# REPRODUCTIVE HEALTH NEEDS OF CHILDBEARING WOMEN ATTENDING HEALTH FACILITIES IN IGBO-EZE NORTH LOCAL GOVERNMENT AREA, ENUGU STATE

**Cylia N. IWEAMA;[1] Olajide E. Ajani;[2] Eyuche L. Ozoemena[3] & Vivian A. PaulUyonwu[4]**
[1,3&4]Department of Human Kinetics and Health Education, University of Nigeria, Nsukka
[2]Department of Physical and Health Education, Federal College of Education (Technical) Bichi

## Abstract

The study investigated the proportion of childbearing women that have reproductive health needs in health facilities in Igbo-Eze North Local Government Area, Enugu State. Five research questions and four null hypotheses guided the study. The study adopted cross-sectional research design. The population for the study was two thousand, seven hundred and fifty-five (2,755). The sample for the study was 420 childbearing women. The multi-stage sampling procedure was used to draw out the sample for the study. The instrument for data collection was a researcher-designed instrument known as "Reproductive Health Needs Questionnaire" (RHNQ). The face validity of the instrument was established by five experts in the Department of Human Kinetics and Health Education, Faculty of Education, University of Nigeria, Nsukka. Spearman-brown correlation coefficient was used to determine the internal consistency of the instrument. The internal consistency obtained for section B was 0.74 which was above .70 as specified by Cohen, Manion and Morrison (2018). Frequency and percentages were used to answer research questions while Chi-square ($\chi^2$) statistics was used to test the null hypotheses at .05 level of significance. The findings of the study revealed that more than two-thirds (78.0%) of childbearing women desire reproductive health needs. Specifically, there were significant differences in the proportion of reproductive health needs based on age ($\chi^2$=7.737; p-value=.021), education level ($\chi^2$=29.887; p-value=.000), and income level ($\chi^2$=1.521; p-value=.042). Based on the findings of the study, it was recommended among others that that public health educators should design and implement educational programmes aimed at creating awareness about reproductive health needs among childbearing women; these programmes should focus on providing evidence-based information on reproductive health issues, including prevention and management strategies.

**Keywords:** Reproductive health, childbearing women, health facilities, public health educators

## Introduction

The health and well-being of childbearing women are essential to the survival, growth, and development of families and society. Every woman has reproductive health needs that require adequate attention throughout her reproductive years, particularly during pregnancy, childbirth, and the postnatal period. Meeting these needs is important for preventing maternal illnesses, reducing maternal and infant mortality, promoting healthy pregnancies, and improving the quality of life of women and their children. However, despite advances in healthcare services, many childbearing women, particularly in developing countries, continue to experience difficulties in accessing adequate and quality reproductive healthcare services. These difficulties may result in unmet reproductive health needs and poor maternal and child health outcomes.

Reproductive health is a fundamental aspect of women's overall health because it concerns their physical, mental, and social well-being in matters relating to the reproductive system, its functions, and processes. The World Health Organization (WHO, 2017) defined reproductive health as a state of complete physical, mental, and social well-being in all matters relating to the reproductive system. Reproductive health therefore goes beyond the absence of

disease and includes the ability of women to have safe and satisfying reproductive lives, make informed decisions about childbearing, and obtain appropriate healthcare services when needed. Morris and Rushwan (2015) noted that reproductive health includes several areas such as family planning, maternal health, sexual health, prevention and treatment of sexually transmitted infections, reproductive health information, counselling, and other services that support healthy reproductive lives. The importance of reproductive health is reflected in the continuing global concern about maternal mortality and other reproductive health problems. The World Health Organization (WHO, 2023) reported that hundreds of women die every day from preventable causes related to pregnancy and childbirth, with the greatest burden occurring in low- and middle-income countries. Many of these deaths can be prevented through timely access to quality antenatal care, skilled delivery services, emergency obstetric care, family planning, and postnatal services. WHO (2016) emphasized that appropriate antenatal care provides opportunities for healthcare workers to identify and manage potential complications early and to support women in having positive pregnancy experiences. Thus, adequate reproductive healthcare is essential for protecting the lives and well-being of childbearing women.

The situation is particularly challenging in Sub-Saharan Africa, where women continue to experience considerable reproductive health problems. Tsui, Brown and Li (2017) observed that contraceptive use remains relatively low in many countries in the region despite increasing awareness of family planning. Low utilization of contraceptive services can contribute to unintended pregnancies, closely spaced births, unsafe abortions, and other maternal health complications. Habte, Tamene and Bogale (2023) further reported that women's empowerment and their ability to participate in household and reproductive decisions are associated with their utilization of contraceptive services. These findings suggest that reproductive health needs are not determined only by the availability of healthcare services but also by social, economic, educational, and cultural conditions. In Nigeria, reproductive health remains an important public health concern. Although various government programmes and interventions have been introduced to improve maternal and reproductive healthcare, many women continue to face barriers to accessing and utilizing available services. Alukagberie, Elmusharaf, Ibrahim and Poix (2023), in their review of adolescent pregnancy in Nigeria, identified factors such as inadequate reproductive health information, poverty, cultural practices, limited access to healthcare, and early sexual activity as important contributors to reproductive health challenges. These challenges can extend into the childbearing years, particularly among women living in communities where healthcare resources and reproductive health information are limited.

