

**ASSESSING THE IMPACT OF ADULT EDUCATION PROGRAMMES IN  
PROMOPTING HEALTH LITERACY AMONG THE MARKET WOMEN IN  
UMUAHIA, ABIA STATE**

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**Abstract**

*This study assessed the impact of adult education programmes in promoting health literacy among market women in Umuahia Abia State. The design of the study was a descriptive survey. Four research questions guided the study. Purposive sampling technique was used in selecting the study sample of 200 market women. The respondents answered to a structured questionnaire titled “Assessing the impact of adult education programmes in promoting health literacy” among market women”. The instrument consisted of 41 items and was structured using 4 points rating scale. The reliability co-efficient was computed at 0.76; mean statistics was used to analyze the four research questions. The findings of the study show that, lack of funds, ignorance, low level of education and others to a high extent challenge the market women access to health literacy programmes alongside time constraint and location in Umuahia, Abia state. The study recommended among others that government should provide and make health literacy programmes nearer to the people by marking out a special day with specific timing to teach women about their health and management which invariably increase life expectancy in our society.*

**Keywords:** Adult education, Health, literacy, Market women.

**Introduction**

Adult education is the practice of teaching, learning, training for personal and professional development, empowerment, continuous education, up skilling in vocation through formal, non-formal and informal aspects of learning. Adult education is life wide and lifelong exposition of knowledge in all spheres of academia which can take place in work places, schools, markets, motor parks and hospitals, homes, road side and all locations within life endeavors. Pleasurably, adult education is a practice in which adults voluntarily involve themselves in systematic and self-directed activities in order to meet up with immediate demands of solution to identified needs,

acquire and update skills change attitudes to uphold values and sustain self-reliance. According to “Obiozor and Uchendu (2021), adult education is the process of transmitting knowledge skills, change of attitudes in the life of individuals which can be applicable to their social, emotional, physical and everyday life activities including health as integral part of life.

A major goal of adult education is to help individual discover, know himself and apply immediate solution to his problem. Health is wealth; adult education contributes to solutions in health issues by equipping adults in the Society with necessary knowledge and skills for solving the problems. These issues include physical and psychological imbalances in health status ranging from personal health status, family planning and management, illnesses and management, prevention of sicknesses and nutritional values and tips. Adult education therefore enables the women learn at a time suitable to them in view of all other roles they play in the family and society. Some of the adult education programmes provided for women include women education, health literacy, vocational skills, functional literacy, community development and others. Women through literacy acquire consciousness of: (a) freedom from age long taboos and superstitious that keeps them at the background. (b) Freedom from ignorance associated poverty. (c) right thinking for decision making. (d) empowerment skills to improve living standards. (e) recognition in the society (socialscienceresearch.com).

Abia state agency for mass literacy, adult and non-formal education has statutory mandate to include providing adult education to persons from 18years and above who did not acquire formal education or did not complete their education but are still determined to get education. The mandate is also to enable persons acquire skills and extend mass education to citizens on government programs and services. In collaboration with national commission for mass education (NMEC) adult education programmes are executed through weekend and evening classes, media, churches, markets, traditional and community leaders (<https://guardian.ng.new>).

Innovations in technological advancement, nutrition and climate change has influenced and affected health and human existence in various ways. Observably, health has become one of the factors that determine the provision of adult education in the society especially in the recent time. Disease outbreak and pandemic needs concerted effort with education as a major instrument for prevention and management. In dealing with this development, adult education (health literacy programme) has become a suitable package. Health is the state of being free from illness or injury,

a state of good wellbeing. WHO (2023) defines health as a state of mental, physical and social wellbeing not just the absence of disease or infirmity. In support of the above, Sartorius (2006) sees health as a state that allows the individual to adequately cope with all daily life (implying also the absence of the disease and impairment). The researcher explains that health is a state of balance, and equilibrium that an individual has established within himself and between himself and his social and physical environment. This is also the absence of any disease or impairment. It is noteworthy that knowledge and literacy of one's health status and management does not only improve personal development but sustainable national development.

Literacy is a combination of relativities which is considered to be a process of learning skills of reading, writing, listening, arithmetic, computation and a full development of man and his liberation and freedom from ignorance, bondage, dependence, poverty of the mind and body low self-esteem and lack of participation in one's affairs. Health Literacy as defined by Onyeozu and Okorie (2021) is the degree to which people are able to access, understand appraise and communicate information to engage with the demands of different health context in order to promote and maintain good health across the life course. In furtherance, health literacy impacts knowledge and information to the individuals in terms of all the ways that are essential to take care of one's health care needs and requirements.

