IMPORTANCE OF THE AVAILABILITY OF REPRODUCTIVE HEALTH SERVICES FOR WOMEN IN OVIA NORTH-EAST LOCAL GOVERNMENT AREA OF EDO STATE

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BEING A PROJECT SUBMITTED TO THE DEPARTMENT OF SOCIAL WORK IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF BACHELOR OF SCIENCE B.Sc. (Hons) DEGREE IN SOCIAL WORKS, FACULTY OF SOCIAL SCIENCES, UNIVERSITY OF BENIN, BENIN CITY, NIGERIA

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CERTIFICATION

We the Undersigned, confirmed that this research was conducted by Joy Precious IMUEKEMHE with the matriculation number **SSC1909923** in partial fulfillment of the requirements for the award of Bachelor of Science degree in Social sciences, University of Benin, Benin City.

_____	_____
Dr (Mrs) Helen Ehi Eweka	**Prof S. O. IBOBOR**
(Project Supervisor)	**(Head of Department)**
Date: _____	**Date: _____**

DEDICATION

This project is dedicated to God almighty for his grace and infinite mercy. and also to my mother and my father for their endless love, support and encouragement throughout my pursuit for education. I hope this achievement will fulfill the dream they envisioned for me.

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My heartfelt Gratitude goes to God Almighty for the strength , mercy and help he gave me during the course of this research.

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ABSTRACT

The study examined the importance of the availability of reproductive health services for women in Ovia North-East Local Gvernment Area of Edo State. The objective of the study was to examine the importance of the availability of reproductive health services for women in Ovia North-East Local Government Area, Edo State; to assess the availability of reproductive health services for women in Ovia North-East Local Government Area, Edo State; to ascertain the awareness level of reproductive health services among women of reproductive age in Ovia North-East Local Government Area, Edo State and to investigate the determinants of reproductive health seeking behaviour among women of reproductive age in Ovia North-East Local Government Area, Edo State.

The cross sectional research design was adopted for this study. 400 copies of questionnaire were distributed to respondents in Ovia North-East Local Government Area. Data collected were analyzed using frequency count, percentages, and mean with the aid of the Statistical Package for Social Sciences (SPSS) 24.0.

The empirical result revealed that when sexual and reproductive health needs are not met, individuals are deprived of the right to make crucial choices about their own bodies; that reproductive health is essential for women's physical, emotional, and social wellbeing and that access to sexual and reproductive health is extremely crucial for young women. The study recommend that the government put in place measures that would improve the socio-economic status of the population, ensuring that healthcare facilities are built with adequate infrastructure, equipment, and personnel to render efficient and effective health care services.

Keywords: Healthcare, health services, women,reproductive health

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Access to healthcare services is one of the necessities of a modern human community. According to the World Health Organization (WHO, 2019) "health is complete physical, mental and social well-being, not merely the absence of diseases or infirmity". Humans' socioeconomic and productive lives are reliant on good health, and its absence leads to poor human health, socioeconomic hardships for families, and even death (Omonona *et al.,* 2015). Child development, family well-being, and wealth creation are subject to the health status of adults (Asenso *et al*., 2011).

Reproductive health is a lifetime concern for all mankind. It is a fundamental aspect of the well-being of women as well as the prerequisite for social, economic and human development (Agbor, 2020). Respect for women's reproductive rights and access to reproductive health services provides the basis for the overall well-being of the human family. According to Ujah (2013), the health of any society cannot be assured unless women's access to reproductive health care services can be made available. Unfortunately, this has been compromised due to the inability of government to provide for the necessary reproductive health services required by women as a result of other problems like

accessibility, availability, affordability and sustainability. The economic and cultural factors, notwithstanding has been consider as the major factors that play very crucial roles in deepening the reproductive health crisis in the country. Other factors like women's level of autonomy in making health care decisions, physical accessibility to health care services and the type of health services rendered, disease pattern and health care worker's attitude also affect their accessibility of reproductive health care services (Tinuola, 2009). This has resulted into several health consequences among the women. The fact is that reproductive health is a crucial part of every general health and a central feature of human development since it occupies a central position in the identity of the health as well as the development of a given position.

Reproductive health ensures that every pregnancy is wanted and planned and every pregnant woman can access adequate reproductive health services for safe and positive pregnancy outcomes. Reproductive health has many valued outcomes; however, maintaining focus on maternal death is necessary in high maternal mortality areas. Maternal mortality, defined as the death of a mother during pregnancy or within 42 days after the end of pregnancy due to health problems related to pregnancy, is considered a significant health problem in the world (World Health Organization [WHO], 2019). Approximately 529,000 women die from pregnancy-related causes every year, with 99%

of these maternal deaths occurring in developing countries (WHO, 2019). In Nigeria, where there are over 39 million women of childbearing age. Each year, approximately 59,000 maternal deaths are reported with a mortality rate of 576 deaths per 100,000 births, representing 14% of the global maternal mortality burden (WHO, 2019). Batista et al., (2018) explained that the accessibility of health care services to the community and the national health systems' status impacts maternal mortality as observed in Brazil's smaller states.

In Nigeria, the extent to which health care services such as antenatal care (ANC) and postnatal care (PNC) and Family Planning services are accessible to the community has slightly improved with the services commonly provided and commonly received in public/government facilities compared with private facilities (FaladeFatila & Adebayo, 2020). When some comparisons were made, the (National Demographic Health Survey [NDHS], 2013) reported that as of 2013, about 39% of women were not receiving any antenatal care, and 58% received no postnatal care. Only 38.1% give birth with a skilled birth attendant. However, more recently Ugwu and Itua (2020) found that the majority of the women had more than four antenatal care (ANC) visits that are even beyond World health organization’s minimum recommendation. Also, there was increased postnatal care and family planning (contraceptive) uptake. Despite these improvements, the maternal

mortality rate had remained high and presented a significant health concern requiring an investigation in Nigeria. This situation is worsened by the current economic situation and insecurity in the country.

According to Ugwu and Itua (2020), the highest attainable level of health is not only a fundamental human right for all; it is also a social and economic imperative because human energy and creativity are the driving forces of development. Such energy and creativity cannot be generated by sick, tired people, and consequently a healthy and active population becomes a prerequisite of social and economic development (Ugwu & Itua, 2020). Women living in developed countries of the world generally have a better access to high quality health care access, the higher percentages of their deliveries takes place in health care facilities with skilled attendants, whereby due to quality access to health care services maternal mortality or deaths has become a rare event in developed countries, where only 1% of maternal deaths occur, whereas in developing countries, these events are often fatal (World Health Organization, 2012). According to United Nations, (2007), seventy-five percent of maternal deaths occur during childbirth and the postpartum period, and the vast majority of maternal deaths and injuries are avoidable when women have access to high quality reproductive health care services before, during and after childbirth.

Agbor, (2020), opined that reproductive health implies that people are able to have a satisfying and safe sexual life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. It includes access to voluntary, qualitative and sexual health information and education and services (Imasogie, 2004). Reproductive rights embrace the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice as well as other methods of their choice for regulation of fertility which are not against the law, the right to appropriate healthcare services which will enable women go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. Reproductive health is thus a constellation of methods, techniques and services that contribute to reproductive health and wellbeing by preventing and solving reproductive health problem (Gbadamosi, 2017).

1.2 Statement of the Problem

Reproductive health is a right for all women, men and adolescents. Reproductive health is a right which is indispensable to people's health and development, Women in the country especially those who are economically disadvantaged suffer the highest rate of complications from pregnancy and child birth, sexually transmitted diseases (STDs) and reproductive cancers due to lack of access to reproductive health care services (Adepoju,

2011). Also, reproductive health knowledge and access to quality health care and maternal health services are poor with significant health consequences that have all contributed immensely to a deplorable reproductive health status among the women. The right to reproductive health seems to be a mirage in Nigeria. The inadequacy or lack of implementation of laws and policies, the prevalence of systematic corruption, weak infrastructure, ineffective health services, and lack of access to skilled health care providers worsened by separation of responsibilities for the provision of health care among the state's three tiers of government are among the factors militating against the enjoyment of these rights. Factors that determine access to reproductive health services are related to both demand and supply and can be divided into social and economic factors. Education, occupation, wealth and possession of insurance, among others, are significant predictors of inequality in access to reproductive health services in Sub-Saharan Africa. Inaccessibility and adverse health consequences of women in the area over the years have been linked to economic growth and development, it is therefore not surprising that these poor developmental indicators are impacting negatively on the reproductive health of women in Nigeria. There is therefore need to shed light on importance of the availability of reproductive health services for women. This study will therefore examine the

importance of the availability of reproductive health services for women in Ovia North-East Local Government area of Edo state.

