TIMBOU-AFRICA PUBLICATION INTERNATIONAL JOURNAL AUGUST, 2025 EDITIONS.

INTERNATIONAL JOURNAL OF SOCIAL HEALTH AND MEDICAL RESEARCH
VOL. 9 NO. 3 E-ISSN 3027-1851

KNOWLEDGE, PERCEPTION AND UTILISATION OF SELECTED PREVENTIVE REPRODUCTIVE HEALTH SERVICES AMONG WOMEN IN LAPAI LOCAL GOVERNMENT AREA OF NIGER STATE

SANNI, ABDULQUADRI ISAH; PROF. SALAUDEEN A. G.; PROF. OYERINDE O. O.; & ADELEYE A. P

Faculty of Basic Medical Sciences, Department of Public Health, Adeleke University Ede, Osun State Nigeria.
Corresponding Author: abdulquadri42@gmail.com
DOI: https://doi.org/10.70382/tijbshmr.v09i3.008

ABSTRACT

This study investigates the socio-demographic characteristics and RH knowledge, awareness, and service 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, religion, and ethnicity. A multi-stage sampling technique was used to select study participants (sample size =328). Two research questions and

Introduction

In Nigeria, reproductive health (RH) challenges are on the rise, hindering women's access to essential services like family planning and maternal health care. The country grapples with one of the highest maternal mortality rates globally, recording an estimated 814 maternal deaths per 100,000 live births. Other issues include high levels of unintended pregnancies, STI prevalence affecting about 10% of the population, and a significant number of individuals living with HIV/AIDS (Adedini *et al*., 2018; Alomair *et al*., 2020; Iloka, 2022). Identified challenges related to reproductive health in Nigeria encompass limited access to maternal health services, cultural and religious barriers, lack of education and awareness about reproductive health issues, and economic constraints such as inadequate healthcare access and financial resources (Alomair *et al*., 2020; Ameh *et al*., 2009; Ivanova *et al*., 2018).

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, and attitudes towards RH services (α =11.321; p=0.00). 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 attitudes towards RH services. The study discovered among others the factors influencing attitudes towards RH services included education level, income, marital status, and cultural norms. It was recommended, among other things, that the quality educational attainment, good income level will improve better knowledge and Utilisation of RH services. Government should provide good cultural sensitive education programs and inclusive policy initiatives for equitable access to preventive health services.

Keywords: Reproductive Health, Knowledge, Utilisation, Perception, Socio-Demographic Factors.

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 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 (RH) 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. An essential component of general health is reproductive health, which includes contraception, maternal health, and the avoidance of STDs. There are notable differences throughout the globe, with high-income nations often doing better than low- and middle-income nations, where access to basic services continues to be a major obstacle (Ivanova *et al*., 2018). Poorer reproductive health outcomes in these places are a result of hurdles such inadequate healthcare infrastructure, cultural opposition, and restricted access to services. This emphasizes the urgent need for focused treatments and outside support. According to the reports of (Fathalla and Fathalla 2017), the overview across the globe on the reproductive health shows significant disparities and challenges, influenced by cultural, economic, and political factors.

Reproductive knowledge and perception are 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. Perceptions, on the other hand, reflect cultural, social, and individual

attitudes that significantly influence reproductive choices and healthcare Utilisation (Makinde and Adebayo, 2020). 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. The interrelationship of factors influencing reproductive healthknowledge and perception is complex and multifaceted (Figure 1). Access to quality reproductive health services and positive interactions with healthcare providers are crucial forimproving 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). Teenagers in Nigeria are susceptible to hazards related to their sexual and reproductive health because of personal, societal, and demographic factors, which results in low use of sexual and reproductive health services, according to a study on teenagers in South-Eastern Nigeria who are enrolled in school (Eze *et al*., 2023). The study evaluated the factors of knowledge, value perception, and social support for the use of sexual and reproductive health services by contrasting the experiences of teenagers who had received targeted adolescent sexual and reproductive health interventions with those of those who had not.

