

## THE AWARENESS AND UTILIZATION OF SEXUAL AND REPRODUCTIVE HEALTH INFORMATION BY WOMEN IN NORTH-WEST NIGERIA

By

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### Abstract

This study looked at how women in the North-West, Nigeria used and understood sex and reproductive information. The study employed a descriptive survey design. The data were collected by a questionnaire, and a quantitative analysis was produced using descriptive statistics techniques. The results of the study show that although there is a low overall consumption of sex and reproductive information, there is a moderate level of awareness of its availability. The majority of the women were aware of the various types of information regarding sex and reproduction, and that information on breastfeeding, immunizations, vaccinations, and some side effects of pharmaceutical agents (such as headaches and changes in vision) was among them. They also knew that information on quitting smoking, eating a healthy diet, exercising regularly, and avoiding stress all improved the frequency and timing of sexual relations. The study recommends that information professionals should make sure that local women are exposed to sexual and reproductive information and receive training on how to reposition themselves to adopt new methods of accessing knowledge through electronic media; health practitioners should conduct orientation programs for brides in all communities on how to access and use sexual and reproductive information; and that local specialists should be readily available to women in a community to provide them with such information.

**Keywords:** *Awareness, Use, Sex and Reproductive Information, Women, Northwestern Nigeria*

### Introduction

Information on reproductive health needs to be made available to women to help them to understand their sexuality and protect them from unwanted pregnancies and sexually transmitted infections. Women have a right to access all the reproductive health services without any discrimination in the society. Bawa (2023) reported that women make up about portion of the total populace, and they assume huge part in all aspects of development in many emerging

nations. And the issue of women's empowerment has piqued the interest of numerous organizations and individuals in all facets of developments.

Igweala, Umahi and Mmejim (2021) described Awareness as a knowledge about something that exists or understanding of a situation or subject at the present time based on information or experience which raises consciousness, knowledge of situation, familiarity that create an informed interest over event. When local women have adequate awareness of different sex and reproductive information, they are encouraged to use them when the need arises. According to Abubakar and Abdullahi (2019), awareness is knowledge about particular information which manifested through a particular behavior. Awareness of the existence and benefits of different kinds of sex and reproductive information and having proper access to will enable women to effectively utilize them, and making proper use of such information will help women in trying to avoid sexual and reproduction challenges, thereby improving their livelihood.

Awareness in the context of this study involves being awareness or informed about the existence of different kind of sex and reproductive information. Awareness involves moving from a state of ignorance to being aware. It is used synonymously with the words knowledge, understanding, grasp, appreciation, familiarity, and recognition (Yahaya and Kamba, 2018). This knowledge buoyed is considered a problem because any programme of enhancing healthy reproductively role of women must involve the matter of access and use of reproductive and sex information.

In Nigeria, literature and observations have shown that, reproductive process has been one of the leading causes of mortality among women in addition to high incidence of divorces that have to do with sexual issues. This is becoming more worrisome as emotions derived from such issues are attributed to lack of awareness particularly among local women. Some local

women may not seek Sex information because of confidentiality, lack of trust in healthcare providers, embarrassment, lack of awareness and knowledge of services and lack of knowing how to access information.

Therefore, the importance of studying this key population cannot be ignored; as no marriage should be lost as a result of sexually related complications. The outcome of this study will show a global concerted effort to improve health equity and access for all. In Nigeria, innumerable stakeholders like information professionals and other actors should work to strengthen women's reproductive and sex information systems, making it a pertinent issue for further exploration. Teachers and parents provide information mainly on topics with less cultural taboos, such as knowledge about puberty because they are the most trusted entities (Li, Shah & Zhang, 2007).

While sex and reproductive information is important for women everywhere, it is even more pertinent for those in the Northern Nigeria. Sadly, although the vast majority of local women live in rural areas, they are the least knowledgeable and informed about reproductive health issues due to social, economic and cultural factors that pose as barriers to reproductive health information seeking. Information has been identified as catalyst for empowering women to play proper societal roles and ensure their advancement. In particular, reproductive and sex information have been identified as crucial for healthy human reproductively, if significantly accessed and utilized by women.

North western states were significantly populated by Muslim who are said to be timid about seeking and sharing reproductive and sex health information particularly among females. The states have substantial number of women the objectives of some which are related to the promotion of female reproductive health. Despite the above stated fact, however, there is clear

of empirical knowledge about the extent to which and utilization of reproductive and sex information as well as its sharing among those women, remain hurdle and a problem worthy to which those in these groups promote access to and utilization of reproductive and sex information among females in the states.

It can therefore be clearly seen that reproductive health information is a very important factor in the lives of women. Hence, this study will enable women in north-western states to be exposed to a wide range of attitude and beliefs in relation to sex and sexuality, which sometimes appears contradicting and confusing. People interested in moral and cultural framework will find it as opportunity to know about issues that people have strong views on like abortion, contraception and birth control.

