

Accessibility and Utilization of Reproductive Health Services among Women Traders Trading In Main Bodija Market Ibadan, Oyo State, Nigeria

Oyekunle, Funmilayo Eunice¹ and Dr. Kio Janet²

^{1,2} Department of community/public health School of Nursing
Babcock University Ilishan- Remo Ogun State Nigeria

Abstract: The best way to reduce the risk of reproductive health problems such as unintended pregnancies is the easy access to and proper utilization of reproductive health services. Therefore, this study investigated accessibility and utilization of reproductive health services (RHS) among women traders trading in main Bodija market Ibadan, Oyo State, Nigeria. A survey research design was adopted for this study while stratified sampling method was used to select the stalls and participants of this study. A self-designed questionnaire was used for data collection, which was pilot tested through test-re-test and yielded a reliability coefficient (index) of 0.793. Four research questions and two hypotheses were formulated and tested. Analysis of data was done using descriptive statistics and logistic simple regression analysis fixed at the .05 significant levels. A total of 339 respondents participated in the study. Their age ranged from 20-53 years with a mean age of 36.8 years. Majority of the respondents 209 (61.6%) had moderate knowledge of available reproductive health services for the women, accessibility (62.6%) and utilization (58.9%) reproductive health services was on the average. Age, marital status, parity, educational level and knowledge of RHS are associated factors with accessibility and utilization of reproductive health services by the women trading in Bodija market. The study concluded that age, marital status, parity, educational level and knowledge of RHS are associated factors with accessibility and utilization of reproductive health services by women. Based on the outcome of this study, it was recommended that there is a need to focus more on equipping the women by providing them with correct and comprehensive RHS information which can have life-long protective benefits for them.

Keywords: Accessibility, Reproductive health services, Utilization, Women traders

Date of Submission: 21-01-2020

Date of acceptance: 12-02-2020

I. Introduction

All over the world today, there has been a clarion call by the World Health Organization (WHO) especially in the developing world such as Africa to increase efforts to advocate the recognition of the pivotal role of reproductive health in achieving health and social development objectives at all levels, as targeted by Sustainable Development Goals (SDGs) 3, 4, 5 and 6. It has been equally noted that unsafe abortion is preventable but it continues to pose undue risk to the lives of African women. Unsafe abortions account for about 14% of maternal deaths on the continent. Thirty-one out of 1000 African women aged 15-45 years are estimated to experience unsafe abortions annually as a result of poor utilization of contraceptives (Ayodele, 2018).

The concern about women's reproductive health has grown due to unprecedented increasing rates of high maternal morbidity and mortality rates that has implications for their self-perception, social status and future health behaviour. Most behavioural responses of women of reproductive age habitually revolve around not just sexual activities but women's reproductive health is a major area of concern especially in developing countries such as Nigeria. As such it was selected as an agenda priority at the 1994 International Conference on Population and Development (ICPD) and is one of the Sustainable Development Goals (Olanrawaju, 2015; Stuckler, Basu & McKee, 2010). However, there is little evidence of progress towards reaching the Sustainable Development Goals in some countries, in particular maternal health care service utilization. According to the Global Monitoring report, out of the 124 countries, 94 are likely to miss the target of reducing the maternal mortality by three quarters (World Bank, 2015).

Report of unintended pregnancies and lack of contraceptive use by women especially the young ones is alarming in developing countries. Unsafe abortions, maternal morbidity and mortality are associated risks of unwanted pregnancies. Use of contraceptives has been identified as a major key in the prevention of unwanted pregnancies and its unfavourable outcomes (Nsubuga, Sekandi, Sampeera, & Makumbi, 2015).