1.3 Objectives of the Study

The main aim of this study is to examine the importance of the availability of reproductive health services for women in Ovia North-East Local Government area of Edo state. More specifically, the following are the research objectives of this study:

1. to examine the importance of the availability of reproductive health services for women in Ovia North-East Local Government Area, Edo State
2. to assess the availability of reproductive health services for women in Ovia North-East Local Government Area, Edo State
3. to ascertain the awareness level of reproductive health services among women of reproductive age in Ovia North-East Local Government Area, Edo State
4. to investigate the determinants of reproductive health seeking behaviour among women of reproductive age in Ovia North-East Local Government Area, Edo State

1.4 The Research Questions

1. what is the importance of the availability of reproductive health services for women in Ovia North-East Local Government Area, Edo State?

2. What is the rate of availability of reproductive health services for women in Ovia North-East Local Government Area, Edo State?
3. what is the awareness level of reproductive health services among women of reproductive age in Ovia North-East Local Government Area, Edo State?
4. what are the determinants of reproductive health seeking behaviour among women of reproductive age in Ovia North-East Local Government Area, Edo State?

1.5 Significance of the study

The main aim of this research study is to examine the importance of the availability of reproductive health services for women in Ovia North-East Local Government Area, Edo State. Reproductive health is a crucial part of general health and a central feature of human development. It is a reflection of health during childhood, and crucial during adolescence and adulthood, sets the stage for health beyond the reproductive years for both women and men, and affects the health of the next generation. Determining importance of the availability of reproductive health services for women is very important to improve their sexual and reproductive health service utilization. The study also compliments other studies about reproductive health services for women in Nigeria and fills in certain gaps which are uncovered. The study will help in educating every youth about sexual and reproductive health, creates awareness among adolescents

about safe sexual practices, preventing sexually transmitted infections, including HIV/AIDS. The study will help provide knowledge about the early pregnancy, infertility, pregnancy, post-childbirth care of the baby and mother, etc It is anticipated that the study will be of benefit to a wide range of stakeholders who include Government, men and women, policy makers, local authorities, social workers, local communities, children, girl-child, women activists, and nongovernmental organizations especially through its policy recommendations. Finally, the study will serve as a guide for further future studies.

1.6 Scope of the study

This research work will examine the importance of the availability of reproductive health services for women in Ovia North-East Local Government area. The study will be carried out in Ovia North-East Local Government Area, Edo State.

1.7 Definition of terms

Reproductive health: Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes

Health policy: **H**ealth policy is defined by the World Health Organization as the decisions, plans, and actions that are undertaken to achieve specific healthcare goals within a society.

Utilization: the act of using something in an effective way.

Health care: Health care, or healthcare, is the improvement of health via the prevention, diagnosis, treatment, amelioration or cure of disease, illness, injury, and other physical and mental impairments in people

Health care services: The term "health care services" means any services provided by a health care professional, or by any individual working under the supervision of a health care professional, that relate to— (A) the diagnosis, prevention, or treatment of any human disease or impairment; or (B) the assessment or care of the health of human beings.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter is concerned with the review of relevant literature on the Importance of the availability of reproductive health services for women. A number of students has been face with constant issues of availability of reproductive health services over time. A number of studies and theories have provided reviews, some of which are examined in this chapter.

2.1 The concept of reproductive health

Doh (2007) conceptualized reproductive health to entails physical, mental, spiritual, and social and the general wellbeing of man and woman which include the genital organs and its functions. It therefore implies that, reproductive health ensures that people are able to have a responsible, satisfying and safe sex life with the right and freedom to decide on when and how often to reproduce (Feleke & Samuel, 2008). Reproductive health according to Arika and Osuga (2017) affects not only the socioeconomic conditions but also the legal structures of the society across the globe.

Reproductive health is a very important issue in the survival of any nation (Harrison, 2002). Without adequate reproductive health services to the people, the society will be rife with dysfunction and eventual breakdown. In fact, reproductive health is everything, without which all objectives of a society will be difficult to achieve. This is why it is considered as a dynamic condition, which involves the relative ability of a society to provide for the basic reproductive health services to its people (Steve, 2012). However, the shift in the nature of health situation of the people has also forced several societies to consider a new ways of protecting themselves against any reproductive health challenges thus making many scholars to come out with different views about what the concept of reproductive health is all about (Beland, 2012).Accordingly, reproductive health for any society embodies a notion of health or conditions necessary in which people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so (Nwuko, 2014).

Reproductive health according to World Health Organization is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes (WHO, 2006).Reproductive health therefore implies that people are able to have a substantial and harmless sex life and that they have the ability to reproduce and the liberty to decide if,

when, and how often to do so. Implicit in this last condition is the right of men and women to be informed of and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant (Agbor, 2020).

Nwolise (2013) in his own submission, argued that reproductive health deals with the reproductive processes, functions and system at all stages of life. For him, reproductive health encompasses all the processes that involves human sexuality and its ability to be able to function well. Schuster (1979) conceives reproductive health as the prevention, treatment, and management of reproductive illness as well as the preservation of mental and physicalwell-being through the services offered by the medical, nursing and allied health profession. Nwolise (2013) further looked into the concept of reproductive health care as the constellation of methods, techniques, and services that contribute to reproductive health and well-being through preventing and solving reproductive health problems. Agbor, (2020), on his part conceives reproductive health as all aspects of sexuality not necessarily related to reproduction. For him, it recognizes the fact that people may have sex for the purposes of pleasure, not just reproduction, and that people have health needs related to such sexual activity. In a similar views, International Women's

Health Coalition (IWHC, 1994), observed that reproductive health means having a responsible, satisfying, and safe sex life. Achieving sexual health requires a positive approach to human sexuality and mutual respect between partners. By recognizing sexual health and sexual rights, health and education systems can help prevent and treat the consequences of sexual violence, coercion, and discrimination, and can ensure that healthy human sexuality is enjoyed by all people and is accepted as part of their overall wellbeing.

Anderson (2012) in his own opinion, define reproductive health as sexual life free from disease, injury, violence, disability, unnecessary pain, or risk of death. According to him, it means sexual life free from fear, shame, guilt, and false beliefs about sexuality and the capacity to enjoy and control one's own sexuality and reproduction. Agaja, (2012) also argued that reproductive health is the state of health and well-being, types of services, or an "approach" to service delivery. For him, this involves all the approaches that lead to safe sexual activities without any form of dissatisfaction. We can therefore deduced from the foregoing definitions as stated above by the authors that reproductive health includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases. Reproductive health is a crucial part of general health and a central feature of human development. It is a reflection of health during child hood and crucial during adolescence

and adulthood, sets the state for health beyond the reproductive years for both women and men, and affects the health of the next generation. The health of the newborn is largely a function of the mother's health and nutrition status and of her access to health care (Wikipedia, free encyclopedia, 2015).Consequently, it should be stated that what is called reproductive health in modern usage entails safe sex life including the reproductive rights between both men and women.

2.2 Women's Access to Reproductive Healthcare Services in Nigeria

Deprivations that lead to ill reproductive health among women are common in developing countries especially in Nigeria and the poor in Nigeria are particularly at risk (World Bank, 2020). The relationship between poverty and women access to reproduction health care can be seen as part of a large cycle, where poverty leads to ill reproductive health and ill reproductive health maintains poverty (Wagstaff, 2012). Yet, policies in these sectors especially for these negative impacts are often not based on health criteria. The health sector itself tends to focus its interventions within the health-care delivery system, not necessarily in other sectors that are the sources of the problem. Similarly, naturally occurring ecological factors that can exert negative impact on all sectors (mosquito-borne diseases, floods, droughts etc) are seldom addressed systematically by any of the factor at risk, even though some factor may be exacerbating their effects. As a

result, the enormous health benefits possible though interventions outside the health sector are not being realized.

Education is a long-established determinant of the demand for reproductive health and reproductive health care. It was incorporated as a determinant of the production function of health in the early Grossman human capital model of health (Grossman 2000). In that model better education allows an individual (women) to be more effective in converting health care and other health enhancing goods into health. The status of women, selfimage and decision-making powers may all be increased through education, which may be a key in attending reproductive health services. A recent study, by the same author, of the empirical effects of schooling on health found it to be the most important correlation of good health and women access to reproductive health are in general. (Grossman & Kaestner, 1997).Education of parents, particularly mother is also the most important in determining child health status and women access to reproductive health care. Maternal schooling, for example, was found to be the most important determinant of infant survival in a study in Pakistan (Agha, 2000). Effects are wide reaching. Many studies report a positive effect of schooling on basic indicators of health such as infant, child, and maternal mortality. Education theoretically has an ambiguous impact on the demand for health care. The marginal productivity of health care is enhanced, which

