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Research Article

Empowering Female Teachers through Health Literacy, Reproductive Health and Lifestyle Modifications in Osun State, Nigeria

*¹Uchechukwu Charles Osu, ²Olajumoke Oyetola Adegbite, ³Taiwo Oluwaseyifunmi Olunubi, ⁴Foyinsola Genevieve Ogunniyan,

⁵Patricia Ifeoma Afolabi

About Article

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About Author

¹ Department of Adult Education,
Faculty of Education, University of
Ibadan, Ibadan, Nigeria

² General Studies Department,
Federal College of Animal Health
and Production Technology, Moor
Plantation, Apata, Ibadan, Oyo State,
Nigeria

Contact @ Uchechukwu Charles Osu
charles1759@yahoo.co.uk

ABSTRACT

The study investigated nexus among health literacy, reproductive health and lifestyle modifications among women of reproductive age in teaching profession in Osun State, Nigeria. Purposive and simple random sampling techniques were employed to selected one-hundred and eighty-six teachers. A self-designed instrument was used to elicit information from the participants. Both descriptive and inferential statistical tools were explored to analyse the generated data. The findings of the research demonstrated a moderate positive association between health literacy and reproductive health of women of reproductive age in teaching profession. The study further revealed a significant relationship between lifestyle modifications and reproductive health among women of reproductive age in the teaching profession. The findings indicated that the top strategies included simplifying health information using plain language, providing training for healthcare providers, and using visual aids like diagrams, pictures, and videos. Other notable strategies included offering reproductive health services and counselling, providing access to accurate information, and promoting physical activity, healthy eating habits, stress management, and healthy sleep habits. The study concluded that health literacy, reproductive health and lifestyle modifications of women of reproductive age go a long way in enhancing their well-being and overall effectiveness in teaching profession. Policymakers and health educators should promote and support lifestyle modification programs that empower women teachers to make informed choices about their reproductive health.

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1. INTRODUCTION

Health literacy is the capacity to access, comprehend, and utilize health-related information and services to make informed decisions about one's health. It encompasses a range of skills, including understanding health issues, recognizing symptoms, and knowing when to act. According to Sørensen *et al.*, (2012), health literacy is a critical determinant of health outcomes, and individuals with low health literacy often experience poorer health status and increased healthcare costs. Recent studies have highlighted the significance of health literacy in promoting self-care and improving medication adherence, particularly among individuals with chronic conditions (Berkman *et al.*, 2011; Omokhabi, 2016).

Health literacy is essential for individuals to navigate complex healthcare systems, understand treatment options, and engage in healthy behaviours. A recent systematic review found that health literacy interventions can improve health outcomes and reduce healthcare utilization (Stormacq *et al.*, 2020). Furthermore, digital health literacy has emerged as a key area of focus, with research highlighting the importance of online health information and digital tools in promoting health literacy (Paakkari & Okan, 2020). By improving health literacy, individuals can take control of their health, make informed decisions, and achieve better health outcomes (Omokhabi, 2014).

Women's reproductive health encompasses physical, emotional, and social well-being related to their reproductive system, including menstrual health, fertility, pregnancy, childbirth, and postpartum care. It involves access to healthcare services, education, and information on reproductive choices, contraception, and prevention of reproductive health issues such as cervical cancer, sexually transmitted infections (STIs), and menstrual disorders. Women's reproductive health is crucial for their overall health, autonomy, and empowerment, enabling them to make informed decisions about their bodies, families, and futures (Omokhabi & Egunyomi, 2016).

Health literacy plays a vital role in the reproductive health of women of reproductive age, enabling them to access, understand, and utilize health information to make informed decisions about their reproductive health (Kawata *et al.*, 2022). Studies have shown that women with high health literacy are better equipped to navigate reproductive healthcare systems, understand contraceptive options, and engage in healthy behaviours (Sørensen *et al.*, 2023). Conversely, women with low health literacy are more likely to experience poor reproductive health outcomes, including unintended pregnancies and inadequate prenatal care (WHO, 2022).

