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Knowledge And Utilisation Of Selected Preventive Reproductive Health Services Among Women In Lapai Local Government Area Of Niger State

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Abstract: *This study investigates the RH knowledge and Utilisation among women in the Lapai Local Government Area of Niger State. The study considered variables such as age, education level, monthly income, marital status, employment status. A multi-stage sampling technique was used to select study participants (sample size =328). Two research questions and hypotheses were developed and answered and tested at .05 level of significance. A structured questionnaire was administered through face-to-face interviews, interpreted using frequency tables, graphs, means and standard deviations, relationship between variable was measured using chi-square. Data entry and analysis was done using SPSS version 25.0. The age ranged from under 18 to 49 years, with the highest representation (42.1%) in the 18-24 age groups. Most respondents (75%) had tertiary education, while 45.1% earned less than N20,000 monthly. A significant portion of respondents were single (59.8%), and a majority practiced Islam (68.6%), with Nupe being the predominant ethnicity (45.1%). Significant relationships (α=13.132; p=0.00) were found between age and general knowledge of RH diseases. There is no significant association between knowledge of preventable reproductive measures (α=3.355; p=0.449). Educational level, income (α=12.04; p=0.055), and marital status (p=0.053) were also significantly associated with knowledge and utilization RH services. The study recommends among others create and execute educational initiatives tailored to various ethnic communities. policymakers and healthcare professionals must consider socio-demographic aspects such as age, education level, income, marital status, employment status, and religious and ethnic identity when designing and implementing effective reproductive health programs.*

Keywords: Reproductive Health, Health Services, Knowledge, Utilisation, Socio-Demographic Factors

Introduction

Reproductive health knowledge (RHK) is the awareness and comprehension of different aspects of sexual and reproductive health, such as the reproductive system, sexual health, family planning, pregnancy, childbirth, STDs, and reproductive rights (Moronkola *et al*., 2006). It is important for people, especially women, to have RHK to protect their health and well-being, make decisions about their sexual and reproductive lives, and receive timely and appropriate healthcare services (Ivanova *et al*., 2018). However, RHK is becoming an emerging challenge to adult female in areas where there are there is low awareness or education level is low, humanitarianemergencies, refugees and internally displaced persons as the need is usually overlooked and remain largely unmet (Adedini *et al*., 2018; Ivanova *et al*., 2018).

Reproductive health issues remain a pressing global concern, with numerous countries facing challenges in providing sufficient access to reproductive health services, information, and education. The array of reproductive health challenges encountered by women worldwide, including in countries like Nigeria, encompasses cervical cancer, breast cancer, sexually transmitted infections such as HIV/AIDS, and unsafe abortion, among others. Early detection and effective management are crucial in the prevention and control of most of these issues. Particularly in developing regions like Africa, reproductive ill health poses a significant burden, evident in high morbidity and mortality rates among women of reproductive age when compared to more developed nations.

The global landscape presents several obstacles concerning Reproductive Health Knowledge (RHK). These include alarmingly high maternal mortality rates, with an estimated 303,000 maternal deaths occurring annually (Iloka, 2022). Additionally, there is an approximate 40% rise in unintended pregnancies, restricted access to reproductive rights - encompassing safe abortion and family planning, elevated levels of various sexually transmitted infections (STIs), and the prevalence of incurable diseases such as HIV/AIDS (Fuller Taleria *et al*., 2018; Iloka, 2022).

Reproductive health services encompass a wide range of programs aimed at promoting comprehensive reproductive health. These services include family planning information and services, prenatal and post-natal care, abortion prevention and management, reproductive tract infection prevention and treatment, HIV/AIDS prevention, infertility prevention, cervical cancer screening and prevention services, breast cancer screening services, and the discouragement of harmful practices like female genital mutilation.

Reproductive knowledge is essential for enhancing reproductive health outcomes because it encompasses the awareness of contraceptive methods, sexually transmitted infections, and maternal health practices, which are crucial for informed decision-making and healthy Behaviours, attitudes, and beliefs among diverse populations. Despite advancements in medical science and health education, reproductive knowledge gaps persist in low and middle-income countries due to cultural norms, educational disparities, and socioeconomic factors, leading to adverse outcomes like unintended pregnancies and high maternal mortality rates (Ogundele, 2020). The interrelationship of factors influencing reproductive healthknowledge and perception is complex and multifaceted. Access to quality reproductive health services and positive interactions with healthcare providers are crucial for improving knowledge and shaping perceptions. Media exposure and digital literacy also play vital roles in disseminating information widely and influencing perceptions. Psychological factors, such as personal attitudes and perceived risk, affect how individuals receive and perceive information (Okoli *et al*., 2022; Sidamo *et al*., 2021).

