53 developing countries including Nigeria, shows that over 6.5 million die of malnutrition yearly. Furthermore, the research indicated that more than 75 percent of the deaths caused by malnutrition are not linked with severe malnutrition but with mild and moderate form of malnutrition. In many case of malnutrition leading to subsequent death of children, ignorance or illiteracy of mothers may be responsible.



5. **Negative attitudes towards health care:** Young girls who have low education tend to exhibit negative attitudes towards receiving their own medical care as well as their children's own (if married). This has serious implications to their health as diseases that are concealed may develop to chronic stage. WHO (1995) posited that where there is problem of poor health and little good medical care are a way of life sickness abound and early death often result.

The findings of Roosa , Fitzgerald and Carison (1981) showed that comparison of illiterate teenage mothers significantly has less than half the income of the older mothers, teenage mothers generally sought prenatal care a month or more later than the older mothers did and were much less likely to take part in pre-natal class. This suggests that girls with low level of education are not sensitive to the patronage of health care at the expenses of their health.

6. **Lack of Socialization:** Girl-child with low level of education are likely to drop out of school and get married. They always feel inferior to interact with those who are educated they display sign of insecurity, lack of confidence and limited aspiration to promote their health status. They often feel inferior and reluctant to attend pre-natal, antenatal and post natal health care. Their chances of receiving complete doze of immunization or inoculation for their children are remote. This negatively affects their health and the health of their children.

Low attainment of girl child functional education ultimately leads to ignorance, and ignorance is associated with health related problems as it contributes to ill health. Research has shown that malnutrition, occurrence of communicable diseases, the six killer diseases, unwanted pregnancies sexually transmitted diseases, maternal mortality and negative attitude to health care services are less prevalent among literate mothers than illiterate mothers, this is evidently due to the fact that the educated mothers are better informed on health promotion.

## Conclusion

Female education is recognized as one of the critical pathways to promote health, social and economic development. It is evident that girls are more likely to drop out of school than boys, that their academic achievement is poorer than that of the boys and that low attainment of girl-child functional education negatively influence the way they perceive health related problems bothering them. Multiple factors ranging from socio economic, socio cultural, religion, political pregnancy and school economic, socio-cultural prospect of female education.

## References

- Adadevoh, N. K (1974), *Sub-fertility and Infertility in African*. Ibadan Caxton Press (West African Limited)
- Ajayi, O. E. (1989), "Training Women. A reflection on the Nigeria Experience". An Editorial in *education Today, A Quarterly Journal of the Federal Ministry of Education*. 3
- Akinmade, C. T. O (1997). *The survival of the Girl Child in a Malfunctioning Society*. Proceedings and Policy Recommendations at the family Support Programme organized by the Plateau State Commission for Women Ibadan: Heinemann Education Books (Nigeria) Plc.
- Akpan, E. A. (1984), Sex Education in Schools as an Aspect of Ethical Revolution. A paper presented at the Conference on sex education for Nigeria youths held at Uyo.
- Anderson, C.L & Creswell, W.H (1980), *School Health Practice*. London: The C.V. Mosby Company.
- Asomaning, V. S. (1994), *The Missing Gender: An Explanation of the Low Enrollment Rates of Girls in Ghanaian Primary Schools*, Mimeo
- Fafunwa, A (1974), *History of Education in Nigeria*. London: Allen and Unwin Ltd.
- Florio, A. E & Stafford G. T (1969), *Safety Education*. New York: McGraw. Hill book Company.
- Gordon, S. & Dickman, R. I (1997). *Sex Education The Parents: Role* London Evans.
- Maigari, R (1997), *Girl-child Abuse and Drop out syndrome Proceeding and Policy Recommendations at the Family Support Programme Workshop Organized by Plateau State Commission for women Ibadan: Heinemann Educational books (Nigeria) Plc.*

- Namadu, K (1993), *Pioneering New Approaches*. In UNFPA and IUCN 1994 Special Report: Education Girls, People and the Planet 2 (1).
- Ngoka, W.M. & Met JKC (1980), "Obstetric Aspects of Adolescent Pregnancy". East African Medical Journal 57 (2) , 124 –130 African: From Analysis to Action. Washington, D. C. World Bank. Technical Department series.
- Palme, M (1993), *The Meaning of School Repetition and Drop-out in the Miozombain Primary School Education Division Documents No. 60* Stockholm: SIDA.
- Population Reports (1994), *Opportunities for Women through Reproductive Choice*. Series No. 12, Vol XXII, No 1. July.
- Roosa, M.W. Fitegerat E.F and Carlson N. A. (1981), "What do we know About Teenagers as Mothers". Journal of Home Economic 73 (4), 38- 40.
- Umar, L. K. K. (1997), *Problems and Prospects of Girls child Education in Nigeria Proceedings and policy Recommendations at the family support Programme* organizes by Plateau State Commission for Women.
- W.H. O. (1995) *Complications of Abortions. Technical Managerial Guidelines for Prevention and Treatment*. Geneva the Author.
- Zwalchir, R. (1998), *Girl-child Education in Nigeria: The Way Out*. Paper Presented at the First National Conference organized by the Academic Trust Fund at Federal College of Education, Pankshin 4<sup>th</sup> – 7<sup>th</sup> May 1998.