Family planning is one of the major components of reproductive health because it enables women and couples to make informed decisions about the number and spacing of their children. Anate, Balogun, Olubodun and Adejimi (2021) found that knowledge of family planning among rural postpartum women in Southwest Nigeria did not always translate into adequate utilization. Factors such as misconceptions, cultural beliefs, fear of side effects, accessibility, and availability of services may discourage women from using family planning methods. Similarly, Akinyemi, Ikuteyijo, Mobolaji, Erinfolami and Adebayo (2022) reported that socioeconomic inequalities affect family planning utilization among female adolescents in urban slums in Nigeria. This indicates that financial circumstances and living conditions can influence the ability of women to meet their reproductive health needs. Contraceptive utilization is also influenced by demographic and social characteristics. Chola, Hlongwana and Ginindza (2020) found that factors such as age, educational level, residence, and socioeconomic conditions were associated with contraceptive use among adolescent girls. De-Vargas-Nunes-Coll, Ewerling,

Hellwig and Dornellas-de-Barros (2019) similarly reported that parity and marital status influenced contraceptive use across low- and middle-income countries. These findings are relevant to the present study because childbearing women differ in their reproductive experiences and healthcare needs according to their age, number of previous births, educational background, and economic circumstances.

Education is another important factor in reproductive health. Women with higher levels of education are more likely to have access to health information, understand reproductive health messages, make informed decisions, and utilize appropriate healthcare services. Psaki, Chuang, Melnikas, Wilson and Mensch (2019), in a systematic review and meta-analysis, found evidence that education contributes to improved sexual and reproductive health outcomes in low- and middle-income countries. Educational attainment may therefore determine how women understand reproductive health information and how effectively they seek and utilize available services. Economic status also plays an important role in women's ability to access healthcare. Women with limited financial resources may experience difficulties paying for transportation, consultation, medication, laboratory investigations, and other healthcare services. Hamzah, Mohd-Zulkefli and Ahmad (2024) found that socioeconomic conditions were important in determining health-seeking behaviour among urban poor women. Similarly, Akokuwebe and Idemudia (2022) identified socioeconomic differences as important factors in access to health insurance coverage in Nigeria and South Africa. Where women lack financial protection for healthcare, the cost of reproductive health services may become a significant barrier to meeting their healthcare needs.

Interestingly, the availability and quality of services in health facilities are equally important. Health facilities serve as major points of contact between women and reproductive healthcare providers. Through these facilities, childbearing women can obtain antenatal care, delivery services, postnatal care, family planning, reproductive health counselling, screening and treatment for sexually transmitted infections, and other essential services. However, the availability of a health facility does not necessarily mean that all reproductive health needs are adequately met. Jonas, Crutzen, van den Borne and Reddy (2017) noted that the behaviour, competence, and personal characteristics of healthcare workers can influence the provision of adequate sexual and reproductive healthcare services in Sub-Saharan Africa. Issues such as staff attitude, confidentiality, waiting time, availability of drugs and equipment, and quality of communication may affect women's willingness and ability to utilize services. Childbearing women are women within the reproductive age who are biologically capable of becoming pregnant and giving birth. This period is associated with important reproductive events and healthcare needs. Women may require different forms of reproductive healthcare depending on whether they are planning pregnancy, pregnant, have recently given birth, or are seeking to prevent or space further pregnancies. Their needs may also differ according to age, educational level, income, marital status, and parity. Therefore, assessing reproductive health needs from the perspective of the women who attend health facilities is necessary for understanding the specific services and support required by this population.

In addition to maternal and family planning services, childbearing women require information and services relating to sexual health and the prevention and treatment of sexually transmitted infections. Morris and Rushwan (2015) emphasized that sexual and reproductive health should include access to appropriate information, counselling, and preventive services. Ismail, Amole, Tsiga-Ahmed, Jalo, Adamu, Sani, Salihu, Wester and Aliyu (2024) also identified several factors associated with the utilization of sexual and reproductive health

services among married adolescent girls in Northern Nigeria. These findings highlight the importance of ensuring that reproductive healthcare services are accessible, acceptable, affordable, and responsive to the needs of women. In Igbo-Eze North Local Government Area of Enugu State, childbearing women attend health facilities for various reproductive healthcare services. However, the specific reproductive health needs of these women may vary, and some needs may remain unmet despite the availability of healthcare facilities. Differences in age, educational level, income level, and parity may further determine the type and extent of reproductive health services required by women. There is therefore a need to generate local evidence on the reproductive health needs of childbearing women attending health facilities in the area.

The present study therefore focuses on the reproductive health needs of childbearing women attending health facilities in Igbo-Eze North Local Government Area, Enugu State. The study specifically considers important areas of reproductive health, including family planning, sexual health, and maternal health. It also examines selected demographic variables such as age, educational level, income level, and parity. Understanding these needs will provide useful information for healthcare providers, health administrators, policymakers, and other stakeholders in planning appropriate interventions and improving the quality, accessibility, and utilization of reproductive healthcare services among childbearing women in Igbo-Eze North Local Government Area.

