

The Impact of Nutritional Education on The Health of Reproductive Women in Port Harcourt Metropolis

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DOI: <https://doi.org/10.5281/zenodo.23503382>

Article History	Abstract
Original Research Article	<i>The study examined the impact of nutritional education on the health of reproductive women in Port Harcourt Metropolis, Rivers State. The study was necessitated by concerns about inadequate nutritional knowledge, poor dietary habits and unhealthy lifestyle practices that may affect the health and well-being of reproductive women and their unborn children. The study adopted a descriptive survey research design. The population comprised reproductive women and relevant health workers within the study area, while a sample of 120 reproductive women was selected for the study. A self-structured questionnaire was used as the major instrument for data collection. The questionnaire consisted of sections covering respondents' demographic characteristics and items relating to the availability of nutritional education, antenatal nutritional counselling, healthy lifestyle, improvement in lifestyle and factors affecting nutritional knowledge and habits. Data collected were analysed using frequency counts, percentages and chi-square statistics, with the hypotheses tested at the 0.05 level of significance. The study is expected to establish the extent to which nutritional education received through antenatal consultation and other health education programmes contributes to healthy dietary practices and lifestyles among reproductive women. It also seeks to identify factors that may hinder adequate nutritional knowledge and healthy eating habits among reproductive women in the study area. Based on the findings, appropriate recommendations will be made to health authorities, healthcare providers and other relevant stakeholders on strengthening nutritional education during antenatal care and promoting healthier lifestyles among reproductive women in Port Harcourt Metropolis, Rivers State.</i> Keywords: Nutritional Education, Reproductive Women, Nutritional Knowledge, Antenatal Nutritional Counselling, Healthy Dietary Practices, Healthy Lifestyle.
Received: 25-08-2026	
Accepted: 29-09-2026	
Published: 22-10-2026	
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Introduction

Nutrition education is an integral part of antenatal care since it enhances the health of pregnant women and their babies through fostering healthy eating habits. As Abu-Saad & Fraser (2010) affirm, maternal nutrition is a modifiable risk factor for public health that can be intervened with to avoid poor birth outcomes among vulnerable populations, especially those from low-income areas in the developing world. Pregnant women need to have adequate amounts of quality nutrition from foods so that they meet their own physiological needs during pregnancy and help in the development of the fetus. Despite the recommendation of nutritional supplements by health experts in specific circumstances, their abuse can lead to health consequences hence the need to offer health

education on appropriate use of such supplements. Such issues may be common among the poor and illiterate women in rural communities because they lack health information. A balanced diet ensures that essential nutrients are obtained consistently from foods consumed, and the body manages the intake, utilization and elimination of some nutrients. Therefore, nutrition education should ensure that pregnant women adopt a healthy diet and proper use of supplements.

Ladipo (2000) confirmed this by revealing that 'Even in developed countries, prenatal care providers have reservations about the widespread and indiscriminate use of prophylactic minerals and vitamins because of unproven

benefits in well-nourished populations, risks of teratogenicity, and side impacts. These concerns need to be considered in the context of developing countries’.

Health education intervention programmes have been found to be effective ways of facilitating positive changes in health-related behaviour. However, the effectiveness of such programmes depends greatly on the availability of the right facilities and resources needed to ensure the desired changes in the targeted health-related behaviour, which is the main objective of health education (Adams, 2010).

Nutrition education is a key part of health education that seeks to increase knowledge about how food resources can be sourced, prepared, combined and taken for the improvement of the health of different population groups. The intervention programme under analysis focused on education about eating of fruits and vegetables and provision of these fruits and vegetables at affordable cost and in easily accessible quantities for women of reproductive age in order to facilitate positive change in their dietary habits through increasing consumption of these foods.

