
# Journal of Social and Political Sciences

**Agbor, Igbolo Magdalene. (2020), Access to Reproductive Health-Care Services and Its Impact on the Health of Women in Guma Local Government Area, Benue State, Nigeria. In: *Journal of Social and Political Sciences*, Vol.3, No.2, 419-438.**

ISSN 2615-3718

DOI: 10.31014/aior.1991.03.02.180

The online version of this article can be found at:
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The Asian Institute of Research



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The Asian Institute of Research
Journal of Social and Political Sciences
Vol.3, No.2, 2020: 419-438
ISSN 2615-3718

DOI: 10.31014/aior.1991.03.02.180

# Access to Reproductive Health-Care Services and Its Impact on the Health of Women in Guma Local Government Area, Benue State, Nigeria

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**Abstract**
Reproductive health is a crucial part of general health and a central feature of human development. It is therefore an important component of health which serves as a precondition for human development as well as a central determinant of quality life. Since the 1980s' there has been increasing awareness on the need to pay special attention on the reproductive health of women by the government. Access to the reproductive health services has long been undermined, which can be viewed as an infringement on women's rights and compounded by other factors such as inadequate health facilities, economic, socio-cultural, belief systems and demographic factors. The study therefore sought to examine the impact of access to reproductive healthcare services on the health of women in Guma LGA of Benue State. Data was collected using a combination of quantitative and qualitative data collection techniques. The findings of the study indicated that a significant proportion of the population fall within the age bracket of 26-35, which represents 82 persons (41%). One hundred and twenty are married (61.5%), while 90 (45%) are farmers. Sixty nine persons (34.5) have at least secondary education. Majority of the respondents were Christians 150 (75%) while 120 (60%) live in rural areas. The fundamental challenges of reproductive healthcare services in Guma local government area stems from economic status/poverty. This fact was indicated by majority of (189; 94.5%) of respondents. The study observes that the real panacea for solving reproductive health challenges in the area is for the government to accelerate the pace of development. Development in this context consists of creating an economy with relevant social, economic and physical infrastructure for the well-being of women, in order for women to have full access to reproductive healthcare services, there is also the need for the government to make provision for adequate reproductive healthcare facilities and services, fund public health institutions and subsidized the cost of reproductive healthcare services for the women in Guma LGA.

**Keywords**: Reproductive Health, Health Care Services, Women's Status, Access, Poverty

## INTRODUCTION

Reproductive health is a lifetime concern for all mankind. It is a fundamental aspect of the well-being of women as well as the prerequisite for social, economic and human development (Fatallah, 1998). Respect for women's reproductive rights and access to reproductive health services provides the basis for the overall well-being of the

human family. The health of any society cannot be assured unless women's access to reproductive health care services can be made available (Ujah, 2013). Unfortunately, this has been compromised due to the inability of government to provide for the necessary reproductive health services required by women as a result of other problems like accessibility, availability, affordability and sustainability.

The economic and cultural factors, notwithstanding has been consider as the major factors that play very crucial roles in deepening the reproductive health crisis in the local government area. Other factors like women's level of autonomy in making health care decisions, physical accessibility to health care services and the type of health services rendered, disease pattern and health care worker's attitude also affect their accessibility of reproductive health care services (Tinuola, 2009). This has resulted into several health consequences among the women in Guma Local Government Area.

The fact is that reproductive health is a crucial part of every general health and a central feature of human development since it occupies a central position in the identity of the health as well as the development of a given position. This as a matter of fact, made it a reflection of health during childhood, and crucial during adolescence and adulthood, which in no doubt sets the stage for health beyond the reproductive years for both women and men (United Nations Population Fund, 1995). The highest attainable level of health is not only a fundamental human right for all; it is also a social and economic imperative because human energy and creativity are the driving forces of development. Such energy and creativity cannot be generated by sick, tired people, and consequently a healthy and active population becomes a prerequisite of social and economic development (UNFPA, 1995).

Women living in developed countries of the world generally have a better access to high quality health care access, the higher percentages of their deliveries takes place in health care facilities with skilled attendants, whereby due to quality access to health care services maternal mortality or deaths has become a rare event in developed countries, where only 1% of maternal deaths occur, whereas in developing countries, these events are often fatal (World Health Organization, 2012). According to United Nations, (2007), seventy-five percent of maternal deaths occur during childbirth and the postpartum period, and the vast majority of maternal deaths and injuries are avoidable when women have access to high quality reproductive health care services before, during and after childbirth.

In developed countries for example, the maternal mortality ratio in these countries are low, in Canada 11 deaths per 100,000 live births, in the United Kingdom 8 deaths per 100,000 live births, while in Australia 4 deaths per 100,000 live births (Central Intelligence Agency, The World Factbook, 2013). They were able to achieve this through successful development of systems of care to harness scares resources including human, educational and financial to maximize reproductive health; these countries were also able to meet the goals, policies and help prevent maternal mortality and morbidity (Muazu, 2009). Policies for example includes setting standards using evidence based protocols, improving staff strength and attitudes and most importantly have a long term maternal plan for the development of maternal health care (Tahir& Malik, 2002).

The average life expectancy is 40 years, with the lowest in Botswana, Lesotho and Swaziland (35 years). Nigeria in general has a life expectancy of 44 years (compare this with life expectancy of 93 in japan and 80 in Switzerland) (population Reference Bureau, 2007).

Women living in Guma have the least access to improved reproductive health care and other reproductive health facilities that could supply safe life as well as improved reproductive health, as only 45% of people (women) in rural areas have access to reproductive health care and safe life (UNICEF, 2005). About 70 percent of women in Guma Local Government Area do not have adequate access to reproductive health services. The most important component of health related to population and socio-economic development is the reproductive health of which is not the case in Guma Local Government Area of Benue state. The reproductive health indices in Guma LGA are therefore deplorable.

The fact also remains that women are not a homogenous groups, their lives vary enormously by age, class, region and cultural context. Similarly, their lives and sexual needs may vary considerably across different parts of the state (Singh, 2012).This explains why some of them go for orthodox care and some go for traditional health care. Though, most women seeking healthcare services often patronize traditional healers or unorthodox healthcare providers in the area.

Amidst the deteriorating health situation in the area, Guma is also confronted with the problems of a patriarchy where women are discriminated against in all spheres of live including having adequate access to reproductive health care services (Abbah, 2011). In this regard, the used of reproductive health services in such a context at times is determined by the males and influenced by the individuals perception of the efficacy of health services and the religious beliefs of the individual (Royston, 1989).

According to International Conference on Population and Development, (1994), reproductive health is a right for all women, men and adolescents. Reproductive health is a right which is indispensable to people's health and development, Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents (Principle 7.3 of the ICPD Programme of Action).