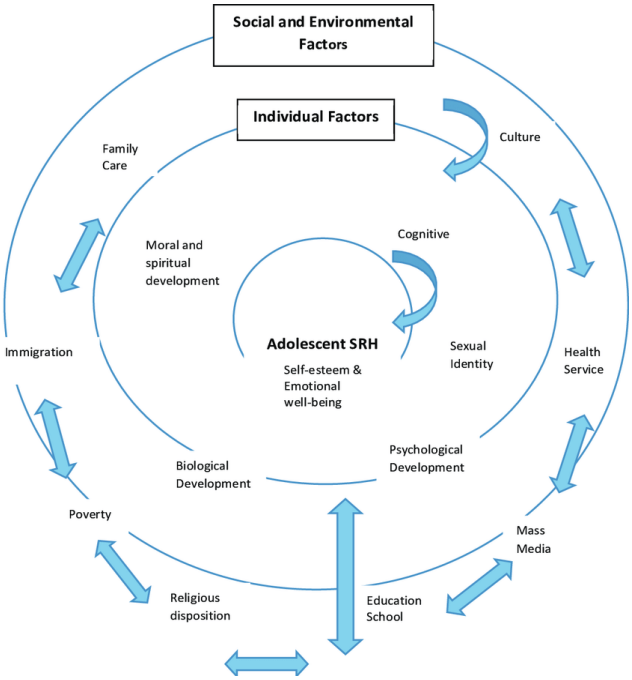


Figure 1: Inter-relationship of factors affecting reproductive health knowledge andperception. Source: (Fathalla & Fathalla, 2017)

Socio-demographic factors is an integral aspect that defines reproductive health outcomes, particularly regarding fertility, contraception, and maternal health as it can influence an individual's reproductive choices, access to healthcare services, and overall well-being. Studies have shown that urbanization, higher levels of education and income are associated with lowerfertility rates

because educated and economically stable individuals tend to delay childbearing or choose to have fewer children (Abdulai *et al*., 2020). Age, education, marital status, and income are important socio-demographic 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.

Reproductive health faces numerous challenges related to knowledge, perception, and Utilisation. Despite efforts to improve education, significant knowledge gaps remain, particularly in low- and middle-income countries, where misinformation and cultural taboos hinder understanding. (Makinde and Adebayo, 2020). The acceptance and utilisation of reproductive health care are further complicated by stigmatized and sociocultural formed perceptions. Economic obstacles, insufficient infrastructure, and restricted access to high-quality healthcare frequently limit utilisation (Sedgh *et al*., 2016) The underutilisation of contemporary contraception in sub-Saharan Africa is a serious issue that has consequences for sustainable development. Some variables that affect the usage of contraceptives are education, work, and communication with male partners. On the other hand, some factors that have a negative impact are male disapproval, societal/cultural norms around fertility, and misunderstandings regarding side effects (Brunelli *et al*., 2022). To overcome these challenges, community and systems-wide interventions is essential. To manage infertility, clinical guidelines, health education, and counselling are acknowledged as essential components. It is advised to remove treatment barriers and enhance the provision of health services, especially in poor nations (Dyer *et al.,* 2002). In lieu of the several challenges, the study seek to determine to determine the level of knowledge, perception 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 of women in Nigeria can be improved by targeted interventions that are developed by healthcare providers and policymakers based on

their unique needs. The knowledge and utilisation of reproductive health among women varies by region and may be influenced by different socio-demographic factors (Iloka, 2022). There are several reports on assessment knowledge, attitude, perception, and Utilisation of reproductive health of women has numerous benefits, included improved reproductive health outcomes, enhanced healthcare services, increased community engagement, and informed policy development (Kea *et al*., 2018; Kyilleh *et al*., 2018). However, In-spite the effort of healthcare provider there are significant public health implications associated with reproductive health in these settings with in Nigeria, have made the country to face a high maternal mortality rate, prevalence of unsafe abortions due to the restrictive abortion law, high incidence of teenage pregnancy as well as the social and economic challenges that come with early motherhood (Akanbi *et al*., 2021). Barriers such as geographical distance, poor transportation system, and financial constraints impede women's access to reproductive health services. The significant public health implications associated with reproductive health in these settingswith in Nigeria have made the country toface a high maternal mortality rate, prevalence of unsafe abortions due to the restrictive abortion law, high incidence of teenage pregnancy as well as the social and economic challenges that come with early motherhood (Akanbi *et al*., 2021). In that regards there is need to determine to determine the level of knowledge, perception and utilisation of selected preventive reproductive health services among women in Lapai Local Government Area of Niger state.

Objectives of the Study

The purpose of this study is to evaluate the level of awareness, perception, and use of preventive reproductive health services among women in the Lapai Local Government Area.