Recent research has highlighted the importance of health literacy in promoting reproductive health among women of reproductive age. Smith *et al.* (2024) found that health literacy interventions can improve reproductive health outcomes, including increased use of contraception and improved prenatal care. Johnson *et al.* (2023) found that women with limited health literacy were less likely to engage in healthy behaviours during pregnancy, highlighting the need for targeted health literacy interventions. Each household's reproductive behaviour is significant because it affects their reproductive anatomy (Olajide & Omokhabi 2014). By improving health literacy, women of reproductive age

can take control of their reproductive health, make informed decisions, and achieve better health outcomes (Omokhabi, 2020). However, evidence abound that lifestyle medications can go a long way to achieve better health condition among women of reproductive age.

Lifestyle modifications for women of reproductive age include maintaining a balanced diet, engaging in regular physical activity, managing stress through techniques like meditation or yoga, getting adequate sleep, avoiding substance use, and prioritizing reproductive healthcare through regular check-ups and safe sex practices, ultimately supporting overall health and well-being. Lifestyle modifications among women of reproductive age refer to changes in daily habits and behaviours that promote overall health and well-being, particularly reproductive health, including adopting a balanced diet, engaging in regular physical activity, managing stress through techniques like meditation or yoga, and avoiding exposure to endocrine disruptors, all of which can improve fertility outcomes and reduce reproductive health issues (Smith *et al.*, 2022; Johnson *et al.*, 2023; Omokhabi & Fajimi, 2023).

The interconnectedness of health literacy and lifestyle modifications among women of reproductive age is vital, as adequate health literacy enables women to understand and apply health information, making informed decisions about diet, exercise, stress management, and other lifestyle choices that impact their reproductive health, ultimately leading to improved health outcomes, increased autonomy, and enhanced well-being. Women in the teaching profession in Osun State, Nigeria, face significant challenges in reproductive health, including limited access to quality healthcare services, inadequate health literacy, and unhealthy lifestyle practices, resulting in poor health outcomes and reduced productivity, highlighting a critical gap in healthcare provision and education that necessitates empirical investigation to inform targeted interventions and empower women through enhanced health literacy, improved reproductive health, and sustainable lifestyle modifications, ultimately enhancing their overall well-being and professional effectiveness.

However, empowering female teachers in Osun State, Nigeria through health literacy, productive health, and lifestyle modifications can significantly enhance their well-being and professional effectiveness. However, a notable gap exists in addressing the unique health needs and challenges faced by these educators. By bridging this gap, stakeholders can provide targeted support, resources, and training to promote health awareness, self-care practices, and healthy lifestyle choices. This, in turn, can improve teacher productivity, job satisfaction, and overall quality of life, ultimately benefiting students and the broader community.

1.1. Research Questions

The following questions were raised to guide the study.

- i. What is the relationship between health literacy and reproductive health outcomes among women of reproductive age in teaching profession in Osun state, Nigeria?
- ii. How do lifestyle modifications (nutrition and physical activity) impact reproductive health of women of reproductive age in teaching profession in Osun state, Nigeria?



iii. What are the effective strategies for promoting health literacy, reproductive health, and lifestyle modifications among women of reproductive age in teaching profession in Osun state, Nigeria?

1.2. Objectives of the Study

The study's broad objective was to explore nexus among health Literacy, reproductive health, and lifestyle modifications among women of reproductive age in teaching profession in Osun State, Nigeria, while specific objectives are to;

i. investigate the relationship between health literacy and

reproductive health outcomes among women of reproductive age in teaching profession in Osun state, Nigeria;

ii. explore how lifestyle modifications (nutrition and physical activity) impact reproductive health of women of reproductive age in teaching profession in Osun state, Nigeria; and

iii. identify the effective strategies for promoting health literacy, reproductive health, and lifestyle modifications among women of reproductive age in teaching profession in Osun state, Nigeria.