Guma Local Government Area still has one of the poorest maternal and child health indices in Benue state due to inaccessibility of women to reproductive health care, maternal mortality ratio ranges between 800-3000 per 100, 000 live births, life time risk of dying from pregnancy related complications of 1:8 (compared to 1:10, 000 in other developing countries), contraceptive prevalence rate of 8%, total fertility rate of 5.9, infant mortality rate of 100 per 1000 (Population Reference Bureau, 2015; National demographic and Health survey (NDHS), 2013; Society of Gynaecology and Obstetrics of Nigeria (SOGON), 2015).

Women in Guma local government area especially those who are economically disadvantaged suffer the highest rate of complications from pregnancy and child birth, STDs and reproductive cancers due to lack of access to reproductive health care services (Adepoju, 2011). Also, reproductive health knowledge and access to quality health care and maternal health services in Guma are poor with significant health consequences that have all contributed immensely to a deplorable reproductive health status among the women. This however ranges from unwanted pregnancy, complicated childbirth, venerable diseases and vesicle vagina fistula.

Appropriate reproductive health knowledge, belief and will power of women to access quality health services such as family planning services (preventive and curative) and other contraceptives means are essential for improvement in reproductive health of the women living in the area. The lack of access to quality reproductive health care services is the reason why many of them at their reproductive age suffer and die (Worku and Gebresilassie, 2008).

In Nigeria, right to health is recognized as a fundamental human right. Provision for health is contained in Chapter 11 of the constitution which embodies the economic and social policies of the country. Section 17 (3) (c), states that “the government is obliged to direct its policies to ensure adequate medical and health facilities for all persons, ensure that the health, safety and welfare of all persons are not endangered or abused”. Furthermore, Nigeria is yet to embrace the concept of reproductive health rights because there are statutory, cultural and religious factors militating against women’s reproductive rights (Ayanleye, 2006). The right to reproductive health seems to be a mirage in Benue state particularly in Guma Local Government Area of the state. The inadequacy or lack of implementation of laws and policies, the prevalence of systematic corruption, weak infrastructure, ineffective health services, and lack of access to skilled health care providers worsened by separation of responsibilities for the provision of health care among the state’s three tiers of government are among the factors militating against the enjoyment of these rights (Ogundipe and Obinna, 2009).

Due to this, reproductive health care in Guma is still typical like that of most states in Nigeria where mass poverty, illiteracy, ignorance, disease, low status of women, unrestricted sexual behaviour resulting in high population

growth rate, harmful traditional practices and poor social amenities all combine to encourage reproductive ill health (Lawrence, 2014).

Inaccessibility and adverse health consequences of women in the area over the years have been linked to economic growth and development, it is therefore not surprising that these poor developmental indicators are impacting negatively on the reproductive health of women in Guma local government area of Benue state.

**Research Objectives**

The general objective of this research is to assess the impacts of reproductive health services on the health of women in Guma Local Government Area of Benue state. Specifically the study seeks to;

i. To find out the various reproductive health care services available in Guma Local Government Area
ii. To assess the impacts of reproductive health care services on the health of women in Guma Local Government Area.
iii. To find out the various challenges faced by women in accessing reproductive health care services in Guma Local Government Area
iv. To examine the strategies put in place to address the challenges of reproductive health care in Guma Local Government Area.

**LITERATURE REVIEW: The concept of reproductive health**

Reproductive health is a very important issue in the survival of any nation (Harrison, 2002). Without adequate reproductive health services to the people, the society will be rife with dysfunction and eventual breakdown. In fact, reproductive health is everything, without which all objectives of a society will be difficult to achieve. This is why it is considered as a dynamic condition, which involves the relative ability of a society to provide for the basic reproductive health services to its people (Steve, 2012).

However, the shift in the nature of health situation of the people has also forced several societies to consider a new ways of protecting themselves against any reproductive health challenges thus making many scholars to come out with different views about what the concept of reproductive health is all about (Beland, 2012).Accordingly, reproductive health for any society embodies a notion of health or conditions necessary in which people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so (Nwuko, 2014).

Also, for decades ago, conceptual issues relating to reproductive health were on the front burner in the development discourse on women. Several attempts have been made by different scholars to redefine the concept of reproductive health in which safe sex, ability to reproduce and right to sexual activities remain major parameters for explaining the concept (Nwanegbo and Odigbo, 2013).Reproductive health according to World Health Organization is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes (WHO, 1976).Reproductive health therefore implies that people are able to have a substantial and harmless sex life and that they have the ability to reproduce and the liberty to decide if, when, and how often to do so. Implicit in this last condition is the right of men and women to be informed of and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant (Esine, 1987).

Nwolise (2013) in his own submission, argued that reproductive health deals with the reproductive processes, functions and system at all stages of life. For him, reproductive health encompasses all the processes that involves human sexuality and its ability to be able to function well. Schuster (1979) conceives reproductive health as the prevention, treatment, and management of reproductive illness as well as the preservation of mental and physical

well-being through the services offered by the medical, nursing and allied health profession. Christopher Gary (2003) also look at the concept of reproductive health care as the constellation of methods, techniques, and services that contribute to reproductive health and well-being through preventing and solving reproductive health problems. Lawrence Freedman (1998) on his part conceives reproductive health as all aspects of sexuality not necessarily related to reproduction. For him, it recognizes the fact that people may have sex for the purposes of pleasure, not just reproduction, and that people have health needs related to such sexual activity.

In a similar views, International Women's Health Coalition (IWHC, 1994), observed that reproductive health means having a responsible, satisfying, and safe sex life. Achieving sexual health requires a positive approach to human sexuality and mutual respect between partners. By recognizing sexual health and sexual rights, health and education systems can help prevent and treat the consequences of sexual violence, coercion, and discrimination, and can ensure that healthy human sexuality is enjoyed by all people and is accepted as part of their overall well-being.

Anderson (2012) in his own opinion, define reproductive health as sexual life free from disease, injury, violence, disability, unnecessary pain, or risk of death. According to him, it means sexual life free from fear, shame, guilt, and false beliefs about sexuality and the capacity to enjoy and control one's own sexuality and reproduction. Onoge (1975) also argued that reproductive health is the state of health and well-being, types of services, or an "approach" to service delivery. For him, this involves all the approaches that lead to safe sexual activities without any form of dissatisfaction.

We can therefore deduced from the foregoing definitions as stated above by the authors that reproductive health includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases. Reproductive health is a crucial part of general health and a central feature of human development. It is a reflection of health during child hood and crucial during adolescence and adulthood, sets the state for health beyond the reproductive years for both women and men, and affects the health of the next generation. The health of the newborn is largely a function of the mother’s health and nutrition status and of her access to health care (Wikipedia, free encyclopedia, 2015).Consequently, it should be stated that what is called reproductive health in modern usage entails safe sex life including the reproductive rights between both men and women.