Reproductive health services are provided mainly by the Nigerian government through maternal and child health programs (FMOH, 2016). RHS have been largely lacking in the country, especially in rural areas

(WHO, 2011c). Statistics in Nigeria have shown that RHS coverage rates are low, new HIV infection rates are high, contraception usage low and pregnancy rates are high (UNFPA, 2013). The few recent studies in Nigeria on the knowledge, attitude and practice of reproductive health (RH) show a wide variation between knowledge about and the level of services utilization (Adogu, Udigwe, Udigwe, Nwabueze, & Onwasigwe, 2014; Fotso, Ajayi, Idoko, Speizer, & Fasiku, 2011; Mmari, Blum, Sonenstein, Marshall, & Brahmbhatt, 2014; Ogunjuyigbe & Adepoju, 2014). The study of knowledge, services utilization, and associated factors is pertinent to the design of appropriate interventions and strategies in the local context (Abajobir & Seme, 2014)

The best way to reduce the risk of reproductive health problems such as unintended pregnancies is the easy access to and proper utilization of reproductive health services. For instance, the current prevalence rate for contraceptive use in Nigeria is approximately 11%-13% (Emmanuel, Andrea, John & James, 2016). There is insufficient research evidence identifying the various factors that contribute to access and proper utilization of reproductive health services in Nigeria. Uptake also depends on the understanding and experiences of potential users and the socio-economic factors with culture and gender relations frequently having great effects on acceptability than actual quality of the service method (Moore, Beksinska, Rumphs, Festin & Gollub, 2015).

Evidence indicates that most women in developing countries underutilize RHS. A report on a survey from 70 developing countries on the use of RHS presented data related to contraceptive use, care-seeking for STDs and testing for HIV (Woog, Singh, Browne & Philbin, 2015). The findings revealed that modern contraceptive use was low among married women in all regions of Africa. There is very little comprehensive, nationally representative data available about utilization of abortion and post abortion care services (IPPF, 2010). Evidence from studies in 12 developing countries revealed that women have a higher tendency to seek abortions from untrained providers (IPPF, 2010).

A series of multifaceted factors prohibit accessibility and utilization of RHS by women. The availability of the RHS and their procedures for utilization partly determined women's access to the services. Inadequate knowledge about RH and RHS is a barrier which might hinder utilization of RHS by women. A study done in Burkina Faso, Ghana, Malawi, and Uganda showed that contraceptive, STI and voluntary counselling and testing (VCT) services are still under-utilized by women due to their lack of knowledge about the services (Adogu, et al, 2014, FMOH, 2016). The study found that lack of understanding of the importance of sexual health care or knowledge of where to go for care discourages women people from using the services. Embarrassment in seeking RHS has been reported in various studies as barriers to women's access to RHS (Regmi, Van Teijlingen, Simkhada & Acharya 2010; UNFPA, 2015). This is also as a result of lack of knowledge.

Indeed, women need RHS, and access to the services is vital in helping prevent adverse sexual and reproductive health outcomes. Furthermore, it is also necessary for protecting future generations from negative health consequences. Therefore, exploring accessibility and utilization of RH service among Nigerian women especially the market women is important to improve RH service utilization and thereby reduce the burden of maternal diseases, disabilities and other negative consequences associated with RH. Considering all the above mentioned studies, this study therefore focused on assessing the accessibility and utilization of sexual and reproductive health services among women traders trading in main Bodija market Ibadan, Oyo State, Nigeria.

Research Questions

1. What knowledge do women traders trading in main Bodija market have on reproductive health services?
2. What is the level of accessibility of reproductive health services by women traders trading in main Bodija market?
3. What is the utilization level of women traders trading in main Bodija market on reproductive health services?
4. What are the factors associated with accessibility and utilization of reproductive health services by women trading in main Bodija market?

II. Methodology

Research Design: This research study adopted a survey research design to explain the access and utilization of sexual and reproductive health services, and family planning needs among women traders in Bodija of Oyo State, Nigeria.

Population: The study population cuts across all the women traders trading in main Bodija market Ibadan, Oyo State. The characteristic of the study population was mixed irrespective of age, marital status, educational background, and number of children.