**Statement of the Problem**

Ideally, childbearing women ought to enjoy adequate reproductive health without reproductive health needs. This can be enhanced with the frequent provision of effective healthcare. It is expected that childbearing women should receive every reproductive health need necessary for a sound health from health facilities within their reach; but due to lack of reproductive health needs, several women are left seeking for adequate effective and efficient healthcare, which is why there is ever increasing maternal and child mortality as stated earlier in the background. Unfortunately, despite all efforts of the government and non-governmental organizations in the provision of adequate reproductive healthcare services to reduce reproductive health needs, it seems that there is still high rate of reproductive health needs in the society today including in Igbo-Eze North LGA. It is quite disheartening that reproductive health needs have increased significantly; and Nigeria remains one of the countries with the highest maternal deaths worldwide. This may be due to the availability of substandard facilities, poor equipment, inadequate, ineffective and inefficient/poor roads and lack of qualified health practitioners to mention but a few in health facilities leading to rendering of inefficient and low-quality reproductive health services for childbearing women with reproductive health needs. The researcher therefore finds it expedient to conduct this study with a view to determine the proportion of reproductive health needs of childbearing women attending health facilities in Igbo-Eze North LGA, Enugu State.

**Purpose of the Study**

The general purpose of the study is to assess the reproductive health needs of childbearing women attending health facilities in Igbo-Eze North Local Government Area, Enugu State. Specifically, the study sought to examine:

1. childbearing women that have reproductive health needs in health facilities in Igbo-Eze North LGA, Enugu State;
2. childbearing women that have reproductive health needs in health facilities in Igbo-Eze North LGA of Enugu State based on age;

3. childbearing women that have reproductive health needs in health facilities in Igbo-Eze North LGA of Enugu State based on education level;
4. childbearing women that have reproductive health needs in health facilities in Igbo-Eze North LGA of Enugu State based on income level;
5. childbearing women that have reproductive health needs in health facilities in Igbo-Eze North LGA of Enugu State based on parity.

**Research Questions**

The following research questions guided the study:

1. What proportion of childbearing women has reproductive health needs in health facilities in Igbo-Eze North LGA of Enugu State?
2. What proportion of childbearing women have reproductive health needs in health facilities in Igbo-Eze North LGA of Enugu State based on age?
3. What proportion of childbearing women have reproductive health needs in health facilities in Igbo-Eze North LGA of Enugu State based on education level?
4. What proportion of childbearing women have reproductive health needs in health facilities in Igbo-Eze North LGA of Enugu State based on income level?
5. What proportion of childbearing women have reproductive health needs in health facilities in Igbo-Eze North LGA of Enugu State based on parity?

**Hypotheses**

The following null hypotheses were tested at .05 level of significance:

**$Ho_1$**: There is no significant difference in the proportion of childbearing women that have reproductive health needs in health facilities in Igbo-Eze North LGA of Enugu State based on age;

**$Ho_2$**: There is no significant difference in the proportion of childbearing women that have reproductive health needs in health facilities in Igbo-Eze North LGA of Enugu State based on education level;

**$Ho_3$**: There is no significant difference in the proportion of childbearing women that have reproductive health needs in health facilities in Igbo-Eze North LGA of Enugu State based on income level;

**$Ho_4$**: There is no significant difference in the proportion of childbearing women that have reproductive health problems in health facilities in Igbo-Eze North LGA of Enugu State based on parity.

**Methods**

The cross-sectional research design was adopted for this study. This study was conducted in Igbo-Eze North Local Government Area (LGA) of Enugu State with a population of 2,755 (Igbo-Eze North Health Department [RHNHD], 2022). The sample for the study was 420 childbearing women. This is in line with the suggestion of Cohen, Manion and Morrison (2018) that when a population size is 2,500 and above at 95 per cent confidence level (5% interval), the sample size should be 333 and above. Multi-stage sampling procedure was used to draw the sample for the study. The instrument for data collection consisted of a researchers-developed instrument titled "Reproductive Health Needs Questionnaire (RHNQ). The RHNQ comprised of two sections of A and B. Section A with 4 items sought information on the socio-demographic data (age, education level, income level and parity) of childbearing women with varied response options. Section B with 10 items sought information on the reproductive health needs of childbearing women with dichotomous response options of Yes and No. The face validity of the instrument was established. The reliability of the instrument was done using Spearman-Brown

correlation to determine the internal consistency of RHNQ. A letter was presented to the Heads/Directors of the sampled health facilities who granted the researchers and their research assistants' access to the respondents. Two research assistants were briefed on the procedures for the administration of the questionnaires and collection of the completed copies from the respondents. The researcher and their assistants visited the various health facilities selected for the study on agreed days. Four hundred and twenty copies of the questionnaires were administered directly to childbearing women of the selected health facilities for them to respond to the items in the questionnaires. The return rate was calculated and presented in percentage. The information from copies of the questionnaires was coded and analyzed using Internal Business Machine Statistical Package for Social Sciences, IBM-SPSS (version 23 statistics for windows). Research questions were answered using frequency and percentages. Percentages ranging from 0–44 were interpreted as less than half; 45–49 as nearly half; 50 as half; 51–69 more than half; 70 as two-third; 71–79 as more than two-third; and 80 and above as majority (Nwagu & Agbaje, 2017). The null hypotheses were tested using Chi-square statistics at 0.05 levels of significance.