**Women’s Access to Reproductive Healthcare Services in Nigeria**

Deprivations that lead to ill reproductive health among women are common in developing countries especially in Nigeria and the poor in Nigeria are particularly at risk (World Bank, 2000). The relationship between poverty and women access to reproduction health care can be seen as part of a large cycle, where poverty leads to ill reproductive health and ill reproductive health maintains poverty (Wagstaff, 2001). Yet, policies in these sectors especially for these negative impacts are often not based on health criteria.

The health sector itself tends to focus its interventions within the health-care delivery system, not necessarily in other sectors that are the sources of the problem. Similarly, naturally occurring ecological factors that can exert negative impact on all sectors (mosquito-borne diseases, floods, droughts etc) are seldom addressed systematically by any of the factor at risk, even though some factor may be exacerbating their effects. As a result, the enormous health benefits possible though interventions outside the health sector are not being realized.

Education is a long-established determinant of the demand for reproductive health and reproductive health care. It was incorporated as a determinant of the production function of health in the early Grossman human capital model of health (Grossman 1972; Grossman 2000). In that model better education allows an individual (women) to be more effective in converting health care and other health enhancing goods into health.The status of women, self-image and decision-making powers may all be increased through education, which may be a key in attending reproductive health services.

A recent study, by the same author, of the empirical effects of schooling on health found it to be the most important correlation of good health and women access to reproductive health are in general. (Grossman and Kaestner, 1997).Education of parents, particularly mother is also the most important in determining child health status and women access to reproductive health care. Maternal schooling, for example, was found to be the most important determinant of infant survival in a study in Pakistan (Agha, 2000). Effects are wide reaching. Many studies report a positive effect of schooling on basic indicators of health such as infant, child, and maternal mortality. Education theoretically has an ambiguous impact on the demand for health care. The marginal productivity of health care is enhanced, which means that less medical intervention is required for a given level of health. At same time better schooling or education may raise understanding, and appreciation of the benefits of health care, and hence demand for it. The overall impact of education probably varies according to the type of health care. Better schooling might be expected to increase knowledge about effective self-treatment such as use of homemade oral rehydration solutions.

Socio cultural factors according to Adamu (2003) also play a key role in influencing women's access and utilization of health care services in Nigeria. Adamu maintained that time and again women with severe health issues identified at different hospitals in Nigeria were in critical conditions upon arrival. Northern Nigeria is primarily Hausa and Muslim. Since men hold the primary decision making power in the society, the decision to go to a health facility in an emergency must wait until the husband (or in-laws) gives consent and this can cause serious health complications and possible death even though the women might be knowledgeable of health services (Adamu, 2003). At individual, group levels, cultural norms have a substantial role in influencing health care behaviors while cultural difference can also affect the responsiveness of the diverse population's health care system. At the national level, cultural norms may inform the formation of health policies and programmes (et al., 1998; Climbiri 2002; 2007).

On the part of the end users, there is also the problem of availability, accessibility, affordability and sustainability of services. Availability of health care facilities is an important problem as there is gross deficiency in the distribution of health facilities. Under normal circumstance there should at least, be a primary health centre within a five kilometer radius. In a national study on essential obstetric care facilities in Nigeria by the Federal ministry of Health, only 13.9% of the estimated annual births take place in health facilities (Federal Ministry of Health (FMOH), 2003).

Where the health facility is available, accessibility becomes the problem. This contributes to significant delays in accessing health care. In most countries, roads are inaccessible and transportation system is chaotic. Thus, when a person takes a decision to seek medical attention, it may take days to reach health care facility. Sometimes, pictures have been painted where patients are brought to the hospital on wheel barrows, bicycles, on donkeys or physically carried on stretchers. When eventually, the person arrives hospital, affordability of the available services becomes the issue. Recognizing that the majority of the populace lives below poverty line, especially in rural areas, it becomes easy to appreciate why most of our people can not avail themselves of the available health care facilities. However, with the emergence of the national health insurance scheme (NHIS), there may be a solution in sight. Nevertheless it should be noted that the NHIS did not target the rural populace when 66% of the population in sub-Sahara Africa live (population Reference Bureau, 2007) and who actually needed these facilities most. For those who can afford the cost of medical attention, it may be obvious that there is gross inadequacy of human and material resources for full medicare. In the same national study on essential obstetric care (EOC) facilities in Nigeria, it was shown that only 4.2% of public health facilities met the EOC standard (Federal ministry of Health, 2003)

Okonofua (2007) in his own opinion, identified the belief system as one of the challenges affecting women access to healthcare services in Nigeria. According to him, the belief system of most people (women) and the efficacy of the medicine also affect women in accessing the reproductive healthcare services. For instance, some women prefer to go for orthodox medicare while other prefer going to traditional medicine.

**Challenges of reproductive health care in Nigeria**

The developing world especially Nigeria bears 90% of the disease burden, but allocates less than 10% of its annual budget to health care. This misplaced priority is disastrous and places these countries in a vicious cycle ill health, disease, poverty and backwardness (WHO, 2000). Perhaps, a great deal of the underlying cause of disease, injury and death in developing countries beyond the preview of the health care system. They cover a range of physical factors (inadequate sanitation, water, drainage waste disposal, housing and household energy) and behavioural factor (personal hygiene, sexual behaviour, driving habits, alcoholism and tobacco smoking).

Many of these environmental and occupation related health problems turn into public health problems when they become widespread, a factor aggravated by inadequate public health infrastructure. Global health policy agency such as United States Agency for International Development(USAID), the department for international development (DFID), and the World Bank have supported the removal of EOC users fees as a strategy for breaking down cost related barriers to care (Ensor and Ronoh 2005). Empirical examples support this rationale; removal of user fees has been shown to increase utilization of maternal health services in Uganda, Burundi, and South Africa (Langer, Nyenda and Catine, 2000).

However, the free-to-use prognosis suffers from its dependency on existing health infrastructure and its narrow focus. A second problem is that the available resources are not evenly allocated to the most effective interventions, they are geographical concentrated in large cities, and do not reach the poor. Despite the WHO Alma Ata Declaration, the bulk of public health expenditure continues to be absorbed by hospital base care delivered at some distance from poor rural populations (World Bank 2004; Castro-Lee et al., 2000). Shifting the balance of resources further toward primary care world not necessarily has the desired impact on the level and distribution of population health, however (Filmer et al., 2000; Filmer and Pritchett 1999). There are major deficiencies in the quality of primary care delivered in many developing countries (Filmer et al, 2000; WHO 2000).

The medical profession has a great challenge in tackling these health related problems in Nigeria. The first task is the reversal of the brain drain syndrome that is currently taking its toll, not only in the health sector but also in other vital areas of the national life of Nigeria. It is ironical that such developing countries that should be manpower recipients are rather manpower donors. This has led to the depletion of the available human resources, especially of the highly skilled medical professionals. To worsen matters, some of the available health professionals are aversive to working in public health facilities and rather run private medical practices. Such private hospitals are usually very expensive and beyond the reach of the average person.