1. To determine the level of preventive reproductive health services, including family planning methods, antenatal care, postnatal care, cervical cancer screening, and HIV/AIDS prevention among women of reproductive health in Lapai, Local Government Area.
2. To determine the perceptions and attitudes of women towards preventive reproductive health services in Lapai Local Government Area, including cultural, religious, and socio-economic factors influencing their perception of these services.

Research Questions

The following research questions guided the study.

1. What is the level of preventive reproductive health services, including family planning methods, antenatal care, postnatal care, cervical cancer screening, and HIV/AIDS prevention among women of reproductive health in Lapai, Local Government Area?

2. What are the perceptions and attitudes of women towards preventive reproductive health services in Lapai Local Government Area, including cultural, religious, and socio-economic factors influencing their perception of these services?

Hypotheses

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

Ho_1: There is no significant level of knowledge about preventable reproductive health diseases among women of the reproductive age group in Lapai Local Government Area.

Ho_2: Women of the reproductive age group in Lapai Local Government Area have no significant knowledge of the preventive reproductive health services available to them.

Methodology

This study employed a survey design, and the study took place in Lapai Local Government Area, Niger State. The population included Women of reproductive age (15-49 years). To take care of the attrition, 10 per cent of the calculated sample size was added to give a new sample size of 330. A multiphase sampling method was employed in the selection of research subjects. First, clusters were chosen at random from the local government area. Second, systematic random sampling was used to choose homes within each cluster. Lastly, the study recruited suitable women inside the chosen families who were between the ages of 15 and 49. Structured questionnaires were used to gather data during in-person interviews, and titled Socio-demographic traits, awareness and attitudes toward preventive reproductive health care. Face validity and content validity were also carried out by experts. A pre-test was conducted and the internal consistency test was determined using Cronbach's alpha reliability test.

Results

Table 1: Respondent's socio-demographic characteristics (n=328) in Lapai community

Age	Frequency (n)	Percent (%)
Less than 18	49	**14.9**
18-24years	138	**42.1**
25-34years	78	**23.8**
35-44years	28	**8.5**
45-49years	35	**10.7**
Total	328	**100**

Age	Frequency (n)	Percent (%)
Education Level		
No formal education	10	**3.0**
Primary education	10	**3.0**
Secondary education	62	**18.9**
Tertiary education	246	**75.0**
Total	328	**100**
Income Level (Monthly):		
Below #20,000	148	**45.1**
#20,000 - #50,000	112	**34.1**
#50,001 - #100,000	41	**12.5**
Above #100,000	27	**8.2**
Total	328	**100**
Marital Status		
Single	196	**59.8**
Married	118	**36.0**
Divorced	9	**2.7**
Widowed	5	**1.5**
Total	328	**100**
Employment Status		
Employed	76	**23.2**
Self-employed	56	**17.1**
Unemployed	23	**7**
Student	159	**48.5**
Farming	14	**4.3**
Total	328	**100**
Religion		
Christianity	102	**31.1**
Islam	225	**68.6**
Other (Please specify)	1	**0.3**
Total	328	**100**
Ethnicity		
Nupe	148	**45.1**
Hausa	58	**17.7**
Yoruba	47	**14.3**
Igbo	23	**7.0**
Other (Please specify)	52	**15.9**
Total	**328**	**100.0**

Figure 2: The level of respondent's reproductive health (RH) knowledge and themedium of acquiring knowledge about RH diseases in Lapai Local Government Area of Niger State