**Results**

**Research question one:** What proportion of childbearing women have reproductive health needs in health facilities in Igbo-Eze LGA of Enugu State? Data answering this research question are contained in Table 1.

**Table 1: Proportion of Childbearing Women that have Reproductive Health Needs in Health Facilities in Igbo-Eze North LGA of Enugu State (n=387)**

| s/n | Reproductive Health Needs | Yes f(%) | No f(%) |
|---|---|---|---|
| | Which of the following refers to a reproductive health need you desire? | | |
| 1. | effective physical health to help women during pregnancy and childbirth | 257(66.4) | 130(33.6) |
| 2. | effective mental health to help women during pregnancy and postpartum | 287(74.2) | 100(25.8) |
| 3. | social well-being to assist women in infant monitoring and care | 256(66.1) | 131(33.9) |
| 4. | general health needs of women during pregnancy | 250(64.6) | 137(35.4) |
| 5. | adequate medical care during and after pregnancy | 206(53.2) | 181(46.8) |
| 6. | good and adequate nutrition during and after pregnancy | 255(65.9) | 132(34.1) |
| 7. | presence of emergency obstetric care | 251(64.9) | 136(35.1) |
| 8. | planned physical exercise for the betterment of their overall health | 295(76.2) | 92(23.8) |
| 9. | adequate rest and relaxation helps women improve their overall health | 261(67.4) | 126(32.6) |
| 10. | family history/health records for early diagnosis of health conditions | 264(68.2) | 123(31.8) |
| | **Aggregate Score** | **78.0** | **22.0** |

Result in Table 1 shows that overall, more than two-third (78.0%) of childbearing women Result in Table 1 showed that overall, majority (78.0%) of childbearing women attending health facilities in Igbo-Eze North LGA of Enugu State have reproductive health needs.

**Research question two:** What proportion of childbearing women have reproductive health needs in health facilities in Igbo-Eze North LGA of Enugu State based on age? Data answering this research question are contained in Table 2.

**Table 2: Proportion of Childbearing Women that have Reproductive Health Needs in Health Facilities in Igbo-Eze North LGA of Enugu State Based on Age (n=387)**

| s/n | Reproductive Health Needs | Age 15-25 years (n=52) Yes f(%) | No f(%) | 26-35 years (n=171) Yes f(%) | No f(%) | 36 years + (n=164) Yes f(%) | No f(%) |
|---|---|---|---|---|---|---|---|
| | Which of the following refers to a reproductive health need you desire? | | | | | | |
| 1. | effective physical health to help women during pregnancy and childbirth | 27(51.9) | 25(48.1) | 103(60.2) | 68(39.8) | 127(77.4) | 37(22.6) |
| 2. | effective mental health to help women during pregnancy and postpartum | 38(73.1) | 14(26.9) | 107(62.6) | 64(37.4) | 142(86.6) | 22(13.4) |
| 3. | social well-being to assist women in infant monitoring and care | 33(63.5) | 19(36.5) | 117(68.4) | 54(31.6) | 106(64.6) | 58(35.4) |
| 4. | general health needs of women during pregnancy | 28(53.8) | 24(46.2) | 115(67.3) | 56(32.7) | 107(65.2) | 57(34.8) |
| 5. | adequate medical care during and after pregnancy | 9(17.3) | 43(82.7) | 86(50.3) | 85(49.7) | 111(67.7) | 53(32.3) |
| 6. | good and adequate nutrition during and after pregnancy | 41(78.8) | 11(21.2) | 102(59.6) | 69(40.4) | 112(68.3) | 52(31.7) |
| 7. | presence of emergency obstetric care | 24(46.2) | 28(53.8) | 100(58.5) | 71(41.5) | 127(77.4) | 37(22.6) |
| 8. | planned physical exercise for the betterment of their overall health | 38(73.1) | 14(26.9) | 127(74.3) | 44(25.7) | 130(79.3) | 34(20.7) |
| 9. | adequate rest and relaxation helps women improve their overall health | 45(86.5) | 7(13.5) | 115(67.3) | 56(32.7) | 101(61.6) | 63(38.4) |
| 10. | family history/health records for early diagnosis of health conditions | 26(50.0) | 26(50.0) | 113(66.1) | 58(33.9) | 125(76.2) | 39(23.8) |
| | **Aggregate Score** | **67.3** | **32.7** | **75.4** | **24.6** | **84.1** | **15.9** |

Results in Table 2 showed that overall, majority (84.1%) of childbearing women aged 36 years and above, more than two-third (75.4%) of childbearing women aged 26-35 years and

more than half (67.3%) of childbearing women aged 15-25 years attending health facilities in Igbo-Eze North LGA of Enugu State have reproductive health needs.

**Research question three:** What proportion of childbearing women have reproductive health needs in health facilities in Igbo-Eze North LGA of Enugu State based on education level? Data answering this research question are contained in Table 3.