In some cases, the system makes it difficult and frustrating for health professionals to function effectively and efficiently. Lack of facilities and equipment to work with are issues to contend with. It is frustrating but not uncommon that a radiologist could be employed in a facility without functioning x-ray machine or ultrasound, or a neurosurgeon could be working in a facility without computerized tomography scans.

**Strategies Adopted to curtail Reproductive Health Challenges for women in Nigeria**

Although attempts have been made in the past aimed at reducing reproductive health problems for women in Nigeria, such attempts, especially by the federal and state governments, have generally not proved very successful in achieving the desired results. Some promising results however have recently begun to be recorded through some policy initiatives by a few state governments. In Anambra state, the state house of assembly approved a bill in 2015, guaranteeing free maternal health services to pregnant women (Shiffman and Okonofua, 2007).

The state commissioner of health who is an obstetrician and gynaecologist played a central role in its development and adoption. In Kano state, the state government included in its budget a line item for free maternal health services. The former state commissioner of health together with a senior obstetrician, and gynaecologist, played central roles in creating this positive environment for reproductive health in Jigawa state, state and local budgets provided funds for the upgrading of obstetric care facilities in hospitals, the recruitment of obstetricians and

gynaecologists and the provision of ambulance at the local level to transport pregnant women experiencing delivery complications to health facilities. The former executive secretary for primary health care, who subsequently became state commissioner for health, stood behind these initiatives.

Despite all these, the challenges still remain the same, many researchers therefore have come up with what they consider as strategies to curb the challenges of reproductive health services among women. Some are of the view that to solve the challenges of reproductive health, it will involves a preventive approach while others suggest a long-term approach. For instance, Adewale (2012) suggests that the used of preventive measure should be adopted as this will involves the evolvement of strategies that will tackle the major causes of reproductive challenges among women. Similarly, Alison (2002) was of the opinion that the preventive strategies will solve the problems of reproductive health among women. He opined that policy makers and stakeholders should involve in the provision of reproductive health information and services to women as well as come up with effective communication strategies that will lead to behavioural change.

Remez and Woog (2001) in their own opinion, argued that the government should make provision of health facilities that will be able to cater for the reproductive needs of the women. According to them, this will provoke the provision of the following facilities to reduce it; enforcement of health facilities control by the government, adequate funding, provision of basic health infrastructural facilities among the health centres, control of control of reproductive health facilities inflow into communities.

In a similar manner, Mangirazi (2013) also observed that the provision of reproductive health facilities will helps curtail some of the challenges affecting access to reproductive healthcare services among women. According to him, this will solve the problems of availability of the health facilities. Blanc (2009) in his own view, summited that providing women with sexual and reproductive health information and services is key to solve the challenges of reproductive health as well as to enable them to make well informed choices about their sexual and reproductive health. Atuyambe (2011) in his own view, argued that the only tool which proves to be beneficial in the prevention of reproductive health challenges among women is sex education. According to him, people who receive clear information on sexual conduct from others are more able to practice risk reduction behaviours such as delay of sexual debut and consistent condom use.

In a related development, Dennis (2002) also observed that there is a need for appropriate communication channels which will take into account the technical formats of messages; information needs behaviour, norms, values, beliefs and socio-cultural context of rural communities. According to him, these factors play pivotal roles in influencing women's' decisions regarding their sexual health as stipulated by the excellence in communication model that understanding audiences and building relationship with them are important components for behavioural change.

According to Lange (1998), the government should make initiatives through policy making that will helps tackle some of the reproductive health challenges among women. He argued that these initiatives will helps to introduce free maternal care, usually through user-fee waivers. He further explains that these policies mostly do not seem to be adequately planned for and are consequently unsustainable. The main challenge to the introduction and implementation of user-fee waivers is the provision of adequate number of skilled health care personnel to handle the huge influx of pregnant women who come to avail themselves of the free maternal care services. A second challenge is that large amounts of drugs are used up in very short periods of time. Also, an overwhelming amount of clerical work is required to account for the distribution and use of medicines. Hence there is need for adequate planning before the introduction of user-fee waivers. This will helps reduced reproductive health challenges among women.

The Lagos state Government once adopted this strategy, in an effort to stem the tide of maternal and child deaths recently set up five maternal and child care centres (MCCS) fully equipped and well-staffed to provide a wide spectrum of care including family planning, ante-and post-natal care to facilitate safety of women during child

delivery. The MCCs are located in surulere, Ikorodu, Isolo, Ifako-Ijaiy and Ajeromi. Other locations include Alimosho, Ibeju-Lekki, Epe and Badagry among others (Sunday Punch 2012).

One recent initiative that seems to be successful is the Ondo state Government initiative known as Abiye. This initiative in the rural communities in Ondo state, uses, mobile phones to save lives of indigene pregnant women. According to the World Bank (2008) 51.6 percent of Nigerians live in rural area, most of whom are cut off from modern medical facilities, making pregnant women vulnerable to readily preventable adverse our comes. Most of these adverse outcomes result from delay in seeking care, getting to health centres when care is sought, receiving care on getting to the health centre, and referring patients to more advanced centres when necessary.

In the Ondo state initiative, pregnant women go for antenatal care at primary health care centres where each one is given a mobile phone. The pregnant women are put in government prepaid, caller-user groups and tracked by trained personnel so the pregnancy is monitored. Calls to the health care personnel are toll free. The pilot scheme is in Ifedore local Government Area of Ondo state (Sunday Punch, 2011). Primarily because the lines are toll-free the delay in seeking care is minimized to almost zero. The programme also takes care of the delay in reaching health centres since ambulances are stationed to bring in the pregnant women when they call. In emergencies, the health personnel go on motorcycle with a First Aid box. If it is something they can't handle, the women are taken to the general hospital.

A major shortcoming of all these efforts is that they are disjointed and uncoordinated, with each state working according to its own dictate and vision. What is required is an integrated approach to replicate successful programmes in other states of the country. The disjointed nature of these efforts is indicative of overall failure in leadership and governance in the health care sector and indeed in other spheres of Nigerian life. The resulting chaos manifests in inconsistent, contradictory, ill-thought-out, and ever changing policies. For instance, one stop-gap initiative introduced to address the issue of low proportion of births attended by skilled health personnel is the midwives service scheme. Under this scheme the tree tiers of government are to share the costs of engaging midwives on a massive scale.

It is not clear, however, where the midwives are to come from since the relevant regulatory bodies, the Nursing and midwifery council of Nigeria and the Federal ministry of Health appear determined to drastically restrict the number of midwives and nurses that may graduate each year. As a result of regulations aimed at achieving such ends, many states do not have enough nurses and midwives to effectively meet the basic demand for maternal care, let alone handily things on a massive scale.

