

COUNSELLING INTERVENTION ON WOMEN'S REPRODUCTIVE HEALTH OF SECONDARY SCHOOL STUDENTS IN KADUNA STATE , NIGERIA

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ABSTRACT

The study examined counselling intervention on women's health reproductive dysfunction (disease). The purpose was to determine the causes, effect, sign and symptoms, challenges women face, their needs and some of the possible solutions. A sample of 198 female staff of some selected secondary schools of Kaduna state from the three zones of the state were randomly selected as sample. Six questions were raised with their items drawn widely, with one null hypothesis. The result obtained these findings show that toilet infections, under age marriage, multiple sex partners among others are the causes of women's health dysfunction. While some of the signs and symptoms are: virginal discharge, itching among others. The effect discovered were: infertility, death injury high blood pressure, and so on. Female with reproductive diseases face shame, depression, discrimination. Some of the possible solution's discover., were; women with health reproductive diseases need caring, nutritional food, information on sexual reproductive disease, encouragement by counselors to victims, to visit health care centers and so on.

Keywords: counselling, intervention, women's reproductive, dysfunction

INTRODUCTION:

Counselling is a process of helping someone to help himself. This help comes from a trained personnel counselor to a person seeking for help the client. Counselling is also a personal help carried out mainly by means of inter-personal communication whereby the counselor helps the counselee in achieving positive view, good attitudes and behaviour.

Women's' reproductive- health dysfunction is associated with a problem that affects the female reproductive systems that is the ovaries, the uterus, vagina, and Festus. Counselling intervention is the art of providing psychological support appropriate education and coping skills to a person affected by any adverse effect. It complement, supplements the medical and social services provided to alleviate problems of any disease through other professional intervention.

Above all an adage says "prevention is better than cure". In the wise, all preventive measure should be taken to present this ailment e.g. through periodic counselling to women; seminar e.t.c. so that women should live a decent life.

Women Reproductive Health Issues:

The concept of Reproductive Health gained worldwide acceptance in 1994 international conference on population and development held in Cairo, Egypt. The programme of action (POA) was adopted by the 178 countries Nigeria inclusive which has become globally accepted (Ajayi 2004). World Health Organization defines Reproductive health as a state of complete physical mental and social well-being and not just merely the absence of diseases or infirmity in all matters related to women health reproductive system its function and process.

Nies and Mcewen (2007) sees women's health reproductive as those problems that affects the female reproductive system such as ectopic pregnancy, cardiovascular disease, HIV/AIDS, STDs, hypertension, urinary tract infection and dysuria, vulvoviginities, pelvic inflammatory disease, Toxic shock syndrome and chronic illness such as arthritis, arteriosclerotic heart diseases, diabetes, osteoporosis, cancer, ovarian hormonal changes premenstrual depression, unintentional injury or accident, domestic violence, mental disorder.

Lisa (2007) made a research, and statistic shows that cancer claims the lives of 28,000 women annually, while in Nigeria statistics shows that 52% of women have cancer. Adewale (2013) sees Cancer of the breast, lungs, gynecological has existed far back 1950s. Breast cancer has been increasing since 1950s presently 1 of every 7 women will acquire breast cancer in her life, Gynecological cancer, this occur in women's genital track about