### **Research Objectives**

The study intends to answer the following specific objectives:

1. To examine the level of awareness of sex and reproductive health information among women in North Western States of Nigeria
2. To examine the extent to which sex and reproductive health information are used by women in North Western States of Nigeria

### **Methodology**

This study adopted the quantitative approach because it is able to give statistical data on issues regarding awareness and utilization of sex and reproductive information among women in North Western States of Nigeria. The use of cross-sectional survey design was employed to obtain information from the questionnaire administered. A total of 384 copies of questionnaire

were administered to the research sampled population but 314 copies were returned and found usable for the analysis. Descriptive statistics of frequency and percentages was used.

## Findings and Discussions

This section analyzes the data collected on awareness and use of sex and reproductive information among women in North Western States of Nigeria. The results of the survey are presented below in descriptive format, using frequency tables and percentages.

**Table 1: Awareness of sex and reproductive health information among women in North Western States of Nigeria**

Please tick from the following, the types of reproductive and sex information you are aware of

S/N	Sex and Reproductive Information	Yes	No
1	Information on sexual dysfunction that prevents individuals or couple from wanting or enjoying sexual intercourse	202(64.3%)	112(35.7%)
2	Information on female sexual dysfunction (FSD) that many people are hesitant or embarrassed to discuss	175(55.7%)	139(44.3%)
3	Information on chronic medical condition (e.g diabetes, spinal cord injury, liver disease etc.,) that cause sexual dysfunction	190(60.5%)	124(39.5%)
4	Information on how traumatic employment or marriage related issues cause sexual dysfunction	204(65.0%)	110(35.0%)
5	Information on some side effects caused by pharmacological agents (e.g headache, vision changes, hypotension, bleeding vaginitis, multiple pregnancy, swollen and painful ovaries)	205(65.3%)	109(34.7%)
6	Infertility is the inability to become pregnant after half a year (6 months) to a year (12 months) of unprotected sexual intercourse	177(56.4%)	137(43.6%)
7	Improved eating habits, regular exercise, abstaining from smoking, avoiding stress etc., improve the frequency and timing of intercourse	231(73.6%)	83(26.4%)
8	Imbalance in the level of oestrogen and progesterone in females causes irregular menstrual cycle, infertility, diabetes and breast cancer	163(51.9%)	151(48.1%)
9	Herbal medicines which involves the use of plants parts (seeds, berries, roots, leaves, barks, flowers) or the entire plant in the management of sexual dysfunction and reproductive inadequacies	160(51.0%)	154(49.0%)

10	Information associated with the risk of infection, risks of miscarriage, risk of multiple pregnancies, risk of irregular menstrual cycle, risk of abnormal embryo development and transmission of genetic defects	159(50.6%)	155(49.4%)
11	Information on family planning services e.g abortion, contraception and child spacing measures	174(55.4%)	140(44.6%)
12	Information on breast feeding and immunization/vaccination	205(65.3%)	109(34.7%)
13	Information on how to prevent parents-to-child transmission of diseases such as sickle cell anaemia and HIV AIDS	144(45.9%)	170(54.1%)
14	Information on how to enhance libido or sexual desire and prolong early release of sperm by women	146(46.1%)	168(53.5%)
15	Others, please specify	76(24.2%)	238(75.8%)

Table 1 shows that 231(73.6%) of respondents are aware of reproductive and sex information, with 205(65.3%) aware of breast feeding, immunization/vaccination, and side effects caused by pharmacological agents, while 205(65.3%) are aware of other reproductive and sex information on some side effects caused by pharmacological agents (e.g headache, vision changes, hypotension, bleeding vaginitis, multiple pregnancy, swollen and painful ovaries). The survey revealed that 204(65.0%) of respondents were aware of sexual dysfunction caused by traumatic employment or marriage issues, 202(64.3%) were aware of sexual dysfunction that prevents individuals or couple from wanting or enjoying sexual intercourse

In summary, the study found that most women in northwestern Nigeria are aware of improving their sex and reproductive information, including improving eating habits, regular exercise, smoking cessation, breast feeding, immunization, side effects, sexual dysfunction caused by traumatic employment or marriage, and chronic medical conditions. Over half of respondents are aware of infertility, information on female sexual dysfunction, family planning services, oestrogen and progesterone imbalances, herbal medicines, and risks associated with infection, miscarriage, multiple pregnancies, irregular menstrual cycles, abnormal embryo

development, and genetic defects. This highlights the need for stakeholders to comply with the submission of Ibegbulam, Akpom, Enem, and Onyam (2018), who emphasize women's need for access to reproductive health information.

The study suggests special efforts to raise awareness about contraceptive services and sexuality as advocate by Lince-Deroche, Hargey, Holt and Shochet (2015).