means that less medical intervention is required for a given level of health. At same time better schooling or education may raise understanding, and appreciation of the benefits of health care, and hence demand for it. The overall impact of education probably varies according to the type of health care. Better schooling might be expected to increase knowledge about effective self-treatment such as use of homemade oral rehydration solutions. Socio cultural factors according to Adamu (2003) also play a key role in influencing women's access and utilization of health care services in Nigeria. Adamu maintained that time and again women with severe health issues identified at different hospitals in Nigeria were in critical conditions upon arrival. Northern Nigeria is primarily Hausa and Muslim. Since men hold the primary decision making power in the society, the decision to go to a health facility in an emergency must wait until the husband (or in-laws) gives consent and this can cause serious health complications and possible death even though the women might be knowledgeable of health services (Adamu, 2003). At individual, group levels, cultural norms have a substantial role in influencing health care behaviors while cultural difference can also affect the responsiveness of the diverse population's health care system. At the national level, cultural norms may inform the formation of health policies and programmes (Climbiri, 2007). On the part of the end users, there is also the problem of availability, accessibility, affordability and

sustainability of services. Availability of health care facilities is an important problem as there is gross deficiency in the distribution of health facilities. Under normal circumstance there should at least, be a primary health centre within a five kilometer radius. In a national study on essential obstetric care facilities in Nigeria by the Federal ministry of Health, only 13.9% of the estimated annual births take place in health facilities (Federal Ministry of Health (FMOH), 2003). Where the health facility is available, accessibility becomes the problem. This contributes to significant delays in accessing health care. In most countries, roads are inaccessible and transportation system is chaotic. Thus, when a person takes a decision to seek medical attention, it may take days to reach health care facility. Sometimes, pictures have been painted where patients are brought to the hospital on wheel barrows, bicycles, on donkeys or physically carried on stretchers. When eventually, the person arrives hospital, affordability of the available services becomes the issue. Recognizing that the majority of the populace lives below poverty line, especially in rural areas, it becomes easy to appreciate why most of our people can not avail themselves of the available health care facilities. However, with the emergence of the national health insurance scheme (NHIS), there may be a solution in sight. Nevertheless it should be noted that the NHIS did not target the rural populace when 66% of the population in sub-Sahara Africa live (population Reference Bureau, 2007) and who actually needed these

facilities most. For those who can afford the cost of medical attention, it may be obvious that there is gross inadequacy of human and material resources for full medicare. In the same national study on essential obstetric care (EOC) facilities in Nigeria, it was shown that only 4.2% of public health facilities met the EOC standard (Federal ministry of Health, 2003) Okonofua (2007) in his own opinion, identified the belief system as one of the challenges affecting women access to healthcare services in Nigeria. According to him, the belief system of most people (women) and the efficacy of the medicine also affect women in accessing the reproductive healthcare services. For instance, some women prefer to go for orthodox medicare while other prefer going to traditional medicine.

2.2.2 Barriers to accessing reproductive health services

According to Adamu (2011), there are a lot of barriers to accessing sexual and reproductive health services in Nigeria. The following are the list of barriers in accessing these services.

1. **Inadequate funding**

   Political will and government commitment to the provision of quality SRH services is hindering access to these services. Lack of political will translate to lack of financial commitment. In developing countries Nigeria inclusive, governments do not have the capacity to provide universal access to SRH services. There are not enough resources

(manpower, materials and money) to provide such services. In most countries there are not enough inadequate reproductive health commodities and supplies like drugs, reagents for investigation etc. However programs like Presidential Emergency Plan for AIDS Relief in Africa (PEPFAR), the Global Fund to fight TB and Malaria (GFATM) have both international and local government commitment. HIV/AIDS services are being provided free to people living with HIV/AIDS in countries supported by PEPFAR and GFATM. Whilst reproductive health targets and rights have been agreed in international negotiations and universal access to reproductive health services incorporated into the MDG5, many countries do not recognize sexual health as being distinct from reproductive health and the need for sexual health services and information as going beyond those concerning reproduction and HIV. Sexual health services have generally been neglected because providing them requires governments to acknowledge sexual rights including sexual pleasure and sexual orientation; and address issues such as gender roles and power imbalances within relationships.

2. **Lack of good infrastructure**

Poor communications and transport infrastructure can prevent access to services in rural areas, especially in maternal health care where transport to referral services with adequate facilities is an essential component of dealing with emergencies and

preventing mortality. Most hospital in Nigeria were SRH services are being seek are mere consulting clinics and most people prefer to not access these hospital because they might drugs.

3. **Social taboos**

Sex and sexuality issues are taboo in many cultures including Nigeria, and perceived stigma and embarrassment can lead to a reluctance to discuss and address sexual health issues. Taboos are even more pronounced for people who do not conform to socially accepted norms of behavior such as adolescents who have sex before marriage. Vulnerable groups like the adolescent have limited access to SRH due to social norms. Unmarried adolescent who are proven to unwanted pregnancies, STIs and unsafe abortion will be able to access SRH due to perceived social norms.

4. **Gender roles**

In most societies in Nigeria and Africa, men are perceived as macho and women as passive. This gender role makes women and especially transgender people vulnerable in different ways to SRH problems, and inhibiting access to SRH services. For example, men may associate masculinity with taking risks in their sexual relations which expose them to HIV and STIs, and may be reluctant or too embarrassed to seek out appropriate health information and care. Women who are financially, materially or

socially dependent on men may have limited power to exercise control in relationships, such as negotiating the use of condoms during sex. Social expectations about how women should behave can place women in subordinate roles and increase their risk of being sexually assaulted, contracting STIs and having unwanted pregnancies, and also limit their access to SRH services. In Northern Nigeria, women have to ask their human to access any form of SRH services like use of contraception and this makes the women vulnerable to contracting STIs including HIV/AIDS. The contraceptive prevalence is very low in Northern Nigeria due to the fact that the husbands of these women have to consent before they access any form of contraception.

5. **Religious factors**

Religion plays a great role in access to SRH in Nigeria. Nigerians are religious and believe in their faith. There are two predominant religions in Nigeria, Christianity and Islam. Fundamentalisms expressed through policy and funding decisions undermine progress towards achieving universal access to SRH services for example the catholic faith have their reservation in the use contraception.

6. **Lack of information**

Information is an important tool for providing access to SRH services in Nigeria. A lot of people don't have access to information to know such a service exist in hospitals. If information is not shared on the availability of SRH services, clients will not access such services.

7. **Attitude of health care workers**

Attitude of health care workers in Nigeria contributes to barriers in accessing health care services. A lot of times health care workers are not welcoming and friendly to clients. Clients come and wait for hours to access services and due to the attitude of such staff even if such services are being provided at the hospital clients will not access such services.

8. **Lack of trained health care providers**

Lack of adequate human resources (doctors, nurses, midwives and CHWs) is a barrier to accessing SRH. Government will build health centers, clinics and hospital but will not employ adequate staff to provide all range of services in the hospital. Therefore the health care workers will prioritize and hinder access to SRH services (Adamu, 2013).

2.3 Strategies Adopted to curtail Reproductive Health Challenges for women in Nigeria

Although attempts have been made in the past aimed at reducing reproductive health problems for women in Nigeria, such attempts, especially by the federal and state governments, have generally not proved very successful in achieving the desired results. Some promising results however have recently begun to be recorded through some policy initiatives by a few state governments. In Anambra state, the state house of assembly approved a bill in 2015, guaranteeing free maternal health services to pregnant women (Shiffman & Okonofua, 2007). The state commissioner of health who is an obstetrician and gynaecologist played a central role in its development and adoption. In Kano state, the state government included in its budget a line item for free maternal health services. The former state commissioner of health together with a senior obstetrician, and gynaecologist, played central roles in creating this positive environment for reproductive health in Jigawa state, state and local budgets provided funds for the upgrading of obstetric care facilities in hospitals, the recruitment of obstetricians and gynaecologists and the provision of ambulance at the local level to transport pregnant women experiencing delivery complications to health facilities. The former executive secretary for primary health care, who subsequently became state commissioner for health, stood behind these initiatives.

Despite all these, the challenges still remain the same, many researchers therefore have come up with what they consider as strategies to curb the challenges of reproductive health services among women. Some are of the view that to solve the challenges of reproductive health, it will involves a preventive approach while others suggest a long-term approach.

Adewale (2012) suggests that the used of preventive measure should be adopted as this will involves the evolvement of strategies that will tackle the major causes of reproductive challenges among women. Similarly, Alison (2002) was of the opinion that the preventive strategies will solve the problems of reproductive health among women. He opined that policy makers and stakeholders should involve in the provision of reproductive health information and services to women as well as come up with effective communication strategies that will lead to behavioural change. Remez and Woog (2001) in their own opinion, argued that the government should make provision of health facilities that will be able to cater for the reproductive needs of the women. According to them, this will provoke the provision of the following facilities to reduce it; enforcement of health facilities control by the government, adequate funding, provision of basic health infrastructural facilities among the health centres, control of control of reproductive health facilities inflow into communities. In a similar manner, Mangirazi (2013) also observed

that the provision of reproductive health facilities will helps curtail some of the challenges affecting access to reproductive healthcare services among women. According to him, this will solve the problems of availability of the health facilities. Blanc (2007) in his own view, summited that providing women with sexual and reproductive health information and services is key to solve the challenges of reproductive health as well as to enable them to make well informed choices about their sexual and reproductive health.