Numerous research studies have shown that nutrition has a great role in the burden of global preventable non-communicable diseases and early mortality (WHO, 2003; Beaglehole & Yach, 2003). Consumption of a healthy balanced diet with sufficient amounts of various nutrients in the right proportion is crucial for ensuring good health throughout life including pregnancy period. There has been evidence of association of diets that include plenty of fruits and vegetables with prevention of metabolic syndrome (Feldeisen & Tucker, 2007). Consumption of these foods has been associated with reduced risk of developing various non-communicable diseases, heart conditions, some types of cancer as well as obesity, overweight, atherosclerosis and musculoskeletal disorders (Donaldson, 2004). This means that lack of consumption of these foods can result in increased vulnerability to these health problems. Health promotion and education initiatives have been trying to promote increased consumption of fruits and vegetables in response to this concern all over the world (WHO, 2003). Studies have shown that women are usually lacking consumption of these foods (Kimberly, Joanna, Jill, Marcia, & Jesse, 2012). Factors responsible for this lack include high purchase costs, poor availability, lack of knowledge and socio-economic issues. However, not much research has been done to identify barriers and factors that can facilitate increased consumption of these foods among women of reproductive age in Nigeria. Ladipo (2000) found that the practice of consuming fruits and vegetables regularly had not developed among most Nigerians including urban and suburban areas dwellers.

Though members of rural farming communities have better access to locally produced vegetables containing various vitamins and minerals, especially when these foods are well prepared, available research literature fails to show whether people are consuming these vegetables in sufficient quantity. In addition, despite various interventions programmes designed to promote consumption of fruits and vegetables in the US, Larsen, Harris, Ward, and Popkin (2007) found that there had been no satisfactory increase in their consumption between periods of 1988–1994 and 1999–2002. Moreover, they found that there had been a decrease in consumption of these foods per day among adolescents.

Many initiatives have been taken by community obstetricians, gynaecologists, midwives, and community extension workers during the antenatal visits to the hospitals and health centres to encourage pregnant women to consume more fruits and vegetables. But these interventions have not seen success so far, suggesting that more actions are necessary to change the dietary habits of women of reproductive age in Nigeria.

A smaller number of women are reported to comply with the recommended dietary practices. Fruits and vegetables are rich in vitamins, minerals, fibre and antioxidants (Elbagermi, Edwards, & Alajtah, 2012). There are many health benefits that can be obtained from the consumption of fruits and vegetables in pregnancy. For example, there is an evidence that maternal fruit and vegetable intake is associated with a decreased probability of allergy symptoms among children, including wheezing and eczema (Kristie-Leong, 2010). These products also provide many nutrients that are required for the proper development of fetus. Fibre and cellulose content helps to maintain the normal functioning of intestines and prevents constipation that often occurs in pregnant women. Moreover, sufficient fibre intake may help to avoid straining while passing stool and reduce the risk of haemorrhoids formation. Beta-carotene contained in fruits and vegetables is responsible for normal cell development and vision. Vitamin C is necessary for bone, teeth, and connective tissue formation. Also, folate is very important in early stages of pregnancy because it helps to prevent neural tube disorders, such as spina bifida. Proper nutrition of mother helps to ensure the normal development of fetus and avoids the occurrence of pregnancy complications. However, fruits and vegetables should be seen as components of healthy diet and not as alternatives to antenatal supplements. Vegetables include many edible plant parts used as food.

Vegetables can be divided into several categories by Olusanya (2008): root vegetables (carrots, parsnips, turnips); tubers (potatoes, yams, cocoyams); green leafy vegetables (spinach, cabbage, lettuce, waterleaf, bitter leaf,

pumpkin leaves, amaranthus); fruit vegetables (tomatoes, cucumber, okra); seed vegetables (peas, lentils, soybeans). Among the listed vegetables, green leafy vegetables deserve special attention for this intervention due to their high nutritive value and relatively low cost. Vegetables contain minerals, such as calcium, phosphorus, and iron, along with other minerals and vitamins. On the other hand, the content of some substances, such as phytic acid and oxalic acid, in some types of vegetables may lead to the reduction of some minerals, including iron and calcium, absorption. The content of vitamins A, B-complex, C, and K also varies depending on the type of vegetables. Additionally, carotenoid pigments, that are found in some vegetables (for example, carrots), can be converted into vitamin A (Olusanya, 2008).