Sample size and sampling Technique: Stratified random sampling technique was used. This helped the researcher to stratify the population of the women traders in main Bodija market into strata based on their stalls and commodities they are selling. The stratification was done into five (5) different strata as (a) Perishable goods such as vegetables, meat, and fruits; (b) Staple food stuff such as rice, beans, millet, corn, and yam; (c)

Provisions such as can food, soup seasoning, juice drinks, and wine; (d) Cosmetics such as body cream, soap, and detergents; (e) Cloth and clothing material; and (f) Cooked food. All the strata have large concentration of women traders trading in main Bodija market. Simple random sampling technique was used in selecting 54 women from each stratum. A convenient sampling technique was used to administer the questionnaire to the respondents. As the population cannot be gathered at any specific time for the study hence, the respondents were chosen on contact up till the required sample size was attained. Therefore, the sample for the study consisted of 324 market women trading in Main Bodija market of Oyo State, Nigeria. The sample size was determined using Leslie Kish formula for sample size determination while a sample of 356 were drawn from the market.

Instrumentation: The instrument used for this study was a well-structured survey questionnaire. The research instrument was divided into four sections. **Section A:** This section elicited responses on demographic variables of participants like such as religion, cultural background, marital status, among others. **Section B:** elicited information on respondents' knowledge of reproductive health services. The items were measured on 2 continuum scale ranging from 0 to 1 (Yes = 1, and No = 0). The correct answer is 1 and wrong answer is 0. Knowledge as a variable was measured as either high (mean score between 7.0 & 10.0), moderate (mean score between 4.0 & 6.0) or low (mean score between 1.0 & 3.0). **Section C:** elicited information on the access reproductive health services by the respondents. The items were measured on 2 continuum scale ranging from 0 to 1 (Yes = 1, and No = 0). **Section D:** elicited information on the extent of utilization of Reproductive Health Services by the respondents. The items were measured on 4 continuum scale ranging from 0 to 3 (Never to All the time). The higher the score, the higher the utilization level. Higher mean score (19-27) signifies good utilization while lower score (1-9) signifies poor utilization of reproductive health services by the respondents. The instrument was subjected to a pilot testing among fifty (50) market women in Oje market who were not part of the respondents for this study. This was to test and improve on the proposed questionnaire to be used for the study. All the fifty (50) copies distributed were recovered, while reliability test results yielded a coefficient value of 0.793.

Method of Data Analysis: In this study, data obtained from the participants were analyzed using statistical package for the social sciences (SPSS) software version 23.00. Descriptive statistics of frequency distribution, percentages, means and standard deviation were used to analyze the data and provide answers to the research questions 1, 2, and 3, while Univariate and multivariate (mutually adjusted) logistic regression were performed to test question 4. Simple regression analysis was used to test hypotheses one and two. All the hypotheses were tested at 0.5% level of significance ($p < 0.05$).

Ethical Consideration: An ethical clearance was obtained from the Babcock University Health and Research Ethic Committee (BUHREC).

III. Results

Table 1: Information on the respondents' knowledge of reproductive health services (RHS)

Variable (N =339)	Yes (f) (%)	No (f) (%)
Do you know about reproductive health services for women?	289 (85.2)	50 (14.8)
Do you know that there are clinics that provide reproductive health services around Bodija market?	289 (85.2)	50 (14.8)
If yes, have you visited any of the clinics to receive reproductive health services?	178 (52.5)	161 (47.5)
Family planning/collection of condom	233 (68.7)	106 (31.3)
Voluntary counseling and HIV testing	129 (38.1)	210 (61.9)
Antenatal Care	277 (81.7)	62 (18.3)
Postnatal Care	201 (59.3)	138 (40.7)
Treatment of sexually transmitted infections	198 (58.4)	141 (41.6)
Pre and Post abortion counseling	118 (34.8)	221 (65.2)
Reproductive health services is majorly for sick people	200 (59.0)	139 (41.0)

Table 1 reveals that 85.2% of the respondents claimed they were knowledgeable of reproductive health services among women trading in Bodija main market. More than two-third (85.2%) of the respondents claimed that they knew that there are clinics that provide reproductive health services around Bodija main market while 178 (52.5%) had visited any of the clinics to receive reproductive health services. It was reveal further that 233 (68.7%) claimed they utilised RHS for family planning/collection of condom, 129 (38.1%) accessed voluntary counseling and HIV testing, 277 (81.7%) utilized antenatal care, 201 (59.3%) utilized postnatal care, 198 (58.4%) utilized it for treatment of sexually transmitted infections, and 118 (34.8%) utilized the pre and post abortion counseling. Majority (59%) of the respondents claimed that reproductive health services is majorly for sick people.