1.3. Conceptual Framework

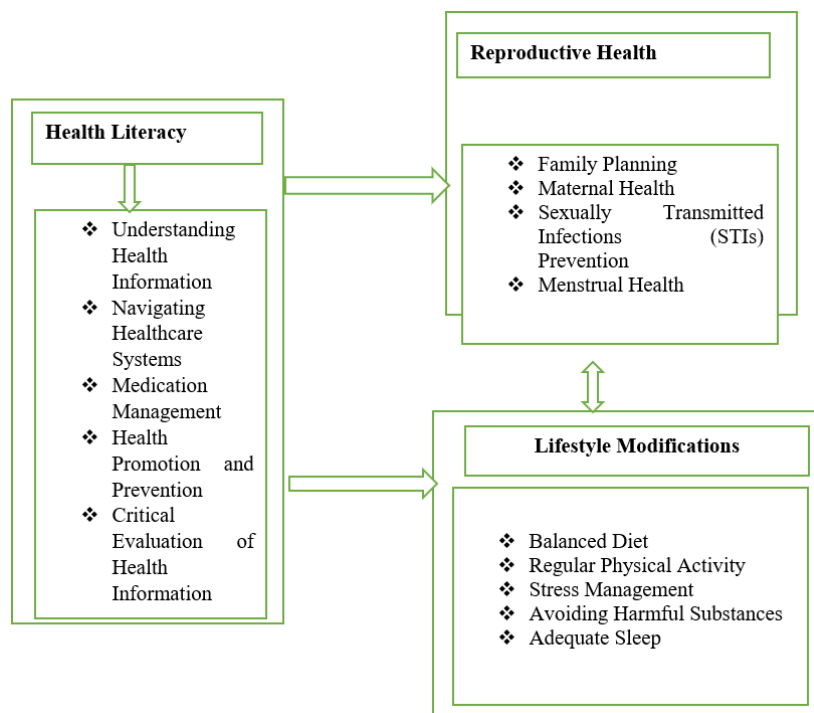


Figure 1. Conceptual framework

Source: Authors' Initiative (2025)

This framework depicts that health literacy plays a significant role in reproductive health by empowering individuals to access, understand, and apply health information, enabling informed decisions about contraception, prenatal care, and disease prevention. Women with adequate health literacy can navigate healthcare systems effectively, adhere to treatment plans, and engage in healthy behaviours which may lead to improve reproductive health outcomes, reduced risk of unintended pregnancies, and enhanced overall well-being. Health literacy significantly influences lifestyle modifications by enabling individuals to understand and apply health information, making informed decisions about diet, exercise, stress management, and other lifestyle choices. With adequate health literacy, women can critically evaluate health information, identify credible sources, and develop healthy habits.

Reproductive health and lifestyle modifications are intricately interconnected. Healthy lifestyle choices, such as a balanced diet, regular physical activity, stress management, and adequate sleep, can positively impact reproductive health by regulating hormones, improving fertility, and reducing the risk

of reproductive health issues. Conversely, poor lifestyle choices can negatively affect reproductive health, leading to issues such as irregular menstrual cycles, infertility, and increased risk of pregnancy complications.

2. LITERATURE REVIEW

2.1. Health Literacy

Health literacy refers to the ability to access, understand, evaluate, and apply health information to make informed decisions about one's health. It encompasses various skills such as understanding medical terminology and concepts, navigating healthcare systems, reading and interpreting health information and making informed health decisions among others (Shoyemi, *et al.*, 2024). Research indicates that health literacy is swiftly evolving as a nascent domain including the comprehension, communication, evaluation, and appraisal of health information to enhance the healthcare system (Omokhabi, 2024).

The influence of health literacy on health outcomes manifests via detrimental health decisions and information deficits,



leading to smoking, early mortality, insufficient physical activity, heightened morbidity, and suboptimal dietary choices (Shoyemi *et al.*, 2024). A key empowering strategy for enhancing health outcomes and lowering health disparities is health literacy. Resilience, mental health, disease severity reduction, adherence to medical instruction, health knowledge, healthy lifestyle changes, engagement, self-esteem, confidence, and the ability to effectively manage long-term health conditions are all aspects of health outcomes that will be positively impacted by improved health literacy (Rocco *et al.*, 2017). According to Ahmad *et al.* (2020), increased health literacy leads to better health awareness and a higher desire to help others.

