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Access and Utilization of Reproductive Health Services Among Market Women in Ijebu Ode Lga of Ogun State, Nigeria

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Abstract
Knowledge and utilization of sexual reproductive health services (SRHS) is an essential component and a link between prevention, care and support. It can empower an individual to make informed decisions about their sexual lifestyle that would otherwise predispose individuals to risky sexual life. SRHS research has been done mostly among the youths but the persistence of reproductive health problems among the married women in Nigerian makes this study pertinent.A convenient sampling technique was adopted for this study. A self-designed questionnaire was used for data collection, which was pilot-tested through test-re-test and yielded a reliability coefficient (index) of .781. Three research questions were formulated and tested. Analysis of data was done using descriptive statistics and regression analysis fixed at the .05 significant levels.A total of 130 participants were included in the study. The findings from this study showed that majority (59.2%) of the respondents had moderate knowledge of available reproductive health, and factors mostly influencing access to SRHS was peer influence (51.5%). Also, 66.2% never used any SRHS except being pregnant, 60.8% never utilized counseling services, and 78.5% never utilized it for prevention of STIs and unwanted pregnancy, while the study still found out that 67.7% were screened for STIs and HIV. Age (X2 = 13.280; P =.009), educational status (X2 = 22.007; P =.000), and years of marriage (X2 = 17.2765; P =.011) were associated with the utilization of SRHS among the market women.The study concluded that knowledge and utilization of sexual reproductive health services (SRHS) is poor among the market women. Based on the outcome of this study, it was recommended that any programme designed to access and utilise SRHS must include all women of reproductive age regardless their age, educational and socio-economic status.
Keywords: Knowledge, Reproductive health services, market women, Utilization

Introduction

Reproductive health is one of the major priorities of global health and is a fundamental and inalienable part of women's health due to child bearing (Patel, Kirkwood & Pednekar, 2006). There are other factors that influence the reproductive health matters such as social status, economic position and access to resources (Patel, et al., 2006). Reproductive health is defined as an organizational framework that incorporates maternal and child health programs, family planning, infertility, sexually transmitted diseases, post-natal infection and maternal and child health related concerns (Dudgeon & Inhorn, 2004). The World Health Organization (WHO) states that reproductive health addresses reproductive process, functions and systems at all stages of life (2012). Reproductive health also refers to the right of men and women to be informed and have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice and the right of access to appropriate health care services that will enable women to experience a safe pregnancy and childbirth. In short, reproductive health addresses the reproductive process, functions and systems at all stages of life (WHO, 2013; Wisconsin Alliance for Women's Health, 2012). Reproductive health care services provide couples with the best chance of having a healthy infant (WHO, 2012). A positive reproductive health care service ensures safe pregnancy, safe delivery progress and provides unrestricted access to the full range of reproductive health care options (Wisconsin Alliance for Women's Health, 2012).

Globally, sexual and reproductive health services for the youth have gained the interest of researchers and health policy makers (WHO, 2013; Sawyer, Proimos, & Towns, 2010). The World Health Organization (2013) discovered that adequate and friendly reproductive health services can scale up young people's use of services contingent on the fact that service providers are well trained to ensure the health facilities are youth-friendly, and create demand and community backing through projects in the community, a decision based on findings of data analysis overtime and expert advice.

About 19-20 million abortions are performed annually and about 97 % occur in developed countries. Abortion complications account for 13% of maternal mortality worldwide (Tripney et al., 2013). About 650 million of the world's population lives with disability and their sexual reproductive health needs have been neglected by the society and health care providers although they have same sexual needs like their normal counterparts (UNFPA, 2006). There is evidence that low socioeconomic status, lack of information, stigma and cultural factors are some of the factors that compromise adolescents' access and utilization of reproductive health services. Lack of information on sexuality and some myths related to use of family planning are some of the factors that discourage the youths from accessing reproductive health services (Regmi et al 2010; Nyoni, 2008; UNFPA, 2005).