Health literacy is a programme in adult education that assists individuals and community members to acquire correct information about the causes of disease and their effects. On human, treatment, care is prevention. Here, nutrition is seen as part of health management. People are meant to learn dishes for their Children and family, diet for different sickness, how to store and preserve foods, what to eat, time to eat, substances to avoid to prevent health hazards. Onyeozu and Okorie (2021) added that the individuals are required to take care of their physical and as well as psychological health Conditions. In order to take care of one's physical health conditions, it is vital for the individuals to pay adequate attention towards their diet, physical activities, medical check-ups, positive thinking and when experiencing any health problems and illnesses, they are required to obtain medicines. This means that people require to learn to visit their doctors and understand the power of referrals to specialist as at when due, Also, counselling plays important roles in the psychological health of the people. The researchers pointed out that the scope of health Literacy can be at three levels, which include;

- a. Functional health literacy: That is ability to understand the consent forms
- b. Conceptual health literacy: This contains the skills and competency to Seek, Comprehend, and use health information to make informed choices, reduce health risks and increase quality of life.
- c. Health literacy as empowerment: As informed consumers, the ability to promote health, prevent disease, act collectively to improve the health through political system by exercising voting rights, advocacy or engage social movements. This explains that health literacy equips people to deal with psychological, physical health issues alongside their social and civic responsibilities in the society.

As women are the cynosure in marriage and Child bearing, having knowledge for informed choices in their Child bearing and how to help handle infertility in this modern age is an added advantage. Conceptual health literacy exposes women to understand some medical investigations such as: A. Menopause (why when, how and what to be done). B. Hysterosalpingography (HSG) which is the use of Contrast and x-ray to outline the uterus and the fallopian tube. C. Sonohysterography which is the use of water and ultrasound scan to outline the tubes and uterus. D. Myomectomy - fibroid removal. E. Intrauterine Insemination; Injection of sperm into the uterine Cavity to achieve fertilization. F. In-vitro Fertilization (IVF) G. Surrogacy: The act of the third party accepting to give birth for a couple especially when there is issue of infertility. H. Hysterectomy: The total or partial surgical removal of the uterus. All these and more can save the lives of the women when they are properly informed without allowing culture, religion, educational Status and environment to interfere in an unfriendly manner. Also exposure to tips on barrenness on both men and women should be upheld in health literacy. Causes of barrenness in women include; Lack of menses (absence of menstrual flow), Lack of ovulation (inability to produce mature ovum), Anxiety (secretion of adrenaline), Lack of balance diet (iron), Spouse not living together (living far from each other), Age (the ova is less in production most in ages 40 and above), Abortion (criminal termination of pregnancy which at times tamper with the condition of the uterus), P.I.D and Fibroid, Not maintaining the right position during sex, Right mood during sex and after (avoid moods such as anger while having sex), Blockage of fallopian tube (blockage due to infection). Also, causes of barrenness in men include; Low sperm count (this is when the man's sperm cells are not much), Absence of sperm (when there is no production at all), Disease condition (e.g. diabetic's Miletus), Abnormal diet (such as fatty supplements)( <https://twitter.com/DCLMABiaOnline>).

Onyeozu and Okorie (2021) outlined why health literacy is important as follows: (1) A large number of people are affected with morbidity and mortality. In most of the developing countries with low health literacy rates all the mortality morbidity rates are very high. (2) Poor health outcomes: There is a clear correlation between inadequate health Literacy and high mortality rates. (3) Increased rate of chronic diseases: In developed Countries with high health literacy rates of Communicable disease burden has come down to a large extent whereas developing Countries are saddled with high communicable disease burden and lifestyle disease burden. (4) Health Care Cost: In a developing country like India 60 to 70% household income is spent on treatment of major illness. (5) Health information demand: In developing countries the health related materials Jargon and technical language is very difficult to understand for people with low health literacy rates. (6) Equity: In Countries with Low health literacy rates demand and distribution of health resources is inequitable.