A high mortality index, more hospitalisations, more emergency cases, and a poor capacity to take medicine are all associated with inadequate health literacy. It is critical that health care providers identify individuals with low health literacy because these individuals are at risk for miscommunication, inability to follow treatment plans, shame associated with poor reading skills, inability to name medications, when to administer them, and why; taking written instructions and comments about forgetting glasses using plain language; avoiding medical jargon; using pictures; speaking slowly; applying visual images; asking patients to recall important information; limiting the amount of information communicated at a given time; fostering a shame-free therapeutic environment; and fostering trusting relationships (Shoyem *et al.*, 2024).

2.2. Reproductive Health

Reproductive health refers to the complete well-being and health of an individual's reproductive system, covering physical, emotional, and social elements. It encompasses the capacity to reproduce, have a safe and fulfilling sexual life, and make knowledgeable decisions about one's reproductive health. This covers a number of topics, including fertility, menstruation, pregnancy, delivery, and the prevention and management of problems related to reproductive health, such as STIs (Ahinkorah *et al.*, 2019).

When people have access to comprehensive healthcare services, education, and resources that help them maintain good reproductive health, prevent unwanted pregnancies, and manage reproductive health issues, they can exercise their reproductive rights, lead healthier lives, and contribute to the well-being of their families and communities. Reproductive health is crucial for people to make informed decisions about their bodies, families, and futures (Hagan *et al.*, 2021).

Reproductive health implications among female teachers of reproductive age are a significant concern. Research has shown that female teachers often face unique reproductive health challenges, including menstrual disorders, reproductive tract infections, and limited access to reproductive healthcare services (Amankwaa *et al.*, 2018). These challenges can impact their overall well-being, productivity, and ability to perform their teaching duties effectively.

Studies have highlighted the need for targeted interventions to address the reproductive health needs of female teachers, including education on menstrual health, access to affordable reproductive healthcare services, and support for managing work-related stress (Hagan *et al.*, 2021). By prioritizing the

reproductive health of female teachers, policymakers and educators can help promote their overall health, well-being, and job satisfaction, ultimately benefiting students and the broader education system (Omokhabi, 2014; Omokhabi & Egunyomi, 2016).

2.3. Lifestyle Modifications

Lifestyle modifications refer to intentional changes individuals make to their daily habits and behaviours to improve their overall health and well-being. These modifications can include adopting a balanced diet, engaging in regular physical activity, practicing stress-reducing techniques, and getting sufficient sleep. By making these changes, individuals can reduce their risk of chronic diseases, such as diabetes, heart disease, and certain types of cancer. Some common lifestyle modifications include increasing consumption of fruits, vegetables, and whole grains, reducing sedentary activities, and limiting substance use. Additionally, individuals can benefit from setting realistic goals, tracking progress, and seeking support from healthcare professionals, family, and friends. By incorporating these modifications into daily life, individuals can experience improved physical and mental health, increased energy levels, and enhanced overall quality of life (Aboaba, *et al.*, 2024).

Poor lifestyle modifications among female teachers of reproductive age can lead to various negative consequences, including increased risk of reproductive health issues, such as menstrual disorders, infertility, and pregnancy complications. Additionally, unhealthy lifestyle habits, such as poor diet, physical inactivity, and stress, can contribute to chronic diseases like hypertension, diabetes, and obesity, ultimately affecting their overall well-being, productivity, and ability to perform their teaching duties effectively. Furthermore, these health issues can also impact their mental health, leading to anxiety, depression, and burnout (Elmaleh-Sachs, *et al.*, 2023).

Good lifestyle modifications among female teachers of reproductive age can lead to numerous positive consequences, including improved reproductive health, enhanced overall well-being, and increased productivity. Healthy habits such as regular physical activity, balanced diet, and stress management can reduce the risk of chronic diseases, improve menstrual regularity, and boost fertility. Additionally, these modifications can also enhance mental health, increase energy levels, and promote better work-life balance, ultimately leading to improved job satisfaction, reduced absenteeism, and better academic performance among students (Kushner, 2018; Wadden *et al.*, 2020).