20% of women suffer from gynecological cancer. Arthritis: 29.9% of women. Diabetes also effect women's reproductive system. According to American diabetes Association (2002) quoted by Nies and Mcewen (2007) 18.2 million (6.3%) American populations have diabetes, while in Nigeria more than 1.56 million cases in 2015 population of women have diabetes that is 3.6% of women suffer with diabetes in Nigeria (Chukwononso et al 2015). Pelvic inflammation disease: over one million women experience pelvic inflammation disease (PID) (Epperly and Viera 2005) in Nigeria. Toxic shock syndrome is a release of some strains of staphylococcus aureus, these are menstrual cases and it is as a result of tampon use during menses. Arteriosclerotic heart disease cause at the third decades of a woman, black women are more vulnerable to ASAD than white women. Hypertension is blood pressure of 140/90 mm Hg or greater, "prehypertension which refers to systolic pressure of 120 to 139 and/or diastolic pressure of 80 to 89", about 25.0% of women in Nigeria suffer from hypertension (Adeloye 2015). Osteoporosis is a hip fracture 2.0 % of Nigeria women experience hip fracture which is a major disorder affecting women. Its estimated of its occurrence range from 25-50% of post menopausal women (The National Osteoporosis foundation 2005). Also Human Immune deficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS) is one epidemic that is causing health threat to women especially young women, in 2001 HIV infection was the leading cause of death for Africans - American women age 25 to 34 years and was among the four leading causes of death for Africa. In 1992 women accounted for estimated 14% adults and adolescence living with AIDS by 2003 it increase to 22% diagnose for African women worldwide Aid is a leading cause of dead among women (WHO 2004). Another disease women are suffering from is sexually transmitted diseases (STDs). It is a genital Chlamydia infection disease found among women. A good number of cases of gonorrhoea are reported every year making it the second most commonly reported communicable disease in women (Cates 2004).

Domestic violence: This is the single largest cause of injury to women between 15 years and 44 respectively. Others are car accidents and rapes of women. Statistics show that to 4 million women are battered, 2000 of these women die from their injuries. American college emergency physician, (2003). In Nigeria, approximately 6% of visit made by women to emergency rooms are for injuries that result from physical battering by their husbands, former husbands, boyfriends or lovers. (Warshaw, Ganley and Salber 1995).

Fathalla (1997) in Ajayi (2004), women's reproductive health has to do with women having an elaborate reproductive system that is vulnerable to dysfunction or diseases. Women are subjected to social diseases which impact on physical, mental or social health example includes female genital mutilation. The reproductive system dysfunction and disease plays a central role in women's health. Therefore, the need for effective counselling intervention is necessary and important especially in secondary schools in Kaduna State.

Women's Health Needs

Adesokan (2011) considers the following as health needs of women.

- They need to achieve healthy sexual development
- They need to prevent disease disabilities and preventive death from sexual and reproductive related diseases
- Minimize the impact of a reproductive health related problem quality services and appropriate care as may be necessary
- Ensure freedom from harmful practices
- They need nutrition. That is total life nutrition experience help to reduce disease
- Counseling women to be aware of their value system concerning sexual behaviour
- Women need encouragement to discuss their issues

Challenges of Women's Reproductive Health System Dysfunction:

Women particularly those in secondary school in Kaduna State have health challenges in their reproductive system. According to Urneh (2009), women are facing discrimination and challenges in relation to HIV/AIDS, particularly regarding their sexual and reproductive health care. This includes lack of information regarding HIV pregnancy deficiency with conceptive use, negative attitudes towards child bearing. Also the major burden of the diseases in females is related to their reproductive functions and the way society treats or mistreats them because of what one may call their nature assigned physiological duty for the survival of the species and the tasks related to it.

Counselling Intervention:

For women in secondary school in Kaduna State to overcome these challenged the need counselling intervention. Sambo (2008) opines that the purpose of intervention is to use continuum of psychological helping relationship ranging from guidance training therapy. The three basic intervention purposes are for preventive, developmental and remediation. He is of the view that telephone service can effectively be used to intervene in

many communities, people with HIV/AIDS pandemic. Globally the use of the line information can be used to reach out to those who find it difficult to share their problems with others by obtaining accurate information, he also suggested consultative and training of people where trained counselors devote their time to counselling and training teachers primarily in preventive and developmental work. He suggested the use of the media to intervene that is the use of television and radio.

Ugoma and Obi (2015), also explained that to help women with their reproductive health system, sexuality education with marital guidance is an important part to be considered in the curriculum of Nigerian education. The above author also view implied that counselling intervention need counselors with a mindset of caring and dedicate heart to help women with diverse health problems and suggested how they can overcome their areas of difficulties through counselling.

STATEMENT OF THE PROBLEM

Women health reproductive is a problem women are faced with. This study is out to establish empirically the counselling intervention and strategies that would be used to reduce women's reproductive health system which will in turn enhance human growth and development of our society or country, having sound and healthy women will ensure a healthy nation.

