CHALLENGES OF REPRODUCTIVE HEALTH CARE SERVICES IN THE RURAL AREAS OF KWARA STATE, NIGERIA

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Abstract
Comprehensive reproductive health services is germane in determining the state of human beings as well as the society at large. The high mortality rate of women is directly linked with the state of reproductive health care services available and accessible and vice versa. The study investigated the challenges confronting reproductive health care services in selected rural areas in Kwara State, Nigeria. The Health Belief Model and Reference Group theories were used as the theoretical orientations for the study. The study is an exploratory qualitative study of 12 selected rural areas in Kwara State. A multi-staged sampling technique was adopted. 96 IDIs, 12 KIIs and 12 FGDs were conducted to obtain data. Data obtained were analyzed using thematic analytical technique. It was revealed that strong cultural belief, religious affiliations, bad road network, inadequate health care equipment, inadequate sensitization programmes, shortage of medical staff are prevalent challenges confronting reproductive health care services in the study area. It was recommended that government and non-governmental organizations should embark on enlightenment programmes in the rural areas on the importance of reproductive health care; adequate medical equipment, staff, motorable rural roads should be provided; community and religious leaders should be

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enlightened and involved in the implementation of reproductive health care programmes in the rural areas to ensure its success.

Keywords: Reproductive health care, facilities, culture, rural areas, mortality

Introduction

According to Section 17(3)(c) of the Nigerian constitution (1999), the right to health is acknowledged as a basic human right in Nigeria. It further declares that the state is obligated to set up its decisions to guarantee sufficient medical and health services for all individuals, and to guarantee the welfare, security, and health of everyone are not put at risk or mistreated. The continuity of any society is attached to the state of their reproductive health. However, due to legal, cultural, and faith-based obstacles around women's reproductive rights women die from pregnancy- or childbirth-related complications around the world every day. Every two minutes, a woman dies during pregnancy or childbirth. *Trends in maternal mortality*, reveals alarming setbacks for women's health over recent years, as maternal deaths either increased or stagnated in nearly all regions of the world. While pregnancy should be a time of immense hope and a positive experience for all women, it is tragically still a shockingly dangerous experience for millions around the world who lack access to high quality, respectful health care. The report, which tracks maternal deaths nationally, regionally and globally from 2000 to 2020, shows there were an estimated 287 000 maternal deaths worldwide in 2020.These new statistics reveal the urgent need to ensure every woman and girl has access to critical health services before, during and after childbirth, and that they can fully exercise their reproductive rights (WHO, 2023). In sub-Saharan Africa, Maternal Mortality Rate (MMR) is 546, having 10000 maternal deaths and a life-time risk of maternal death of 1 in 36, which is very high according to WHO (2015). The mortality rate from delivery in Nigeria is 1 in 13; this is because of the inadequate availability of modern healthcare services (WHO 2014). Most deaths are preventable if they have gone through the antenatal programme, undergone necessary blood tests and scans in modern health care centres (Amoah, 2016). Maternal mortality is unacceptably high. Almost 95% of all maternal deaths occurred in low and lower middle-income countries in 2020, and most could have been prevented (WHO, 2024).

Nigeria is still grappling with a challenged reproductive health rights (Igolo, 2020). The right to reproductive health appears to be a pipe dream, especially in the rural parts of Nigeria (Amoah, 2016). Factors that hinder the enjoyment of these rights include inadequate or nonexistent laws and policies, systematic

corruption, poor infrastructure, inadequate health services, and difficulty accessing licensed healthcare providers, which is made worse by the division of duties for medical provision among the state's three levels of government (Ogundipe and Obinna, 2009; Lawrence, 2014). In addition, Kwara State faces the challenges of a patriarchal society in which women face discrimination in many areas of life, including the lack of proper access to services related to reproductive health (Lawrence, 2014).Why will women in rural areas prefer traditional healthcare services to modern healthcare services? What are the possible barriers to not accepting and utilising modern health care? Or could it be that these rural women face some challenges in their attempt to utilise modern facilities? What can the government and other stakeholders do to eradicate the unhealthy belief system that prevents the utilisation of modern health care in rural areas? How can we make modern health care more available and accessible to all? As a result, this study will assess the challenges of reproductive health care services in the rural areas of Kwara State, Nigeria.