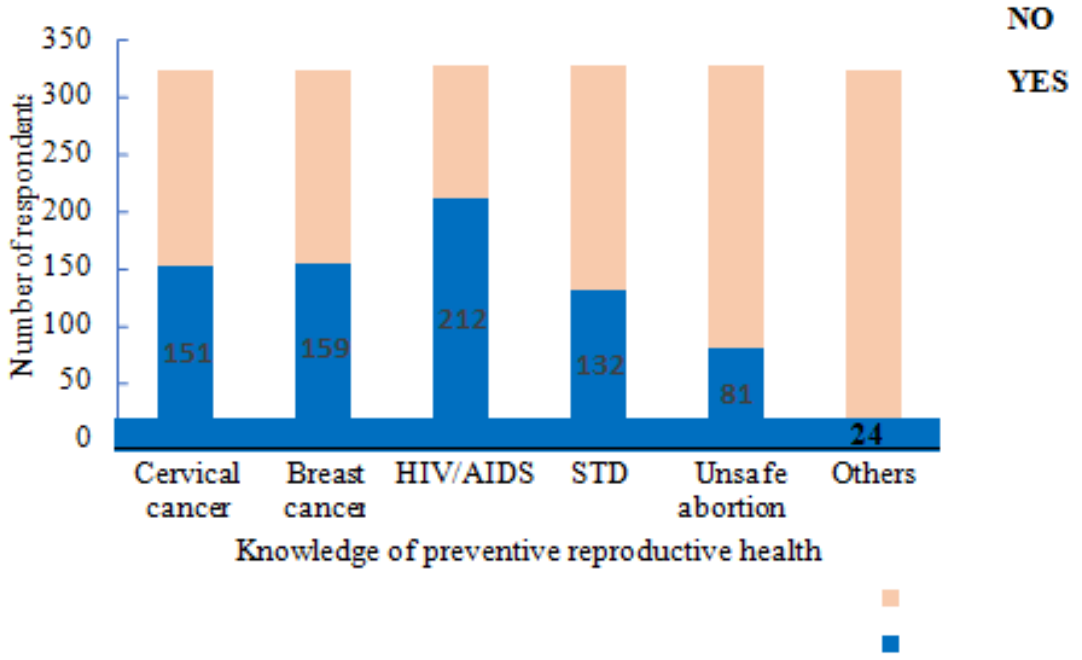


Figure 2a: Histogram showing the level of respondents' knowledge about reproductive health diseases

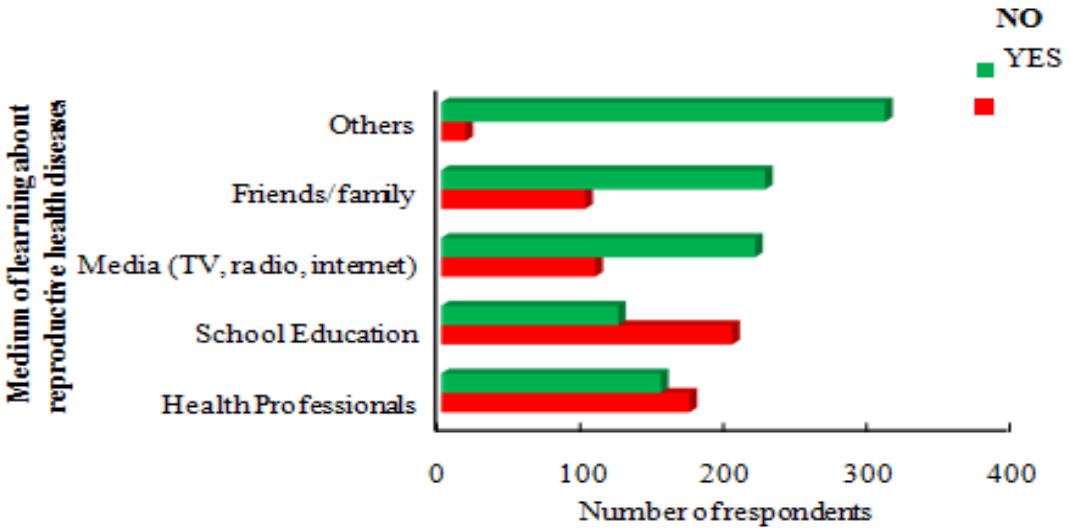
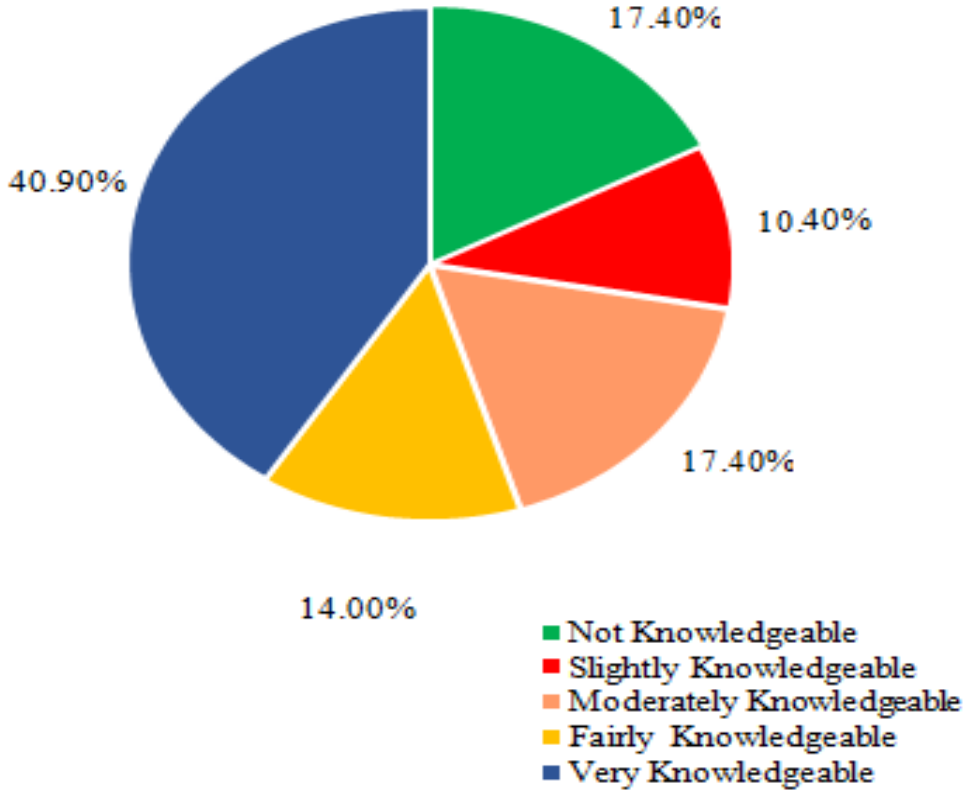