PURPOSE OF THE STUDY

- This paper intends to investigate the counselling intervention and strategies to be used in helping women with reproductive health issues.
- The causes of reproductive health system.
- The signs, and symptoms of women's reproductive health system.
- The adverse effect of reproductive health system.
- The challenges women face with their reproductive health system.
- The needs of women in relation to their reproductive health system.

RESEARCH QUESTIONS

- What are the counselling intervention and strategies needed to use in reducing women's reproductive health?
- What are the causes of women's reproductive health?
- What are the signs and symptoms of women's reproductive health?
- What are the adverse effects of women's reproductive health?
- What is the challenges women face with the issues of their reproductive health?
- What are the needs of women in relation to their reproductive health?

RESEARCH HYPOTHESIS

Based on the above research questions the hypotheses were formulated and tested for this study at 0.5 level of significance

- There is no significant difference between counselling intervention and non-counselling on women reproductive health dysfunction.

METHODOLOGY

The research design adopted for the study was descriptive survey design. The design was used because it would allow researchers to obtain factual information about women's reproductive health which will be fair representation of the perception of women. The instrument used for' data collection was structured questionnaires and interview that were developed by the researcher tagged: **Women Reproductive Health Dysfunction Questionnaire**. The questionnaires were developed by the researchers and were validated by experts in the field of research and statistics. The target population for this research was female staff of secondary school Kaduna State of Nigeria with a total population of 1983. The population comprises or Female staff from southern zone 595. Northern zone 416 and central zone 972. 10% of the women population of each zone was used as the sample representatives. The sample was 198. 198 Copies of questionnaires were distributed to the respondent. The questionnaire contain 6 questions with their items drawn wider each for the respondents. The researcher used linkert classification. SA (strongly agree) 4, A (agree) 3, D (disagree) 2, SD (strongly disagree) 1.

A pilot study, was conducted with 30 women in the state using southern zone to enable the researcher discover if there were mistake or need tor improvement to be made. The reliability of the instrument Alpha cronbath index method was used. The consistence and stability of the instrument used was tested using split half method. In the reliability coefficient calculated using the above method was found to be 0.79. This proves that the information

was consistent and stable. The data collected was analyzed using frequency count. Mean \bar{x} was used for the questions at 2.50 as acceptable factor, and χ^2 for the null hypotheses

Research Question One:

What are the causes of women's health dysfunction reproductive system?

Table 1:

S/N	Items	SA	A	D	SD	N	T	X
1.	Lack of proper education on health dysfunction reproductive	496	162	16	4	198	694	3.5
2.	The use of tanpon during menses	280	196	108	8	198	594	3.0
3.	Intake of cigarette, alcohol	320	162	60	34	198	576	2.9
4.	Under age marriage	40	186	40	16	198	642	3.2
5.	Toilet infection	488	192	16	4	198	700	3.5
6.	Menopausal and post menopausal women	312	186	58	29	198	585	3.0
7.	Lack of proper nutritional food	336	180	56	26	198	598	3.0
8.	Level of women activities without rest	320	240	38	19	198	617	3.1
9.	Urine fibroid oleiomyoma as a result of surgery	280	300	28	14	198	622	3.1
10.	Lower income	240	186	120	16	198	562	2.8
11.	Multiple sexual partners	280	192	80	24	198	576	2.9
12.	Contraceptive use	328	180	80	16	198	604	3.1
13.	Environmental hazard	256	246	100	2	198	604	3.1
14.	Lack of health insurance	208	240	92	20	560	560	2.8

Data revealed in question one shows that all the questionnaire items on the causes of women's health dysfunction reproductive system have their means above the mean criterion of 2.5. This implies that questionnaire items such as intake of cigarette, alcohol, lack of proper education on health dysfunction reproductive, toilet infection, under age marriage, multiple sex partners among others are the causes of women's health dysfunction reproductive system.

Research Questions Two:

What are the sign and symptom of women's health dysfunction reproductive system?