Atuyambe (2011) in his own view, argued that the only tool which proves to be beneficial in the prevention of reproductive health challenges among women is sex education. According to him, people who receive clear information on sexual conduct from others are more able to practice risk reduction behaviours such as delay of sexual debut and consistent condom use. In a related development, Dennis (2002) also observed that there is a need for appropriate communication channels which will take into account the technical formats of messages; information needs behaviour, norms, values, beliefs and socio-cultural context of rural communities. According to him, these factors play pivotal roles in influencing women's' decisions regarding their sexual health as stipulated by the excellence in communication model that understanding audiences and building relationship with them are important components for behavioural change. The main challenge to the introduction and implementation of user-fee waivers is the provision of

adequate number of skilled health care personnel to handle the huge influx of pregnant women who come to avail themselves of the free maternal care services. A second challenge is that large amounts of drugs are used up in very short periods of time. Also, an overwhelming amount of clerical work is required to account for the distribution and use of medicines. Hence there is need for adequate planning before the introduction of user-fee waivers. This will helps reduced reproductive health challenges among women. The Lagos state Government once adopted this strategy, in an effort to stem the tide of maternal and child deaths recently set up five maternal and child care centres (MCCS) fully equipped and well-staffed to provide a wide spectrum of care including family planning, ante-and post-natal care to facilitate safety of women during child delivery. The MCCs are located in surulere, Ikorodu, Isolo, Ifako-Ijaiy and Ajeromi. Other locations include Alimosho, Ibeju-Lekki, Epe and Badagry among others (Sunday Punch 2012). One recent initiative that seems to be successful is the Ondo state Government initiative known as Abiye. This initiative in the rural communities in Ondo state, uses, mobile phones to save lives of indigene pregnant women.

According to the World Bank (2008) 51.6 percent of Nigerians live in rural area, most of whom are cut off from modern medical facilities, making pregnant women vulnerable to readily preventable adverse our comes. Most of these adverse outcomes

result from delay in seeking care, getting to health centres when care is sought, receiving care on getting to the health centre, and referring patients to more advanced centres when necessary. In the Ondo state initiative, pregnant women go for antenatal care at primary health care centres where each one is given a mobile phone. The pregnant women are put in government prepaid, caller-user groups and tracked by trained personnel so the pregnancy is monitored. Calls to the health care personnel are toll free. The pilot scheme is in Ifedore local Government Area of Ondo state (Sunday Punch, 2011). Primarily because the lines are toll-free the delay in seeking care is minimized to almost zero. The programme also takes care of the delay in reaching health centres since ambulances are stationed to bring in the pregnant women when they call. In emergencies, the health personnel go on motorcycle with a First Aid box. If it is something they can't handle, the women are taken to the general hospital. A major shortcoming of all these efforts is that they are disjointed and uncoordinated, with each state working according to its own dictate and vision. What is required is an integrated approach to replicate successful programmes in other states of the country. The disjointed nature of these efforts is indicative of overall failure in leadership and governance in the health care sector and indeed in other spheres of Nigerian life.

The resulting chaos manifests in inconsistent, contradictory, ill-thought-out, and ever changing policies. For instance, one stopgap initiative introduced to address the issue of low proportion of births attended by skilled health personnel is the midwives service scheme. Under this scheme the tree tiers of government are to share the costs of engaging midwives on a massive scale. It is not clear, however, where the midwives are to come from since the relevant regulatory bodies, the Nursing and midwifery council of Nigeria and the Federal ministry of Health appear determined to drastically restrict the number of midwives and nurses that may graduate each year. As a result of regulations aimed at achieving such ends, many states do not have enough nurses and midwives to effectively meet the basic demand for maternal care, let alone handily things on a massive scale. Not helping matters also is the unwillingness of governments in Nigeria to reveal how they spend money. It is difficult to comprehend the rationale behind the phenomenon of unspent funds whereby funds are usually returned as unspent at the end of each budget period even as 52, 00 Nigerian women are consigned to early graves owing to failure of the government to provide facilities to assist in pregnancy and child birth. A recent report by the centre for Reproductive Rights (CRR), notes that in 2008 Nigeria gave about 5% of its annual budget to the health sector. This amounts to just one third of what it promised in

a regional treaty. And without it is difficult to find out who received the money and how it was spent.

2.4 Harmful Practices and Reproductive Health

According to Anyanle (2013**),** there are various harmful practices against women which contribute to reproductive ill health in Nigeria and constitute a violation of reproductive health rights. They include female genital mutilation (FGM), forced early marriage, traumatic puberty initiation rites, labour and delivery practices, wife inheritance and sexual hospitality practices. Some of these practices such as wife inheritance and group circumcision could facilitate the spread of HIV. Female genital mutilation/cutting is practised in many states in Nigeria in various forms from infancy to adulthood. The reason often cited for the practice of FGM is to reduce promiscuity among women. These practices cut across religious and cultural boundaries and the victims are unaware of the associated potential dangers such as haemorrhage, shock, and infections including Hepatitis B and HIV/AIDS. The long-term complications include psychological consequences, recurrent urinary tract infections, sexual dysfunction, chronic pelvic infection, infertility, prolonged obstructed labour, vesicovaginal and recto-vaginal fistulae (VVF and RVF). Though there are several legislations against FGM in Nigeria, it is still prevalent because it is culturally rooted in the beliefs of the people (Ayanleye, 2013).

Further, Article 5 of the Protocol to ACHPR on Women's Rights in Africa enjoins state parties to take legislative and other measures to prohibit FGM in all its ramifications. Early forced marriage is also another cultural practice with negative reproductive consequences. The Child Rights Act 2003 (CRA) prohibits the marriage of a girl under the age of 18 years, and it is an offence for the father/ guardian and the husband punishable with imprisonment. However, child marriage still abounds in the country, especially in the northern part of the country. Recently, a senator in the National Assembly got married to an under-aged girl. Though the marriage generated public outrage, the senator is yet to be arraigned before any law court (Ayanleye, 2013). It brings to question the sincerity of our legislators and policymakers. If a senator who pledged to uphold the Constitution and the laws of the country could flout it with impunity without any reprisal, then, there really is a problem. Gender-based violence is another harmful practice that is prevalent in Nigeria (Babalola & Fatusi, 2009). Violence against women is defined as "any act that results in, or is likely to result in**,** physical, sexual and psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life". Most African cultures allow a man to chastise his wife by beating her. This is sometimes backed by law. For instance, the Penal Code (S. 55 (1)) claiming to be based on Shari'ah Legal system allows a man to chastise his wife as long as

it does not amount to grievous hurt. This, it is submitted, is a misrepresentation of the Shari'ah. Violence has both short and long-term detrimental effects on women's health, thus violating the right to the enjoyment of the highest attainable standard of physical and mental health. There have been calls to legislate against this societal malaise which have not yielded much fruits. Out of the 36 states of the federation only Edo and Lagos States have legislated against domestic violence. Though the Lagos state law is not gender specific, it would still go a long way in protecting women against domestic violence. The law is also laudable in that it recognises economic abuse and deprivation as a form of domestic violence (Ayanleye, 2013).

2.4.2 Utilization of Reproductive Health Services among Youths

According to Onyeneke, et.al. (2021), youths represent a tremendously valuable asset to the society therefore working with them to make a healthy transition to adulthood is critical to the world's development now and in the future. Eremutha and Veronica (2019) opined that though youths are faced with immense reproductive health problems, they have limited access to reproductive health services and information that are specially designed to meet their needs. Available reproductive health services are adult centered, thus, they are less accessible to youths. Factors like non-youth friendliness of the existing service outlet and the limited economic and physical access this group of the society have

are among other factors contributing to their low access and utilization of existing services. Recent estimates indicate that 17.0% of the global population, 20.0% of sub-Saharan Africa and 36.5% of Nigerians population is composed of youth aged 15-24 years (Onyeneke, et.al. 2021). Uka (2016) stated that youth reproductive health is critical due to the gregarious sexual activities, which predispose them to negative sexual and reproductive health outcomes such as Sexually Transmitted Infections (STIs) including Human Immunodeficiency Virus (HIV) Acquired Immune Deficiency Syndrome (AIDS), unwanted pregnancies, unsafe abortion and death. Such negative sexual and reproductive health outcomes have economic, social, and health consequences that affect young people throughout their lives, as well as their families, countries, and the global community at large. Implicit in the definition are the rights of men and women to be informed and have access to safe, effective, affordable and acceptable methods of family planning of their choice (Onyeneke, et.al., 2021). The right of access to other methods of their choice for regulation of fertility, which are not against the law, and the right to access appropriate health-care services that will enable women to go safely through pregnancy and childbirth and providing couples with the best chance of having a healthy infant are not left out in the definition. Another dimension to reproductive health is sexual health, the purpose of

which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases.