However, market women are the focus in this study. Women are highly concentrated in the informal sector of the economy with their lives revolving around the family, farm, and marketplace. Market women are women who gather in an open place or covered building where buyers and sellers convene for the sale of goods and services (Ezenwa, Iheme, Okonkwo & Adeoye-Agomuo, 2022). Market women function largely as petty traders and salespersons. Their dominance in retail trade is a result of their social role as producers, who not only produce the food as subsistence farmers but are also responsible for feeding their households at the expense of their health, considering the environment where they ply their trade and the harsh environmental conditions they are subjected to (Ezenwa et al 2022). Majority of women in Abia State run the various markets; therefore, their health should be taking care of. Furthermore, Idyorough and Ishor (2014) also discovered that market women suffered from several health problems as a result of stress, long hours of moving around with their Commodities and exposure to poor sanitation conditions in their various markets. Promoting the health of women is a positive approach towards improving the health of Communities, as women's health influences the health status of their family members, especially their children (Olagunju, Ayamolowo & Sunmonu 2016). Market women are contributing greatly to the national economy and in maintaining families, therefore, they should not be allowed to be ravaged by ill-health. Adequate attention should be paid to the market women's health to enable them perform to the maximum. Adult education programmes and counselling services are among the most cost-effective ways to promote health literacy in market places in Abia State.

### **Statement of the Problem**

Sound health is a fundamental requirement for living a socially, economically, mentally and psychologically productive life. Improving the health of market women is a major worldwide health issue. This is because market women can be described as an indispensable group in the development of any nation and they play significant roles in the economic development of any nation be it developing or developed. However, most of the market women lack awareness of the need for medical care, one major explanation of this observation is lack of information. Market women lack adequate access to sources of information and literacy to meet their health information needs. Accurate and timely information is needed to make informed choices to access health care system. Hence this study assesses the impact of adult education programmes in promoting health literacy among market women in Umuahia Abia State.

### **Purpose of the study**

The purpose of the study is to assess the impact of adult education programmes in promoting health literacy among the market women in Umuahia, Abia state.

specifically it seeks to:

1. Ascertain the sources of health literacy among market women in Umuahia Abia state.
2. Determine the extent adult education programmes have promoted health literacy among the market women in Umuahia Abia state.
3. Ascertain the extent health literacy has empowered the women to make informed choices over their health statuses in Umuahia Abia state.
4. Determine the challenges faced by market women in accessing health literacy in Umuahia Abia state.

### **Research questions**

1. What are the sources of health literacy among the market women in Umuahia Abia state?
2. To what extent has adult education programmes promoted health literacy among the market women in Umuahia Abia state?
3. To what extent has health literacy empowered the women to make informed choices over their health status in Umuahia Abia state?

4. What are the challenges faced by market women in accessing health literacy in Umuahia Abia state?

### **Methodology**

The descriptive survey research design was adopted for this study. The population of Study consisted of all the market women in the four (4) major markets in Umuahia north and south. Purposive sampling technique was used to Select 200 market women. The purpose is to assess the impact of adult education programmes in promoting health literacy among the market women in Umuahia, Abia State. The instrument used for the study was Questionnaire titled “Assessing impact of adult education programmes in promoting health literacy among the market women in Umuahia Abia State. It has two sections, Section A sought for the demographic data of respondents while section B has four clusters in line with the research questions. The instrument consisted 41 items and was structured using rating scale of Very High Extent (VHE) – 4 points, High Extent (HE) 3 points, Low Extent (LE) = 2 points and Very Low Extent (VLE) = 1 point for clusters 1 to 3. While strongly agree (SA)=4 points ,Agree (A)=3 points , Disagree(D)=2 points and strongly Disagree(SD)=1 points for cluster 4. The instrument was validated by three experts two in the Department of Adult and Continuing education and one in measurement and evaluation all in Micheal Okpara University of Agriculture Umudike, this helped to ensure face, construct and construct validity of the instrument. Only the items accepted by the validators were carefully considered and used for the study. The researchers made visits and return visits to the four major markets, out of the 200 copies of questionnaire administered 184 were retrieved and used for the analysis. Cronbach Alpha Statistics was used to get the reliability coefficient of 0.76, indicating a high reliability. The data collected were analyzed using mean statistics to answer the four research questions. All Items with the criterion mean of 2.50 and above were accepted while items below the criterion mean were rejected. The respondents voluntarily participated and responded to the instrument.