In addition to the encouragement of vegetables consumption, the information on their correct preparation and cooking should be provided to maximize the retention of nutritive value. Some minerals and vitamins, including vitamins B and C, may be lost during boiling process. Moreover, repeated and long reheating of cooked vegetables may also result in loss of some nutrients. Therefore, appropriate cooking and reheating of vegetables can help to preserve more of the nutrients. As for fruits, they are the sources of vitamins C and dietary fibre. Being eaten raw, fruits can provide many heat-sensitive nutrients that are often lost during cooking process. At the same time, nutrient content in fruits depends on the fruit type, storage, preparation methods, and period between preparation and consumption.

There are carbohydrates in fruits in varying forms. Unripe fruits usually have carbohydrates in form of polysaccharides, mainly starch, that may be reduced to fructose and glucose as the fruits mature. Carotenoids and B group vitamins are also found in fruits in very small amounts. In general, there is low content of fats and proteins in fruits; avocados are however high in fat content than any other fruit. Different organic acids, which make the unique taste in fruits, are contained in fruits. There are citric acids in citrus fruits and other fruits like pineapples, tartaric acids in grapes, and oxalic acids in some fruits and vegetables. Fatty acids, including oleic and linoleic acids, are contained in avocados. There are many ways of preparing fruits to make them attractive. Some of these ways include making fruit salad, which includes bananas, watermelon, cucumber, pawpaw, pineapple and other fruits depending on the preference. Some of the others include banana fritters, pawpaw fool, mango fool, pineapple drinks, and grapefruit drinks. The Millennium Development Goals (MDGs) were globally set goals for the monitoring of development, measurement of progress and reduction of poverty through improvement of people's lives (WHO, 2005; World Bank,

2005). MDG 5 was specifically concerned with improvement of maternal health through appropriate antenatal care, proper nutrition during pregnancy, improved childbirth conditions, and complete postnatal care. Nutrition of maternal health was therefore the main focus of the current intervention.

Nutrition education has been established to be one of the important strategies for encouraging good dietary practices in women of reproductive age and in other population groups. The programme outlined in this paper was intended for women of reproductive age, nursing mothers, children, parents and food service workers in the Odonguyan communities in Ikorodu Local Government Area. As indicated in the original account, the programme did not get funds from the concerned authorities after 1998. The health facilities, which included Ebute General Hospital, Ikorodu and Agbala Health Centre, were mentioned in the account as facilities providing services in community health and nutrition education.

The establishment and management of these health facilities were linked to the improvement of community health and nutrition education through educational and government strategies. The activities carried out in these facilities were meant to encourage women of reproductive age and nursing mothers to voluntarily adopt nutrition education practices. These facilities also carry out nutrition education services along side other health services. Such health services are aimed at encouraging healthy lifestyle among women in the Odonguyan communities and promoting their social, psychological, economic and intellectual development.

The aforementioned situations have not improved yet in Nigeria because the maternal mortality rate of 704 (2003), 840(2008), 630 (2010), 560 (2013) per 100,000 live birth (NPC, 2003, 2008, 2010, 2013) and NDHS, 2003, 2005) is alarming and unacceptable. Nigeria accounted for about 13% of the global maternal death with an estimated 36,000 women dying in pregnancy or at child birth each year (World Bank, 2011). Nigeria also has about 260,000 neonatal deaths annually, 13% of which can be prevented with live saving interventions such as provision of required maternal health medicines and supplies (Onyebuchi, 2015).

Access to healthcare services is vital in assessing the nutritional status and health-related roles of women of reproductive age. In households, women are usually the main caregivers, hence their need for health and nutrition knowledge. This health and nutrition knowledge can be obtained through formal education, advice from relatives, or other means of information. The women of reproductive age require health and nutrition knowledge to play different roles such as being the bread winners,

mothers and caregivers. Antenatal, intrapartum and post-natal care are important aspects in ensuring the health of the mothers and infants, improving infant survival rates and provision of appropriate nutrition and growth and development. One of the key steps towards achieving health and appropriate growth and development of babies is to have proper nutrition practices. These health practices should start even before conception as the adequate nutrition plays a key role in the health of the women during the gestational period and also the health of the fetus. Adequate nutrition not only ensures health of the women but also prepares the body for pregnancy and delivery. Additionally, the adequate nutrition helps in providing the nutrients needed by the developing baby. Under this circumstance, the researcher will evaluate the effect of nutritional education on the health of women of reproductive age in Port Harcourt Metropolis, Rivers State.