**Table 2: Extent of use of Reproductive and Sex Information among women in North Western States of Nigeria**

Please indicate the extent to which you use the following types of reproductive and sex information (5 = very high), 4 = high, 3 = moderate, 2 = low, 1 = never

S/N	Sex and Reproductive Information	Very High	High	moderate	Low	Never
1	Information on sexual dysfunction that prevents individuals or couple from wanting or enjoying sexual intercourse	9(2.9%)	63(20.1%)	48(15.3%)	12(3.8%)	182(58.0%)
2	Information on female sexual dysfunction (FSD) that many people are hesitant or embarrassed to discuss	23(7.3%)	53(16.9%)	21(6.7%)	45(14.3%)	172(54.8%)
3	Information on chronic medical condition (e.g diabetes, spinal cord injury, liver disease etc.) that cause sexual dysfunction	44(14.0%)	30(9.6%)	38(12.1%)	5(1.6%)	197(62.7%)
4	Information on how traumatic employment or marriage related issues cause sexual dysfunction	19(6.1%)	25(8.0%)	45(14.3%)	37(11.8%)	188(59.9%)
5	Information on some side effects caused by pharmacological agents (e.g headache, vision changes, hypotension, bleeding vaginitis, multiple pregnancy, swollen and painful ovaries)	58(18.5%)	19(6.1%)	37(11.8%)	40(12.7%)	160(51.0%)
6	Information about infertility as the inability to become pregnant after half a year (6 months) to a year (12 months) of unprotected sexual intercourse	5(1.6%)	39(12.4%)	43(13.7%)	57(18.2%)	170(54.1%)
7	Information on improved eating habits, regular exercise, abstaining from smoking, avoiding stress etc., that improve the frequency and timing of intercourse	4(1.3%)	36(11.4%)	32(10.2%)	49(15.6%)	193(61.5%)
8	Information on imbalance in the level of oestrogen and progesterone in females that causes irregular menstrual cycle, infertility, diabetes and breast cancer	7(2.2%)	7(2.2%)	35(11.1%)	49(15.6%)	216(68.8%)
9	Information on herbal medicines which involves the use of plants parts (seeds, berries, roots, leaves, barks, flowers) or the entire plant in the management of sexual dysfunction and reproductive inadequacies	25(8.0%)	26(8.3%)	25(8.0%)	22(7.0%)	216(68.8%)

10	Information associated with the risk of infection, risks of miscarriage, risk of multiple pregnancies, risk of irregular menstrual cycle, risk of abnormal embryo development and transmission of genetic defects	36(11.5 %)	20(6.4%)	24(7.6%)	45(14.3 %)	189(60 .2%)
11	Information on family planning services e.g abortion, contraception and child spacing measures	43(13.7 %)	46(14.6 %)	18(5.7%)	38(12.1 %)	169(53 .8%)
12	Information on breast feeding and immunization/vaccination	58(18.5 %)	20(6.4%)	69(22.0 %)	40(12.7 %)	127(40 .4%)
13	Information on how to prevent parents-to-child transmission of diseases such as sickle cell anaemia and HIV AIDS	8(2.5%)	28(8.9%)	43(17.7 %)	20(6.4%)	194(61 .8%)
14	Information on how to enhance libido or sexual desire and prolong early release of sperm by women	30(9.6%)	24(7.6%)	43(13.7 %)	25(.0%)	192(61 .1%)

The majority of respondents never used all available information, highlighting the need to educate women on the significance of sexual and reproductive information for their actions and future goals. The study found that nearly half of Nigerian women use information on breastfeeding, immunization, and sexual dysfunction to prevent sexual intercourse. However, less than a quarter use information on sexual dysfunction that prevents sexual intercourse. Yakubu (2016) recommends that there should be accurate data on the prevalence of sexual and reproductive dysfunction in Nigeria to understand the true burden and identify risk factors for prevention efforts. Few respondents rate information on sexual dysfunction high.

Few women use information on sexual dysfunction that prevents sexual intercourse, this could possibly attributed to the remarks of Li, Shah & Zhang, (2007) that teachers and parents provide less culturally taboo topics. Additionally, few women rate the extent of their use of information on sexual dysfunction as high, as it is the most trusted entity. This suggests that women's perceptions of information on sexual dysfunction are influenced by cultural norms. The study also found that few respondents use information on preventing parents-to-child



transmission of diseases like sickle cell anemia and HIV AIDS, breast feeding, and immunization/vaccination, which aligns with the importance of sexual and reproductive health, including family planning, antenatal care, infertility, abortion, and STD prevention. This portrays their attempts to coincide with the saying of According to Chepkoech, Khayesi and Ogola (2019) Sexual and reproductive health is made of family planning, antenatal care among others.

### **Recommendations**

1. Information workers make sure women in the community are exposed to sexual and reproductive information and receive training on how to change their approach to embracing new ways of obtaining knowledge through modern media.
2. Health professionals should conduct orientation sessions on sex and reproductive information access and utilization for newlyweds in all communities.
3. Local experts who are always willing to assist women in a community with this kind of information should be readily available.

### **Conclusion**

The purpose of this research was to determine women's awareness and use of reproductive and sex information in the northwestern states of Nigeria. The results of the data analysis and collection indicate a reasonable level of awareness of the sex and reproductive information that is available. However, the general use of this kind of information is quite low. Therefore, increasing the use of such information among women will require the supply of current, comprehensive, and up-to-date sexual and reproductive health information as well as adequate training on how to utilize it.

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