Knowledge and utilization of reproductive health services is an essential component and a link between prevention, care and support. It can empower an individual to make informed decisions about their sexual lifestyle that would otherwise predispose individuals to risky sexual life. Evidences have shown that sexual behavior is the primary route of sexually transmitted infections (STIs) and propagation (Shah, Shiraishi, Subhachachaturas, Anand, Whitehead, et al, 2011); unintended and unplanned pregnancies, increase in the incidence of STIs and unsafe abortions (Ayodele, Aderanti & Olanipekun, 2015; Ilesanmi et. al, 2015). UNFPA (2000) discovered that there are gender variations in the utilization of SRH services. Malarchar (2010) reported that females face social and psychological barriers to accessing SRH services as against their male counterparts due to gender stereotypes.

In the words of World Health Organisation (WHO), an estimated 24.4 million women globally resort to abortions annually, with youths accounting for about 50% of abortion related mortality in the African region (WHO, 2014). Unintended pregnancies have been as a result of non-abstinence (Ayodele, 2015); unprotected sexual intercourse as well as contraceptive failure (Tayo, Akinola, Adewunmi, Osinusi, & Shittu, 2011; Osakinle, Babatunde & Alade, 2013). WHO (2011) confirmed that unprotected sex is responsible for about 498 million cases of STIs experienced yearly among young couples. Research results in the last 5 years revealed that Nigerian youths are in need of viable sexual and reproductive health care (Ayodele, 2015) but failed to access the existing services such as voluntary counselling and testing (VCT) (Ezeokoli *et.al*, 2015) because the providers are often biased, unfriendly, or not adequately trained to serve sexually active youth (Njoroge, 2016).

As a result of the aforementioned sexual characteristics of the teenagers and young adults, engaging in health services that will promote their sexual health is paramount. Reproductive health services is therefore defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving sexual health problems. Thus, the use of health services is essential in maintaining a healthy life. It boosts psychological well-being and reduces mortality rate due to early disease detection (Kennedy Bulu, Harris, Humphreys, Malverus, & Gray, 2010; Ralph & Brindis, 2010). Positive attitude towards the use of health services will increase uptake of services and achievement of health millennium development goals.

The overall goal of reproductive health as identified in the literature is to create an enabling environment for appropriate action and provide the necessary impetus and guidance to national and local initiatives in all areas of reproductive health (WHO, 2012; Motuma, 2012; Isa, 2011; Adesokan, 2010). The specific goals are to: (1) Achieve healthy sexual development, (2) Prevent diseases, disabilities and prevent death from sexuality and reproduction related causes, (3) Minimize impact of reproductive health problems through quality services and appropriate care as may be necessary, and (4) Ensure freedom from harmful practices.

Components of reproductive health, according to Adesokan (2010) include: 1) safe motherhood, comprising of prenatal care, clean and safe delivery by skilled attendants, emergency obstetric care, post partum care; 2) family planning information and services; 3) prevention and management of consequences of abortions and post abortion care; 4) adolescent reproductive health; 5) prevention and management of sexually transmitted infections including HIV/AIDS; 6)prevention and appropriate management of infertility and sexual dysfunction in both men and women; 7) active discouragement of harmful practices; 8) male involvement and participation in reproductive health issues; 9) cancer of the reproductive tracts in male and female; 10)management of andropause and menopause; 11) gender equity and equality; 12) elimination of harmful practices.

Research Questions

1. What is the knowledge level of market women on available reproductive health services?
2. What is the extent at which market women access to reproductive health services?
3. What are the factors influencing utilization of reproductive health services by market women?
4. What are the socio-demographic characteristics correlates of SRHS utilization among market women?

Discussion

Research Design: A descriptive research design was adapted for this research.

Population: The population for this study are married market women at Olabisi Onabanjo Market, Ijebu Ode with the inclusion criteria specified to be women between the age of 25 to 50 years of age.