**Table 3: Proportion of Childbearing Women that have Reproductive Health Needs in Health Facilities in Igbo-Eze North LGA of Enugu State Based on Education Level (n=387)**

| s/n | Reproductive Health Needs | Education Level: No formal Education (n=24) Yes f(%) | No f(%) | Primary Edu (n=142) Yes f(%) | No f(%) | Secondary Edu (n=115) Yes f(%) | No f(%) | Tertiary Edu (n=106) Yes f(%) | No f(%) |
|---|---|---|---|---|---|---|---|---|---|
| | Which of the following refers to a reproductive health need you desire? | | | | | | | | |
| 1. | effective physical health to help women during pregnancy and childbirth | 1(4.2) | 23(95.8) | 100(70.4) | 42(29.6) | 85(73.9) | 30(26.1) | 71(67.0) | 35(33.0) |
| 2. | effective mental health to help women during pregnancy and postpartum | 22(91.7) | 2(8.3) | 140(98.6) | 2(1.4) | 64(55.7) | 51(44.3) | 61(57.5) | 45(42.5) |
| 3. | social well-being to assist women in infant monitoring and care | 24(100.0) | 0(0.0) | 59(41.5) | 83(58.5) | 84(73.0) | 31(27.0) | 89(84.0) | 17(16.0) |
| 4. | general health needs of women during pregnancy | 9(37.5) | 15(62.5) | 87(61.3) | 55(38.7) | 80(69.6) | 35(30.4) | 74(69.8) | 32(30.2) |
| 5. | adequate medical care during and after pregnancy | 14(58.3) | 10(41.7) | 83(58.5) | 59(41.5) | 43(37.4) | 72(62.6) | 66(62.3) | 40(37.7) |
| 6. | good and adequate nutrition during and after pregnancy | 1(4.2) | 23(95.8) | 118(83.1) | 24(16.9) | 78(67.8) | 37(32.2) | 58(54.7) | 48(45.3) |
| 7. | presence of emergency obstetric care | 14(58.3) | 10(41.7) | 95(66.9) | 47(33.1) | 62(53.9) | 53(46.1) | 80(75.5) | 26(24.5) |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 8. | planned physical exercise for the betterment of their overall health | 15(62.5) | 9(37.5) | 112(78.9) | 30(21.1) | 92(80.0) | 23(20.0) | 76(71.7) | 30(28.3) |
| 9. | adequate rest and relaxation helps women improve their overall health | 18(75.0) | 6(25.0) | 100(70.4) | 42(29.6) | 73(63.5) | 42(36.5) | 70(66.0) | 36(34.0) |
| 10. | family history/health records for early diagnosis of health conditions | 20(83.3) | 4(16.7) | 106(74.6) | 36(25.4) | 62(53.9) | 53(46.1) | 76(71.7) | 30(28.3) |
| | **Aggregate Score** | **62.5** | **37.5** | **93.0** | **7.0** | **70.4** | **29.6** | **69.8** | **30.2** |

Result in Table 3 showed that overall, majority (93.0%) of childbearing women with Primary education, two-third (70.4%) of childbearing women with Secondary education, more than half of childbearing women with Tertiary education (69.8%) and no formal education (62.5%) attending health facilities in Igbo-Eze North LGA of Enugu State have reproductive health needs.

**Research question four:** What proportion of childbearing women have reproductive health needs in health facilities in Igbo-Eze North LGA of Enugu State based on income level? Data answering this research question are contained in Table 4.

**Table 4: Proportion of Childbearing Women that have Reproductive Health Needs in Health Facilities in Igbo-Eze North LGA of Enugu State Based on Income Level (n=387)**

| | | **Income Level** | | | | | |
|---|---|---|---|---|---|---|---|
| | | **< ₦50,000 (n=99)** | | **₦50,000-₦99,000 (n=215)** | | **₦100,000 + (n=73)** | |
| **s/n** | **Reproductive Health Needs** | **Yes f(%)** | **No f(%)** | **Yes f(%)** | **No f(%)** | **Yes f(%)** | **No f(%)** |
| | Which of the following refers to a reproductive health need you desire? | | | | | | |
| 1. | effective physical health to help women during pregnancy and childbirth | 66(66.7) | 33(33.3) | 162(75.3) | 53(24.7) | 51(69.9) | 22(30.1) |
| 2. | effective mental health to help women during pregnancy and postpartum | 63(63.6) | 36(36.4) | 180(83.7) | 35(16.3) | 63(86.3) | 10(13.7) |
| 3. | social well-being to assist women in infant monitoring and care | 65(65.7) | 34(34.3) | 154(71.6) | 61(28.4) | 50(68.5) | 23(31.5) |
| 4. | general health needs of women during pregnancy | 54(54.5) | 45(45.5) | 136(63.3) | 79(36.7) | 38(52.1) | 35(47.9) |
| 5. | adequate medical care during and after pregnancy | 46(46.5) | 53(53.5) | 120(55.8) | 95(44.2) | 46(63.0) | 27(37.0) |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 6. | good and adequate nutrition during and after pregnancy | 81(81.8) | 18(18.2) | 174(80.9) | 41(19.1) | 59(80.8) | 14(19.2) |
| 7. | presence of emergency obstetric care | 87(87.9) | 12(12.1) | 185(86.0) | 30(14.0) | 54(74.0) | 19(26.0) |
| 8. | planned physical exercise for the betterment of their overall health | 87(87.9) | 12(12.1) | 164(76.3) | 51(23.7) | 41(56.2) | 32(43.8) |
| 9. | adequate rest and relaxation helps women improve their overall health | 87(87.9) | 12(12.1) | 174(80.9) | 41(19.1) | 36(49.3) | 37(50.7) |
| 10. | family history/health records for early diagnosis of health conditions | 67(67.7) | 12(12.1) | 123(57.2) | 92(42.8) | 27(37.0) | 46(63.0) |
| | **Aggregate Score** | **71.0** | **29.0** | **73.1** | **26.9** | **63.7** | **36.3** |