Not helping matters also is the unwillingness of governments in Nigeria to reveal how they spend money. It is difficult to comprehend the rationale behind the phenomenon of unspent funds whereby funds are usually returned as unspent at the end of each budget period even as 52, 00 Nigerian women are consigned to early graves owing to failure of the government to provide facilities to assist in pregnancy and child birth. A recent report by the centre for Reproductive Rights (CRR), notes that in 2008 Nigeria gave about 5% of its annual budget to the health sector. This amounts to just one third of what it promised in a regional treaty. And without it is difficult to find out who received the money and how it was spent.

In Benue State, in order to ensure quality reproductive health care services and women accessibility to the services, the government of the state have provides reproductive health care facilities such as buildings, hospital beds, enough drugs and train health personnel among others in all the twenty three (23) local government areas of the state. In addition to the above mention, the state government have employed traditional birth attendance and train them in order to be providing reproductive health care services in the rural areas (Benue state Health management board, 2013). Another area where the government of Benue state have been trying to improve on reproductive health care service is free immunization which involve pregnant women and children. Also, Benue state governments have made provision for antenatal and post-natal care services at very affordable prices.

The case is not different from Guma Local Government area as the local government have primary health care centre with train health personnel in all the ten (10) council wards of the local government area. This was done to ensure women access to reproductive health care services at affordable prices.

**Theoretical orientation**

The theoretical underpinning of the study is premised on the theory of help-seeking behavior. Theory of help-seeking behaviour has its roots in the writing of David Mechanic. This theoretical framework adopted offers insights on the mechanism and context underlying the challenges of women's access to reproductive health services as it affect their reproductive health. With regard to the theoretical framework, Mechanic (1968) developed a theory of help-seeking behavior to facilitate an understanding of this assessment process and how individuals act prior to (or instead of) seeking a health care provider. Mechanic traces the extreme variations in how people respond to illness to differences in how they define the illness situation and to differences in their ability to cope with the situation. The process of definition and the ability to cope are both culturally and socially determined. As individuals mature through lifestages, they are socialized within families and within communities to respond to illness in particular ways. Part of this socialization is observing how others within the group respond to illness and noting the positive or negative reaction their behavior solicit. Sociologists refer to this process as the social construction of illness.

Mechanic identifies 10 (sometimes overlapping) factors that determine how individuals respond to symptoms of illness.

1. *The visibility, recognizability, or perceptual salience of symptoms* .“Many symptoms present themselves in a striking fashion, such as in the case of a sharp abdominal pain, an intense headache, and a high fever. Other symptoms have such little visibility (as in the early stages of cancer) that they require special check-ups to be detected in their early stage.”
2. *The perceived seriousness of symptoms*.“If the symptom is familiar, and the person understands why he has the symptom and what its probable course will be, he is less likely to seek reproductive healthcare services than if the symptom is unusual, strange, threatening, and unpredictable.”
3. *The extent to which symptoms disrupt family, work, and other social activities*. “Symptoms that are disruptive, and which cause inconvenience, social difficulties, pain, and annoyance are more likely to be defined and responded to than those that do not.”
4. *The frequency of the appearance of symptoms, their persistence, or frequency of recurrence*. “The more persistently ill a person feels, other factors remaining constant, the more likely he is to seek reproductive help, and frequent or persistent symptoms are more likely to influence a person to seek help than occasional recurring symptoms.”
5. *The tolerance threshold of those who are exposed to and evaluate the deviant signs and symptoms*. “An individual’s tolerance for pain and discomfort and his values about stoicism and independence, may also affect how he responds to symptoms and what he does about them. Persons vary a great deal in how much discomfort they are willing to tolerate and the attention they give to bodily troubles.”
6. *Available information, knowledge, and cultural assumptions and understandings of the evaluator*. “The sophistication of patients about medical matters varies from those who are aware of the latest therapeutic developments even before their doctor to those who cannot identify the basic body organs and who have only very naïve notions of bodily functioning. Such differences in medical knowledge and understanding have considerable influence in how people recognize, define, and respond to symptoms.”
7. *Perceptual needs which lead to autistic psychological processes*. Anxiety and fear may impact on symptom recognition and the decision to seek for reproductive health care in complex ways. Anxiety about reproductive illness may prompt quicker care-seeking, but fear of particular diagnoses may delay seeking help, thereby leading to inadequate access to reproductive health services.
8. *Needs competing with illness response*. People assign varying priority to reproductive health while illness symptoms might be a central focus for some, family, religious affiliation, sex, economic factor, attitudes, educational status and work-related activities are more important to others.

9. *Competing possible interpretations that can be assigned to the symptoms once they are recognized*. "People who work long hour suspect to be tired, and are therefore less likely to see tiredness as indicative of an illness. People who do heavy physical work are more likely to attribute such symptoms as backache to the nature of their lives and work rather than to any reproductive illness condition."
10. *Availability of treatment resources, physical proximity, and psychological and monetary costs of taking action*. The cost of treatment/affordability, convenience of treatment, and the cultural and social accessibility of the provider also affect women's accessibility to reproductive health care services.

The preceding theoretical discourse reinforces the notion that women's access to reproductive healthcare services is compounded by a lot of challenges which hinder them from accessing adequate reproductive health services in Guma Local Government area of Benue State. There are significant social and cultural challenges that affect the way women interpret and respond to reproductive health symptoms such as pain. For example variations in response to pain are based on differing levels of pain tolerance that are culturally prescribed in different ways for women than for men or for members of different ethnic groups.

In other words, women's access to reproductive healthcare services in Guma Local Government area related to socio-cultural factors like beliefs, religious affiliation, educational status, sex, poverty, preference for male-child as well as poor funding of health facilities by the government which have affected the accessibility of reproductive healthcare services. We must emphasize that this is typically the situation with Guma Local Government area where the prevailing challenges are particularly associated with the attitude of the people in the area. However, the question of beliefs, educational status, attitudes, sex, religious affiliation, sex and issues relating to economic factor that have caused so much reproductive health challenges in the local government area among the women are mainly offshoots of meaning and attitude women attached to a particular reproductive health care service in the area.

## METHODOLOGY

The study was carried out area in Guma Local Government Area of Benue state, Nigeria. Guma LGA has an estimated population of 490,712, (NPC, 2006). The local government area shares a common boundary with Tarka to the west, Makurdi to the south and Doma Local Government Area to the east, which is located in Nasarawa state respectively. The major ethnic groups around the local government area include the Tiv, Jukun and Kabawa. Other migrants like the Hausa/Fulani, Igbo are also found. The survey technique was adopted for the collection of data for the study. Sample was drawn from the population of men and women who are eighteen years and above. A sample size of 200 respondents was systematically selected from 20 villages within the ten (10) political wards that make up Guma LGA. Data was analysed using a combination of qualitative and quantitative techniques of data analysis.