The level of utilisation of reproductive health services received in Africa and Nigeria displays notable disparities regarding access and utilisation, influenced by various factors like socioeconomic status, education, and cultural beliefs. Studies have indicated that women residing in rural areas and those with lower educational attainment are less inclined to utilise reproductive health services. Additionally, cultural beliefs and practices, such as the preference for larger families, pose significant barriers to accessing reproductive health services as highlighted by Okigbo *et al*. (2017). Therefore, there is a pressing need to address horizontal inequalities in the utilisation of reproductive health services, where women from diverse socioeconomic backgrounds face varying levels of access and utilisation of such services. Research conducted by Abekah-Nkrumah (2019) revealed that women from wealthier households are more likely to make use of reproductive health services, underscoring the existing disparities in access and utilisation among women from different socioeconomic strata.

Age, education, marital status, and income are important sociodemographic variables that influence the results of reproductive health. greater reproductive health outcomes are linked to urbanization, increased educational attainment, and greater economic standing, according to a research report by Iloka (2022). Well-educated women are more likely to utilise contemporary forms of contraception, postpone having children, and have fewer children overall. On the other hand, women from lower-class backgrounds and those with less education are more likely to have greater fertility rates and serious problems with their reproductive health. According to a study by Abdulai *et al*. (2020), there is a correlation between greater fertility rates and lower use of reproductive health care and poverty and unemployment. Low-income women sometimes have restricted access to job and educational opportunities, which impacts their capacity to make knowledgeable decisions about their reproductive health. Factors such as poverty, unemployment, and lack of access to healthcare services have significantly impacted reproductive health outcomes because women from poorer households are more likely to havehigher fertility rates due to limited access to education, employment, and healthcare services while women who are unemployed or have limited access to healthcare services may be less likely to use modern contraception methods or access antenatal care services (Ahinkorah *et al*.,2021; Iloka, 2022). Its on this note that the study seeks to determine the level of knowledge and utilisation of selected preventive reproductive health services among women in Lapai Local Government Area of Niger state.

Statement of the Problem

The reproductive health outcomes for women in Nigeria can be enhanced through specific interventions tailored by healthcare providers and policymakers to meet their distinct needs. Knowledge and usage of reproductive health services among women differ across regions and are often influenced by various socio-demographic factors (Duru *et al.,* 2018). Multiple studies have evaluated the knowledge and usage of reproductive health services by women, highlighting the benefits such interventions can bring, including better reproductive health outcomes, improved healthcare services, greater community involvement, and more informed policy-making (Kea *et al.,* 2018).

Despite the efforts of healthcare providers, Nigeria continues to face significant public health challenges in reproductive health.

This has resulted in a high maternal mortality rate, a prevalence of unsafe abortions due to restrictive abortion laws, a high rate of teenage pregnancies, and the associated social and economic difficulties of early motherhood. Access to reproductive health services is further hindered by obstacles such as geographical distance, inadequate transportation, and financial limitations (Nmadu *et al.,* 2020). In light of these challenges, it is essential to assess the knowledge and use of selected preventive reproductive health services among women in the Lapai Local Government Area of Niger State.

Objectives of the Study

The purpose of this study is to determine the level of Knowledge and use of preventive reproductive health services among women in the Lapai Local Government Area. Therefore, it seeks to determine:

1. the Utilisation patterns of preventive reproductive health services among women of reproductive age in Lapai Local Government Area, including the frequency and type of services accessed, as well as barriers and facilitators to Utilisation.
2. the sociodemographic characteristics of women in Lapai Local Government Area who are of reproductive age, including age, socioeconomic position, marital status, and education level, and how they perceive and use preventive reproductive health care.

Research Questions

The following research questions guided the study.

1. What is the extent of Utilisation of preventive reproductive health services among women in the reproductive age groups?
2. Which socio-demographic factors, (age, education, income, and marital status,) are associated with the knowledge, perception, and Utilisation of preventive reproductive health services among women in the reproductive age group in Lapai Local Government Area?

Hypotheses

The following hypotheses guided the study and was tested at 0.05 level of significance.