Research Design

The descriptive survey research design method was used by administering research questionnaires to the respondents. Also, the descriptive research method was adopted for the research work since the study involved collection of data to answer the research questions.

Population of the Study

The population of the study comprised of all the health workers and reproductive women in Mushin Local Government Area of Rivers State. The targeted population comprised of health workers and reproductive women in all the community and public Health Centres in Mushin Local Government of Rivers state.

Sample Size and Sampling Techniques

The sample size for this study comprised of two hundred fifty (250) health workers and reproductive women in Mushin Local Government Area of Rivers State. The total respondents will be made up of two hundred fifty in figure. The simple random sampling method will be used in order to select the representatives of this study from the larger population of the study. The use of simple random sampling is appropriate for this study in order to remove any form of biased during the course of administration of the questionnaire.

Research Instruments

The major instrument used is a self structured questionnaire to collect information from the selected reproductive women in Mushin Area of Rivers State. The questionnaire will be designed in two main parts. Part A contained the bio-data of the respondents such as age, religion, and gender.

While part B consisted of twenty items that dealt with the study on nutritional education on the health of reproductive women in Mushin Area of Rivers State. The questionnaire is a 5 point liker type, scaled in form of strongly agree, agree, disagree and strongly disagree.

Validity of the Instruments

To determine the validity, the questionnaire was given to experts in the Faculty of education to determine the face and content validity and the approval of the supervisor was also sought on the issue of reliability of the instruments (questionnaire).

Reliability of the Instruments

Reliability of instrument is the degree of consistency with which a test may be applied, is the accuracy of data in relation to stability and precision.

Procedure for Data Collection

A total of two hundred and fifty (250) copies of the developed questionnaire were administered on the selected respondents (women and health officials from Mushin Area of Rivers State. The researcher gave the questionnaire to the respondents and retrieve them immediately after given their response.

Data Analysis

The data that will be collected from the respondents during the investigation and will be analysed by using percentage (%) and the hypotheses stated earlier will be tested using the chi-square (X^2) at 0.05 probability level.

4.1 Brief Introduction

Section A: Bio-Data of Respondents

This chapter presents the data analysis and discussions of results

Table 1: Presentation of Bio-data of Respondents

Item	Category	Frequency	Percentage %
Sex	Male	116	58
	Female	84	42
		200	100

Age	Below 30 years	20	10
	30-40 years	60	30
	41-50 years	70	35
	Above 51 years	50	25
		200	100
Marital status	Married	130	65
	Single	50	25
	Divorced	20	10
	Others (specify)	Nil	Nil
		200	100
Work Status	Civil Servant	96	48
	Corporate Worker	92	46
	Trader/Artisan	12	6
		Nil	Nil
		200	100
Educational Qualification	FSLC	14	7
	SSCE	16	8
	OND/NCE	130	65
	HND/B.Sc.	40	20
		200	100
Positions	Medical personnel	76	38
	Nurse	84	42
	Doctor	40	20
		200	100

Source: Field survey, 2018

As indicated in Table 1, 58 per cent of the respondent were male while 42 per cent of the respondent were female. This shows that male participated more in the questionnaire than the female participants.

In the age grade category of the respondents, 10 per cent of the respondents were below 30 years of age, while 29 per cent of respondents were between 26-30 years, 36 per cent of the respondents were between 31-35 years of age, and 27 per cents of the respondents were 36 years and above.

With regards to marital status of the respondents, 67 per cent of the respondents were married, 12 per cent were unmarried and 12 per cent of respondents were divorced.