### **Presentation of Tables and Results**

**Research question 1:** What are the sources of health literacy among the market women in Umuahia Abia state?

**Table 1**

S/N	Sources of health literacy among the market women in Umuahia, Abia state.	VHE	HE	LE	VLE	Mean	Decision
1.	You learn from Radio programs	80	65	17	22	3.10	Accepted
2.	You Learn from Television	79	58	27	20	3.00	Accepted
3.	You do have adult education programme providers in the Market	19	20	76	69	1.90	Rejected
4.	You Learn from your church/ mosque/ religious gatherings.	40	82	23	39	2.60	Accepted
5.	Your Learn through your smart Phones/ internet/ social media	25	40	69	50	2.20	Rejected
6.	You learn from your fellow women in discussions, Conversations and One on one advise	48	60	40	36	2.60	Accepted
7.	You learn from, faith based books such as Daily manner, awake and others.	33	36	72	43	2.30	Rejected
8.	Organized Counselling sessions	35	37	82	30	2.40	Rejected
9.	Town hall meetings, billboards, handbills.	40	37	60	47	2.30	Rejected
10.	August meetings /women gatherings	63	90	20	11	3.10	Accepted
	<b>Grand mean</b>					<b>2.50</b>	<b>Accepted</b>

Table 1 above shows that five out of the ten items on sources of health literacy are rated high by respondents. The respondents perceived low extent on items 3, 5, 7, 8 and 9. This is confirmed with their mean scores of 1.90, 2.20, 2.20, 2.30, 2.40 and 2.30 respectively.

**Research question 2:** To what extent has adult education programmes promoted health literacy among the market women in Umuahia Abia state?



**Table 2**

S/N	Adult education programmes for promoting health Literacy among the market women in Umuahia Abia State?	VHE	HE	LE	VLE	Mean	Decision
1.	You have received education on pregnancy and how to take care of yourself?	92	70	12	10	3.30	Accepted
2.	You have been given attention on diet/ nutrition/ dangers of using chemical to ripen fruit?	14	20	80	70	1.80	Rejected
3.	You have received one on one talks with adult educators on child bearing and rearing?	30	4	90	60	2.00	Rejected
4.	You have been and educated on severally On family planning and living?	45	89	30	20	2.80	Accepted
5.	You have participated in education programmes on marriage and how to handle marriage issues?	40	17	30	97	2.00	Rejected
6.	You have gained information on General home management?	30	79	15	60	2.40	Rejected
7.	Counselling services are provided to you to boost your confidence in managing your health?	50	18	30	86	2.10	Rejected
8.	Management of infertility has been provided to you as a woman?	6	70	19	89	1.90	Rejected
9.	Education has been provided to you on mental and psychological health?	10	14	60	100	1.60	Rejected
10.	You have received education programs on self-confidence, self-esteem and fundamental human rights?	20	11	79	74	1.80	Rejected
<b>Grand mean</b>						<b>2.47</b>	<b>Rejected</b>

Data in table 2 above shows that almost all the items on adult education programmes for promoting health literacy range from 1.60 to 2.40. The overall and mean of 2.47 indicates that the extent of provision of these items seem low.

**Research question 3:** To what extent has health literacy empowered the market women to make informed choices over their health status in Umuahia Abia state?

**Table 3**

S/N	Extent health literacy has empowered the market women to make informed choices over their health status in Umuahia, Abia state	VHE	HE	LE	VLE	Mean	Decision
1.	You have Learnt to stick to doctor’s Prescription and Instructions	8	10	87	79	1.70	Rejected
2.	You have learnt to dismiss superstitious beliefs over health matters	7	20	67	90	1.60	Rejected
3.	you have Leant to wash your hands regularly even while in the market	38	50	56	40	2.40	Rejected
4.	You have learnt not to be careless Over Your Health and that of your Family (Regular exercise, maintaining weight and avoiding alcohol etc.)	26	30	45	83	1.90	Rejected
5.	You have learnt where, and how to Access health information as at when due?	42	66	56	20	2.70	Accepted
6.	You have first Aid around you and Can Apply it when necessary	15	20	89	60	1.90	Rejected
7.	You Can Now identify Symptoms of health disorder and what to do?	47	40	80	17	2.60	Accepted
8.	You have learnt to read drug prescriptions, and labels for direction before taking the drugs	12	19	62	91	1.70	Rejected
9.	You can now check your drug expiring date?	24	29	72	59	2.00	Rejected
10.	You visit your doctor regularly for Check-ups?	12	21	80	71	1.80	Rejected
11.	You have learnt the dangers of ripening fruits With Chemical substances.	26	30	60	68	2.00	Rejected
<b>Grand mean</b>						<b>2.00</b>	<b>Rejected</b>

Data in table 3 above reveals that 9 out of 11 items on extent health literacy has empowered the market women to make informed choices over health status have mean ratings below the criterion mean of 2.50. The items have 1.60 – 2.40 respectively. While items 25 and 27, have 2.70 and 2.60 respectively. The indication was buttressed by the grand mean which shows 2.00 (rejected). This implies that extent health literacy has empowered the market women to make informed choices over their health status is low.