1. There is no significant in the Utilisation of preventive reproductive health services among women in the reproductive age group in Lapai Local Government Area.
2. Socio-demographic factors (such as age, education level, income, marital status, etc.) have no significant association with the knowledge, perception, and Utilisation of preventive reproductive health services among women in the reproductive age group in Lapai Local Government Area.

Methodology

This research utilized a survey design within the Lapai Local Government Area of Niger State. The target population consisted of women of reproductive age, specifically those between 15 and 49 years old. To account for potential attrition, an additional 10 percent was added to the initial sample size, resulting in a final sample size of 330. A multiphase sampling method was used to select participants. Initially, clusters were randomly selected from the local government area. Then, systematic random sampling was applied to choose households within each cluster. Finally, eligible women aged 15 to 49 were recruited from the selected families. Data were collected through structured questionnaires administered during in-person interviews, focusing on socio-demographic characteristics, knowledge and usage towards preventive reproductive health care. Experts conducted assessments for face and content validity. A pre-test was also carried out, and the internal consistency was evaluated using Cronbach's alpha reliability test.

Result

Table 1. Level of respondents' knowledge of available preventive reproductive healthservices in Lapai Local Government Area of Niger State

Type of preventive RH Services	Response	Frequency (n)	Percentage (%)
Pap smear tests	Yes	54	16.5
	No	274	83.5
	Total	328	100.0

Self-breast examination	Yes	147	44.8
	No	181	55.2
	Total	328	100.0
Mammograms	Yes	41	12.5
	No	287	87.5
	Total	328	100.0
HIV testing and counselling	Yes	230	70.1
	No	95	29.0
	Not sure	3	0.9
	Total	328	100.0
STI screening	Yes	100	30.5
	No	228	69.5
	Total	328	100.0
Contraceptive services	Yes	72	22.0
	No	256	78.0
	Total	328	100.0
HPV vaccination	Yes	73	22.3
	No	255	77.7
	Total	328	100.0

Figure 2: Respondents perception on the importance of utilising preventivereproductive health services

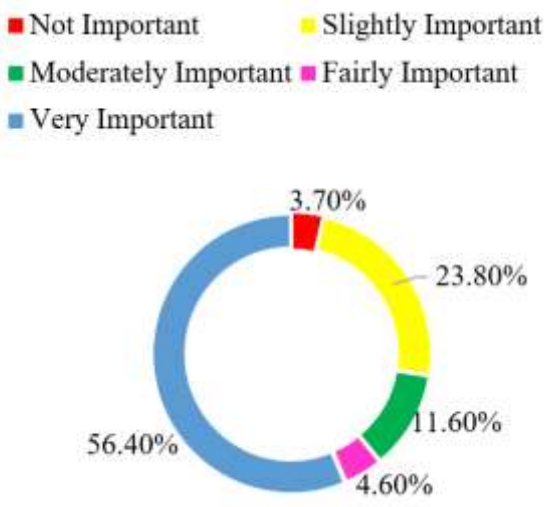

Table 2: The relationship between income level and knowledge of respondents ofreproductive health diseases, measures, and services

General Knowledge of the reproductive healthdisease	Income level	Poor Knowledgeable	Good Knowledge	Total	p-value
	Below #20,000	44	104	148	0.255
	#20,000 - #50,000	25	87	112	
	#50,001 - #100,000	15	26	41	
	Above #100,000	7	20	27	
	Total	91	237	328	
Knowledge of Preventable Reproductive measures		Knowledgeable about Preventive	Poor Knowledge about preventive	Total	
	Below #20,000	123	19	142	0.055
	#20,000 - #50,000	103	5	108	
	#50,001 - #100,000	38	3	41	
	Above #100,000	22	3	25	
	Total	286	30	316	
Attitudes Towards Preventive ReproductiveHealth Services		Poor Knowledge	Good Knowledge	Total	
	Below #20,00	47	101	148	0.000
	#20,000 - #50,000	21	91	112	
	#50,001 - #100,000	19	22	41	
	Above #100,000	3	24	27	
	Total	90	238	328	

Table 3: The relationship between marital status and knowledge of respondents ofreproductive health diseases, measures and services