Sample and Sampling Techniques: The sample for the study will consist of 130 market women who had stalls in the thirteen (13) locations of the market. All the thirteen sections have large concentration of women who sells (a) Perishable goods (vegetables, meat, fruits, etc); (b) Staple food stuff (rice, beans, millet, corn, yam, etc); (c) Provisions (can food, soup seasoning, juice drinks, wine, etc); (d) Cosmetics (body cream, soap, detergents, etc); and (e) Cloth and clothing material. The population of the women in each section is large, so the researcher subdivided them into different strata. The stratified random technique was used to select 10 women from each stratum. A convenient sampling technique was used to administer the questionnaire to the participant. As the population cannot be gathered at any specific time for the study hence, the respondents were chosen on contact

up till the required sample size is attained.

Instrument for Data Collection: A self-developed questionnaire was used to collect data from the respondents. The questionnaire was made up of 25 items measured on a four continuum scale. The face and content validity of the instrument were ensured while it was pilot tested among 15 women at Falawo market Sagamu, Ogun State. The reliability test results yielded a coefficient alpha of 0.77.

Method of Data Collection: The researcher and two research assistants were involved in the administration of the instruments to each of the sample respondents chosen. The research assistants were postgraduate students of Olabisi Onabanjo University Ago-Iwoye trained for the purpose of this study. They were given an orientation on the research and how to carry out the administration of the questionnaires. Two days were used in the administration of instrument and collection of data. Day 1 was used for familiarization with the leaders of the market and discussing with them the relevance of the project and the women of the markets with the help of the leaders. Day 2 was used for administration and collection of the questionnaire. The women who could read and write were given copies of the questionnaire to complete by themselves. The researchers and the research assistants read and explained the items to those who could not read.

Method of Data Analysis: In this study, the data analysis tool adopted include descriptive statistics of frequency distribution mean and standard deviation.

Results and Discussion

Table 1: Respondents Demographic Characteristics

N	Variable		Frequency	%
1	Age	20-30yrs	45	34.6
		31-40yrs	53	40.8
		41yrs above	32	24.6
			Mean age = 34.765; Std. Dev. = 9.898	
2	Educ. Qual.	No formal educ.	5	3.8
		Primary educ.	27	20.8
		Secondary educ.	87	66.9
		Tertiary educ.	11	8.5
3	Years of Marriage	1-5years	13	10.0
		6-10years	63	48.5
		11-15years	43	33.1
		16-20years	10	7.7
		21years above	1	0.8
4	Family Type	Nuclear	51	39.2
		Polygamous	79	60.8

A total of 130 respondents were included in the study, the age bracket reveals that majority (40.8%) of the respondents were within the age range of 31-40 years while the overall age ranged from 20-49 years with a mean age of 34.8. About 67% (87) of the respondents had secondary education; in relation to marriage duration, 63 (48.5%) were in 6-10 years; and about 61% were in polygamous family.

Table 2: Summary of the respondents' knowledge level of available reproductive health services

Category	Criteria	Frequency	%	Remark
21-30	High	24	18.5	Number of respondents with high level of knowledge of reproductive health services
11– 20	Moderate	77	59.2	Number of respondents with moderate level of knowledge of reproductive health services
1-10	Low	29	22.3	Number of respondents with low level of knowledge of reproductive health services

The result presents the level of knowledge on the availability of reproductive health services for women of reproductive age. Their knowledge was categorized as high (21-30), moderate/average (11-20) and Low (1-10). Majority 77 (59.2%) of the respondents had moderate knowledge of available reproductive health, 29 (22.3%) had low knowledge, and the remaining 24 (18.5%) had high knowledge. The implication for this finding is that many women today have moderate knowledge of related available reproductive health services but due to inadequate information on RHS service available including pre-natal and post-natal service, VCT, STI, family planning still failed to utilize it. This may due to some factors inherent in the individuals themselves or the community in which they live or find themselves. The finding of this study is similar to prior studies of Simkhada et al. (2012), Paudel and Paudel (2014) that reported moderate level of knowledge on sexual and

reproductive health among late adolescents.