3. METHODOLOGY

3.1. Research Design

The study employed explanatory concurrent mixed-method design. This design gives room for the integration of quantitative and qualitative method for data gathering and analysis within single research (Sharma *et al.*, 2023). This design is considered invaluable because the data collected from the instrument's qualitative section (In-depth Interview) was utilised to complement and better clarify the empirical results of the quantitative instrument (Questionnaire).



3.2. Population of the Study

The target population consisted of all female teachers who are within the reproductive age brackets in public primary and secondary schools in Irewole, Isokan and Ayedaade Federal consistency of Osun State, Nigeria.

3.3. Sample Size and Sampling Technique

One-hundred and eighty (180) participants were purposively sampled from the three LGAs (Irewole, Isokan and Ayedaade) within the study location. This was owned to the fact that these three LGAs had similarity in their educational attainments. On the other hands, six (6) persons were involved in an in-depth interview session. Table 1 below showed the distribution of the sampled participants across the selected LGAs.

Table 1. The distribution of the sampled participants

S/N	LGAs	Questionnaire		Interview		Total
		Secondary	Primary	Secondary	Primary	
1.	Irewole	38	31	1	1	71
2.	Isokan	34	29	1	1	65
3.	Ayedaade	28	20	1	1	50
Total		100	80	3	3	186

3.4. Instruments

The study employed self-designed instruments comprised 'Health Literacy Questionnaire subscale', Reproductive Health Questionnaire subscale, and Lifestyle Modifications Questionnaire subscale, respectively. The interview guide consisted of items on health literacy, reproductive health and lifestyle modifications was used to illicit information via interview.

3.5. Validity of the Instrument

In order to ensure the validity of the instrument used in the study, the instrument was subjected to content validity measurement which involved face and predictive validity. On the face and content validity, the items were presented in simple and unambiguous language for ease understanding by the respondents. With respect to content validity, inputs from the expert in the field of educational measurement and evaluation was explored.

3.6. Reliability of the Instruments

The instrument trail-tested among twenty (20) private school female teachers who are within the reproductive age in Irewole LGA. The internal consistency reliability coefficient was obtained with the aid of Cronbach Alpha reliability technique. This is because the questionnaire has no right or wrong answer but based on Likert rating scales. The results indicated 0.77, 0.83 and 0.86 for the Health Literacy Questionnaire subscale, Reproductive Health Questionnaire subscale, and Lifestyle Modifications Questionnaire subscale, respectively. This indicated that the employed instrument was reliable.

3.7. Method of Administration

The administration of the research instrument was done

by researchers and two trained research assistants who are conversant with the study's location. In-depth Interview (IDI) session was conducted by one of the researchers.

3.8. Method of Data Analysis

Statistical Package for Social Sciences (SPSS) was used for data analyses. The demographic characteristics of the respondents and research questions were analysed using both descriptive and inferential statistical tools. However, the in-depth interview was thematically analysed. Table 2 below indicated the statistical tools used in achieving the stated objectives, answered research questions and tested the hypothesis, respectively.

Table 2. Statistical tools used in achieving the stated objectives

Research Questions	Methods
Research Question One	Correlation
Research Question Two	Regression
Research Question Three	Mean and Standard Deviation

3.9. Ethical Considerations

The following ethical principles were taken into account and fully adhered to in this research project: informed consent, confidentiality, safety of the respondents, voluntary participation, anonymity, free from harm and fair result communication, respectively.

4. RESULT AND DISCUSSION

4.1. Results

Results Based on Demographic Distribution of the Respondents Table 3 showing distribution of respondent's base on the educational qualifications, age and job tenure.