Table 2: Summary of knowledge level of respondents' knowledge of availability of reproductive health services

Category	Criteria	Frequency	%	Remark
7-10	High	83	24.5	Respondents with high level of knowledge of reproductive health services
4-6	Moderate	209	61.6	Respondents with moderate level of knowledge of reproductive health services
1-3	Low	47	13.9	Respondents with low level of knowledge of reproductive health services

The result presents the level of knowledge of women trading in Bodija market on availability of reproductive health services. Their knowledge was categorized as high (7-10), moderate/average (4-6) and low (1-3). Majority 209 (61.6%) of the respondents had moderate knowledge of available reproductive health services for the women, 83 (24.5%) had high knowledge, and the remaining 47 (13.9%) had low knowledge.

Table 3: Accessibility of reproductive health services by women trading in Bodija market

Variable (N = 339)		Frequency	%
Have you ever visited a health facility in your locality for reproductive health service(s)?	Yes	339	100.0
	No	-	-
Is the cost of reproductive health services affordable by you?	Yes	203	59.9
	No	136	40.1
Are reproductive health centers closer to you?	Yes	277	81.7
	No	62	18.3
How far is RH facility from you?	short walking distance	244	72.0
	#50 transport	62	18.3
	#100 transport	33	9.7
	Over #100 for transport	-	-
Have you ever waited for long hours before you are attended to at the RH center	Yes	219	64.6
	No	120	35.4
Are there enough resources (human and materials) at the RH center	Yes	200	59.0
	No	139	41.0
Accessibility weighted % = 62.6			

Table 3 reveals that all the women trading in Bodija market in one way or the had accessed reproductive health services. Majority of the respondents 203 (59.9%) agreed that the cost of reproductive health services affordable by them while 81.7% claimed that reproductive health centers are closer to them. RH service delivery point from their homes or the markets revealed that 244 (72.0%) of the respondents have to walk short distance, 62 (18.3%) will spend #50 on transport and 33 (9.7%) will spend #100 for transport. It was equally revealed that 219 (64.6%) waited for long hours before they were attended to at the RH center. Also, 200 (59%) agreed that there are enough resources (human and materials) at the RH center.

Table 4: Utilization of reproductive health services by women trading in main Bodija market

Utilization (N =339)		Frequency	%
Have you ever use any RH service?	No	161	47.5
	Yes	178	52.5
Family planning/collection of condom	Never	106	31.3
	Sometimes	87	25.7
	Often	69	20.3
	All the time	77	22.7
Voluntary counseling and HIV testing	Never	210	61.9
	Sometimes	67	19.8
	Often	33	9.7
	All the time	29	8.6
Antenatal Care	Never	62	18.3
	Sometimes	76	22.4
	Often	100	29.5
	All the time	101	29.8
Postnatal Care	Never	138	40.7
	Sometimes	45	13.3
	Often	23	6.8
	All the time	133	39.2
Treatment of sexually transmitted infections	Never	141	41.6
	Sometimes	50	14.8
	Often	50	14.8
	All the time	98	28.9
Pre and Post abortion counseling	Never	221	65.2

	Sometimes	50	14.8
	Often	38	11.2
	All the time	30	8.9

The outcome of the research question measuring the level of utilization of reproductive health services by women trading in Bodija main market revealed that half of the respondents 178 (52.5%) had used RH service. Table 5 revealed that 31.3% never utilized the family planning/collection of condom, 61.9% never used voluntary counseling and HIV testing, 18.3% on antenatal care, 40.7% on postnatal care, 41.6% on the treatment of sexually transmitted infections, and 65.2% never used the pre and post abortion counseling.