In terms of religion, 48 per cent of the respondents were Christians, 46 per cent of respondents were Muslims and 6 per cent were tradition religion. With regards to educational qualification, 26 per cent had OND/NCE, while 43 per cent had HND/BA/B.Sc/B.Ed and 31 per cent had MSc/MA/MBA. This implies that majority of the respondents who are school administrators had HND/BA/B.Sc/B.Ed.

Part B: Analysis of Data from Questionnaire

Research Question 1:
to what extent is the level of involvement of community members on health project for reproductive women?

Table 2: Respondents Opinion on the level of involvement of community members on health project for reproductive women.

S/N	Items	SA	A	D	SD	Total 100 %
1.	People donate voluntarily to put in place modern days health facilities in my community	80 (40%)	74 (37%)	20 (10%)	26 (13%)	200
2.	Some members of my community sacrifice their precious time for community health task.	50 (25%)	84 (42%)	40 (20%)	48 (24%)	200
3.	people in my community labour to put in place few community health project	84 (42%)	82 (41%)	14 (7%)	20 (10%)	200
4.	I donate my time and monies for community health project to be attainable	104 (52%)	40 (20%)	20 (10%)	36 (18%)	200

Source: Field survey, 2018

As indicated in Table 2 above that a total of 40% strongly agreed supported by 37% agreed that people donate voluntarily to put in place modern days health facilities in my community while the 10% disagreed and 13% strongly disagreed with this view.

Also, a total of 25% strongly agreed and 42% agreed that Some members of my community sacrifice their precious time for community health task while 20% disagreed supported by 24% strongly disagreed of the respondents. A total of 42% of the respondents strongly agreed and supported by 41% agreed from respondents that people in my community labour to put in place few community health project while the remaining

respondent 7% disagree and 10% strongly disagreed with the view.

A total of 52% of the respondents strongly agreed and supported by 20% of agreed that they donate their time and monies for community health project to be attainable while 10% disagreed and 18% strongly disagreed.

Research Question 2

to what extent is community members perception regarding provision for adequate hospital equipments and tools in hospital and clinic based organization for reproductive women?

Table 3: Respondents Opinion on the community members perception regarding provision for adequate hospital equipments and tools in hospital and clinic based organization for reproductive women

S/N	Items	SA	A	D	SD	Total (100%) 200
5.	My community members are generous in the health project	124 (62%)	40 (20%)	20 (10%)	16 (8%)	200
6.	My community members do not see anything wrong building community health project	70 (35%)	72 (36%)	30 (15%)	28 (14%)	200
7.	We do not wait for government intervention when it comes to community development project	98 (49%)	48 (24%)	18 (9%)	36 (18%)	200
8.	My community perceived health project as a necessity	90 (45%)	70 (35%)	26 (13%)	14 (7%)	200

Source: Field survey, 2018

It can be seen from table 3 that 62% of the participants strongly agreed and another 20% agreed on the statement: "My community members are generous in the health project." Only 10% disagreed and 8% strongly disagreed

with this statement. On the other hand, 35% of the participants agreed and 36% disagreed that "the community members do not see anything wrong building community

health project" while 15% disagreed and 14% strongly disagreed with this statement.

Furthermore, 49% of the participants strongly agreed and 24% agreed that "we do not wait for government intervention in community development projects" while 9% of the participants disagreed and 18% strongly disagreed with this statement. Likewise, 45% of the participants strongly agreed and 35% disagreed on the statement: "my

community perceived health project as a necessity." 13% of the participants disagreed and 7% strongly disagreed with this assertion.

Research Question 3

to what extent is community members perception regarding their accessibility to the healthcare facilities (i.e. medical care services) for reproductive women, antenatal services?

Table 4: Respondents Opinion on community members perception regarding their accessibility to the healthcare facilities (i.e. medical care services) for reproductive women, antenatal services.