Table 3. Distribution of respondent's base on the educational qualifications

Educational Qualifications	NCE 60(33%)	HND 37(21%)	First Degree 83(46%)
Age	22-35 yrs 24(13%)	36-45 yrs 93(52%)	46 yrs and above 63(35%)
Job Tenure	1-10 yrs 65(36%)	11-20 yrs 79(44%)	21 yrs and above 36(20%)



Table 3 indicated that eight-three which accounted for 46% of the women of the reproductive age sampled among public school teachers possessed first degree as their educational qualification, sixty which amounted to 33% had Nigeria Certificate in Education (NCE), while thirty-seven possessed Higher National Diploma with Postgraduate Diploma in Education. This is to infer that majority of the public school's teachers especially women who are within the reproductive age had first degree. As noted by Ezeh *et al.* (2019), education can play a significant role in shaping reproductive health outcomes and behaviours which agrees with this study.

With respect to age, the empirical findings indicated that twenty-four which accounted for 13% of the sampled participants were between 22-35 years of age, ninety-three which accounted 52% claimed that they were between 36-45 years of age, while sixty-three which amounted to 35% of the entire participants claimed that they were 46 years of age and above, respectively. This empirical finding indicated that the majority of the teachers who were within their reproductive age in the study location were between 36-45 years of age. This suggests that most of the teachers in the study were in their mid-to-late reproductive years. The age distribution is consistent with previous research on the demographics of teachers in similar settings (Adebayo, 2018; Ogunode, 2020).

On the part of job tenure, the empirical outcome indicated that sixty-five which amounted for 36% of the sampled teachers of reproductive age had spent between 1-10 years in teaching profession, seventy-nine which accounted for 44% claimed that they had used between 11-20 years working in teaching profession, while thirty-six which amounted to 20% had spent 21 years and above in the profession under investigation. In agreement, Skaalvik and Skaalvik (2017) found that teachers' job satisfaction and commitment increase with experience, but mid-career teachers may face unique challenges.

4.2. Result Based on Research Questions

Research Question 1: What is the relationship between health literacy and reproductive health outcomes among women of reproductive age in teaching profession in Osun state, Nigeria?

Table 4 Relationship between health literacy and reproductive health outcomes among women of reproductive age in teaching profession in Osun state, Nigeria

Table 4. Correlation between health literacy and reproductive health outcomes

		Health Literacy	Reproductive Health
Health Literacy	Pearson Correlation	1	0.517*
	Sig. (2-tailed)	0.000	
	N	180	180
Reproductive Health	Pearson Correlation	0.517*	1
	Sig. (2-tailed)	0.000	
	N	180	180

Source: Fieldwork (2025)

Table 4 contained findings on the correlation analysis between health literacy and reproductive health outcomes among women of reproductive age in teaching profession in Osun state, Nigeria. The findings of the research demonstrated a moderate positive association between health literacy and reproductive health of women of reproductive age in teaching profession ($r = .517$, $p 0.000 < 0.05$).

The study found a moderate positive association between health literacy and reproductive health outcomes among women of reproductive age in Osun state, Nigeria. This suggests that women with higher health literacy tend to have better reproductive health outcomes, highlighting the importance of health literacy in enabling individuals to make informed decisions about their reproductive health. The findings imply that interventions aimed at improving health literacy could have a positive impact on reproductive health outcomes in this population.

In her response, she reiterated that:

Health literacy plays a significant role in determining reproductive health outcomes. From my experience, I've seen that women who are well-informed about their reproductive health tend to make better choices and have better outcomes (IDI/Secondary School/2025).

Another participant submitted that:

Honestly, I think health literacy has been a game-changer for me as a woman teacher. Being able to understand my reproductive health options and make informed decisions has given me more control over my body and well-being. I've learned to navigate the healthcare system more effectively and advocate for myself when needed (IDI/Secondary School/2025).

In her view, she acknowledged that:

For me, having good health literacy skills has meant being able to confidently manage my reproductive health, make informed choices, and navigate the healthcare system with ease, ultimately leading to better health outcomes (IDI/Primary School/2025).

In the same vein, another participant claimed that:

As a teacher, I've come to realize that health literacy isn't just about understanding health information, but also about being empowered to take charge of my own reproductive health and well-being, and I believe that's a crucial aspect of women's empowerment (IDI/Primary School/2025).