## DATA AND DISCUSSIONS

This section presents, analyses and interprets the data obtained from the respondents in line with the research objectives. Salient issues considered here include major reproductive healthcare facilities and services, challenges, impacts of the reproductive healthcare services and strategies to curtail the challenges of reproductive healthcare in Guma Local Government Area.

Table 1: Reproductive healthcare facilities and services available for women in Guma Local Government Area.

| **Healthcare facilities and Services** | **Response** | | |
|---|---|---|---|
| | **Yes** | **No** | **Undecided** |
| Stretchers | 156 (78%) | 33 (16.5%) | 11 (5.5%) |
| Ultra-sound | 90 (45%) | 52 (26%) | 58 (29%) |
| Theatres for operation | 45 (22.5%) | 151 (75.5%) | 4 (2%) |

| | | | |
|---|---|---|---|
| Testing machines | 160 (80%) | 5 (2.5%) | 35 (17.5%) |
| Building/structures | 50 (25%) | 140 (70%) | 10 (5%) |
| Condoms | 184 (92%) | 12 (6%) | 4 (2%) |
| Cervical caps | 148 (%) | 20 (10%) | 32 (16%) |
| Antenatal services | 19 (9.5%) | 163 (81.5%) | 18 (9%) |
| Education and counselling | 41 (20.5%) | 129 (64.5%) | 30 (15%) |
| Family planning | 77 (38.5%) | 95 (47.5%) | 28 (14%) |
| Treating breast cancer & creating awareness | 71 (35.5%) | 69 (34.5%) | 60 (30%) |
| Delivery of post-natal services | 93 (46.5%) | 36 (18%) | 71 (35.5%) |

Source: Field survey (2019)

Table 1 present's data collected on the reproductive healthcare facilities and services available to women in Guma local government area. The data collected reveals that 156 (78%) of the respondents said stretchers is one of the reproductive health facilities available for women while 33 (16%) disagreed, 90 (45%) of the sample respondents agreed that ultra-sounds are facilities available for women, 45 (22.5%) were of the view that theatres are also facilities obtainable while 151 (75.5%) have disagreed, 160 of the respondents representing 80% agreed that testing machines also constitute one of the reproductive health facilities available for women. Again, 50 (25%) of the sample respondents said building/structures are also facilities in place while 140 (70%) disagreed, 184 (92%) of the respondents have also agreed that condoms are among the facilities available and 148 (74%) out of the total sample of 200 also admitted that cervical caps constitute one of the reproductive healthcare facilities in the area. Data also shows that 19 (9.5%) of the respondents contended that antenatal services is one of the reproductive healthcare services while 163 (81.5%) were of opinion that there are no antenatal services available for women, 41 (20.5%) also agreed that education and counselling is one of the services while 129 (64.5%) disagreed. This is follow by 77 (38.5%) who feel that family planning is among the reproductive services in the area and 95 (47.5%) disagreed while 28 (145) were undecided. Out of the 200 respondents, 71 (35.5%) were of also opinion that treating breast cancer and creating awareness is one of the services while 69 (34.5%) disagreed and 60 (30%) undecided, 93 (46.5%) of the respondents conclude that healthcare services available for women is post-natal services while 36 (18%) disagreed and 71 (35.5%) undecided.

In an interview with a female health worker at Primary Health Care centre (PHC) in Gbajimba council ward, Guma local government area on the reproductive healthcare facilities available for women. She responded that;

> *"Theatres, laboratory, ultra-sounds testing machines, stretchers, condoms, are some of the few reproductive healthcare facilities available for women".*

Again a male interviewee in Daudu community had this to say on availability of reproductive healthcare services for women.

> "*Family planning, antenatal care, post-natal care, educational and counselling, HIV/AIDS testing, treating of breast cancer and creating awareness are among the reproductive healthcare services for women*"

This was corroborated by three female interviewees in Agasha community. They said:

> *"The reproductive healthcare services available for women include child healthcare, family planning, antenatal care, delivery, and post-natal care as well as HIV/AIDS testing and treatment, education and counselling services"*

This implies that all the sample respondents are aware of the reproductive healthcare Facilities and services since most of them tried answering in affirmative.

Table 2: Impacts of reproductive healthcare services on women in Guma local government area.

| Impact of healthcare services | Response | | |
|---|---|---|---|
| | Yes | No | Undecided |
| Educates them on child-spacing | 176 (87.5%) | 17 (8.5%) | 8 (4%) |
| Checking the health status | 190 (95%) | 6 (3%) | 4 (2%) |
| Dealing with complications during pregnancy | 138 (69%) | 51 (25.5%) | 11 (5.5%) |
| Maternal & neonatal mortality | 159 (79.5%) | 36 (18%) | 5 (2.5%) |
| Improvement in Health conditions | 183 (91.5%) | 13 (6.5%) | 4 (2%) |

Source: Field survey (2019)

Table 2 presents data collected on the impacts of reproductive healthcare services on women in Guma local government area. The data collected indicate that 175 (87.5%) of the respondents agreed that reproductive healthcare services helps in child-spacing, 190 (95%) of the respondents admitted that it also helps in checking the health status of the mother and the baby during pregnancy and after delivery, 138 (69%) of the respondents were of opinion that it reduces complication during pregnancy, 159 (79%) of the respondents also agreed that reproductive healthcare services reduces both maternal and neonatal mortality, while 183 (91.5%) of the respondents agreed that reproductive healthcare services enhance women's reproductive health conditions.

In an interview with a female health personnel at Udei council ward in Guma local government area, on the impacts of reproductive healthcare services on women. She responded thus;

> *"The provision of reproductive health care services has helped women who have been able to access the services in Guma local government area especially here in Udei council ward. This is because; it improved their quality of life as well as their reproductive health conditions in general".*

This implies that reproductive health care services have positive impact on the reproductive health conditions of the women in Guma local government area.

Table 3: challenges affecting women's access to reproductive healthcare services in Guma local government area.

| Challenges of healthcare services | Response | | |
|---|---|---|---|
| | Yes | No | Undecided |
| Economic status/poverty | 189 (94.5%) | 7 (3.5%) | 4 (%) |
| Awareness among couples | 172 (86%) | 15 (7.5%) | 13 (6.5%) |
| Distance/proximity to the health facility | 150 (75%) | 48 (24%) | 2 (1%) |
| Educational status | 120 (60%) | 79(39.5%) | 1 (0.5%) |
| Traditional & religion beliefs | 180 (90%) | 18 (9%) | 2 (1%) |
| Spouse (husband's) approval | 140 (70%) | 36 (18%) | 24 (12%) |
| Inadequate medical logistics | 168 (84%) | 27(13.5%) | 5 (2.5%) |
| Attitude of health workers | 132 (66%) | 65(32.5%) | 3 (1.5%) |
| Non-chalant attitude among women | 131 (65.5%) | 66 (33%) | 3 (1.5%) |

Source: Field survey (2019)

Table 3 above shows that out of the 200 respondents, a total of 189 (94.5%) of the sample population affined that economic status/poverty is one of the major reproductive health challenges, 172 (86%) also identified the problem of awareness and enlightenment among couple as one of the challenges while 15 (7.5%) disagreed and 4 (2%) undecided, 150 (75%) of the respondents were of the opinion that distance/proximity to health facility make women to access reproductive healthcare services. This is because, if the distance of women to the healthcare centre is close, they can easily access reproductive healthcare services and vice-versa, 120 (60%) of the respondents said that educational status also contributes to the challenges.