S/N	Items	SA	A	D	SD	Total
9.	Availability of community project help reproductive women to enjoy quality service delivery	76 (38%)	80 (40%)	24 (12%)	20 (10%)	200
10.	Accessibility of health care facilities makes reproductive women to enjoy nutritional diet	90 (45%)	70 (35%)	26 (13%)	14 (7%)	200
11.	Accessibility of health project makes reproductive women to deliver safely	68 (34%)	44 (37%)	23 (19%)	12 (10%)	200
12.	Nutritional education prevents reproductive women from falling sick at all times	56 (47%)	34 (28%)	18 (15%)	12 (10%)	200

Source: Field survey, 2015

Table 4 above, 38% of the respondents strongly agreed and 40% agreed that Availability of community project help reproductive women to enjoy quality service delivery while 12% disagreed and 18% strongly disagreed with the claim.

Also, 45% of the respondents agreed and 35% strongly agreed that Accessibility of health care facilities makes reproductive women to enjoy nutritional diet while 13% disagreed and 7% strongly disagreed with the submission.

Furthermore, 34% of the respondents agreed and 37% strongly agreed that Accessibility of health project makes

reproductive women to deliver safely while 22% disagreed and strongly disagreed with this claim.

A total of 47% of the respondents strongly agreed and 28% agreed that Nutritional education prevents reproductive women from falling sick at all times while 15% disagreed and 10% strongly disagreed with this view.

Research Question 4

to what extent is community members perception towards raising funds to aids community development health project for reproductive women?

Table 5: Respondents opinion on community members perception towards raising funds to aids community development health project for reproductive women

S/N	Items	SA	A	D	SD	Total %
13.	Non challant attitude of the people affect community participation	78 (39%)	74 (37%)	26 (13%)	22 (11%)	200
14.	Ignorance and taboos affect community participation among the people	90 (45%)	84 (42%)	18 (9%)	22 (11%)	200
15.	Increase in maternal rate is due to poor participation of members in community health project	106 (53%)	60 (30%)	40 (20%)	14 (7%)	200
16.	Traditional belief restrict women from engaging in community health project	96 (48%)	58 (29%)	26 (13%)	20 (10%)	200

Source: Field survey, 2018

Table 5 shows that 39% of respondent strongly agreed which is supported by 37% of the respondent's agreement that Non challant attitude of the people affect community participation while 13% disagreed is supported by 11% strongly disagreed.

A total of 45% of the respondents strongly agreed and 42% agreed that Ignorance and taboos affect community participation among the people but 9% disagreed and 11% strongly disagreed with the assertion.

Furthermore, a total of 53% of the respondents strongly agreed and 30% agreed that general cleaning of the house

is stressful when combined with my studies while 20% disagreed and 7% strongly disagreed with the view.

Also, 48% of the respondents strongly agreed and 29% agreed that traditional belief restrict women from engaging in community health project but 13% disagreed while 10% strongly disagreed with the view.

Research Question 5

what are the inherent factors affecting community development health project and accessibility of reproductive women?

Table 6: Respondents opinion on inherent factors affecting community development health project and accessibility of reproductive women

S/N	Items	SA	A	D	SD	Total 200%
17.	Non challant attitude of the people affect community participation	124 (62%)	40 (20%)	20 (10%)	14 (8%)	200
18.	Ignorance and taboos affect community participation among the people	70 (35%)	72 (36%)	30 (15%)	28 (14%)	200
19.	Increase in maternal rate is due to poor participation of members in community health project	98 (49%)	48 (24%)	18 (9%)	36 (18%)	200
20.	Traditional belief restrict women from engaging in community health project	90 (45%)	70 (35%)	26 (13%)	14 (7%)	200

Source: Field survey, 2018

Table 6 reveals that 62% of the respondents strongly agreed and supported by 20% agreed that Non challant attitude of the people affect community participation while only 10% disagreed and 8% strongly disagreed with the view. A percentage of 35% of the respondents also agreed and 36% disagreed that Ignorance and taboos affect community participation among the people but 15% of the respondents disagreed and 14% strongly disagreed.

A total of 49% of the respondents strongly agreed and 24% agreed that Traditional belief restrict women from

engaging in community health project while 9% of the respondents disagree and 18% strongly disagreed with this statement.

4.2 Hypotheses Testing

Analysis of Data Based on Hypothesis Tested

Hypothesis One

H₀₁: The level of involvement of community members on health project for reproductive women is not significant.