Figure 2b: Histogram showing the Means of acquiring knowledge about reproductive health diseases

Figure 3: Respondents' perception on the knowledge of preventing reproductivehealth diseases



From the above, figure 2. Shows the result of the responses and it affirmed that there is low level of knowledge about preventable reproductive health diseases among women of the reproductive age group in Lapai Local Government Area. Although some respondents had knowledge about all the reproductive health (RH) diseases, more respondents had higher knowledge about HIV/AIDS than other types of RH diseases (Figure 2) and school health education is the respondents' major source of information about RH diseases. However, the respondent's general perception on the knowledge of RH diseaseswas almost average having (40.90%) while 17.40% were not knowledgeable about RH diseases (Figure 3). This indicates that low general perception of women of reproductive age group in Lapai Local Government Area.

Conclusion

This study highlights the significant relationships between socio-demographic factors and the knowledge, perception, preventive measures, and Utilisation of preventive reproductive health services in Lapai Local Government Area of Niger State. The

research indicated that higher levels of education and stable employment positively affect both awareness and utilization rates, which generally improve access to information and healthcare services. In contrast, individuals with lower socioeconomic status and those who are unemployed tend to engage less in preventive health measures due to financial limitations and restricted access to resources. Additionally, ethnicity significantly influences attitudes and behaviors concerning reproductive health, with cultural beliefs and language barriers playing a key role. Major obstacles to effective reproductive healthcare include financial difficulties, cultural stigmas, inadequate availability of services, and the fear of being judged. To address these issues, there is a need for targeted and culturally sensitive approaches, such as community-oriented education initiatives, affordable healthcare options, and inclusive policy measures to fill the existing gaps.

Recommendations

The following recommendations are made:

1. Enhance the accessibility of low-cost or complimentary reproductive health services, especially in areas lacking adequate resources. This involves implementing sliding-scale pricing, government support, and broadening the reach of affordable clinics to make sure that financial limitations do not impede access to preventive care.
2. Create and execute educational initiatives specifically designed for various ethnic communities. These campaigns should take into account cultural beliefs and language differences, highlighting the advantages of preventive reproductive health practices through culturally relevant resources and active participation from the community.
3. Policymakers and healthcare providers must take into account various socio-demographic factors such as age, education level, income, marital status, employment, religion, and ethnicity when creating and executing effective reproductive health programs. This consideration is crucial to ensure fair access and benefit all segments of the population.

REFERENCES

Abdulai, M., Kenu, E., Ameme, D. K., Bandoh, D. A., Tabong, P. T., Lartey, A. A., Noora, C.L., Adjei, E. Y., & Nyarko, K. M. (2020). Demographic and socio-cultural factors influencing contraceptive uptake among women of reproductive age in Tamale Metropolis, Northern Region, Ghana. *Ghana Med J*, *54*(2 Suppl), 64-72.

Adedini, S. A., Babalola, S., Ibeawuchi, C., Omotoso, O., Akiode, A., & Odeku, M. (2018). Role of religious leaders in promoting contraceptive use in Nigeria: evidence from theNigerian urban reproductive health initiative. *Global Health: Science and Practice*, *6*(3), 500-514.