Conceptual concerns about reproductive health remained at the forefront of the development discourse on women for many years. Scholars have attempted severally to reinterpret the notion of reproductive health, with the ability to reproduce, the right to safe sex, and the freedom to sexual activity continuing to be key tenets (Nwanegbo and Odigbo, 2013; Igolo, 2020). The World Health Organisation defines reproductive health as a condition of total physical, mental, and social well-being in all aspects pertaining to the reproductive system and its activities and processes, not only the absence of sickness or infirmity (WHO, 2020).

Nonetheless, a few state governments' policy measures have lately started to show some encouraging effects. Even with all of this, the problems still exist due to lack of sustainability and stakeholders engagement. According to Mcguire, Calhoun, Mumuni, Amelia, Odeku and Speizer (2020), many programs that fail to sustain beyond the life of the program and can have negative impacts on the health outcomes they were originally targeting by damaging trust with communities and organizations. While many factors impact sustainability, community ownership can be a key facilitator to sustainability by supporting the trust that was built during the initial intervention. Ensuring that key stakeholders are involved throughout the program can also positively influence social norms to improve future uptake of the health intervention. Thus many academics have developed what they see as solutions to lessen the difficulties that women have while accessing reproductive health care. Some believe that a preventative strategy is necessary to address the issues surrounding reproductive health, while others advocate for a long-term solution. In Sub-Saharan Africa, disparities

in access to reproductive health treatments are significantly predicted by factors like as occupation, wealth, insurance, and education (Ajala, 2020). However, the majority of earlier research has concentrated on the factors that influence service utilisation within a nation or area (Mohammed, 2020).

Theory

The study is anchored on two relevant theories which are Health Belief Model and Reference Group Theories.

Health Belief Model (HBM)

Social psychologists Godfrey Hochbaum, Stephen Kegels, Howard Leventhal, and Irwin Rosenstock proposed and developed the health belief model in the 1950s in reaction to the varying frequency and prevalence of tuberculosis (TB) infections that were becoming more prevalent in society. According to Allarakha (2023) health belief model was developed for the following reasons; to ascertain a person's propensity to engage in or refrain from programmes aimed at preventing disease and promoting initiatives to improve the general public's health, assist individuals in adopting a healthier lifestyle and cultivating a more optimistic outlook towards preventative healthcare measures, use the desire to avoid unhealthy activities to help individuals choose and take healthy decisions and ascertain which person would or would not take any illness prevention measures that support leading a healthy lifestyle.The HBM has provided explanations on why people should develop preventive health behavior. Health Belief Model is therefore seen as a theory that explains what really motivates people to take positive health actions and preventive health behaviors.

Reference Group Theory

According to the theory, a person's behaviour is determined by his or her membership of a group in society. It could be a social or religious group in which a person is a member. Siegel (1969) asserted that a group's influence grows with the advantages it provides to its members. According to Siegel and Siegel (1968), a group's members each have different roles that it plays. Members can gather and evaluate information about their environment through the group's agency. In addition, the group has the power to shape some parts of reality that are personal to each member and to exert influence over elements of the social and physical environment that affect them individually. The theory can help us comprehend the mechanisms influencing the development of attitudes and the acceptance or rejection of ideals or concepts that originate from outside the group. In accordance with the principles of the group reference theory, it

follows that knowledge of the sociocultural and religious groups to which the individuals belong is crucial to understanding how and why people do not use modern healthcare services and family planning, or why some people do adopt them, as these groups will heavily influence their decisions. For example, if a society's culture opposes family planning, then its citizens will also oppose family planning in accordance with their culture. According to the same logic, adherents of a religion that forbids family planning will likewise do so. Regardless of the benefits of family planning and contemporary healthcare, it will be challenging for members of the community to embrace these practices if they are contrary to tradition or religion as the case may be. Given this context, the Reference Group theory would be a useful point of reference for analysing how contemporary healthcare is used in Kwara State's rural areas.