Contemporarily and for obvious reasons, youths have the right to live healthy lives. “Reproductive health is not just about sex, rather it constitute part of a holistic health programme which begins from early age teaching, clarification of values and understating the anatomy and physiology of their bodies”. This tutelage continues throughout the adolescence and youthful periods to enable young people have access to the various methods of contraception that is safe and acceptable; and appropriate healthcare services that will make them stay healthy. However, for many African youths, the transition through youthful age to adulthood continues to be fraught with several challenges and difficulties. These include high rates of poverty, illiteracy, unemployment and underemployment, violence, sexual coercion and exploitation, substance abuse and other deviant social behaviors. Coupled with high rates of judgmental values by adults and negative societal/cultural attitudes which deny youths access to appropriate information and services especially on sexual and reproductive health (Onyeneke, et.al. 2021).

2.5. Certain Aspects of Reproductive Health

2.5.1. *Maternal Health*

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period (WHO). It implies safe motherhood and reduction of maternal mortality and morbidity through the provision of maternal health services in the context of primary health care (Aniekwu, 2012), based on the concept of informed choice, including education, information and safe abortions. It also encompasses the health care dimensions of family planning, pre-conception, prenatal, and postnatal care in order to reduce maternal morbidity and mortality. Preconception care includes education, health promotion, screening and other interventions among women of reproductive age to reduce risk factors that might affect future pregnancies. Prenatal care aims at detecting any potential complication of pregnancy early, to prevent them if possible, and to direct the woman to appropriate specialist medical services as appropriate. Postnatal care issues include recovery from childbirth, concerns about newborn care, nutrition, breast-feeding and family planning. The Management Science for Health (MSH) lists the scope of maternal health as follows:

a. Prenatal care, safe delivery, and postpartum care
b. Treatment of infertility

c. Comprehensive family planning service delivery and post-abortion counselling
d. Diagnosis and treatment of complications of pregnancy, delivery, and abortion
e. Women's nutrition and gynaecologic health care, including cervical cancer screening (MSH,2006).

While motherhood is often a positive and fulfilling experience, for too many women in Nigeria, it is associated with suffering, ill health and even death. The major direct causes of maternal morbidity and mortality include haemorrhage, infection, high blood pressure, unsafe abortion, and obstructed labour. These are often caused by lack of adequate prenatal care and access to competent midwifery facility and personnel. The health situation of most women in Nigeria is often very precarious and receives very limited attention from the responsible health authorities. There are not enough health facilities especially in rural areas within the reach of the rural poor.

2.5.2 Protection against Rape and Assaults

The right to reject or accept a man's advances is the most fundamental right a woman can have (Tobi, 2004, Ayanleye, 2013). Rape is an unlawful carnal knowledge of a woman or girl without her consent, or with her consent if that is obtained by force or by means of threats or intimidation of any kind, or by fear of harm, or by means of false and fraudulent representation as to the nature of the act, or in the case of a woman, by impersonating her

husband (Section 357 of the Criminal Code). Spousal rape is not recognized as a crime in Nigeria (S. 6 of the Criminal Code) as a woman is deemed to have given blanket consent to sexual intercourse by virtue of marriage. It is therefore submitted that the need for corroboration should be expunged from the Criminal Code. A high number of women and girls suffer sexual assault, both within and outside marriage and in the context of sex work. Such rapes put them at risk of both HIV/STI infection and unwanted pregnancies. Much greater efforts are needed to expand access to post-exposure prophylaxis for rape survivors, as well as STI diagnosis and treatment and availability of emergency contraception for female survivors of assault (ICW, 2006).

2.5.3 Protection from HIV/AIDS and Other Sexually Transmitted Infections and Other Reproductive Tract Infections

The right to health also includes protection from and treatment of sexually transmitted diseases and other reproductive tract infections. The incidence of HIV infection is steadily rising in Nigeria. It is particularly high among the youth. At least 80 percent of HIV infections in Nigeria are contracted through sexual intercourse. Other causes of infection are through unsterile injections and the inadvertent transfusion of unsafe blood and body piercing, scarification or cutting. The HIV situation in Nigeria is fuelled by a number of factors including ignorance, denial, stigmatisation of the infected people, inappropriate

health care practices (including traditional ones); inadequate number of, and lack of access to voluntary testing and counselling facilities; lack of appropriate care for infected people; and, false claims about cure (FMOH, 2001). The low level of education among females and generally low social and economic status of women in the Nigerian society also play a part in the rising HIV rate as well as other reproductive problems. Urbanisation, unemployment and poverty have fuelled high-risk sexual behaviours including prostitution, thereby contributing to the increasing rate of HIV infection. Other health challenges facing women are cervical cancer, breast cancer and issues of menopause in the elderly. Although there have been recent efforts at raising awareness on breast and cervical cancer especially in the electronic media, these efforts would not amount to much without adequate facilities for early detection and treatment of both breast and cervical cancer.

2.5.4 Reproductive Health Seeking Behaviour

Reproductive health seeking behaviour is used interchangeably with maternal health seeking behaviour. This is because they both explain the reproductive behaviours exhibited by women of reproductive age. It is important to take a look at the general meaning of health seeking behaviour. On that parlance, Uche (2017) referred to health seeking behaviour as behaviours which involve the interconnectedness of measures to resolve a perceived ill-health by an individual to maintain equilibrium. Similarly, Hassan

and Basirka (2021) averred that health seeking behaviour entails a healthy action to maintaining healthiness. Specifically, reproductive health seeking behaviour which is an aspect of general health seeking behaviour refers to behaviours exhibited by women of reproductive age (15-45 years old) before, during and after pregnancy/childbirth. In addition, Adeosun, (2022) described maternal/reproductive health seeking behaviour to mean the mechanism employed by reproductive women to take care of their own health and the health of the baby yet unborn in order to ensure safeness of the pregnancy and smooth delivery.

2.6 Theoretical framework

The theoretical underpinning of the study is premised on the theory of help-seeking behavior. Theory of help seeking behaviour has its roots in the writing of David Mechanic. This theoretical framework adopted offers insights on the mechanism and context underlying the challenges of women's access to reproductive health services as it affect their reproductive health. With regard to the theoretical framework, Mechanic (1968) developed a theory of help-seeking behavior to facilitate an understanding of this assessment process and how individuals act prior to (or instead of) seeking a health care provider. Mechanic traces the extreme variations in how people respond to illness to differences in how they define the illness situation and to differences in their ability to

cope with the situation. The process of definition and the ability to cope are both culturally and socially determined. As individuals mature through lifestages, they are socialized within families and within communities to respond to illness in particular ways. Part of this socialization is observing how others within the group respond to illness and noting the positive or negative reaction their behavior solicit. Sociologists refer to this process as the social construction of illness. Mechanic identifies 10 (sometimes overlapping) factors that determine how individuals respond to symptoms of illness.

1. *The visibility, recognizability, or perceptual salience of symptoms* .“Many symptoms present themselves in a striking fashion, such as in the case of a sharp abdominal pain, an intense headache, and a high fever. Other symptoms have such little visibility (as in the early stages of cancer) that they require special check-ups to be detected in their early stage.”

2. *The perceived seriousness of symptoms*.“If the symptom is familiar, and the person understands why he has the symptom and what its probable course will be, he is less likely to seek reproductive healthcare services than if the symptom is unusual, strange, threatening, and unpredictable.”

3. *The extent to which symptoms disrupt family, work, and other social activities*. “Symptoms that are disruptive, and which cause inconvenience, social difficulties,

pain, and annoyance are more likely to be defined and responded to than those that do not."

4. *The frequency of the appearance of symptoms, their persistence, or frequency of recurrence*. "The more persistently ill a person feels, other factors remaining constant, the more likely he is to seek reproductive help, and frequent or persistent symptoms are more likely to influence a person to seek help than occasional recurring symptoms."

5. *The tolerance threshold of those who are exposed to and evaluate the deviant signs and symptoms*. "An individual's tolerance for pain and discomfort and his values about stoicism and independence, may also affect how he responds to symptoms and what he does about them. Persons vary a great deal in how much discomfort they are willing to tolerate and the attention they give to bodily troubles."

6. *Available information, knowledge, and cultural assumptions and understandings of the evaluator*. "The sophistication of patients about medical matters varies from those who are aware of the latest therapeutic developments even before their doctor to those who cannot identify the basic body organs and who have only very naive notions of bodily functioning. Such differences in medical knowledge and understanding have considerable influence in how people recognize, define, and respond to symptoms."

7. *Perceptual needs which lead to autistic psychological processes*. Anxiety and fear may impact on symptom recognition and the decision to seek for reproductive health care in complex ways. Anxiety about reproductive illness may prompt quicker care-seeking, but fear of particular diagnoses may delay seeking help, thereby leading to inadequate access to reproductive health services.