Table 7: Presentation showing Chi-square (X^2) score summary on level of involvement of community members on health project for reproductive women.

Variables	N	S. L	Df	X^2_{ca}	X^2_{ta}	Remark
Level of involvement of community members	200	0.05	3	26.92	7.78	Reject (H_{01}) Null hypothesis

$P < 0.05$; Df = 3

In table 7 the null hypothesis one which states that The level of involvement of community members on health project for reproductive women is not significant was rejected based on the fact that the

calculated value of the statistical data is more than the table value which is at 5% level of significance. The calculated chi square value which is 26.92 is greater than the table value 7.82 thus, the alternative hypothesis holds

that The level of involvement of community members on health project for reproductive women is significant.

Hypothesis Two

There is no significant influence of community members perception regarding their accessibility to the healthcare facilities (i.e. medical care services) for reproductive women, antenatal services.

Table 8: Presentation showing Chi-square (X^2) score summary on significant influence of community members perception regarding their accessibility to the healthcare facilities (i.e. medical care services) for reproductive women, antenatal services.

Variable	N	S.L	Df	X^2_{cal}	X^2_{tab}	Remark
Community members perception regarding their accessibility to the healthcare facilities (i.e. medical care services) for reproductive women, antenatal services.	200	0.05	3	24.83	7.78	Reject (H_{02}) Null hypothesis

$P < 0.05$; Df = 3

In table 8 the null hypothesis two which shows that There is no significant influence of community members perception regarding their accessibility to the healthcare facilities (i.e. medical care services) for reproductive women, antenatal services. Evidence from table above shows that calculated chi square value of 24.83 is greater than the table value of 7.82 at 0.05 level of significance. Since the calculated value is greater than the table value, the alternative hypothesis holds that there is significant

influence of community members perception regarding their accessibility to the healthcare facilities (i.e. medical care services) for reproductive women, antenatal services.

Hypothesis Three

There is no significant influence of community members perception towards raising funds to aids community development health project for reproductive women ?

Table 9: Presentation showing Chi-square (X^2) score summary on community members perception towards raising funds to aids community development health project for reproductive women.

Variables	N	S.L	Df	X^2_{ca}	X^2_{ta}	Remark
Community members perception towards raising funds to aids community development health project for reproductive women.	200	0.05	3	22.11	7.78	Reject (H_{01}) Null hypothesis

$P < 0.05$; Df = 3

In table 9 the null hypothesis three which states that There is no significant influence of community members perception towards raising funds to aids community development health project for reproductive women was rejected based on the fact that the calculated value of the statistical data is more than the table value which is at 5% level of significance. The calculated chi square value which is 22.11 is greater than the table value 7.78 thus, the alternative hypothesis holds that there is significant influence of community members perception towards raising funds to aids community development health project for reproductive women.

members perception regarding their accessibility to the healthcare facilities (i.e. medical care services) for reproductive women, antenatal services. There is significant influence of community members perception towards raising funds to aids community development health project for reproductive women

Recommendations

Within the aid of the research project findings the recommendations below:

1. Efforts should be made by Rivers state reproductive women coaches exert influence on the reproductive women diatal attitude.
2. Rivers reproductive women should be educated so as to improve their nutritional knowledge through coaches' Pep talks, organized seminars and discussion forums.

Conclusions

Based on the outcome of result, it is concluded that the level of involvement of community members on health project for reproductive women is significant. There is significant influence of community

3. reproductive women should also be encouraged to become conscious of their diets and know that the diet that is optimal for one reproductive women may not be the best for another.
4. Results from the study on eating habits indicated that there were many nursing students who had poor eating habits where they ate too little or too much than the recommended dietary guidelines for most food groups, hence the need for significant changes in their eating habits. It was suggested that the nutrition intervention should focus on nurses where they should be encouraged to make healthier food choices like eating fruits and vegetables every day, milk and breakfast and variety in foods.
5. The reproductive women in this study were future health care providers who will be responsible for teaching good living habits to the community hence they should be encouraged to set an example.

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