Also, 180 990%) respondents contended that traditional and religion beliefs do hinder women from accessing reproductive healthcare services in the area where the people attached much value to their traditional and religion beliefs and vice-versa,140 (70%) agreed that spouse (husband's) approval is one among the challenges that hinder women in accessing reproductive healthcare services.

Again, 168 (84%) of the respondents admitted that inadequate medical logistics such as health personnel and health facilities hinder women in accessing reproductive healthcare services while 27 (13.5%) disagreed and 5 (2.5%) were undecided, 132 966%) of the respondents said that attitude & negligence of health workers can hinder women from accessing reproductive healthcare services. This is because most of the health workers especially in rural areas do not care about coming to work daily & even when they come, they hardly stay up-till to the closing hour(s). This kind of attitude portrayed by health worker discourages many women from accessing reproductive healthcare services available for them, 131 (65.5%) of the respondents were of opinion that ignorance & non-chalant attitude among women also constitute one of the challenges. This is because; most women especially in rural areas are not aware of the implication of accessing reproductive healthcare services and as a result, do not bother themselves for it.

In an interview with a respondent in Uikpam council ward on challenges affecting women's access to reproductive healthcare services in Guma local government area. She said;

> *"Economic status/poverty is one of the challenges that determines the extent women can access reproductive healthcare services. This is because most women are aware of the availability of reproductive healthcare services around them, but they do not have the means (money) to even carry themselves to the area for the utilization of these services. Distance/proximity to the health facilities also serves as a barrier for women to access the availability of healthcare services. This is because, the closer the health facilities are to the women, the more they can easily access them & vice-versa. Finally, inadequate medical logistics such as health personnel, ambulance and health facilities also hinder women from accessing reproductive healthcare services in Guma local government area"*

One of the female health workers was also interviewed on the at General Hospital, Torkula, in Guma local government area, on challenges affecting women's access to reproductive health care services. She responded that;

> *"Spouses (husbands) approval is one of the factors that facilitates or hinders women from accessing reproductive health care services. This is because most men do not allow their wives to access these services for personal reasons known to them. For example, there was a woman who came for family planning in this hospital and when she was asked to bring her husband before she would be rendered the services, she said; her husband will not approve this if he knows. This is because; he is not in support of family planning".*

The finding however suggests that out of the number of reproductive health challenges listed above, economic status/poverty has the highest frequency of 189 representing (94.5%), follow by traditional and religion beliefs with frequency of 180 representing (90%). This implies that the economic status/poverty including traditional and religion beliefs has been rate as the highest factors challenging reproductive healthcare services among women.
Going by the analysis above, there is of course a paramount need to improve the status of reproductive healthcare in our society so that these challenges could be uncovered and ripped in buds at the level of conception otherwise, women will continue to suffer its unhealthy consequences in Guma local government area.

Table 4: Strategies for curtailing the challenges of reproductive healthcare services in Guma Local Government Area.

| **Strategies** | **Response** | | |
|---|---|---|---|
| | **Yes** | **No** | **Undecided** |
| Provision of health facilities | 188 (94%) | 10 (5%) | 2 (1%) |
| Funding of public health institutions | 191 (95.5%) | 5 (2.5%) | 4 (2%) |
| Women's concern in decision-making | 165 (82.5%) | 27 (13.5%) | 8 (4%) |

| | | | |
|---|---|---|---|
| Subsidizing of healthcare services. | 179 (89.5%) | 15 (7.5%) | 6 (3%) |
| Elimination of cultural beliefs | 147 (73.5%) | 40 (20%) | 13 (6.5%) |

Source: Field survey (2019)

The above table presents the various strategies and which of the strategies is most preferred in handling the challenges of reproductive healthcare services. However, 188 (94%) respondents have advocated for the provision of adequate health facilities by the government, 191 (95.5%) also advocate for government intervention through funding of public health institutions, 165 (82%) respondents were of opinion that allowing women to participate in decision-making will solve the challenges of reproductive health among them.

More so, 179 respondents representing 89.5% were of opinion that subsidizing the high cost of reproductive healthcare services by government is quite necessary in the management of reproductive health challenges while 147 (73.5%) responded that the elimination of traditional and religion beliefs which hinder women from accessing reproductive healthcare services will helps solve the problems of reproductive health.

From the analysis above, it has clearly indicated that the respondents preferred funding of public health institutions by the government as the best strategy in curtailing the challenges of reproductive health. This is depicted by 191 (95.5%) and 188 (94%) respectively. This implies that the state government has a better role to play in managing these reproductive health challenges that has been hindering women's accessibility to reproductive healthcare services.

In another view with a male health worker, at General Hospital Umenger in Guma Local Government Area, on strategies in curtailing the challenges of reproductive health care services. He stated that;

> *"Women should be allowed to participate in decision making in terms of their reproductive health. This is because most men do not allow their wives to go to the hospital of their choice, to have a say on family planning methods as well as when to seek for the services and who to attend to them. For example, some men prefer their wives to be attended by a female health worker and not a male health worker for personal reasons known to them".*

Again, a female health worker was interviewed on ways of improving women's access to reproductive health care services, at Primary Health Clinic, Kasiyo in Guma local government area. She responded that;

*"Government should subsidize the cost of these services at very affordable rate that anybody (woman) no matter the level of income should be able to access these services. Also, traditional and religious beliefs that do not pave way for women to access these services should be buried".*

In another interview with one of the male health workers, at Community Health Centre, Yelwata in Guma Local Government Area, on strategies of improving women's access to reproductive health care services. He said;

> *"Government, non-governmental organizations, and able individuals should provide logistics such as ambulance, incubators, oxygen, health personnel and health centres. Also, spouses (both husband and wife) should be sensitized on the importance of reproductive health care services by health workers".*

This implies that all the sampled respondents are aware of the factors that hinder women from having access to reproductive health care services and at the same time expressed their feelings on what can be done to curtail these challenges.