8. *Needs competing with illness response*. People assign varying priority to reproductive health while illness symptoms might be a central focus for some, family, religious affiliation, sex, economic factor, attitudes, educational status and work-related activities are more important to others. 9. *Competing possible interpretations that can be assigned to the symptoms once they are recognized*. "People who work long hour suspect to be tired, and are therefore less likely to see tiredness as indicative of an illness. People who do heavy physical work are more likely to attribute such symptoms as backache to the nature of their lives and work rather than to any reproductive illness condition."

10. *Availability of treatment resources, physical proximity, and psychological and monetary costs of taking action*. The cost of treatment/affordability, convenience of treatment, and the cultural and social accessibility of the provider also affect women's accessibility to reproductive health care services.

The preceding theoretical discourse reinforces the notion that women's access to reproductive healthcare services is compounded by a lot of challenges which hinder them from accessing adequate reproductive health services in Nigeria.

However, the question of beliefs, educational status, attitudes, sex, religious affiliation, sex and issues relating to economic factor that have caused so much reproductive health challenges in the local government area among the women are mainly offshoots of meaning and attitude women attached to a particular reproductive health care service in the area.

2.7 Empirical review

Agbor (2020) examined the impact of access to reproductive healthcare services on the health of women in Guma LGA of Benue State. Data was collected using a combination of quantitative and qualitative data collection techniques. The findings of the study indicated that a significant proportion of the population fall within the age bracket of 26-35, which represents 82 persons (41%). One hundred and twenty are married (61.5%), while 90 (45%) are farmers. Sixty nine persons (34.5) have at least secondary education. Majority of the respondents were Christians 150 (75%) while 120 (60%) live in rural areas. The fundamental challenges of reproductive healthcare services in Guma local government area stems from economic status/poverty. This fact was indicated by majority

of (189; 94.5%) of respondents. The study observes that the real panacea for solving reproductive health challenges in the area is for the government to accelerate the pace of development. Development in this context consists of creating an economy with relevant social, economic and physical infrastructure for the wellbeing of women, in order for women to have full access to reproductive healthcare services, there is also the need for the government to make provision for adequate reproductive healthcare facilities and services, fund public health institutions and subsidized the cost of reproductive healthcare services for the women in Guma LGA.

Ogundele, Pavlova and Groot (2020) examined the access to reproductive health care services in Ghana and Nigeria, the patterns of use of family planning and maternal care by women in these countries are explored. Methods: We used population-level data from the Ghana and Nigeria Demographic Health Surveys of 2014 and 2013 respectively. We applied a two-step cluster analysis followed by multinomial logistic regression analysis. Results: The initial two-step cluster analyses related to family planning identified three clusters of women in Ghana and Nigeria: women with high, medium and poor access to family planning services. The subsequent two-step cluster analyses related to maternal care identified five distinct clusters: higher, high, medium, low and poor access to maternal health services in Ghana and Nigeria. Multinomial logistic regression showed

that compared to women with secondary/higher education, women without education have higher odds of poor access to family planning services in Nigeria (OR = 2.54, 95% CI: 1.90–3.39) and in Ghana (OR = 1.257, 95% CI: 0.77–2.03). Compared to whitecollar workers, women who are not working have increased odds of poor access to maternal health services in Nigeria (OR = 1.579, 95% CI: 1.081–2.307, $p \leq 0.01$). This association is not observed for Ghana. Household wealth is strongly associated with access to family planning services and maternal health care services in Nigeria. Not having insurance in Ghana is associated with low access to family planning services, while this is not the case in Nigeria. In both countries, the absence of insurance is associated with poor access to maternal health services. Conclusions: These differences confirm the importance of a focused context-specific approach towards reproductive health services, particularly to reduce inequality in access resulting from socio-economic status. Interventions should be focused on the categorization of services and population groups into priority classes based on needs assessment. In this way, they can help expand coverage of quality services bottom up to improve access among these vulnerable groups.

Envuladu, Massar, and DeWit (2021) assessed the availability, accessibility, appropriateness and quality of adolescent sexual and reproductive health (ASRH) services in primary health care (PHC) facilities in Plateau State, Nigeria, a cross-sectional study

was conducted in 230 PHC facilities across the three senatorial zones of Plateau state. Primary data were obtained through face-to-face interviews with heads of facilities from December 2018 to May 2019. An adapted questionnaire from theWorld Health Organization (WHO) was used, covering five domains, to ascertain the extent that ASRH services were available and provided. Very few PHC facilities in the state had space (1.3%) and equipment (12.2%) for ASRH services. The proportion of PHC facilities offering counselling on sexuality was 11.3%, counselling on safe sex was 17%, counselling on contraception was 11.3% and management of gender-based violence was 3%. Most facilities were not operating at convenient times for adolescents. Only 2.6% PHC facilities had posters targeted at ASRH and just 7% of the PHCs had staff trained on ASRH. These findings underscore that the majority of PHC facilities surveyed in Plateau State, Nigeria, lacked dedicated space, basic equipment, and essential sexual and reproductive health care services for ASRH, which in turn negatively affect general public health and specifically, maternal health indices in Nigeria. Structural changes, including implementation of policy and adequate additional training of healthcare workers, are necessary to effectively promote ASRH.

Ayanleye (2013) focused on reproductive health as a human rights issue and discusses the right of women to reproductive health information, education and services.

The paper also looks at the right of women to safe motherhood, choice of fertility, contraception, protection against rape, sexually transmitted disease and female genital mutilation. Nigeria ranks amongst countries with the highest rate of maternal mortality and morbidity and in spite of the global recognition of the right to health as a human right, Nigeria is yet to embrace the concept as there is no specific legislation on the right to health in Nigeria. Chapter IV of the 1999 Constitution which provides for the fundamental human rights makes no provisions for the right to health in spite of the fact that the right to life is only meaningful to a person who is healthy and the right to freedom of movement has no value for a person who is rendered immobile by a preventable disease. Provisions for healthcare are contained in Chapter II of the Constitution which embodies the economic and social policies of the country. Section 17 (3) (c) provides that the State shall direct its policy towards ensuring that there are adequate medical and health facilities for all persons. However, the provisions of Chapter II have been excluded from adjudication by the courts, thus, no right of action can ensue from the breach of the provisions of the said chapter by the government. Further, there are statutory, cultural and religious factors militating against women's reproductive health rights and they have been a major cause of women's continued oppression. Issues in reproductive rights from the point of view of gender equality are also discussed. The paper concludes that promoting reproductive

health and rights is indispensable for economic growth of and poverty reduction in the society.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0

This chapter explains the methodology relevant to this research. It contains the research design, the population and sampling techniques, the operationalization and measurement of variables, the research instrument, validity of research instrument, sources of data and method of data analyses.

3.1 Area of Study

This research was carried out in Ovia North East Local Government Area of Edo State. It is located between latitudes 50 40’ and 70 40’ North and longitudes 50 00’ and 60 30’. Ovia North East LGA is made up of 12 major communities. They are Okada (headquarters), Oduna, Oghede, Utoka, Iguoshodin, Oluku, Adolor, Isuiwa, Uhiere, Ofunm-Wengbe, Khohuo and Uhen.

3.2 Research Design

Research design is the arrangement of conditions for the collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. The cross sectional research design will basically be adopted for this study.

This design is adopted and considered appropriate because it facilitates the collection of original data from the respondent.

3.3 Population of the Study

The population is the totality of the objects or elements being studied and to which the conclusions or generalization of our results will apply. The study was conducted across Ovia North East Local Government Area of Edo State, Nigeria. Its headquarters are in the town of Okada. It had an area of 2,301 km2 and a population of 153,849 at the 2006 census and projected to be 229,500 (citypopulation, 2024).

3.4 Sample size and sampling technique

For the purpose of this study, non-probability sampling method (convenience sampling) was adopted. The convenience sampling is one in which the researcher selects whatever unit he or she has easy access to and are conveniently located. Because it was not possible to deal with the entire target population, the research focused on a precise sample. A sample of 400 questionnaires was administered randomly to 400 respondents in Ovia North-East Local Government Area.

3.5 Research instrument

Questionnaires served as the main data collection instrument that was used in the study. The prepared questionnaire accompanied with letter of introduction was sent to the

assigned respondents to be completed and returned to the researcher. The respondents were asked not to give their names in order to increase the chance of obtaining correct information and ensure confidentiality.

3.6 Validity of Instrument

The questionnaire for this study was thoroughly scrutinized by the supervisor for clarity, precision and comprehension. Both the preliminary test and the main research results were similar especially in the pattern of response from respondents to fundamental questions relating to the research study under consideration.

3.7 Method of data collection

The questionnaire was distributed personally to the respondents. The respondents were able to answer the questions honestly after administering the questionnaires to them. The researcher was able to also guide the respondents with regards to filling the questionnaires. The respondents were informed that their responses was treated with utmost confidentiality.

3.8 Method of Data Analysis

Data collected or generated from the questionnaire was analyzed using the percentages, mean via the Statistical Package for Social Sciences (SPSS) 24.0.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter presents the presentation and analyses of data collected as well as the interpretation and the discussion of results of the study. The first section is based on the demographic presentations and analyses via the Statistical Package for Social Sciences (SPSS). The major task of the objective of the exercise is to answer the research questions stated in chapter one of the study. The relationships between the independent variables and the dependent variable were analyzed and then the discussions of findings were made.