Table 5: Extent of utilization of reproductive health services by women trading in Bodija market

Variable	N	Minimum	Maximum	Mean	Std. Dev
Extent of utilization of reproductive health services	339	12.00	25.00	14.731	7.019

Table 5 reveals the extent to which women trading in Bodija market utilize reproductive health services with a mean score of 16.333 (58.924%), which is on the average. This is because it is than the minimum score of 12 which is 48%. It could then be deduced generally that the extent to which women trading in Bodija market utilize reproductive health services is not too encouraging and satisfactory, which may be as a result of some factors inherent in the women or circumstances around them.

Table 6: Factors associated with accessibility and utilization of reproductive health services by women trading in Bodija market

		Accessibility & Utilization		Univariate		Multivariate	
		Good	Poor	OR (95% CI)	P value	OR (95% CI)	P value
Age	20-25yrs	11	18	1.00		1.00	
	26-30yrs	16	15	1.70(0.53-5.45)	.654	0.38(0.13-6.53)	.140
	31-35yrs	46	30	1.79(0.71-5.86)	.389	0.49(0.47-8.87)	.219
	36-40yrs	69	32	3.26(1.74-19.09)	.047**	1.99(1.43-11.26)	.051
	41-45yrs	38	15	3.74(1.61-16.89)	.049**	1.67(1.00-10.91)	.074
	46yrs above	33	13	4.00(2.33-21.94)	.041*	3.85(1.43-29.08)	.019*
Marital Status	Single	33	04	1.00		1.00	
	Married	156	66	2.20(1.09-9.69)	.039**	3.86(1.17-25.54)	.023*
	Separated	29	19	1.86(0.53-7.12)	.286	0.71(0.59-8.01)	.202
	Divorced	22	10	1.04(1.11-10.09)	.057	0.91(1.22-9.93)	.174
Educ. Level	No formal edu	7	12	1.00		1.00	
	Primary	19	23	1.90(0.59-7.54)	.333	0.63(0.51-7.77)	.123
	Secondary	98	89	1.74(0.61-6.66)	.039**	3.58(0.43-9.98)	.049**
	Tertiary	53	38	21.07(5.06-45.13)	.001*	9.09(1.32-46.87)	.028*
Parity	None	-	-	-	-	-	-
	1-2	20	3	3.10(0.89-10.69)	.046**	13.70(1.29-37.12)	.007*
	3-4	30	24	1.27(0.86-4.91)	.111	0.19(0.79-13.97)	.123
	5 above	68	51	1.00		1.00	
Knowledge of RHS	High	47	-	2.81(0.02-.0.26)	.000*	10.11(1.87-14.09)	.000*
	Moderate	209	-	2.08(0.31-0.46)	.001*	6.19(1.52-12.13)	.011*
	Low	-	83	1.00		1.00	

Table 6 summarizes the results of univariate and multivariate analysis of the association between the secondary independent variables and accessibility and utilization of reproductive health services by women trading in Bodija market. In both univariate and multivariate analysis education (secondary and tertiary), parity (1-2), and knowledge of RHS had statistically significant relation with accessibility and utilization of reproductive health services.

The results presented in Table 7 further show that respondents within the age bracket of 46years and above are 4 times likely to access and utilize reproductive health services compared to other age groups. However, at individual level those within the age bracket of 41-45years (OR = 3.74) and 36-40years (OR = 3.26) are also likely to access and utilize RHS. This shows that the higher the age the higher the likelihood of accessing and utilizing RHS. The respondents who are married are twice likely to access and utilize reproductive health services (OR = 2.20).

Those respondents who had education above secondary level had 9.09 times likelihood of accessing and utilizing RHS compared to that of secondary or primary level respondents while those with secondary education are 3.58 times likelihood of accessing and utilizing RHS compared to that of primary level respondents.

The respondents who had between 1-2 children are 13.7 times more likely to access and utilize the RHS compared to those who had 3 children and above. On the knowledge of RHS among the women trading in main Bodija market, those with high knowledge had 10.1 fold accessibility and utilization of RHS compared to that of moderate knowledge.