Result in Table 4 showed that overall, more than two-third of childbearing women with income of ₦50,000-₦99,000 (73.1%) and Less than ₦50,000 (71.0%), and more than half of childbearing women with income of ₦100,000 and above (63.7%) attending health facilities in Igbo-Eze North LGA of Enugu State have reproductive health needs.

**Research question five:** What proportion of childbearing women have reproductive health needs in health facilities in Igbo-Eze North LGA of Enugu State based on parity? Data answering this research question are contained in Table 5.

**Table 5: Proportion of Childbearing Women that have Reproductive Health Needs in Health Facilities in Igbo-Eze North LGA of Enugu State Based on Parity (n=387)**

| | | **Parity** | | | | | |
|---|---|---|---|---|---|---|---|
| | | **No child (n=75)** | | **1 – 3 children (n=107)** | | **4 children + (n=205)** | |
| **s/n** | **Reproductive Health Needs** | **Yes f(%)** | **No f(%)** | **Yes f(%)** | **No f(%)** | **Yes f(%)** | **No f(%)** |
| | Which of the following refers to a reproductive health need you desire? | | | | | | |
| 1. | effective physical health to help women during pregnancy and childbirth | 40(53.3) | 35(46.7) | 62(57.9) | 45(42.1) | 155(75.6) | 50(24.4) |
| 2. | effective mental health to help women during pregnancy and postpartum | 56(74.7) | 19(25.3) | 83(77.6) | 24(22.4) | 148(72.2) | 57(27.8) |
| 3. | social well-being to assist women in infant monitoring and care | 59(78.7) | 16(21.3) | 67(62.6) | 40(37.4) | 130(63.4) | 75(36.6) |
| 4. | general health needs of women during pregnancy | 51(68.0) | 24(32.0) | 76(71.0) | 31(29.0) | 123(60.0) | 82(40.0) |
| 5. | adequate medical care | 33(44.0) | 42(56.0) | 51(47.7) | 56(52.3) | 122(59.5 | 83(40.5) |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | during and after pregnancy | | | | | ) | |
| 6. | good and adequate nutrition during and after pregnancy | 36(48.0) | 39(52.0) | 66(61.7) | 41(38.3) | 153(74.6 ) | 52(25.4) |
| 7. | presence of emergency obstetric care | 50(66.7) | 25(33.3) | 67(62.6) | 40(37.4) | 134(65.4 ) | 71(34.6) |
| 8. | planned physical exercise for the betterment of their overall health | 60(80.0) | 15(20.0) | 82(76.6) | 25(23.4) | 153(74.6 ) | 52(25.4) |
| 9. | adequate rest and relaxation helps women improve their overall health | 46(61.3) | 29(38.7) | 70(65.4) | 37(34.6) | 145(70.7 ) | 60(29.3) |
| 10 . | family history/health records for early diagnosis of health conditions | 69(92.0) | 6(8.0) | 67(62.6) | 40(37.4) | 128(62.4 ) | 77(37.6) |
| | **Aggregate Score** | **82.7** | **17.3** | **77.6** | **22.4** | **76.6** | **23.4** |

Result in Table 5 showed that overall, majority (82.7%) of childbearing women with No child, more than two-third of childbearing women with 1-3 children (77.6%) and above 4 children (76.6%) attending health facilities in Igbo-Eze North LGA of Enugu State have reproductive health needs.

**Hypothesis one**

There is no significant difference in the proportion of childbearing women that have reproductive health needs in health facilities in Igbo-Eze North LGA of Enugu State based on age. Data testing this hypothesis are contained in Table 6.

**Table 6: Summary of Chi-square Analysis in the Proportion of Childbearing Women that have Reproductive Health Needs in Health Facilities in Igbo-Eze North LGA of Enugu State Based on Age (n=387)**

| | | Yes | No | | | | |
|---|---|---|---|---|---|---|---|
| **Age** | **N** | **O (E)** | **O (E)** | $\chi^2$ | **df** | ***p*-value** | **Decision** |
| 15 – 25 years | 52 | 35 (40.6) | 17 (11.4) | | | | |
| 26 – 35 years | 171 | 129 (133.4) | 42 (37.6) | 7.737 | 2 | .021 | Rejected |
| 36 years + | 164 | 138 (128.0) | 26 (36.0) | | | | |

*Significant $P < 0.05$

Result in Table 6 showed that there was a significant difference in the proportion of reproductive health needs among childbearing women attending health facilities in Igbo-Eze North LGA of Enugu State based on age ( $\chi^2$=7.737; *p*-value=.021). Since, the *p*-value of .021 is less than .05 level of significance; the null hypothesis was rejected. Therefore, the proportion of reproductive health needs among childbearing women attending health facilities in Igbo-Eze North LGA of Enugu State differed based on age.