Method

This study adopted the exploratory and ethnographic research design. It is a purely qualitative study. Multistaged sampling technique was used to select 120 rural women who have undergone reproductive health care experience. All the respondents were personally interviewed by the researcher, using the prepared interview schedule guide. Direct observation of reproductive health facilities were also carried out and documented. The study population for this study comprises health workers, the nurses, community health extension workers (chews) in the villages, the village chiefs or leaders, staff of the Ministry of Health, and all women of reproductive age in the study area. This study adopted multi-stage sampling techniques based on sampling procedures. In stage one, Kwara State is divided into stratum, the stratified sampling technic was adopted to select the three senatorial districts (Kwara North, Kwara South, and Kwara Central). In stage two, two local government areas were randomly selected using a stratified random sampling technique. These local government areas are: (i) Kwara Central (Asa and Ilorin South); (ii) Kwara North (Edu and Moro); and (iii) Kwara South (Isin and Ifelodun). In stage three, two communities were purposively selected from each of the local government areas. The selection was based on the extent of their rurality and access to healthcare facilities. In all, twelve communities were purposively selected for this study. Eight women were interviewed. In-depth interviews (IDIs), key informant interviews (KIIs), and focus group discussions (FGDs) were used to collect data. One FGD (consisting of a minimum of 8 members) were conducted in each community. One key informant (KII) who is a stakeholder with respect to the health of the women was interviewed. Thus, the total sample size was n = 96 IDIs, 12 FGDs, and 12 KIIs. Total Population (N = 120). Qualitative data was analysed using thematic analytical technique.

Results

Reproductive health challenges among women in rural communities

The objective of the study is to explore the challenges of reproductive health and health care services among women in selected rural communities in Kwara State. To achieve this aim, participants were asked questions relating to reproductive health. This was in acknowledgment of the WHO definition. The World Health Organisation defines reproductive health as a condition of full mental, social, and physical health rather than simply the nonexistence of illness or disability in every aspect related to the reproductive system and to its operations and activities (WHO, 2020). In this study, participants were asked about the challenges of reproductive health among women in rural communities. The patterns of responses are shown below:

> *"Yes. There is a lot of reproductive health challenges among us here. I have two children, but one died. I had complications of frequent bleeding during the pregnancy, and the delivery was at home with the assistance of a traditional birth attendant. Being the first baby, I was told the cervix was tight, so the baby was stressed due to long hours of labour. The baby did not cry immediately, but after much flogging, he cried. Unfortunately, the baby died before the naming. I use both traditional health services during pregnancy. I have started going to hospital in Oke-Oyi town once a while because we do not have any hospital in our community. I don't want to lose my child again but Oke-Oyi is very far from us and the road is very bad. I am even discouraged because of the stress of going there. The hospital is too far from our community and also too expensive for pregnant women. They askedme to come several times, not minding the economic hardship, and give me a long list of things to bring to the hospital when I want to deliver, e.g., bleach, dettol, etc.* (28years old/Female/Opolo village).

This response shows that the challenges confronting pregnant women in the rural areas are real and enormous. In the light of this, another participant also stated as follows;

> *"I have three children, and one of them did die due to a neck problem. I gave birth to all my children through home delivery with the aid of a traditional birth attendant because we do not have any doctors or hospitals in this community. The hospital in town is even more expensive for us. There is a great need for hospitals and doctors in this community because they are very important and*

> *helpful, so it will be much easier for us to get quick access to good healthcare services. Maybe, if there were hospitals for scan, it would have been discovered that my baby had problem in the womb rather than delivering a child for suffering. These challenges are too much for us as villagers.* (27years old/female/Sanmora).

One thing that is common to the two responses above is the recourse to traditional reproductive health care services as a result of the challenges of accessibility of modern health care. Another participant, who is a trader, further buttressed this fact when she *said:*

> *"I prefer modern healthcare but I have no choice than to opt for traditional reproductive healthcare. When I had my baby, I was taken to the home of traditional birth attendants because it was midnight when I started labouring and we don't have any doctors or hospitals here in Abuduvillage. So it has always been difficult to access modern health care. In fact, I had some miscarriages as a result of the unavailability of modern health services in this community.(29-year/female/Abudu village)*

The challenges were further buttressed in Jimba Oja village during a (KII) key informant interview by a nurse at the health center. Only one nurse was met in an apartment with little or no equipment. She responded as follows:

> *"Most women who come to the clinic are educated on their reproductive health. They are taught things like family planning, neonate care and immunization. However we don't have machines to scan through to know somethings about the fetus. Where there is no capacity to handle the difficult cases, we refer to (UITH) University of Ilorin Teaching Hospital in the State capital. This village clinic is not well equipped with modern facilities for most of the cases. So we always encourage the women to go to the nearest urban area". KII-1/Nurse/in Jimba Oja village Health Center.*

Similarly, at another village called Sanmora visited, the clinic was opened, but we did not see any healthcare workers there. The clinic was beside a residential building, and the occupant of the residential building told the researcher that the only health worker (nurse) there went to town. We waited for like two hours to interview her about the conditions of the clinic, but she did not return for the day. While in the clinic, the researcher asked the