IV. Discussion of Findings

The outcome of the first research question revealed that more than two-third of the respondents claimed they were knowledgeable of reproductive health services and knew that there are clinics around Bodija main market that provide reproductive health services. From all the responses it was equally gathered that the level of knowledge of women trading in Bodija market on availability of reproductive health services showed that majority of the respondents had moderate knowledge of available reproductive health services. The implication of this findings is that there is a need for women's empowerment in enhancing the accessibility and utilisation of reproductive health services.

The outcome of this study is similar to prior reports of WHO (2015), UNFPA (2016), and World Bank (2015) that reproductive health is one of the greatest development and health challenges facing the developing world. The unprecedented increasing rates of high maternal morbidity and mortality rates due to lack of access to safe and effective contraceptive use, unsafe abortion poses a threat to females throughout the developing world (Afolabi, Ezedinachi, Arikpo, Ogunwale, Ganiu, & Abu, 2015) lend support for this study. Also, the findings of Nsubuga, Sekandi, Sampeera and Makumbi (2015) that majority of women in their reproductive age still have poor knowledge on availability and accessibility of RHS. To them stopping the silent pandemic of unsafe abortion is an essential public health and human right function that requires immediate attention. Presumably owing to the lack of access to safe and effective contraceptive use, unsafe abortion poses a threat to females throughout the developing world.

Also, this study support the findings of Ilesanmi, Ezeokoli, Obasohan, Ayodele and Olaoye (2015) that the use of reproductive health services by the Nigerian to be low, and that people are confronted with sexual health issues stemming from preventable problems of unintended pregnancy, unsafe abortion, and sexually transmitted infections (STIs) like HIV/AIDS.

Therefore, poor knowledge and lack of awareness will continue to be are main underlying factors that prevent women from utilizing available reproductive health services. This is equally supported by the findings of researchers like Godia, Olenja, Hofman, and Broek (2014), Bedho (2014); and Oxfam, (2007). Knowledge has remained a problem in the effort to address the reproductive health needs (Godia, Olenja, Hofman, & Broek, 2014, Bedho, 2014, Afolabi, et. al., 2015).

The outcome of this study showed that all the women trading in Bodija market in one way or the other had accessed the reproductive health services. Knowledge of existence of services in terms of place and distance was believed to empower the market women to make informed decisions and also promotes access of RH services. Also, about 60% agreed that the cost of reproductive health services is affordable by them while majority claimed that reproductive health centers are closer to them. RH service delivery point from their homes or the markets revealed that 72% of the respondents walked short distance. It was equally revealed that about 65% waited for long hours before they were attended to at the RH center while 59% agreed that there are enough resources (human and materials) at the RH center.

The community plays a major role in the implementation of health programs including health seeking behavior, accessibility, and acceptability of services. The findings of Kolawole (2016) support this finding. They found that accessibility of RH services by adults is embedded in the distance to be covered to access the services and the extent at which the whole community encourage them received the services.

The outcome of this finding reveal that about fifty-nine percent of the women trading in Bodija main market utilized the reproductive health services. It could then be deduced generally that the extent to which women trading in Bodija main market utilize reproductive health services is not too encouraging and satisfactory, which may be as a result of some factors inherent in the women or circumstances around them. For instance, it was revealed that almost two-third never used voluntary counseling and HIV testing, and pre and post abortion counseling, more than one-third ever used the RH centers for the treatment of sexually transmitted infections. This is tandem with the findings of researchers like Ayodele, Olanipekun, and Akinlana (2015); Ebuehi, Ekanem and Ebuehi, (2006) who found out that the low reproductive health services usage among Nigerians was as a result of poor knowledge and education. This finding is in line with the previous findings that report poor utilization of contraceptive (Emmanuel, Andrea, John & James, 2016, Shahbazin & Gholamy, 2015), and voluntary counseling and HIV testing (Ilesanmi, et. al., 2015).