Table 2:

S/N	Items	SA	A	D	SD	N	T	X
1.	Mood disturbances	392	180	52	6	198	630	3.2
2.	Feeling of helplessness	296	210	60	14	198	580	3.0
3.	Sleep pattern disturbances	320	240	46	5	198	611	3.1
4.	Lost of appetite	296	210	64	12	198	582	3.0
5.	Complain of headache and back pain	328	192	18	33	198	571	2.9
6.	Difficulty in making decision	280	150	120	8	198	558	2.8
7.	Virginal discharge and itching	320	180	52	22	198	577	2.9

Research question two revealed that mood disturbance, feeling of helplessness virginal discharge and itching among others are the sign and symptom of women's health reproductive dysfunction.

Question Three:

What are the adverse effects of women's health reproductive system dysfunction?

Table 3:

S/N	Items	SA	A	D	SD	N	T	X
1.	It leads to infertility	408	210	16	8	198	642	3.2
2.	It leads to loss and neonatal injury	248	270	32	20	198	570	2.9
3.	It leads to genital cancer	248	234	72	12	198	566	2.9
4.	It causes high blood pressure	272	240	48	6	198	566	2.9
5.	Domestic violence cause injuries	200	208	60	40	198	508	2.6
6.	It leads to death	248	270	40	16	198	574	2.9
7.	It causes shame	232	210	54	33	198	529	2.7
8.	It causes depression	280	240	44	6	198	570	2.9

Research question three shows the data on effect of women's health reproductive dysfunction include infertility among women, it leads to genital *cancer*, high blood pressure, injuries, and it leads to death and so on.

Question Four:

What are the challenges women faced?

Table 4:

S/N	Items	SA	A	D	SD	N	T	X
1.	Shame	320	270	30	13	198	633	3.2
2.	Depression	440	207	12	13	198	672	3.4
3.	Lack of awareness	248	270	32	30	198	580	2.9
4.	Lack OT proper care	360	186	60	16	198	622	3.1
5.	Discrimination	240	270	68	12	198	596	3.0
6.	Lack of expression	272	240	48	26	198	586	3.0

The data in table four revealed that some of the challenges women face with their reproductive health system dysfunction include shame, depression, lack of proper care, discrimination, lack of expression and so on.

Question Five:

What are the needs of women in relation to their dysfunction reproductive system?

Table 5:

S/N	Items	SA	A	D	SD	N	T	X
1.	They need caring	616	102	8	6	198	732	3.7
2.	They need medical attention	608	108	10	5	198	731	3.7
3.	They need nutritional food	600	126	12	0	198	738	3.7
4.	They need proper counselling	576	162	0	0	198	738	3.7
5.	They need financial support	496	186	16	4	198	702	3.5
6.	They need proper education	560	156	8	2	198	726	3.7
7.	They need luxury	200	186	80	46	198	512	2.6

Research question five revealed that women health reproductive dysfunction issues need caring, medical attention, good food, proper counselling, financial support, need good education and so on.

Research Questions Six:

What are the counselling intervention and strategies needed in reducing women's health dysfunction reproductive system?

Table 6:

S/N	Items	SA	A	D	SD	N	T	X
1.	Establishing good rapport	488	189	6	10	198	167	3.5
2.	Giving information in sexual and reproductive health dysfunction	540	177	4	2	198	723	3.7
3.	Ensuring confidentiality	440	177	48	5	198	670	3.4
4.	Encourage discussion of feelings	332	219	60	12	198	623	3.1
5.	Being judgmental	40	90	216	50	198	496	2.0
6.	More demand for reproductive services	320	150	108	14	198	592	3.0
7.	Increase client visit to health facilities	440	210	24	6	198	680	3.4
8.	Passion for work and desire to help people	416	240	18	5	198	679	3.4
9.	Helping client to make their decision	344	300	20	2	198	666	3.4
10.	Encourage client to read books	368	300	6	3	198	677	3.4

The table above revealed that the mean scores of the questionnaire items are above the mean criterion of 2.5. This implies that the respondents agree with the counselling intervention strategies needed to reduce women's reproductive health dysfunction - except the item which says that counselling intervention is judgmental to women's health reproductive system which has a mean score of 2.0.

RESEARCH HYPOTHESIS ONE

Table 7: Data analysis of null hypothesis one.