**Research question 4:** What are the challenges faced by market women in accessing health literacy in Umuahia Abia state?

**Table 4.**

S/N	Challenges faced by market women in accessing health literacy in Umuahia, Abia state	SA	A	D	SD	Mean	Decision
1.	Poverty / poor infrastructure/lack of funds	69	72	13	30	2.90	Accepted
2.	Lack of regular provision of education and awareness by the government.	80	49	29	26	2.90	Accepted
3.	Superstitious beliefs.	80	54	30	20	3.00	Accepted
4.	Obnoxious culture	67	39	50	28	2.80	Accepted
5.	Illiteracy/low level of education	90	70	23	1	3.30	Accepted
6.	Time/location of the programs	87	32	42	23	2.90	Accepted
7.	impulsive Spending / Lack of Planning	65	40	43	36	2.90	Accepted
8.	Religious beliefs	72	63	20	29	2.90	Accepted
9.	Political instability/ unregulated exploitation	78	40	32	34	2.80	Accepted
10.	High cost of health care/ outrageous hospital Bills	82	52	40	10	3.10	Accepted
<b>Grand mean</b>						<b>2.95</b>	<b>Accepted</b>

Table 4 presents the mean rating on challenges faced by market women in accessing health literacy. The study shows a grand mean of 2.95 which indicates a high level of acceptance of the perceived items investigated as challenges of accessing health literacy by the market women. However, the study shows that all the items are inherent challenges. These challenges include; poverty/poor infrastructure/ lack of funds (2.90), lack of regular provision of education and awareness by the government (2.90), superstitious beliefs (3.00), obnoxious culture (2.80) illiteracy /low level of education (3.30), time and location of programs (2.90), impulsive spending/ lack of planning (2.90)religious belief (2.90), political instability/un-regulated exploitation (2.80). High cost of health care/ outrageous hospital bills (3.10).

### **Discussion of Findings**

Table 1 shows that five out of the ten items on sources of health literacy are rated high by respondents and perceived low extent on items 3, 5, 7, 8 and 9. The respondents learn to a high extent through radio, television, religious gatherings, fellow women, and other women gatherings. The present study shows evidence that the market women have not accessed health literacy and information through their market places, smart phones, internet/ social media, faith based books and counselling sessions. European Association for the Education of Adults (EAEA) (2015) alerted that 47% of the population in eight European countries is estimated to have insufficient levels of health literacy, some 43% had difficulties grasping the notion of disease prevention and 51% struggled with health promotion or the ability to advance one's own health. The body maintained that life-style related diseases are responsible for 70 – 80% of deaths in developed countries and for about 40% in the developing world. EAEA (2020) maintained that adequate provision of health literacy to people is valuable for developing trust between the general public and medical practitioners, reducing the temptation to ignore advice and helping to improve morale and the sense of health security throughout the boarder community. People rely better on where there is good health support system. The present study correlates with the work of Egunjobi and Akerele (2014) which found out that the respondents exhibited low health information literacy. In variance, Egunjobi and Akerele 2014 did not focus on women though the present study focused on only market women. Edewor 2010 as cited in Obiozor (2016) noted that different health education programmes get through the people through different donor agencies, hospitals, ministry of health journal and libraries. This implies that

market women access information on their health status through different sources. On the other hand, these channels of information are only for the quite literate market women leaving the illiterates with limited sources of information. All the same WHO (2010) pointed out that the media tools such as television, radio, and print media if properly used will definitely influence women ideas, behavior, and values about child birth, management of family and their health.

Data in table 2 shows that almost all the items on adult education programmes for promoting health literacy ranges from 1.60 to 2.40. This means that the extent of provision of these items seems low. This is confirmed by the overall grand mean of 2.47 which indicates that the provision of adult education programmes for promoting health literacy among the market women are still on the low extent in Umuahia Abia state. The respondent pointed out to a high extent on items 11 and 14 which shows that most women have received education on pregnancy and how to take care of themselves during pregnancy alongside family planning and living, with the mean 3.30 and 2.80 respectively. This is in relation to Nnadozie foundation project in Umuahia, Abia state. The foundation provided safety, Health and empowerment (S.H.E) project for women living in rural areas of Abia State in their 2019 and 2020 campaign. The foundation focused on maternal and infant health intervention, Health intervention for children 0-12 years and support for primary health centres. The foundation made provision for the 17 local government areas comprising 184 wards, and targeted 50 pregnant women and 50 caregivers in each of the 184 wards in the state which indicated that pregnancy education and family planning and living have been provided to a high extent (globalgiving.org). Adult education is not only a complementary method to develop more knowledge but also a proactive approach in terms of empowerment and mental wellbeing. In the Bell study, 84% of the respondents have experienced positive changes in mental wellbeing and 83% have experienced positive changes in their sense of purpose in life when learning in adult life.