The findings showed that education, parity, and knowledge of RHS are potent enough in influencing utilization of reproductive health services. The knowledge of RHS among the women trading in main Bodija market show that those with high knowledge had 10.1 fold accessibility and utilization of RHS compared to those with moderate and low knowledge. This corroborates the findings of many studies which consistently

shown that reproductive knowledge to be strongly and positively associated with utilization of reproductive health services (Adamu 2011; Adelekan et al., 2014). Also, Ijadunola et al (2010) reported that almost all their respondents with good knowledge of reproductive health services do not just accessed but utilized every bit of the services including modern contraceptives and voluntary counselling for HIV/AIDS.

Education was also found to be an influencing factor for the accessibility and utilization of reproductive health services by women trading in Bodija market. Those respondents who had education above secondary level had 9.09 times more accessibility and utilization of compared to that of secondary or primary level respondents. The higher a woman's level of education the more likely she is to utilize reproductive health services. Study has suggested that women education at higher level is consistently associated with improved health outcome because more educated women are better able to comprehend the importance of accessing and utilizing sexual and reproductive health service (Anju, Rohini & Caren, 2013).

Parity was equally found to influence the accessibility and utilization of accessibility and utilization of RHS. The findings show that the respondents who had between 1-2 children had 13.7 times more accessibility and utilization of RHS compared to those who had 3 children and above. A strong association has been shown to exist between number of birth and utilization of reproductive health services (Nigusie, Mariam & Mitike 2004, Adamu, 2011; Kamal, 2009). The uncertainty and perception of risk associated with first pregnancies women are more likely to seek medical attention for the first birth than subsequent ones.

Having a larger number of children may cause resource constraints, which have been found to be positively associated with reproductive health services usage (Ezeokoli, et. al, 2016; Adamu, 2011). This finding failed to lend support for the outcome of this study.

Lastly, the knowledge of RHS among the women trading in main Bodija market show that those with high knowledge had 10.1 fold accessibility and utilization of RHS compared to that of moderate and knowledge. The findings of this study is supported by that of Ayodele, Olanipekun, and Akinlana (2015) that knowledge is a key factor in the accessibility of any services related to women sexuality and wellbeing. Despite the reproductive health challenges experienced by women in Nigeria, the extent to which they make use of reproductive health services is very limited and poor which was as a result of inadequate knowledge. This predisposes youth to a wide range of reproductive health issues, which include sexually transmitted infections such as unintended pregnancy, HIV/AIDS, unsafe abortion practices and voluntary counseling and HIV testing among others.

V. Conclusion

The current study found that the reproductive health services knowledge among women traders trading in main Bodija market Ibadan, Oyo State Nigeria was fair or moderate. RH service utilization, however, remains low largely due to lack of awareness and low knowledge. It is, therefore, important to design interventions that increase awareness of RH issues; correct misconceptions about fertility, contraception, STIs and HIV/AIDS; and to showcase available RH services. More facilities that provide RH services need to be made available while providers need to improve the quality of existing.

It is clear from the findings of this study that a majority of the market women do not utilize RHS in spite of their closeness to various RH centers. The study has identified knowledge, marital status, parity, and education as factors influencing accessibility and utilization of reproductive health services. It is therefore important to note that barriers to adolescent utilization of RHS persist. It is therefore concluded that in order to reverse the poor accessibility and utilization of reproductive health services that have persisted despite almost two decades of international focus on the issue, urgent workable solutions are imperative. And this could be achieved by giving priority to the education of the market women on the relevance of utilization of RHS in order to address the identified knowledge deficit about available reproductive health services and the importance of utilizing such services.