Source	Respondents	df-	X ² cal	X ² cri	Decision
Q 1	item 1	198			
Q 2	item 2	198			
Q 3	item 3	198			
Q 4	item 4	198			
Q 5	item 5	198			
			37	2.017.2	43.8
					Reject null hypothesis
Q 6	item 6	198			
Q 7	item 7	198			
Q 8	item 8	198			
Q 9	item 9	198			
Q 10	item 10	198			

Level of Significance $\alpha = 0.05$

The data in table seven above revealed that the chi-square calculated is greater than the chi-square critical. This implies that these researchers have no option the null hypothesis and fall back to the alternative hypothesis which says there is a significant impact of counselling intervention on reproductive health system dysfunction.

DISCUSSION OF RESULTS

Research question one shows that lack of proper education, toilet infection, under age marriage among others are the causes of women's reproductive health dysfunction. This is in agreement with Fathalla (1997) in Ajayi (2004), who sees women's health reproductive dysfunction as being having an elaborate reproductive that is vulnerable to diseases which affects their physical, mental and social well being.

Research question two revealed that the signs and symptoms of women's health reproductive dysfunction are mood disturbances, feelings of helplessness, sleep pattern disturbances, vaginal discharge among others.

Research question three revealed that all issues the item raised on the effects of women's health reproductive system dysfunction were all above the mean criterion of 2.5. This is in agreement with Nies and McEwen (2007) who see women's health reproductive dysfunction as those problems that affects the female reproductive system such as ectopic pregnancy, cardiovascular disease HIV/AIDS, STD's, hypertension, urinary tract infection and dysuria, vulvovaginitis, pelvic inflammatory disease, arthritis, heart disease, diabetes, cancer among others which leads to infertility, injury cancer, blood pressure, death and so on.

Research question four revealed that the challenges women face with their reproductive dysfunction include shame, lack of proper care, depression, discrimination. This is in agreement with Umeh (2009) who says women are facing discrimination and challenges in relation to HIV/AIDS particularly in regards to their sexual active health care.

Research question five revealed what women need in relation to their reproductive dysfunction among them are: They need caring, medical attention, nutritional food, counselling, financial support. This is in agreement with Adosokan (2011) who consider the following as health needs of women: They need healthy sexual relationship prevention of diseases, they need caring, they need nutrition's food, encouragement and counselling.

Research question six revealed that all the items raised for counselling intervention were factors except item four with 2.0 below the criterion mean of this findings. This is in agreement with Ugoma and Obi (2015) who are of the views that to help women with their health reproductive dysfunction sexuality education with marital guidance is needed to help women with health dysfunction issues.

Research hypothesis one revealed that there is a significant impact of counselling intervention on women's health reproductive dysfunction. This is also in agreement with Sambo (2003) who opines that the purpose of intervention is to establish a relationship of guidance training therapy to help for prevention, development and remediation. He is also of the view to use telephone to help women with HIV/AIDS who may not want to expose themselves, he suggested consultative and training of people, where trainee counselors devote their time to counselling and also the use of media to intervene on women's reproductive health issues

CONCLUSION:

From these findings in this research work it is evident that women with reproductive health dysfunction have been badly affected by different diseases that affective being. For women to cope with this issue helping hands are need to intervene situation and give them hope of overcoming their issue of reproductive dysfunction.

RECOMMENDATIONS:

Based on the findings, the following recommendation are proffered

- Guidance and counselling is needed to help women cope with their health issues.
- Encouraging women to visit the health care centers for medical help and attention
- The use of telephone is needed to help women who are shy to come out publicly with their challenges of reproductive dysfunction such as HIV/AIDS, STD's.
- Women with health productive dysfunction should be supported by government, their husband NGO's and well to do people in the society
- The mass media, radio, television, news papers should be used to enlighten with reproductive dysfunction.
- Women with reproductive health issues should not be looked down upon but rather, encouraged them to become functional mothers in the society.
- Women with health issues should be well catered for by their husbands and relatives.
- Government should involve women in entrepreneurship training and give soft loan to empower them to be able to take care of themselves.

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