4.2 Descriptive Statistics

The retrieved questionnaires containing the information gotten from the respondents was analyzed and interpreted using percentages

Table 4.1: Response Rate

Options	**Frequency**	**Percentage (%)**
Returned	374	93.5
Unreturned	26	6.5
Total	**400**	**100**

Source: Field work, 2024

400 copies of questionnaire were distributed to respondents. 374 copies was completed and returned, representing 97.4% of the total administered questionnaires.

SESSION A

Section A: Biodata

This section shows the variables of respondents in respect of demography such as gender, age, marital status and highest education obtained.

Table 4.2 Demographic Information on Respondents

Variables	Frequency	Percentage
Gender		
Male	175	46.8
Female	199	53.2
Total	374	100.0
Age		
18-30 years	121	32.35
31-40years	160	42.78
41-50years	67	17.9
51 years and above	26	7.0
Total	374	100.0

Marital status		
Single	222	59.4
Married	145	38.8
Divorce	7	1.9
Total	374	100.0
Educational Qualification		
Primary	3	.8
Secondary	18	4.8
OND/NCE/Diploma	172	46.0
HND/B.Sc./B. A	166	44.4
Postgraduate	15	4.0
Total	374	100.0
Religion		
Christians	338	90.4
Muslims	36	9.6
Others	-	-
Total	374	100.0

Source: Researcher's fieldwork survey, 2024

Table 4.2 shows that out of a total of 374 respondents, 175 are male while 199 are female.

In terms of age, out of a total of 374 respondents, 121 of the respondents are between 18-30 years, 160 of the total respondents are within the age bracket of 31-40years, 67 of the total respondents are within the age bracket of 41-50years, while 26 of the total respondents are above 50 years. In terms of marital status, out of a total of 374 respondents, 222 of the total respondents are single, 145 of the total respondents are married while 7 are divorced. In terms of educational qualification, out of a total of 374 respondents, 3 are primary school holders, 18 are SSCE holders, 172 are OND/NCE/Diploma holders, while 166 are HND/B.Sc./B.A holders while 15 of the respondents are postgraduates. In terms of religion, 338 of the total respondents were Christians and 36 were Muslims.

4.3 Data Presentation and Analyses according to the Research Objectives

Research Question 1: What is the importance of the availability of reproductive health services for women in Ovia North-East Local Government Area, Edo State?

Table 4.3: Shows the Frequency Distribution of Respondents with the Above Statement

S/N	Descriptive Statistics				
	Questions	**N**	**Total score**	**Mean**	**Decision**
1.	When sexual and reproductive health needs are not met, individuals are deprived of the right to make crucial choices about their own bodies and futures.	374	1578.28	4.22	Positive
2.	It is important that the government provide healthcare services, at all cost to ensure confidentiality **of** reproductive health services	374	1522.18	4.07	Positive
3.	Reproductive health is essential for women's physical, emotional, and social wellbeing.	374	1533.4	4.1	Positive
4.	Access to sexual and reproductive health and rights is extremely crucial for young women.	374	1582.02	4.23	Positive
	Grand Mean			4.155	**Positive**

Source: Researcher's fieldwork survey, (2024)

The result in table 4.3 above shows that most of the respondents gave positive response to the itemized items in table 4.3. Majority of the respondents agreed that when sexual and reproductive health needs are not met, individuals are deprived of the right to make crucial choices about their own bodies and futures; it is important that the government provide healthcare services, at all cost to ensure confidentiality of reproductive health services; reproductive health is essential for women's physical, emotional, and social wellbeing and that access to sexual and reproductive health and rights is extremely crucial for young women.

Research Question 2: What is the rate of availability of reproductive health services for women in Ovia North-East Local Government Area, Edo State?

Table 4.4: Shows the Frequency Distribution of Respondents with the Above Statement

S/N	Descriptive Statistics				
	Questions	**N**	**Total score**	**Mean**	**Decision**
5.	There's availability of reproductive health services for women in the local government	374	1731.62	4.63	Positive
6.	There are inadequate health workers available in the local government	374	1810.16	4.84	Positive
7.	There is access to accurate, impartial and up-to-date sexual and reproductive health information and services	374	1507.22	4.03	Positive
8.	Federal Government of Nigeria is not doing enough in ensuring availability and access to full sexual and reproductive health information and quality services to Ovia North-East LGA	374	1548.36	4.14	Positive
	Grand Mean			4.41	Positive

Source: Researcher's fieldwork survey, (2024)

The result in table 4.4 above shows that most of the respondents gave positive response to the itemized items in table 4.4. Majority of the respondents agreed that there's availability of reproductive health services for women in the local government; there are inadequate health workers available in the local government; there is access to accurate, impartial and up-to-date sexual and reproductive health information and services and that Federal Government of Nigeria is not doing enough in ensuring availability and access to full sexual and reproductive health information and quality services to Ovia North-East LGA.

Research Question 3: What is the awareness level of reproductive health services among women of reproductive age in Ovia North-East Local Government Area, Edo State?

Table 4.5: Shows the Frequency Distribution of Respondents with the Above Statement

S/N	Descriptive Statistics				
	Questions	**N**	**Total score**	**Mean**	**Decision**
9.	There has been motivation on change behaviour in the light information and awareness of reproductive health services among women	374	1645.6	4.4	Positive
10.	How aware are the women in the community to issues involving their reproductive health	374	1787.72	4.78	Positive
11.	Government and non-government institutions have taken various important steps to raise awareness about reproductive health issues.	374	1690.48	4.52	Positive
12.	There is poor awareness level on the of quality healthcare services among	374	1548.36	4.14	Positive
	Grand Mean			4.46	**Positive**

Source: *Researcher's fieldwork survey, (2024)*

The result shows that most of the respondents gave positive response to all items in table 4.5. Therefore, majority of the respondents agreed that there has been motivation on change behaviour in the light information and awareness of reproductive health services among women; how aware are the women in the community to issues involving their reproductive health; Government and non-government institutions have taken various important steps to raise awareness about reproductive health issues and that there is poor awareness level on the of quality healthcare services among.

Research Question 4: What are the determinants of reproductive health seeking behaviour among women of reproductive age in Ovia North-East Local Government Area, Edo State?

Table 4.6: Shows the Frequency Distribution of Respondents with the Above Statement

S/N	Descriptive Statistics				
	Questions	**N**	**Total score**	**Mean**	**Decision**
13	There are current issues that determines reproductive health seeking behaviour among women of reproductive age in the local government	374	1559.58	4.17	Positive
14.	waiting period and volume of patients determines reproductive health seeking behaviour	374	1084.6	2.9	Positive
15.	The social determinants that impact women's reproductive health and childbearing include racial, ethnic, income, costs of living, socio-cultural factors such as education and employment	374	1163.14	3.11	Positive
16.	There's need to Offer age-appropriate comprehensive sex education and Provide adolescent-friendly contraceptive services.	374	1282.82	3.43	Positive
	Grand Mean			3.4025	**Positive**

Source: Researcher's fieldwork survey, (2024)

The result shows that most of the respondents gave positive response all the items in table 4.6. Therefore, majority of the respondents agreed that; there are current issues that determines reproductive health seeking behaviour among women of reproductive age in the local government; waiting period and volume of patients determines reproductive health seeking behavior; the social determinants that impact women's reproductive health and childbearing include racial, ethnic, income, costs of living, socio-cultural factors such as education and employment and that there's need to Offer age-appropriate comprehensive sex education and Provide adolescent-friendly contraceptive services.

4.4 Discussion of Findings

The study examined the importance of the availability of reproductive health services for women in Ovia North-East Local Government Area, Edo State. The result also showed respondents agreed that when sexual and reproductive health needs are not met, individuals are deprived of the right to make crucial choices about their own bodies and futures; it is important that the government provide healthcare services, at all cost to ensure confidentiality of reproductive health services; reproductive health is essential for women's physical, emotional, and social wellbeing and that access to sexual and reproductive health and rights is extremely crucial for young women.

The study reported that agreed that there's availability of reproductive health services for women in the local government; there are inadequate health workers available in the local government; there is access to accurate, impartial and up-to-date sexual and reproductive health information and services and that Federal Government of Nigeria is not doing enough in ensuring availability and access to full sexual and reproductive health information and quality services to Ovia North-East LGA.

The study also revealed that the respondents agreed that there has been motivation on change behaviour in the light information and awareness of reproductive health services among women; how aware are the women in the community to issues involving their reproductive health; Government and non-government institutions have taken various important steps to raise awareness about reproductive health issues and that there is poor awareness level on the of quality healthcare services among.