References

- [1]. Adamu, H. S. (2011). *Utilization of maternal care services in Nigeria: An analysis of regional differences in the patterns and determinants of maternal health care use*. Unpublished master's thesis, University of Liverpool.
- [2]. Adelekan A., Omoregie P. & Edoni, E. (2014). Male Involvement in family planning: challenges and way forward. *International Journal of Population Research*, Article ID 416457
- [3]. Afolabi, B. M. Ezedinachi, E., Arikpo, I. Ogunwale, A., Ganiu, R. & Abu, A. (2015). Knowledge, non-use, use and source of information on contraceptive methods among women in various stages of reproductive age in rural Lagos, Southwest Nigeria. *Open Access Journal of Contraception*, 6, 65–75
- [4]. Anju, M., Rohini, P. & Caren, G. (2003). *Impact of investments in female education on gender equality*. International Centre for Research on Women Commissioned by the World Bank Gender and Development Group.
- [5]. Ayodele K. O. (2015). The moderating role of experiential avoidance on the relationship of determinants of risky sexual behaviour and attitude among Nigerian adolescents. *Public Health Journal*, 1(2), 33-41
- [6]. Ayodele, K. O., Olanipekun, O. K. & Akinlana, T. (2015). Fostering positive sexual attitude among Nigerian adolescents through life skills training. *Babcock University Journal of Education*, 1 (1), 22-28

- [7]. Bedho T. K. (2014). *Assessment of utilization of youth friendly reproductive health services among college youth in Asela town, Oromia regional state, Ethiopia*. Masters Thesis., Addis Ababa University Ebuehi, O. M, Ekanem, E. E, & Ebuehi, O. A. (2006). Knowledge and practice of emergency contraception among female undergraduates in the University of Lagos, Nigeria. *East Africa Medical Journal*, 83, 90-95.
- [8]. Emmanuel, M., Andrea S., John, E., & James, E. (2010). Contraceptive practices in Nigeria: Literature review and recommendation for future policy decision. *Open access to Scientific and Medical research*. (1), 9-22
- [9]. Ezeokoli, R, Olaoye T, Ayodele, K. O, Obasohan, M. & Ilesanmi, A. (2015). Willingness to seek Voluntary Counselling and Testing (VCT): An empirical analysis among Sagamu residents of Ogun State, Nigeria. *International Journal of Preventive Medicine Research*, 1(2), 65-70
- [10]. Fotso, J., Ezeh, A. C. & Essendi, H. (2009). Maternal health in resource-poor urban setting: How does women's autonomy influence the utilization of obstetric care services? *Reproductive Health*, 6 (9)
- [11]. Godia, P. M., Olenja, J. M., Hofman, J. J. & Broek, N. (2014). Young people's perception of sexual and reproductive health services in Kenya. *BMC Health Services Research* 14, 172-185.
- [12]. Ijadunola, M. Y., Abiona T. C., Ijadunola, K. T., Afolabi O. T., Esimai O. A. & OlaOlorun F. M. (2010). Male involvement in family planning decision making in Ile-Ife, Osun State, Nigeria. *African Journal Reproductive Health*, 14(4), 45-52.
- [13]. Ilesanmi A. O., Ezeokoli, R N, Obasohan, M. O., Ayodele, K. O., & Olaoye T. (2015). Sexual behaviour, HIV/STI prevention knowledge, and utilisation of VCT among the residents in Sagamu Metropolis of Ogun State, Nigeria. *International Journal of Prevention and Treatment*, 4(1), 8-13
- [14]. Kamal, S. M. M. (2009). Factors affecting utilization of skilled maternity care services among married adolescent in Bangladesh. *Asian population Studies*, 5(20), 11-20
- [15]. Kolawole, P. T. (2014) Adults' perception towards youth sexual and reproductive health services. *Journal of Social Sciences*, 28(2), 137-143.
- [16]. Regmi, P. R., van Teijlingen, E., Simkhada., & Acharya, D. R. (2010). Barriers to Sexual Health Services for Young people in Nepal. Retrieved from <http://www.ncbi.nlm.nih.gov>.
- [17]. World Health Organization. 2015. WHO Recommendations on Health Promotion Interventions for Maternal and Newborn Health 2015. Geneva: World Health Organization
- [18]. World Bank. (2011). Global Monitoring Report: Improving the Odds of Achieving the MDGs. Available at <http://go.worldbank.org/N3/GRJ4V20>

Oyekunle, Funmilayo Eunice, etal. "Accessibility and Utilization of Reproductive Health Services among Women Traders Trading In Main Bodija Market Ibadan, Oyo State, Nigeria". *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 9(01), 2020, pp. 52-59.