**Discussion of findings**

Based on the findings from the study, socio-demographic characteristics of respondents, has revealed that, the highest number of the respondents that participated in the study fall within the age range of 26-35 ( 82 or 41%), followed by another set of respondents with the age bracket of 36-45 (61 or 30.5%), another category with the age

bracket of 14-25 (38 or 19%) while 46 and above with the lowest frequency of 19 (9.5%) respectively. In view of the ethnic groups, the findings of the study indicate that 75 (37.5%) of the respondents are Tiv, followed by Idoma with 51 (25.5%) respondents, Igede with 31 (15.5%), Jukun having 25 (12.5%) number respondents, while Itilo 13 (6.5%). The marital status of the respondents has also revealed that the highest number of respondents are married with (123 or 61.5%), single (41 or 20.5%), divorced (24 or 12%) while separated with the lowest frequency of (12 or 6%) respectively.

In regard to occupation, the findings of the study revealed that 90 (45%) of the respondents were farmers, followed by those who are into business with a total of 45 (22.5%), students with 30 (15%), civil servants 24 (12%) while self-employed having 11 (5.5%) respondents. In respect to educational background, the finding of the study indicates that 81 (40.5%) of the respondents have primary education, another set of respondents with 69 (34.5%) having secondary education and tertiary with 37 (18.5%) while none with 13 (6.5%) respectively.

Also, out of the total of 200 sample population, 120 (60%) respondents are rural dwellers while 80 (40%) reside in urban area. The religion affiliation of the respondents also revealed that majority of the respondents that participated in the study are Christians with a frequency of 150 (75%), followed by traditionalists with 30 (15%) number of respondents and Others 11 (5.5%) whereas Islam carry 9 (4.5%) respectively. In view of the availability of reproductive healthcare services in Guma local government area, the study found out that stretchers, ultra-sound, testing machines, condoms and cervical caps are some of the reproductive health facilities available for women in the area. This findings corroborates with the findings of Omoruan, Bamidele and Philips (2009) who identified condoms, cervical caps and testing machines as some of reproductive health facilities available. In respects to the available reproductive healthcare services, findings of the study revealed that there are reproductive healthcare services such as family planning, treating breast cancer & creating awareness, educational & counselling services, delivery of post-natal services are some of the major reproductive healthcare services available for women in Guma Local Government Area. This finding is in line with the views of Adamu and Salih (2002) who argued that reproductive healthcare services available for women include post-natal healthcare services and family planning.

Regard to the challenges that hinder women from accessing reproductive healthcare services, findings of the study revealed that; economic status/poverty, awareness and enlightenment among couples (husband and wife), distance/proximity to the health facilities, educational status, traditional & religion beliefs, spouse (husband's) approval, inadequate medical logistics, attitude & negligence of health workers including ignorance/non-chalant attitude among women are some of the challenges faced by women in accessing reproductive healthcare services in Guma Local Government Area. This finding also aligns with the views of Adamu (2003) who argued that socio-cultural factors such as traditional and religion beliefs play a key role in influencing women's access and utilization of healthcare services. Again, in respects to the impacts of reproductive healthcare service provision, findings of the study has shown that it reduces maternal & neo-natal mortality, it helps in child-spacing, reduces complications during pregnancy, improve the health conditions of women and also provides the means of checking the health status of mother & the baby during and after pregnancy.

Furthermore, the study found out that the several ways of curtailing the challenges of reproductive healthcare services include; the provision of adequate health facilities by the government, funding of public health institutions by the government, allowing women to participate in decision-making as regard to their reproductive health, subsidizing the high cost of reproductive healthcare services at very affordable rate by government and elimination of traditional & religion beliefs that do not pave way for women to access these services. This findings is in line with the view of Mangirazi (2013), Remez and Woog (2001) who observed that the provision of reproductive health facilities by the government will helps alleviate some of the challenges of reproductive among women. The findings also collaborates with the views of Lange (1998) who argued that government initiatives through subsidization and policy makings will helps tackle the problems of reproductive health in our society.

## Conclusion

It is established that there is abundant evidence of reproductive health challenges in Guma local government area, Benue state, Nigeria. Reproductive health challenges in any environment constitute threat to lives, hampered socio-economic performance, and result into poor health conditions, all of which restrict accessibility of healthcare services by women in the society. In Guma local government area, there has been rising wave of reproductive health challenges since the local government was created in 1998. The rising wave has not abated but has assumed a dangerous dimension which is even threatening the health well-being of families as one consanguine unit and the society at large. The elimination of these threats should be the number one goal of government at all levels, as the state cannot achieve its significant development amidst the ill-health reproductive conditions of women. Consequently, this study agrees with many other studies in this area which has made the same connection between access to reproductive healthcare services and its impacts on women and neglect in different parts of the country in particular and in different parts of the world-general.

The result of the analysis shows that the challenges of reproductive healthcare services in the area like economic status/poverty, awareness and enlightenment among couples, distance/proximity to the health facility, traditional & religion beliefs, inadequate medical logistics, spouse (husband's) approval, attitude & negligence of health workers among others has in one way or the other affected the reproductive health conditions of women in Guma local government area of Benue state.

Socio-economic development is achieved under an atmosphere devoid of health challenges. Reproductive health challenges have displaced the health well-being of women in the area and this is the main cause of the general reproductive health challenges. The government is expected to be the Saviour/Messiah of hopeless citizens (women), but in most cases when such needs arises, the idea of whom among the geographical region is occupying a top position in government plays in only to introduce bias in the distributive efforts of these health facilities to the women, the challenges then continue. At the same, the notion of craving to protect, secure and safeguard individual interest and that of their geographical region explain to a large extent the reason for the preponderance of reproductive health challenges in Guma local government area and Benue state in general.

## Recommendations

Based on the findings of this research work the following recommendations have been made:

1. The real panacea for solving reproductive health challenges in the area is for the government to accelerate the pace of development. Development in this context consists of creating an economy with relevant social, economic and physical infrastructure for the well-being of women, in order for women to have full access to reproductive healthcare services, there is need for the government to make provision of adequate reproductive health facilities& services, funds public health institutions and subsidized high cost of reproductive healthcare services at very affordable rate for the women.
2. Spouses (both husband and wife) should be sensitized on the importance of reproductive health care services and traditional/religious beliefs that do not allow women to access these services should be abolished
3. Women should also be allowed to participate in decision making in terms of the kind of reproductive health services they require. This will give them freedom to access the reproductive health facilities available.
4. Also, traditional and religious beliefs that do not allow for the accessibility of reproductive healthcare services should be eliminated among societies, so that women would have access to these reproductive healthcare services.
5. The mass media should be used to educate & create awareness among the women on the values of using some of these reproductive healthcare services, as some of them have non-challant attitude towards them and by this the reproductive health challenges will be resolved.

6. Women should also be given the freedom to take economic decisions so that they will know the importance of patronising some of these reproductive healthcare facilities & services. Thus, enhancing their reproductive health status in the society.

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