The study also revealed that the respondents agreed that there are current issues that determines reproductive health seeking behaviour among women of reproductive age in the local government; waiting period and volume of patients determines reproductive health seeking behavior; the social determinants that impact women's reproductive health and childbearing include racial, ethnic, income, costs of living, socio-cultural factors such

as education and employment and that there's need to Offer age-appropriate comprehensive sex education and Provide adolescent-friendly contraceptive services.

This agrees with the finding of Envuladu, Massar, and DeWit (2021) who assessed the availability, accessibility, appropriateness and quality of adolescent sexual and reproductive health (ASRH) services in primary health care (PHC) facilities in Plateau State, Nigeria, a cross-sectional study was conducted in 230 PHC facilities across the three senatorial zones of Plateau state. The study revealed that most facilities were not operating at convenient times for adolescents. Only 2.6% PHC facilities had posters targeted at ASRH and just 7% of the PHCs had staff trained on ASRH. These findings underscore that the majority of PHC facilities surveyed in Plateau State, Nigeria, lacked dedicated space, basic equipment, and essential sexual and reproductive health care services for ASRH, which in turn negatively affect general public health and specifically, maternal health indices in Nigeria.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The focus of this chapter is to summarize the findings, and present the contribution of the study to knowledge, conclusion, policy recommendation and suggestions for further studies.

5.2 Summary of Findings

The focus of this chapter is to summarize the findings, draw conclusions reached in the study and make recommendations based on research objectives and the overall perspective of the main findings while making suggestions for further studies. The Statistical Package for Social Sciences (SPSS, Version 24.0) was employed to examine the feedbacks from the questionnaires. The study examined the importance of the availability of reproductive health services for women in Ovia North-East Local Government Area of Edo State. The objective of the study was to examine the importance of the availability of reproductive health services for women in Ovia North-East Local Government Area, Edo State; to assess the availability of reproductive health services for women in Ovia North-East Local Government Area, Edo State; to ascertain the awareness level of reproductive health services among women of reproductive age in Ovia North-East Local Government Area,

Edo State and to investigate the determinants of reproductive health seeking behaviour among women of reproductive age in Ovia North-East Local Government Area, Edo State. The result showed that the respondents agreed that when sexual and reproductive health needs are not met, individuals are deprived of the right to make crucial choices about their own bodies and futures; it is important that the government provide healthcare services, at all cost to ensure confidentiality of reproductive health services; reproductive health is essential for women's physical, emotional, and social wellbeing and that access to sexual and reproductive health and rights is extremely crucial for young women.

5.3 Conclusion

This study examined the importance of the availability of reproductive health services for women in Ovia North-East Local Government Area, Edo State. A sample of 400 copies of questionnaire was distributed to participant in Ovia North-East Local Government Area, Edo State. Based on the findings, it was revealed that hat when sexual and reproductive health needs are not met, individuals are deprived of the right to make crucial choices about their own bodies and futures; it is important that the government provide healthcare services, at all cost to ensure confidentiality of reproductive health services; reproductive health is essential for women's physical, emotional, and social wellbeing and that access to sexual and reproductive health and rights is extremely crucial

for young women. The study also revealed there are inadequate health workers available in the local government and that Federal Government of Nigeria is not doing enough in ensuring availability and access to full sexual and reproductive health information and quality services to Ovia North-East LGA. In conclusion, improving the reproductive health of women is vitally important not just for the health benefits that will ensue but also for the substantial social and economic benefits, for women, their families, and their communities.

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5.4 Recommendations

In this regard, the following recommendations are suggested.

1. The government of the study area should put in place measures that would improve the socio-economic status of the population, ensuring that healthcare facilities are built with adequate infrastructure, equipment, and personnel to render efficient and effective health care services. The government should ensure that roads leading to public healthcare facilities are always in good condition and properly maintained. This would enhance access to healthcare services, especially in cases of emergencies. Healthcare facilities should be fully functional and provide quality services.

2. Health ministries and service providers need to progressively pursue interventions that seek to expand access to essential care services for women. The government in conjunction with donor agencies and non-governmental organizations need to work together to adopt long term flexible strategies which prioritize full access to reproductive health services.
3. The Government need to show political will and commitment demonstrated by increasing funding to health especially reproductive health services. Technocrats, law makers and governments need to enact laws, policies that will improve access to reproductive health services.
4. Information on reproductive health services should be widely available, government and non-governmental (NGOs) should embark on community awareness and sensitization on reproductive health services.
5. To cut-down waiting hours of patients, it is expedient for the government and management of public healthcare facilities to employ more staff and adopt the usage of modern technology in service delivery. Staff should also be trained regularly and treat patients with the utmost respect in their discharge of duties.
6. Hospital/Centre management should ensure that the physical and environmental condition of public healthcare facilities are to standard. Government should

establish healthcare policies for effective and efficient service delivery to encourage accessibility and utilization of public healthcare facilities in study area and other part of the country. It is of utmost importance that the government and stakeholders ensure that public healthcare facilities in the country are fully utilized.

7. Women should also be allowed to participate in decision making in terms of the kind of reproductive health services they require. This will give them freedom to access the reproductive health facilities available.
8. The mass media should be used to educate & create awareness among the women on the values of using some of these reproductive healthcare services, as some of them have nonchalant attitude towards them and by this the reproductive health challenges will be resolved.

5.5 Suggestions for Further Research

1. Similar studied could be conducted on other parts of state or Nigeria.
2. Also, the study recommends the use of a different methodology and sample size other the one adopted in the work for future research.

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APPENDIX

DEPARTMENT OF SOCIAL WORK

FACULTY OF SOCIAL SCIENCES

UNIVERSITY OF BENIN

Dear Sir/Madam,

REQUEST FOR YOUR COOPERATION IN COMPLETING THIS QUESTIONNAIRE

I am an under-graduate student of the above named University. As part of the requirements for award of B.Sc degree in social work. I am conducting a research to ***examine the importance of the availability of reproductive health services for women in Ovia North-East Local Government Area, Edo State***. In this regard, you have been duly selected as a member of the sample. I also wish to assure you that your answers will be treated in strict confidence and used for the stated academic purpose only.

Thank you for your cooperation.

Imuekemhe Joy Precious.

Researcher

Section A: Demographic Variables

Instruction: Please tick [√] against your chosen response and record your view where necessary in the provided spaces.

1. Gender: Male [ ] Female [ ]
2. Age: below 30 years [ ] 30-40years [ ] 41-50years [ ] 51 years and above [ ]
3. Marital Status: Single [ ] Married [ ] Widowed [ ] Divorced [ ]
4. Highest Educational Qualification: Primary [ ] Secondary [ ] OND/NCE/Diploma [ ] HND/B.Sc./B. A [ ] Postgraduate [ ]
5. **Religion:** Christian [ ] Muslim [ ] others[ ]

Section B

Instruction: Please indicate the extent to which you agree with the following, you are to assess the following on a scale of "strongly agree to strongly disagree".

Key: SA= Strongly Agree, A= Agree, N = Neutral, D= Disagree, SD= Strongly Disagree

S/N	What is the importance of the availability of reproductive health services for women in Ovia North-East Local Government Area, Edo State?	SA	A	N	D	SD
6.	When sexual and reproductive health needs are not met, individuals are deprived of the right to make crucial choices about their own bodies and futures.					
7.	It is important that the government provide healthcare services, at all cost to ensure confidentiality **of** reproductive health services					
8.	Reproductive health is essential for women's physical, emotional, and social wellbeing.					
9.	Access to sexual and reproductive health and rights is extremely crucial for young women.					

	What is the rate of availability of reproductive health services for women in Ovia North-East Local Government Area, Edo State?	**SA**	**A**	**N**	**D**	**SD**
10.	There's availability of reproductive health services for women in the local government					
11.	There are inadequate health workers available in the local government					
12.	There is access to accurate, impartial and up-to-date sexual and reproductive health information and services					
13.	Federal Government of Nigeria is not doing enough in ensuring availability and access to full sexual and reproductive health information and quality services to Ovia North-East LGA					
	What is the awareness level of reproductive health services among women of reproductive age in Ovia North-East Local Government Area, Edo State?	**SA**	**A**	**N**	**D**	**SD**
14.	There has been motivation on change behaviour in the light information and awareness of reproductive health services among women					
15.	How aware are the women in the community to issues involving their reproductive health					
16.	Government and non-government institutions have taken various important steps to raise awareness					

	about reproductive health issues.					
17.	There is poor awareness level on the of quality healthcare services among					
	What are the determinants of reproductive health seeking behaviour among women of reproductive age in Ovia North-East Local Government Area, Edo State?	**SA**	**A**	**N**	**D**	**SD**
18.	There are current issues that determines reproductive health seeking behaviour among women of reproductive age in the local government					
19.	waiting period and volume of patients determines reproductive health seeking behaviour					
20.	The social determinants that impact women's reproductive health and childbearing include racial, ethnic, income, costs of living, socio-cultural factors such as education and employment					
21	There's need to Offer age-appropriate comprehensive sex education and Provide adolescent-friendly contraceptive services.					