Akanbi, M. A., Ope, B. W., Adeloye, D. O., Amoo, E. O., Iruonagbe, T. C., & Omojola, O. (2021). Influence of socio-economic factors on prevalence of teenage pregnancy in Nigeria. *African Journal of Reproductive Health*, *25*(5s), 138-146.

Alomair, N., Alageel, S., Davies, N., & Bailey, J. V. (2020). Factors influencing sexual and reproductive health of Muslim women: a systematic review. *Reproductive health*, *17*, 1-15.

Ameh, N., Adesiyun, A., Ozed-Williams, C., Ojabo, A., Avidime, S., Umar-Sulayman, H., Yusuf, I., Enobun, E. N., & Muazu, A. (2009). Reproductive Health in Nigeria. *Journalof pediatric and adolescent gynecology*, *22*, 372-376.

Brunelli, L., Bravo, G., Romanese, F., Righini, M., Lesa, L., De Odorico, A., Bastiani, E., Pascut, S., Miceli, S., & Brusaferro, S. (2022). Sexual and reproductive health-related knowledge, attitudes and support network of Italian adolescents. *Public Health in Practice*, *3*, 100253.

Dyer, S. J., Abrahams, N., Hoffman, M., & van der Spuy, Z. M. (2002). Infertility in South Africa: women's reproductive health knowledge and treatment-seeking behaviour for involuntary childlessness. *Human reproduction*, *17*(6), 1657-1662.

Eze, I. I., Mbachu, C. O., Agu, I. C., Akamike, I. C., Eigbiremolen, G., & Onwujekwe, O. (2023). Determinants of awareness, value perception, and societal support for sexual and reproductive health services among in-school adolescents in South-eastern Nigeria.*BMC Health Services Research*, *23*(1), 505.

Fathalla, M. F., & Fathalla, M. M. F. (2017). Sexual and Reproductive Health: Overview. In S.

FullerTaleria, R., Jeffries William IV, L., MarshallKhiya, J., & Vyann, H. (2018). Racism, African American women, and their sexual and reproductive health: a review ofhistorical and contemporary evidence and implications for health equity. *Health equity*.

Iloka, C. P. (2022). Contemporary Issues on Reproductive and Sexual Health Vis-À-Vis the Rights of Women in Nigeria. *Nnamdi Azikiwe University Journal of International Lawand Jurisprudence*, *13*(2), 77-86.

Ivanova, O., Rai, M., & Kemigisha, E. (2018). A Systematic Review of Sexual and Reproductive Health Knowledge, Experiences and Access to Services among Refugee, Migrant and Displaced Girls and Young Women in Africa. *International Journal of Environmental Research and Public Health*, *15*(8), 1583.

Kea, A. Z., Tulloch, O., Datiko, D. G., Theobald, S., & Kok, M. C. (2018). Exploring barriersto the use of formal maternal health services and priority areas for action in Sidama zone, southern Ethiopia. *BMC pregnancy and childbirth*, *18*, 1-12.

Kyilleh, J. M., Tabong, P. T.-N., & Konlaan, B. B. (2018). Adolescents' reproductive health knowledge, choices and factors affecting reproductive health choices: a qualitative. *African Journal of Reproductive Health, 18, 4-8.*

Makinde, O. A., & Adebayo, A. M. (2020). Knowledge and perception of sexual and reproductive rights among married women in Nigeria. *Sexual and reproductive healthmatters*, *28*(1), 1731297.

Moronkola, O. A., Ojediran, M. M., & Amosu, A. (2006). Reproductive health knowledge, beliefs and determinants of contraceptives use among women attending family planningclinics in Ibadan, Nigeria. *African Health Science*, *6*(3), 155-159.

Okoli, C. I., Hajizadeh, M., Rahman, M. M., Velayutham, E., & Khanam, R. (2022). Socioeconomic inequalities in teenage pregnancy in Nigeria: evidence from Demographic Health Survey. *BMC Public Health*, *22*(1), 1729.

Sedgh, G., Ashford, L. S., & Hussain, R. (2016). Unmet need for contraception in developingcountries: examining women's reasons for not using a method.

Sidamo, N. B., Gidebo, K. D., Wado, Y. D., Abebe, A., & Meskele, M. (2021). Exploring providers' perception towards provision of sexual and reproductive health services forunmarried adolescents in Gamo zone, Southern Ethiopia: a phenomenological study. *Risk Management and Healthcare Policy*, 4883-4895.