EAEA (2020) discovered that media literacy lacks compliance with health safety rules. In furtherance, non-compliance i.e. failure to act in accordance with rules imposed by government is a problem in Europe presently. This is as a result of miseducation and mistrust. Therefore it is imperative to teach and educate to really understand the importance of complying to medical policy, rules, regulations etc. Akidi (2018) presented different patterns of utilization still, some respondents indicated non utilization of such information as a result of lack education, poverty or not having been informed. Another major reason might be poor financial status according to Ogbuji 2010 as cited in Obiozor

(2016) which hindered most people from accessing programmes provided for their well-being. Nutbeam (2000) as cited in Akidi (2018) explains that health promotion outcome measures of health literacy include health-related knowledge, attitudes, motivation, behavioral intentions, personal skills, and self-efficacy. This means that adequate provision of health literacy for the market women will equip them cognitively, positively reflect in their actions and improve healthy living in their families and society. This is because healthy literacy programs focus on all facets of human living as indicated in table 3 above. Here, it is observed that Adult education provide a safe conducive and confidential environment in which individuals can learn about health through various means, with someone who knows that right answer and how to communicate effectively to the audience.

The findings of this study on challenges of accessing health literacy by the market women are in line with the report of EAEA (2015) which explained that girls and women are very often left incharge with the reproductive health of themselves and their families, but in many countries there is a lack of access to adequate reproductive, child and maternal health services. Moreso, Akidi (2018) on challenges of information literacy on health living information in Abia state which indicates that individuals less concern attitude or health matters, high rate of illiteracy on side of the individuals, lack of funds, high cost of medicare, poverty, low level of education, no regular provision of seminars and awareness by the government all perceived as challenges by the respondents. In addition, a previous study conducted by Abiola and Olatokumbo (2012) aligned that community information services in Nigeria in the area of health among other areas are bedeviled by factors like negative economics and political situation, lack of adequate and professional workforce, non-computerization of services, lack of well-defined policies, neglect from government, unimpressive facilities, low patronage, lack of current materials and poor funding among others. Nnadozie foundation also noted that high rate of poverty, lack of well -equipped hospitals and medical personnel, and inadequate information has resulted in preventable deaths of women and children living in rural communities in Abia state (globalgiving.org). Emphatically, women's health education in general is important for safe child birth healthy family living and successful parenthood.

### **Conclusion**

Adult education is life long and life-wide act of learning that cuts across all ages, gender locations and background. All is bound to learn and apply such learning skills to solve immediate problems. Therefore, Adult education has a key role to play in the field of health and empowerment of the

market women. The market women are among the vulnerable persons who need serious attention on their health literacy and increase in life expectancy. Healthier population works better and invariably better quality of life is maintained. Women are family builders and need to have good access to health literacy to maintain their lives and that of their families. Health literacy should be accessible and affordable in various ways to enable right and correct management which will in turn discourage self-diagnosis, self-treatment, drug abuse and superstitious belief. Therefore, empowering the market women by increasing their access to health literacy contributes to improving the health of their families and the society. Adult education is a flexible field of knowledge that has the capacity to design a programme that can empower the women with self-care, mental health, reproductive knowledge, nutrition, child care, family management and lots more for better quality of life, increase in life expectancy and nation building. However, adequate health education should not only provide information for people with identified illness but it should look at what is obtainable in one's environment and how to prevent the spread of contagious disease and occurrence.

### **Recommendations**

1. The federal, state and local government should embark on serious campaigns against health illiteracy, through workshops, radio jingles and faith based seminars, stressing the dangers of not participating in the provided programmes.
2. There should be increase in the allocation of funds by the federal government for adult education programmes, to enable the market women have easy access to health literacy programmes in their various locations.
3. The government should mark out a special day with specific timing to teach the market women about their health and management which will invariably increase life expectancy and quality of life in the society.

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