**Hypothesis two**

There is no significant difference in the proportion of childbearing women that have reproductive health needs in health facilities in Igbo-Eze North LGA of Enugu State based on education level. Data testing this hypothesis are contained in Table 7.

**Table 7: Summary of Chi-square Analysis in the Proportion of Childbearing Women that have Reproductive Health Needs in Health Facilities in Igbo-Eze North LGA of Enugu State Based on Education Level (n=387)**

| Education Level | N | Yes O (E) | No O (E) | $\chi^2$ | df | *p*-value | Decision |
|---|---|---|---|---|---|---|---|
| No formal Education | 24 | 15 (18.7) | 9 (5.3) | | | | |
| Primary Education | 142 | 132 (110.8) | 10 (31.2) | | | | |
| | | | | 29.887 | 3 | .000 | Rejected |
| Secondary Education | 115 | 81 (89.7) | 34 (25.3) | | | | |
| Tertiary Education | 106 | 74 (82.7) | 32 (23.3) | | | | |

*Significant $P < 0.05$

Result in Table 7 showed that there was a significant difference in the proportion of reproductive health needs among childbearing women attending health facilities in Igbo-Eze North LGA of Enugu State based on education level ( $\chi^2$=29.887; *p*-value=.000). Since, the *p*-value of .000 is less than .05 level of significance; the null hypothesis was rejected. Therefore, the proportion of reproductive health needs among childbearing women attending health facilities in Igbo-Eze North LGA of Enugu State differed based on education level.

**Hypothesis three**

There is no significant difference in the proportion of childbearing women that have reproductive health needs in health facilities in Igbo-Eze North LGA of Enugu State based on income level. Data testing this hypothesis are contained in Table 8.

**Table 8: Summary of Chi-square Analysis in the Proportion of Childbearing Women that have Reproductive Health Needs in Health Facilities in Igbo-Eze North LGA of Enugu State Based on Income Level (n=387)**

| Income Level | N | Yes O (E) | No O (E) | $\chi^2$ | df | *p*-value | Decision |
|---|---|---|---|---|---|---|---|
| < ₦50,000 | 99 | 72 (78.5) | 27 (20.5) | | | | |
| ₦50,000-₦99,000 | 215 | 134 (131.3) | 81 (83.7) | 1.521 | 2 | .042 | Rejected |
| ₦100,000 + | 73 | 61 (58.0) | 12 (15.0) | | | | |

*Significant $P < 0.05$

Result in Table 8 showed that there is a significant difference in the proportion of reproductive health needs among childbearing women attending health facilities in Igbo-Eze North LGA of Enugu State based on income level ( $\chi^2$=1.521; *p*-value=.042). Since, the *p*-value of .042 is less than .05 level of significance; the null hypothesis was rejected. Therefore, the proportion of reproductive health needs among childbearing women attending health facilities in Igbo-Eze North LGA of Enugu State differed based on income level.

**Hypothesis four**

There is no significant difference in the proportion of childbearing women that have reproductive health needs in health facilities in Igbo-Eze North LGA of Enugu State based on parity. Data testing this hypothesis are contained in Table 9.

**Table 9: Summary of Chi-square Analysis in the Proportion of Childbearing Women that have Reproductive Health Needs in Health Facilities in Igbo-Eze North LGA of Enugu State Based on Parity (n=387)**

| Parity | N | Yes O (E) | No O (E) | $\chi^2$ | df | *p*-value | Decision |
|---|---|---|---|---|---|---|---|
| None | 75 | 62 (58.5) | 13 (16.5) | | | | |
| 1 – 3 children | 107 | 83 (83.5) | 24 (23.5) | 1.204 | 2 | .548 | Not Rejected |
| Above 4 children | 205 | 157 (160.0) | 48 (45.0) | | | | |

*Significant $P < 0.05$

Result in Table 9 showed that there is no significant difference in the proportion of reproductive health needs among childbearing women attending health facilities in Igbo-Eze North LGA of Enugu State based on parity ( $\chi^2$=1.204; *p*-value=.548). Since, the *p*-value of .548 is greater than .05 level of significance; the null hypothesis was not rejected. Therefore, the proportion of reproductive health needs among childbearing women attending health facilities in Igbo-Eze North LGA of Enugu State did not differ based on parity.

**Discussion**

Result in Table 1 showed that overall, more than two-third (78.0%) of childbearing women attending health facilities in Igbo-Eze North LGA of Enugu State have reproductive health needs. This finding aligns with the findings of Ismail et al. (2024) who reported that awareness and accessibility of reproductive health services were positively associated with higher utilization rates among married adolescent girls in Kano, Northern Nigeria. Furthermore, Jonas, Crutzen, van den Borne and Reddy (2017) emphasized the role of healthcare facilities in improving reproductive health outcomes through tailored services and increased community outreach. Contrarily, the findings differ from those of Gebreyesus, Teweldemedhin and Mamo (2019) who reported a low level of interest in reproductive health services among women in rural parts of Ethiopia. This disparity may be influenced by variations in healthcare infrastructure, cultural norms, and socioeconomic factors between the regions.