Table 3: Respondents' access to reproductive health services

Variable (N =130)		Frequency	Percent
Without being pregnant, have you ever visited a health facility for reproductive health service(s)?	No	86	66.2
	Yes	44	33.8
Which of the following factors do you think mostly influence your access to RHS?	Family values	19	14.6
	Education	21	16.2
	Peer influence	67	51.5
	Religious value	23	17.7

The outcome of the research question measuring the respondents' accessibility to reproductive health services revealed that majority of the respondents 86 (66.2%) have never visited a health facility for reproductive health service(s) except being pregnant. Factors mostly influencing access to SRHS was peer influence (51.5%). The poor accessibility observed in this study may be as a result of compounded factors like lack of adequate knowledge and information on reproductive health service. In this study, only 16.2% claimed that education influence their access to RHS. Therefore, peer influence play a major role in the implementation of health programs including health seeking behavior, accessibility, and acceptability of services. The findings of Kesterton and de Mello (2010) support this finding. They found that accessibility of RH services by young adults is embedded in the distance to be covered to access the services and the extent at which the whole community helped the young ones received the services.

This is equally in tandem with Ajike and Mbegbu (2016), who found that more than half, 268 (79.5%) of their respondents did not know of a specific Reproductive Health Services provided in the study area, while friends/peers were the best source of information on RHS.

Table 4: Utilization of sexual and reproductive health services (RHS)

Utilization (N =130)		Frequency	Percent
Without being pregnant, have you ever use any RH service?	No	86	66.2
	Yes	44	33.8
Counseling on prevention of pregnancy, STIs, etc	No	79	60.8
	Yes	51	39.2
Screening for STIs and HIV	No	42	32.3
	Yes	88	67.7
Treatment for STIs including HIV	No	92	70.8
	Yes	38	29.2
Acquisition of condoms for prevention of STIs and unwanted pregnancy	No	102	78.5
	Yes	28	21.5

The outcome of the research question measuring the level of utilization of reproductive health services by market women revealed that majority of the respondents 86 (66.2%) have never used any RH service except being pregnant. Also, 60.8% never utilized the counseling on prevention of pregnancy, STIs and others; and 78.5% never utilized the reproductive health services for the acquisition of condoms for prevention of STIs and unwanted pregnancy. It is surprising that despite the negative responses on SRHS utilization, the study still found out that 67.7% do the screening for STIs and HIV.

Table 5: The socio-demographic characteristics as correlates of SRHS utilization among market women

N		Variable	Frequency	X^2	P-value
1	Age	20-30yrs	45		
		31-40yrs	53	13.280	.009
		41yrs above	32		
2	Educ. Qual.	No formal educ.	5		
		Primary educ.	27	22.007	.000
		Secondary educ.	87		
		Tertiary educ.	11		
3	Years of Marriage	1-5years	13		
		6-10years	63		
		11-15years	43	17.765	.011
		16-20years	10		
		21years above	1		

Table 5 found that age (X^2 = 13.280; P =.009) , educational status (X^2 = 22.007; P =.000), and years of marriage (X^2 = 17.2765; P =.011) were associated with the utilization of SRHS among the market women. This might be as a result of the fact that differences in sexual activity and birth control use are associated to the

women's personal characteristics. Also, women's personal characteristics related to the use of SRHS may be attributed partly to differences in sexual activity. This outcome corroborates the findings Chabot et al. (2011); Frost (2013); and Hall et al. (2012) in their various studies found that there is an association between SRHS use age and educational qualification.

Conclusion

The outcome of this study provided empirical evidence that market women have moderate knowledge of related available reproductive health services. Accessibility to reproductive health services was done by majority (66.2%) of the participants only when they were pregnant while the most influencing factor on access to SRHS was peer influence. Utilization of SRHS were found to be very poor. The study equally found that age, educational status, and duration of marriage were associated with the utilization of SRHS among the market women. As a result of this, priority should be given to the general public especially the women at reproductive age on the relevance of utilization of SRHS.

It was recommended that any programme designed to access and utilise SRHS must include all women of reproductive age regardless their age, educational and socio-economic status. In addition, support of the cooperate bodies in society like churches, community leaders, parents and other support groups, alongside with the government should be all exclusive putting into consideration the less priviledged in terms of location, education, and socio-economic status.

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