General Knowledge of thereproductive health disease	Marital status	Poorly Knowledgeable	Goodly Knowledgeable	Total	**p-value**
	Single	30	88	118	0.108
	Married	0	9	9	
	Divorced	2	3	5	
	Widowed	91	237	328	
	Total	30	88	118	
Knowledge of Preventable Reproductive measures		Knowledgeable about Preventive	Poorly Knowledgeable about preventive	Total	
	Single	169	21	190	0.576
	Married	104	8	112	
	Divorced	8	1	9	
	Widowed	5	0	5	
	Total	286	30	316	
Attitudes Towards Preventive Reproductive Health Services		Poor Knowledge	Good Knowledge	Total	
	Single	63	133	196	0.053
	Married	25	93	118	
	Divorced	2	7	9	
	Widowed	0	5	5	
	Total	90	238	328	

Table 4: The relationship between employment status and knowledge of respondentsof reproductive health diseases, measures and services

General Knowledge of the reproductive health disease	Employment status	Poorly Knowledgeable	Goodly Knowledgeable	Total	p-value
	Employed	15	61	76	0.055
	Self-employed	23	33	56	
	Unemployed	5	18	23	
	Student	43	116	159	
	Farming	5	9	14	
	Total	91	237	328	

Knowledge of Preventable Reproductive Measures		Knowledgeable about Preventive	Poor Knowledgeable about preventive	Total	
	Employed	68	5	73	0.924
	Self-Employed	45	5	50	
	Unemployed	19	2	21	
	Student	141	17	158	
	Farming	13	1	14	
	Total	286	30	316	
Attitudes Towards Preventive Reproductive Health Services		Poor Knowledgeable	Good Knowledgeable	Total	
	Employed	13	63	76	0.152
	Self-Employed	16	40	56	
	Unemployed	6	17	23	
	Student	50	109	159	
	Farming	5	9	14	
	Total	90	238	328	

In Lapai Local Government Area of Niger State, more than half of the respondents (56.40%) know the importance of utilising reproductive health services (Figure 1) and only a minority (3.70%) feel it is not important. However, only 17.70% of the respondent use these RH services regularly, 53.0% use the services occasionally while 14.30% never utilise these RH services While Table 2 shows that there is no significant relationship between income level and knowledge ofrespondents on reproductive health diseases (α=13.132; p= 0.00), there are significantassociations between income level, knowledge of preventable reproductive measures (α=5.879; p= 0.055) and attitudes towards preventive reproductive health services (α=16.606; p= 0.00). Table 3 shows that there are no significant relationships between marital status, knowledge of respondents on reproductive health diseases (α=4.691; p= 0.108), and knowledge of preventable reproductive measures (α=1.810; p= 0.576) but there are significant relationshipsbetween marital status and attitudes towards preventive reproductive health services (α=6.509;p= 0.053).

For the relationship between employment status and knowledge of respondents of reproductivehealth diseases (Table 4), measures and services, there is significant relationship with general knowledge of the reproductive disease (α=5.879; p= 0.055) but there are no significant associations with reproductive health measures and services ($p \geq 0.05$). However, there are no significant relationships ($p \geq 0.05$) between religion, knowledge of respondents of reproductivehealth diseases, measures, and services.

Conclusion

This research underscores the important connections between socio-demographic characteristics and the knowledge, preventive strategies, and use of reproductive health services in the Lapai Local Government Area of Niger State. The findings suggest that greater educational attainment and stable job opportunities positively influence both knowledge and usage rates of these services, leading to improved access to healthcare information and services. However, individuals with lower socioeconomic statuses and those who are unemployed are less likely to partake in preventive health measures due to financial constraints and limited access to resources. Furthermore, ethnicity plays a crucial role in shaping attitudes and behaviors regarding reproductive health, where cultural

beliefs and language barriers are significant factors. Key challenges in accessing effective reproductive healthcare include financial hardships, cultural stigmas, insufficient service availability, and concerns about social judgment. To tackle these challenges, there is a need for targeted, culturally aware approaches, such as community-based education programs, affordable healthcare solutions, and inclusive policies to address the existing gaps.

Recommendations

The following recommendations are made:

1. Create and execute educational initiatives tailored to various ethnic communities. These initiatives should take into account cultural beliefs and language barriers, emphasizing the advantages of preventive reproductive health practices through culturally relevant materials and community involvement.
2. Policymakers and healthcare professionals must consider socio-demographic aspects such as age, education level, income, marital status, employment status, and religious and ethnic identity when designing and implementing effective reproductive health programs. This approach will help ensure equitable access and benefits for all population groups.
3. Encourage businesses to incorporate comprehensive reproductive health education and services into their workplace wellness programs. This could involve establishing on-site clinics, organizing health fairs, and collaborating with local healthcare providers to increase awareness and utilization among employees.

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