Result in Table 2 showed that overall, majority (84.1%) of childbearing women aged 36 years and above, more than two-third (75.4%) of childbearing women aged 26-35 years and more than half (67.3%) of childbearing women aged 15-25 years attending health facilities in Igbo-Eze North LGA of Enugu State have reproductive health needs. These findings are expected. The findings of this study are in agreement with those of Habte, Tamene, and Bogale (2023), who emphasized that age influences the demand for reproductive health services, with older women often showing greater engagement due to increased awareness and perceived necessity. Similarly, Anate, Balogun, Olubodun, and Adejimi (2021) observed that younger women in rural settings are more likely to encounter barriers to accessing reproductive health services, such as financial constraints and cultural stigmas. However, these findings are inconsistent with the study by Ukegbu, Ukegbu, Onyeonoro and Ubajaka (2011), which reported no significant relationship between age and reproductive health service utilization in Anambra State. This discrepancy may be due to differences in study populations, healthcare infrastructure, or socio-cultural contexts.

Result in Table 3 showed that overall, majority (93.0%) of childbearing women with Primary education, two-third (70.4%) of childbearing women with Secondary education, more than half of childbearing women with Tertiary education (69.8%) and no formal education (62.5%) attending health facilities in Igbo-Eze North LGA of Enugu State have reproductive health needs. The findings align with those of Psaki et al. (2019) who reported that education positively influences reproductive health-seeking behavior, with more educated women demonstrating a greater likelihood of engaging with healthcare services. Similarly, Chola,

Hlongwana, and Ginindza (2020) observed that women with limited education often exhibit a higher dependency on healthcare providers for information and services, highlighting the need for targeted educational initiatives. However, these results differ from the findings of Obasi et al. (2019), who reported no significant differences in reproductive health needs based on educational attainment. This divergence may reflect differences in healthcare access, socio-cultural factors, or the quality of health education programs in the study areas.

Result in Table 4 showed that overall, more than two-third of childbearing women with income of ₦50,000-₦99,000 (73.1%) and less than ₦50,000 (71.0%), and more than half of childbearing women with income of ₦100,000 and above (63.7%) attending health facilities in Igbo-Eze North LGA of Enugu State have reproductive health needs. The findings align with the work of Hamzah, Mohd-Zulkefli, and Ahmad (2024) who observed that income influences health-seeking behavior, with lower-income women more likely to have unmet health needs due to financial constraints. Similarly, Akinyemi et al. (2022) found that females from higher-income households were more likely to access and utilize reproductive health services compared to those from lower-income groups. Conversely, these results are somewhat in contrast with Akokuwebe and Idemudia (2022), who reported that reproductive health needs were not significantly influenced by income in their study in urban areas of Nigeria, possibly due to better subsidized healthcare options or public health programs in such regions.

Result in Table 5 showed that overall, majority (82.7%) of childbearing women with No child, more than two-third of childbearing women with 1-3 children (77.6%) and above 4 children (76.6%) attending health facilities in Igbo-Eze North LGA of Enugu State have reproductive health needs The result contrasts with some studies that have reported higher reproductive health needs among women with more children. For example, Akinyemi et al. (2022) found that women with higher parity often had more complex reproductive health needs, including postnatal care, family planning, and maternal health interventions. Similarly, Alukagberie et al. (2023) observed that women with multiple children may experience a higher frequency of reproductive health issues due to repeated pregnancies and childbirth, leading to an increased need for healthcare services. On the other hand, the findings of this study align with de-Vargas-Nunes-Coll et al. (2019), who found that parity did not significantly influence reproductive health needs in certain populations,

## Conclusion

The findings of the study showed that more than two-thirds (78.0%) of childbearing women attending health facilities in Igbo-Eze North have reproductive health needs. Additionally, the study found that reproductive health needs varied significantly based on age, education level, and income level. Specifically, there were significant differences in the proportion of reproductive health needs based on age, education level, and income level. However, no significant difference was found in the proportion of reproductive health needs based on parity.

## Recommendations

Based on the findings of this study, the following recommendations are made:

1. Public health educators should design and implement educational programs aimed at creating awareness about reproductive health needs among childbearing women. These programs should focus on providing evidence-based information on reproductive health issues, including prevention and management strategies. The programs should be culturally sensitive and accessible to women from diverse backgrounds, utilizing various

platforms such as community health centers, antenatal classes, social media, and mobile health apps to ensure broad outreach.

2. The Ministry of Health should advocate for policies that support reproductive health needs in the workplace, such as paid maternity leave, flexible working hours, and designated spaces for breastfeeding mothers. Employers can also support childbearing women by offering resources like access to healthcare providers, counseling services, and time off for health-related issues during and after pregnancy.
3. Community leaders, including religious leaders and local influencers, should actively promote positive attitudes toward reproductive health within the community. They should organize workshops, community events, and awareness campaigns to educate the public about reproductive health issues, dispel myths, and encourage dialogue on reproductive health needs.
4. Non-governmental organizations (NGOs) should work towards ensuring universal access to healthcare services, particularly maternal and child health services. They should focus on increasing access to affordable healthcare services, including prenatal, postnatal, and pediatric care. Furthermore, efforts should be made to ensure access to nutritious foods and essential health services that address the reproductive health needs of women.

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