In support, Zhang *et al.*, (2022) found that women with higher health literacy had better knowledge and practices regarding cervical cancer screening, highlighting the importance of health literacy in reproductive health. Sentell *et al.*, (2020) demonstrated that low health literacy was associated with poorer reproductive health outcomes, including unintended pregnancy and inadequate prenatal care.

In contrary, Moore *et al.*, (2019) suggested that the relationship between health literacy and reproductive health outcomes may be more complex than previously thought, with other factors such as health numeracy and digital literacy playing important roles. Foster *et al.*, (2021) found that while health literacy was important for certain aspects of reproductive health, its impact was mitigated by other factors such as socioeconomic status and access to healthcare.

Research Question 2: How do lifestyle modifications (nutrition and physical activity) impact reproductive health of women of



reproductive age in teaching profession in Osun state, Nigeria?

Table 5. Influence of lifestyle modifications (nutrition and physical activity) impact reproductive health of women of reproductive age in teaching profession in Osun state, Nigeria

Model	B	S. E	β	t	Sig.
Constant)	12.921	9.127	3.787		.000
Lifestyle Modifications	0.432	0.156	0.461	4.312	.000

Source: Fieldwork (2025)

Table 5 indicated that lifestyle modifications ($\beta = 0.461$, $t = 4.312$, $0.000 < .05$) had positive relative reproductive health of women of reproductive age in teaching profession in Osun state, Nigeria. The study reveals a significant relationship between lifestyle modifications and reproductive health among women of reproductive age in the teaching profession in Osun State, Nigeria. The beta coefficient ($\beta = 0.461$) indicates a positive relationship, suggesting that lifestyle modifications have a substantial impact on reproductive health. The t-value ($t = 4.312$) is statistically significant at $p < 0.05$, confirming that this relationship is not due to chance. This finding implies that adopting healthy lifestyle habits can positively influence reproductive health outcomes among women in this demographic. As such, promoting lifestyle modifications could be a valuable strategy for improving reproductive health in this population.

In her submission, she claimed that:

I believe that lifestyle modifications, particularly nutrition and physical activity, play a significant role in influencing reproductive health. A balanced diet and regular physical activity can help regulate menstrual cycles, improve fertility, and overall well-being (IDI/Primary School/2025).

Similarly, other respondents said that:

In my experience, women teachers who prioritize healthy eating habits and engage in regular physical activity tend to have better reproductive health outcomes. I think it's essential for us to promote healthy lifestyle habits among women in the teaching profession, especially in Osun state, Nigeria, to support their

overall health and well-being (IDI/Secondary School/2025).

In her view, other participant claimed that:

As a teacher, I've observed that lifestyle modifications such as healthy nutrition and regular physical activity not only improve reproductive health but also enhance overall quality of life, boosting energy levels, mental well-being, and job performance, which is essential for women in the teaching profession who often have demanding roles (IDI/Secondary School/2025).

In agreement, Moran *et al.*, (2019) found that lifestyle interventions, including diet and exercise, can improve reproductive health outcomes in women with polycystic ovary syndrome (PCOS). Palomba *et al.*, (2015) demonstrated that lifestyle modifications can positively impact reproductive health in women with PCOS. This is to say that healthy lifestyle habits, such as a balanced diet and regular exercise, can improve overall health and well-being.

In contrary, Harris *et al.*, (2020) argue that lifestyle modifications have limited impact on reproductive health outcomes in women with polycystic ovary syndrome (PCOS), suggesting that targeted medical interventions may be necessary. Johnson, (2019) found that socioeconomic factors, rather than lifestyle modifications, are the primary determinants of reproductive health outcomes in low-income settings which disagreed with the outcome of this study.

Research Question 3: What are the effective strategies for promoting health literacy, reproductive health, and lifestyle modifications among women of reproductive age in teaching profession in Osun state, Nigeria?

Table 6. Showing effective strategies for promoting health literacy, reproductive health, and lifestyle modifications among women of reproductive age in teaching profession in Osun state, Nigeria.

Items	Mean	Std. Dev.	Rank
Simplify health information using plain language	3.41	1.34	1st
Train healthcare providers in effective communication	3.16	1.24	2nd
Use visual aids like diagrams, pictures, and videos	3.08	1.25	3rd
Offer reproductive health services and counselling	3.02	1.36	4th
Provide access to accurate and unbiased information	3.00	1.46	5th
Promote regular physical activity and exercise	2.95	1.38	6th
Encourage healthy eating habits and nutrition	2.94	1.16	7th
Support stress management techniques	2.84	1.47	8th
Foster healthy sleep habits	2.83	1.34	9th

Source: Fieldwork (2025)



Table 6 contained the effective strategies for promoting health literacy, reproductive health, and lifestyle modifications as perceived by women of reproductive age in teaching profession in Osun state, Nigeria. The empirical findings indicated that simplification of health information using plain language ($\bar{x}=3.41$) ranked first, provision of training and development opportunities for healthcare providers in effective communication ($\bar{x}=3.16$) ranked second, application of visual aids like diagrams, pictures, and videos in the course of disseminating reproductive health information ($\bar{x}=3.08$) ranked third, offer reproductive health services and counselling ($\bar{x}=3.02$) ranked fourth, provision of access to accurate and unbiased information ($\bar{x}=3.00$) ranked fifth, promote regular physical activity and exercise ($\bar{x}=2.95$) ranked sixth, encourage healthy eating habits and nutrition ($\bar{x}=2.94$) ranked seventh, provision of support for stress management techniques ($\bar{x}=2.84$) ranked eighth, and foster healthy sleep habits ($\bar{x}=2.83$) ranked ninth as effective strategies for promoting health literacy, reproductive health, and lifestyle modifications among women of reproductive age in teaching profession.

The study identified key strategies for promoting health literacy, reproductive health, and lifestyle modifications among women teachers. The top strategies included simplifying health information using plain language, providing training for healthcare providers, and using visual aids like diagrams, pictures, and videos. Other notable strategies included offering reproductive health services and counselling, providing access to accurate information, and promoting physical activity, healthy eating habits, stress management, and healthy sleep habits. A multi-faceted approach incorporating these strategies can effectively support the health and well-being of women teachers.

The study emphasizes the importance of clear and accessible health information for promoting health literacy and reproductive health among women teachers. Simplifying health information using plain language was ranked highest, aligning with recent research highlighting the significance of health literacy in improving health outcomes (Batterham *et al.*, 2021; Pleasant *et al.*, 2020). Effective communication training for healthcare providers and the use of visual aids were also prioritized, consistent with studies demonstrating their impact on patient understanding and engagement (Kessels *et al.*, 2020; Meppelink *et al.*, 2019).

5. CONCLUSION

The study concluded that health literacy, reproductive health and lifestyle modifications of women of reproductive age go a long way in enhancing their well-being and overall effectiveness in teaching profession.

RECOMMENDATIONS

The following recommendations are put forward for concerned stakeholders to explore.

- i. Stakeholders should prioritize reproductive health interventions tailored to the educational level of women teachers, particularly those with first degrees, to maximize the impact on reproductive health outcomes and behaviours.
- ii. Policymakers should design reproductive health programs

and interventions targeting women teachers, particularly those in the 36-45 age group, who comprise the majority of the reproductive age demographic in this study.

iii. Policymakers should consider the varying needs and experiences of women teachers at different stages of their careers, particularly those with 11-20 years of experience who comprise the largest proportion, when designing reproductive health support programs and policies.

iv. Stakeholders should prioritize health literacy programs and interventions that empower women teachers with accurate reproductive health information.

v. Policymakers and health educators should promote and support lifestyle modification programs that empower women teachers to make informed choices about their reproductive health.

vi. Policymakers and healthcare providers should implement a multi-faceted approach incorporating plain language, visual aids, reproductive health services, and lifestyle promotion to enhance health literacy and reproductive health outcomes among women teachers.

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